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**Job Shadowing**

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**Policy, waiver and liability information is included as suggested content only.**

**Please verify compliance with the regulations for your school district and modify as necessary.**

Job Shadow Application – Sample 1

This opportunity is available to students in grades 9-12 who complete a Job Shadow Application and meet the attendance requirements.

Return this completed form to the counselor or career center at your school. Job shadow coordinators will review your application, check attendance and determine eligibility.

|  |  |
| --- | --- |
| Student Name |  |
| Address |  |
| Phone Number |  |
| Date of Birth |  |
| Grade |  |
| School |  |
| Counselor Name |  |
| Teacher Name |  |

Indicate your specific job shadowing requests:

|  |  |
| --- | --- |
| First Choice |  |
| Second Choice |  |

If you know someone that you would like to job shadow, please list their contact information:

|  |  |
| --- | --- |
| Name (person to contact) |  |
| Job Title |  |
| Phone Number |  |
| Business/Workplace Name |  |
| Business/Workplace Address |  |

Have you participated in a job shadow experience before?  Yes  No **If Yes:**

|  |  |
| --- | --- |
| When |  |
| Where |  |

|  |
| --- |
| List extracurricular activities (school or community) in which you participate and when they take place (months and time of day) that could interfere with your shadow. (This includes work.):  Click or tap here to enter text. |
| If you prefer to not miss a specific class period, or you will be absent for a period of time, please note below: |

**Student and Parent/Guardian Authorization**

I understand the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School assumes no responsibility for health, accident, or transportation insurance while job shadowing. I agree to provide or arrange transportation to and from the job shadow site.

I give permission to have photograph(s) taken for possible publication in brochures, newspapers the school webpage and social media sites.

|  |  |
| --- | --- |
| Applicant/Student Name (please print) | Click or tap here to enter text. |
| Applicant/Student Signature and Date |  |
| Parent/Guardian Name (please print) | Click or tap here to enter text. |
| Parent/Guardian Signature and Date |  |
| Parent/Guardian Phone Number | Click or tap here to enter text. |

**For Office Use Only**

Approved  Not approved at this time

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Shadow Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Job Shadow Application – Sample 2

|  |  |
| --- | --- |
| Student Name |  |
| Address |  |
| Phone Number |  |
| Date of Birth |  |
| Grade |  |
| School |  |
| Counselor Name |  |
| Teacher Name |  |

|  |  |
| --- | --- |
| What career would you like to shadow? |  |

**If you know a person you would like to job shadow, please list their information below:**

|  |  |
| --- | --- |
| Full Name |  |
| Job Title |  |
| Phone Number |  |
| Business/Workplace Name |  |
| Business/Workplace Address |  |

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

Attend an orientation session.

Schedule a date and time for my job shadow and return the Confirmation Form to the Career Center.

Return completed Prearranged Absence Form to the Attendance Office.

Complete all assignments, in advance, for classes I will miss.

Arrange for my transportation to and from the job shadow.

Return completed Reflection Worksheet to the Career Center.

Write a thank you note to my host and turn it into the Career Center for mailing.

I have read all information regarding job shadow. I understand the school assumes no responsibility for health, accident or transportation insurance while job shadowing. I agree to provide or arrange transportation to and from the job site.

|  |  |
| --- | --- |
| Applicant/Student Name (please print) |  |
| Applicant/Student Signature and Date |  |
| Parent/Guardian Name (please print) |  |
| Parent/Guardian Signature and Date |  |
| Parent/Guardian Phone Number |  |

**Return this form to the Counseling & Career Center**

Job Shadow Application – Sample 3

|  |  |
| --- | --- |
| Student Name |  |
| Grade |  |
| Date |  |

**List two occupations you would be interested in shadowing:**

|  |  |
| --- | --- |
| Occupation 1 |  |
| Business or Organization |  |
| Contact Person |  |
| Contact Person Phone Number |  |

|  |  |
| --- | --- |
| Occupation 2 |  |
| Business or Organization |  |
| Contact Person |  |
| Contact Person Phone Number |  |

|  |
| --- |
| Do you have a preference of when you would like to do your shadow?  (Month/Day of Week/Time of Day) |

|  |
| --- |
| Do you currently have a job or have you been employed in the past?  Yes  No  If yes, where did you work and what kind of work have you done? |
| List extra-curricular activities (school or other) you have been involved in: |
| List volunteer or work activities that you have participated in that will assist you in attaining your career goal: |
| Explain how this job shadow experience will benefit you: |
| Are there any special concerns/requests that need to be considered when arranging the shadow? |

Your job shadow will be arranged for a time that is convenient for the person and business you will be shadowing. It will be scheduled for a time outside of school hours or on a day that school is not in session. Please read the following statements and sign if you agree to each of them.

I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School assumes no responsibility for health, accident, or transportation insurance while job shadowing.

I agree to provide transportation or arrange for transportation to and from the job site.

I agree to abide by all school policies included in the school handbook and those set forth by the business I am shadowing during my shadow experience.

|  |  |
| --- | --- |
| Applicant/Student Name (please print) |  |
| Applicant/Student Signature and Date |  |
| Parent/Guardian Name (please print) |  |
| Parent/Guardian Signature and Date |  |
| Parent/Guardian Phone Number |  |

**FOR OFFICE USE ONLY**

**Job Shadow Placement(s)**

|  |  |
| --- | --- |
| Business or Organization |  |
| Contact Person |  |
| Contact Person Phone Number |  |
| Date of Job Shadow |  |
| Time |  |
| Comments |  |

Job Shadow Application – Sample 4

|  |  |
| --- | --- |
| Student Name |  |
| Student ID |  |
| Grade |  |
| Homeroom Teacher |  |

What careers are you interested in shadowing at this time:

|  |  |
| --- | --- |
| First Choice |  |
| Second Choice |  |

What is the best time to schedule a Job Shadow within the next two weeks:

|  |  |
| --- | --- |
| Day(s) |  |
| Time of Day | Morning  Afternoon  Either |

Do you have a business contact in mind?  Yes No If Yes please complete:

|  |  |
| --- | --- |
| Occupation |  |
| Business or Organization |  |
| Contact Person |  |
| Contact Person Phone Number |  |

|  |
| --- |
| What do you hope to gain from a job shadow experience? |

|  |
| --- |
| Do you have any special concerns, requests, or accommodations?  Yes  No  If yes, please explain: |

