

# Employer Information Sheet

Thank you for your participation in a teacher job shadow experience. Please fill in the information and return to:

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone/FAX: \_\_\_\_\_ Job Shadow Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Lunch: (Please select one:)

- Employer will provide lunch
- Teacher purchases lunch
- Teacher brings lunch

Comments:

Proper Attire:

Directions to Worksite: