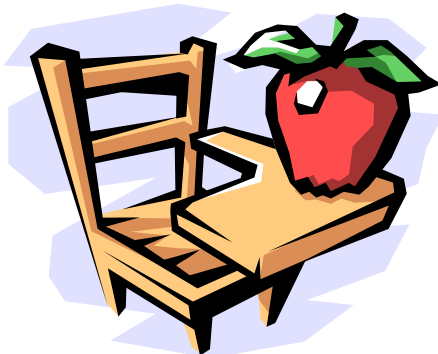


# **THURSTON HOUSE**

in partnership with



**Crawford County K-12 Career Education Alliance**

## **Student Job Shadow Visit Guidelines**

**Contact Person:**

Tracey C. Larson

814-337-8202

## Job Shadowing Program

The goal of the Job Shadowing Program is to provide students with opportunities to experience actual working conditions of various professions in order to gain a better understanding of a specific career path and develop a plan to obtain the necessary training and skills.

Students can compare their own interests to the tasks required by the particular profession or type of work shadowed.

The Job Shadowing Program requires the student to use the knowledge they have gained from school coursework and develop their communication skills. These skills will be developed through discussions with their shadow partner, keeping a journal, writing a 'Thank You' note, collecting supplemental materials for a report, research paper or senior project, etc.

The shadow experience will not be graded so that the student can focus on gathering information and interacting with their shadow partner.

## Student Responsibilities

1. Before the shadow experience prepare a list of questions that will help you gather information.
2. Collect class assignments before your job shadow experience. All class assignments must be completed as required by your teachers.
3. Before your scheduled job shadow, make sure you know what time to arrive, where to meet them, what should you do for lunch, how to dress, etc.
4. During the shadow experience be aware of your surroundings. If you are unsure of where to go or what to do, ask your shadow partner.
5. If unsure of the appropriate time to ask questions, ask your shadow partner.
6. Be pleasant and courteous to everyone you meet. Keep in mind that you are a guest of the business/agency.
7. Respect the confidentiality of the information you will receive through this experience. The business/agency may require that you sign a confidentiality statement before proceeding with the Job Shadow experience.
8. **Before you leave**, have your shadow partner complete the Confirmation of Job Shadow Visit form and ask for the correct spelling of your shadow partner's name, title and mailing address. (They may have a business card.)
9. You will send a 'Thank You' note to your shadow partner(s) no later than two weeks after your experience. (No Emails)
10. Complete the Student Journal Entry and return it to the Career Education Alliance office. (You may be able to hand this in to your classroom teacher if it is part of a class assignment.)
11. Most of all HAVE FUN and ENJOY the experience.
12. If you are unable to attend the shadow visit, the school and business **must** be notified before the start of the normal work/school day.

# JOB SHADOWING PROGRAM

## Instructions

1. Complete and return the **Student Application Form (page 1)**, unless directed otherwise by the Career Education Alliance Coordinator.
2. Complete and return the **Parent Permission-Release Form (page 2)**. You must keep a copy of this form and take it with you to your shadow visit.
3. You will take the **Confirmation of Shadow Visit Form (page 3) and Employer Evaluation Form (page 4)** with you to your shadow site. Give the forms to your shadow partner to complete. The shadow partner will return the **Employer Evaluation Form** directly to the Career Education Alliance office.
4. Participate in the Job Shadowing Program.
5. Have your shadow partner sign the **Confirmation of Shadow Visit Form (page 3)**. Return the original of the **Confirmation of Shadow Visit Form** to your schools office upon return from the visit. A copy of the **Confirmation of Shadow Visit Form** MUST be sent to the Career Education Alliance office.
6. Complete and return the **Student Record of Job Shadow Visit (page 5) and the Student Evaluation Form (page 6)**.

Any question regarding the Job Shadowing Program requirements can be directed to: Tracey C. Larson, Crawford County Career Education Alliance Program Coordinator at 337-8202.

*(Note: Teachers may also require copies of these forms.)*

Please send all forms to:

**Crawford County K-12 Career Education Alliance**  
**860 Thurston Road**  
**Meadville, PA 16335**  
**Or**  
**Fax: 814-337-0602**

# JOB SHADOWING PROGRAM

## Student Application Form

Complete the following information under the supervision of your school guidance counselor: (Please print)

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

Guidance Counselor/Thurston House Staff: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Area(s) of Interest: \_\_\_\_\_

Businesses interested in visiting: \_\_\_\_\_

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Have you participated in the Job Shadowing Program before? \_\_\_\_\_

Will this be for a class assignment/project? \_\_\_\_\_

Approval signature of school Guidance Counselor or Thurston House Staff is required to participate.

