

Job Shadow Verification Form

Directions for the student: Please complete the top portion of this verification form and have it signed by your parent, the person with whom you are completing your job shadow and sign it yourself.

*If you are completing the job shadow for an ICAP requirement, you MUST have this form signed by a school counselor after you have completed your job shadow.

*You must also upload this completed form into your ICAP Portfolio.

Student Name: _____ Grade: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Contact Person: _____

Date of Job Shadow: _____

Time at Job Shadow: _____

Special Information or Instructions: _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Business/Employer Signature _____ Date _____

Teacher/Counselor Signature _____ Date _____