



Career Readiness Requirement

Verification Form: **STUDIO EMPLOYMENT and PROFESSIONAL SKILLS TOUR**

In order to fulfill this requirement, Supervising Participant **MUST** fill out the online survey at - <http://www.surveygizmo.com/s3/3509292/Career-Readiness-Program-2-0-Year-2-Studio-Employment-Professional-Skills-Tour-Survey>

PRODUCTION COMPANY

Date _____ Queue # _____
Project Title _____
Primary Contact Name _____
Email Address _____
Office Phone _____ Cell Phone _____

STUDIO/LOCATION TOUR INFORMATION

Tour Location _____
Provide a brief description of tour activities & focus _____

CAREER READINESS ORGANIZATION

School _____
Classes Participating _____
of Students Participating _____
Program Type/Degree Type _____

SITE BASED SUPERVISOR

Name _____ Position _____
Email _____ Phone _____

Tour Hours: PROJECTED	Date(s)	# of Students
Minimum 8 Hours	_____	_____

Location (set, studio, backlot, production office) _____

Production Company	Teacher/School Representative
Name _____	Name _____
Date _____	Date _____

Tour Hours: COMPLETED	Date(s)	# of Students
Minimum 8 Hours	_____	_____

Location (set, studio, backlot, production office) _____

Production Company	Teacher/School Representative
Name _____	Name _____
Signature _____	Signature _____
Date _____	Date _____
<input type="checkbox"/> Verified tour(s) and hours.	<input type="checkbox"/> Verified tour(s) and hours.