



ACHIEVE Career Exploration Requirement Verification Form

Student Name: _____

High School: _____

Graduation Year: _____

Check the box of the Completed Experience (Min of Four)	Type of Experience	Date of Experience (or Time Frame of Experience)	Brief Description of Activity (include details such as name of organization, business, college, military branch - whatever is applicable to the experience)	Name of Sponsor or Adult (someone who can verify your participation)	Email or Phone
	Career Tour				
	Career/College Camp				
	Career Exploring Program				
	College Visit				
	Eat with an Expert				
	Elkhorn Technology Team				
	Internship (Course for Credit)				
	Job Shadow				
	Job with Bonafide Employer				
	Military (Recruiter Visit or ASVAB Discussion)				
	Teacher Cadet				

Counselor Name: _____

Counselor Signature & Date: _____