



# *Job Shadowing*

# STUDENT GUIDE

**Brought to you by the  
SCV School & Business Alliance  
in partnership with the  
Wm. S. Hart Union High School District**



The Santa Clarita Valley School and Business Alliance is a 501(c)3 non-profit organization working to design and implement a comprehensive school-to-career program for this region.

### **Our Mission**

Provide the resources and assistance necessary to connect educators and the business community for the purpose of implementing School-to-Career initiatives that ultimately help students enter the world of work prepared to meet the challenges of a global economy.

### **Our Programs**

#### **Discovering Careers**

A hands-on career exploration fair for students, ages 5 to 20 that gives SCV students and their families a venue to speak and interact with industry professionals through live demonstrations and activities. Host a booth at Discovering Careers 2009 on April 25!

#### **Groundhog Job Shadow**

The job shadow activity is an effort to introduce young people to the world of work. Students spend a day shadowing a professional. Host a job shadow on February 2, 2009!

#### **Career Central Job Board**

Scheduled for release in November 2008, this on-line tool will give students, parents, teachers, and employers the opportunity to continue the career exploration process by working together on one central website. Employers will be able to post part-time jobs, internship and job shadowing opportunities. Parents will be able to access career resources and information. Teachers and counselors will have access to curriculum tools such as Choices Explorer and Planner. Visit [www.scvcareercentral.com](http://www.scvcareercentral.com)

**21515 Centre Pointe Parkway  
Santa Clarita, CA 91350  
Tel: (661) 753-5740, Fax: (661) 260-1719  
[www.scvcareercentral.com](http://www.scvcareercentral.com)**



# Job Shadowing Program Student Guide



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*SEE "FORMS "BEGINNING PAGE 10*



# Job Shadowing Program



## Student Information

### Introduction

You are being given a unique opportunity to participate in a program that will allow you to investigate where your career path may eventually lead.

Job Shadowing gives you a chance to learn what someone actually does in a job that may be of interest to you. This program will provide you with an opportunity to see first hand the kinds of jobs that exist in the business world.

Work site mentors have been recruited by the SCV School & Business Alliance and School and Business Partners program to make their workplace available to high school students for Job Shadowing.

### What is Job Shadowing?

Job Shadowing involves observing one or more individuals at the workplace for a day. Your goal will be to learn as much as possible by observing, listening, asking questions, and taking notes while "shadowing" a business mentor or mentors.

### What's In It For Me?

You may be wondering how Job Shadowing will help you in your education. Below is a list of what you can expect to gain through Job Shadowing:

1. See how the knowledge you are gaining in school is used on the job.
2. Understand what skills you will need to get a good job.
3. See how technology is used on the job.
4. Explore some new career ideas for yourself.
5. Learn how much education is needed to get the job you want.
6. Understand how learning and earning are connected.
7. Meet interesting people in the community.
8. Have fun!



## Pre-Job Shadow Day

1. Pick up student Job Shadowing Information Packet from your school's Career Advisor. Complete activities as assigned by your teacher or Career Advisor.
2. Complete the forms listed below, obtain signatures as indicated, and submit the forms as directed (SEE "FORMS" BEGINNING PAGE 10)
  - > Student Application
  - > Parent's or Guardian's Permission for Field Trip and Authorization for Medical Care
  - > Parent/Guardian Consent and Teacher Notification (includes Photo Release)
  - > Waiver, Release, and Indemnity Agreement
3. If classes will be missed, you must have the Teacher Permission section of the application form signed by the teachers whose classes you will be missing.

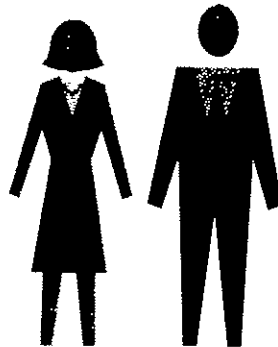
## 2 days before your Job Shadow

- Telephone the business and ask to speak with your assigned contact person. Introduce yourself as follows:  
(Hello, my name is \_\_\_\_\_, and I am a (junior, senior) at (name of high school). I will be participating in Groundhog Job Shadow at your company on Feb. 4th
- After introductions confirm your expected time of arrival and departure, and the address. Ask for driving directions if needed.
- You will also want to discuss the expected dress code and if there are special parking or other instructions. (*Note: the dress code may vary depending on the type of business*)

## Plan to Dress for Success

### Business attire for ladies:

Clothing must be clean, pressed and worn neatly (tucked in, buttoned down). May include dress worn to the knees, pantsuit, dress pants (no jeans) with blouse or sweater (no bare midriff), and hair styled out of the face. Simple jewelry is acceptable. Visible body piercing should be removed/kept at home.



