



Henrico County Public Schools

Advanced Career Education Center at Hermitage

8301 Hungary Spring Road • Henrico, VA 23228-1984 • Telephone (804) 756-3020 • FAX (804) 756-3025

Dear Parent/Guardian:

Shadowing Day is an event that encourages high school students to experience real life jobs in the local workforce. On **Thursday, November 9th, Monday, December 4th, Tuesday, December 12th (AM class only) and Thursday, December 14th**, the Advanced Career Education Center at Hermitage will participate in a job shadowing activity. During the shadowing days, students are expected to report to their pre-arranged destination during the time that they would normally attend their ACE Center class. Teachers are being asked to assist their students in finding meaningful shadowing experiences that are related to the students' ACE center class. This is not a mandatory activity; it is a voluntary activity that is highly encouraged. Students who are participating should have reliable transportation and insurance.

Each student is responsible for obtaining signatures from their teacher, parent and shadowing experience supervisor by Thursday, November 2, 2017. All students who are approved for job shadowing will be listed as a school related activity for their Advanced Career Education Center class. **The shadowing experience is to take place during the ACE Center class time. If a student will shadow all day prior approval is needed from the student's home school. The approval must be attached to the documents submitted to the ACE Center teacher.**

The following are examples of appropriate job shadowing scenarios:

- A student accompanying parents, guardians or family members to work (if related to ACE Center class).
- Paid work experience directly related to the students' ACE Center class.
- Ride-a-long experience with police, fire, rescue or other public safety agency.
- Community service with a local public service agency.
- Health care volunteer work under the supervision of a medical professional (hospital, blood bank, nursing home, etc.).
- Other options approved in advance by ACE Center teachers and principal.

Please consider this opportunity for your child. If you have questions, contact your child's ACE Center teacher. If you grant permission for your child to participate, please complete the **Shadowing Program Authorization Form**. Please read, sign and return to your child's ACE Center teacher by **November 2, 2017**. If you have any further questions, please feel free to contact us at (804) 756-3020.

Terrie W. Allsbrooks

Terrie Allsbrooks, Principal
Attachment: Shadowing Forms

Job Shadowing Program Check-off Sheet

Have you done the following:

- _____ 1. Acquired a Parent Signature?
- _____ 2. Acquired a Signature from your Job Shadowing Supervisor?
- _____ 3. Acquired a Signature from your ACE Center Teacher?
- _____ 4. Acquired Permission to be Excused from your Home School?

Signed and Attached, **if shadowing is being approved for full day:**

Complete the Authorization form and return it to your ACE Center teacher by **Thursday, November 2, 2017.**

Take the Observation form with you to your shadowing assignment each day and record your observations and get your supervisor's signature.

Return the Observation form to your ACE Center teacher upon your return to your ACE Center class.



Shadowing Program Authorization Form

To be completed by Parent/Guardian

Student Name: _____ Address _____
 City: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ Student Email: _____ Guardian Name: _____	Student Cell Phone: (____) ____ - ____ Age: ____ Relation to Student: _____
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Guardian Phone: (____) ____ - ____ Additional Contact: _____
 Relation to Student: _____ Additional Contact Phone: (____) ____ - ____
 Home School: _____ Family Doctor: _____
 Family Doctor Phone: _____ Preferred Hospital _____

To be completed by Job Shadowing Supervisor

Name of Business: _____
 Business Address: _____
 Job Shadow Supervisor Name: _____ Phone: _____
 Shadow Date(s): _____
 Student Arrival Time: _____ Student Departure Time: _____

Job Shadow Supervisor
Signature: _____ **Date:** ____ / ____ / ____

Parent Signature: _____ **Date:** ____ / ____ / ____

ACE Center Teacher Approval (sign)	_____	Morning Afternoon
ACE Center Teacher Approval (sign)	_____	Date: ____ / ____ / ____
Student Signature	_____	Date: ____ / ____ / ____

Job Shadow or Internship Log

Student Data Sheet

Please use the space below to keep a record of your attendance with the company/organization.

	Student Attendance Log
Day 1 Date: ____/____/____ Supervisor Signature:	
Day 2 Date: ____/____/____ Supervisor Signature:	
Day 3 Date: ____/____/____ Supervisor Signature:	

Note to Student: This completed, signed log is due your ACE Center teacher the day following your shadowing experience.