

## JOB SHADOW EXPERIENCE

You may pick ANY DAY; ONE TIME this year to job shadow in a career that interests you. PERMISSION FORMS DUE at least ONE WEEK PRIOR to going on your job shadow experience.

### Follow steps below to arrange your own Job Shadow Experience:

1. Use your GACollege411 account to assist in selecting a place to shadow  
->Career Planning tab, ->Get a Job, ->Surviving the Workplace (under Insider Info.), -> How to arrange a job shadow or informational interview. See Career Center or CTAE teachers for further assistance! YOU MAY NOT JOB SHADOW ON APALACHEE HIGH SCHOOL CAMPUS.
2. Complete attached packet (including Employer permission form) **and submit to Career Center ONE week prior** to your job shadow experience to receive approval by Mrs. Gesualdo.
3. Complete Information Interview Worksheet found on GACollege411.

SIGN IN ->Your Portfolio,->Career Planning Portfolio, ->Worksheets (in blue box on right), -> Information Interview Worksheet (download/print to follow directions to complete).

4. Sign in to your GACollege411 account to record your experience:  
->Your Portfolio, ->Your Planning Milestones, ->Job Shadow Experience; add your job shadow experience and SAVE. Then TURN IN your Interview worksheet.

**\*\*Your must RECORD your experience and write a reflection in GACollege411, and complete and submit the "Information Interview Worksheet" to the Career Center ONE WEEK after your job shadow experience or you will be marked ABSENT (unexcused).\*\***

### Job Shadow SITE:

My Job Shadow Day is: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Job shadowing Follow-up Thank You Note:** This is optional, but a very good way of thanking the Employer you shadowed.

Writing a thank you note to your job shadow site is very important to the success of the job shadowing program. The purpose is to thank your job shadow host for his/her time and effort. Thank you notes in business are short and focused. They are always of a professional quality (neatly written, with no grammatical or spelling errors). Mail your thank you note within one week.

Include the following in your thank you letter:

Date

Your job shadow's name

Name of company / business

Street address

City, State, Zip code

Dear Mr. / Mrs. (Job shadow's last name),

**(Paragraph 1)** thank the person for his or her time and helpfulness.

**(Paragraph 2)** Tell him or her why the job shadowing experience was important to you. Share some things you learned and enjoyed.

**(Paragraph 3)** Add any other positive Comments you would like to share.

Sincerely,

**\*\*Keep this page for your reference\*\***

## Job Shadowing Experience Contract 2013-2014

- Students must be in 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade to participate in Job Shadowing.
- Students must be in good standing in ALL classes and have no excessive unexcused absences or discipline referrals.
- Students may only Job Shadow ONCE per year.
- Students may NOT Job shadow on the Apalachee School Campus.
- Absences will be coded as "field trip" once ALL requirements are met.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Advisor: \_\_\_\_\_

Career Interests: \_\_\_\_\_

DATE of Job Shadow Experience: \_\_\_\_\_

### JOB SHADOWING SITE:

**It is the STUDENT / PARENT'S responsibility to contact the business and get approval to job shadow:**

Name of Business: \_\_\_\_\_ Location (City) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Career / Job Title: \_\_\_\_\_

Business Phone: #: \_\_\_\_\_ Email address: \_\_\_\_\_

**\*\*Permission forms with signatures of self, teachers, parents and employer, must be TURNED IN TO the Career Center one week prior to your job shadow date.**

**\*\* Go directly to the job shadow location on the day of your choice.**

You must RECORD your experience in GACollege411 and complete and submit the "Information Interview Worksheet" to the Career Center **ONE WEEK after your job shadow experience** or you will be marked with an unexcused ABSENCE.

### STUDENTS – READ BELOW AND INITIAL EACH LINE

Initial Here:

\_\_\_\_\_ I will give the "Job Shadowing Information for Employers" sheet to the employer **returning the lower portion of the letter or have them e-mail Mrs. Gesualdo** indicating their permission for me to shadow them.

\_\_\_\_\_ I will **dress appropriately** (business casual attire; NO jeans or flip-flops, MODEST) and represent Apalachee High School well by walking the Wildcat Walk!

\_\_\_\_\_ If my job shadow arrangements fall through at the last minute, I will contact the employer to inform them, then will come to school and report to the Career Center before going to class. I will NOT go to a new job shadowing site at the last minute.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### PARENT / GUARDIAN PERMISSION

I give my permission for my child to job shadow at the business listed above on \_\_\_\_\_.  
My child or I have contacted the business above for approval and I have also made accommodations for my child to have lunch and for transportation to and from the job shadow site. (Please also complete the Liability Release Form attached).

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

## PARENT / GUARDIAN LIABILITY RELEASE FORM

I certify that my child is sufficiently covered by medical insurance. Should it become necessary for my child to have medical treatment while participating in the job shadowing experience, I hereby give the job shadowing site permission to seek medical treatment on behalf of my child. I further give permission to the attending physician to render whatever medical treatment is deemed necessary and appropriate.

