

Mrs. Jennifer Strawderman, Principal

Mr. Chad Williams, Assistant Principal

JOB SHADOWING TEACHER AUTHORIZATION

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name

Shadow Date(s)

Time

Teacher signature approval – sign below

|  |  |  |  |
| --- | --- | --- | --- |
| Period | Class | Teacher/Teacher Initials | Assignment |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

Job Shadowing Coordinator Approval