College & Career Guidance Class

JOB SHADOW PROJECT PACKET

DUE

Friday | November | 6 | 2015
What is Job Shadowing?

Job shadowing is an opportunity for students to gain valuable exposure to a career they are interested in pursuing following graduation from high school or college. Students will spend a half day, or a full day if they choose, visiting an organization, investigating a career field, and experiencing a typical day on the job. Students should have an opportunity to tour a worksite, “shadow” an employee(s), and participate in workplace activities. It is our hope that they will be exposed to the career settings for their major and gain first-hand knowledge about the career field they are considering.

Why are Job Shadows important to me?

Job shadows give you a chance to:

- Begin to identify career interests by observing the daily routine of workers.
- Learn about the academic, technical, and personal skills required by particular jobs.
- Understand the connection between school, work, and your goals for the future.
- Develop the skills required to secure future employment.

What can I expect on Job Shadow day?

- See how the knowledge I am gaining in school is used on the job.
- See people’s job duties and responsibilities.
- Understand the skills and education that I need to get a good job.
- Learn what employees receive besides a paycheck.
- Find out more about the workplace I am visiting.
- Explore some new career ideas for myself.

Basic Job Shadow Project Requirement Overview

- Must be a career in your top three choices for your career interests and based on the research you do for this class.
- Your experience must consist of a minimum of four hours, but you are welcome to do more.
- The day you have your job shadow is considered a school day as far as sports are concerned. Job shadows must be prearranged and teachers must be given 5 days advanced notice of the job shadow.
- Make the contact! Your job shadow experience cannot be at any school you have attended or directly with family members, current or future coaches, or any job that you already have or had in the past. They should match your career packets. Job Shadows at any CCS campus will most likely not be approved. Please consult the teacher before planning to shadow at a CCS campus. This is your opportunity to connect with your community and should not be done with another student unless approved by your teacher prior to the job shadow. The teacher is not responsible for making job shadow contacts.
- Complete entire process and turn assignments in on time and in a professional format.
- Collect class assignments from other classes that you will miss for the job shadow. You must still meet...
all of your other teacher’s class requirements.

- If you are unable to attend your job shadow, the school and business you were shadowing MUST be notified before the start of the normal work/school day.
- Be pleasant and courteous to everyone you meet. Keep in mind you are the guest of the business/agency.
- Respect the confidentiality of the information you receive through this experience.
- Before you leave make sure you ask to have your host sign your confirmation form. You may want to grab and attach their business card.
- Send a thank you letter, card or email within a few days of the job shadow.
- The job shadow must be completed during normal operating hours of the business and in a brick-and-mortar facility unless special arrangements are made.

How do I make a job shadow happen?

- First you should discuss the job shadow requirements with your parents or guardians. Discuss the results of your personality, values and interest testing and what you have always desired to do, with your parents and see what ideas they have for a possible job shadow.
- Discuss the idea with your teacher and complete the pre-approval form. This should be completed at least two weeks prior to the job shadow. Hospitals and a few other organizations can take up to a month for the business to approve you so you may have to start earlier. Do not plan on shadowing a family member, your current youth pastor, or at a school or job you have attended.
- Contact the business and make the initial arrangements. You can use the included script if you need it. Do not just email. Call! Contact them in person! Do what it takes!
- Once you have an approved job shadow then complete the Job Shadow Registration Form. Turn in the form no later than one week prior to the job shadow.
- Complete the student’s contract and the Teacher Consent Form—Have Mrs. McCrady Check them off. Provide the office with a copy of the Teacher Consent Form to obtain an approved absence.
- Then, with your parents, complete the Parent Permission Forms. Both forms must be turned-in/checked one week prior to the job shadow. One form will go with you to the job shadow site.
- Take all of your paperwork to your job shadow site and complete the information as you shadow.
- Write a thank you letter or email to your host and provide a copy to turn in with your packet.
- Complete the reflection and turn in all paper work by the deadline.

Grading – See actual grading form for more detail

Pre Approval Form/Approved Career Choice – 40 pts
Registration Form – 10 pts
Permission Forms – 10 pts
Ethical Behavior Form – 5 pts
Students Contract – 10 pts
Teacher Contract/School Absence 3 class days– 15 pts – Show office before shadow.

Due Before Job Shadow
Get Everything Stamped!

