

Elmore County CTE Job Shadow Packet



Student Name: _____ School: _____ Grade Level: _____

This application should be used only if ALL the following criteria are met.

Students, initial next to each statement.

- _____ The job shadow is related to my current CTE program of enrollment, and my CTE teacher is willing to recommend me for a job shadow experience.
- _____ The job shadow is short-term (5 days or less over the course of a semester or year).
- _____ I am participating independently, not as part of a teacher-sponsored field trip on a bus.
- _____ The job shadow is taking place during the school day at a site away from the school campus.
- _____ I or my parent/guardian will provide my own transportation to and from job shadow site.
(Students/parents/guardians may not transport other students for a job shadow unless they are also members of the same household.)

Student Instructions for Job Shadow Application/Permission Forms:

Students are responsible for securing their own job shadows. CTE teachers and staff may provide suggested contacts and assist, but students must arrange an approved date, time, location, and staff with which to shadow at a given company.

Pages 1-3 of this packet must be completed and returned to your CTE teacher and approved by a school administrator **PRIOR** to the job shadow experience. Page 4, the documentation form signed by the company hosting the shadow, must be returned no later than 3 days **AFTER** the job shadow experience for the absence to count as a field trip. Failure to follow these procedures will result in an unexcused absence. Students are responsible for any make-up work that may be incurred by the absence.

_____ Students, initial in the blank confirming that you understand the attendance policy above.

CTE Teachers:

Please submit a copy of the completed Job Shadow Packet (including the signed Job Shadow Documentation Form following the experience) to the:

1. Attendance Clerk at your base campus **AND**
2. Your School Nurse **AND**
3. Cooperative Education/WBL Coordinator, Tara Green, at tara.green@elmoreco.com

Keep the original copies of this packet for your records.

Job Shadow Field Trip Permission Form

Elmore County Board of Education
Release of Liability for Field Trip Participation



Student Name: _____ School: _____ Grade Level: _____

Job Shadow Date: _____ Start Time: _____ End Time: _____

Business/Organization Providing Job Shadow: _____

Contact Name/Person with Which Student is Shadowing: _____

Business Email: _____ Business Phone: _____

Job Shadow Physical Address: _____

STUDENTS: I agree that as a participant in this job shadow experience, I will represent Elmore County Public Schools and my CTE program at the worksite to which I am assigned. I also acknowledge that I must be in good standing with teachers on the base campus and ECTC campus (if applicable) in order to participate. I will arrive and depart when scheduled, be respectful towards all individuals, use good manners, and act and dress in a professional manner during the shadowing event. I understand that unapproved cell phone use or other inappropriate workplace behaviors at the worksite will not be tolerated and may result in my dismissal from the job shadow.

Student Signature: _____ Date: _____

Base School Acknowledgement of Job Shadow

Students, complete each period/block for which you are scheduled in a class.

Period/Block	Subject	Teacher	Teacher Initials
1			
2			
3			
4			
5			
6			
7			
8			

PARENT(S)/GUARDIAN(S): I agree that my child has permission to participate in this job shadow experience and must be in good standing with teachers on both the base campus and ECTC (if applicable) in order to participate. I will reinforce the expectation that my child arrive and depart when scheduled, be respectful towards all individuals, use good manners, and act and dress in a professional manner during the shadowing event. My child is responsible for arranging transportation to and from the worksite and ensuring appropriate forms are submitted to the CTE program teacher recommending my child for the experience.

Personnel at the worksite may determine appropriate times for cell phone usage, and my child will abide by those rules. I understand that unapproved cell phone use or other inappropriate workplace behaviors during the job shadow will not be tolerated and may result in my child's dismissal from the job shadow.

I understand that my child will **not** be supervised by school personnel during this job shadow opportunity. An employee of the organization through which my child is shadowing will be supervising my child during this experience.

I understand that my child's participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity, all Elmore County Board of Education policies and procedures, rules of conduct set forth in the Student Code of Conduct, and state and federal regulations and laws. I understand that all Elmore County Board of Education rules and policies apply to my child during the course of the job shadow.

I also understand that this field trip may expose my child to some risks. On behalf of my child, I assume any such risk that may arise therefrom. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

By signing this form, I hereby release the Elmore County Board of Education, its members, employees, assigns, agents and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain: (a) arising out of my child's failure to comply with local, state and federal laws and Elmore County Board of Education policies, procedures, and the Student Code of Conduct; or, (b) arising out of any damage or injury caused by or to my child arising out of my child's participation in the job shadow. This release of liability includes accident, injury, loss or damages to my child, as well as to the other individuals or property which may result from my child's travel to and from, and participation in the field trip. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgments.

I confirm that I have carefully read this RELEASE OF LIABILITY FOR FIELD TRIP PARTICIPATION and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 19 years or older.

Emergency Contact Name(s): _____

Emergency Contact Phone (s): _____

Hospital Insurance Company: _____ **Policy No.:** _____

Students will not be permitted to participate in an excused Job Shadow experience without a signed Field Trip Parental Permission Form on file. Parent/Guardian signature is required for students younger than 19 years of age.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

TO BE COMPLETED BY CTE TEACHER & BASE SCHOOL ADMINISTRATION:

Program: _____ **Teacher:** _____

Student's Year in Program: 1 2 3 4

I recommend this student for an off-site, independent job shadow experience based on the student's behavior and grades in both my class(es) and others on his/her base campus and ECTC (if applicable).

Teacher Signature: _____ **Date:** _____

Nurse Needed? ☐ Yes ☐ No **Signature:** _____

School Administrator Signature: _____ **Date:** _____

Job Shadow Documentation Form



This form should be completed by the student and business hosting the job shadow experience. Return to the CTE teacher recommending the student for the job shadow no later than 3 days following the absence.

Student Name: _____ **School:** _____ **Grade Level:** _____

Business/Organization Providing Job Shadow: _____

To Be Completed by Representative at Host Business

Job Shadow Date: _____

Student's Arrival Time: _____ **Student's Departure Time:** _____

Name of Business Representative Completing Form: _____

Title: _____ **Department:** _____

Email: _____ **Phone:** _____

Please check the corresponding box for each statement describing this student’s performance during the job shadow:	Poor	Fair	Good	Excellent
Attire and grooming appropriate for workplace				
Adherence to company rules and policies				
Attitude and professional behavior				
Engagement and willingness to learn/inquire				
Appropriate use of cell phone				
Notes/Comments:				

Signature: _____ **Date:** _____

I'm interested in additional partnership opportunities with Elmore County Schools CTE programs. Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> CTE program advisory council membership | <input type="checkbox"/> Externship opportunities for staff |
| <input type="checkbox"/> Job shadow opportunities for students | <input type="checkbox"/> Career fairs or expos |
| <input type="checkbox"/> Equipment or supply donations | |