



# LINCOLN HIGH SCHOOL

## JOB SHADOWING PACKET

Student Name:



## LINCOLN HIGH SCHOOL JOB SHADOWING

### Frequently Asked Questions and Answers

**1. What is a job shadow?**

*Job shadowing involves spending a few hours with a seasoned expert, observing everything that he or she does that is related to the work that is expected to be accomplished as part of the daily routine of the job. Some industries/careers are of a confidential nature; therefore, you may not get to “shadow” them. In these cases, you may “interview” a staff member at the business to acquire a better understanding of the particular career.*

**2. Is a job shadow a privilege?**

*Yes, a job shadow is a privilege so it is very important to make a first good impression. You represent Lincoln High School.*

**3. What is the goal of a job shadow?**

*The goal of the job shadow is to learn as much as possible by observing, asking thoughtful questions, and taking good notes that will benefit your college and career decisions.*

**4. What questions should I ask during a job shadow?**

*You will be provided with a list of questions to ask.*

**5. Who should participate in a job shadow?**

*Any junior or senior student (freshman or sophomore with teacher or counselor request) who wants to know more about a specific career or who isn't sure what career to pursue.*

**6. What is the advantage of a job shadow?**

*Actually, there are several advantages.*

- *You see firsthand what really goes on in the workplace*
- *You can explore a career in which you might be interested*
- *You can decide on a college major and begin to explore college choices*
- *You will meet people (contacts) that may help with future mentors, internships, and jobs*
- *You will understand what is needed to get different jobs and you will learn the expectations of an employee*

**7. How do I participate in a job shadow?**

*It's easy*

- See your Career Coordinator, Mrs. Silva, in the main office to pick up a "Student Request for Job Shadowing" form or
- Log into Lincoln High School website at [www.lincolnps.org](http://www.lincolnps.org) and click on Career Coordinator and then "Student Request for Job Shadowing"
  - Place completed form in Mrs. Silva's mailbox in the main office or email it to me at [silval@lincolnps.org](mailto:silval@lincolnps.org)
  - Mrs. Silva will then call you down to her office to prepare for the job shadow

**8. How do I get a sponsor to shadow?**

*If you don't have one, Mrs. Silva, Career Coordinator, will contact one for you. Her office is in the main office. She is there on most Tuesdays and Wednesdays or Thursdays.*

**9. Do I need my own transportation?**

*Yes, the school does not provide the transportation.*

**10. Does a job shadow count as an absenteeism from school?**

*No, as long as you have completed the proper documents.*

**11. How many job shadows can I participate in?**

*Only one per year, that will not count as an absenteeism from school, but as many as you want on your own time.*

**12. What are my responsibilities for participating in a job shadow?**

*There are several responsibilities:*

- Complete and return the Request for Job Shadowing form
- Complete and return parent consent form at least five days before shadow
- Contact the person either by phone or email that you will be shadowing
- Complete medical authorization form and bring to job shadow
- Complete teacher permission form
- Call to confirm job shadow appointment three days before shadow
- Go to work site on time
- Dress appropriately
- Act mature, professional, and enthusiastic
- Bring paper, pen, and job analysis/question sheet
- Sending a thank you letter or email to the person you shadowed is very important, but first send that personalized thank you letter or forward that thank you email to Mrs. Silva (email above) within three days of the job shadow for her approval and then mail it or email it to the person you shadowed once Mrs. Silva has approved it.
- Complete and return evaluation form with reflection within 3 days of job shadow

**STUDENT REQUEST FORM FOR JOB SHADOWING**  
**LINCOLN HIGH SCHOOL**

**Download this form from the school website and type or print neatly this entire form and email the form to Mrs. Silva at silval@lincolnps.org or place the completed form in Mrs. Silva's Mailbox in the main office.**

Student Name \_\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_ Year of Graduation \_\_\_\_\_ Current Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Advisor \_\_\_\_\_ Advisory Room Number \_\_\_\_\_

