



# West Hartford Public Schools Job Shadow Program PACKET

(Job Shadow Packet obtained through Guidance or Career Center)

**Do not separate pages, return entire packet**

Student Name

Specific Career

<b>CHECK LIST</b>		<b>Date Completed</b>
(All forms listed below are included in the Job Shadow Program packet)		
<input type="checkbox"/> Student Request Form (Student initiates job shadow request and obtains Guidance approval)		
<input type="checkbox"/> Student Career Research Form (Student completes research in advance of job shadow & submits to Career Center)		
<input type="checkbox"/> Student Notification / Appointment Information (Career Pathways Coordinator to complete prior to job shadow & notifies student)		
<input type="checkbox"/> Permission Slip <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School (Student obtains signatures in advance of job shadow)		
<input type="checkbox"/> Student Questionnaire for Job Shadow Experience (Student completes during job shadow – Student asks questions to host and records on form)		
<input type="checkbox"/> Student Evaluation Form (After job shadow – Student completes form based on his/her experience)		
<input type="checkbox"/> Thank You Note (After job shadow – Student completes thank you note and submits to Career Center)		
<input type="checkbox"/> Student Certificate of Job Shadow Program Participation (Career Pathways Coordinator issues Job Shadow Certificate to student & a copy to Guidance)		



# West Hartford Public Schools

## Job Shadow Program

### Student Request Form

Date of application: \_\_\_\_\_

Student name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's home number: \_\_\_\_\_

Male             Female

Student's e-mail address: \_\_\_\_\_

Counselor name: \_\_\_\_\_

Hall             Conard

Career cluster: \_\_\_\_\_

Other: \_\_\_\_\_

Career interest: \_\_\_\_\_

*(be specific)*

### **Student Schedule**

Period	Time	Class	Teacher's Name
1			
2			
3			
4			
5			
6			
7			
8			

***YOU ARE RESPONSIBLE FOR YOUR OWN TRANSPORTATION!***

-----Guidance Office Use Only-----

**SCHOOL COUNSELOR APPROVAL:**

I have reviewed this student's records and approve a job shadow placement.

\_\_\_\_\_ *School Counselor Signature*

\_\_\_\_\_ *Date*

I am NOT able, at this time, to endorse a job shadow placement for this student.

\_\_\_\_\_ *School Counselor Signature*

\_\_\_\_\_ *Date*



**West Hartford Public Schools**  
**Job Shadow Program**  
**Student Career Research Form**  
*(to be submitted with request form)*

Student Name: \_\_\_\_\_ Career Interest: \_\_\_\_\_

Utilizing the Career Center resources, research information related to your career area of interest and complete the following questions:

1. List a minimum of three (3) duties/responsibilities associated with this occupation.

_____	_____
_____	_____
_____	_____

2. Explain what the work setting (environment) is like within this career. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What is the salary range associated with this occupation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What type of education and training is required? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Identify the personal qualities that are important in this occupation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What is the future employment outlook for this career? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Suggested Resources for Career Research:**

- Occupational Outlook Handbook (available on-line or in Career Center)
- Naviance



**West Hartford Public Schools  
Job Shadow Program**

***Student Job Shadow - Appointment Information***

Student Name: \_\_\_\_\_  Hall  Conard  Other

Date of Job Shadow: \_\_\_\_\_ Reporting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Report to: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

**Items to Remember**

1. Make sure you have the host's name, phone number & location you are reporting to for your job shadow.
2. Dress neatly and appropriately for the work environment. Remember when introducing yourself, shaking hands and looking the other person in the eye when speaking is courteous.
3. Be prepared and be prompt for your appointment. Arrive approx. 15 min. early. **If there is an extenuating circumstance and you are unable to keep your appointment, please call the job shadow host directly (phone number indicated above). In addition, you must also notify the Career Pathways Coordinator at (860) 231-6009.**
4. Bring the list of questions (use as a guide) with you to ask your job shadow host. You are encouraged to ask additional questions. In advance, prepare any other questions you would like to ask the host regarding this occupation/career field that are not covered in the list.
5. Plan on providing your own lunch, unless otherwise specified.
6. Please remember to write a Thank You note to the person who acted as your job shadow host. A Thank You note has been provided in your informational packet.

