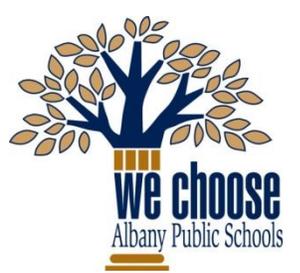


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**Work Based Learning Experience
Student Guide:**

Job Shadow





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JOB SHADOW CHECK LIST

- Attend job shadow presentation by the Work Based Learning Coordinator (WBLC) on: _____
- Request job shadow through WBLC or a personal contact by: _____
- Completely fill out and turn in “Job Shadow Host Information” form by: _____
- Have parent/legal guardian sign “Job Shadow Student/Parent/Legal Guardian Agreement” form and turn into teacher by: _____
- Have parent/legal guardian fill out and sign:
 - “Job Shadow Parental Consent” form
 - “Emergency Medical Treatment Authorization” form
 - “Media Release” form
- On the day of the job shadow:
 - Have your Job Shadow Student Guide and a pen.
 - The employer must complete and sign the “Employer Verification Form” on the day of your job shadow. This form must be turned in to your teacher so your absence is excused.
 - Complete the “Job Shadow Host Interview.”
- Write a Thank-you Letter. Put the letter in an unsealed, addressed and stamped envelope and turn it in to your teacher by: _____
- Complete Post-Job Shadow Student Reflection Activity by: _____

If the job shadow is not part of a class trip:

- Contact host if this is not a class trip to set a date and time for the job shadow by: _____
- Parent/Legal Guardian must go through the proper channels to excuse your absence from school if your job shadow is on a school day and not part of a class trip.
- Have your teachers sign the “Teacher Permission Form.”
- You are responsible for your own transportation to and from the job shadow if it is not part of a class trip. Have parents fill out and sign the “Transportation Authorization to Off-Campus Worksites” form.



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JOB SHADOW HOST INFORMATION FORM

Job Shadow Acquired Through:

- Work Based Learning Coordinator
- Personal Contact

Name of Workplace: _____

Name of Contact Person: _____

Title or Occupation: _____

Type of Business: _____

Address: _____

City/Zip: _____

Phone: _____

Fax: _____

Email Address: _____

Website: _____

Date and Time of Job Shadow: _____

Teacher or Work Based Learning Coordinator Approval:

- Approved
- Denied

Reason if Denied:

Teacher or Work Based Learning Coordinator Signature

Date

Teacher or Work Based Learning Coordinator Printed Name



WHAT'S SO GREAT ABOUT JOB SHADOWING

Job shadowing immerses each student in the world of work where they can acquire first-hand information about job skills and careers. Job shadowing can provide experiences that are as unique as the students who participate. By bringing students into the workplace to see a professional at work, very real and tangible options come alive for the student. Job shadowing provides exciting reasons why students should apply themselves in school. It creates a critical link between education and success. Classroom exercises conducted prior to and following the job shadow experience are designed to help students connect their experience to their course work and relate the visits directly to career pathways, related skill requirements, and postsecondary educational options.

ROLE OF THE STUDENT

- Demonstrate the desire to explore career options, personal skills, and attributes.
- Willing to develop a personal action plan to improve education and skills.
- Ability to work with persons of different educational, economic, cultural, religious and ethnic backgrounds.
- Participate in preparatory activities conducted by the school or workplace.
- Follow all safety and security policies and procedures of the employer.
- Willingly participate in all activities structured by the Job Shadow Host.

ROLE OF THE JOB SHADOW HOST

- Show a desire to work with students and introduce them to the positive aspects of work.
- Able to communicate openly and in a nonjudgmental fashion with students.
- Want to invest in a student's current and future career path.
- Able to work with persons of different educational, economic, cultural, religious and ethnic backgrounds.
- Capable of linking learning to earning.
- Spend approximately one hour reviewing materials and planning in preparation for the day.
- Dedicate part of the workday to the student and remain available to that student during the visit.
- Give visiting students explanations of workplace safety and security policies and procedures.
- Help students understand skills needed for the job.
- Demonstrate and explain effective work methods.
- Complete a Job Shadow Host Evaluation Form upon the conclusion of the visit.

Student Reminder:

- Bring this student guide with you to your job shadow.
- Bring a snack and/or lunch with you to your job shadow.
- Dress appropriately for the workplace where you will be job shadowing.



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IMPRESSIONS MAKE A STATEMENT **Appearance + Attitude + Manners**

APPEARANCE

Someone with a good appearance looks fresh, clean, and confident. A good appearance has nothing to do with the brand labels on your clothing or good looks.

- Turn cell phones off and leave cell phones and I-pods in the car.
- Dress in the clothes that you would wear on the job. For example: executives should wear suits; healthcare or office staff people should wear business clothing; and construction workers should wear work clothing.
- Be sure that your clothes are neat, clean, and wrinkle free. Wear conservative colors – blues, grays, and browns are preferred. Be sure that your shoes are clean and shined.
- Avoid trendy fashions, patterns that clash, and bright colors. • Avoid excessive jewelry and make-up.
- Avoid strong perfume or cologne.
- Never wear a hat (unless it is part of a uniform or required for health and safety), tank top, shorts, jeans, or sandals.
- Never chew gum or eat candy.
- Cover any tattoos or piercing and clean your fingernails.