Due After Job Shadow

Interview Questions – 20 pts
Observation Worksheet – 20 pts
Confirmation Form – 20 pts
Photographic Journal – 20 (6 photos with description)
Job Shadow Activity Log – 20pts
Reflection Form -20 pts
Thank You – 5 pts

215 Points
STUDENT CONTRACT

I, ____________________________________, understand that it is a privilege to participate in the Job Shadow Project and that people outside of school are giving up valuable time to help me learn about their job. By signing this contract, I agree to complete all of the requirements as outlined in the Job Shadow Project Student Packet. I also understand that I am responsible for making up work in classes that I may miss for my job shadow. I understand that I must also adhere to all school rules while on the Job Shadow.

I AGREE TO THE FOLLOWING:

• Complete all of the listed requirements – I know that half the points involve pre-job shadow items and I have reviewed the grading form. No points are awarded if the job shadow is never completed. (Points are also not awarded if I fail to turn in a signed and completed confirmation form.)
• Contact the employer if I am unable to attend the Job Shadow. The job shadow must be completed during normal operating hours of the business and in a brick and mortar facility unless special arrangements are made.
• Dress appropriately for the Job Shadow.
• Plan my job shadow far enough in advance that I have a buffer for emergency situations or cancellations. I understand that I have a quarter to get each job shadow completed and that I should not wait until the last few days of the quarter/semester to complete it. Shadows within 3 days of the end of a quarter or semester will not be approved at all by teacher request. Job shadows may not be done on the job shadow due date. Unforeseen circumstances do not justify an extension of time. Show your approved teacher contract to the office before your shadow. Job shadows are not accepted late.
• Communicate in advance with my teachers and the office about missing class with the understanding that if the teacher does not approve or does not feel I should miss that particular day I will re-arrange my shadow or deal with the consequences of missing class. (Possibly unexcused.)
• I will turn in all projects/assignments or take any tests due on the job shadow date prior to missing any of my classes.
• I understand that any job shadow is better than no job shadow but that the best grade I can get on the job shadow without shadowing in my researched career field is a B+. I understand that I cannot do my job shadow at the same time as another student with the same shadow host.
• I understand the job shadow must be a minimum of four hours. If those hours are not during school hours then I am to be present at school. I may not do my job shadow at the same time and place as another student from CCS.
• The job shadow should be approved before scheduling the job shadow with the host.
• Any dishonesty, forging of signatures, or falsifying information on any part will result in a zero for the entire job shadow.
The job shadow options are based on the interest areas and careers that I have researched. I must choose two of the three choices that I have researched.

I understand that I must turn in the Job Shadow Packet on the day it is due. If I will not be present at school I will arrange to get it turned in on time. If needed I will scan and email it in to Mrs. McCrady.

Student Signature ___________________________________________ Date ________________

I have reviewed the requirements for the Job Shadow Project with my son/daughter.

Parent Signature _____________________________________________ Date ________________
Making the Contact

Before contacting the employer, make sure that you have the person’s full name. In addition, make sure that you contact them at a convenient time. For example, do not call a restaurant during meal hours.

1. Introduce yourself, your school, and your purpose for calling.

Hello, is ________________________ (the manager) available please?

Hi my name is ____________________.

I am a student at Cascade Christian High School and would be interested in job shadowing at your company.

I would like to do a job shadow that would give me the opportunity to spend four or more hours in your business setting. I would like to observe your workplace and interview a worker to learn more about this occupation. This will help me make informed decisions for my future.

Do you think you can help me? (Yes) (No)

If not, do you know of someone in your field that may be willing to assist me with this project?

** Remember they are doing you a favor; try your hardest to work around their schedule!

2. Make sure that you have the following information before you hang up.

Date of the job shadow: ____________________________________________

Beginning and ending times of the job shadow: __________________________

Name of the business you are shadowing: _______________________________

Name of the adult(s) being observed and their title(s): _____________________

Address of the job shadow: ___________________________________________

Phone and email address: _____________________________________________

What is your dress code? _____________________________________________

**Be prepared to answer questions about yourself, your experience and why you have chosen this career.
Student Name __________________________                Date of Job Shadow ___________

Job Shadow Grading Sheet

Before Job Shadow:

______/10  Students Contract 10 pts – Due one week after shadow packet is assigned.
            Parent Signature Needed
            Get Stamped

______/40  Pre-Approval Form – 20pts and Approved Career Choice – 20 pts (Due ____________)  
            Before arranging job shadow – Must get signed and stamped

______/10  Registration Form – 10 pts – Due before job shadow after pre-approval.

______/15  Teacher Contract – 15 pts – Due before job shadow and signed min 5 school days prior.
            Stamp and show office for pre-arranged absence
            Must be stamped if missing school or not