NOTE: Special Conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby agree to follow the rules, regulations and guidelines established for this job shadow experience.  
Student Signature





# West Hartford Public Schools

## Job Shadow Program

### PERMISSION SLIP

#### Teacher

This is a request for an ***excused*** absence because of a school-related job shadow appointment. Prior to the job shadow, ***each*** teacher for every missed class must sign below. This completed form allows for an Early Dismissal/Late Entry or an Absence, if necessary. The teacher permission slip must be submitted with the parent/guardian permission slip.

Submit completed permission slip by \_\_\_\_\_  
Day Date

Date of Appointment: \_\_\_\_\_ Time: \_\_\_\_\_

Student Name: \_\_\_\_\_  Hall  Conard  Other

Name and Address of Company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Each teacher for every missed class must sign below:

### **TEACHER NOTIFICATION**

Period	Class	Teacher Name/Signature	Date
1			
2			
3			
4			
5			
6			
7			
8			

I will be responsible for any missed class assignments due to the above appointment. I understand I must coordinate my own transportation plans.

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

\_\_\_\_\_  
Date

cc: Attendance Office  Hall  Conard  Other



# West Hartford Public Schools

## Job Shadow Program

### Student Questionnaire for Job Shadow Experience

Student Name: \_\_\_\_\_ Date of Shadow: \_\_\_\_\_

Career Area of Interest: \_\_\_\_\_

1. What are the requirements for your job in today's market? \_\_\_\_\_  
\_\_\_\_\_
2. What can I do now to start preparing for this field? \_\_\_\_\_  
\_\_\_\_\_
3. What high school courses will be helpful for entering this field? \_\_\_\_\_  
\_\_\_\_\_
4. Describe your job-related responsibilities \_\_\_\_\_  
\_\_\_\_\_
5. Do you have any advice for me as I consider this career? \_\_\_\_\_  
\_\_\_\_\_
6. How do you utilize technology in your position? \_\_\_\_\_  
\_\_\_\_\_
7. Describe the typical work environment for this type of position. \_\_\_\_\_  
\_\_\_\_\_
8. What are the typical work hours for this job? \_\_\_\_\_  
How often do you work beyond the standard hours? \_\_\_\_\_  
Do you work nights or weekends? \_\_\_\_\_
9. What are the most difficult aspects of your job? \_\_\_\_\_  
\_\_\_\_\_
10. What is the average starting salary for someone in your career field? \_\_\_\_\_
11. What do you like most/least about your job? \_\_\_\_\_  
\_\_\_\_\_
12. How did you choose your career field? \_\_\_\_\_  
\_\_\_\_\_

Additional Questions/Information: \_\_\_\_\_  
\_\_\_\_\_



**West Hartford Public Schools**  
**Job Shadow Program**  
***Student Job Shadow Evaluation Form***

Student Name: \_\_\_\_\_ Date of Job Shadow: \_\_\_\_\_

Company Organization Host: \_\_\_\_\_

Please complete the following questions based on your job shadow experience.

1. What personality qualities are important to be successful in this career? \_\_\_\_\_  
\_\_\_\_\_
2. What skills are necessary? \_\_\_\_\_  
\_\_\_\_\_
3. What impressed you the most about this career field? \_\_\_\_\_  
\_\_\_\_\_
4. Given your recent experience, list one aspect of the career you liked the most \_\_\_\_\_  
\_\_\_\_\_
5. Given your recent experience, list one aspect of the career you disliked \_\_\_\_\_  
\_\_\_\_\_
6. Based on your job shadow experience, what steps do you plan to take toward your future goals?  
\_\_\_\_\_  
\_\_\_\_\_
7. Did you feel this job shadowing placement gave you a good idea of what this career involves on a day-to-day basis?  YES  NO Provide explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Would you recommend the company host for future job shadows?  YES  NO  
Provide explanation: \_\_\_\_\_  
\_\_\_\_\_

**Please return all paperwork and the thank you note (provided) to the Career Center**

by \_\_\_\_\_ , \_\_\_\_\_  
**Day Date**