

## 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:

\_\_\_\_\_  
**Workplace 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.