

Career Project Proposal

Name: _____ Career Project: _____ Advisory Teacher: _____

Please complete the following questions in a detailed manner using complete sentences. Use WOIS.org for accurate information, if needed.

1. Explain your Career Project in detail.
2. Explain and elaborate upon ways that this career project experience may help to clarify your future career goals. Be sure to include 2-3 examples of what you hope to learn.
3. What skills and abilities are needed for this project?
4. What high school courses would be helpful in completing your project? What type of education might you continue in after high school to expand on your interests (ex. 4-Year College, Community College, Military, Tech School, Apprenticeship, etc...)?
5. How do you plan to document the hours you spend working on your project?

Approval Signature: _____

rev. 9-23-11

PARENT/STUDENT INFORMED CONSENT FORM

JOB SHADOW/CAREER PROJECT/COMMUNITY SERVICE

As the parent/guardian of _____, a student at Anacortes High School, I understand that my student will participate in activities that include either a job shadow or career project component and community service. The activities my student plans to participate in are described his/her student's Job Shadow Proposal, Career Project Proposal and/or Community Service Time Log, which I/we have reviewed. I am aware that these are required components of the Senior Culminating Presentation, which is part of my student's graduation requirements.

I/We understand that the Anacortes School District will not have staff present during any outside preparation of activities involved in the activity. I/we assume the responsibility of supervising my child for all the activities involved in preparing for the activity.

I/We understand that if the student chooses to work with persons, agencies, or businesses in the community, the District in no way certifies and/or verifies the qualifications of supervisors in the community. The District recommends that each parent/guardian visit and approve of any location where your student will be working as part of his or her activity.

I/We understand that the District prohibits a student from undertaking any activity which may place the student and/or his or her supervisors at an unnecessary risk of harm or injury. I/We understand that the District expects the parent/guardian to make the initial determination as to whether an activity places the student and/or his or her supervisors at risk of harm or injury. I/we understand that it is the responsibility of the parent(s)/guardians(s) to ensure the supervisor is 1) providing their son or daughter with a safe environment, and 2) following all necessary safety procedures.

PARENT/LEGAL GUARDIAN /PARTICIPANT INFORMED CONSENT

Being fully informed and aware of the risks associated with this activity, I hereby give my permission for my son/daughter to participate in this activity. I release the Anacortes School District and assume any risk inherent in the activity. In addition, I waive the right of recovery or to bring legal action against the Anacortes School District for any injury, death, property damage or other consequences arising out of participation or during the period of this activity. NOTE: The District does not require or endorse the actual physical activity the student undergoes to prepare for this project.

Student Name (please print) _____

Signature of Student _____ Date _____

Parent/Legal Guardian Name (please print) _____

Signature of Parent or Legal Guardian _____ Date _____

(Parent or Legal Guardian signature reflects knowledge and approval of the activities described)