

# SHADOWING

Tenth, Eleventh, and Twelfth graders can participate in job shadowing the week of February 22-February 29. Students can shadow someone in a specific career for a whole day or half a day. This is an excused absence if all the paperwork is completed correctly and returned to Mrs. Swift by the appropriate dates. The first step in shadowing is for the student and his/her parents to discuss this opportunity and decide on an appropriate business where the student can shadow. Then, students or parents must contact that business to obtain permission for the student to shadow an employee.



**GREENVILLE COUNTY SCHOOLS**

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### SHADOWING

**INTRODUCTION:** Shadowing is a short-term educational experience that introduces a student to a particular job or career by pairing the student with an employee of a business, industry or an agency. The student follows or “shadows” the employee for a specified time to better understand the requirements of a particular job or career.

Shadowing experiences will provide several advantages for participating students. Students will be able to observe first hand the occupational duties and expectations required in a specific job or career and observe an employee performing on the job. Another major advantage is that the experience provides students an information base to assist in career decisions that are more compatible with their personal interests and skills. Other advantages will enable students to:

- increase motivation to excel in school;
- broaden understanding of requirements of a specific occupation in the “real” world;
- develop more self-confidence in working with adults and in job interviews;
- improve positive self image;
- increase peer recognition and acceptance; and
- develop leadership skills.

**GOALS:** The goals of a shadowing experience are to:

- develop an awareness of the educational and technical skills required for entry level and advancement in a specific occupation;
- become familiar with the work-site environment associated with the occupation;
- identify the job-related characteristics required of the specific job or career;
- determine the level of student interest in an identified job or career;
- encourage the development of personal traits of cooperation, courtesy, promptness, dependability, and respect in the workplace;
- promote better understanding of the relationship between rigorous and relevant education and employment success; and
- facilitate transition from school to work.

#### DISCLAIMER

Greenville County Schools does not discriminate on the basis of age, race, sex, color, handicap, religion, or national origin in its dealings with employees, students, the general public, applicants for employment, educational programs, activities, or access to facilities.

**POLICIES:** It is important that all partners are aware of responsibilities to provide a successful experience.

- Each student will choose a shadowing site based on his related career interest/major as recorded on the student's IGP.
- A shadowing agreement must be on file for each student participating in the program.
- The student participating in the shadowing experience must remain at the business or agency for a predetermined period of time.
- The employee assigned to the shadowing student shall participate in the evaluation of the student's interest, adaptability, and attitude during the experience.
- The student shall be given the opportunity to observe various phases of the occupation during the experience.
- The student shall receive safety instructions from and be under the supervision of a qualified representative at the shadowing site.
- The shadowing program sponsored by the Office of Career Technology Education shall comply with all federal, state, and local labor laws and regulations.
- The student must comply with the dress code at the shadowing site.
- The student will be counted present for any portion of the school day missed while shadowing and will be excused from class.
- The student may go to the work site directly from home.
- School district personnel will not be supervising students at the work site.

## **STUDENT RESPONSIBILITIES**

- select a business/industry site directly related to his occupational interest and/or to his career major;
- demonstrate honesty, punctuality, courtesy, a cooperative attitude, good grooming habits, appropriate dress, and a willingness to learn;
- conform to the rules and regulations of the work site and the school;
- complete appropriate forms for shadowing activities;
- notify the teacher and the shadowing site employer if it is necessary to be absent from the shadowing site;
- furnish the teacher with the necessary information and complete promptly all necessary reports;
- be responsible for transportation to and from the shadowing site;
- accept no monetary compensation for the shadowing experience;
- be responsible for lunch money during the shadowing experience; and
- write a thank you note to the employer

## **PARENT RESPONSIBILITIES**

- share the responsibility for the conduct of the student while on the shadowing experience;
- accept the responsibility for the safety and conduct of the student while he is traveling to and from the shadowing work site and home;
- provide automobile liability coverage;
- make any inquiries concerning the student's experiences through the teacher rather than directly to the employer at the shadowing work site.

## **EXPLANATION OF FORMS**

### **SHADOWING AGREEMENT AND INSURANCE AND EMERGENCY FORM**

By signing this form, the parent gives the student permission to take part in the shadowing experience. The form also provides information for those students who will be driving as well as emergency contact names and phone numbers during the shadowing experience. This must be returned to Mrs. Swift by **February 9**.

### **PHOTOGRAPH/VIDEOTAPE AND/OR INTERVIEW RELEASE FORM**

This form is signed by the parent indicating whether it is permissible for the student to be photographed, videotaped, or interviewed regarding the shadowing program. If there is a Photograph/Videotape and/or Interview Release Form already on file at the school, this form does not have to be completed again.

### **STUDENT OBSERVATION SHADOWING REPORT**

This form can be used by the students to guide them in collecting information concerning the shadowing experience. It is due to Mrs. Swift immediately following the shadowing experience.

### **STUDENT EVALUATION OF THE SHADOWING EXPERIENCE**

This form gives the student an opportunity to evaluate the shadowing experience. It is due to Mrs. Swift by **March 2**.

