

Return request to:  
 Nedra Starling, Instructional Designer  
 The Cleveland Clinic  
 Office of Civic Education Initiatives  
 1950 Richmond Road TR307  
 Lyndhurst, OH 44124



**Cleveland Clinic  
 Office of Civic Education Initiatives  
 Career Experience & Shadowing Program Request**

***PLEASE ALLOW 6 WEEKS FOR PROCESSING OF REQUEST***

Welcome to the Cleveland Clinic (CC) Office of Civic Education Initiatives (OCEI) Career Experience (Shadowing) Program (CESP). The goals of the program include: to provide individually structured learning experiences at CC for students interested in the health care field as a potential career choice.

**IMPORTANT:** To be considered for the program, you must complete all sections of this request form, attach the required evaluation form from your current science teacher and guidance counselor, and your personal essay. Your counselor or teacher **MUST** document your current overall GPA, science grades, and attendance records via their signature. Please print all information except where signatures are requested. Requests may not be faxed. Mail completed application to the address above. If you have any questions you may contact Nedra Starling at 216.297.8304 or [starlin@ccf.org](mailto:starlin@ccf.org) Thank you.

**CRITERIA & SUPPORT DOCUMENTATION CHECKLIST:**

- student must be 16 years of age or older;
- student must have an overall GPA of 3.5 or better on a 4.0 scale;
- no more than five absences and/or tardies combined in the previous semester;
- official copy of school transcript documenting current GPA and attendance (submit with request);
- recommendation form completed by your guidance counselor and science teacher **THIS IS NOT A LETTER – PLEASE USE FORMS PROVIDED** (submit with request);
- copy of your up-to-date immunization record (submit with request);
- current typed copy of your resume' (submit with request).

**Student & School Information**

Today's Date    \_\_\_/\_\_\_/\_\_\_

Student Name		Age	
Grade	Overall GPA	Science GPA	Scale
Student Address			
Student City/ST/Zip/County			
Student Home Phone Number (    )		Cell (    )	
Student E-Mail address			
Requested areas/careers interested in shadowing (indicate four choices)			
1.	_____	3.	_____
2.	_____	4.	_____
Requested dates (indicate four time frames, both start & end dates, that would meet your program needs)			
1.	_____	3.	_____
2.	_____	4.	_____



- Students must comply with all CC policies, especially those concerning appropriate behavior, confidentiality of information and dress code (additional department policies may apply);
- Poor behavior may cause interruption in your placement or lead to removal from the program;
- Transportation to and from CC is not provided for the student, they must be able to make their own transportation arrangements; parking passes may be purchased for a nominal fee from our parking office when they have their ID badge made if the assigned location is main campus;
- Lunch is not provided for the student - there are several cafeterias, vending areas and eating facilities on the campus to choose from and most departments have refrigeration available if the student chooses to bring lunch from home (satellite offices and family health centers often have additional choices in their surrounding neighborhoods);
- You must arrive at your designated CC location no later than the assigned arrival time and remain there until the assigned departure time; You must be on time, dressed neatly and appropriately. Absolutely no shorts, torn or baggy clothing, beepers/pagers, radio's, walkman's, portable CD players, TV's, headphones, electronic games, gameboys or cellular phones will be allowed; **(Please see and read attached Personal Appearance Policy)**;
- Prior to participation in this program each student shall submit to their home school evidence of good health and provide certification that they have been immunized against common communicable diseases; a copy of the up-to-date immunization record shall be submitted to the OCEI with CESP participation request;
- In the event the student is, or becomes during the course of the program, injured, sick, pregnant, or otherwise impaired, the student shall immediately notify the Instructional Designer (program coordinator) so their participation in the program can be properly modified as necessary; if the student is injured, or requires first aid or emergency treatment while at CC, CC agrees to make reasonable efforts to immediately notify the parent/guardian that such treatment is necessary - parents/guardians shall be responsible for payment to CC for such care, CC is not obligated to provide any other/additional medical or surgical service to the student - **EMERGENCY CONTACT INFORMATION MUST BE PROVIDED**;
- CC may terminate a student's participation in any and all activities at CC related to this program or any other activities and programs available through our partnership as a result of lack of competence, conduct or behavior which is considered by CC to be a breach of CC policies or detrimental to patient care. Both student and parent/guardian agree that the due process rights accorded the student pursuant to their home School District & Board of Education Student Handbook shall not be applicable to such termination.

**Once the career experience program placement is complete, the student must do the following**

- return the ID badge to The Cleveland Clinic Office of Civic Education Initiatives or ID Badge Control;
- submit a written report about their experiences to The Cleveland Clinic Office of Civic Education Initiatives along with documentation of completed hours signed by their CC mentor and a completed evaluation form;
- make up any missed classroom work or assignments upon the request of their teachers;

**By signing below the Student & Teacher/Counselor Contact for the student understands that**

- the student is requesting this shadowing experience as part of a school sponsored program OR the student will be out of school/class during the time assigned to the Cleveland Clinic;
- the GPA's and attendance record indicated below are accurate;
- poor attendance (absences and/or late arrivals), poor behavior and failure to adhere to CC policies can cause the experience to be interrupted or stopped immediately;
- submission of request is not a guarantee that an appropriate placement can/will be made.

