

JOB SHADOWING ACTIVITY

Dear Parents:

Each year we offer seventh grade students an opportunity to participate in the world of work for one day. This **work-based learning** activity is called “**Job Shadowing**”. The purpose of this activity is to help your student:

- Understand more about the world of work
- Learn about a specific job they are interested in
- Learn what technology is currently being used in the work force

Students who participate in job shadowing will go to work with an adult whose job they are interested in learning. They will observe, and if possible, participate with the person they are shadowing. This person could be a parent, friend, or other adult arranged for by the parent and student.

The date selected for this activity is (A day) **Tuesday February 24, 2009**. If there is a scheduling problem with the assigned day, the student may choose to participate on another date if they inform their A1 teacher.

To participate, the student must return the signed job shadowing permission form no later than (A day) **Wednesday February 18, 2009. Earlier is better!**

Students not shadowing will attend school that day. Career activities will be provided for those students remaining in school. No make up work will be required from students participating in job shadowing.

It will be necessary for parents and students to arrange in advance with the person being shadowed and for transportation to and from the work site. This insures student safety because the parents know the person being shadowed. This is a valuable learning experience that cannot be duplicated in school and we encourage you and your student to participate if at all possible. However, this activity is **RECOMMENDED** and **NOT REQUIRED**.

Your help is greatly appreciated in making this activity meaningful to the students.

Sincerely,
Canon View Junior High
Seventh Grade Teachers
David Mower-Principal
Dr. SK Smith-Vice Principal
Will Verberg-Vice Principal

JOB SHADOWING PERMISSION FORM

CANYON VIEW JUNIOR HIGH

Student Name _____

(Please print)

First Name

Last Name

A-1 Teacher _____

* If your student is **not participating** in Job Shadowing, please sign here.

Signature of Parent or
Guardian

If your student IS PARTICIPATING, please complete the following:

Workplace where the student will be shadowing: _____

Host Name: _____

Workplace address: _____

Workplace Phone Number: _____

Date and Time of Job Shadow Experience:

Date: February 24, 2009

The student will be participating in Job Shadowing (circle one):

_____ All Day

_____ Until Lunch

_____ During the following time: from _____ to _____

Job Shadowing Parent Permission Form and Release from Liability

I hereby give my son/daughter/ward, _____, permission to participate in the Job Shadowing Program sponsored by Canyon View Junior High and assume responsibility for his/her transportation to and from the job site. By my signature to this statement of permission, I hereby release and hold harmless the above named school, individual sponsors, (including teachers), and place of business cooperating with the shadowing Program from all liability for mishap or injury to the above named student while participating in the Shadowing Program. Further, should it be necessary, I authorize the business representative to obtain medical treatment in the event of injury or illness, and I agree to pay any expense incurred for this treatment.

_____ Home Phone _____ Work Phone _____

Signature of Parent of Guardian

Today's Date: _____