

SHADOWING

Definition

Shadowing is learning through observation and is a way to form partnerships between employers and the local schools. Shadowing is an opportunity for a student to spend a limited amount of time with an individual in a chosen occupation in order to become familiar with the duties associated with that occupation, the physical setting of the occupation, and the compatibility of the occupation with his or her own career goals.

Rationale

Shadowing is an opportunity for employers and schools to work together to aid the educational process. Students are given the opportunity to observe workers on the job in different occupations and to become familiar with expectations of the worker in a real world situation. Students are also given the opportunity to discuss items of interest and concern with the individual actually in the occupation they are shadowing. Shadowing provides a relevant learning experience outside the classroom. Employers are able to contribute to the education of youth, promote company culture, and showcase occupations that are not as well known or those where there will be a shortage of qualified candidates in the near future.

Steps for Implementing a Shadowing Program

1. Discuss and identify the goals and policies of the shadowing program.
2. Develop application materials for interested students and employers.
3. Develop selection criteria for both students and employers.
4. Develop an evaluation form to monitor the success of the program.
5. Develop and launch a media campaign.
6. Recruit students (along with their parents), and employers to participate in the program.
7. Select the teacher(s)/other personnel who will be working with the shadowing program inside the school system.
8. Select the individual students and employers who will be participating in the shadowing program.

CHAPTER 8: SHADOWING

9. Discuss and identify where and when the shadowing will take place. Discuss and determine transportation needs for the shadowing experiences.
10. Hold a training and orientation session for the employers and school staff involved in the shadowing experiences.
 - a. **Employers/Staff Sessions**
 - 1) Present an orientation—explanation of the goals, procedure for setting up shadowing event, evaluation procedures, and expectations of the school
 - 2) Review safety precautions
 - 3) Develop day agenda
 - b. **School Staff Sessions**
 - 1) Present an orientation—explanation of goals, standard procedure to be followed for the shadowing day, and class make-up plan
 - 2) Review safety precautions
 - 3) Develop day agenda
11. Hold a training session for the students involved in the shadowing experience to discuss
 - a. Expectations
 - b. Proper dress
 - c. Research careers relating to shadowing experience
 - d. Knowledge of basic workplace etiquette
 - e. Knowledge of basic safety practices/procedures
 - f. Explanation of the evaluation
 - g. Plans for transportation
12. Select an employer and a shadowing site compatible with student interest.
13. Facilitate the shadowing sessions.
14. Evaluate the shadowing experience to improve program outcomes (students, teachers, and employers).
15. Send notes of appreciation to the employers who were involved in the shadowing experience.

Legal Issues

Refer to Chapter 1 for information on laws impacting shadowing experience programs.

As best practice, policy statement(s) regarding off-campus experiences for work-based learning should be components of the curriculum outlined by the School Based Decision Making Council (SBDM).

Professional Staff Criteria

The school and employer staff should provide

- a safety-conscious environment.
- time to spend with the students and their shadowing experiences.
- adequate supervision of the students at the job site.

Work-Based Learning Plan/Agreement

A sample Work-Based Learning Plan/Agreement that may be used for all types of work-based learning is available in Appendix A, *Forms*.

Other sample forms provided at the end of this chapter which may be modified as needed:

Student Application
Questionnaire for Employers
Teacher Evaluation
Student Evaluation
Employer Evaluation
Parent Consent/Medical Authorization
Teacher Consent

Resources

www.state.nj.us/education/voc/shadow.htm

This website provides a job shadowing handbook.

www.jobshadow.org

This website provides useful information and resources for job shadowing.

www.virtualjobshadow.com

This website provides virtual career exploration of a variety of careers.

www.uwplatt.edu/careercenter/resources/JobShadow.pdf

This website provides valuable information on what job shadowing is and how it works as well as helpful tips on establishing a program.

www.reachoutmichigan.org/career/shadowtips.html

This website provides helpful hints for the worksite.

www.ja.org/programs/programs.shtml

This website will provide information on the Junior Achievement Job Shadowing Program.

