



Student Information:

Student's Name _____

Date(s) Student Shadowed _____

Time Student Shadowed: (Start: _____ End: _____)

Total Number of Hours Student Shadowed _____

Workplace Host Information:

Your Name _____

Title _____

Business Name _____

Address _____

Phone/Fax _____

Comments:

Work Place Host's Signature

Please give this form to your Career Shadow Student upon the completion of the shadowing experience. The student will be responsible for returning it to the school contact for attendance purposes. Thank you.