



Job Shadow Verification Form

This student has expressed an interest in working in your represented field and therefore has asked you for the opportunity to learn more about your career. **By signing this letter, you confirm that this student has participated in an 8-hour job shadowing experience under your direction.** At the end of the student's day in your workplace, please complete the information below and return it directly to the student.

Student's Name: _____

Employer Name: _____

Employer Title: _____

Business Name: _____

Business Address: _____

Phone Number: _____

Brief description of the student's experience:

Employer Signature: _____ Date: _____

Should there be any issues or questions that arise please don't hesitate to contact Berlin Brothersvalley High School: **814-267-4622**.