SAMPLE
STUDENT APPLICATION
FOR SHADOWING OR MENTORING
Division of Career and Technical Education
Office of Career and Technical Education

Check the Experience in Which You Are Interested: Mentoring _____ Shadowing _____

Students interested in participating in either a shadowing experience or a mentoring relationship need to complete the following items in order to be considered for either opportunity.

NAME _____ GRADE/CLASS _____

HOMEROOM TEACHER/ADVISOR _____

Please list some of your specific career interests in order of preference:

1. _____
2. _____
3. _____

If you already have a specific employer with whom you would like to become more familiar, please list that employer's name _____. Attempts will be made to make those arrangements; however, circumstances may arise which could make the match unlikely.

Student Agreement

1. I agree to make up any school work that I miss while participating in a shadowing or mentoring session.
2. I agree to act in an appropriate manner while participating in a shadowing or mentoring session.
3. I agree to become knowledgeable about my career interest prior to participating in a shadowing or mentoring session.
4. I agree to report to the entire class about my chosen experience.

Student Signature _____ Date _____

PARENT/GUARDIAN PERMISSION: I give my child, _____, permission to participate in a shadowing or mentoring session set up by the school authorities.

Signature _____ Date _____

**SAMPLE
QUESTIONNAIRE FOR EMPLOYERS
INTERESTED IN SHADOWING**

Division of Career and Technical Education
Office of Career and Technical Education

Employers Interested in Participating in a Shadowing Experience: Please complete the following items to facilitate the scheduling of the shadowing participant.

EMPLOYER NAME _____
ADDRESS _____
COMPANY CONTACT _____ PHONE _____

Please list the positions/individuals you feel could have a student shadow for a limited amount of time.

	<u>Position</u>	<u>Individual</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

List any restrictions which might limit some students' participation in shadowing. (e.g., age)

Describe briefly your interest in participating in a shadowing experience for our students.

_____ agrees to participate in a shadowing experience for students of _____ School. Prior to the shadowing experience, we agree to send at least one individual from the company to an orientation and training session at _____ School to prepare for the arrival of the student(s). _____ agrees to fully supervise the student(s) while on our property and to not put them in a hazardous situation.

Company Representative _____ Date _____

SAMPLE
TEACHER EVALUATION FOR MENTORING AND SHADOWING
Division of Career and Technical Education
Office of Career and Technical Education

TEACHER _____

CLASS/GRADE _____

Do you believe that the shadowing and mentoring experiences were good learning experiences for your students? ___ Yes ___ No Give examples of positive experiences.

How did the students share their experiences with the other students once they came back to the classroom?

List suggestions to make the experiences more valuable to all concerned.

Students: _____

Parents: _____

School Personnel: _____

Employer: _____

Did you encounter any special problems with the shadowing or mentoring program that need to be addressed on a school wide level? ___ Yes ___ No If yes, please explain.

Are you interested in having future students participate in other shadowing or mentoring experiences? ___ Yes ___ No

SAMPLE
STUDENT SHADOWING EVALUATION
Division of Career and Technical Education
Office of Career and Technical Education

NAME _____ GRADE/CLASS _____

EMPLOYER _____

CONTACT PERSON _____

DATE _____

1. Describe what you observed while on your shadowing visit.

2. What did you learn that most surprised you while on your shadowing visit?

3. Are you still interested in your career choice after this experience? ___ Yes ___ No
Explain your selection.

4. Have you expressed appreciation to the individual that you shadowed? ___ Yes ___ No
If yes, explain. _____

5. Give suggestions that could have made the shadowing experience more beneficial to you.

SAMPLE
EMPLOYER SHADOWING EVALUATION

Division of Career and Technical Education
Office of Career and Technical Education

EMPLOYER NAME _____

ADDRESS _____

TELEPHONE _____ DATE _____

Do you believe that the shadowing experience was beneficial to the students? ___ Yes ___ No
To the employer? ___ Yes ___ No

How? _____

Do you believe that the school should continue this effort to extend learning beyond the classroom? _____

Did the student come to your place of business fully prepared for the shadowing experience?