### **EMPLOYER EVALUATION REPORT FOR SHADOWING**

The employer will use this form to evaluate the student's performance during shadowing. The student must take this form and give it to the person they are shadowing. The employer must complete the form and return it to Mrs. Swift. It can be returned by the student or mailed to Mrs. Swift (Mauldin High School 701 East Butler Road Mauldin, SC 29662)

**GREENVILLE COUNTY SCHOOLS  
SHADOWING AGREEMENT AND  
INSURANCE AND EMERGENCY INFORMATION FORM**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ High School \_\_\_\_\_

Shadowing Business \_\_\_\_\_

Business Contact \_\_\_\_\_ Date of Shadowing \_\_\_\_\_

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, do give my permission for my son/daughter to participate in the 2012 Career Technology Education Shadowing program.

I understand that I may need to provide transportation to the classroom location or the shadowing site.

If I allow my son/daughter to drive, I agree to assume responsibility for the liability insurance coverage on the automobile being driven. Please complete the following:

Auto Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

I give the teacher in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter gets whatever medical treatment is necessary in case of illness or accident.

List any physical or medical limitations \_\_\_\_\_

List any allergies to medications \_\_\_\_\_

I certify that the above information is correct. Misinformation could result in the student being terminated from the program.

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Home Phone Workplace and Phone (Mother) Workplace and Phone (Father)

Please indicate any other names and phone numbers which could be used in an emergency (beeper, mobile, etc.)

I have read the handbook and agree to abide by all rules and regulations of the Career Technology Education Shadowing Program.

\_\_\_\_\_  
Student's Signature Date



**PHOTOGRAPH/VIDEOTAPE AND/OR INTERVIEW RELEASE FORM  
GREENVILLE COUNTY SCHOOLS**

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Photography/Videotape

1. My child may be identified and/or photographed/videotaped for use by the media and/or The School District regarding: (Subject/Topic) \_\_\_\_\_

Yes                      No

2. My child may be interviewed by the news media and/or School District regarding: (Subject/Topic) \_\_\_\_\_

Yes                      No

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

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

Street Address

\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of Child 18 or Older

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**STUDENT OBSERVATION SHADOWING REPORT**

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

Shadowing Site: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

Required safety items (if applicable): \_\_\_\_\_

Required tools/equipment (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_ Time Arrived: \_\_\_\_\_ Time Left: \_\_\_\_\_

Please answer the following questions on another sheet of paper and return to Mrs. Swift.

1. Describe the employee's occupation and duties.
2. Describe the working conditions associated with the employee's position (i.e., physical working conditions, amount of overtime required, stress level, amount of responsibility, amount of travel required, etc.).
3. What is the employee's educational background? What school subjects does he/she feel would be most helpful to prepare for this position?
4. What does the employee find most difficult, stressful, etc., about the position?
5. What recommendations did the employee offer to someone who is interested in entering a similar position?
6. What does the employee enjoy most about this position?
7. In the employee's opinion, what type of attitude and personality traits are important in order to be successful in his/her career field?
8. What opportunities are there for advancement in this career field?
9. Describe this employee's role in supervision. (Does he/she supervise other people? What is involved in supervision? Who supervises his/her position?)
10. What are the starting salaries and educational requirements for people who hold positions similar to the one you observed?
11. What does this company do to encourage its employees to continue their education?
12. What are some good ways for students to find out more about this career?

*Return this form with answers attached to Mrs. Swift immediately after your shadowing date.*

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**STUDENT EVALUATION OF SHADOWING EXPERIENCE**

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

Occupation Shadowed: \_\_\_\_\_

Shadowing Site: \_\_\_\_\_

Place a check in the space beside each rating which best describes your shadowing experience.

1. How would you rate the shadowing experience?

Excellent\_\_\_\_\_ Good\_\_\_\_\_ Average\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_

2. Did the experience meet your expectations?

Yes\_\_\_\_\_ No\_\_\_\_\_

3. Do you feel the supervisor exposed you to a variety of responsibilities related to the occupation you were exploring?

Yes\_\_\_\_\_ No\_\_\_\_\_

4. Did the experience change your mind about your career plans?

Yes\_\_\_\_\_ No\_\_\_\_\_

5. What is the best thing that has happened to you in this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How can the program be improved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

*Give the completed form to Mrs. Swift by March 2.*

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**EMPLOYER EVALUATION REPORT FOR SHADOWING**

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

School: \_\_\_\_\_

Shadowing Supervisor: \_\_\_\_\_

Shadowing Site: \_\_\_\_\_

Please evaluate the student's performance using the following scale. Place a check in the space beside each rating which best describes the student's performance during the shadowing experience.

	Excellent	Good	Fair	Poor
Attitude				
Punctuality				
Cooperation				
Enthusiasm/Interest				
Courtesy				
Proper Attire				
Willingness to accept guidance				
Willingness to conform to rules/regulations				
How would you rate the Shadowing Program (Career Technology Education)?				

How could this program be improved? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

*Please return this form to Mrs. Swift.*