

Crawford County High School
Guidance Department
Job Shadowing Registration Form
Return this completed form to Mrs. Michels

Name _____

Date you are shadowing _____

Name of person to be shadowed _____

Place of employment _____

Phone number of employment _____

Parent's signature _____

Approved by _____
(Pat Michels, Assistant)

Teacher's Signatures

Assignments:

1st period teacher _____

2nd period teacher _____

3rd period teacher _____

4th period teacher _____

5th period teacher _____

6th period teacher _____

7th period teacher _____

8th period teacher _____

You need to get the signatures of the teachers of the classes you'll be missing. It is your responsibility to do the make-up work. You cannot job shadow on a day that you have already missed class that week. If approved to shadow at the elementary school, you may not shadow in a sibling's class.

This form must be returned to Mrs. Michels two (2) days PRIOR to the date of the job shadow or the student will be considered truant. You must also return a statement from the person you shadowed indicating that you were there.