

An equal opportunity affirmative action employer

Swanville Public Schools No. 486

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Tom Beseman - Chairperson

Travis Hensch - Superintendent

Luke Peterson - Director

Kathy Beckman - Vice-Chair

Sheryl Johnson - Principal

Molly Gerads - Director

Christopher Kircher - Clerk

Bill Johnson - Treasurer

Job Shadow Registration & Parent Permission Form

Student Name: _____

What career are you planning to shadow? _____

Please list the following information below for your job shadow experience:

Organization/Company Name: _____ Phone: _____

Job Shadow Supervisor Name & Title: _____

To participate in a job shadow, I agree to:

1. Schedule a date and time for my job shadow.
2. Return the Registration/Parent Permission Form to Office at least 2 days before the Shadowing Day.
3. Complete Pre-Arranged Absence Form at least 2 days before my job shadow day.
4. Complete all assignments for classes I will miss and turn in according to teachers' wishes.
5. Arrange for your own transportation to and from the job shadow.
6. Return completed Interview & Evaluation Forms to Office no more than 2 days after the date of shadowing.

I HAVE READ ALL INFORMATION REGARDING JOB SHADOWING. I UNDERSTAND THE SWANVILLE SCHOOL DISTRICT ASSUMES NO RESPONSIBILITY FOR HEALTH, ACCIDENT OR TRANSPORTATION INSURANCE WHILE MY CHILD IS OUT OF SCHOOL FOR HIS/HER JOB SHADOWING. I AGREE TO PROVIDE (OR ARRANGE) TRANSPORTATION TO AND FROM THE JOB SITE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE HIGH SCHOOL PRINCIPAL.

Signature of Student

Signature of Parent

Job Shadow Evaluation Worksheet

This form is to be completed by student immediately after returning from job shadow, and no more than 2 days afterward. This must be turned in to the OFFICE in order for your absence to be an excused absence.

Questions to ask supervisor:

1. What are your responsibilities?
2. What do you like most about your job?
3. What schooling or training did you receive after high school?
4. What changes, if any, do you see taking place in your profession in the near future?
5. Do you have any advice for a student that is considering this career option?

The following topics of discussion will help you get the most out of your job shadow experience. This form must be turned in to the OFFICE for your absence to be excused.

Job Shadow Profession/Location

1. What did you like best/least about your job shadow experience?
2. What surprised you the most about the experience?
3. What do you think was the most important thing you learned?
4. Will you consider a career in this field? Why or why not?

Signature of supervisor

Date

Time participant arrived

Time job shadow concluded

Planned leave of absence request form

Student _____ **Date requested** _____

Leave date _____

Reason for Leave _____

Parent/Guardian signature _____

Information from Teachers

Period	Teacher Signature	Advance Make-up Work	Date
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

Superintendent/Secretary signature _____ **Date** _____