

Horseheads High School SHADOWING REQUEST FORM

(Please print)

Student _____

Grade _____ **School Counselor** _____

1st Period Teacher _____

Lunch / Activity Period _____

Area(s) of Career Interest _____

Comments: _____

I prefer to shadow: _____ First Semester _____ Second Semester

You will receive a pass to discuss this request with Mrs. Lynch from the Career Development Council. She is in the Counseling Office every Tuesday and Wednesday.