Butler County Health Care Center

Student Observation and Job Shadowing

Please list the top three (3) dates and specific times of the day that you will be available for your student observation or Job Shadow experience:

1. **Date:** **Time:**

2. **Date:** **Time**

3. **Date:** **Time:**

(Example: Morning or Afternoon is too vague) Be specific

List the department or job in which you are interested in:

Share with us why you are interested in BCHCC student observation experience:

What specifically are you hoping to learn?