I release and hold harmless the school district, staff, business and job shadowing representative from all liability resulting from any and all accidents or injuries which may occur during the job shadowing experience. I acknowledge that any expenses incurred because of any accident or injury are my responsibility.

I also consent that any videotapes, photographs or computer-formatted media and/or audio recording made of my child by the school or by the job shadowing site, may be used as an advertisement for the Job Shadowing Program.

I also understand that if my child decides not to go to the job shadowing site and also decides to not attend school, he/she will be counted as "skipping" and may be assigned Saturday school.

### I HAVE READ AND UNDERSTOOD THIS LIABILITY RELEASE FORM

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

JOB SHADOW EXPERIENCE: \_\_\_\_\_  
Date of Shadowing

**\*\*Return this completed form with your packet one week prior to your arranged day\*\***

## ADVISOR PERMISSION

**Advisors have the authority to DENY** this student's request based on the specific job shadow choice not enhancing their future endeavors, attendance, grades or behavior.

STUDENT: \_\_\_\_\_ ADVISOR: \_\_\_\_\_ PATHWAY: \_\_\_\_\_

Advisor's Approval of Job Shadow Assignment:

This student is currently exploring careers in the \_\_\_\_\_ field and this job shadow experience would enhance his/her exploration of that field.

Do not sign this unless you agree that this student is eligible to participate.

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

**TEACHERS PLEASE NOTE: If this student should NOT miss class due to behavior, grades or attendance, issues, please do not give approval.**

1<sup>st</sup> Block Class: \_\_\_\_\_

\_\_\_\_\_ This student is currently "in good standing" in my class and has no excessive unexcused absences or discipline referrals. I think he/she would benefit by job-shadowing.

\_\_\_\_\_  
Teacher Printed Name

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

2<sup>nd</sup> Block Class: \_\_\_\_\_

\_\_\_\_\_ This student is currently "in good standing" in my class and has no excessive unexcused absences or discipline referrals. I think he/she would benefit by job-shadowing.

\_\_\_\_\_  
Teacher Printed Name

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

3<sup>rd</sup> Block Class: \_\_\_\_\_

\_\_\_\_\_ This student is currently "in good standing" in my class and has no excessive unexcused absences or discipline referrals. I think he/she would benefit by job-shadowing.

\_\_\_\_\_  
Teacher Printed Name

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

4<sup>th</sup> Block Class: \_\_\_\_\_

\_\_\_\_\_ This student is currently "in good standing" in my class and has no excessive unexcused absences or discipline referrals. I think he/she would benefit by job-shadowing.

\_\_\_\_\_  
Teacher Printed Name

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

**\*\*Return this completed form with your packet one week prior to your arranged day\*\***

Use this form to obtain permission from the employer you will be shadowing:

## Apalachee High School

940 Haymon Morris Rd.

Winder, GA 30680

Phone: 770-586-5111 \* Fax: 770-307-3726

### Job Shadowing Information for Employers & PERMISSION

Thank you for taking time out of your busy schedule to participate in Apalachee High School's Job Shadow Program on \_\_\_\_\_. We hope this will be a positive learning experience for everyone!

The Job Shadow Experience is designed for student to have an opportunity to learn more about a career that they are interested in. (This opportunity should not be used for students to shadow at their current place of employment unless it is to learn about a different career within the same company.) The job shadowing experience should last approximately the length of the school day, but is dependent on arrangements made between the employer and student. (For example, some employers may not be ready for their student until 9 a.m., while others would want them to arrive earlier.) Students are responsible for their own lunch and transportation.

Students are required to complete an activity sheet through a brief interview with you, if possible. Here are a few ideas about what students should learn during this experience:

- About **you** – what training and/or education you have had, what your company expects from you
- About **your job and your company**: main responsibilities of your job, who you report to, who reports to you, what happens if you make a mistake
- About how **school subjects** are used in your job (ex. Reading, writing, math, computer skills, science, etc.
- About **teamwork** in your company
- About **problem solving** in your job
- About **communication** in the workplace – how information is exchanged between diverse levels of personnel, how presentations are made to target audiences, how meetings are conducted.

Students are expected to report to your business on time and appropriately dressed. If a student does not arrive at your office as schedule, please give me a call at 770-586-5111 and we will follow up appropriately.

Please sign the form below to verify your permission for this student to shadow you. **You may email permission to me** if that is simpler for you. Thanks again for your participation!

Sincerely,

Jessica Gesualdo

Career Center Coordinator

[jessica.gesualdo@barrow.k12.ga.us](mailto:jessica.gesualdo@barrow.k12.ga.us)

Fax: 770-207-3726

\*\*\*\*\*Cut and Return signed lower portion with Packet or email me your permission \*\*\*\*\*

\_\_\_\_\_ (student) has my permission to shadow my job on \_\_\_\_\_.

Signature of Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**\*\*Return this completed form with your packet one week prior to your arranged day\*\***