

JACKSON HIGH SCHOOL

A+ Job Shadow Verification Form

Student's Name: _____ Employer Shadowed: _____

Employer's Occupation _____ Business Name: _____

Employer's Address: _____ Employer's Phone No.: _____

Date	Start Time	End Time	Total Time	Location

To be completed by employer

I was able to share about:

- _____ Specific skills needed for my job
- _____ Specific education needed for my job
- _____ Ways the student can prepare for employment in my field
- _____ What I like best about my career
- _____ Some frustrating parts of my job
- _____ Future outlook for my profession
- _____ The student also had an opportunity to observe me working in my employment.

Supervisor Signature

Student is to return this form to the A+ Office (J-113).

To be completed by the A+ Coordinator:

_____ Job Shadowing Hours Earned

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_____ Date Recorded