Do you have any suggestions or comments to make the experience more valuable to the students?

Are you willing to participate in another shadowing experience in the near future?
___ Yes ___ No

Time of day for visit(s) _____ Time of year for visit(s) _____

Your participation in the shadowing program for our student(s) is greatly appreciated. The partnership between schools and employers is a vital step to better preparing our youth for the jobs of tomorrow. Thanks for your help!

SAMPLE
PARENT/GUARDIAN CONSENT FORM
Division of Career and Technical Education
Office of Career and Technical Education

Your son or daughter will be participating in a job shadowing experience. Job shadowing is a work-site experience (typically three to six hours) during which a student spends supervised time at a workplace observing a worker, asking questions, and completing written assignments to learn about different jobs.

Permission to Participate in Job Shadowing

_____ may participate in a job shadowing experience which will take place at _____ on _____ from _____ (day/s) _____ to _____ (time) _____ (time).

Permission to Travel to Work Site

I grant permission for my son/daughter to travel by public transportation.

Yes **No**

I grant permission for my son/daughter to travel using his/her own car. (Note: Proof of driver's license and insurance is required.)

Yes **No**

I understand I am responsible for providing transportation for my son/daughter to and from the job shadowing site.

Yes **No**

I understand the school will provide transportation to and from the job shadowing site.

Yes **No**

Photo Release

I grant permission to photograph my son/daughter while participating in the job shadow for program promotion and educational purposes.

Yes **No**

Signature of Parent/Guardian

Date

SAMPLE
MEDICAL AUTHORIZATION
Division of Career and Technical Education
Office of Career and Technical Education

Should it be necessary for my child to have medical treatment while participating in the job shadowing, I hereby give the school district and/or work-site personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

___ **Yes** ___ **No**

Permission is also granted to release emergency contact/medical history to the attending physician or to work-site personnel if needed.

___ **Yes** ___ **No**

Student's name _____

Date of birth _____

Address _____

Daytime phone for parent or guardian (_____) _____

Contact other than parent or guardian _____

Relation to student _____

Phone (_____) _____

Family doctor _____

Phone (_____) _____

Preferred hospital address _____ Phone (____) _____

Does your child require any special accommodations due to medical limitations, allergies, disabilities, dietary constraints, or other restrictions? Please explain any that are required.

Signature of Parent/Guardian

Date

This form was adapted from *Job Shadow Guide for Staff*. Northwest Regional Educational Laboratory.

SAMPLE
STUDENT/TEACHER CONSENT FORM

Division of Career and Technical Education
Office of Career and Technical Education

Student to Complete

I, _____, will participate in a job shadowing experience,

which will take place at _____ on _____
(day/s)

from _____ to _____.
(time) (time)

I understand that people outside of school are giving up valuable time to help me learn about their jobs. By signing below, I agree to complete all the requirements of the job shadowing and take responsibility for making up work in the classes I miss for my job shadowing experience.

(Student Signature)

(Date)

Teacher(s) to complete

I authorize _____ (name of student) to be excused from my class to participate in job shadowing during the date and time indicated above. The student will be responsible for all make-up work and will complete it according to a schedule that I determine with him or her.

1. Teacher's name: _____
Dates/times of classes to be missed: _____
Signature: _____
2. Teacher's name: _____
Dates/times of classes to be missed: _____
Signature: _____
3. Teacher's name: _____
Dates/times of classes to be missed: _____
Signature: _____
4. Teacher's name: _____
Dates/times of classes to be missed: _____
Signature: _____

Adapted from *Job Shadow Guide for Staff*. Northwest Regional Educational Laboratory.