



HHS REQUEST FOR JOB SHADOW



APPLICATION FORM

Name: _____ School: _____ Grade: _____

Email Address: _____

What career(s) are you interested in shadowing at this time?

1st Choice: _____

2nd Choice: _____

Best time to schedule a Job Shadow:

Days of the Week (circle any that work): Monday Tuesday Wednesday Thursday Friday Any

Time of Day: _____

Do you have an organization/business in mind? YES _____ NO _____

If Yes, Name of Business: _____

Contact Person (if known): _____ Phone: _____

Do you have your own transportation: Yes _____ No _____

What do you hope to gain from a job shadow experience?

Do you have any special concerns, requests, or accommodations? YES _____ NO _____

If yes, please explain: _____

Parent/Guardian Signature: _____ Date: _____



HHS JOB SHADOW STUDENT CHECKLIST



BEFORE THE EXPERIENCE:

- _____ Fill out the Request for Job Shadow form and turn it into the Work Based Learning Coordinator.
- _____ Meet with the Work Based Learning Coordinator to discuss the job shadow.
- _____ Call to schedule the visit (get date, time, site location) and inquire about the company dress code.
- _____ Complete the Job Shadow Consent form, arrange your transportation, and obtain signatures.
- _____ Complete the HHS Pre-Arranged Absence form (from the attendance office) and obtain signatures.
- _____ Turn in all forms* to the Work Based Learning Coordinator and get final instructions.

*Certain experiences (hospital, law enforcement, etc.) may require additional paperwork to be turned in before starting your experience.

DAY OF THE EXPERIENCE:

- _____ Dress appropriately for this ***observation only*** experience.
- _____ Bring a copy of the Job Shadow Consent form to the observation site.
- _____ Sign out at the HHS attendance office (if shadowing during a school day).
- _____ Arrive 5 – 10 minutes before your scheduled time.
- _____ Present the copy of the Job Shadow Consent Form form to the employer host when you arrive.
- _____ Have your site supervisor sign your Time Record on your original form to verify your attendance.

AFTER THE EXPERIENCE:

- _____ Fill out the Job Shadow Evaluation form.
- _____ Write a thank-you letter/card to the host.
- _____ Turn in the Job Shadow Evaluation, thank-you, and original Job Shadow Contract to the Work Based Learning Coordinator.

REMEMBER

You are representing yourself, Heritage High School and Saginaw Township Community Schools when you are at the observation location. BE PROFESSIONAL!

If you have any questions or concerns, please email or call Sue Hill, Work Based Learning Coordinator at 989-399-8066 or sdhill@stcs.org.



HHS JOB SHADOW EVALUATION



SUBMIT AFTER COMPLETION OF EXPERIENCE

Please complete this brief evaluation of your job shadow experience.

Please rate the following on a scale of 1 to 5.

(1 = strongly disagree with the statement; 5 = strongly agree with the statement)

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
I believe job shadowing has been a worthwhile experience.	1	2	3	4	5
I observed connections between a career pathway and the job shadow.	1	2	3	4	5
The information provided by the job shadow site was helpful.	1	2	3	4	5
I would recommend this location to other students.	1	2	3	4	5
I would recommend job shadowing to other students.	1	2	3	4	5

What did you like best about the job shadow experience?

What could be improved about the job shadow experience?

Did this job shadow experience help you narrow or broaden your career interests? Explain.

What did you learn from this job shadow experience and how will it impact your future? Any additional comments?