Job Shadowing Tool Kit
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Job Shadowing Overview

What is so great about job shadowing?
Job shadowing immerses each student in the world of work where they can get first-hand information about job skills and careers. Job shadowing can provide experiences that are as unique as the students who participate. By bringing students into the workplace to see professionals at work, very real and tangible options come alive for them. Job shadowing provides exciting reasons why students should apply themselves in school. It creates a critical link between education and future success.

What will I do at my job shadow?
Your goal will be to learn as much as possible by observing, listening, asking questions, and taking good notes. You will “shadow” a person or several different people and observe what they do throughout their job duties. At the job shadow you should ask the interview questions included in this packet. If the person you are shadowing is extremely busy, and there is absolutely no time to cover all your questions, ask if you may call them at a specific time to complete the questions. Remember to always be respectful of the person you are shadowing.

Why should students participate in job shadowing?
- Helps students “test drive” a career.
- Provides an environment in which students can network with professionals.
- Demonstrates the connection between academics and careers.
- Identifies the skills, qualities, training, and education needed to succeed on the job.
- Introduces students to the requirements of professions and industries and helps them prepare to join the workforce of the 21st century.
- Encourages an ongoing relationship between young people and caring adults.

What students are eligible for job shadowing?
- Student has a 95% attendance rate.
- Student has no Code of Conduct infractions over the last five months of school.
- Job Shadowing is open once per year to Juniors and Seniors.
How Do I Prepare for a Successful Job Shadowing Experience?

BEFORE your job shadowing experience:
- Meet with your School Counselor to review this entire packet.
- All required forms must be approved by your school counselor and principal.
- Complete the Career Interest Form.
- Complete and return the **Parent/Guardian Authorization & Release** form.
- Complete and return the **Student Contract & Teacher Consent** form.
- Research the organization you are shadowing and prepare questions to ask your job shadow host.
- Confirm all required forms are filled out and signed.
- Confirm transportation.
- Contact job shadow host to confirm date, location, and arrival time.
- Notify teachers that you will be gone for the day, or part of the day.
- Confirm who you should contact for last-minute problems/emergencies.

DURING your job shadowing experience:
- **ALWAYS** dress appropriately, arrive on time, and be ready to learn.
- Actively observe and note as much as possible about the environment and interactions with co-workers and customers.
- Answer all questions on the Employer Interview page.
- Write down examples on how your host uses each skill on the Observation page.
- Expect to be asked about your interests, goals, and academic experiences.
- Ask the professional for their business card for future follow-up.
- Ask the employer to fill out the Host/Employer Evaluation.

AFTER your job shadowing:
- Complete the Reflection paper.
- Type and send a Thank-you Letter to the job shadow host.

Packet, paper, and thank you letter due within 1 week of job shadow.
Job Shadow Etiquette

Appearance:
Dress as if you were interviewing for a job. Dress appropriately for the workplace. Most employers are looking for neat clean clothes. Do not wear clothing that conveys a political or social statement.

Do not:
- Chew gum or candy.
- Bring food or drinks into the workplace.
- Use profanity or vulgarity.
- Wear your hat/hood indoors.

Do:
- Silence your cell phone.
- Arrive a few minutes early to allow time to park and find the person you have contacted. Introduce yourself and offer a handshake and a smile. Be attentive and engaged at all times.
- Apply general rules of courtesy. Say please, thank you, and excuse me.
- Use good posture and eye contact.
- Bring a folder or binder with paper to take notes, your observation sheets, the employer interview questions, and the Host/Employer evaluation (give this to the host employer along with an envelope addressed to your School Counselor).
- You may need to fill in some of the questions when you get home, so listen carefully, observe, and take good notes.
- Obtain a business card. You will need a complete name, job title and address for your thank you letter (if they do not have a business card, write down the information). Add this person to your contact list. Use the information to write a thank you letter (**mandatory**). There is a sample thank you letter in the packet.
SWRCSD - Job Shadow Career Interest Form

Student Name: _________________________________ Year of Graduation: _________

Career Options
Place a 1 and 2 to show your order of preference.