Confidentiality, Ethical & Legal Behavior – Sample

**Confidentiality**

Students have a legal and ethical duty to safeguard the privacy of businesses, clients, or patients while participating in a job shadow. Any release of confidential information is grounds for legal action against students, parents, and schools. Use the following guidelines below to understand what can or cannot be done, said, or written about a job shadow experience:

* Names of customers, clients, or patients.
* All customer, client, or patient information such as medical or account information.
* All workplace information including financial status, hiring and firing information.
* All employee/staff information such as salary, medical data, account information, or personal issues discussed in confidence.
* Legally, students can only talk or write about “general” information. For example, saying, “Mr. Smith, the accountant I job shadowed, worked on Mrs. Jones’ taxes today and she owes $500,” would be very identifying. The correct way to discuss this situation would be to say, “I observed an accountant preparing someone’s taxes today.”

**Ethical & Legal Behavior**

Ethical and legal behavior is expected from all students participating in a job shadow. Laws exist prohibiting each of the following:

* Defamation of Character – Damaging a person’s reputation by making public statements that are false or malicious (written or spoken).
* Invasion of Privacy – Intrusion into a person’s private affairs; public disclosure of private facts about a person; breach of confidentiality; using a person’s name without his or her permission.

Acknowledgments and Parent/Guardian Approval – Sample

Both the student and parent/guardian must read and sign this form.

**Student**

* I understand that I am responsible for making arrangements for missed assignments prior to the Job Shadow experience, using a pre-arranged absence form obtained from the Career Center.
* I also understand that I will be responsible for attending an orientation meeting with the Career Center staff and will complete a job shadow packet, an evaluation, and a thank you note to my host.
* I have read all the information about confidentiality and ethical and legal behavior stated above.
* I understand that I am representing both the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Public Schools and the Job Shadow Program and will take responsibility for my actions during and after my job shadow experience.

**Parent/Guardian**

* I give my permission for my child to participate in a Job Shadow experience.
* As a parent/guardian, I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (School) assumes no responsibility for health, accident, or transportation insurance while participating in a Job Shadow experience.
* I agree to provide or arrange transportation for my child to and from the job shadow site.
* I have read and understand the information about confidentiality and ethical and legal behavior stated above.

|  |  |
| --- | --- |
| Applicant/Student Name (please print) |  |
| Applicant/Student Signature and Date |  |
| Parent/Guardian Name (please print) |  |
| Parent/Guardian Signature and Date |  |
| Parent/Guardian Phone Number |  |

**Arranging the Job Shadow – Sample 1**

Meet with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to set up your job shadow experience.

* We will work together to contact the individual and set the appointment.
* Keep this sheet for your informational purposes.
* If, for any reason, you cannot attend the job shadow or will arrive late please phone the person and inform them.
* Allow enough time to ensure a safe trip to the site and a timely arrival.
* It is OK to arrive early, but it is not OK to be late.

|  |  |
| --- | --- |
| Student Name |  |
| Occupation |  |
| Professional’s Name |  |
| Professional’s Contact Phone Number |  |
| Date of Visit |  |
| Arrival Time |  |
| Professional’s preference for length of visit |  |
| Approximate amount of time student will be absent |  |
| Recommended Attire |  |
| Professional’s Mailing Address |  |
| Business Name |  |
| Business Mailing Address |  |
| Professional’s E-Mail Address |  |

**Arranging the Job Shadow – Sample 2**

|  |  |
| --- | --- |
| Student Name |  |

|  |  |  |
| --- | --- | --- |
| Career/Occupation | Where | Who |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

|  |  |
| --- | --- |
| When (date and time) |  |

**Before**

* Contact the person/business – Phone Call or Letter
* Parent Permission

**During Professionalism**

* On Time
* Confidentiality Issues
* Gratitude

**Dress**

* No blue jeans unless accepted at that place of work
* Shoes – not flip flops
* No t-shirts/sweatshirts
* Tucked in shirt – Belt

**After**

* Written Thank You

**Arranging the Job Shadow – Sample 3**

|  |  |
| --- | --- |
| Student Name |  |

Congratulations! You have been selected to participate in the Job Shadowing Program. Listed below is your job shadowing appointment:

|  |  |
| --- | --- |
| Name of Business |  |
| Address |  |
| Contact Person |  |
| Job Title |  |
| Telephone # and/or Email |  |
| Date of Job Shadow |  |
| Time of Job Shadow |  |

**Special Information**

If you can’t keep this appointment inform the contact person listed above and your school counselor.

**Guidelines for Job Shadowing**

Before you go – Be Prepared

* Meet with your school Career Counselor
* Learn as much as you can about the job/company before you visit
* Complete the pre-arranged absence process before you leave
* Telephone your contact person one or two days before your visit (unless advised otherwise)
* Give your name, confirm date and time, leave a call back number if appropriate
* Ask questions such as directions, parking info, and appropriate dress

While you are there – Ask Questions and Participate

* Be neatly & appropriately dressed
* Arrive on time
* Plan to purchase your own lunch unless informed otherwise (if applicable)
* Ask well thought-out questions (sample questions enclosed in this packet)
* Participate when invited and offer to do so when appropriate
* Conduct yourself in an exemplary manner
* Let the contact person know that you appreciated the time spent with you

After your visit – Follow Up

* Complete all forms and thank you note in your packet (address the thank you note)
* Meet with your Career Counselor to file completed forms

**Arranging the Job Shadow – Sample 4**

|  |  |
| --- | --- |
| Student Name |  |
| Appointment Date |  |
| Appointment Time |  |
| Career Interest |  |

Job Shadow Location Information

|  |  |
| --- | --- |
| Job Shadow Site |  |
| Contact Person |  |
| Phone Number |  |
| E-Mail |  |
| Business Name |  |
| Business Address |  |

|  |  |
| --- | --- |
| Transportation Arrangements |  |
| Directions |  |
| Comments |  |

