



**South Bend Community School Corporation
Special Education Services**

Job Shadowing/Training Agreement

Your student has community job shadowing/training goals included in his/her Individual Educational Plan.

We are planning to provide job shadowing/training opportunities through direct instruction and volunteer activities in the local community as part of the Career Awareness/Exploration/Preparation Class for your student.

Types of shadowing/training experiences may include, but are not limited to, the following:

- | | | |
|-------------|-----------------------------------|-----------------|
| Clerical | Nutrition/Food Services (Specify) | Retail |
| Maintenance | Child Care | Warehouse |
| Laundry | Housekeeping | Social Services |

Job shadowing/training provides students with opportunities to learn about jobs in the community. Students needing support will be accompanied by a SBCSC staff person. The community employer is also expected to participate in the training/supervision of students.

Transportation may be via TRANSPRO, walking, or school vehicles, and will be arranged as needed.

Thank you for your assistance and cooperation. If you have any questions or concerns regarding these planned community job training activities, please do not hesitate to contact the Teacher of Record for your student.

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___I understand that my child's picture may be taken and used in the preparation of his/her portfolio page, for use in presentations about the SBCSC's INTERN Program, or in brochures or other publications prepared for the purpose of staff training and informing the public about the services of the South Bend Community School Corporation.

I give my permission for _____ to participate in community based job shadowing/training as described above. I understand that this is an ongoing part of my student's IEP.

Parent/Guardian signature: _____ Date: _____

Permission granted covers the current school year. Thank you for your cooperation.