___ Agriculture, Food & Natural Resources
___ Architecture & Construction
___ Arts, A/V Technology & Communications
___ Business Management & Administration
___ Education & Training
___ Finance
___ Government & Public Administration
___ Health Sciences
___ Hospitality & Tourism
___ Human Services
___ Information Technology
___ Law, Public Safety, Corrections & Security
___ Manufacturing
___ Marketing
___ STEM
___ Transportation, Distribution & Logistics

List Top Three Career/Job Choices in Your Career Options:

Option #1: ________________________________________________________________

Job A. ________________________________________________________________
Job B. ________________________________________________________________
Job C. ________________________________________________________________

Option #2: ________________________________________________________________

Job A. ________________________________________________________________
Job B. ________________________________________________________________
Job C. ________________________________________________________________

Local businesses to contact:

___________________________________________________ Phone: _____________
___________________________________________________ Phone: _____________
___________________________________________________ Phone: _____________
Final Choice

Job: _____________________________ Business: _____________________________

Business Address: _______________________________________________________

Business Contact: _____________________________ Phone #: ___________________

How can you apply your job shadow experience for classroom benefit? (Class presentation, present to home base peers, write a paper for extra credit, use the experience for a class project, etc.)

_________________________________________________________________________

_________________________________________________________________________

List any times or days when you might not be able to do a job shadow.

_________________________________________________________________________

_________________________________________________________________________

All job shadows are off campus. How will you arrange transportation?

_________________________________________________________________________

_________________________________________________________________________
Student Job Shadowing Experience Permission Form

Student must receive approval from their parent/guardian. This form is to be completed and returned to the home school no later than two weeks prior to the date of student job shadowing experience.

__________________________ requests permission to participate in a
(Job of Student)
Job Shadowing experience on ___________ Destination ________________________
(Date)

Time of Departure: _____ AM _____ PM □ Bring Bag Lunch
Time of Return: _____ AM _____ PM □ Bring Lunch Money
Type of Transportation: _____________________ □ Lunch Not Needed

Estimated Cost to Student: $_____ for ______________________________________
Other Estimated Costs: $_____ for ____________________________________________

To Be Completed by Parent/Guardian:
I hereby give my permission for the above-named student to participate in the Student Job Shadowing Experience described above. I acknowledge that job shadowing is an excused absence and the District, like any other excused absence, is not responsible for the student that day. Should an emergency arise that requires immediate action, I acknowledge that I am responsible. I assume responsibility for transportation.

Parent/Guardian Signature: ________________________________________________

Parent/Guardian Printed Name: _____________________ Emergency #: ____________

If my child must be taken home and neither parent can be reached, please call:
Emergency Name & #: _____________________________________________________

Principal’s Signature: ____________________________ Date:____________________

Counselor’s Signature: ____________________________ Date:____________________
Student Contract

I, ___________________________, understand that it is a privilege to participate in the Job Shadow Program, and that people outside of school are giving up valuable time to help me learn about their job. By signing this contract, I agree to complete all the requirements outlined in the Job Shadow Student Tool Kit. I also understand that I am responsible for making up work in the classes that I may miss while out for my job shadow. I will attend other classes as normal on the day of my job shadow.

In addition, I agree to:
- Complete all listed requirements.
- Contact the employer if I am unable to attend the Job Shadow.
- Dress and act appropriately for the Job Shadow.

____________________________________________  
Student’s Signature          Date

Student’s Printed Name: ___________________________________________________________

Teacher Consent

I agree that the above-named student will be excused from my class to participate in the Job Shadow Program on the date(s) indicated below. The student will be responsible for completing all make-up work according to a schedule that I determine with them.

1. Teacher’s Name: _______________________________________________________________
   Date/time of class to be missed: _________________________________________________
   Comments/Homework Assignment: ______________________________________________
   Teacher’s Signature: __________________________________________________________

2. Teacher’s Name: _______________________________________________________________
   Date/time of class to be missed: _________________________________________________
   Comments/Homework Assignment: ______________________________________________
   Teacher’s Signature: __________________________________________________________
Teacher Consent (continued)

3. Teacher’s Name: ________________________________
   Date/time of class to be missed: ________________________________
   Comments/Homework Assignment: ________________________________
   Teacher’s Signature: ________________________________________

4. Teacher’s Name: ________________________________
   Date/time of class to be missed: ________________________________
   Comments/Homework Assignment: ________________________________
   Teacher’s Signature: ________________________________________