Remember that appropriate dress and professional behavior will make the Job Shadow experience more rewarding and enjoyable.

|  |
| --- |
| Appropriate dress/attire required of this job shadow: |

**Arranging the Job Shadow – Sample 5**

|  |  |
| --- | --- |
| Name of Student |  |
| Name of Job Shadow Business |  |
| Business Contact Name |  |
| Business Telephone Number |  |
| Business Address |  |
| Date of Job Shadow |  |
| Time of Job Shadow |  |

Return this form to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Arranging the Job Shadow – Sample 6**

|  |  |
| --- | --- |
| Student Name |  |
| Appointment Time |  |
| Career Interest |  |

|  |  |
| --- | --- |
| Job Shadow Site |  |
| Contact Person |  |
| Business Name |  |
| Address |  |
| Phone |  |

|  |  |
| --- | --- |
| Appointment Date |  |
| Time |  |

Remember that appropriate dress and professional behavior will make the Job Shadow experience more rewarding and enjoyable.

**Transportation Arrangements**

Students are responsible for own transportation.

|  |
| --- |
| Comments: |

Arranging the Job Shadow: Business Confirmation Letter – Sample

Date

Business Name

Attn:

PO Box 0000

0000 Main Dr.

MyTown, ND 00000

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Thank you for agreeing to let our student job shadow at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Job Shadowing helps students to finalize their career plans as well as help them make the connection between what they are learning in school and how they will use this knowledge in the world of work.

Just to confirm,\_\_\_student name\_\_\_, who is currently enrolled at \_\_\_\_\_\_\_\_\_\_\_ School, will report to you for the job shadow experience on \_\_\_month/day\_\_\_\_\_\_\_ from \_\_\_time\_\_\_\_\_\_\_. Topics for discussion could include such things as job responsibilities, opportunities in the field, education/training required, salaries, what you like/dislike about your job, and any advice you can give the student if they want to pursue a career as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Student will be covered by worker’s compensation, so any opportunity to give hands-on experience is welcomed.

I have enclosed a Job Shadow Student Evaluation Form so you can evaluate your experience with Student. Your constructive criticism is very important, enabling us to provide better instructional training. Please take a few minutes to complete this evaluation after student has left and return it to me in the self-addressed, stamped envelope.

Should you have any problems, questions or concerns, please don’t hesitate to contact me at \_\_\_phone number and e-mail\_\_\_\_\_\_. I hope everything goes well! Thanks again for your willingness to participate in this very worthwhile experience.

Sincerely,

Counselor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School

Enclosure

Liability Release – Sample 1

I hereby agrees to hold harmless and indemnify the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (job shadow site) for any and all causes of action arising out of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) involvement in job shadowing.

|  |  |
| --- | --- |
| Applicant/Student Name (please print) |  |
| Applicant/Student Signature and Date |  |
| Parent/Guardian Name (please print) |  |
| Parent/Guardian Signature and Date |  |
| Parent/Guardian Phone Number |  |

This signed form must be returned to the High School Office at least one day BEFORE student goes on the Job Shadow.

A copy of the form will be made for the student, for their information and/or to give to the employer – should the employer make that request.

Liability Release – Sample 2

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian name) give permission for this student to attend a job shadow at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (job shadow location).

In addition, the parent(s)/guardian hereby agrees to hold harmless and indemnify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (job shadow site) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Public School for any and all causes of action arising out of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) involvement in job shadowing.

|  |  |
| --- | --- |
| Applicant/Student Name (please print) |  |
| Applicant/Student Signature and Date |  |
| Parent/Guardian Name (please print) |  |
| Parent/Guardian Signature and Date |  |
| Parent/Guardian Phone Number |  |

Absence Request Form – Sample 1

Return this form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before you go to the job site

|  |  |
| --- | --- |
| Student Name |  |
| Student Phone Number |  |
| Job Shadow Site |  |
| Job Shadow Contact Person |  |
| Appointment Date |  |
| Time Frame of Absence from School |  |

Absence Request Form – Sample 2

**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 paperwork must be completed and turned in. In addition, all teachers must be informed that you will be gone that day.

In order for us to have a paper trail, you will need to get teacher signatures prior to the day you are gone. This sheet must be completed and turned in to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before you go in order for you to be excused from this day of school.

Simply take this sheet to the teachers for signatures (and assignments). The teachers don’t need to write the assignments on this sheet-they just need to sign the sheet that says they know you will be gone. If you do the job shadow without handing everything in, your absence will count towards your semester tests.

|  |  |
| --- | --- |
| Student Name |  |

|  |  |
| --- | --- |
| Period 1: Teacher Signature |  |
| Period 2: Teacher Signature |  |
| Period 3: Teacher Signature |  |
| Period 4: Teacher Signature |  |
| Period 5: Teacher Signature |  |
| Period 6: Teacher Signature |  |
| Period 7: Teacher Signature |  |

Absence Request Form – Sample 3

To the Parent/Guardian:

Please permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be excused from school to participate in Job Shadowing at

Job Shadow Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Allow drive time!)

The student has applied through the Job Shadowing Program and has met the requirements.

|  |  |
| --- | --- |
| Signature of Parent/Guardian  (Required even if 18 or older) |  |

**Teacher Signatures**

A teacher’s signature indicates that a student has made satisfactory arrangements to make-up his/her work.

|  |  |
| --- | --- |
| Period 1: Teacher Signature |  |
| Period 2: Teacher Signature |  |
| Period 3: Teacher Signature |  |
| Period 4: Teacher Signature |  |
| Period 5: Teacher Signature |  |
| Period 6: Teacher Signature |  |
| Period 7: Teacher Signature |  |

Please be sure to turn in to your attendance secretary in the school office before your absence occurs!

|  |  |
| --- | --- |
| Signature of Attendance Secretary |  |

Absence Request Form – Sample 4

Date:

Dear Parent or Guardian:

We have scheduled a Job Shadowing day for the \_\_\_\_\_\_\_grade level/class year\_\_\_\_\_. They will be job-shadowing a person and a career of their choice on \_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_.

