



## JOB SHADOWING PART 2 – DUE FEB. 4, 2026

### JOB SHADOWING STUDENT OBSERVATION FORM

PLEASE PRINT

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Person Shadowed Name \_\_\_\_\_

Person Shadowed Title \_\_\_\_\_

Number of Employees in Company: (Check One)      \_\_\_\_\_ 0-49      \_\_\_\_\_ 50-499      \_\_\_\_\_ 500+

***Questions for the student to answer:***

1. Describe the department or worksite you visited.
  
2. What did you like most and least about the job shadowing experience?
  
3. What types of technology are needed to perform the duties on this job?
  
4. If you wanted to work in this job, what might you do to prepare for this job in the next five years, both high school and after graduation?
  
5. Based on your observations during the shadowing experience, how much of the work involves the following areas?  
Please circle your response.

• Math	None	Some	Most	All
• Science	None	Some	Most	All
• Reading	None	Some	Most	All
• Writing	None	Some	Most	All
• Social Studies	None	Some	Most	All
• Technology	None	Some	Most	All
• Physical Education	None	Some	Most	All



***Questions for the student to ask the person shadowed.***

1. What recommendations do you have for a student in middle/high school who is interested in this or a similar position?
2. What job skills are most important in this career?
3. What did you learn in middle/high school that helped you the most on this job?
4. What do you wish you had studied more of in middle/high school?
5. Are you in a non-traditional position?
6. What parts of your job require you to work with someone else or in teams on your job? Explain.

\_\_\_\_\_  
Signature of Person Shadowed

\_\_\_\_\_  
Job Title of Person Shadowed

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

**Return this form to the school counseling office by February 4, 2026.  
Failure to return this completed form will result in an unexcused absence.**