### Business attire for men:

Clothing must be clean, pressed and worn neatly (tucked in, buttoned down). May include suit, pants (no jeans) with shirt tucked in, or sweater, optional tie, and belt. No hats, caps, or hoods. Should be clean shaven, with hair combed out of face. Visible body piercing should be removed/kept at home.

*Students are not expected to buy new clothes to participate in a Job Shadow experience. However, students are expected to wear the most formal, conservative clothing that they own or that they can borrow.*  
*Rule of thumb: no shorts, no t-shirts, no sagging/baggy pants, no mini-skirts.*



# Student Activity I

## Information about Your Workplace Host



As part of your Job Shadow experience, it is important to inquire and find out as much as you can about your workplace host and the job/business that you are shadowing.

- You are required to research the job/business prior to going to your job shadow and then to conduct an interview during the time you are there.
- Please complete the information below and turn it into your teacher/advisor.
- ***Please DO NOT ask questions about your host's salary (this information can be researched on your own.)***
- Make sure the questions you ask are spoken clearly, and that you make eye contact with your workplace host.

1. What is the website for the Workplace Host you have selected? \_\_\_\_\_

2. What is the product or service of the Workplace Host? \_\_\_\_\_

3. What did you learn about the Workplace Host from the web page? \_\_\_\_\_

Ask the following questions of the person you are job shadowing

4. What is your job title? \_\_\_\_\_

5. What are your daily responsibilities? \_\_\_\_\_

6. What is a typical day like for you? \_\_\_\_\_

7. How did you select this type of work? \_\_\_\_\_

8. What do you like most about your job? \_\_\_\_\_

9. What are the educational and technical training requirements of this job? \_\_\_\_\_

10. Are there classes, courses, or training that you need to take in order to stay up to date and current in your job? \_\_\_\_\_

11. Please fill in the following information about the Workplace Host:

• Name of Business \_\_\_\_\_

• Address \_\_\_\_\_

• Telephone \_\_\_\_\_ Ext. \_\_\_\_\_



# Student Activity II

## Questions About Job Skills



Your Business Mentor uses many of the same skills on the job that you are learning every day in the classroom. To find out which skills are important to your Mentor's job, you may want to ask him/her to show you examples of how the following skills are used on the job, or you may want to use the questions below as a reference guide of the type of skills you may want to take note of and reflect on later. Remember to speak clearly.

- 1a. Do you use reading every day on the job?      Yes                      No  
b. What do you most often read on the job (for example, contracts, technical manuals)?

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2. How, if at all, do you use writing on the job?

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3. Is math important to your job?      Yes                      No                      How?

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4. Do you need good listening skills for your job?      Yes                      No

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5. When do you need to use good speaking skills to get your job done?

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6. Do you ever have to work in teams on your job?      Yes                      No

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7. Do you use a computer for your job?      Yes                      No                      How?

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8a. What kinds of problems do you solve on the job?

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b. What skills do you need to solve these problems?

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9. What did you learn in school that helped you the most on the job?

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10. What do you wish you had studied more in school?

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11. Write any questions that you would like to ask.

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# Student Activity III

## Notes/Personal Observations



Please use this page to write down a journal of your personal thoughts and observations and a log of your time spent. You may wish to reflect on the following in your log.

- How people are dressed?
- How do people greet one another?
- Does the work place have a business-like atmosphere or is it more casual?
- Do you think you would like to work in this environment in this type of job? Why or why not?

**You must write down your sign in and a sign out time. The minimum length you must stay at a job shadow is 4 hours.**

Sign In Time \_\_\_\_\_ Signed \_\_\_\_\_

8 AM \_\_\_\_\_

9 AM \_\_\_\_\_

10 AM \_\_\_\_\_

11 AM \_\_\_\_\_

12 PM \_\_\_\_\_

Sign Out Time \_\_\_\_\_ Signed \_\_\_\_\_

Notes or Reflections on the Day:



# Shadow Activity IV

## The *Thank You* Letter



- Thank you letters are important to building good relationships
- Thank you letters should be sent within one week of the experience
- Thank you letters need not be long
- Thank you letters should mention in some detail what you are grateful for and should express your gratitude in an enthusiastic, appreciative way!
- Thank you letters are your chance to show appreciation and express why you liked the experience, how you are going to use what you learned, and to share one thing you enjoyed the most about your day.