______/10  Permission Forms – 10 pts – Due before job shadow – Both stamped
            One stays and one goes with you

______/5   Ethical Behavior Form – 5 pts – Due before job shadow
            Stamp and Take

______/90 Total

After Job Shadow:

______/20  Interview Questions – 20 pts – Host must sign.

______/20  Observation Worksheet – 20 pts

______/20  Confirmation Form – 20 pts – Must be signed and dated in ink by host.
            4 Hours

______/20  Reflection Form -20 pts – Parent Signature Needed – give yourself time!

______/20  Photographic Journal – 20 Points
            Thorough photographic record of the job shadow, including one of the mentor with the
            student, provides an organized visual overview of the experience. 6 photos and
            notes – see example

______/20  Job Shadow Activity Log 20 pts – 1 entry every half hour minimum.

______/5   Copy of your Thank You email, card or letter – 5 pts – Spell Check and Sent to Host

__________ 125 Total

Penalty – Under 4 hour requirement ___________ (25 pts per half hour)

Penalty – Other ____________________________________________________

__________/215 Total
Job Shadow Project Pre-Approval Form

This form needs to be filled out **before** any job shadow contacts are made. This form allows Mr. deVries to check to see if your job shadow choice matches your career choice and research and that it complies with all job shadow rules.

(Remember that we are trying to have you job shadow someone in your true career field and not someone you have access to all of the time. We ask that you do not do your parents, family members, your pastors etc.)

**USE INK TO COMPLETE**

Student Name ____________________________________________

Your Top Career Choice: *(That you have done research on.)* __________________________

I am thinking about going with ________________________________ *(Name of Person)*

who’s job is ________________________________ *(Job Title)*

who works for ________________________________ *(Company Name)*

which is located ________________________________ *(City)*

and I want to do it because ______________________________________________________

______________________________________________________________________________

______________________________________________________________________________

I know this person because ______________________________________________________

Have you ever worked for this company or this person paid or unpaid? [ ] Yes [ ] No

Have you ever job shadowed, interned or done something similar with this person or this organization? [ ] Yes [ ] No

Are you in anyway related to the owner or any employees that work for this company? [ ] Yes [ ] No

Will you in any way be compensated for your time at this shadow? [ ] Yes [ ] No

Mr. deVries’ Approval __________________________

**Modifications:**

Mrs. Mac - Approved Career Choice: ____________ *(Based on parent approval and career research.)*

Mrs. Mac’s Stamp Here
Job Shadow Project Registration Form

Complete all information and turn in to your teacher/advisor before going to your job shadow site. Please attach the Parent Permission form completed and signed by your parent or guardian.

Student Name: ________________________________

Job Shadow Site:

Contact: ________________________________ Title: ________________________________

Business/Organization: ________________________________

Address: ________________________________

Phone: ________________________________ Email: ________________________________

What does this company do? ________________________________

Scheduled date of job shadow: ________________________________

Start time: ________________________________ End time: ________________________________

You plan for lunch or dinner: ________________________________

Transportation Plan: ________________________________ Attach the Directions to your job shadow site.

Special Instructions (dress code, safety gear, etc.): ________________________________

________________________________________

Required documentation!
High School College & Career Guidance Class
PARENT PERMISSION FORM—For Shadow Host

Student Name ___________________________ Date of Birth _________ Age ______ Male ____ Female ______

Grade Level _______ Home Phone _______________ Date ______________________________

All parties agree:
• That this is a non-paid position and the student may perform work-related activities.
• School personnel may not be present when a student is on-site.
• Student must provide their own transportation to and from the job shadow.

In case of a Medical Emergency:

Parent/Guardian _______________________________ Day Phone __________ Evening Phone _______

Other Emergency Contact _______________________________ Phone __________________________
Please identify by name and relationship (relative/friend)

Doctor’s Name _______________________________ Phone __________________________

List any Medications or Allergies: ________________________________

List any physical or mental impairment that substantially limits one or more major life activities, such as walking or learning and requires accommodations:

________________________________________

________________________________________

Medical Insurance/Carrier __________________ Policyholder ______________________________

Group/Subscriber # __________________ State Medical Coupon/Award # ____________________

Signatures: Parental consent to release information to work site representative.
Authorization for emergency medical treatment and permission for the student to participate in the activity.

________________________________________ Date __________________
Student Signature ______________________________________________________________________

________________________________________ Date __________________
Parent/Guardian Signature __________________________________________________________________

(Student will take this copy to job site.)