5. Teacher’s Name: ________________________________
   Date/time of class to be missed: ________________________________
   Comments/Homework Assignment: ________________________________
   Teacher’s Signature: ________________________________________

6. Teacher’s Name: ________________________________
   Date/time of class to be missed: ________________________________
   Comments/Homework Assignment: ________________________________
   Teacher’s Signature: ________________________________________

7. Teacher’s Name: ________________________________
   Date/time of class to be missed: ________________________________
   Comments/Homework Assignment: ________________________________
   Teacher’s Signature: ________________________________________
8. Teacher’s Name: ________________________________________________________________
   Date/time of class to be missed: ________________________________________________
   Comments/Homework Assignment: _____________________________________________
   Teacher’s Signature: __________________________________________________________

9. Teacher’s Name: ______________________________________________________________
   Date/time of class to be missed: ________________________________________________
   Comments/Homework Assignment: _____________________________________________
   Teacher’s Signature: __________________________________________________________

_____________________________________________  Date
Approval/Signature of School Counselor

_____________________________________________  Date
Approval/Signature of School Principal
Host Verification & Evaluation

Please verify the student’s time with you:

Student Name: _______________________________ Job Shadow Date: __________
Time in: __________  Time out: __________
Job Shadow Host Name (please print): ______________________________
Job Title: ______________________________
Business Name: ______________________________ Phone: __________
Business Address: ______________________________
Host Email: ______________________________

Host Signature

So that we may continue to improve the process, please complete the following brief evaluation upon completion of the job shadow. Please rate the following on a scale of 1 (strongly disagree) to 5 (strongly agree).

| I was well prepared by the student to be a Job Shadow host. | 1 | 2 | 3 | 4 | 5 |
| As a result of this Job Shadow, I gained a new perspective of my job. | | | | | |
| The Job Shadow was a worthwhile learning experience for the student. | | | | | |
| I enjoyed the experience, and I would be willing to do it again. | | | | | |

How could school (teachers and/or students) better support you throughout the experience?
__________________________________________________________

Additional comments:
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
Employer Interview

Using the topics and questions below, interview your host/employer (resource person) and record the answers. *Do not give this to the host/employer to fill out.*

What is your job title?__________________________________________________________

What are your main job tasks on a typical day? What are your five most important activities?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What problems or challenges are there in this type of work?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What are the benefits of doing this kind of work (income, fringe benefits, advancements)?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What type of training or education qualified you for your job?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What entry-level jobs are there in this field?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
What specific skills are needed in your work?

What advice would you give someone trying to enter this field?

What do you like best about your job?

What do you like least about your job?

What is an entry level salary for this job? ________________________________

What is the highest salary for this job? ________________________________

How did you get from high school to where you are now in your career?

What one piece of advice would you give me if I wanted to pursue this career?
Compose THREE additional questions for your Job Shadow host.

Your first question and answer:

Q: ________________________________________________________________

Answer from the host:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Your second question and answer:

Q: ________________________________________________________________

Answer from the host:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Your third question and answer:

Q: ________________________________________________________________

Answer from the host:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________
# Job Shadow Skills

Give examples of how you observe your job shadow host using the following skills as a part of his or her work. (Example: *Organization – the office manager keeps “in” and “out’ boxes for paperwork.*)

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<td>Skill</td>
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<td>Decision making</td>
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<td>Analyzing problems</td>
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<td>Using technology</td>
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<td>Cooperating with others</td>
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<td>Customer service</td>
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<td>Notes on other interesting observations</td>
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Job Shadow Reflection Paper Guide

Your reflection paper is due to your guidance counselor within one week of your job shadow. Please discuss the following topics:

1. Why did you choose this job shadow?
2. What kind of working conditions were you in?
3. What did you like best about your Job Shadow experience?
4. What did you like least about your Job Shadow experience?
5. What surprised you most about the experience?
6. What ideas and expectations did you have about this job and career option prior to going on the job shadow? How do they fit into your education and career plans?
7. How did the company and the occupation you observed fit into your education and career plans? How do they differ?
8. Is this an occupation/career path that you still want to pursue? Why?

Keep a copy of your job shadow reflection paper as it may be helpful to you in applying employment and/or college.
Sample Phone Script for Job Shadow Confirmation

“May I speak with (employer name), please?”

