INSTRUCTIONS FOR STUDENTS:
1. PRINT USING BALL POINT PEN.
2. STUDENT SHALL COMPLETE THIS AGREEMENT WITH ALL INFORMATION AND SIGNATURES; ALL HIGH SCHOOL
   STUDENTS MUST OBTAIN PARENT/GUARDIAN SIGNATURE.
3. SHADOW IS TO BE COMPLETED DURING CVCC CLASS TIME ONLY.
4. STUDENT SHALL SUBMIT THIS FULLY COMPLETED AGREEMENT WITH SIGNATURES TO THE JOB PLACEMENT
   OFFICE AT LEAST 2 SCHOOL DAYS BEFORE LEAVING FOR THE SHADOW EXPERIENCE.
5. STUDENT SHALL SUBMIT SHADOW REPORT FORM TO ATTENDANCE OFFICE AND INSTRUCTOR UPON RETURN TO
   SCHOOL.

ALL PARTIES UNDERSTAND:
- The purpose of the shadow day is to give students the opportunity to observe an employee and worksite that is
  related to their career-technical program. This is a non-paid observational experience and a supplement to
  Cuyahoga Valley Career Center classroom activities.
- All participants whose signatures appear at the bottom of this form agree to adhere to the Job Shadow Criteria
  listed on the reverse side of this form.
- The student agrees to conform to the code of conduct set forth by Cuyahoga Valley Career Center and the
  Shadow Sponsor.
- The parent/guardian shall assume all responsibility and liability for transportation of the student to/from the
  shadow site, and for the student while at the shadow site.

Student Name______________________________________ CVCC Program_________________
Shadow Site__________________________________ Position To Be Shadowed___________________

Company Name

Shadow Sponsor(include first and last name of person you are shadowing)__________________   __________________
Sponsor’s First Name                Sponsor’s Last Name

Shadow Site
Address___________________________ City__________________________ Zip________

Date(s) of Shadow _____________

Time of Shadow ___________ Until _______________ (During CVCC time only)

Your Associate School is:

Student will distribute copies of this form to each when all signatures are in place.

1. CVCC Attendance Office
2. CVCC Instructor
3. Parent/Guardian
4. Shadow Sponsor

STUDENT SIGNATURE DATE

ALSO PRINT NAME OF PARENT/GUARDIAN DATE

PARENT/GUARDIAN SIGNATURE

ALSO PRINT NAME OF SHADOW SPONSOR DATE

SHADOW SPONSOR SIGNATURE

INSTRUCTOR SIGNATURE DATE

THRESSA BROWN, JOB PLACEMENT LIAISON DATE

IMPORTANT: READ GUIDELINES on BACK