



**WORK-BASED LEARNING EXPERIENCE - JOB SHADOWING
PARENT/GUARDIAN INFORMATION**

Date: _____

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 _____, 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 _____, 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 _____ in order for the absence to be EXCUSED. If the Observation Form is not returned on date: _____, your child's absence will be marked as UNEXCUSED.**
- **If you have any questions, comments, or concerns, please contact _____ at _____ or the School Counselor.**

Sincerely,



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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/Job Title: _____

Worksite Email: _____ Worksite Phone: _____

In Case of Medical Emergency

Parent/Guardian's Name: _____ DayPhone: _____

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 _____.

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



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

This form must be submitted by _____.



JOB SHADOWING STUDENT OBSERVATION FORM

PLEASE PRINT

Student Name	Grade
<hr/>	
Business Name	Date
<hr/>	
Person Shadowed Name	
<hr/>	
Person Shadowed Title	
<hr/>	
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 _____.
Failure to return this completed form will result in an unexcused absence.



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.YESNO
2. Student’s attire was appropriate.YESNO
3. Student participated in activities at the job shadowing site.YESNO
4. Student’s behavior was appropriate.YESNO
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 .



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