

Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**FRANKLIN TECHNOLOGY CENTER  
JOB SHADOWING CONTRACT AND REQUEST FOR PERMISSION**

|              |             |            |                             |
|--------------|-------------|------------|-----------------------------|
| Student Name | FTC Program | Circle One | Circle One                  |
|              |             | AM      PM | JOPLIN   WC   CJ   SARCOXIE |

I realize that through both my conduct and my appearance I will be representing Franklin Technology Center and my high school at all times. In an effort to maintain positive relationships with my instructor, parents and business hosts and to protect myself, I agree to abide by the following rules and guidelines.

1. I will arrive for shadowing on time and remain until I am dismissed by my host
2. I will complete tasks assigned by my host and abide by all company safety regulations.
3. I will verbally thank my shadowing host and write a follow-up thank-you letter within two class days.
4. I will complete the evaluation form after shadowing and return it to my program instructor.
5. I will be willing to share this experience with others.
6. I will protect the confidentiality of my host and will not discuss sensitive information with others.

**Failure to comply with the conditions set forth may result in disciplinary action.**

In the unexpected event of an accident or inappropriate behavior on the part of my shadowing host, I will immediately report the incident to my instructor and/or the assistant director.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**PARENT/GUARDIAN APPROVAL**

Your student will be scheduled for Job Shadowing at a company within their home school or Joplin area. Placement will be based on transportation needs/ arrangements. Your student will be given a copy of this contract once the job-shadowing site has been determined so that you know where and when your student will be shadowing.

**Choose one option for transportation needs/arrangements below:**

- I will drive my student to and from the shadowing site.
- My student will drive to and from the shadowing site with my permission
- Other arrangements have been made. (A signed note must be attached to describe arrangements)

Note: If your student has a medical condition or any special needs that should be shared with the host, please attach note.

|                              |           |
|------------------------------|-----------|
| PARENT/GUARDIAN NAME (PRINT) | SIGNATURE |
|                              |           |

Daytime phone: \_\_\_\_\_

|                  |                |
|------------------|----------------|
| Host Company:    | Contacts Name: |
| Company Address: | Phone:         |

Date & Time of Shadowing Experience:

INSTRUCTOR PERMISSION FOR JOB SHADOW \_\_\_\_\_