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

Return this form by mail to:

Crawford County  
K-12 Career Education Alliance  
860 Thurston Road  
Meadville, PA 16335

Or by fax to 814-337-0602

# JOB SHADOWING PROGRAM

## Parental Permission Form

1. The student and/or parent/guardian will be responsible for transportation to and from the place of business.
2. The parent/guardian sign below that he/she has reviewed the **Student Guidelines** and understands the **responsibilities** and gives **permission** for their student to participate at the indicated site. The parent/guardian also must authorize the company to obtain medical services in case of injury or illness by signing the **Authorization for Emergency Medical Treatment form**.
3. The parent/guardian must also sign the **Release Form**.
4. **\*\*The student must take a copy of this form on his/her site.\*\***

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I have reviewed the **Student Job Shadow Visit Guidelines and Forms** packet and the above responsibilities and give permission for:

\_\_\_\_\_ to participate in a job  
STUDENTS NAME

shadow experience at \_\_\_\_\_  
COMPANY/ORGANIZATION NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This is to authorize \_\_\_\_\_ to obtain for  
COMPANY/ORGANIZATION NAME

\_\_\_\_\_ what ever medical services or  
STUDENT NAME

Medications may be deemed necessary.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## RELEASE FORM

I understand that the Job Shadowing Program will take place at a local business, industry, agency or organization as an educational experience. I know that the Crawford County K-12 Career Education Alliance and local business, industry, agency or organization, which is visited, will exert every effort to assure my student's safety. I realize that there is a small possibility of injury during the job shadow experience. I accept these risks and agree not to hold the Crawford County K-12 Career Education Alliance, the \_\_\_\_\_ School District/AVTS, or \_\_\_\_\_ (Site to be visited) responsible for any damages that occur as a result of my students participation in the Job Shadowing Program.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

# JOB SHADOWING PROGRAM

## Confirmation of Shadow Visit

*(Student must present this form upon return to school)*

I verify that \_\_\_\_\_  
STUDENT'S NAME

attended a Job Shadow Visit to \_\_\_\_\_  
COMPANY NAME

on \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Company Representative/Shadow Partner Signature

\_\_\_\_\_  
Date

# JOB SHADOWING PROGRAM

## Employer Evaluation Form

Shadow Partner: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Using a scale of 1 to 5 (5 being the highest possible score and 1 the lowest possible score) please evaluate the students on the following criteria.

### Student Evaluation

1. Courteous to others \_\_\_\_\_
2. Interaction with Shadow Partner(s) \_\_\_\_\_
3. Dressed appropriately \_\_\_\_\_
4. Arrived on time \_\_\_\_\_
5. Had a positive attitude \_\_\_\_\_

Additional Comments:

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### Job Shadowing Program

Please answer either **YES** or **NO** to the following questions.

1. Is this your first experience with a Job Shadowing Program? \_\_\_\_\_
2. Were you satisfied with the participation of the student during the shadow experience? \_\_\_\_\_
3. Did the Program Coordinator provide you with sufficient information about the Job Shadowing Program and its procedures? \_\_\_\_\_
4. Will you continue to participate in the Job Shadowing Program? \_\_\_\_\_
5. Are you familiar with the programs offered by the Crawford County Career Education Alliance? \_\_\_\_\_

Additional Comments:

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Please **mail** this form to the Crawford County K-12 Career Education Alliance, 860 Thurston Road, Meadville, PA 16335 **or fax** it to 814-337-0602.

**Thank you for participating in the Job Shadowing Program.**

# **JOB SHADOWING PROGRAM**

## **Student Record of Job Shadow Visit** (additional sheets can be attached if necessary)

**Official Name of Company:** \_\_\_\_\_

**Name of Mentor/Host/Job Shadow Partner:** \_\_\_\_\_

**Job Title of Mentor/Host/Job Shadow Partner:** \_\_\_\_\_

1. Brief Notes on the History of the Company:
2. Describe the Product Produced or Service Provided:
3. What type of Customer/Clients Purchase the Product/Service?:
4. Describe How the Product/Service is Marketed?:
5. Describe the Role of you Host's Department(s), Your Area of Interest in the Production of the Product or the Delivery of Services:
6. Describe Two (2) Tasks, in some detail, the Your Host Worked on During your Visit:
7. Describe Any Tasks that were Assigned to You:
8. Describe briefly the Department(s) Included in Your Tour and Its/Their Role in the Production of the Product or Services Provided:

# JOB SHADOWING PROGRAM

## Student Job Shadow Experience Evaluation

Please answer **YES** or **NO** to the following questions.

1. Did you know about the Job Shadowing Program before this experience? \_\_\_\_\_
2. Were you satisfied with your placement for the job shadow experience? \_\_\_\_\_
3. Was your shadow partner helpful in providing information? \_\_\_\_\_
4. Was your shadow partner organized and prepared for your visit? \_\_\_\_\_
5. Was the experience what you expected? \_\_\_\_\_
6. Did you feel prepared for the Job Shadow experience? \_\_\_\_\_
7. Did you find this experience helpful in providing career information? \_\_\_\_\_
8. After this experience are you still interested in this career field? \_\_\_\_\_
9. Did this experience help you decide if you would go on to college or technical school? \_\_\_\_\_
10. Would you like to participate in another Job Shadow experience? \_\_\_\_\_
11. Would you recommend the Job Shadowing Program to a friend? \_\_\_\_\_
12. Will you use the information from this experience in your senior project? \_\_\_\_\_

**Additional Comments:**

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**Please return this form to the Career Education Alliance Program Coordinator at  
860 Thurston Road, Meadville, PA 16335 or fax to 337-0602.**