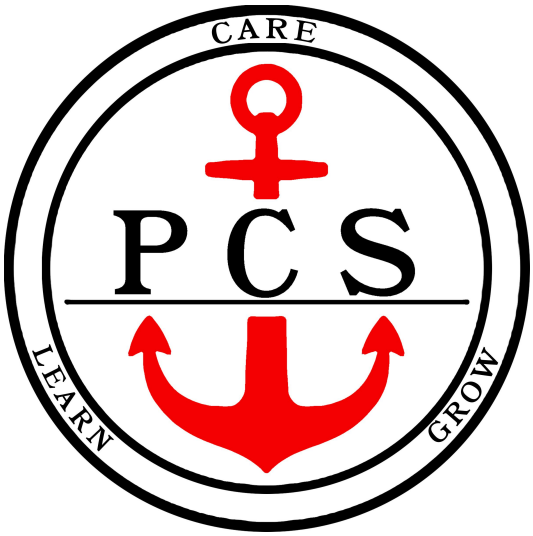
Powell County High School

Career and Technical Education

Occupational Shadowing



Empowered: It's not just content, it's skills

Powell County High School
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What is occupational shadowing?

Occupational shadowing is learning through observation and provides an opportunity for a student to spend a limited amount of time with an individual in a chosen occupation in order to become familiar with the duties associated with that occupation, the physical setting of the occupation, and the compatibility of the occupation with his or her own career goals.

What are the benefits of occupational shadowing?

Occupational shadowing is an opportunity for employers and schools to work together to aid the educational process. Students are given the opportunity to observe workers on the job in different occupations and to become familiar with expectations of the worker in a real world situation. Students are also given the opportunity to discuss items of interest and concern with the individual actually in the occupation they are shadowing. Occupational shadowing provides a relevant learning experience outside the classroom. Employers are able to contribute to the education of youth, promote company culture, and showcase occupations that are not as well known or those where there will be a shortage of qualified candidates in the near future.

How can I shadow an occupation I am interested in?

Prior to occupational shadowing, students interested in occupational shadowing will collaborate with his/her pathway teacher to complete the following:

- Occupational Shadowing Student Application
- Parent/Guardian Consent Form
- Parent Medical Consent
- Company/Employer Occupational Shadowing Consent Form
- Confidentiality Statement Form

Upon completion of occupational shadowing, the following documents will be completed by the employer and student

- Student Occupational Shadowing Evaluation
- Company/Employer Occupational Shadowing Evaluation

******All documents will be maintained by the pathway teacher. It is the responsibility of the pathway teacher to collaborate with the CTE Guidance Counselor and Attendance Clerk for the completion of Occupational Shadowing.***

OCCUPATIONAL SHADOWING STUDENT APPLICATION

PCHS Office of Career and Technical Education

NAME: _____GRADE/CLASS: _____

PATHWAY TEACHER/ADVISOR: _____

Student to Complete

I, _____, will participate in a job shadowing experience, which
(Student Name)

will take place at _____ on _____
(Name of Employer) *(Date)*

from _____ to _____.
(Beginning time) *(End time)*

I understand that people outside of school are giving up valuable time to help me learn about their jobs. By signing below, I agree to:

- make up any school work that I miss while participating in a shadowing or mentoring session.
- act in an appropriate manner while participating in a shadowing or mentoring session.
- become knowledgeable about my career interest prior to participating in a shadowing or mentoring session.

Student Signature: _____ Date: _____

Teacher to Complete

I authorize _____ to participate in occupational
(Student Name)

shadowing on the date and time indicated above.

Teacher Signature: _____ Date: _____

******A copy of this form must be provided to the school counselor and attendance clerk***

OCCUPATIONAL SHADOWING PARENT/GUARDIAN CONSENT FORM

PCHS Office of Career and Technical Education

Your child will be participating in an occupational shadowing experience. Occupational shadowing is a work-site experience (typically three to six hours) during which a student spends supervised time at a workplace observing a worker, asking questions, and completing written assignments to learn about different jobs.