### SAMPLE — *Thank You* Letter

**Month/Day/Year**

\*Space\*

\*Space\*

\*Space\*

**Name of business host/ (Mr./Mrs./Ms. First Name/Last Name)**

**Name of business/company**

**Address**

**City, State, Zip Code**

**Dear Mr./Mrs./Ms. (*Last Name*):**

Thank you so much for the opportunity to Job Shadow with (*Company Name*) and for all of your (*assistance, information, guidance, encouragement, or the like*).

Job Shadowing with you was very rewarding (*mention here what you liked about this experience, what you gained from the experience, and the like*).

It was a pleasure learning about your company. Thank you again for this opportunity which will help me with my future career and school goals.

Sincerely,

(*Your signature*)

***Your first and last name typed***

***\*\*THIS IS A SAMPLE LETTER—PLEASE FEEL FREE TO PERSONALIZE IT  
TO REFLECT YOUR OWN EXPERIENCE!***



School &  
Business  
Alliance

# Day of Job Shadow Student Evaluation of Employer



**MUST BE RETURNED TO: SCV SCHOOL & BUSINESS ALLIANCE**  
**21515 Centre Pointe Parkway, Santa Clarita, CA 91350 or faxed to (661) 260-1719**

- Now that you have completed your Job Shadowing experience, take some time to reflect on what you observed and how it might affect your plans for the future.

1. What were the title and responsibilities of your Business Mentor?

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2. Which parts of the job were of interest to you?

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3. Which parts of the job would you find boring?

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4. Would you consider a career in this field? Why or why not?

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## **Business Host Information Benefits/Expectations**



(Student to Provide this form to Business)

*"It is clear that for America to remain competitive and prosperous, we must expand the pool of available workers and ensure that all workers are as well trained and productive as possible.*

*Tom Donohue, President and CEO  
U.S. Chamber of Commerce*

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### **Benefits to Business Mentor**

- Teaching the new generation of workers about job expectations and experiences entering the new millennium
- Assisting in the recruitment of present and future employees
- Reducing the training period and requirements for those students who continue their employment with the same employer
- Creating a partnership between business and education
- Providing an opportunity for community involvement

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### **Expectations of Business Mentor & WM. S. Hart Union High School District**

- The place of business will provide a safe working environment for the student. The student is covered by the William S. Hart Union High School District insurance and/or personal insurance while going to and from the workplace and while at the place of business. All state and federal rules and regulations regarding the employment of minors must be followed. Students participating in job-shadowing activities are covered under the District's Worker's Compensation program. Students continue to be a responsibility of the District independent of the learning site.



# Day of Job Shadow

## Business Evaluation of Student



*(Student to provide this form to Business Host)*

We appreciate your taking time to host high school students at your place of business. We are very interested in the long term success of our program. Please take a few minutes to share your assessment of the Job Shadowing experience. Your feedback will be very valuable not only to the student that *shadowed you*, but also to the overall program. Please mail your completed form to Santa Clarita Valley School & Business Alliance, 21515 Centre Pointe Parkway, Santa Clarita, CA 91350, or FAX it to (661) 260-1719 To contact the Alliance directly, or to offer year round job shadow, internship, or part-time job opportunities call (661) 753-5740, Ext. 776, or visit [www.scvcareercentral.com](http://www.scvcareercentral.com)

Mentor Name: _____	Telephone: _____
Title: _____	Date of Job Shadow: _____
Company: _____	Telephone Number: _____
Student Name: _____	Name of School: _____

**Please rate your student according to the chart below:**

Standards to be Evaluated	Exceeds Expectations	Meets Expectations	Below Expectations	Needs Improvement
<b>PUNCTUALITY</b> Reported at the appointed time				
<b>PROFESSIONAL APPEARANCE</b> Dressed/groomed appropriately				
<b>PROFESSIONAL CONDUCT</b> Confirmed appointment in a professional manner; behaved appropriately at the work site.				
<b>COMMUNICATIONS</b> Related well to mentor and others; asked appropriate questions				
<b>OVERALL EVALUATION</b> Student was prepared for Job Shadowing; student seemed to benefit from the experience				

Do you have any comments that you would like to share with the student?

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Do you have any suggestions for improving our Job Shadowing program?

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## Required Student Forms



- The forms listed below (**and printed on the following pages**) are required in order for a student to participate in Job Shadowing.