**\*TO ARRANGE A SUCCESSFUL JOB SHADOW, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

1. List your favorite school subjects.
  
2. List hobbies, sports, activities.
  
3. What occupation would you like to shadow?
  
4. Do you have a preference on where you would like to shadow—company, school, organization?
  
5. Do you have any limitations for the job site?—location? Transportation?
  
6. What would **YOU** like to gain from your job shadow experience?
  
7. What days and hours are most convenient for the job shadowing?

Days: \_\_\_\_\_ Hours \_\_\_\_\_

**DIRECTIONS: PLEASE CHECK OFF "YES" OR "NO" IF YOU ARE ABLE TO:**

1. Yes\_\_\_\_\_ No\_\_\_\_\_ make a commitment and meet responsibilities of attendance, transportation, and follow up?
2. Yes\_\_\_\_\_ No\_\_\_\_\_ complete and return necessary forms ***ON TIME?***
3. Yes\_\_\_\_\_ No\_\_\_\_\_ make a good first impression?
4. Yes\_\_\_\_\_ No\_\_\_\_\_ firmly shake hands, smile, and look at a person straight in the eyes?
5. Yes\_\_\_\_\_ No\_\_\_\_\_ dress appropriately, be mature, professional, and enthusiastic?
6. Yes\_\_\_\_\_ No\_\_\_\_\_ adhere to all rules of conduct that exist in school?
7. Yes\_\_\_\_\_ No\_\_\_\_\_ approach teachers to sign a permission form to attend a job shadow?
8. Yes\_\_\_\_\_ No\_\_\_\_\_ call and confirm a job shadow appointment?
9. Yes\_\_\_\_\_ No\_\_\_\_\_ seek needed information by asking questions?
10. Yes\_\_\_\_\_ No\_\_\_\_\_ evaluate the worthiness of a job shadow experience?
11. Yes\_\_\_\_\_ No\_\_\_\_\_ process the information obtained during a job shadowing experience to make a wise career decision and/or college major?
12. Yes\_\_\_\_\_ No\_\_\_\_\_ send a personalized thank you letter or email within three days of the job shadow?
13. Yes\_\_\_\_\_ No\_\_\_\_\_ complete and return evaluation form with reflection within three days of the job shadow?

**\*I give my child permission to participate in the LHS's Job Shadow Program. I understand and approve of the**

**responsibilities above. Parent's Signature\_\_\_\_\_ Student's Signature \_\_\_\_\_**

**INITIAL SCRIPT OR EMAIL  
JOB SHADOW  
LINCOLN HIGH SCHOOL (401-334-7500)**

Hi, My name is \_\_\_\_\_ from Lincoln High School. May I please speak to \_\_\_\_\_.

Hi, My name is \_\_\_\_\_ and I am a \_\_\_\_\_ at Lincoln High School. I am interested in pursuing a career as a \_\_\_\_\_, and after speaking with Mrs. Silva, our Career Coordinator, she recommended that I call (email) you to see if I could organize a job shadow.

Great if he/she says yes or in email write “I look forward to hearing from you.”

1. Person’s name you will shadow (Host) \_\_\_\_\_
2. Person’s title you will shadow (Host) \_\_\_\_\_
3. Company name \_\_\_\_\_
4. Company address \_\_\_\_\_
5. Company phone number \_\_\_\_\_
6. Host’s cell phone number (if necessary) \_\_\_\_\_
7. Host’s Email Address \_\_\_\_\_
8. Day and Date of the shadow \_\_\_\_\_
9. Times of the shadow \_\_\_\_\_
10. Directions to the company(if necessary) \_\_\_\_\_
11. Parking \_\_\_\_\_
12. Lunch arrangements \_\_\_\_\_
13. Dress code \_\_\_\_\_

14. Additional Information (Company regulations)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your help and I look forward to meeting with you on

Day\_\_\_\_\_Date\_\_\_\_\_.

# PARENT CONSENT FORM

## JOB SHADOW

LINCOLN HIGH SCHOOL (401) 334-7500

**\*IMPORTANT—THIS FORM MUST BE COMPLETED AND RETURNED TO MRS. SILVA, CAREER COORDINATOR, BEFORE THE JOB SHADOW.**

On (shadow day and date) \_\_\_\_\_, (Student Name) \_\_\_\_\_ has been invited to participate in a job shadow site-visit experience with (Host name) \_\_\_\_\_ at (Shadow site name and address) \_\_\_\_\_ from (hours) \_\_\_\_\_ to explore the career of \_\_\_\_\_.

Your child will be assigned to an employee (host) who has volunteered his/her time to allow your child to shadow him/her during the workday. If your child will participate in the job shadow during the day, he/she is not required to attend school the day of the job shadow, and it will not count as an absence. The student will be required to complete the teacher permission form prior to participating in the job shadow, and the student is responsible for any missed work. A job shadow is a wonderful opportunity to spend a few hours observing one or more people while they work at their jobs. The job shadow will help the student in the following ways:

- see firsthand what really goes on in the workplace
- explore a career in which the student might be interested
- decide if the student would like to pursue a particular career
- decide on a college major and begin to explore college choices
- meet interesting people that may help with future jobs and/or internships
- learn what is needed to pursue different careers

### **PARENT/GUARDIAN JOB SHADOW PARTICIPATION AUTHORIZATION**

I grant permission for my child (student name above), to attend the job shadow at the site and hours listed above, and I agree to the travel arrangements and photo release as described below. In consideration of granting permission to participate in the job shadow, I hereby for myself, my heirs, executors, and administrators absolve the school, staff, administration, school committee, Town of Lincoln, and job site from any and all responsibilities for academic progress or for accident or injury to my child while off school property.

