

JOB SHADOW - Parent Permission Form
Source: Tigard-Tualatin School District

Student Name _____
Parent/Guardian Name _____
School Contact _____
Class/Program _____
Business Name _____
Business Address _____
Business Telephone _____ Business Fax _____
Contact Name and Title _____
Date and Time of Visitation _____
Method of Transportation* _____

Job shadows introduce students to potential careers by allowing them to observe individual workers in their daily routines and activities for a period of three or more hours.

- I support the learning goals and concepts of this experience, and I give my son/daughter permission to participate in the job shadow.
- If my student is leaving school during school hours to participate in this job shadow, I approve of the transportation arrangements necessary to contact the work site.
- I expect my student to accept the responsibility of this placement as arranged and agreed upon and to return promptly to the appropriate place at the agreed time and method when the appointment is over.
- I understand that school personnel may not have visited the site, may not have met the host, and may not be present when the student is at the site.
 - I understand that the information from this experience will be entered in an electronic database tool used to link School-to-Career learning activities for your student. All student information is treated as confidential and is not available to the general public. The database is used in Clackamas, Multnomah and Washington Counties by authorized personnel only.

Parent/Guardian Signature _____

Date _____

*Transportation: Public transportation or parent approved transportation. Parents must approve the travel plan.

PLEASE RETURN TO STAFF MEMBER OR SCHOOL-TO-CAREER OFFICE.
Always check with your school/district for the appropriate parent/guardian release form.

JOB SHADOW SAMPLE LETTER TO PARENTS/GUARDIANS

Source: Tigard-Tualatin School District

Date _____

Dear Parent/Guardian

The Career Education Program at (name of school) is including a career observation day (job shadow day) as a part of the total learning process. This is the day where students select and observe someone in a career of interest for a full day at work or observe their parent's job. This experience includes students from (give name of class or program participating in the job shadow experience) and will take place on (date of activity). It is our hope that this experience will help students become more familiar with the world of work and what actually occurs in business, non profit organizations, or governmental agencies.

It will be up to each student to arrange for this observation, find their own means of transportation, and use the guide provided to ask pertinent job-related questions. The observation time should begin when the worker arrives on the job and end when the worker goes home. An exception to the request would be outside obligations the student cannot avoid such as a doctor appointment or an after school job. Afternoon school activities for (name of group) will be canceled for this day.

We would appreciate your assistance and cooperation in making this an enlightening experience for your child. Discuss with them their perspective of the observation as to realistic job expectations and relate your own experiences to help them understand the responsibilities expected of employees.

Sincerely

School Staff Person
Title _____

After reviewing the information and signing the appropriate forms, please sign below and return.

PARENT/GUARDIAN NAME _____

STUDENT NAME _____