

JOB SHADOW PROGRAM PACKET

Student Name: _____ Grade: _____ School: _____

COMPLETION CHECKLIST

FORM	COMPLETED BY	DATE COMPLETED
Student Agreement	Student	
Permission Form	Student, Parent, School Staff	
Student Reflection Questions	Student	
Student Evaluation Form	Job Host/Mentor	
Thank You Note	Student, Career Coach	
Certificate of Job Shadow Completion	School Staff, Career Coach	

Please contact your career coach or school counselor if you have any questions while completing this packet.

Job Shadow Day: Student Agreement

****This form is to be filled out by the student BEFORE the job shadowing experience.**

This packet is intended for senior students to plan, conduct, and report their job shadowing experience. Senior students are permitted to **attend two (2) job shadowing experiences during the academic year**. The student must contact the chosen business/professional to schedule their day of job shadowing. The school's career coach is available to assist if necessary. **If possible, job shadowing days should be scheduled for eLearning days, school holidays, or weekends to avoid absences.**

Student Information

Student Name: _____ Grade: _____ School: _____
Phone No: _____ Email: _____
Occupational/Career Goal: _____

Company Information

Host/Mentor Name: _____ Job Title: _____
Direct Phone No: _____ Email: _____
Company Name and Address: _____

DATE of scheduled job shadowing experience: _____ **TIME:** _____ - _____

I AGREE TO THE FOLLOWING: (initial in blank)

- _____ I will schedule the job shadowing experience with the employer.
- _____ I will ensure that the entire Job Shadow Program Packet is completed and submitted in a timely manner.
- _____ I will make arrangements for transportation to and from job shadow site.
- _____ I will comply with the rules and regulations of the job shadow site.
- _____ I will maintain documentation of the hours worked and tasks performed.
- _____ I will be responsible and exhibit professional behavior at all times.
- _____ I do not expect employment or compensation as a result of my job shadow experience.
- _____ I understand I may hear/see sensitive information and I must keep the information confidential.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Job Shadow Day: Permission Form

This is a *request* for an **excused absence** because of a school-related job shadowing experience. **If possible, job shadowing days should be scheduled for eLearning days, school holidays, or weekends to avoid absences.** A parent/guardian and each teacher for every missed class must sign below. This completed form must be turned into the career coach by the due date indicated. This completed form allows for an Early Dismissal/Late Entry or an Absence, if necessary.

Submit completed permission slip by _____.

Student Name: _____ **Grade:** _____ **School:** _____

Company Information

Host/Mentor Name: _____ Job Title: _____

Direct Phone No: _____ Email: _____

Company Name and Address: _____

DATE of scheduled job shadowing experience: _____ **TIME:** _____ - _____

PARENT/GUARDIAN PERMISSION:

I hereby give my child permission to attend this job shadow experience at the organization listed above. I understand my student, myself, and/or a designated guardian will be responsible for transportation to and from the job shadow.

Parent Signature: _____ Date: _____

Best Contact: Phone _____ Email _____

TEACHER NOTIFICATION AND APPROVAL:

The student is responsible for any academic work missed due to the above appointment.

Period	Course Title	Teacher Last Name	Teacher Signature
1			
2			
3			
4			
5			
6			
7			
8			

SCHOOL ADMINISTRATION APPROVAL:

I have reviewed the student's records and approve this job shadowing experience.

Counselor Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

Job Shadow Day: Student Reflection Questions

Student Name: _____ Date: _____

Phone: _____ Email: _____

Job Shadow Host/Mentor (Name, Title): _____

Phone: _____ Email: _____

Company Name and Address: _____

Once you have **completed** your day of job shadowing, please take a moment to review this form and answer the following questions. This information serves two purposes. First, it will allow you to reflect on your visit and how it relates to your career planning and decision-making process. Second, it verifies completion of the job shadow. Please answer all questions.

1. Overall, did you feel that your job shadowing experience was a good one? ____ Yes ____ No

Please explain:

2. Which of the following best relates to your feelings about career direction after this experience?

____ This experience helped confirm that I am interested in this field as a career.

____ This experience made me think this career direction might **not** be right for me.

3. Describe the job duties, responsibilities, and work environment of the profession you shadowed.

4. What characteristics of this profession do you feel are interesting or a good match for you?

5. What characteristics concern you or make this profession seem unappealing to you as a career?

6. What did you learn most from this experience?

Job Shadow Day: Student Evaluation

This form is to be filled out by the Job Shadow **Host/Mentor once the job shadowing experience is **COMPLETED**.

Host/Mentor Name: _____ Job Title: _____

Direct Phone No: _____ Email: _____

Company Name and Address: _____

DATE of scheduled job shadowing experience: _____ **TIME:** _____ - _____

Please use the following guidelines to rate the student's job shadowing experience.

	Poor	Fair	Good	Excellent
Personal Appearance				
Appropriate Clothing				
Well Groomed				
Work Relations				
Positive Attitude				
Respectful				
Cooperative				
Use of Time				
Arrived on Time				
Asked Questions				
Accepted Responsibility				
Willingness to Learn				

As a participating job shadowing employer, do you...

...feel this experience was valuable for the student?	YES	NO
...feel this experience was valuable for your company?	YES	NO
...think you would like other students to visit your company?	YES	NO

Additional comments or suggestions: _____

Host/Mentor Signature: _____ **Date:** _____

Thank you for participating in this evaluation and allowing our student to job shadow with you!

*Please return this form by email to candace.blackmon@sccboe.org or christina.puckett@sccboe.org
OR by way of the student in a **SEALED** envelope.*