### **TRAVEL TO THE WORKSITE**

Parents/Guardians will assume the responsibility for providing transportation for their child to and from the workplace.

### **PHOTO RELEASE**

I grant the workplace/school photographer permission to photograph my child for promotional and educational purpose.



Parent/Guardian Name (please print): \_\_\_\_\_

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

\*Thank you for your support of this program. Please contact me at LHS 334-7500 or email [silval@lincolnps.org](mailto:silval@lincolnps.org) to share any comments or concerns that you may have about the Job Shadowing Program.

# MEDICAL AUTHORIZATION FORM

## JOB SHADOW

LINCOLN HIGH SCHOOL (401) 334-7500

**\*IMPORTANT—THE STUDENT IS RESPONSIBLE FOR GIVING THIS COMPLETED FORM TO THE HOST ON THE DAY OF THE SHADOW.**

Should it be necessary for my child to have medical treatment while participating in the Job Shadow, I hereby give the school district and or workplace personnel permission to use their best judgment in obtaining medical services for my child. I give permission to the selected physician, emergency medical personnel and/or attending physician to render whatever medical treatment he/she deems necessary and appropriate. Permission is also granted to release necessary emergency contact/medical history to the attending physician, or to the company, if needed.

Student Name \_\_\_\_\_ Date of Job Shadow \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Daytime phone contact information for parent(s) or guardian \_\_\_\_\_

Contact other than parent/guardian \_\_\_\_\_

Relation to student \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Health Coverage \_\_\_\_\_ Membership Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

*(note: child may not be brought to preferred hospital, but rather closest, depending upon circumstances)*

Hospital Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child require any special accommodations due to medical limitations, disability, dietary constraints, or other restrictions? Please explain.

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Does your child have any food, drug, or other known allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list: \_\_\_\_\_

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**Please check one of the following:**

\_\_\_\_\_ I hereby agree to all of the above authorizations and permissions.

\_\_\_\_\_ I do not wish to give a medical release.

\_\_\_\_\_ I do not wish to release my child's emergency information to any necessary medical providers or to the workplace if necessary for the medical care of my child.

**Name of Parent/Guardian (please print):** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

**CONFIRMATION FORM**

**JOB SHADOW**

**LINCOLN HIGH SCHOOL (401-334-7500)**

It is always important to confirm your job shadow appointment **1-3 DAYS BEFORE THE ACTUAL APPOINTMENT.** This allows you an opportunity to speak to the person you will job shadow and to confirm your appointment as well as obtain any additional information.

Company Name \_\_\_\_\_ Host Person's Name \_\_\_\_\_

Company Address \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Please refer to the following script when you call to confirm your appointment:

**SAMPLE PHONE SCRIPT FOR CONFIRMING SHADOW**

"Hello. May I please speak with (job shadow host.) \_\_\_\_\_."

"Hi. My name is \_\_\_\_\_. I'm calling from Lincoln High School to confirm my job

shadow appointment on (day) \_\_\_\_\_ (date) \_\_\_\_\_ from and to (time) \_\_\_\_\_.

Is there a specific place I should meet you when I get there?

Thank you and I look forward to seeing you on (day) \_\_\_\_\_.

\*\*\*\*\*

If your job shadow host is not available, ask if you can leave a message. Leave the same information written above either with the secretary or on your job shadow host's voice mail or send an e-mail.

If you are leaving a message, either with another person or on your job shadow contact's voice mail, make sure that you remember to leave your phone number (repeat number twice—VERY SLOWLY) so he/she can call you back to confirm your call. If you send an e-mail, ask him/her to acknowledge receipt of your e-mail.

SPOKE TO: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

LEFT MESSAGE WITH: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

SENT E-MAIL TO: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

**JOB ANALYSIS SHEET  
JOB SHADOW  
LINCOLN HIGH SCHOOL**

STUDENT NAME \_\_\_\_\_ DATE OF SHADOW \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_ HOST NAME \_\_\_\_\_

**USE THIS JOB ANALYSIS SHEET TO GAIN VALUABLE KNOWLEDGE AND INFORMATION ABOUT THE COMPANY AND EMPLOYEE YOU ARE SHADOWING.**

1. What is the main purpose of this organization?
2. What are the responsibilities of your department?
3. What are YOUR responsibilities?
4. Who do you work closely with?
5. How is technology used in this job?
6. What type of equipment is used (software?)
7. What type/level of education or training do I need to do this job?
8. Why did you decide to do this type of work?
9. What are the future prospects for this type of job? Why?
10. What do you like MOST about your job?
11. What do you like LEAST about your job?
12. What is the salary range for someone working in this field? (What is the average starting salary?)