“Hello, this is _______________ (your name), a student from the Shoreham-Wading River School District.

I am calling to confirm my Job Shadow on _______________ (month/day) from ________ to ________ (beginning time to finish time).”

“Thank you, and I look forward to meeting you.”

If the employer is unavailable, leave the above information in a message, and ask when a better time would be to call back. It is your responsibility to follow through on the confirmation.
Sample Thank You Letter

[Date]
(3 spaces)

[Name], [Title]
[Organization] [Address]
[City,] [State] [Zip Code]

Dear [Mr./Ms. Name]:

Thank you for giving me the opportunity to job shadow at [Name of Organization] on [date]. I realize that this took time away from your regular responsibilities, and I am most grateful for all the information you were able to provide regarding your job at [Name of Organization].

As I shared my experiences with my family and friends, I have become more interested in learning about the career area of [fill in blank]. My [example: math, organizational skills, and computer skills] are right in line with the skills needed to succeed in the [fill in the blank] field. I plan to take more [example: computer and business classes next semester] as we had discussed.

Having the opportunity to shadow you and explore this career field has really helped me plan for my future. I now will be able to set some educational goals and research colleges.

Thank you again for sharing your day with me and helping me explore this career field.

Sincerely,
(3 spaces)

[Your Name]
[Address]

Sample Envelope

Your Name
Number and Street Address
City, State Zip Code

Mr./Ms. Host/Employer
Business Name
Business Address
City, State Zip Code
Release, Waiver and Agreement to Indemnify

The student identified below has voluntarily elected to participate in the Job Shadow Program. In making this election, the student and the student’s parents/guardians have considered the extent to which such participation might expose the student to risks above and beyond those normally associated with attendance at school. The student and student’s parents/guardians understand that:

1. The activities involved in the Job Shadow Program are, in large part, supervised by one or more persons who are not employees of the Shoreham-Wading River Central School District;
2. Each occupation is unique. The types of activities, and the resulting risks, therefore vary. The student and student’s parent(s)* have made such investigation as they deem necessary to fully understand the nature of the selected occupation and the risks, if any, associated with it;
3. The student will be required to cooperate with those in authority and to comply with lawful and reasonable directions given by such persons;
4. Shoreham-Wading River Central School District shall have the right to terminate the student’s participation in the Job Shadow Program, at any time, in its sole discretion.

The student and student’s parents/guardians
   a) assume any and all risks associated with participation in the Job Shadow Program including but not limited to duties/experiences off school district premises;
   b) assume any and all risks associated with transportation to and from the Job Shadow site;
   c) authorize the student to participate in the Job Shadow Program.

In consideration for the student’s participation in the Job Shadow Program, both the student and the student’s parents/guardians do hereby waive and release the Shoreham-Wading River Central School District, its Board, its officers, employees and agents from and on account of any claim for personal injury, including any claim for wrongful death, and any and all property damage arising out of or in any way due to the student’s participation in the Job Shadow Program, without regard to the cause of such injury, wrongful death or property damage.

The student and student’s parent(s)* do further agree to indemnify and hold harmless the Shoreham-Wading River Central School District, its Board, officers, employees and its agents, from and on account of any claim for personal injury, wrongful death or property damage, including the cost of defense against such claim or claims, arising out of or in any way due to the student’s participation in the Job Shadow Program.

Dated: _______________________   Occupation Selected: ___________________________________________

_________________________________   _______________________________
Student Signature      Print Student Name

_________________________________   _______________________________
Parent/Legal Guardian Signature    Print Parent/Legal Guardian Name

_________________________________   _______________________________
Parent/Legal Guardian Signature    Print Parent/Legal Guardian Name
Disclosure

Parent/Guardian:
I agree to permit information in this release form to be made available on a confidential basis to prospective employers, business/industry partners, educational institutions, and to the Job Shadow Program for verification purposes.

______________________________________________     _______________________
Signature of Parent/Guardian                                               Date

Release Authorizations

______________________________________________
School Guidance Counselor Printed Name

______________________________________________     _______________________
Signature of Guidance Counselor                                     Date

______________________________________________
Principal or Assistant Principal Printed Name

______________________________________________     _______________________
Signature of Principal or Assistant Principal                Date