Students will be working in \_\_\_\_\_\_example: English III\_\_\_\_ on interviewing, resumes, and job applications. Hopefully, these activities will help your son/daughter when it comes to choosing a major or program of study as well as which college or vocational school to attend.

In order for your son/ daughter to job shadow, they must make arrangements with me and the person that they want to shadow. They should shadow someone in line with their career interest and with someone or someplace that they have NOT worked before and someone other than their own parents.

They are allowed to go any place that they want, which could include (list options of nearby cities), etc. They should be able to get wherever they are going by 9:00 AM and stay until at least 3:30 pm. The person they are job shadowing will have to verify that they were there and complete a brief evaluation of the student.

Your son/daughter needs to have the enclosed permission slip signed by you (parent or guardian) before they are excused for the day. If you have any question, please call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

Absence Request Form – Sample 5

Date

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Public School is allowing all Juniors to take \_\_\_\_\_\_date\_\_\_\_\_ to participate in a job shadow as a part of their career education plan.

Students need to have this permission slip signed by their parent/guardian before they will be excused for the day.

The student will be expected to make up any assignments that they have missed. If they don’t participate and do not bring back the appropriate forms, their absence will be considered unexcused.

I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Public School assumes no responsibility for health, accident, or transportation while job shadowing.

Parent/guardian agrees to provide or arrange transportation to and from the job site.

Student will abide by all business policies and all school policies included in the student handbook while on the job shadow.

|  |  |
| --- | --- |
| Job Shadow Occupation |  |
| Job Shadow Location |  |
| Job Shadow Time |  |

|  |  |
| --- | --- |
| Student Name (please print) |  |
| Student Signature and Date |  |

I give permission for my son/daughter to complete the job shadowing assignment.

|  |  |
| --- | --- |
| Parent/Guardian Name (please print) |  |
| Parent/Guardian Signature and Date |  |
| Parent/Guardian Phone Number |  |

Before the Job Shadow – Sample 1

|  |  |
| --- | --- |
| Student Name |  |
| Date of Job Shadow |  |
| Occupation |  |

This activity is designed to prepare you to be an active participant during your job shadow experience. Answer every question and hand this in to the counselor before you go.

|  |
| --- |
| Summarize what people in this occupation do on the job. |
| Which career cluster would this job be located in? |
| What is the North Dakota employment trend for this occupation? |
| What is the North Dakota average annual earnings for this job? |
| Describe hiring practices for this job. |
| Indicate one or two colleges at which the required education can be obtained. |

Before the Job Shadow – Sample 2

**Before You Go, What Do You Know?**

|  |  |
| --- | --- |
| Student Name |  |

|  |
| --- |
| Career |
| What do I already know about this career? |
| What workplace skills do I think I need for this career? |
| What will my Job Shadow site be like? |
| What do I want to learn about this career and gain from this experience? |

Job Shadow Checklist – Sample 1

|  |  |
| --- | --- |
| Student Name |  |
| Grade |  |
| Teacher |  |
| Counselor |  |
| Date of Job Shadow |  |
| Time of Job Shadow |  |

Your job shadowing forms are enclosed, please check off each item as you read and/or complete it.

Contact Name/Guidelines for Job Shadowing Student Use

Research of Career

Pre-Arranged Absence Signed and Given to Attendance Secretary (prior to shadowing)

Telephone Contact Person

Student Use

Suggested Topics of Discussion

Evaluation/ Reflection Given to Career Counselor (after shadowing)

Thank You Note Addressed and Given to Career Counselor (after shadowing)

Job Shadowing Reflection Given to Career Counselor (after shadowing)

Job Shadow Checklist – Sample 2

**Before your job shadow:**

Call to schedule a date and time for your job shadow.

Return the Job Shadow Confirmation form to the Career Center.

Have teachers and parent sign off on the Prearranged Absence Form.

Turn in the Prearranged Absence Form and submit any assignments to teachers.

Arrange your transportation to and from the job shadow.

Gather information on your career and research the business you are visiting.

Prepare any additional questions you may have on your Interview page.

Turn in the Prearranged Absence Form.

Call to confirm appointment.

Confirm address/directions and ask about parking and where to meet him/her.

**Day of job shadow:**

Dress appropriately, gather your materials and questions and arrive 10-15 minutes early.

Your host will report your arrival and departure time.

When you arrive, ask for the contact person and introduce yourself.

Give your host the evaluation form.

Listen carefully and observe. Let your job shadow host know that you have questions and would like to know when an appropriate time to ask them would be.

**One week after your job shadow**

Turn the Reflection Worksheet into the Career Center.

Turn a thank you note written to your host into the Career Center. The Career Center will mail the note for you.

Job Shadow Interview Questions – Sample 1

Here are sample questions you might use to start a conversation.

* Mark 5-10 questions you would like to ask during your job shadowing appointment.
* Add your own questions below.

What do you like most about your job?

What do you like least about your job?

How would you describe a typical day at your job?

If you could be in a different business, what would it be?

How many hours a week do you work?

Do you work on weekends?

What is the salary range for this position/occupation?

What are the opportunities for career advancement in this field?

What type of training did you receive?

Where did you get the training?

How did you get this position?

What do you like most about work at a (big/small) company?

What other careers are available in this industry or with your background?

What does your company look for when hiring new employees?

What skills do you need for this position? How did you obtain these skills?

What education/training do you need for this job? What additional skills beyond education would be beneficial?

Are there opportunities for advancement in this occupation, and what is the employment outlook for this occupation?

How important is previous work experience?

Do you think good communication skills are important to your job? Why?

What kind of “people skills” do you use in this position?

Do you think networking skills are important? Why?

What is the best way for me to develop those skills?

At what age, do you think I should start developing those skills?

What do you think are the keys to success?

How do you think this job will change in the next five years? The next 10 years?

What is the best way for an adolescent to make business contacts?

What is the best way for adolescents to learn about different types of jobs?

Besides your education, what makes a person in this field successful?

Did you ever work part-time as an adolescent? If yes, ask about the experience?

Do you have a supervisor? If yes, what is the secret to getting along with him or her?

Do you volunteer? If yes, where?

