



# On-Site Job Shadowing Guidelines & Forms

On-site Job Shadowing is a short-term opportunity that allows students to spend several hours or a full day with an employer. Students will observe an employee performing their regular job duties while observing and asking questions. Job shadowing helps students develop a realistic outlook on careers and the educational preparation, competencies, and experience it takes to enter the workforce.

1. **Job Shadowing is Student Led** – Ideally, students should initiate a conversation with a professional in their career field of interest to secure a Job Shadowing opportunity.

**Adults are extremely flattered if a student with genuine interest in their profession requests the opportunity to learn more about what they do every day.**

2. Students can request connection assistance by completing the Job Shadowing Request Form:  
<http://charlestonempowered.com/student-wbl/>
3. If requested, the district WBL Partnership Coordinator will provide contact info of a potential Job Shadowing host.
4. Student submits completed *Assignment & Parental Permission Form* to Teacher of Record one week prior to site visit – *must include confirmation of transportation arrangements.*
5. Teacher of Record calls business to confirm job shadowing appointment 2 days prior to visit.
6. Day before Job Shadowing, Teacher of Record has final conversation preparing student →
  - a. Arrive 10 minutes early, wear school I.D.; bring pen & notebook, and lunch or lunch money.
  - b. Tell the receptionist you are there for the day to job shadow. Ask for your contact person. Shake hand firmly if offered.
  - c. Remember to be courteous, kind and polite. You are a representative of our school and school district.
  - d. Ask questions, and fill out the *Student Interview Questionnaire*. Remember to smile, use good eye contact and be confident.
  - e. Give the *Job Shadow Evaluation Form* to the employer before leaving
  - f. After Job Shadow: Return *Student Interview Questionnaire* to Teacher of Record
  - g. **Hand write & mail a thank you note/postcard to Business Partner ASAP**
7. WBL Partnerships Coordinator will forward a copy of all Job Shadow Evaluation Forms from Business Partners ASAP. [Business Partner Evaluation Form](#) also online.

**Please contact Chad Vail, CCSD WBL Partnerships Coordinator with any questions.**

[Chadwick\\_Vail@charleston.k12.sc.us](mailto:Chadwick_Vail@charleston.k12.sc.us) / 843-937-6489



# On-site Job Shadowing

Assignment & Parental Permission Form (Page 1)

Student Name:	High School:
Teacher:	Grade Level:
Career Interest:	

**Assignment:** My child, \_\_\_\_\_, has my permission to participate in a CCSD Job Shadowing experience with the following company: \_\_\_\_\_.

Date of Shadowing Experience:	Start Time _____ Finish Time _____
Company Address:	
Contact Person:	Job Title:
Contact Person's Phone:	Contact Person Email:
Special Instructions:	

I will be responsible for arranging transportation for my child to and from the job shadowing site. My permission is given for my child to receive emergency medical treatment in case of injury or illness. **I understand that school personnel will not be present when the student is at the work site.** I give permission for CCSD to collect data on my child's WBL experience for use in scholarly reporting and permit my child's picture to be used for media coverage, educational and/or promotional purposes.

Transportation Arrangements: <input type="checkbox"/> Drive Self <input type="checkbox"/> Ride with Parent/Guardian <input type="checkbox"/> CARTA	
Insurance Company Name:	
Auto Insurance Policy #	Dates of Coverage:
Emergency Contact Person:	Phone Number:
Student's Home Phone:	Parent's/Guardian's Work Phone:



# On-site Job Shadowing

Assignment and Parental Permission Form (Page 2)

I understand the importance of job shadowing to my education in the Charleston County School District, and I know that it is a privilege to participate in this program. By signing this contract, I agree to make arrangements to complete **ALL** program requirements. It is my understanding that students receive a school-excused absence **ONLY** if they meet all deadlines prescribed for shadowing and submit all paperwork. Students agree to arrange make-up work with their teachers prior to the job shadowing date.

**I have read the above information and fully understand and agree with the content.**

Parent/Guardian Signature:	Date:
Student Signature:	Date:

## Teacher Notification

Teachers, please sign below to indicate you have been notified of the above student's job shadowing assignment.

	Course Name	Teacher Name (Print)	Teacher Signature
1 <sup>st</sup> Block			
2 <sup>nd</sup> Block			
3 <sup>rd</sup> Block			
4 <sup>th</sup> Block			



# On-site Job Shadowing

## Student Interview Questionnaire

Student:	School:
Business Name:	Business Address:
Phone:	Date of Shadow Experience:
Person Shadowed:	Title:

1. Amount or type of education is needed for this job?

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2. What school subjects do you feel would be most helpful to prepare for this career?

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3. What recommendations would you offer to someone who is interested in entering this or a similar career?

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4. In your opinion, what type of attitude, personality traits, or personal characteristics are needed in order to be successful in this career?

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5. How does this company recruit for new employees?

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6. What is the salary range for entry level positions at this company?

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7. What additional training or education have you been required to obtain since beginning this career?

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8. What do you think the job market in this career field will be in the next three to five years?

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9. What type of skills in the following areas do you need to do your job effectively?

Math (fractions, metric, calculus, etc.):
Computer (PowerPoint, programming, databases):
Writing/Speaking (forms, presentations, emails, reports):

**Student Reflection:** In the space below, please explain how this shadowing experience has benefited you.



# On-site Job Shadowing

## Business Partner Evaluation Form

Complete this form online: <http://tinyurl.com/CCSDJobShadowFeedback>

**Thank you for welcoming a student into your business!** We are very interested in the long-term success of our Job Shadowing program. Please help by providing your assessment of this Work-based Learning experience. Thanks again for investing your time and talent in our students!

Student Name:	School:
Shadow Date:	
Shadowed Person Name:	Title
Business/Company:	

Using a scale of 1 – 3, please rate the student in the following areas:

	Exceeded Expectations 3	Met Expectations 2	Below Expectations 1
<b>Punctuality</b>			
Reported to Job Shadowing at appropriate time			
<b>Professional Appearance</b>			
Dressed appropriately			
Groomed appropriately			
<b>Professional Conduct</b>			
Confirmed appointment in professional manner			
Behaved in a professional manner at worksite			
<b>Communications</b>			
Related well to host and others			
Asked appropriate questions			
Demonstrated interest in the experience			

**Additional Comments:**

Aspects of the job shadowing that went particularly well:
Changes/additions that I would recommend making to improve the experience include:

Please scan & return completed form to Chad Vail, CCSD WBL Partnership Coordinator,  
[Chadwick\\_Vail@Charleston.K12.SC.US](mailto:Chadwick_Vail@Charleston.K12.SC.US)

*A copy of this completed form will be shared with the student's Teacher of Record*