Remember... Your attitude is reflected in what you say and how you say it!

Employers look for employees who:

- Have good eye contact
- Have an honest and genuine smile
- Are enthusiastic and motivated
- Are excited about coming to work
- Sit up straight in their seats
- Ask questions



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JOB SHADOW HOST INTERVIEW

Student Activity: Conducting an Interview
(Optional Assignment by Teacher)

1. What is your job title?
2. What are your responsibilities?
3. What is a typical day like for you?
4. What do you like the most about your job? What do you like least about your job?
5. Why did you select this type of work?
6. How much education do you need for this job?
7. Do you need more job training after you have completed your education?
8. How important are reading, writing, math and listening skills for this job? Which skills do you use daily?
9. When do you need to use effective speaking skills to get your job done?
10. Do you ever have to work in teams on your job?
11. What kinds of problems do you solve on the job? What skills do you need to solve those problems?
12. What did you learn in school that helped you the most on the job?
13. What do you wish you had studied more in school?



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POST-JOB SHADOW STUDENT REFLECTION ACTIVITY (Optional Assignment by Teacher)

Now that you have completed your Job Shadow experience, take some time to reflect on what you observed today and how it might affect your plans for the future.

1. What were the title and responsibilities of your Job Shadow Host?
2. Which parts of the job were of interest to you?
3. Which parts of the job would you find boring?
4. Would you consider a career in this field? Why or why not?
5. What surprised you most about what you learned, heard or observed today?
6. What knowledge and skills are you learning in school that will be used on the job?
7. What knowledge or skills do you need to strengthen to be successful on the job?
8. Did any other ideas for careers come to mind today?



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THANK-YOU LETTER (Required)

A thank-you note is the expected form of appreciation in many families and cultures. It is considered common courtesy to send a thank-you note to individuals.

The same is true in the business world. People like to be thanked for their time and effort. Your job shadow host volunteered their time for you to be able to go into the workplace. They invested their personal time in preparing activities and demonstrating job skills because they care about your future. The hosts still had to meet their own job deadlines. A thank-you note will show your appreciation. It also builds good relationships with the workplace so other students will be invited back for a job shadow in the future.

1. Your letter will be one to two paragraphs long and should include no more than three short messages, such as:
 - a. Thank you for your time....
 - b. The most important thing I learned was....
 - c. What I enjoyed the most was....
2. End your letter with either “thank you” or “sincerely” and then sign your name
3. Put your letter in an envelope that is stamped and addressed. Do not seal the envelope.
4. Give your thank you letter to your teacher to read and approve. Send it immediately.

Sample Letter:

March 22, 2015

Mr. Cosmo G. Spacely, President
Spacely Space Sprockets
777 Skyway Boulevard
Orbit City, NY 12206

Dear Mr. Spacely:

Thank you for allowing me to visit you yesterday. I realize that this took time away from your regular responsibilities, and I am grateful for all the information that you were able to provide regarding your job at Spacely Space Sprockets. Your employee, George Jetson, was a great mentor and was very patient with all of my questions

Last night, I talked to my family about my experience at Spacely Space Sprockets. I became more convinced that I want to become a Sprocket Engineer. I am glad Mr. Jetson gave me ideas about which classes I should take while in school. I plan to take more math and computer classes next year as he suggested.

Thank you again for giving me this valuable learning experience.

Sincerely,

Sam T. Student

Sam T. Student
Albany High School



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JOB SHADOW STUDENT/PARENT/LEGAL GUARDIAN AGREEMENT

(Please Print Except for Signature)

Student Name: _____ Student ID#: _____

Your son/daughter has been invited to attend a Job Shadow experience at a workplace.

- This Job Shadow will take place as part of a class trip and transportation is provided.
- This Job Shadow is self-directed and transportation is the responsibility of the student.

Student Responsibilities:

1. Participate actively in the experience, asking questions, paying close attention to what is said and demonstrated, and take notes.
2. Complete all assignments; including sending a thoughtful thank you letter to the employer.
3. Observe all safety rules and adhere to host industry's policies, as well as the school districts policies.
4. Adhere to proper behavior guidelines and dress appropriately for the experience.
5. For self-directed job shadows: ATTENDANCE FOR THE EXPERIENCE IS MANDATORY. You must notify the Work Based Learning Coordinator, business, and your teacher if you are unable to attend this job shadow. FAILURE TO ATTEND (WITHOUT NOTIFICATION) WILL RESULT IN AN UNEXCUSED ABSENCE.

