



This form is due to your CTE Instructor by March 1, 2019.

## Student Exploration Day – March 8, 2019.

### Student/Site Information

(Site must be approved by CTE Instructor)

Student Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Title: \_\_\_\_\_

Contact's Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone #: \_\_\_\_\_

Time to Report to Site: \_\_\_\_\_

Dress Required: \_\_\_\_\_

CTE Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student and Parent - Please Read and Sign Below:

While participating in the Student Exploration Day, I will represent my school with honor. I anticipate the day to be a beneficial experience in my career decision-making and to network with those in my field of study.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My son/daughter has discussed the Student Exploration Day with me, and I give my permission for him/her to participate in the activity. I understand that my student is responsible for his/her transportation.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student – please take this form with you to your job shadowing site and give to your site sponsor at end of your time**

## Possible Assignments to Complete at Site

All job shadowing experiences are unique. Some examples of what you might do during the visit include:

- Attend staff meetings
- Conduct informational interviews of both professional and administrative staff
- Tour the facilities
- Observe client/customer interactions
- Complete work-related tasks or assist with projects
- Learn about company policies and procedures
- Explore potential career paths within the organization as well as within the profession
- Review organization mission and vision statement
- Other/specific assignment as designated by CTE Instructor

### Evaluation of Student (to be completed by site sponsor)

Was student on time? YES NO

Was student dressed appropriately YES NO

Did the student have a good attitude toward the career and toward you as a sponsor? YES NO

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Other (Sponsor) Comments:

Evaluator's (Sponsor) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return with student or  
Scan and email to CTE instructor @ \_\_\_\_\_  
or Fax to: \_\_\_\_\_