



Career Readiness Requirement

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

PRODUCTION COMPANY

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

Studio / Production Tour Information

Tour Location _____
Tour topics, departments, production/studio career overview: _____

CAREER READINESS ORGANIZATION

School _____
Classes Participating _____
AME Pathways _____ # of Students Participating _____
District _____
Program 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	Site Supervisor
Primary Contact _____	Primary Contact _____
Date _____	Date _____

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

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

Production Company	Site Supervisor
Primary Contact _____	Primary Contact _____

Signature _____	Signature _____
Date _____	Date _____
<input type="checkbox"/> Verified tour(s) and hours.	<input type="checkbox"/> Verified tour(s) and hours.