Required documentation! – One for the school and one to take with you. Have both stamped.
High School College & Career Guidance Class
PARENT PERMISSION FORM—For Cascade Christian High School

Student Name ____________________________ Date of Birth _______ Age _____ Male ____ Female ______

Grade Level ________ Home Phone ________________ Date __________________

All parties agree:
• That this is a non-paid position and the student may perform work-related activities.
• School personnel may not be present when a student is on-site.
• Student must provide their own transportation to and from the job shadow.

In case of a Medical Emergency:

Parent/Guardian ____________________________ Day Phone _____________ Evening Phone ________

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Please identify by name and relationship (relative/friend)

Doctor’s Name ________________________________ Phone ______________________

List any Medications or Allergies: ________________________________________________

List any physical or mental impairment that substantially limits one or more major life activities, such as walking or learning and requires accommodations:

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Group/Subscriber # ______________________ State Medical Coupon/Award # ________________

Signatures: Parental consent to release information to work site representative.
Authorization for emergency medical treatment and permission for the student to participate in the activity.

____________________________ Date __________________

Student Signature

____________________________ Date __________________

Parent/Guardian Signature

(Student will take this copy to job site.)

Required documentation! – One for the school (Mr. deVries) and one to take with you. Have both stamped.
**TEACHER CONSENT TO MISS CLASS**

*Must be provided to the teacher with a minimum of 1 week advanced notice!*

(Teachers please do not approve without five class days advanced notice and only if it is acceptable to you for the student to miss class. Do not sign this form after a student has missed class.)

I agree that (Student Name) _____________________________________________ will be excused from my class to participate in a job shadow on the date indicated below. The student will be responsible for completing all make-up work according to a schedule that I determine with him or her.

**Date of class to be missed** ____________________________

[ ] Check if Not Missing School and Get form Stamped

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<th>1. Teacher’s name</th>
<th>Comments/Homework Assignment</th>
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<td>Teacher’s signature</td>
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Confidentiality and Ethical & Legal Behavior

PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW

Confidentiality

Why is confidentiality important? A job shadow experience is a privilege. It is not uncommon for students to come across private information during a job shadow. Students have a legal and ethical duty to safeguard the privacy of businesses, clients, and patients while participating in a job shadow. Any release of confidential information is grounds for legal action against students, parents, and schools. The following guidelines below protect students, business, clients, and patients by explaining what can or cannot be done, said, or written about during or after a job shadow experience.

What are some examples of confidential information?
- Names of customers, clients, or patients
- All customer, client or patient information such as medical or account information
- All workplace information including financial status, hiring information, and firing information
- All employee/staff information such as salary, medical data, account information, or personal issues discussed in confidence

What can students share about their job shadow experience?
Students cannot tell anyone specific or identifying information about customers, clients, patients, employees, and employers. Legally, students can only talk or write about “general” information. For example saying, “Mr. Smith, the accountant I job shadowed, worked on Mrs. Jones’s taxes today and she owes $500,” would be very identifying. The correct way to discuss this situation would be to say, “I observed an accountant preparing someone’s taxes today.”

Ethical & Legal Behavior

Behaving ethically and legally involves knowing the difference between right and wrong and choosing to do the right thing. Ethical and legal behavior is expected from all students participating in a job shadow.

The follow are legal terms and definitions to be aware of. Laws exist prohibiting each of the following:
- Defamation of character – Damaging a person’s reputation by making public statements that are false or malicious (written or spoken).
- Invasion of privacy – Intrusion into a person’s private affairs; public disclosure of private facts about a person; breach of confidentiality; using a person’s name without his/her permission.

__________________________________________________________ ___________________
Student Name (print)  

_________________________________________________________ ___________________  
Signature of student  

_________________________________________________________ ___________________  
Signature of parent/guardian  

Required documentation!
Questions to ask during a job shadow

Interview your job shadow host using the questions below. Write your host’s responses in the space provided. You may include questions based on your research, either confirming information gathered or enhancing information. Stay away from personal issues, including salary.

How would you describe a typical day at your job?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What do you like most about your work?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you could change something about your work, what would it be?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

In what way are the following work habits important for this job?

- Following directions: ____________________________

  _______________________________________________________________________

- Being accurate: ____________________________

  _______________________________________________________________________

- Participating as a team member: ____________________________

  _______________________________________________________________________

- Working independently: ____________________________

  _______________________________________________________________________
How would you describe the people who work here in terms of their age, gender, and racial/ethnic backgrounds?

How has technology affected this job?

How do you think this job will change in the next five years? The next ten years?

What skills and training do you need for this job?

