JOB SHADOW EXPERIENCE VERIFICATION FORM
NESHANNOCK HIGH SCHOOL

_____   _____ _____

NAME   **Grade**   **Date**

In order to be eligible for credit towards completion of the graduation project, all students are required to participate in at least TWO (2) JOB SHADOW experiences.

JOB SHADOW #1

_____   _____

Date   Job Site

_____   _____

Supervisor Name   Supervisor Title

_____

Career/Job Shadowed

Description of Job Shadow:_____

_____

_____

_____

Job Shadow packet completed and returned _____ _____

                                      Mentor Signature   date

#1 Neshannock Township School District
JOB SHADOW APPLICATION

Please complete the following information in order to begin the process for your job shadow experience. Ask your school counselor to review this form to discuss your career objective and begin the placement process.

Part I: Personal Information   PLEASE PRINT CLEARLY

Name: _____   **School & Date:** _____

Date of Birth: ___/___/___   **Male or Female:** _____   **Grade:** _____

Home Address, City, State, Zip Code: _____

_____

Telephone Number: (___)___-_____

Parent/Guardian Name: _____   Cell Phone # (___)___-_____

Part II: Interests & Hobbies

My Favorite: **Kind of Music Is:**   _____

TV Show Is: _____

Sport Is: _____

My favorite subject in school is: _____ **and least favorite subject is** _____

Do you have any after school responsibilities? If yes, please specify _____

_____

What clubs or groups do you belong to? _____

What do you like to do most with your free time? _____

Please return to **Guidance Office**   Mrs. DeVincentis: Guidance Counselor
or
Mrs. Hoffman: Guidance Secretary   **#1**

Neshannock Township School District

<u>Part III: Future Plans</u>

What would you like to do after high school graduation? _____
_____

How confident are you that you have the necessary skills to achieve your goals after graduation?

_____ **Very Confident**   _____ **Not too confident**

_____ **Fairly Confident**   _____ **Not confident at all**

Do you already have a specific plan of action for reaching your after high school goals? (Check one)

_____ **Yes, I already have a specific plan**   _____ **No, I need help in developing a plan**

_____ **Yes, but need more guidance**   _____ **No, I didn't realize I needed a plan**

<u>Part IV: Student/Employer Relationship</u>

What concerns you the most about our world/nation/city today? _____

What qualities do you value in an adult? _____

What do you hope to learn from the job shadow employer? _____

<u>Part V: List your field of interests (i.e. health, financial, service, education, manufacturing, etc.).</u>

      FIRST CHOICE: _____

      SECOND CHOICE: _____

      THIRD CHOICE: _____

Part VI: Self-Placement (if applicable). If you know a family member, neighbor, or friend that works in a career you are interested in please consider shadowing him or her and list the information below.

Business: _____   **Contact Person:** _____

Address: _____   **Job Title:** _____

Phone #: _____

#1 Neshannock Township School District
JOB SHADOWING PERMISSION SLIP

I give permission for my son/daughter _____ to participate in a job shadowing experience outside of Neshannock High School on _____ _____ (date). I understand that this day will not count as a day absent from school if the following criteria are met.

1. This permission slip is returned to Mrs. DeVincentis or Mr. Held.
2. The student is present at their shadowing site.
3. The student completes a job-shadowing interview at their site and returns the form to the Guidance Office.

I also understand that it is my responsibility to see that my son/daughter has transportation to and from their job shadowing site.

_____   _____
Parent's Signature   **Date**

_____   _____
Student's Signature   **Date**

Job Shadowing Site
_____
Business Name & Location

Job Shadowing Supervisor
_____   _____
Name   **Phone**

#1 Neshannock Township School District

NAME: _____ GRADE: _____ DATE: _____

SCHOOL: _____

HOST NAME: _____

BUSINESS: _____

ADDRESS: _____

PHONE: _____

JOB SHADOW INTERVIEWING

Interview your job shadow host. Use this questionnaire as your guide. Place the responses to the questions in the "notes" section of your questionnaire. Complete this activity and return it to your Guidance Counselor.

QUESTIONS AND NOTES

1. **What are the employee's responsibilities?**

    _____
    _____
    _____

2. **What does a typical day look like for the employee?**

    _____
    _____
    _____

3. **Is Technology used in this job?   Yes ____   No ____   In What Capacity?**

    _____
    _____
    _____

4. **What type of education or training the perspective candidate needs to do this job?**

    _____
    _____
    _____

5. **What new skills has the employee learned since starting work?**

_____
_____
_____

6. **What are advantages about the job?**

_____
_____
_____

7. **What advice do the employees have for candidates considering this field?**

_____
_____
_____

8. **Please create 3 questions of your own to ask the person you are shadowing and write them and the answer below.**

A. _____
_____
_____
_____

B. _____
_____
_____
_____

C. _____
_____
_____
_____

_____   _____
Signature of Business Official   **Date**

_____   _____
Signature of Student   **Date**