

Take Our Students to Work Day

Questionnaire Worksheet

STUDENT-YOU MUST COMPLETE THIS FORM. ANSWER THE QUESTIONS AND HAVE THE SUPERVISOR SIGN THIS FORM WHILE YOU ARE "AT WORK". RETURN THIS FORM TO GUIDANCE BY THURSDAY, FEBRUARY 25, 2010.

Student's Name _____ Grade _____

Parent/Guardian/Mentor's
Name _____

Place of Work/Business _____

Business Address

Name of person shadowed _____

Please record the date and hours spent shadowing below:

_____ From _____ TO _____
(Date) (Time/Hours)

Please PRINT Parent/Guardian Name

Please PRINT Employer/Supervisor Name

Parent/Guardian Signature

Employer/Supervisor Signature

1. What position does your relative/mentor hold?

2. What duties does this person perform at his/her job?

3. What duties does he/she enjoy doing most?

Complete both sides of form

