



**Teacher @Work JOB SHADOW REQUEST
40 hours (3 credits)**

Teacher Name:

School/District:

Subject/Grade:

School Phone #

Home address:

Home phone #

Social Security #:

Home/Work e-mail:

Cell phone #

Describe what businesses you are interested in and what kind of things you want to learn?

What are your goals for this experience, i.e. connections to your curriculum?

Have you participated in a Teacher @Work opportunity previously? ___ yes ___no

If yes, please list business(s):

Range of dates available for [T@W](#) Experience:

Thank you! Please return via mail or to:

Grant Wood AEA

Patrick Highland

509 S. Dubuque Street

Iowa City, IA 52240

Questions may be directed to Pat Highland or

The Workplace Learning Connection

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