



Revised 2015-2016

JOB SHADOW EXPERIENCE
VERIFICATION FORM
NESHANNOCK HIGH SCHOOL

NAME

Graduation Year

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.

Students can only job shadow one (1) family member's employer.

JOB SHADOW #1

Date

Job Site

Supervisor Name

Supervisor Title

Career/Job Shadowed

Duration of Job Shadow

➤ In the student's handwriting, provide a summary of the Job Shadow to include a description of the time spent at the job shadow. _____

➤ Two things that you learned about this position that you didn't already know.

A. _____

B. _____

➤ Would you consider this as a future job? _____ Why or why not? _____

➤ Why did you choose this location/job to shadow? _____

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Guidance Office



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? _____

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Part II: Future Plans

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

Part III: Student/Employer Relationship

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? _____

Part IV: List your field of interests (i.e. health, financial, service, education, manufacturing, etc.).

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 #: _____



JOB SHADOW INTERVIEWING

NAME: _____ GRADUATION YEAR _____ DATE: _____

JOB SHADOW SUPERVISOR:

NAME: _____

TITLE: _____

JOB SHADOW BUSINESS: _____

JOB SHADOW ADDRESS: _____

JOB SHADOW PHONE #: _____

JOB SHADOW INTERVIEWING

Interview your job shadow supervisor. 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.

Note: You are to write the answers to these questions as you interview your supervisor.

QUESTIONS AND NOTES

1. What are the employee’s responsibilities?

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

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3. What technology is used in this job?

4. What type of education or training does a perspective candidate have to do to perform these duties?

5. Where did the employee receive his/her training for this position?

6. What new skills has the employee learned since starting work in this field or company?

7. What are advantages of working in this field and/or company?

A.

B.

C.



8. What top three skills should the employees have before considering this and how are these skills used on the job?

9. What is the employment outlook for this position in the next 5 years?

10. Would you recommend this job to others? Why or why not? _____

11. What other positions/jobs are similar to yours that one could consider?

Signature of Business Official

Date

Signature of Student

Date

Please return to
Guidance Office



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

Please return to
Guidance Office