



Jackson Preparatory & Early College

"Your Place. Your Purpose. Your Future."

Job Shadow Recording Sheet

Student Name: _____

Agency Name: _____ Agency Contact Number: _____

Agency Address: _____

Site Supervisor: _____ Site Supervisor Contact: _____

Date (mm/dd/yy)	Hours Completed	Activity Performed	Site Supervisor Initials
Total Number of Hours:			

By turning in this form I, _____ verify that the information provided is correct to the best of my knowledge.

Student Signature: _____ Date: _____

By turning in this form I, _____ verify that the information provided is correct to the best of my knowledge.

Supervisor Signature: _____ Date: _____

Comments: _____
