Finish filling out after Job Shadow experience and hand in to Mrs. Sternweis for a photocopy OR input your answers into Google Form on Current Students page of School District of Marshfield website.

Student Job Shadow Experience Sheet

Student: _____ Job Site: _____

Date of Job Shadow: _____ Department: _____

Person(s) Shadowed: _____

Total Number of Hours on the Job Shadow: ☐ 1 (one)
☐ 2 (two)
☐ other: _____

1. Describe the job of the person you shadowed.

2. What training/education is required for this job?

3. Where can you receive training and education required for this job?

4. List any classes at school which might teach skills that would be necessary for the job you shadowed. (Include **both** **class name** & **skills**.)

OVER

From your perspective (your interests, abilities, and goals)...

5. Identify aspects of the job that were positive

6. Identify aspects of the job that were negative

7. Did the job shadowing experience influence your career choice/goals?

YES NO

8. How did this experience influence your career choice/goals?

Thank you!

United Way

Partner Program

OVER