Wauzeka-Steuben High School

Wauzeka-Steuben Job Shadow Form

To Whom It May Concern,

In order to verify attendance, we request that the following information be completed. We appreciate your help and cooperation in helping our students with their career exploration and post-secondary planning.

Please verify that _____

Student Name (Please Print)

was present at _____

(Site of Shadowing Experience)

from_____ until _____ on _____.

(Arrival Time) (Departure Time) (Date)

_____ _____

Name and Job Title Phone Number

WSHS student please return this verification form to the Wauzeka-Steuben main office upon your return to school.