



# Iowa Valley Intermediary Program

Date \_\_\_\_\_

Full Name \_\_\_\_\_

Grade Level \_\_\_\_\_

School District Name \_\_\_\_\_

Employer \_\_\_\_\_

Phone \_\_\_\_\_

Job Shadow: Time In \_\_\_\_\_  AM  PM

Time Out \_\_\_\_\_  AM  PM

\_\_\_\_\_  
Employer's Signature

**Counselor please forward to high school attendance**