Overall GPA \_\_\_\_\_ Science GPA \_\_\_\_\_ Scale \_\_\_\_\_

#Abs last semester \_\_\_\_\_ #Tardies last semester \_\_\_\_\_

\_\_\_\_\_  
Signature of Teacher/Counselor Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

*Please contact Nedra Starling if you have questions - 216.297.8304 or [starlin@ccf.org](mailto:starlin@ccf.org)*

Return essay form with request to:

**Nedra Starling, Instructional Designer  
The Cleveland Clinic  
Office of Civic Education Initiatives  
1950 Richmond Road TR307  
Lyndhurst, OH 44124**



## Student Personal Essay for Career Experience & Shadowing Program

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip/County \_\_\_\_\_

Current Age \_\_\_\_\_ Birthday \_\_\_\_\_ Gender F M

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Career Goal \_\_\_\_\_

Please answer the following statements in at least 50 but no more than 100 words for each statement:

1. "I am interested in a career/shadowing experience at The Cleveland Clinic because:

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2. "I possess the following academic skills that would help me in my placement at Cleveland Clinic:

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3. "I possess the following personal skills that would help me in my placement at Cleveland Clinic:

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4. "I hope to increase my knowledge and skills in the following areas:

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5. "I have experience using the following computer software:

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6. "If I selected a career today it would be (and state why):

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**Cleveland Clinic Office of Civic Education Initiatives  
Career Experience & Shadowing Program Recommendation Form**

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**TO THE APPLICANT**

After completing all the relevant questions below, give this form to your current science teacher to complete and return with your shadow program request.

Student Legal Name	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Address		
Phone Number (        )	FAX (        )	E-Mail
School you now attend	County	

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**TO THE EVALUATOR – CURRENT SCIENCE TEACHER**

Be sure to sign and date below. Return the original to the student mailing with their shadow request. You may put it in a sealed envelope if you so choose.

Name (Mr./Ms./Dr., etc.)	Title		
Signature	Date		
Phone Number (        )	FAX (        )	E-Mail	
School			
School Address			
City	State	Zip	County
Principal's Name	E-mail		
Superintendent's Name	E-mail		

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**BACKGROUND INFORMATION**

How long have you known this student and in what context?

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What are the first three (3) words that come to your mind to describe this student?

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Briefly describe the progress this student has made towards successfully completing your class. Describe any successes or difficulty you may have noted in their academic progress.

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Student Name: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_

Student is currently enrolled in my \_\_\_\_\_ class. This class is an AP class Yes No

Current GPA in this class is \_\_\_\_\_ on a \_\_\_\_\_ scale. Grade/GPA is: weighted non-weighted

Science Fair participation Yes - 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> No

### RATINGS

Compared to other students in your class, how do you rate this student in terms of:

No Basis	Below Average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few in his/her class
Academic Achievement							
Intellectual promise							
Quality of writing							
Creative, original thought							
Communication skills (verbal)							
Respect accorded by faculty							
Disciplined work habits							
Maturity							
Motivation/Self Starter							
Leadership							
Integrity							
Reaction to setbacks							
Concern for others							
Self-confidence							
Initiative, independence							
Goal Setting							
Scientific knowledge							
Research skills							
Logic skills							
Time Management							
Organization							
Team Participation							
Presentation Skills							
Overall							

### EVALUATION

Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom or interactions. You may include a list of other courses you have taught the student, noting for each of them the student's final grade, grade level and level of course difficulty (basic, honors, AP, college level, etc.) Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student. **(Any attached information does not substitute for the completion of this form and the ratings section above.)**

By signing below, I certify that the information contained in this form is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Cleveland Clinic Office of Civic Education Initiatives  
Career Experience & Shadowing Program Recommendation Form

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**TO THE APPLICANT**

After completing all the relevant questions below, give this form to your current guidance counselor to complete and return with your shadow program request.

Student Legal Name

Female  
 Male

Address

Phone Number (        )

FAX (        )

E-Mail

School you now attend

County

**TO THE EVALUATOR – CURRENT GUIDANCE COUNSELOR**

Be sure to sign and date below. Return the original to the student mailing with their shadow request. You may put it in a sealed envelope if you so choose.

Name (Mr./Ms./Dr., etc.)

Title

Signature

Date

Phone Number (        )

FAX (        )

E-Mail

School

School Address

City

State

Zip

County

Principal's Name

E-mail

Superintendent's Name

E-mail

**BACKGROUND INFORMATION**

How long have you known this student and in what context?

\_\_\_\_\_

What are the first three (3) words that come to your mind to describe this student?

\_\_\_\_\_

\_\_\_\_\_

Briefly describe the progress this student has made towards successfully completing high school. Describe any outstanding academic or leadership successes or difficulty you may have noted in their progress, including advanced placement, honors and PSEOP participation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Name: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_

Student will have completed college credit (PSEOP) while in high school Yes No

Student's current GPA \_\_\_\_\_ ; Class rank \_\_\_\_\_ /of (class size) \_\_\_\_\_ based on \_\_\_\_\_ semesters.

The GPA scale is 4.0 weighted un-weighted other (specify \_\_\_\_\_)

Number of Absences in previous semester: \_\_\_\_\_ Number of Tardies in previous semester: \_\_\_\_\_

On a scale of 1 to 5, with 5 being "Excellent" and 1 being "Disrespectful/Disruptive", please assess attitude of student as it relates to academic setting: (Circle one) 5 4 3 2 1

### RATINGS

Compared to other students in his or her class year, how do you rate this student in terms of:

		Below Average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few in his/her class
<b>No Basis</b>								
	Academic Achievement							
	Intellectual promise							
	Quality of writing							
	Creative, original thought							
	Communication skills (verbal)							
	Respect accorded by peers							
	Respect accorded by faculty							
	Disciplined work habits							
	Maturity							
	Motivation/Self Starter							
	Leadership							
	Integrity							
	Reaction to setbacks							
	Concern for others							
	Self-confidence							
	Initiative, independence							
	Goal Setting							
	Logic skills							
	Time Management							
	Organization							
	Team Participation							
	Presentation Skills							
	Overall							

### EVALUATION

Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in school or interactions. Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student. **(Any attached information does not substitute for the completion of this form and the ratings section above.)**

By signing below, I certify that the information contained in this form is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date