

PINE GROVE AREA HIGH SCHOOL

Job Shadowing Experience

Application

Students who would like to participate in the shadowing program should complete the following application and return it to the Guidance Office. The "Request for Educational Trip" form must be completed and approved by the Guidance Counselor prior to the shadowing experience. Within 1 week of the shadowing experience, the student must answer, in complete sentences, the enclosed Student Reflection Activity questions, which should be completed at the shadowing activity, and the Job Skills questions and return it to the Guidance Office.

Goal

- ★ Provide students with a meaningful introduction to the world of work.
- ★ Give students information so that they make informed decisions about their future.
- ★ Foster positive relations between students, employers and the school district.

Date: _____

Name: _____

Grade: _____

Address: _____

Phone# _____

Career Interest Area: _____

We the parent/guardian(s) of _____ agree to allow our son/daughter to participate in a shadowing activity. We understand that transportation to and from the shadow site is the responsibility of the student.

Parent/Guardian(s) Signature: _____

Date: _____

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Student Responsibilities

- ★ I will complete all required documents (application, request for educational trip, shadowing questions).
- ★ I will arrange for transportation to and from the organization to be shadowed.
- ★ I will inform teachers in advance so that all assignments are completed.
- ★ I will conduct myself in a professional manner and dress appropriately.
- ★ I understand that no wages will be paid for the shadowing experience.

Note Students may be denied the opportunity to shadow by the school district if there are any disciplinary, academic or attendance concerns.

I have read and understand the **Student Responsibilities**.

Student Signature: _____ **Date:** _____

JOB SKILLS

(To be completed at your shadowing activity and revised in sentence format afterward if needed)

Your workplace host uses a lot of the same skills that you are now learning in your classes. To find out which skills are most important to your host's job, ask for examples of how the following skills are used on the job.

1. Please give an example of how you use writing on the job.
2. Please show me how math is important in this job.
3. Please give me a specific example of why it's important to have good listening skills.
4. Do you ever have to work in teams in this job? If so, in what fashion?
5. Please explain why you need to computer skills for this job.
6. What types of problems do you solve on the job?
7. What skills do you need to solve these problems?
8. What skills do you need to develop or strengthen?

STUDENT REFLECTION ACTIVITY

This section should be completed after the shadowing activity is complete. Please answer all questions in complete sentences and hand into the *Guidance Office*.

This must be received *within 1 week* of the shadowing.

1. What were the title and the responsibilities of your workplace host?
2. Which parts of the job were of interest to you?
3. Which parts of the job did you find uninteresting?
4. Would you still 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 or skills are you learning in school that will be used on the job?
7. Was this a positive experience for you? Why or why not?
8. Would you recommend this organization or shadowing experience to other students? Why or why not?

Shadowing Supervisor Signature:_____

Date:_____

Please answer all questions in complete sentence format on a separate piece of paper and return to the Guidance Office within 1 week after your shadowing activity!

**PINE GROVE AREA HIGH SCHOOL
REQUEST FOR EDUCATION TOUR OR TRIP**

_____ will be absent from school attendance on
(Name of Student)

_____ to participate in an education tour or trip provided
(Date(s) of Absence)

during the school term at the expense of the parents.

**EDUCATIONAL VALUE:
(Complete sentence format)**

Name(s) of adult Supervisor during trip _____

Address _____

Phone Number _____

Father

Mother

Guardian _____ Date: _____

(Parent/Guardian's Signature)

Approved

Disapproved _____ Date: _____

(School Official Signature)