



As part of Toledo High School's portfolio/advisory/culminating project, we are requesting that your son/daughter participate in a job shadowing experience. This job shadowing can be done during a portion of the two weeks of WASL testing for sophomores. Because of the testing schedule, juniors will be given a late arrival (10:30 a.m.) on the following dates: 3/13 - 3/15 and 3/19 - 3/20. These are the dates available for juniors to participate in the job shadowing experience provided they return to school by 10:30 a.m. Students are welcome to do their job shadowing after school or on the weekends, but they must get prior principal approval before beginning their shadowing.

Your son/daughter has chosen to job shadow: _____
 (Person and Job Type)

The job shadow will occur on the following dates: _____

As part of the job shadow, the student will be required to interview the person they are job shadowing and complete a time sheet. Prior to interviewing the person, the student will submit to their advisor a list of questions that they will ask. Students will be required to turn these two documents in as part of their portfolio/culminating project. Students in the class of 2008 and beyond will be required to share this experience as part of their student-led conference with their parent(s).

As the parent/guardian of _____, I give my permission for him/her to complete the job shadowing experience during the time(s) indicated above. I have read the information about the person that will be shadowed as indicated below and agree that my son/daughter may job shadow this person.

 Signature of parent/guardian

 Date

On the next form, you will find the complete data about the person your son/daughter is going to job shadow.

Attendance Officer Approval _____

Principal's Approval _____



Junior Job Shadow



T O L E D O H I G H S C H O O L

WORKPLACE PERMISSION FORM

I agree to have _____ spend **three hours** with me at _____ for the
(Place where the job shadow and interview will occur)

purpose of observing my job and interviewing me. At no time will the student be required to participate in any aspect of the actual work I perform.

Name: _____

Phone number where you can be reached: _____

Address where shadowing will occur: _____

Type of job you perform: _____

In general terms, what can the student expect to observe? _____

Signature of person to be shadowed



Junior Job Shadow



T O L E D O H I G H S C H O O L

INTERVIEW QUESTIONS

Questions asked	Response
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



Junior Job Shadow



T O L E D O H I G H S C H O O L

VERIFICATION FORM

STUDENT NAME _____

JOB SHADOW CONTACT:

NAME _____

TITLE (JOB) _____

PHONE NUMBER _____

DATE & TIME OF JOB SHADOW _____

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

_____ PARENT PERMISSION FORM

_____ WORKPLACE PERMISSION FORM

_____ OBSERVATION TIME SHEET

_____ INTERVIEW QUESTIONS

_____ PHOTOCOPY OF THANK YOU NOTE

Student Signature

Date

Advisory Teacher Signature

Date