**Job Shadow Guidelines & Check List**

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STEP ONE: PREPARE FOR THE JOB SHADOW VISIT**

1. Call prospective job shadow host, arrange appointment (exact time, date, and location).

2. Complete the following forms and turn in to Mrs. Fylling at least one week prior to your job shadow.

**\_\_\_\_ Job Shadow Registration & Parent Permission Form**

**\_\_\_\_ Teacher Signature Form**

3. Call your job shadow host a day or two before your shadow to confirm details (time to arrive, location, what to wear, and lunch (if applicable)

4. Take a copy of your Parent Permission Form, Interview Worksheet, Evaluation Worksheet and a notebook to the job shadow to record what you experience and learn.

sTEP TWO: cOMPLETING THE JOB SHADOW EXPERIENCE

1. Complete Interview Worksheet with responses from your job shadow host.

2. Complete Evaluation Worksheet describing what you observed during your job shadow.

3. Write a thank you letter to your job shadow host.

4. **Turn in final forms to Mrs. Fylling no later than one week after the job shadow.**

**Completed Interview Worksheet**

**Completed Evaluation Worksheet**

**Thank you Letter (must be typed) or handwritten card and a properly addressed and stamped envelope**

**You will not be counted absent on the day of your job shadow if all the forms are completed and turned in to Mrs. Fylling by the time indicated above. If they are not turned in, and you will be marked absent on the day your completed the shadow and it will be treated as if you skipped a day of school.**

**Job Shadow Registration & Parent Permission Form**

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What career are you planning to shadow? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list the following information below for your job shadow experience:**

Organization/Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Shadow Supervisor Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To participate in a job shadow, I agree to:**

1) Schedule a date and time for my job shadow.

2) Return the Registration/Parent Permission Form to Mrs. Fylling one week before the shadow.

2) Turn in completed Teacher Signature Page to Mr. Fylling before my job shadow day.

3) Complete all assignments for classes I will miss and turn in according to your teacher’s wishes.

4) Arrange for my transportation to and from the job shadow.

5) Return completed Interview & Evaluation Worksheets to Mrs. Fylling no later than one week after your job shadow.

7) Write a Thank You note to my host and turn it into Mrs. Fylling one week after the shadow for mailing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student

**I HAVE READ ALL INFORMATION REGARDING JOB SHADOWING. I UNDERSTAND THE TGU PUBLIC SCHOOLS ASSUMES NO RESPONSIBILITY FOR HEALTH, ACCIDENT OR TRANSPORTATION INSURANCE WHILE MY CHILD IS OUT OF SCHOOL FOR HIS/HER JOB SHADOWING. I AGREE TO PROVIDE (OR ARRANGE) TRANSPORTATION TO AND FROM THE JOB SITE.**  **IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT MRS. FYLLING BY EMAIL** [**tiffany.fylling@k12.nd.us**](mailto:tiffany.fylling@k12.nd.us) **OR BY PHONE 537-5414 (TOWNER) 728-6641 (GRANVILLE).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent

**I GIVE MY PERMISSION FOR MY CHILD TO DRIVE TO AND FROM HIS/HER JOB SHADOW SITE.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent

**Teacher Signature Page**

You are excused from a day of school to complete a job shadow. There are certain procedures that must be followed for this to happen. All necessary paper work must be completed and turned in. In addition, all teachers must be informed that you will be gone that day and you must obtain all assignments you will miss the day you will be gone. It is up to your individual teachers to decide when the assignments you will miss will be due.

You will need to get teacher signatures prior to the day you are gone. **This sheet must be completed and turned in to Mrs. Fylling before you go in order for** **you to be excused from this day of school**. Simply take this sheet to your teachers for signatures and assignments. **If you do the job shadow without handing everything in, your absence will be treated as if you skipped a day of school.**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Shadow Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period 1 Teacher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period 2 Teacher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period 3 Teacher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period 4 Teacher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period 5 Teacher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period 6 Teacher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period 7 Teacher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature Date

**Job Shadow Evaluation Worksheet**

This form is to be completed by student immediately after returning from job shadow. This must be turned in to Mrs. Fylling one week after your shadow for your absence to be excused.

# Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date \_\_\_\_\_\_\_\_\_

Job Shadow Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What type of work did you observe?
2. Describe your job shadow site.
3. Describe the level of education required for this job and any experiences that would be beneficial to gaining employment in this field:
4. What did you like best about your job shadow experience?
5. What did you like least about your job shadow experience?
6. What surprised you the most about the experience?
7. What do you think was the most important thing you learned?
8. Will you consider a career in this field? Why or why not?
9. Rating your job shadow experience (place an X in the box to indicate your response).

Excellent Good Fair Poor

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Information I received during my job shadow |  |  |  |  |
| Appropriateness of the site to my career interests/plans |  |  |  |  |
| Rate the entire job shadow experience |  |  |  |  |

Construct a thank you note to be sent to your job shadow host immediately following the job shadow. You may use a thank you card or a letter thanking the professional for the opportunity to spend time there. Include in your note 1 or 2 specific things that were especially meaningful to you. Remember to sign the letter/card. Return the letter to Mrs. Fylling to be mailed.

**Job Shadow Interview Worksheet**

Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Shadow Host \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Job Shadow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following topics of discussion will help you get the most out of your job shadow experience. Write the answers to these questions-you do not need to write every detail, but make sure you give a good answer. You are the interviewer, so YOU do the writing. This form must be turned in to Mrs. Fylling within a week for your absence to be excused.

1. What are your responsibilities?
2. What do you like most about your job?
3. What are typical working conditions? (hours, stress level, travel, physical working conditions, etc)
4. Why did you choose this occupation?
5. What academic skills are needed? (Math, English, Science, etc.)
6. What non-academic skills are needed? (Communication, leadership, creativity, etc.)
7. What do you wish you had studied more of while in school?
8. What schooling or training did you receive after high school?
9. What changes, if any, do you see taking place in your profession in the near future?
10. Do you have any advice for a student that is considering this career option?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of host received upon completion of visit Date

Time participant arrived \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time job shadow concluded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_