

LAWRENCE COUNTY SCHOOL-TO-WORK

REQUEST FOR JOB SHADOW ASSIGNMENT

School Name: _____

Guidance Counselor: _____

Telephone Number and Extension: _____

Email Address: _____

Date of Request: _____

Student Name: _____

Grade: _____

Post Secondary School Plans _____

Career Interests: _____

Type of Job Shadow Experience: _____

After school job? If so, where and what hours? _____

Job Shadow after school? Half or Full Day? _____

Job Shadow during school? Half or Full Day? _____

Additional Comments: _____

Business Assignment: _____

Business Address: _____

Contact Person: _____

Telephone Number: _____

Assignment Date: _____

Completion Date: _____

The Job Shadow should be scheduled within 2 weeks of the assignment.

Email completed form to: pmcmillin.school2work@yahoo.com