Oil City Senior High School
10 Lynch Boulevard
Oil City, PA 16301

Job Shadow - Verification Form

_____ has completed a minimum of 5 hours of job shadowing.

Agency/Business:_____

Name of Person Shadowed:_____

Signature of Shadowed Person: _____

Contact Phone Number:_____

Job Shadowed: _____

Date Completed:_____

Please check the following categories:

	Excellent	Satisfactory	Poor
Polite	_____	_____	_____
Industrious	_____	_____	_____
On Time	_____	_____	_____
Attitude	_____	_____	_____
Appropriate Questions	_____	_____	_____

Comments:

If you have any questions/comments, please contact _____ (Graduation Project Advisor) at 676-2771.

Student Reflection: In a well-written essay, reflect and answer the following questions. (Preferred that essay be typed, double-spaced, size 12 professional font)

1. What have you learned about the job?
2. How has the job shadowing experience affected your view of the occupation?

Upon completion, return this form with your essay to your Graduation Project advisor to be placed in your portfolio. **ALSO, PLEASE RETURN A COPY OF THIS FORM TO MRS. HARKLESS FOR ATTENDANCE PURPOSES.**