



Shadowing Permission Form

As parent/legal guardian of _____, my child has my permission to participate in a shadowing experience at _____ (Business Name) on _____ (date) from _____ to _____ (time).

I have reviewed the following expectations with my child:

- ✓ I understand that school personnel will not be present when my child is at the worksite and will not hold the business responsible should an accident occur.
- ✓ I give permission for my child to receive emergency medical treatment in case of injury or illness, and authorize the school to send a copy of my child's emergency information to the shadowing site.
- ✓ I give permission to Berkeley County School District:
 - a) to collect data on my child's school-to-work experience for use in scholarly reporting
 - b) for photographs, videotapes, or audio recordings to be taken of my child to be used for media coverage, educational and/or promotional purposes.
- ✓ I will be responsible for transportation for my child to and from the site. The automobile used for transportation will be insured pursuant to the laws of the state of South Carolina.

I agree to:

- Be responsible for student's behavior at the shadowing site and school.
- Provide transportation for child.
- Provide health insurance for child.
- Give permission for child to receive emergency medical treatment in case of injury or illness.
- Release the business from responsibility should an accident occur.
- Give permission to the school district to collect data on child's experience for use in scholarly reporting.
- Give permission to the school district for all still photographs, videotapes, or audio recordings taken of child to be used in whole or part.
- Understand the school personnel may not be present when student is at the site.

Transportation arrangements:

(Parent/Legal Guardian Signature)

(Date)

Home Phone: _____

Work/Cell Phone: _____

The Berkeley County School District does not discriminate on the basis of race, color, national origin, sex, or handicap in admission to, treatment in or employment in its programs and activities. Inquiries regarding the non-discrimination policies should be made to the Director of Personnel, P. O. Box 608, Moncks Corner, SC 29461, (843) 899-8600.



Business Permission Form

I agree to allow _____ to shadow me, _____, at
(student name) (business person)

_____. The date agreed on will be _____.
(Business Name)

- I understand that the school personnel will not be present during the shadowing experience and that my business will not be held responsible should an accident occur. Student emergency information will be provided.
- I understand it is my responsibility to make arrangements with my employer prior to hosting this student's experience.

(Business Signature)

(Date)

Telephone: _____



Job Shadowing Agreement

The School agrees to:

- Connect shadowing experiences to student career objectives.
- Maintain students' shadowing records.
- Provide support to the student.
- Serve as a liaison between the student and job site supervisor.

The Student agrees to:

- Complete and turn in all required paperwork, thank you note and homework assignments.
- Show honesty, punctuality, courtesy, a cooperative attitude, proper health, grooming habits, professional dress, and a willingness to learn.
- Conform to the rules and regulations of the workplace in addition to the school's Code of Conduct.
- Knock on closed doors, not chew gum, eat food, or bring friends while shadowing.
- Complete necessary forms promptly and report any problems to the site supervisor and school.
- Notify shadowing site if absent.
- Represent his/her school to the public and have an effect on whether the business will be willing to work with students again.

The Parent/Legal Guardian agrees to:

- Be responsible for student's behavior at the shadowing site and school.
- Provide transportation for child.
- Provide health insurance for child.
- Give permission for child to receive emergency medical treatment in case of injury or illness.
- Release the business from responsibility should an accident occur.
- Give permission to the school district to collect data on child's experience for use in scholarly reporting.
- Give permission to the school district for all still photographs, videotapes, or audio recordings taken of child to be used in whole or part.
- Understand the school personnel may not be present when student is at the site.

School Representative (signature) Date

Parent/Guardian (signature) Date

Student (signature) Date

Questions to Ask

- What is the main purpose of your position in this business? _____

 - What does this department contribute to the company? _____

 - What is a typical day like for you? _____

 - What skills are required for this job? _____

 - What do you like most about your job? _____
 - Least? _____
 - Do you mostly work with data, people or things? (examples) _____

 - Would you recommend others to choose your career field? Why or why not?

 - How do you use the following basic skills and knowledge in your job?
(*Reading, Writing, Mathematics, Listening, Making decisions, and analyzing problems*)

 - What interpersonal (“people”) skills are important; how are they used? *Serving customers, teamwork, teaching, leading, resolving conflict, working with cultural diversity*

- What education and training are required for your position?

- Will this job change in the next five years; will current technology advances threaten your job? _____
 - What is the salary range for this position? _____

Employer Evaluation of Student

We appreciate your taking time to host our students at your place of work. We are very interested in the long-term success of our program and would appreciate your assessment of the job shadowing experience. Your feedback will be very valuable as we plan future programs.

Company: _____ Telephone: _____

Employee Name: _____ Title: _____

Student: _____ Date of Shadowing: _____

School: _____

Please rate the student in the areas indicated on the chart below. Include any suggestions you have for improving the program in the comments section. The completed form should be faxed or mailed to:

| Please check the appropriate response. | Excellent | Good | Fair | Poor | N/A |
|---|------------------|-------------|-------------|-------------|------------|
| PUNCTUALITY: Reported at the appropriate time | | | | | |
| PROFESSIONAL APPEARANCE: Groomed appropriately | | | | | |
| Dressed appropriately | | | | | |
| PROFESSIONAL CONDUCT: Confirmed appointment in a professional manner. | | | | | |
| Behaved in a professional manner at the worksite. | | | | | |
| COMMUNICATION: Related well to host and others. | | | | | |
| Asked appropriate questions. | | | | | |
| Demonstrated interest in the experience. | | | | | |
| OVERALL EVALUATION: Student seemed to benefit from the experience. | | | | | |

ADDITIONAL COMMENTS: (You may use the back of this sheet.)



Student's Reflection of Job Shadowing Experience:

On a separate sheet of paper, answer five (5) of the following questions. Answers must be in complete sentences and neatly written.

1. Describe the company/business you visited.
2. What type of work activities did you observe during your job shadowing experience?
3. What did you like best about your job shadowing experience?
4. What surprised you most about what you observed, heard, did, and learned?
5. If you wanted to work in the business you visited, how would you prepare in the next five years? *(Include any high school courses and college if applicable)*
6. Would you consider a career in the person's field you shadowed? Why or why not?
7. Describe the most beneficial part of your experience.
8. Did you encounter any problems? How did you resolve them?
9. Would you recommend job shadowing to other students?