

**CUYAHOGA VALLEY CAREER CENTER  
JOB SHADOW REPORT**

**INSTRUCTIONS:**

1. THIS REPORT, COMPLETED AND WITH PROPER SIGNATURES, MUST BE SUBMITTED TO THE JOB PLACEMENT OFFICE and INSTRUCTOR THE NEXT SCHOOL DAY AFTER THE STUDENT GOES ON THE SHADOW EXPERIENCE.
2. THE JOB PLACEMENT OFFICE and INSTRUCTOR WILL NOT ACCEPT THIS REPORT IF IT IS NOT FULLY COMPLETED, AND/OR WITHOUT PROPER SIGNATURES.
3. FAILURE TO SUBMIT THIS REPORT TO THE JOB PLACEMENT OFFICE and INSTRUCTOR IN A TIMELY MANNER WILL RESULT IN AN UNEXCUSED ABSENCE FOR THE SHADOW DAY(S).

STUDENT NAME \_\_\_\_\_ PROGRAM \_\_\_\_\_

SHADOW SITE \_\_\_\_\_ SHADOW SPONSOR \_\_\_\_\_

(COMPANY NAME)	TIME START	TIME STOP	(PERSON(S) YOU ARE SHADOWING)
MONDAY Date _____			
TUESDAY Date _____			
WEDNESDAY Date _____			
THURSDAY Date _____			
FRIDAY Date _____			

**JOBS I OBSERVED:**

**NEW INFORMATION I LEARNED:**

**SPONSOR COMMENTS:**

CHECK HERE TO REQUEST TEACHER TO CONTACT YOU \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
SHADOW SPONSOR SIGNATURE  
(Signature indicates that student was in attendance at shadow site)

WHITE COPY TO.....JOB PLACEMENT OFFICE  
YELLOW COPY TO .....INSTRUCTOR