Do you belong to any professional or work-related organizations?

Who is your role model and why?

What’s the most important thing you learned from a role model?

If you could go back to the beginning of your career, would you do anything different?

If you could give me one piece of career advice that you thought could help me, what would it be?

Which of these basic skills does the job require?

* Reading
* Writing
* Applying Mathematics
* Listening/Speaking

Which of these thinking skills are used in this career field?

* Thinking Creatively
* Making Decisions
* Problem Solving
* Organizing

What personal qualities would be beneficial for this position?

|  |
| --- |
| **My Own Questions** |

Job Shadow Interview Questions – Sample 2

High school courses suggested for career

High School & post high school education and unique training requirements for this type of career

Types of experience helpful for this career

Attitude and personality type desired

Work environment

Specific duties and skills

Working hours, over-time, and travel associated with career

Positive and negative aspects of career

Effects of chosen career on family and lifestyle

Unusual experiences on the job

Salary, benefits provided at various levels in career developing

Realistic career ladder

Job availability and past & future changes in this field

Other jobs related to this type of position

Continuing education or training needed to continue in field

Job Shadow Interview Questions – Sample 3

|  |  |
| --- | --- |
| Student Name |  |

Directions: During your site visit, ask your supervisor the following questions. Feel free to ask anything else that seems pertinent to the career or your career decision. Return the completed form to the Career Center.

1. The career I chose to shadow was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What is the primary mission/purpose of this business/organization?

3. What are your primary responsibilities?

4. How does your job relate to the overall organization?

5. What other people do you work most closely with in your job?

6. How do you use computers in your job?

7. What type of education/training does this job need or require?

8. What type of education/training have you had?

9. How did you decide on this type of work?

10. What do you see as the demand for jobs like yours in the future?

11. What do you like most about your job?

12. What do you like least about your job?

13. What is the salary range? What is the typical starting salary and top salary?

14. Do you have any advice for me as I consider my career options?

15. How do you use math, science, social studies, English, computer skills, and other subjects in your work?

|  |
| --- |
| Are you still interested in this career/profession?  Yes  No  Why? |

Job Shadow Interview Questions – Sample 4

|  |  |
| --- | --- |
| Student Name |  |
| Grade |  |
| Teacher |  |
| Counselor |  |
| Date of Job Shadow |  |
| Time 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 the teacher within one week of the job shadow.

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

Signature of the job shadow host received upon completion of visit:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information for the Business

**Suggested Topics of Discussion & Activities to Use with Student Participants**

1. Give business tour (or tour of immediate work area)

* Describe your business/industry
* Point out the kinds of work being done and by whom.

2. Discuss the following topics concerning your job/work/career:

* Specific skills and duties needed for this career
* Ethics and confidentiality of this career
* Working hours/overtime
* Travel involved (if any)
* Positive and negative aspects of the job
* Salary range for this type of career
* Effects of this career on your lifestyle
* Job availability/past and future changes in this field

3. Discuss the following career preparation topics:

* High school courses suggested for career
* Education and special training requirements of career
* Types of experience helpful for this career
* Attitudes and personality type desired

4. When possible, allow student to participate in a hands-on activity or helpful task to experience the work involved in your career.

5. You may want to introduce the student to others who have related work and discuss how their jobs and your work are interrelated.

Information for the Business

**The PURPOSE of Job Shadowing:**

A job shadowing experience allows a student to explore a specific career of interest by observing an employee perform their work duties at their place of employment. The experience should provide realistic career information that will aid the student in making career choices.

**The STUDENT PARTICIPANT**

This job shadowing experience may be the first time the student has left the comfort zone of the school and experienced the real world of work. Once getting over any initial shyness, students are enthusiastic learners, eager to listen to new adult role models and grateful for the time the employee spends with them.

The student agrees to be punctual and to complete the time commitment. They will be asked to be appropriately dressed, research and prepare some questions to ask during their visit, and participate in suggested activities if invited to do so.

**CONSIDERATIONS FOR THE WORK SITE PARTICIPANT**

It is helpful to have one individual at the work site responsible for planning the student’s scheduled visit and be the student’s contact person, or host, on site.

When you agree to host a student for a job shadowing experience, you are asked to carry on your regular job and talk about your job to the student. The experience should be an interesting observation of the work being done including hands-on activities if appropriate. It is not necessary for the student to be entertained.

The employee should cover the important and unique aspects of the job, paint a realistic picture of what happens in a normal day, listen to questions, and provide helpful answers.

You can help the student understand how your work fits into the total operation of the organization by visiting other departments and work stations as time and safety permits.

To help you with this experience, please refer to the enclosed list of suggested questions and activities that you can use with the student participant.

The work site participant will be asked to fill out an evaluation of the job shadowing visit and return it to the Job Shadowing Coordinator.

Any problems or feelings of discontent the business or student may have should be relayed to the school Job Shadowing Coordinator.

Job Shadow – Student Evaluation Form (Business) – Sample 1

|  |  |
| --- | --- |
| Student Name |  |
| Job Shadow Host Name |  |
| Job Shadow Business Name |  |
| Date of Job Shadow |  |
| Time Student Arrived |  |
| Time Student Departed |  |

|  |
| --- |
| Did the student arrive at the appointed time?  Yes  No  Comment(s): |
| Did the student stay for the agreed time?  Yes  No  Comment(s): |
| Was the student dressed appropriately?  Yes  No  Comment(s): |
| Did the student display a professional manner at the work site?  Yes  No  Comment(s): |
| Did the student relate well to the job shadow host and others?  Yes  No  Comment(s): |
| Did the student maintain focus during discussions?  Yes  No  Comment(s): |
| Was the student courteous and polite?  Yes  No  Comment(s): |
| Did the student ask appropriate and meaningful questions?  Yes  No  Comment(s): |
| What benefit do you feel the student gained from this experience? |
| Did you alter your day to accommodate the student? |
| How did you feel about the experience? |
| What suggestions do you have for improving this program? |

Job Shadow – Student Evaluation Form (Business) – Sample 2

|  |  |
| --- | --- |
| Student Name |  |
| Job Shadow Host Name |  |
| Job Shadow Business Name |  |
| Date of Job Shadow |  |
| Time Student Arrived |  |
| Time Student Departed |  |

