



Class of 2015 Leadership Excellence and Achievement Program (LEAP)

Shadowing Assignment

Due:

Name of Candidate		
Organization		
Location of shadowing assignment		
Period of shadowing assignment		
Sponsor's Name		
Sponsor's Title		
Sponsor's Phone Number		
GOALS OF SHADOWING ASSIGNMENT: (Identify the ECQ(s) that this assignment will address.		
SUMMARY OF SHADOWING EXPERIENCE: (Briefly describe key assignments completed during this shadowing assignment).		
KEY RESULTS AND COMPETENCIES ADDRESSED: (Summarize the overall learning experience of the candidate and identify executive core qualifications and competencies addressed).		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Candidate Signature</div> <div style="width: 30%;">Date: _____</div> </div>		
Supervisor	Date	Mentor
		Date
		Date
Sponsor	Date	

