

Job Shadowing at Ell Saline

Job shadowing is based on the belief that students who have more information about themselves, and the workplace will better understand their options and will more likely plan now for their futures. Job Shadowing involves a student following an employee, other than a parent, at a company location to learn about skills and knowledge necessary to be successful in that occupation. Job Shadowing can help a student explore a range of career objectives and select a career pathway.

The school or students/parents can set up the appointment. Students can be excused from school for a half day for shadowing. If a full day is needed; please schedule a “non school” day. Families will provide transportation to the shadowing.

_____ Orientation Session, meet with counselor to go over the forms.

_____ Job Shadowing Questionnaire- Completed during job shadowing site visit

_____ Job Shadowing Evaluation - Completed upon completion of job shadowing site visit

_____ Thank You Note - Completed upon completion of job shadowing site visit.
Please give your thank you note to the counselor to mail.

_____ Upload information to your IPS after you complete your shadowing.

Dr. Ralita Cheeks
Ell Saline MS/HS
785-914-5600

JOB SHADOWING EXPECTATIONS

EXPECTATIONS:

1. CLOTHING

- A. Clothes should be clean and neat!
- B. Wear clothing that fits appropriately. Loose or baggy clothing is sometimes perceived as sloppy. At some businesses, loose clothing may also be dangerous.
- C. Shoes should be clean and worn appropriately –NO FLIP FLOPS!
- D. Appropriate clothing: you will be advised on the type of clothing to wear. It is important to remember that you will be in view of customers and clients in many businesses. Being visible to customers requires that you look sharp.

2. GROOMING

- A. Hair clean, neat, and combed.
- B. Appropriate amount of make-up.

4. ATTENDANCE AT JOB SHADOWING EXPERIENCE

- A. You are expected to be on time.
- B. If you become ill and are not able to attend your job shadowing experience, it is your responsibility to contact the job shadow host immediately.

5. USE OF CELL PHONE

- A. Do not use your cell phone except in an emergency.

STUDENT AGREEMENT

I acknowledge and understand what is expected of me as a Job Shadowing participant.

Student Signature

PARENT ACKNOWLEDGMENT

I have read and discussed with my student the information provided above about student responsibilities to prepare for, during, and after job shadowing.

Parent Signature

Student Participation Agreement

Student Name _____

(Please Print Name)

I agree to abide by all school and job site policies, dress/appearance guidelines, and safety guidelines and to be prompt, respectful and attentive during my work-based learning experiences.

I have these questions about this job/career: _____

Confidentiality Statement

While job shadowing, I acknowledge that I may come into contact with privileged and/or confidential information while participating in any work-based learning experience.

I understand and agree that I will not divulge or record any privileged or confidential information obtained as a result of my work-based learning experience to any person, including classmates and relatives.

Student Signature _____ Date _____

Parent/Guardian Permission

Yes ___ No ___ I authorize an employee of the workplace to transport my son/daughter, if necessary, as part of a work-based learning experience.

Yes ___ No ___ I authorize the use of my son/daughter's photograph and/or name for promotional/educational purposes.

I understand that I will be responsible for any medical bills if my son/daughter is injured during work-study activities or while traveling to-and-from the work-study site or if my son/daughter becomes ill while at the work-study site.

Parent/Guardian Signature _____ Date _____

School Representative _____ Date _____

JOB SHADOWING QUESTIONNAIRE

This form is to be filled out following the Job Shadowing experience. (Please don't be so focused on the questions that you miss visiting with your "host".)

Date _____ Location _____

Workplace Host's Name _____ Job Title _____

Describe what you saw.

1. Are computers being used at this business? What software is being used? Is there any high tech or specialized equipment being used?

2. What high school courses, education/training would be recommended for this job?

3. What types of communication are used in this job? (written and oral)

4. What personal qualities are required for this job?

5. What do you like best/ worst about your job?

STUDENT JOB SHADOWING EVALUATION

Student _____

Company _____

Job Shadowing Date _____

Name of Workplace Host _____

Please answer each question by circling the number of the best answer describing your job shadowing experience.

1. Was your job shadowing experience educational?

4	3	2	1
strongly agree	agree	disagree	strongly disagree

2. Did the company give you a good overview of their operations?

4	3	2	1
strongly agree	agree	disagree	strongly disagree

3. Were you made aware of the variety of careers available in this business/industry?

4	3	2	1
strongly agree	agree	disagree	strongly disagree

4. Did your job shadowing supervisor seem interested in teaching you about his/her company?

4	3	2	1
strongly agree	agree	disagree	strongly disagree

6. Are you interested in a career in any of the activities you observed?

Yes No Which activity and why? _____

7. Please add any comments that will help describe or evaluate your experience.

THANK YOU - please use a Ell- Saline thank you note!

Dear Mr./Mrs./Miss/Ms./Dr. _____

Include the following:

- Tell why you are writing this note. Include the date that you job shadowed
- Mention one thing you learned and one thing you liked about the experience
- Thank the person again for his/her time and effort in working with you

Sincerely,

_____ (sign your name)

Please bring the completed thank you note to Dr.Cheeks for approval and to be mailed.

IPS - Upload a picture and reflection to your IPOS

Please take a picture at your job shadowing if this is allowed. Show the counselor your IPOS.