JOB ANALYSIS SHEET - CONTINUED

13. What are some of the fringe benefits?  
Health insurance?  
Life insurance?  
Pension plan?  
Sick days?  
Vacation Time?  
Education Reimbursement?  
Other: \_\_\_\_\_
14. Is your job secure? (Union or nonunion)
15. What is the turnover rate? High? Low? Average?
16. What are the work hours?  
Weekends?  
Holidays?  
Nights?  
Overtime?
17. Is there traveling involved?
18. Is relocation possible?
19. What is the chance of promotion? If good, what would be the next level?
20. What major and college would you recommend to me that would prepare me best for this position?
21. Do you have any other advice for me as I consider career choices?
22. Do you take interns?
23. Ask permission to take a picture of you and your host.
24. Request a business card or write down whole name of host (check spelling, Host Title, Company name, and complete address.

# STUDENT EVALUATION FORM

## JOB SHADOWING

### LINCOLN HIGH SCHOOL

Student's Name: \_\_\_\_\_ Date of Shadow \_\_\_\_\_

Organization Name: \_\_\_\_\_ Occupation \_\_\_\_\_

#### EVALUATION TOOL

Your honest evaluation of your recent job shadow experience is greatly appreciated. Please indicate your rating of the job shadow experience in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high).

- |   |           |
|---|-----------|
|   | 1 2 3 4 5 |
| 1. Rate the organization of your job shadow.                                | 1 2 3 4 5 |
| 2. The job shadow experience convinced me to pursue a career in this field. |           |
| 3. I learned something about what a business expects from its employees.    | 1 2 3 4 5 |
| 4. I learned about the skills needed to perform my host's job.              | 1 2 3 4 5 |
| 5. My host demonstrated job duties and responsibilities.                    |           |
| 6. I was treated with respect.  | 1 2 3 4 5 |
| 7. I enjoyed my job shadowing experience.                                   | 1 2 3 4 5 |
| 8. I would recommend this job shadow to other students.                     | 1 2 3 4 5 |
| 9. I would like to job shadow in another career.                            |           |
| 10. Rate the overall experience of this job shadow                          | 1 2 3 4 5 |

1 2 3 4 5  
1 2 3 4 5

Please answer the following questions:

1. What did you like "BEST" about your job shadow?



2. What did you like “LEAST” about your job shadow?
  
3. What surprised you most about what you observed, heard, did and or learned?
  
  
4. Would you consider a career in this field? Why? Or Why not?
  
  
  
5. Reflect on your job shadow and describe the company/organization you visited and tell about the person you shadowed. What skills do you need for this career and which ones do you already have? What might you do to prepare for this career in the next five years?

## JOB SHADOW SAMPLE THANK YOU LETTER

\*Start your personal (home or school address) approximately 2" from top of page  
Important: Make sure it is formatted for no spacing

135 Old River Road  
Lincoln, RI 02865  
Current Date —enter 4 times

Title Host (Mrs. Lisa M. Smith)  
Company Name  
9 Front Street  
Lincoln, RI 02865—enter twice

Dear Mrs. Smith—enter twice

(paragraph 1)

- Thank your host for his/her time and mention the day and date of the shadow.
- Tell him/her why you appreciate their time. (enter twice after last sentence)

(paragraph 2)

- Write about something that you learned or found interesting during your visit
- Write about something you enjoyed during your experience
- Explain what this experience meant to you.
  - Example—The time I spent with you and your colleagues will be very helpful to me as I make further course selections and future career decisions. (enter twice after last sentence)

(paragraph 3)

- Express your gratitude once again for this valuable career exploration opportunity.
  - Example—The Scituate High School Job Shadow Program could not exist without support from people like you. (enter twice after last sentence)

Sincerely (enter 4 times)

Your Name Typed

(In between "Sincerely" and your typed name write your signature)

**\*PROOFREAD CAREFULLY AND SPELLCHECK**

## TIPS FOR SUCCEEDING IN THE WORKPLACE

There are two general categories of factors which contribute to an employee's success at the workplace. First, employees must master a set of specific technical skills and experiences. Second, all occupations require general skills such as problem-solving, communications, and interpersonal abilities. During the Job Shadowing, you will be introduced to employees using both technical and general skills. When you are at the workplace, think about these tips and what it takes to be a top employee.

1. Be honest.
2. Have a positive attitude. Be friendly, courteous, polite and cooperative with co-workers and clients.
3. Always be reliable and prompt. Customers and other workers are depending on you.
4. Notify the appropriate supervisor when you are going to be late or absent.
5. If you do not understand something, ask questions or ask for help. It is better to admit you are learning than to make a costly mistake.
6. Respond positively to constructive criticism.
7. Take responsibility for your actions.
8. Give your best effort at all times. If you have completed all of your regular and assigned tasks, show initiative and seek additional work.
9. Challenge yourself to be a continuous, life-long learner.
10. Always be open to change.