



## Student/Parent Contract for Job Shadow Experience

Welcome to the half-day job shadow experience! Outlined on this page are the guidelines and expectations for students participating in a job shadow experience. Students and parents, please initial each statement and provide signatures where requested. If you have further questions, please contact Mrs. Gita Noble at 785-286-8300 or email [gnoble@usd345.com](mailto:gnoble@usd345.com)

Transportation to the job shadow experience will be placed on the student and/or his/her parent/legal guardian. The school will not provide transportation.

\_\_\_\_\_ Student Initial

\_\_\_\_\_ Parent Initial

Student should dress professionally to the job shadow experience.

\_\_\_\_\_ Student Initial

\_\_\_\_\_ Parent Initial

The student must obtain a pre-absence form complete with teacher signature's to give to the attendance person at the front office.

\_\_\_\_\_ Student Initial

\_\_\_\_\_ Parent Initial

The student will be required to write a thank you note within two days of completing his/her job shadow experience. Mrs. Noble will have a supply of thank you cards for you to use.

\_\_\_\_\_ Student Initial

\_\_\_\_\_ Parent Initial

The student will write a brief summary of their experience. A digital copy of the summary will be emailed to Mrs. Noble and the student's career advocate. Please use a google doc when writing the summary.

\_\_\_\_\_ Student Initial

\_\_\_\_\_ Parent Initial

Students who have participated in the shadowing program may be asked to speak to classes, community groups and/or the Board of Education to share their experiences.

\_\_\_\_\_ Student Initial

\_\_\_\_\_ Parent Initial

I consent to my son/daughter's participation in this job shadow experience and carry accident/injury insurance for my son/daughter. I will not hold the school nor the place of business liable in the case of an accident/injury occurred on the way to and or at the job shadow.

\_\_\_\_\_ Student Initial

\_\_\_\_\_ Parent Initial

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Deliver completed form to Mrs. Gita Noble, Student Internship Coordinator