The student arrived on time.  Yes  No

The student dressed appropriately.  Yes  No

The student showed interest and enthusiasm.  Yes  No

The student followed directions.  Yes  No

The student listened attentively and asked questions.  Yes  No

In my opinion, the job shadow was a worthwhile learning  
experience for the student.  Yes  No

I enjoyed my experience and would be willing to do it again.  Yes  No

|  |
| --- |
| Comments: |

Job Shadow – Student Evaluation Form (Business) – Sample 3

(To be completed by the business contact person after the student visit.)

|  |  |
| --- | --- |
| Business |  |
| Name |  |
| Student |  |
| Student Name |  |
| Job Shadow Date |  |

Information received prior to visit.  Yes  No

**Student Contact**

Were you called prior to visit?  Yes  No

Was the student on time?  Yes  No

**Student Participation**

Did the student seem genuinely interested?  Yes  No

Did the student come prepared with questions?  Yes  No

|  |
| --- |
| If problems occurred, how could they be avoided in the future? |
| Comments |

**Please complete this form and mail to:**

Job Shadowing Coordinator

High School

Address

Address

Phone

E-Mail

Thank you for your participation and cooperation!

Job Shadow – Student Evaluation Form (Business) – Sample 4

|  |  |
| --- | --- |
| Student Name |  |
| Date of Job Shadow |  |

Your constructive criticism enables us to provide better instructional training. Please evaluate your experience with the student by marking the appropriate boxes below and return the evaluation form in the enclosed envelope.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Satisfactory** | **Unsatisfactory** | **Didn’t Observe** |
| Student arrived on time |  |  |  |  |
| Dressed appropriately for work setting |  |  |  |  |
| Student followed instructions |  |  |  |  |
| Communicated well with others |  |  |  |  |
| Student was polite & courteous |  |  |  |  |
| Recognized and respected authority |  |  |  |  |
| Asked appropriate questions |  |  |  |  |
| Indicated a genuine interest and desire to learn |  |  |  |  |
| Please rate your **overall** experience. |  |  |  |  |

Would you be willing to provide a job shadow experience in the future?  Yes  No

|  |
| --- |
| Additional Comments: |

|  |  |
| --- | --- |
| Evaluator Name (please print) |  |
| Signature of Evaluator |  |

Student Evaluation of Job Shadow Experience – Sample 1

|  |  |
| --- | --- |
| Student Name |  |
| Date of Job Shadow |  |
| Business/Company Name |  |
| Name of the Person You Job Shadowed |  |
| Title of the Person You Job Shadowed |  |

**Please evaluate your job shadowing experience by answering the following questions:**

|  |
| --- |
| How does this job shadow experience relate to your career goals? |
| Describe the facility, type of business and specific activities that you observed: |
| How did you feel about the work environment? |
| What did you like most about what you observed? |
| What did you like least about what you observed? |

Student Evaluation of Job Shadow Experience – Sample 2

|  |  |
| --- | --- |
| Student Name |  |
| Date of Job Shadow |  |
| Business/Company Name |  |
| Name of the Person You Job Shadowed |  |
| Title of the Person You Job Shadowed |  |

Please check the skills you observed during your job shadow experience?

Mathematics- performs basic computations

Reading- locates, understands, and interprets written information

Writing- communicates thoughts, ideas, information, and messages in writing

Listening- receives, attends to, interprets, and responds to verbal messages.

Speaking- organizes ideas and communicates orally.

Creative Thinking- generates new ideas.

Decision Making- generates alternatives and chooses the best one.

Problem Solving- recognizes problems and brainstorms solutions.

Reasoning Skills- Think things through to solve a problem.

Responsibility- to be responsible and do what you are supposed to do.

Integrity/Honesty- trustworthy and honest.

People Skills- to have patience and understanding in dealing with others.

|  |
| --- |
| Describe something that you might have observed that you would never do as an employee. |
| Were you allowed to perform job-related tasks?  Yes No If yes, what did you do? |
| Describe something you observed that you hope to be able to do as well as the person you shadowed. |
| What aspect of your job shadow experience stands out most in your mind? |
| Overall, what was your impression of this career? |
| Do you feel that this job would satisfy you?  Yes  No  Why or why not? |
| How do you think this job shadow experience has helped you in your career exploration? |

Please rate your overall experience:  Excellent  Good  Satisfactory  Poor

Student Evaluation of Job Shadow Experience – Sample 3

This form is to be completed by student immediately after returning from shadow. This must be turned in to the counselor within two days to be in compliance with regulations.

|  |  |
| --- | --- |
| Student Name |  |
| Date of Job Shadow |  |
| Business/Company Name |  |
| Name of the Person You Job Shadowed |  |
| Title of the Person You Job Shadowed |  |

|  |
| --- |
| Describe your job shadow site. |
| What did you like best about your job shadow experience? |
| What did you like least about your job shadow experience? |
| What surprised you the most about the experience? |
| What do you think was the most important thing you learned? |
| Will you consider a career in this field?  Yes  No  Why or why not? |
| Comments: |
| Information I received while there: |
| Rate your overall Job Shadow experience  Excellent  Good Fair  Poor |

Construct a thank you note to be sent to the professional immediately following the job shadow. You need to use a formal thank you note, original thank you note, or a letter thanking the professional for the opportunity to spend time there. List 3 or more specific things that were especially meaningful to you. Remember to sign the letter.

Return the letter to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The school will send it to the professional.

