

# Career Readiness Program Parent/Student Agreement



LUZERNE INTERMEDIATE UNIT

In partnership with



United Way  
of Wyoming Valley

Sue Kuhl (570)718-4698

Kristen Thomas (570) 718-4624

## HIGH SCHOOL Career Readiness Program

Student-Parent Agreement (TWO COPIES)..... p. 2 & 2a

\*\*\*(Keep one copy for your records—return a signed copy with the Student Information Sheet p. 3)

Student Information Sheet ..... p. 3

(Must also be returned and completed in **black ink** to be shared with job site)

Training Agency Information Sheet .....p. 4

(Sample page—students will receive this page after their visit is scheduled)

Student Thank-You Letter .....p. 5

(Sample page--We expect students to send letter immediately after visit)

The Luzerne Intermediate Unit is partnering with the United Way of Wyoming Valley to bring a Career Readiness Program to a limited number of local high schools. The program's focus is to send juniors on meaningful job shadows to "Spark" their interest in careers, post-graduation planning and help students to develop a life plan that extends beyond high school. We expect to have freshman take a personality inventory, sophomores an ability profiler and tie results to careers that appeal to them so they may make an informed, relevant job shadow as juniors/seniors.

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The student will complete volunteer service/observation during a 1-day period.

Transportation of the student to the observation site is the responsibility of the parent/student. (Exception: if a special group shadowing experience has been arranged by the school with transportation provided).

Parent and student verify that information submitted in the "Emergency/Medical Information Section" of the Student information sheet is complete and accurate and may be shared with the Training Site Representative.

Parent and student agree to release the training site, the school district and LIU 18 from any and all liability for injury or losses that may arise during the job shadowing experience.

Parent and student agree emergency medical treatment may be administered to the student if necessary while participating in the job-shadowing program. Permission is given to release necessary emergency contact/medical history to any attending physician, or to the workplace.

Parent and student agree to allow the program teacher-coordinators to share scholastic/attendance information with potential training sites in accordance with the provisions of the Family Rights and Privacy Act.

The parent and student understand that wages will not be paid during this experience. This is an off-campus School-To-Career experience where an employer-employee relationship does not exist! This program has been carefully planned to meet the non-paid exploration guidelines set forth in the Fair Labor Standards Act and the PA Minimum Wage Act.

Parent and student agree to allow pictures to be taken of the student on site to be used for public relations purposes.

The student and the parent prior to participation in the job shadowing experience must sign this agreement.

School Name: \_\_\_\_\_

Suggested field to explore: \_\_\_\_\_

WILL YOUR STUDENT BE ABLE TO FIND TRANSPORTATION? \_\_\_\_\_

***As parent and student, we hereby agree to the terms and conditions of this Job Shadowing Agreement***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Please sign one copy of pg. 2 and return with page 3 to the guidance office.*

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1. The student will complete volunteer service/observation during a 1-day period.
2. Transportation of the student to the observation site is the responsibility of the parent/student. (Exception: if a special *group shadowing experience* has been arranged by the school with transportation provided).
3. Parent and student verify that information submitted in the "*Emergency/Medical Information Section*" of the Student information sheet is complete and accurate and may be shared with the Training Site Representative.
4. Parent and student agree to release the training site, the school district and LIU 18 from any and all liability for injury or losses that may arise during the job shadowing experience.
5. Parent and student agree emergency medical treatment may be administered to the student if necessary while participating in the job-shadowing program. Permission is given to release necessary emergency contact/medical history to any attending physician, or to the workplace.
6. Parent and student agree to allow the program teacher-coordinators to share scholastic/attendance information with potential training sites in accordance with the provisions of the *Family Rights and Privacy Act*.
7. The parent and student understand that wages will not be paid during this experience. This is an off-campus School-To-Career experience where an employer-employee relationship does not exist! This program has been carefully planned to meet the non-paid exploration guidelines set forth in the *Fair Labor Standards Act and the PA Minimum Wage Act*.
8. Parent and student agree to allow pictures to be taken of the student on site to be used for public relations purposes.
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Suggested field to explore: \_\_\_\_\_

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***As parent and student, we hereby agree to the terms and conditions of this Job Shadowing Agreement***

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Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

- 2 A -

Keep this page for your records

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Way



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*Please complete in black ink. This information is shared with the training agency.*

NAME: \_\_\_\_\_ MY FIRST NAME PREFERENCE IS \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ WORK # \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

STUDENT CELL PHONE # \_\_\_\_\_

\*WE MAY TEXT YOU TO COORDINATE SHADOWING TIMES/DETAILS\*

### **EMERGENCY/MEDICAL INFORMATION SECTION**

• Secondary Emergency Contact Person: \_\_\_\_\_

• Emergency Phone #: \_\_\_\_\_

• Medical/dietary restrictions (allergies), disability limitations/accommodations necessary:

\_\_\_\_\_

• Preferred Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

• Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

1. What are your favorite subjects in school? Why? \_\_\_\_\_

2. What do you enjoy doing outside of school? \_\_\_\_\_

3. What careers interest you the most? \_\_\_\_\_

4. What school activities are you involved in? \_\_\_\_\_

5. What three words would you use to describe yourself? \_\_\_\_\_

Please return this page with page 2

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## Job Shadowing Training Agency Information Sheet

Training Agency: Evolutionary Computers

Address: 222 Main Street, Hanover, PA 18706

Phone Number : 570-555-7777 Fax Number:

Contact Person: Spencer Jones Title: Computer Tech

School Contact: (Guidance) Phone Number: 570-831-2300 XXXX

Email: info@evocomputers.com

Schedule for Job Shadowing:

Dates: Tuesday, April 31, 2022

Start/End Times: 8:00 AM to 2:00 PM

Dress Code: Business Casual- Dress shirt/blouse or Polo, Pants/khaki's, or slacks. NO OPEN TOE SHOES!

Planned Activities:

9:00 - 9:30: Overview of the day

9:30 - 11:30: Shadow IT coordinator to review set-up, reimaging, ghosting a room & other activities

11:30 - 12:00: Meet with Microsoft Certified Instructor to review what to expect after lunch

12:00 - 1:00: Lunch

1:00 - 2:00: Hands on breakout and information session.

Comments: Bring a lunch.

**SAMPLE PAGE ONLY**

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Student One  
90 Home Street  
Hanover, PA 18706

October 22, 2010

Spencer Jones  
Evolutionary Computers  
222 Maine Street  
Hanover, PA 18706

Dear Dr. Jones:

I want to thank you for the opportunity to visit your facility during my recent Job Shadowing experience arranged through \*\*INSERT SCHOOL NAME\*\* High School.

My experience was very positive and has helped me regarding my future career planning. The employees I met at Evolutionary Computers were very welcoming and contributed to making the visit enjoyable and educational.

Again, thank you for the opportunity extended to me and for supporting our school program.

Sincerely,

Student One