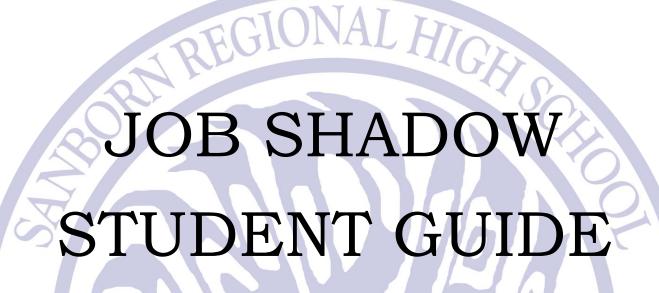
SANBORN REGIONAL HIGH SCHOOL CAREER PATHWAYS



Elinologia 1883 in Kingston, New Hamphill

Job Shadow Requirements:

For your Job Shadow to be counted as a school day you must:

- Complete all necessary paperwork
- Complete a 1-2 page guided reflection
- Compete Thank You letter/Card

What is a Job Shadow?

A job shadow is a worksite experience during which a student spends time one-on-one

Role of the Student

- Demonstrate the desire to explore career options, personal skills and attributes.
- Willing to develop a personal action plan to improve education and skills.
- Ability to work with persons of different education economic, cultural, religious and ethnic backgrounds.
- Participate in prepatory activities conducted by the school or workplace.
- Follow all safety and security polies and procedures of the employer.
- Willingly participate in all activities structured by the Workplace Host.

Appearance

Someone with a good appearance looks fresh, clean and confident. A good appearance has nothing to do with the brand labels on your clothing or good looks.

- Dress in the clothes that you would wear on the job. For example: executives would wear suites; healthcare or office staff people should wear business clothing; and construction workers should wear work clothing.
- Be sure that your clothes are neat, clean and wrinkle free.
- Avoid excessive make-up and jewelry
- Avoid strong perfume or cologne
- Never wear a hat, tank top, shorts, jeans or sandals.
- Never chew gum or eat candy
- Turn cell phones off and leave cell phones in the car.

Remember...Your attitude is reflected in what you say and how you say it!

Employers look for employees who:

- Have good eye contact
- Are enthusiastic and motivated
- Ask questions

Student: Job Site: Date of Job Shadow: Department: Total Number of Hours on Job Shadow: Person(s) shadowed:		
1.	Describe the department/work shit	te you visited:
2.	What type of work activities did you	a observe during your job shadowing experience?
3.	What did you like best about your jo	ob shadowing experience?
4.	What did you like least about your j	ob shadowing experience?

Stude	ent: Date of Job Shadow: Page 2	
5.	What surprised you most about what you observed, heard, did or learned?	_
6.	What knowledge and skills are you learning in school that will be used on the job?	
7.	What knowledge or skills do you need to strengthen to be successful on the job?	
8.	Did any other ideas for careers come to mind today?	

Thank-You Letter/Card

A thank you note is the expected form of appreciation in many families and cultures. It is considered common courtesy to send a thank you note to individuals.

The same is true in the business world. People like to be thanked for their time and effort. Your job shadow host volunteered their time for you to be able to go into the workplace. They invested their personal time in preparing and demonstrating job skills because they care about your future. The hosts skill had to meet their own job deadlines. A thank you not will show your appreciation. It also builds good relationships with the workplace so other students will be invited back for a job shadow in the future.

- 1. Your letter will be one to two paragraphs long and should include no more than three short messages, such as:
 - a. Thank you for your time...
 - b. The most important thing I learned was...
 - c. What I enjoyed the most was...
- 2. End your letter with either "Thank you" or "Sincerely" and then sign your name.
- 3. Put your letter in an envelope and bring it to Mrs. Alley—I will mail it for you.

Sanborn Regional High School Job Shadow Parental Consent and Medical Authorization

Student Name:	
Address:	
Phone Number:	
In Case of Emerge	ency
Primary Contact Person (Name/Phone Number):	
Secondary Contact Person (Name/Phone Number):	
Doctor (Name/Phone Number):	
Preferred Hospital:	
Your son/daughter has requested a Job Shadow expense been assigned to an employer, who will lead them through order to participate, your child must return this constant shadow. The employer must have a copy of this Cons	ough a position in the workplace. In ent form prior to the date of the job sent Form the day of the job shadow.
Place of job shadow:	
Date of job shadow:	
Parent/Guardian Signature	

Sanborn Regional High School Job Shadow Agreement

Stude	ent Na	Name:	
Stude	ent Re	Responsibilities:	
2.3.4.	what Comp empl Obse distr Adhe Atter	rticipate actively in the experience, asking questions, paying at is said and demonstrated, and take notes. Inplete all assignments; including sending a thoughtful than ployer. It is serve all safety rules and adhere to host industry's policies, trict's policies. In the career behavior guidelines and dress appropriately freedance for the experience is mandatory. You must notify the career Pathway Advisor if you are unable to attend this attend (without notification) will result in an unexcused absorbed.	as well as the school or the experience. The school, business is job shadow. Failure
Parer	ıt/Gu	uardian Responsibilities:	
2. 3.	what Make Provi Ensu	courage your child to be an active listener during the expert at he/she saw and did at the work site. ke sure your child is dressed appropriately for the work wor vide transportation to and from the site. sure that your child participates in the experience and comp ection.	·ld.
Yes	No	I grant permission for my son/daughter to travel using h	is/her own vehicle.
Yes	No	I grant permission for my son/daughter to be photograph in the experience.	hed while participating
Yes	No	I grant permission for my so/daughter to receive emerger	ncy medical treatment.
Parer	nt /Ga	ardian Signature Written Name	 Date

Sanborn Regional High School Job Shadow Employer Information Form

Student Name:		
Date of Job Shadow:		
Job Shadow Acquired Through: □ Caree	er Pathway Advisor	□ Personal Contact
Name of Company:		
Name of Contact Person:		
Title or Occupation:		
Type of Business:		
Address:		
City/Zip:		
Phone:		
Email:		
Website:		
Career Pathway Advisor Approval:	\Box Approved \Box	Denied
Reason:		
Teacher Signature	 	te

Sanborn Regional High School Job Shadow Teacher Approval Form

All students must complete this form and return it to the Career Pathway Coordinator at least 2 days before a Job Shadow.

Student Name:								
Date of	f Job Shadow:	A]	в с	D	E	F	
Studen Shadov		nsible for all class time a	and s	student v	work mi	ssed d	uring a Job	
Student Signature Printed			Name				Date	
Period	Class	Teacher Signature		Date	Com	nents	/Work Misse	