



JOB SHADOWING PART 1 – PERMISSION DUE JAN. 15, 2026
COMPLETE PAGES 3-4
JOB SHADOWING
PARENT/GUARDIAN INFORMATION

Date: December 9, 2025

Dear Parents/Guardians:

Job shadowing is an academically motivating educational activity for students to observe the world of work. These work-based learning experiences allow students an opportunity to explore a career interest and connect the skills learned in school to the workplace. This is why job shadowing is an integral part of Richland County School District One. Students shall abide by all Richland County School District One rules, practices, and agreements at all times. Students shall dress in accordance with the district's dress code policy or as advised by the worksite.

There is an inherent risk in participating in community and work-based learning activities. I, as parent/legal guardian, understand my son's/daughter's part of the job shadowing experience and assume all risks, hazards, and injuries incidental to such participation and do hereby waive, release, absolve and agree to hold harmless the learning/work site and Richland County School District One from any claim arising out of an injury to my child.

Transportation is **NOT** provided by Richland County School District One, but rather by the parent/legal guardian; therefore, Richland County School District One will not be liable for negligent acts. Participation in the program is voluntary. The school is not directly supervising, controlling, or providing the students' transportation.

Job Shadowing Outline

In order for your son/daughter to participate in **Job Shadowing** on January 30, 2026, you will need to assist with the following:

- Identify a person and worksite for the job shadowing.
- Complete the Parent/Guardian Job Shadow Permission Forms and Business Partner Information Sheet, which are due to the School Counseling Office by January 15, 2026, Late permission forms **will not** be accepted.
- Arrange transportation for your child to and from the job shadowing worksite.
- Review with your child appropriate dress and behavior for the workplace prior to going to the worksite.
- Remind your child to take and complete the Observation Form on the day of job shadowing.
- **Be sure your child returns the completed Observation Form on/or before February 4, 2026 in order for the absence to be **EXCUSED**. If the Observation Form is not returned by February 4, 2026, your child's absence will be marked as **UNEXCUSED**.**
- **If you have any questions, comments, or concerns, please contact Kevin Kirkley at kevin.kirkley@richlandone.org or your student's counselor.**

Sincerely,

Dreher Counseling Department



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**WORK-BASED LEARNING EXPERIENCE - JOB SHADOWING
PARENT/GUARDIAN PERMISSION FORM**

My son/daughter has permission to participate in job shadowing, a work-based learning experience.

Student Name: _____ Grade: _____

Name of Business/Worksite: _____

Person to be Shadowed Name/Worksite Host: _____

Worksite Email: _____ Worksite Phone: _____

In Case of Medical Emergency

Parent/Guardian's Name: _____ Day Phone: _____

Emergency Contact Person: _____ Phone: _____

Family Physician: _____ Phone: _____

List Any Medications: _____ Allergies: _____

Other: _____

Name of Medical Insurance Carrier: _____ Phone: _____

The parent/guardian and student understand that even though these experiences are non-paid, the student may perform work-related activities. School personnel may not have visited the worksite, met the hosts, nor be present when the student is on site. I have read the Parent/Guardian Information Sheet and understand the responsibilities and policies involved in the job shadow program.

Student Signature: _____ **Date:** _____

The undersigned authorizes and directs any medical or surgical care including anesthesia, laboratory x-rays and other procedures necessary in the event of emergency medical care of the above named minor during the work-based learning experience.

I, as parent or legal guardian of the above-named student, hereby agree to the conditions of participation in the job shadow program.

Parent/Legal Guardian (Please print): _____

Parent/Legal Guardian Signature: _____ **Date:** _____

This form must be submitted by January 15, 2026.

OFFICE USE ONLY: Student LN: _____ FN: _____ PP BP OF HF

Forms Submitted: PP=Parent Permission; BP=Business Partner Information; OF=Observation Form; HF=Host Feedback



BUSINESS PARTNER INFORMATION

Job Shadowing is a short-term work-based learning experience that introduces a student to a particular job or career by pairing the student with an employee of a business, industry or agency. The student follows or “shadows” the employee for a specified time to better understand the requirements of a particular job or career.

Students will have the opportunity to job shadow an individual in order to experience the workplace firsthand through the following:

- Demonstrating the connection between academics and careers, exciting students to learn by making their class work more relevant.
- Building community partnerships between schools and businesses that enhance the educational experience of all students.
- Introducing students to the requirements of professions and industries to help them prepare to join the workforce of the 21st century.
- Encouraging an ongoing relationship between young people and caring adults.

Just a few short hours are all it may take to open a window into the world of work for America’s young people. It can begin to provide them with insight into the knowledge and skills they will need to achieve their dreams. Thank you for considering participation in our job shadowing activity work-based learning experience.

Student Information

Student Name _____ Grade _____

The above name student is approved to participate in Job Shadowing at:

Name of Business/Worksite Business Phone Number

Business/Worksite Street Address City State Zip Code

Name of Person to be Shadowed Worksite Supervisor Email

Worksite Supervisor Name (print) Worksite Supervisor Signature Date

Are employees at this worksite engaged in hazardous occupations? Yes No

If yes, please explain:

Name of Person to be Shadowed engaged in hazardous job duties? Yes No

This form must be submitted by January 15, 2026