Parent/Legal Guardian Responsibilities:

1. Encourage your child to be an active listener during the experience and to discuss what he/she saw and did at the work site.
 2. Make sure your child is dressed appropriately for the work world.
 3. Provide transportation to and from the site if this is a self-directed job shadow.
 4. Ensure that your child participates in the experience and completes necessary assignments.
- Yes** If this is not part of a class trip, I grant permission for my son/daughter to travel using his/her own vehicle or public transportation. (Please complete attached Authorization to Drive a Private Vehicle to Off-Campus Worksites form.)
 - No**

Signature of Parent/Legal Guardian: _____

Name of Parent/Legal Guardian: _____

Date: _____



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EMERGENCY MEDICAL TREATMENT AUTHORIZATION
(Please Print Except for Signature)

Name of student: _____ Student ID#: _____

Parent/Legal Guardian: _____ Relationship: _____

Telephone: H: _____ W: _____ C: _____

Address: _____

In case of emergency, if unable to contact parent/guardian, please contact:

1. _____ Telephone: _____ Relationship: _____

2. _____ Telephone: _____ Relationship: _____

Student's Physician: _____ Telephone: _____

Student's Dentist: _____ Telephone: _____

If student is taking any regularly prescribed medication, is allergic to any medication, or if there is any other emergency information we need to know, please indicate below:

In the event of an accident or illness, I hereby grant permission to authorized personnel to provide for first aid to my son/daughter in the event of an emergency if reasonable attempts to contact those named above prove unsuccessful. I hereby give consent to transport my son or daughter to the Emergency Medical Department of the nearest hospital. If his/her physician cannot be contacted, medical treatment deemed necessary by the attending licensed physician or dentist may be administered.

Signature of Parent/Legal Guardian: _____

Name of Parent/Legal Guardian: _____

Date: _____



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MEDIA RELEASE FORM
(Please Print Except for Signature)

The City School District of Albany is making a concerted effort to promote the positive activities, honors and work of our staff and students. District publications, the district’s website and the media may be utilized as tools for such promotion. There may be opportunities where students will be photographed and identified by name and classroom or school. However, we understand that some parents may request that we do not identify their children. Please fill out the form below to inform us of your wishes regarding publicity.

- YES:** I, (parent/legal guardian/student) _____, do hereby give consent to the City School District of Albany to photograph my son/daughter or myself (if I am a student 18 years of age or older) for use in any and all district publications, including newsletters, calendars, media projects, brochures, school or district websites, or any other broadcast, online or publication media.
- NO:** I, (parent/ legal guardian/student) _____, hereby PROHIBIT the City School District of Albany from photographing my son/daughter or myself (if I am a student 18 years of age or older) for use in any and all district publications, including newsletters, calendars, media projects, brochures, school or district websites, or any other broadcast, online or publication media.

***If a situation arises that may change your child’s status regarding publicity, please notify Mr. Fesel, Work Based Learning Coordinator, and/or the school and the district Communications Office in writing as soon as possible.**

Parent/Legal Guardian Signature

Date

Written Name



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TRANSPORTATION AUTHORIZATION TO OFF-CAMPUS WORKSITES

(Only to be completed if job shadow is not part of a class trip.)

The above named student has requested permission to drive his/her vehicle or/and take public transportation directly to an off campus worksite during the school year.

Student will be utilizing (check all that apply):

- Public Transportation
- Personal Vehicle

Student Name: _____ Student ID#: _____

Worksite Name: _____ Telephone #: _____

Address: _____

Make of Car: _____ Color: _____ Year: _____

License #: _____ Student License #: _____

Insurance Company: _____ Policy #: _____

This authorization is for the driver only. No other students are to be transported in the car. Any violations will revoke this and any future authorization. Taking and arranging for public transportation is the responsibility of the student.

Permission must be granted by the following:

Parent/Guardian Date

Academy Principal or CTE Administrator Date

Work Based Learning Coordinator Date



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TEACHER PERMISSION FORM

(Only to be completed if job shadow is not part of a class trip.)

Student: _____

School: Albany High School

Employer: _____

Job Shadow Date: _____

Teacher's Signature: _____

Please mark this absence as "school-related." The student is responsible for work and content missed during this absence.

Work-based learning experiences instill a work ethic, increased self-confidence and a sense of responsibility for students. Students gain a clear idea of career possibilities and the importance of a good education. Community and business involvement helps teachers make education more relevant to the lives and futures of their students.

Teacher permission that student has provided advanced notice of this job shadow:

Period 1 _____

Period 2 _____

Period 3 _____

Period 4 _____

Period 5 _____

Period 6 _____

Period 7 _____

Period 8 _____

Period 9 _____



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JOB SHADOW HOST VERIFICATION

Company Name: _____ Phone: _____

Contact Person: _____

The following student, _____, attended a job shadow from the hours of _____ to _____ on this date _____. The student's school ID # is: _____.

Please rate the following on a scale of 1 to 5: (1 indicates strongly disagree and 5 indicates strongly agree)

The student arrived on time.	Yes / No
The student was dressed appropriately.	1 2 3 4 5
The student was prepared and enthusiastic.	1 2 3 4 5
The student asked many questions and took notes.	1 2 3 4 5
The student utilized her/his mobile devices appropriately.	1 2 3 4 5

Additional comments:

Student's absence from school will be excused after this form is completed and returned to the teacher by the student.

Student's Name: _____

Mentor's Name: _____

Mentor's Signature: _____

Albany High School
Joseph Fesel
Work Based Learning Coordinator
518-227-0212
jfesel@albany.k12.ny.us