

SEGERSTROM HIGH SCHOOL
SENIOR PROJECT JOB SHADOW PROPOSAL AND APPROVAL FORM

Student Name: _____ ID: _____

Econ/Gov Teacher: _____ Period: _____

English Teacher: _____ Period: _____

My career interest is in _____. I chose this job shadow because (minimum
3 sentences) _____

PROVIDE COMPANY/ORGANIZATION INFORMATION

Organization: _____

Street Address: _____

Phone Number: _____

Supervisor Email Address: _____

I agree to guide and support the above-named student as he or she completes his or her job shadow at my business/organization. I realize that the student must shadow a professional within the organization in order to better assess it as a possible career path. I understand that the student must complete 10 unpaid hours of service and that I will be responsible for verifying this completion. I will complete an evaluation of the student's experience and behavior at the end of his or her job shadow.

Supervisor First and Last Name¹ (Printed): _____

Supervisor Signature: _____

_____ (supervisor initials) I am not immediate or extended family of the student below.

Student Signature: _____

_____ (student initials) I understand that falsifying any information about this job shadow is considered plagiarism, forgery, and/or academic dishonesty and will result in consequences.

Parent Signature (Required): _____ **Date:** _____

¹ Note: This same supervisor should complete the Job Shadow Evaluation at the completion of the job shadow.