Permission to Participate in Occupational Shadowing

_____, may participate in a job shadowing experience, which
(Student Name)

will take place at _____ on _____
(Name of Employer) *(Date)*

from _____ to _____.
(Beginning time) *(End time)*

Permission to Travel to Occupational Shadowing Site

I grant permission for my son/daughter to travel using his/her own car.

____Yes ____ No

I will provide transportation for my son/daughter to and from the occupational shadowing site.

____Yes ____ No

Photo Release

I grant permission to photograph my child while participating in the occupational shadow for program promotion and educational purposes.

____Yes ____ No

Signature of Parent/Guardian: _____Date: _____

OCCUPATIONAL SHADOWING MEDICAL AUTHORIZATION

PCHS Office of Career and Technical Education

Student Information

Student's name: _____

Date of birth: _____

Address: _____

Daytime phone for parent or guardian: (_____) _____

Contact name other than parent or guardian:_____

Relation to student: _____ Phone: (_____) _____

Family doctor: _____ Phone: (_____) _____

Preferred hospital: _____ Phone: (_____) _____

Medical Consent

Should it be necessary for my child to have medical treatment while participating in the occupational shadowing, I hereby give the school district and/or work-site personnel permission to use their best judgment in obtaining medical service for my child. In addition, I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

____Yes ____ No

Permission is granted to release emergency contact/medical history to the attending physician or to work-site personnel if needed.

____Yes ____ No

Signature of Parent/Guardian: _____ Date: _____

COMPANY/EMPLOYER OCCUPATIONAL SHADOWING CONSENT FORM

PCHS Office of Career and Technical Education

Company/Employer Information

Company/Employer Name: _____

Company/Employer Address: _____

Contact Name: _____Phone: _____

Occupation Information

Occupation for shadowing: _____

Occupation duties for shadowing: _____

_____

_____

List any restrictions which might limit some students' participation in shadowing:

_____

_____

_____

Company/Employer Consent

I, _____, agree to participate in an Occupational Shadowing
(Name of Company/Employer Contact)

Experience for _____, which will take place at
(Name of Student)

_____ on _____
(Name of Employer) *(Date)*

from _____ to _____.
(Beginning time) *(End time)*

Signature: _____ Date: _____

CONFIDENTIALITY STATEMENT

PCHS Office of Career and Technical Education

I agree that I shall strictly maintain the confidentiality of all information and data disclosed throughout the internship process. Additionally, I accept the responsibility of security given to me when entrusted with materials, property, and information.

Student Intern Name: _____

Student Intern Signature :_____ Date: _____

Mentor Name: _____

Mentor Signature: _____ Date: _____

Teacher Name: _____

Teacher Signature: _____ Date: _____

COMPANY/EMPLOYER OCCUPATIONAL SHADOWING EVALUATION FORM

PCHS Office of Career and Technical Education

Company/Employer Information

Company/Employer Name: _____

Company/Employer Address: _____

Contact Name: _____Phone: _____

Student Information

Student Name: _____

Date of Shadowing Experience: _____

Time of Shadowing Experience: _____

Do you believe that the shadowing experience was beneficial to the student?

_____ Yes _____ No

Do you believe the school should continue this effort to extend learning beyond the classroom?

_____ Yes _____ No

Did the student come to your place of business fully prepared for the shadowing experience?

_____ Yes _____ No

Do you have any suggestions or comments to make the experience more valuable to the students?

_____

_____

_____

Signature: _____ Date: _____

STUDENT OCCUPATIONAL SHADOWING EVALUATION

PCHS Office of Career and Technical Education

NAME: _____GRADE/CLASS: _____

PATHWAY TEACHER/ADVISOR: _____

EMPLOYER/COMPANY SHADOWED: _____

OCCUPATION SHADOWED: _____

Experience Evaluation

- Describe what you observed while on your occupational shadowing visit.

  _____

  _____

  _____

- What did you learn that most surprised you while on your occupational shadowing visit?

  _____

  _____

  _____

- Are you still interested in your career choice after this experience? ___ Yes ___ No Explain:

  _____

  _____

  _____

- How could your occupational shadowing experience have been improved?

  _____

  _____

  _____

Signature: _____ Date: _____