

JOB SHADOWING

A WORK-BASED LEARNING EXPERIENCE

Purpose: To enable students to apply classroom instruction in a real-world business or service-oriented work environment and gain valuable career exploration in the workforce

In order to participate, students must:

- Be approved by an instructor, school counselor, CDF or WBL coordinator.
- Have adequate transportation to and from the job shadow experience.
- Be aware that he/she represents self, family and their school district.
- Complete all paperwork satisfactorily.

Job shadowing is a short-term work-based learning experience in which a student is introduced to a particular job role or career by being paired, one-on-one, with an employee at a work site. The student “shadows” the employee for a specified time to better understand and observe work expectations and the requirements of a variety of job tasks. Prior to job shadowing, the student should receive formalized instructions about careers and know the expectations as related to school rules and guidelines for grooming, dress and behavior in the workplace.

Student’s Responsibility:

- Research the company prior to the WBL experience.
- Comply with all rules and regulations of school and the work site.
- Dress appropriately.
- Exhibit outstanding work ethic.

Parent(s)/Guardian(s) Responsibility:

- Approve and agree for the student to participate.
- Encourage students to conduct themselves appropriately according to the WBL activity expectations.
- Contact school for all concerns and questions.

School Counselor/CDF/Teacher/School Responsibility:

- Assist the student in completing and submitting the Job Shadowing Application.
- Input the WBL experience into PowerSchool after it has been completed.
- Scan completed Marketing Release form for the student prior to Job Shadowing experience and email it to rickenbakerjh@octech.edu.

**ALL REQUIRED PAPERWORK MUST BE COMPLETED
FOR STUDENTS TO RECEIVE CREDIT FOR PARTICIPATING.**

JOB SHADOWING STUDENT APPLICATION

Please print neatly.

NAME: _____ DATE OF BIRTH: _____

EMAIL: _____ CELL NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL: _____ GRADE: _____

SCHOOL COUNSELOR: _____

SCHOOL COUNSELOR PHONE NUMBER: _____

PARENT/GUARDIAN: _____ CELL NUMBER: _____

ADDRESS (if different from student address above): _____

EMERGENCY CONTACT: _____ CELL NUMBER: _____

PLEASE LIST ANY MEDICAL CONDITIONS AND/OR ALLERGIES: _____

ACTIVITY: _____ DATE OF EXPERIENCE: _____

INTENDED WORK SITE: _____

WORK SITE ADDRESS: _____

WORK SITE CONTACT NAME: _____

WORK SITE CONTACT PHONE NUMBER: _____

CAREER CLUSTER CONNECTION: _____

PLEASE INITIAL BELOW IF YOU HAVE SECURED TRANSPORTATION TO AND FROM THE
JOB SHADOWING SITE.
