

Guidelines for the CTECS Job Shadowing Program are outlined in the "Student Workforce-Work Based Learning" Manual

Student and Parent/Guardian Information	Date(s) of Shadow Experience:
Student Name: _____ Grade: _____ Shop: _____ D.O.B.: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____ Parent/Guardian Name: _____ Phone: _____ Email: _____ Student Signature: _____ Date: _____ Parent/ Guardian Signature: _____ Date: _____	          
Company/Mentor Information	
Company Name: _____ Phone: _____ Address: _____ City: _____ Zip Code: _____ Mentor Name: _____ Phone: _____ Email: _____ Mentor Signature: _____ Date: _____	
School Information	
School Name: _____ School Phone: _____ Address: _____ City: _____ Zip Code: _____ Dept. Head Name: _____ Email: _____ DH Signature _____ Date: _____ WBL Coordinator Name: _____ Email: _____ WBL Coordinator Signature: _____ Date: _____	
Final Administration Approval	
Principal Signature: _____ Date: _____	