*Job Shadow*

**STEP 1a:** Instructor Approval

As Advanced Sports Medicine is a CTE course, an outside job shadow will be completed to supplement students’ hours shadowing our school’s athletic trainer as soon as one is hired.

* All documentation must be completed in pen.
* **The location and supervisor must be approved by the instructor PRIOR to beginning your job shadow hours.** Job shadow hours completed prior to instructor approval are not eligible to be counted towards the total hour count.
* Supervisors must be medical/healthcare professionals 21 years of age or older, *preferably practicing in a rehabilitation capacity*. Job shadows **cannot occur with friends or family members** who work in the healthcare field and students may not choose professionals with whom they are/were patients. Have several supervisors/locations in mind as your first choice may not be approved by the instructor and/or the site may not allow job shadows.
* Students are ideally expected to complete *at least* 30 hours-worth of observation.

Provide the information below in pen and submit it to the instructor. If the instructor approves the supervisor and job shadow site, complete and return the STEP 1b: Student Learning Agreement. **You may not begin your job shadow until STEP 1a and STEP 1b forms are completed and submitted to the instructor.**

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##### Student’s Full Name (Please print):

##### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Full Name (Please print):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Credentials and/or Profession/Field of Expertise:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail at which Supervisor can be contacted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number at which Supervisor can be contacted:

(\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

##### Name of Proposed Job Shadow Site:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Proposed Job Shadow Site:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Instructor’s Signature Indicating Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_