



KSS Career Programs

Job Shadow Request Form

Student Name: _____ Grade: _____ Today's Date: _____

Student Cell Phone: _____ Email: _____

CAREER PLANS

My present Career Interests include the following:

A _____

B _____

What are your Job Shadow choices?

1st Choice:

Activity Name

Name of Business (Leave blank if no preference)

2nd Choice:

Activity Name

Name of Business (Leave blank if no preference)

List any Class/Block you *cannot* miss:

Block 1

Block 2

Block 3

Block 4

Outside
Timetable

Which day(s) of the week would you prefer to job shadow?

Can you go on the weekend? _____ If so which day? _____

Which day(s) can you *not* go on a job shadow?

Please return to the Career Centre in a few days to follow up