**Please be note that students are required to provide their own transportation to and from their job shadow and the luncheon reception. Employers may not provide transportation at any time.**

- Students will need to review the forms with their parent(s)/guardian(s), have the forms signed as indicated, and submit the forms to the their school's Career Advisor.
  - A. Student Application
  - B. Parent's or Guardian's Permission for Field Trip and Authorization for Medical Care
    - Copies distributed as follows:**
      - **1 copy to designated person at the school site;**
      - **1 copy to parent/guardian**
      - **1 copy to be carried with the student during job shadowing at the worksite**
  - C. Parent Consent and Teacher Notification
    - Parent Permission—Photo Release
    - Teacher Notification for School Field Trip (necessary only if student is participating during school day)
  - D. Waiver, Release, and Indemnity Agreement

***Please remember that it is the student's responsibility to make sure that all of the above forms have been reviewed, signed, and submitted to the appropriate school personnel prior to the Job Shadow experience..***



# GROUNDHOG JOB SHADOW STUDENT APPLICATION

**STUDENTS MUST PROVIDE THEIR OWN TRANSPORTATION**

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

Grade Level: \_\_\_\_\_ Gender: M  F  Age: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

I have my own transportation

### Student Job Shadow Agreement

I am interested in participating in National Groundhog Job Shadow on Wed., February 4, 2009. This is a one-day experience that gives high school juniors and seniors an opportunity to "shadow" a mentor in a career of interest and to gain insight into the world-of-work.

#### **IF SELECTED TO PARTICIPATE, I AGREE TO:**

- ⇒ Show up promptly on the job shadow day and participate with enthusiasm
- ⇒ Contact the employer ahead of time to confirm the time of arrival and dress code
- ⇒ Attend a pre-job shadow orientation at my school
- ⇒ Provide my own transportation to and from the business site and the job shadow luncheon
- ⇒ If I am unable to attend, I will notify my career advisor and write a letter of explanation to the employer

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

\_\_\_\_\_  
**Parent Signature (REQUIRED)**

**Industry you would like to Job Shadow?** (Pick up to two (2) choices AND list job titles\* you are interested in):

- Agriculture and Natural Resources \_\_\_\_\_
- Arts, Media and Entertainment \_\_\_\_\_
- Building Trades and Construction \_\_\_\_\_
- Education, Child Development, and Family Services \_\_\_\_\_
- Energy and Utilities \_\_\_\_\_
- Engineering & Design \_\_\_\_\_
- Fashion & Interior Design \_\_\_\_\_
- Finance & Business \_\_\_\_\_
- Health Science and Medical Terminology \_\_\_\_\_
- Hospitality, Tourism & Recreation \_\_\_\_\_
- Information Technology \_\_\_\_\_
- Manufacturing & Product Development \_\_\_\_\_
- Marketing, Sales, and Service \_\_\_\_\_
- Public Services \_\_\_\_\_
- Transportation \_\_\_\_\_
- Other \_\_\_\_\_

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**MUST BE APPROVED BY YOUR SCHOOL'S CAREER ADVISOR:**

CAREER ADVISORS NAME	SIGNATURE	SCHOOL	DATE

=====

Distribution: 1 copy – School Health Office *or during summer break directly to SCV School & Business Alliance*;  
1 copy – Teacher (if classroom assignment & during school year); 1 Copy – Parent/Guardian;  
1 Copy – Kept With Student During Job Shadow/Internship

**WM. S. HART UNION HIGH SCHOOL DISTRICT**

**PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIP  
AND AUTHORIZATION FOR MEDICAL CARE**

To the principal of \_\_\_\_\_ School: \_\_\_\_\_ has my permission  
to participate in the field trip to \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Date: \_\_\_\_\_ Departure Time \_\_\_\_\_ AM/PM Return Time \_\_\_\_\_ AM/PM

Supervisor(s) of trip \_\_\_\_\_

**LUNCH ARRANGEMENTS:**

- \_\_\_\_ Student will be at school during lunch.
- \_\_\_\_ Student should bring sack lunch.
- \_\_\_\_ Other: \_\_\_\_\_

**METHOD OF TRANSPORTATION**

- \_\_\_\_ Walking
  - \_\_\_\_ School Bus/Charter Bus
  - \_\_\_\_ Private Auto
  - \_\_\_\_ Other
- Driver's Name (Please Print) \_\_\_\_\_

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

**NOTE TO PARENT/GUARDIAN:**

Section 35330 of the California Education Code states in part:

**"All persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."**

I give my permission for my student to attend this trip. I agree to direct my student to be cooperative with directions and instructions of the school district personnel in charge of the activity.