What advice would you give to a high school student interested in this profession?

What recommendations do you have for me if I want to go into this career?

Additional Information or Comments: ____________________________

Host Signature _____________________________________________

Verification that Questions were asked.

Required documentation!
Observation Worksheet

Check the skills observed during your job shadow and describe the tasks or duties your job shadow host was completing as part of his or her work. Identify one skill in each area.

Example:
- Organizing – Construction foreman coordinates delivery of concrete and other supplies

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<thead>
<tr>
<th>Skill</th>
<th>Description</th>
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<tr>
<td>□ Organizing</td>
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<td>□ Planning</td>
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<td>□ Making decisions</td>
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<td>□ Thinking creatively</td>
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<td>□ Analyzing problems</td>
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<td>□ Reading</td>
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<td>□ Cooperating with others</td>
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<td>□ Customer Service</td>
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Required documentation!
Additional Observations:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Required documentation!
High School College & Career Guidance Class
Job Shadow Project—Confirmation Form

Student Name ______________________________________

Company Name ________________________________

Company Address ______________________________________
_____________________________________

Host Name ________________________________

To be completed by Job Shadow Host In Ink:

Appropriate Dress [] Yes  [] No

Appropriate Behavior [] Yes  [] No

Appropriate Questions [] Yes  [] No

Helpful/Active Participant [] Yes  [] No

Courteous to Others [] Yes  [] No

Positive Attitude [] Yes  [] No

Host Contact Phone Number ________________________________

Host Contact Email __________________________________

Did you keep any of the paperwork? [] Yes  [] No - If so what items? ________________________________

Job Shadow Date _____________  Time Start ____________  Time Stop ____________

Your signature below indicates that the above listed student was present at the scheduled Job Shadow for the date and time listed.  Please complete this form in ink.

Please put me on the list to host future job shadows.  [] Yes  [] Not at this time

Host Signature _________________________________________  Date ______________

Required documentation!
High School College & Career Guidance Class
Job Shadow Project—Reflection Form

Student Name: ____________________________ Date: ____________

Teacher/Advisor: ____________________________ Period: ____________

Name of Person Job Shadowed: ____________________________ Title: ____________

Business Name: ____________________________ Phone: ____________

Use complete sentences to respond to the following items. Attach paper if necessary.
Explain three things you learned from this experience:
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

In a paragraph, evaluate what you liked most about the job you observed. Provide three examples to support your evaluation:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Decide whether you agree or disagree with the following statement: “Certain elements of the job shadow experience surprised me.” In a paragraph, support your position with two examples from your experience.
_____________________________________________________________________________
_____________________________________________________________________________

Explain why you would or would not like this job. Provide two examples to support your conclusion.
_____________________________________________________________________________
_____________________________________________________________________________

Student Signature ____________________________________________ Date: ____________

Parent Signature ____________________________________________ Date: ____________ Time: ____________

Required documentation!
Proper behavior at the job shadow:
- Be reliable and prompt.
- Be honest.
- Have a positive attitude – be friendly, courteous, polite, and cooperative with workers and clients.
- Notify the appropriate supervisor (your job shadow host) if you are going to be late or absent.
- If you do not understand something, ask questions or ask for help.

Grooming
Students are expected to be well groomed and to wear appropriate attire for most business/industry programs. Please ask and make sure you dress appropriately. Make sure to ask employers about their dress code, refer to information received during phone call and recorded on your Job Shadow Registration Form.

All
Be reliable and prompt.
Clean hair, neatly styled; teeth and nails clean.
Freshly showered/bathed.
Appropriate jewelry.
Light fragrance, if at all.
No hats.
Remove alternative ear and body piercing.
Follow company dress code.

Men
Dress shirt and tie if appropriate.
Dress slacks/Dockers – no jeans.

Women
Skirts, dresses or dress slacks (no jeans.)
Appropriate skirt/dress length.
No exposed midriff, back, or shoulders.
No low cut or revealing attire.
No shorts.
This is me and Dr. Smith looking at a...

At the dog clinic I was able to take the vital signs along with the nurse when this dog was brought in for....

I was able to use this special computer that allows a person to....
High School College & Career Guidance Class
Job Shadow Activity/Time Log

Each time you change the activity you are participating in, observing, or your location, please log it on this log sheet. Please make one entry for each half hour.

Date of Job Shadow ________________

Describe the work environment that you are in at the time of the job shadow: _______________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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<tr>
<th>Time</th>
<th>Location</th>
<th>Activity</th>
<th>Observation/Note</th>
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