

## Work Based Learning **Experience: Job Shadowing**

## **Request for Job Shadowing**

## **Pre-Approval for Job Shadowing**

Student Name:		
Brief description of Job Shadowing:		
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Job Shad	owing Contact Information	
Name of Job Shadowing Contact Person:		
Title/Occupation:		
Name of Business (if applicable):		
Phone Number:	Email:	
At what address will this Job Shadowing occur?		
Signatures for Pr	e-Approval of Job Shadowing	
Job Shadowing	Date:	
Contact Person:		

Student Signature:	Date:
Parent Signature:	Date:
Strand Teacher Signature:	Date:
Completion	of Job Shadowing
This section to be complet	ed by Job Shadowing Contact Person
Date Completed: Numb	er of hours completed:
Signature of Job Shadowing Contact Person:	
Email of Job Shadowing Contact Person:	
This section to Thinking about your chosen strand, what did you gain fr	be completed by student om this Job Shadowing?

When form is completed, student should keep a copy for their own records and submit the original to Mrs. Jennifer Morris, Director of the Arts and Letters Pathway, in the Choir Room.

## Albemarle Arts Letters