



**Bishop DuBourg High School**  
**Job Shadowing Verification Form**  
(Please Print)

Student's Name: \_\_\_\_\_ Date Shadowed: \_\_\_\_\_

Business Name: \_\_\_\_\_

Employee Shadowed: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Hours Shadowing: \_\_\_\_\_

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During my job shadowing experience, I was able to learn about:

- Specific skills needed for this job
- Specific education needed for this job
- Ways I can prepare for employment in this field
- What the employee likes best about this career
- Some frustrating parts of this job
- Future outlook for this profession
- I also had the opportunity to observe this employee working in his/her employment surroundings.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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Please return this form to:

**Bishop DuBourg High School**  
**Attn: A+ Office**  
**5850 Eichelberger**  
**St. Louis, MO 63109**