

Job Shadowing

Job shadowing is a great way to experience a career and begin to identify career interests.

A job shadow is a one-time event that provides a student with the opportunity to spend time with an adult at his/her worksite. A shadow can last anywhere from 2 – 8 hours; this is determined by the adult providing the opportunity.

The purpose is for the student to learn the knowledge and skills required to perform the duties of a particular job AND to experience other careers that might be related to the desired shadow.

WHY ARE JOB SHADOWS IMPORTANT?

- Begin to identify career interests
- See how the knowledge gained in school is used on the job
- Learn the academic, technical, and personal skills required for particular jobs
- Understand the connection between school, work, and your future goals
- Develop a network of contacts within the career area of your interest

WHAT TO EXPECT ON JOB SHADOW DAY?

- Dress professionally! You must dress at least at the level of dress others in the company wear.
- Ask questions! Take a notebook to record observations and answers to your questions.
- Meet new people! Use this opportunity to introduce yourself to contacts in your desired career.
- Observe everything! Look at your surroundings - what is the work environment like at this employer? Office, cubicle, shared space? Is the company culture serious, relaxed, or a mix of both?

HOW DO I REQUEST A JOB SHADOW?

Job shadows are arranged by Mrs. Proszenyak, Youth Apprenticeship Coordinator at Lincoln High School. To request a job shadow, a Job Shadow Request/Permission Form must be filled out, signed by the student and a parent/guardian, and turned in to Mrs. Proszenyak in room 130 or put in her mailbox.

JOB SHADOW REQUIREMENTS

1. Job Shadow Request/Permission Form
2. Job Shadow Questions – complete during job shadow, due 1 week after the job shadow
3. Reflection – due 1 week after the job shadow
4. Thank You Card – due 1 week after the job shadow

ALL the above requirements must be finished for the job shadow to be complete. Upon completion, the student will receive a certificate of completion for the job shadow.

Job Shadow Request/Permission Form

NOTE: This form must be signed by a parent/guardian.

Student Information

Name: _____ Grade: _____

Address (street, city, zip): _____

Phone Number: _____ Birth Date: ____/____/____ Age: _____

In Case of Medical Emergency

Parent/Guardian: _____

Day Phone: _____ Evening Phone: _____

Emergency Contact: _____ Phone: _____
(identify by name and relationship: relative/friend, etc)

Doctor's Name: _____ Phone: _____

List any medications or allergies: _____

List any physical or mental impairment that substantially limits one or more major life activities, such as walking or learning, and requires accommodations: _____

Job Shadow Information

Career/Job/Position you would like to shadow: _____

IF you are requesting a specific company/person for your job shadow, please provide the information below:

Specific Company and/or Person Requested: _____

Company Address (street, city, zip): _____

Company/Person Phone Number (if known): _____

Scheduling

Please list any dates/times that will or will not work for your job shadow. Keep in mind extracurricular schedules, sports, important school events, classes you would rather not miss, etc.

Student Transportation

The student is responsible for arranging transportation to and from the job shadow. Select an option:

- Student provides own transportation
- Parent/guardian provides transportation
- Public transportation
- Walk/bike

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Signatures

By signing below, I am applying to participate in a job shadow. I understand that I am responsible for arranging my own transportation to and from my shadowing experience and that I must complete the job shadow requirements outlined above.

Student Signature

Date

By signing below, I represent that I am a parent/guardian of _____ (student name) and in that capacity, give this student my permission to participate in a job shadow. I understand that my student is responsible for their own transportation to and from their shadowing experience and that they must complete the job shadow requirements outlined above. I also give my consent to release my student's information to the work site representative as necessary and I also authorize emergency medical treatment for my student.

Parent/Guardian Signature

Date

Return this completed form to Mrs. Prosenyak (mailbox or room 130) and she will arrange your job shadow.