\_\_\_\_\_  
(Parent(s)/Guardian(s) Signature) \_\_\_\_\_ Date

**AUTHORIZATION FOR MEDICAL CARE**

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care and ambulance service for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and therefore, any cost incurred for such treatment shall be my sole responsibility.

\_\_\_\_\_  
Student's Name \_\_\_\_\_ Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Business Telephone Number – Parent/Guardian

\_\_\_\_\_  
Emergency Telephone Number

\_\_\_\_\_  
Authorization Signature of Parent/Guardian

Instructions for special medical treatment: \_\_\_\_\_



# Parent Consent Teacher Notification



## Parent Permission — Photo Release

Your son or daughter has a unique opportunity to participate in a Job Shadowing experience at a workplace. He or she will be shadowing a Business Mentor, who will lead him or her through a department in the workplace. They will discuss a typical workday and explore different aspects of working in a particular industry and what skills they are learning in school that are needed in the working world. We encourage you to review the Job Shadowing Student Guide and discuss some of the topics addressed in it, such as “Dress for Success,” the “Thank You Letter,” and “Conducting an Interview.” You will find more information on the *Parent Information* sheet, which includes FAQs.

I understand that Job Shadowing activities may attract attention from the media and is also used to promote partnerships between schools and employers, so there is a possibility that children will be photographed during their experience. I grant permission to photograph my son/daughter for these promotional and educational purposes.

In order for your child to participate, this form must be filled out and returned to his or her teacher, the school STC Site Coordinator, or other designated school personnel:

### Permission to Participate in Workplace Job Shadowing/Permission to Photograph Son/Daughter for Promotional and Educational Purposes:

➔ My son/daughter, \_\_\_\_\_, may participate in a Job Shadowing experience as indicated on the form “*Parent’s or Guardian’s Permission for Field Trip and Authorization for Medical Care*” \_\_\_\_\_

➔ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

## Teacher Notification For School Field Trip

*(Necessary only if student is participating during the school day)*

➔ Student Name: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Class:	Teacher Signature:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

**IT IS UNDERSTOOD THAT ANY AND ALL WORK MISSED WILL BE COMPLETED BY THE STUDENT**



# Work-Based Learning Job Shadowing Program



Student Name—Please PRINT \_\_\_\_\_

Date/Times of Participation: \_\_\_\_\_

**Transportation:** Transportation arrangements are completely the responsibility of the parent/guardian. William S. Hart UHSD will not provide transportation and will have no responsibility for arranging student transportation, carpools, or transportation routes.

**Supervision:** This program has been designed by the SCV School & Business Alliance, however, when students are Job Shadowing at the place of business there will be no direct William S. Hart UHSD supervision.

For and in consideration of permitting the Undersigned William S. Hart UHSD, hereinafter referred to as *The District*, student to enroll in and participate in *The District's* Work-Based Learning Job Shadowing



Program, assigned to work at ) \_\_\_\_\_  
(*Name and Address of the Company/Job Shadow Location*)

(hereinafter referred to as *The Company*, the Undersigned Parent/Guardian does hereby voluntarily release, discharge, waive and relinquish any and all rights to actions or causes of action against *The Company* and *The District*, its officers, agents, employees, and volunteers, for bodily injury, personal injury, property damage, or wrongful death as a result of this student's participation in the program, whether incidental or not, to *The District's* Work-Based Learning Job Shadowing Program.

The Undersigned Parent/Guardian further agrees to defend, indemnify, and hold harmless *The Company* and *The District*, its officers, agents, employees, and volunteers from all loss, cost and expense arising out of any liability or claim of liability for bodily injury, personal injury, property damage, or wrongful death, sustained or claimed to have been sustained, arising from activities of *The Company* and/or *The District*, or those of any of their officers, agents, employees and volunteers, whether such act is authorized by the Agreement or not.

The provisions of this agreement apply to any damage or loss caused by the negligence of *The Company* and/or *The District*, and any of their officers, agents, employees, or volunteers. IT IS THE INTENTION OF THE UNDERSIGNED PARENT/GUARDIAN BY THIS AGREEMENT, TO EXEMPT AND RELEASE THE COMPANY AND THE DISTRICT AND ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY CAUSED BY NEGLIGENCE.

The undersigned acknowledged that he/she has read the foregoing three paragraphs, has been fully informed and has a complete understanding of the legal consequences of signing this agreement. In addition, the Undersigned accepts complete responsibility for this student's transportation to and from the *The Company* and acknowledges that no supervision is being provided by *The District* at *The Company* in connection with this activity.



Parent/Guardian Name—Please PRINT: \_\_\_\_\_



Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_