JOB SHADOWING

PARENT/GUARDIAN INFORMATION

Date: January 8th, 2026

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 30th, 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 Guidance by **January 26th, 2026**, Late permission forms may 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 6th, 2026 in order for the absence to be *EXCUSED*. If the Observation Form is not returned on date: February 6th, 2026, your child's absence will be marked as *UNEXCUSED.***
- **If you have any questions, comments, or concerns, please contact** Miranda Workman **at** miranda.workman@richlandone.org

Sincerely,

_____

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INFORMED CONSENT, RELEASE OF LIABLIITY, ASSUMPTION OF RISK FOR COVID-19

_____ **(Student Participant)** desires to participate in the Richland County School District One ("District") Career and Technical Education work-based learning experiences (on-site job shadowing). I, _____ **(Parent/Guardian/Student 18 or older)**, for myself and my child, understand and agree as follows regarding risks associated with COVID-19 pandemic:

1. **Voluntary Participation**: I voluntarily elect for my child/Student Participant to access and use the District's premises, facilities, and equipment, and on other school districts' properties in the course of participating in the work-based learning activity, so that my child may participate in the Career and Technical Education program. I voluntarily elect for my child/Student Participant to receive instruction and training from district employees. I understand that if I do not feel it is safe or appropriate to begin in-person workouts at this time, the student participant will be allowed to return to team activities without repercussions when I feel it is appropriate to do so, and the student participant may participate without mandatory attendance requirements during the summer period.

   I understand that student participants who either have pre-existing medical conditions that place the Student Participant at higher risk of infection, or those who do not want to risk contracting COVID-19, should refrain from participating in high school sports at this time.

2. **Acknowledgment of Risk:** I warrant that I am fully aware of the inherent risks of infection from the COVID-19 virus and pandemic, among other communicable diseases, in all public spaces, and particularly in recreational facilities such as those used by the district for its Career and Technical Education programs. I understand that use of the district's premises, or other premises and locations, and participation in athletic activities may result in an increased risk of exposure to COVID-19 because of, among other things, the sharing of equipment, close contact with other individuals during activities, and the prevalence of high touch surfaces inherently associated with the activities, the increased respiration and emission of respiratory droplets associated with physical exertion, the use of water bottles and other personal use objects, and the inherent and natural interaction and sharing behaviors of students.

   I understand that COVID-19 is considered a highly contagious virus that may have serious health consequences that could result in prolonged hospitalization, permanent injury, and even death, and the potential spread to other individuals, including other household members, and I acknowledge that such risk cannot be fully mitigated or controlled.

3. **No Warranty:** I understand that the district will make reasonable efforts to comply with guidelines of South Carolina Department of Education, Centers for Disease Control, South Carolina Department of Health and Environmental Control. However, the district cannot eliminate the risk of exposure to COVID-19, or guarantee that the facilities and work-based learning activities will be free of COVID-19; that faculty, staff, and volunteers will be or will remain free of infection; or that infected and contagious students or their families will not be present on the premises or participating in the activity. Accordingly, the district cannot and does not warrant, guarantee, or offer assurances that individuals will not be exposed to COVID-19 while on the premises or engaged in athletic activities, or that individuals will not then expose others to COVID-19.

4. **Assumption of Risk**: I understand and acknowledge that my or my child's access and use of the premises, facilities, equipment, and participation in the activities involve inherent risks to me or my child, and I understand the district has no control over these risks, nor the ability or duty to eliminate such risks, and even strict adherence to guidelines cannot eliminate risk. Consequently, for myself, and for my child, I assume such dangers, risks, and hazards by participating in athletic activities at this time.

5. **Indemnification, Waiver, Release**: I hereby waive, release, discharge, and hold harmless the district, including its employees, Board, directors/officials, officers, agents, and volunteers from any and all liability associated with any injury to the Student Participant, including personal injury or illness or even death, loss of income or educational opportunity, property damage, and all losses, damages, expenses, liabilities, or claims of any nature arising out of, related to, or in any way connected to the Student Participant use of the premises, facilities, and participation in the activities.

6. **Other Acknowledgements**:

   a. I represent that I have the authority to give this Informed Consent, Release of Liability, Assumption of Risk for the Student Participant's participation in the District's athletic program and use of District premises and facilities. I am the parent/legal guardian of the Student Participant, or I am 18 years of age or older, and have the unrestricted right to enter into this Informed Consent, Release of Liability, Assumption of Risk.

   b. I am aware of the district's COVID-19 guidelines and shall abide by them, make all reasonable efforts to equip and instruct my child to abide by them at all times while on the district's premises, or while otherwise engaged in the work-based learning activity, even on other districts' premises, for purposes of participating in the district's Career and Technical Education program.

   c. I agree that in the event that the Student Participant or any member of our household tests positive for COVID-19, is informed by a health care provider that that the Student Participant or member of my household is likely symptomatic for COVID-19 infection, or otherwise becomes aware of information that a reasonable person should in good faith recognize as indicating exposure to COVID-19, I will immediately notify the District.

   d. I hereby give consent for emergency transportation and treatment in the event of illness or injury, and I accept responsibility for the payment of any emergency transportation or treatment on behalf of my child.

   e. To the best of my knowledge I further certify that my child is in good physical condition and has no medical or physical conditions that would restrict his/her participation in this event.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS **INFORMED CONSENT, RELEASE OF LIABILITY, ASSUMPTION OF RISK**; I FULLY UNDERSTAND ITS TERMS; I UNDERSTAND THAT I AM WAIVING RIGHTS BY SIGNING IT; AND I HAVE SIGNED IT FREELY AND VOLUNTARILY. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE EXTENT ALLOWED BY LAW.

Signature of Parent/Guardian for Minor Student	**Date**
Signature of Student Participant	**Date**
Print Name of Parent/Guardian	**Print Name of Student Participant**
Teacher/Career Specialist	**Date**

Student and Parent Information

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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 26th, 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

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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 26th. 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 your school counselor in the guidance office by ___February 6th, 2026_____.
Failure to return this completed form will result in an unexcused absence.

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JOB SHADOW HOST FEEDBACK

Thank you for participating in and assisting with the job shadow experience. Please help us evaluate the experience by responding to the following items. The information will be helpful in improving our program.

Name of Business/Worksite Business Phone Number

Business/Worksite Street Address City State Zip Code

Name of Person Shadowed (print) Email

Student Name

1. Student arrived on time. .....YES .....NO
2. Student's attire was appropriate. .....YES .....NO
3. Student participated in activities at the job shadowing site. .....YES .....NO
4. Student's behavior was appropriate. .....YES .....NO
5. Did you alter your day to accommodate the student? If yes, how?
6. What benefit do you feel the student gained from this experience?
7. What did you enjoy the most about participating in this experience?
8. How could this experience be improved?
9. Would you be willing to participate in this program again? YES NO
10. Would you, or a representative from your company, be willing to be placed on a list of available career speakers? YES NO

Please return this form via fax to Miranda Workman (Room 308)
or via email miranda.workman@richlandone.org.

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