

Date Recorded: _____

LAKEWOOD ♦ Career Shadowing Program Application

Sponsored by The West Shore Career Education Department
Please return to Room B 101

What is Career Shadowing?

An experience for students to gain first hand knowledge about a specific career field.

Criteria for Participation: *Sophomore/Junior/Senior Standing * Approval From Parent/Guardian

Student Responsibilities: *Completion of Missed Assignments * Transportation
*Completion of Permission Form * Appropriate Dress /Conduct

(PRINT ALL INFORMATION)

Name: _____ Grade: _____

Home Phone: _____

Are you able to drive? (circle one) YES or NO
If NO, how will you get to your shadowing site?

Dates/Times you CANNOT shadow? _____

Specific Interests (Check the results of your career interests surveys on your IACP).

1. _____

2. _____

Parent/Guardian Signature: _____

**Student, put complete class schedule on back of this form!
(DO NOT WRITE BELOW THIS LINE)**

RESOURCE NAME: _____ PHONE#: _____ FAX#: _____

Company/Institution: _____

Address: _____

Shadowing Date: _____ Time: _____

SPECIFIC INFORMATION: Lunch: _____

Parking: _____

Appropriate Dress: _____

Directions: _____

CLASS SCHEDULE

1st Semester

PERIOD	Class	Room #
1°	_____	_____
2°	_____	_____
3°	_____	_____
3° TEACHER	_____	
4°	_____	_____
5°	_____	_____
6°	_____	_____
7°	_____	_____
7° TEACHER	_____	
8°	_____	_____
9°	_____	_____

2nd Semester

PERIOD	Class	Room #
1°	_____	_____
2°	_____	_____
3°	_____	_____
3° TEACHER	_____	
4°	_____	_____
5°	_____	_____
6°	_____	_____
7°	_____	_____
7° TEACHER	_____	
8°	_____	_____
9°	_____	_____