Student Evaluation of Job Shadow Experience – Sample 4

|  |  |
| --- | --- |
| Student Name |  |
| Date of Job Shadow |  |
| Business/Company Name |  |
| Name of the Person You Job Shadowed |  |
| Title of the Person You Job Shadowed |  |

|  |
| --- |
| Which parts of the job were of interest to you? |
| Which parts of the job would you find boring? |
| Would you consider a career in this field?  Yes  No  Why or Why not? |
| What surprised you about what you learned, heard, or observed today? |
| What knowledge or skills do you need to strengthen to be successful on this job? |
| Did any other ideas for careers come to mind after today’s job-shadowing activity? |

Student Evaluation of Job Shadow Experience – Sample 5

|  |  |
| --- | --- |
| Student Name |  |
| Date of Job Shadow |  |
| Business/Company Name |  |
| Name of the Person You Job Shadowed |  |
| Title of the Person You Job Shadowed |  |

|  |
| --- |
| What did you learn? |
| Describe your job shadow site. |
| Describe the people who work there. |
| What kind of activities did you observe during your job shadow? |
| What were three interesting things about your job shadow experience? |
| What did you like least about your experience? |
| List two new things you learned about this career that you didn’t know before. |
| Would you like to pursue this career?  Why or why not? |

Student Evaluation of Job Shadow Experience – Sample 6

|  |  |
| --- | --- |
| Student Name |  |
| Date of Job Shadow |  |
| Business/Company Name |  |
| Name of the Person You Job Shadowed |  |
| Title of the Person You Job Shadowed |  |

Please reflect on your job shadowing experience and complete the following:

|  |
| --- |
| Describe the work environment (number of people, noise level, space, etc.) |
| As you observed your contact person, describe the type of work that he/she did. |
| Was your contact person part of a team or did he/she work alone? |
| What did he/she like most about his/her profession? |
| Were any challenges noted? |
| What suggestions were made in preparation for this career? (part-time jobs, classes in high school, training after high school, etc.) |
| After your observation, how do you feel about this type of job for yourself? Why? |

Student Evaluation of Job Shadow Experience – Sample 7

|  |  |
| --- | --- |
| Student Name |  |
| Date of Job Shadow |  |
| Business/Company Name |  |
| Name of the Person You Job Shadowed |  |
| Title of the Person You Job Shadowed |  |

|  |
| --- |
| 1. Describe the workplace you visited. |
| 2. What type of work do the employees have at the workplace? |
| 3. Why would you like/dislike pursuing this career? |
| 4. If you wanted to work at this type of workplace, what might you do to prepare in the next 5 years? |
| 5. What is something unexpected that you learned during the job shadow? |
| 6. What did you like best about the job shadow? |

Return to the Job Shadow Coordinator.

Job Shadow Thank You Letter/Notes – Sample 1

Thank You Guide

Write your letter and prepare the envelope immediately after completion of your job shadow experience. It is important to mail this letter within a week. When you write the letter, remember the following:

* Be neat.
* Check your spelling and grammar (including supervisor’s name and site.)
* Begin your letter with a sentence that specifically thanks the supervisor for allowing you to spend time at his/her place of work/business.
* State something positive that you learned during your job shadow experience.

Sample Format

Date

Job Shadow Supervisor Name

Site Name

Address

City, State, Zip

Dear Mr., Ms., Mrs.:

(Body of Letter)

Sincerely,

Your Name

Your Address

Job Shadow Thank You Letter/Notes – Sample 2

The purpose of writing a thank you note is to show appreciation to the business and/or the contact person for their time and effort in assisting you in the Job Shadow.

* Use blue or black ink when writing the note and addressing the envelope.
* Begin note with the date at the top right side of the note card.
* Next, at the left of the note card, start with an appropriate salutation.
* Begin the first paragraph with explaining the purpose for writing.
* Next, state something specific you especially liked about the time you spent together.
* End the note card with an appropriate closing.
* Sign the card with your first and last name
* Address the envelope and return it to your counselor/job shadow coordinator.

Example:

February 16, 2019

Dear Mrs. Johnson,

Thank you for your time and career experience with me. Visiting with you helped give me a clearer picture of your occupation. I appreciate the insight you provided me, it will aid me in my future career decisions.

Sincerely,

Nick Jones

Use the following sample as a guide to address the envelope correctly.

Nick Jones

1718 Great Place Ave.

Grand Forks, ND 58201

Mrs. Tammy Johnson

Perfect Health System

920 Nutrition Drive Grand Forks, ND 58201

Work-Based Learning: Student Evaluation of WBL Experience

|  |  |
| --- | --- |
| Student Name |  |
| Date of Job Shadow |  |
| Business/Company Name |  |
| Name of the Person You Job Shadowed |  |
| Title of the Person You Job Shadowed |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1**  **Inadequate** | **2**  **Somewhat Adequate** | **3**  **Adequate** | **4**  **Excellent** |
| **During the experience:** | | | | |
| The work setting was pleasant and professional. | 1 | 2 | 3 | 4 |
| The level of supervision I received was: | 1 | 2 | 3 | 4 |
| The learning was challenging and purposeful. | 1 | 2 | 3 | 4 |
| **This experience helped me:** | | | | |
| Achieve success. | 1 | 2 | 3 | 4 |
| Apply concepts learned in class. | 1 | 2 | 3 | 4 |
| Expand my knowledge and skills. | 1 | 2 | 3 | 4 |
| Clarify my education and career goals. | 1 | 2 | 3 | 4 |
| Adjust to work responsibilities. | 1 | 2 | 3 | 4 |
| Know my abilities and interests. | 1 | 2 | 3 | 4 |
| **Rate the overall work-based learning experience:** | 1 | 2 | 3 | 4 |
| **I would recommend the work-based learning experience to my friends.** | 1 | 2 | 3 | 4 |

Work-Based Learning: Student Goals

|  |  |
| --- | --- |
| Student Name |  |
| Site Name |  |

List two goals that you would like to accomplish while working at the site:

|  |  |
| --- | --- |
| Goal 1 |  |
| Goal 2 |  |

|  |  |
| --- | --- |
| Work Site |  |
| Supervisor Name |  |
| Supervisor Signature |  |

|  |  |
| --- | --- |
| Teacher Signature |  |

Work-Based Learning: Monthly Student Log

|  |  |
| --- | --- |
| Student Name |  |
| Site Name |  |
| Supervisor Name |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Hours Worked |  | Date | Hours Worked |
| 1 |  | 17 |  |
| 2 |  | 18 |  |
| 3 |  | 19 |  |
| 4 |  | 20 |  |
| 5 |  | 21 |  |
| 6 |  | 22 |  |
| 7 |  | 23 |  |
| 8 |  | 24 |  |
| 9 |  | 25 |  |
| 10 |  | 26 |  |
| 11 |  | 27 |  |
| 12 |  | 28 |  |
| 13 |  | 29 |  |
| 14 |  | 30 |  |
| 15 |  | 31 |  |
| 16 |  |  |  |
| TOTAL |  | TOTAL |  |

|  |
| --- |
| New knowledge or skills learned: |
| Concerns or problems that occurred during the month that may need to be addressed: |

