

Richland School District One  
Crayton Middle School  
5000 Clemson Ave Columbia, SC 29206



**Friday, February 1, 2019**

Students, do you want to be exposed to different career paths, match your skills and career interests, develop work skills and be a part of an on-the-job training experience? Job shadowing is an effective form of job training that allows you to gain knowledge about what an employee does every day. In order to broaden students' understanding of career opportunities, we encourage students to observe an occupation outside of their school experience.

**INTERESTED IN GOING TO WORK WITH AN EMPLOYEE?**

Contact: Ms. Jones, Career Specialist-803-738-7357 ext. 3702.

**Important Dates:**

Friday January 25, 2019- Parent/Guardian Information Sheet, Parent/Guardian Job Shadow Permission form and Business Partner Information Sheet are due to your A-block teacher.

Friday February 1, 2019- Job Shadow Day

Friday February 8, 2019- Job Shadow Observation Form, Questionnaire and Host Feedback forms are due to A-block teacher. Failure to do so will result in an unexcused absence.



## CRAYTON MIDDLE SCHOOL JOB SHADOWING DAY

Friday, February 1, 2019

### PARENT/GUARDIAN INFORMATION SHEET

Dear Parents/Guardians:

Job shadowing is an academically motivating educational activity for students to observe the world of work. These 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, from the time they leave until the time they return to school. Students shall dress in accordance with the district's dress code policy. Travel is not provided by the school district.

The undersigned understands there is an inherent risk in participating in community and work-based learning activities and agree to hold harmless both the school district and the learning site for any accidents or injuries occurring during placement.

I hereby understand that my son/daughter part of the job shadow 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.

This travel is **NOT** provided by Richland County School District One, but rather by the learning/work site and therefore Richland County School District One will not be liable for their negligent acts.

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 and understood the responsibilities and policies involved in the job shadow program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 (print): \_\_\_\_\_

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

Work Site: \_\_\_\_\_

Work Site Host: \_\_\_\_\_

Work Site Phone # \_\_\_\_\_



**CRAYTON MIDDLE SCHOOL  
JOB SHADOWING DAY  
Friday, February 1, 2019**

**PARENT/GUARDIAN JOB SHADOW PERMISSION FORM**

My son/daughter has permission to participate in job shadowing, a work-based learning experience.

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

Work Site: \_\_\_\_\_

Work Site Host: \_\_\_\_\_

Work Site Phone: \_\_\_\_\_

***In Case of Medical Emergency:***

Parent/Guardian's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List Any Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

Name of Medical Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

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.

**TRANSPORTATION:** Transportation is the sole responsibility of the parent or legal guardian. Participation in the program is voluntary. The school is not directly supervising, controlling, or providing the students' transportation.



**CRAYTON MIDDLE SCHOOL**

**BUSINESS PARTNER INFORMATION SHEET**

Whether Punxsutawney Phil sees his shadow or not on Groundhog Day, thousands of workers from all walks of life will have students “shadow” them on February 2nd, during National Groundhog Job Shadow Day. Shadowing is a short-term educational 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 21<sup>st</sup> 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 the knowledge and skills they will need to achieve their dreams. Thank you for considering participation in our shadowing activity February 1st.

**Student Information**

Student Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

The above name student is approved to participate in Job Shadowing at:

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Site Supervisor Name (print) \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Site Supervisor Signature \_\_\_\_\_

This form must be submitted to Tonya Jones, Career Specialist before participating in job shadowing.



**CRAYTON MIDDLE SCHOOL**  
**JOB SHADOWING STUDENT OBSERVATION FORM**

**PLEASE PRINT**

_____ Student's Name	_____ Grade
_____ Name of School	_____ Name of Contact Teacher
_____ Company Name	_____ Date of Job Shadow
_____ Person(s) shadowed/position or title	# 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 from the shadowing experience, how much of the work involves the following areas:
  - a) Math:
  - b) Writing/Reading:
  - c) Science:
  - d) Art
  - e) Physical Education:
  - f) Social Studies:



*Questions for the students to ask the person they are shadowing.*

1. What recommendations do you offer to someone who is entering this or a similar position?
2. What job skills are most important in this career?
3. What did you learn in school that helped you the most on the job?
4. What do you wish you had studied more of in school?
5. Are you in a non-traditional position?
6. Do you ever have to work in teams on your job? Explain.

\_\_\_\_\_  
Signature of Person Shadowed

\_\_\_\_\_  
Job Title of Person Shadowed

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

**Return this form to your contact teacher (teacher who distributed this form) by February 8, 2019. Failure to return this completed form will result in an unexcused absence.**



## CRAYTON MIDDLE SCHOOL 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.

Job Shadow Host: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Student: \_\_\_\_\_  
School: \_\_\_\_\_

Student arrived on time.	YES	NO
Student's attire was appropriate.	YES	NO
Student participated in activities at the job shadowing site.	YES	NO
Student's behavior was appropriate.	YES	NO

1. Did you alter your day to accommodate the student? If yes, how?
2. What benefit do you feel the student gained from this experience?
3. What did you enjoy the most about participating in this experience?
4. How could this experience be improved?
5. Would you be willing to participate in this program again?      YES    NO
6. 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 via fax or email to: Tonya Jones at 803-738-7901 or**

tonya.jones@richlandone.org