Work-Based Learning: Work Site Supervisor Evaluation of Student

|  |  |
| --- | --- |
| Student Name |  |
| Site Name |  |
| Supervisor Name |  |
| Date |  |

|  |  |
| --- | --- |
| Total Number of Student Hours |  |

**Rate Student Performance at the Worksite**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1  Never | 2  Sometimes | 3  Usually | 4  Always |
| Demonstrate acceptable attendance behavior | 1 | 2 | 3 | 4 |
| Maintains an acceptable attendance record | 1 | 2 | 3 | 4 |
| Calls when absent or late | 1 | 2 | 3 | 4 |
| Is on time | 1 | 2 | 3 | 4 |
| Works under supervision | 1 | 2 | 3 | 4 |
| Accepts constructive criticism | 1 | 2 | 3 | 4 |
| Completes tasks on time | 1 | 2 | 3 | 4 |
| Meets employer work standards | 1 | 2 | 3 | 4 |
| Follows instructions | 1 | 2 | 3 | 4 |
| Works cooperatively | 1 | 2 | 3 | 4 |
| With employer/supervisor | 1 | 2 | 3 | 4 |
| Maintains positive attitude | 1 | 2 | 3 | 4 |
| Demonstrates appropriate | 1 | 2 | 3 | 4 |
| Use of language | 1 | 2 | 3 | 4 |
| Work site appearance/dress | 1 | 2 | 3 | 4 |
| Personal health habits | 1 | 2 | 3 | 4 |
| Shows initiative/performs work without prompting | 1 | 2 | 3 | 4 |
| Demonstrates problem solving abilities: | 1 | 2 | 3 | 4 |
| Demonstrates safe work site procedures: | 1 | 2 | 3 | 4 |
| Adheres to safety rules | 1 | 2 | 3 | 4 |
| Takes care of and uses tools and equipment safely | 1 | 2 | 3 | 4 |
| Keeps work area clean | 1 | 2 | 3 | 4 |

Work-Based Learning: Training Agreement

**Work Site Information**

|  |  |
| --- | --- |
| Name of Work Site Supervisor |  |
| Work Site Address |  |
| Work Site Phone Number |  |

**Student Information**

|  |  |
| --- | --- |
| Full Name |  |
| Cell Phone Number |  |
| Emergency Contact Number |  |
| E-mail Address |  |
| Teacher Name |  |
| Teacher Phone Number |  |
| Teacher E-mail |  |

By this agreement, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(work site)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will permit) \_\_\_\_\_\_\_\_\_\_ Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to enter the workplace for the purpose of securing training and knowledge in \_\_\_\_\_\_\_\_\_\_occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The training will extend from \_\_\_\_month/year\_\_\_\_ to \_\_\_\_month/year\_\_\_\_.

The student will work at the training site for approximately \_\_\_\_\_\_\_\_\_\_\_ hours per week.

**Student agrees to:**

* Complete assigned work tasks at the work site.
* Comply with all school and company policies and regulations.
* Complete evaluations, and other written materials as assigned.
* Communicate with teacher any concerns or unsatisfactory situations in the training process.
* Complete a minimum of 75 hours at the training site during the semester.

**Work Site Supervisor agrees to:**

* Assign sufficient quality of work.
* Communicate with student and teacher any concerns or unsatisfactory situations in the training program.
* Provide time to work and evaluate with the student concerning the training experience.
* Complete a written evaluation of the student at the end of the semester.

**Teacher agrees to:**

* Conduct training site visits for student observation, evaluation and problem resolution.
* Review and grade assignments.

**Parent/Guardian agrees to:**

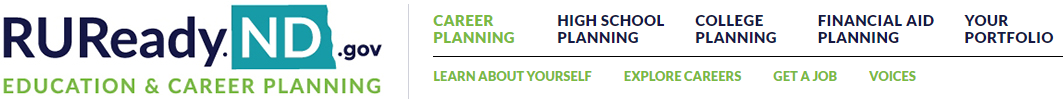
* Provide or arrange transportation to and from the training site.
* To be responsible for the conduct of the student while in the program. The school district assumes no responsibility for health, accident, or transportation insurance while in the training program.

This agreement may be terminated upon mutual consent of all parties at any point in time. The student is subject to the grading policies of the school district.

**Required Signatures**

|  |  |
| --- | --- |
| Student Signature |  |
| Parent/Guardian Signature |  |
| Worksite Supervisor Signature |  |
| Teacher Signature |  |

Job Shadow Career Research



**Research the Career Area(s) You Wish to Job Shadow Using RUReady.ND.gov**

**RUReady.ND.gov** offers many useful and fun tools you can use anywhere, anytime, to learn more about yourself and your career options.

Sign in to your [RUReady.ND.gov](http://www.ruready.nd.gov) account. If you need assistance accessing your account, ask your counselor or teacher.

Check out the **Learn About Yourself** section under the Career Planning tab. Complete the assessments or view your results if you’ve completed them previously. (You can always retake any of the assessments, too!) See which careers you might be interested based on the results.

Click on **Explore Careers** to use these tools to research careers:

* **Browse Career Clusters**
* **Search Careers** (by name)
* **Career Finder** (search for careers by topics like salaries, skills and interests)
* **Compare Careers** (compare careers side by side)

When you find a career that interests you, read the Information available about the career (What They Do, Is This For You?, Skills You Need, etc.) If the career still interests you, save it by clicking **Add to Portfolio**.

Once you have selected a career(s) for your Job Shadow, print the **What They Do** section and attach it to your Job Shadow Application form.

Once your shadow has been arranged, this information will be returned in your Job Shadow Packet for you to review to help you prepare questions to ask during your shadow experience.