



HERKIMER

Job Shadowing Tool Kit

**For:
Students**



Herkimer-Fulton-Hamilton-Otsego
BOCES
School to Careers
352 Gros Boulevard
Herkimer, NY 13350

CONTACT INFORMATION

Ms. Napolitano, Liaison of School to Careers
Coordinator of Work-Based Learning
mnapolitano@herkimer-boces.org

Mrs. Roberts, School Counselor
rroberts@herkimer-boces.org

Herkimer-Fulton-Hamilton-Otsego BOCES
School to Careers
352 Gros Boulevard
Herkimer, NY 13350

Phone: (315) 867-2000

FAX: (315) 867-2024

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INTRODUCTION

To be successful in the workplace of the 21st century, it has been determined that high school students will need to acquire:

- advanced technological skills
- excellent interpersonal skills
- creative/innovative thinking skills
- effective life skills
- a strong work ethic



Job Shadowing involves a brief student visit in the workplace, during which time students “shadow”, observe, and ask questions of individual workers. Classroom exercises conducted prior to, and following the job shadowing experience helps students connect their understanding to their course work, related skills requirements, and future educational and career options.

Character ~ the willingness to accept responsibility for one's own life ~ is the source from which self-respect springs.

Joan Didion (1934 -)

What's so great about job shadowing?

Job shadowing immerses each student in the world of work where they can get first-hand information about job skills and careers. Job shadowing can provide experiences that are as unique as the students who participate. By bringing students into the workplace to see professionals at work, very real and tangible options come alive for them. Job shadowing provides exciting reasons why students should apply themselves in school. It creates a critical link between education and success.

What will I do at my job shadow?

Your goal will be to learn as much as possible by observing, listening, asking questions, and taking good notes. You will “shadow” a person or maybe several different people, and observe what they do throughout their job duties. At the job shadow you should ask the interview questions included in this packet. If the person you are shadowing is extremely busy, and there is absolutely no time to cover all your questions, ask if you may call them at a specific time to complete the questions. Remember to always be respectful of the person you are shadowing.

Why students should participate in job shadowing?

- Helps students “test drive” a career.
- Provides an environment in which students can network with professionals.
- Demonstrates the connection between academics and careers.
- Identifies the skills, qualities, training, and education needed to succeed on the job.
- Introduces students to the requirements of professions and industries, and to help them prepare to join the workforce of the 21st century.
- Encourages an ongoing relationship between young people and caring adults.

How to prepare for a successful job shadowing experience?

BEFORE your job shadowing experience:

- Review this entire packet.
- Complete the Career Interest Form.
- Complete and return the **Parent/Guardian Authorization & Release** form.
- Complete and return the **Student Contract & Teacher Consent** form.
- Research the organization you are shadowing, and prepare questions to ask your job shadow host.
- Confirm all required forms are filled out and signed.
- Confirm transportation.
- Contact job shadow host to confirm date, location, and arrival time.
- Notify teachers that you will be gone for the day, or part of the day.
- Confirm who you should contact for last minute problems/emergencies.

DURING your job shadowing experience:

- **ALWAYS** dress appropriately, arrive on time, and be ready to learn.
- Actively observe and note as much as possible about the environment and interactions with co-workers and customers.
- Answer all questions on the Employer Interview page.
- Write down examples on how your host uses each skill on the Observation page.
- Expect to be asked about your interests, goals, and academic experiences.
- Ask the professional for their business card for future follow-up.
- Ask the employer to fill out the Host/Employer Evaluation.

AFTER your job shadowing:

- Complete the Reflection paper.
- Type and send a Thank-you Letter to the job shadow host.

Packet, Paper, and Thank-you Letter Due within 1 week of Job Shadow.

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JOB SHADOW ETIQUETTE

Appearance:

Dress as if you were interviewing for a job. Dress appropriately for the workplace. Most employers are looking for neat clean clothes. Do not wear clothing that conveys a political or social statement.

Many companies have rules regarding body piercings. Please do not wear a nose or eyebrow ring or stud during your Job Shadow. The fact that you are sensitive to an employer's concerns, and that you are willing to comply with business expectations regarding appearance will make a lasting impression.

Do:

- Turn off your cell phone.
- Arrive a few minutes early to allow time for parking, and locating the person you've made contact with. Introduce yourself, and offer a handshake and a smile. Be attentive, and act interested the entire time.
- Apply general rules of courtesy. Say please, thank-you, and excuse me.
- Use good posture and eye contact.
- Bring a folder or binder with paper to take notes, your observation sheets, the employer interview questions, and the Host/Employer evaluation (give this to the host employer along with an envelope addressed to your School to Careers advisor at Herkimer BOCES).
- You may need to fill in some of the questions when you get home, so listen carefully, observe, and take good notes.
- Obtain a business card. You will need a complete name, job title and address for your thank-you letter (if they do not have a business card, write down the information). Add this person to your contact list. Use the information to write a thank-you letter (mandatory). There is a sample thank-you letter in the packet.

Don't:

- Chew gum or candy.
- Bring food or drinks into the workplace.
- Use profanity or vulgarity.
- Wear your hat indoors.

**STC-JOB SHADOW
Career Interest Form**

Student Name: _____ Year of Graduation: _____

Career Options

Place a **1** and **2** to show your order of preference. This should match your 7 year plan.

- ___ Agriculture, Food & Natural Resources ___ Architecture & Construction
- ___ Arts, A/V Technology & Communications ___ Business Management & Administration
- ___ Education & Training ___ Finance
- ___ Government & Public Administration ___ Health Sciences
- ___ Hospitality & Tourism ___ Human Services
- ___ Information Technology ___ Law, Public Safety, Corrections & Security
- ___ Manufacturing ___ Marketing
- ___ Science, Technology, Engineering & Mathematics
- ___ Transportation, Distribution & Logistics

LIST TOP THREE CAREER/JOB CHOICES IN YOUR CAREER OPTIONS:

Option #1: _____

Job A. _____

Job B. _____

Job C. _____

Option #2: _____

Job A. _____

Job B. _____

Local businesses to contact:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Final Choice

Job: _____ Business: _____

How can you apply your job shadow experience for classroom benefit? (Class presentation, write a paper for extra credit, use the experience for a class project, etc.)

List any times or days when you might **not** be able to do a job shadow.

All job shadows are of campus. How will you arrange transportation?
(Home school or STC transportation)



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SCHOOL TO CAREERS
352 Gros Boulevard
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STUDENT JOB SHADOWING EXPERIENCE PERMISSION FORM

STUDENT MUST RECEIVE APPROVAL OF PARENT OR GUARDIAN. THIS FORM IS TO BE COMPLETED AND RETURNED TO THE HOME SCHOOL NO LATER THEN TWO (2) DAYS PRIOR TO THE DATE OF STUDENT JOB SHADOWING EXPERIENCE.

_____ requests permission to participate in a
(Name of Student)
Job Shadowing Experience on _____ Destination _____
(Date)
Time of Departure: _____ A.M. _____ P.M. Bring Bag Lunch _____
Time of Return: _____ A.M. _____ P.M. Bring Lunch Money _____
Type of Transportation: _____ Lunch Not Needed _____
Estimated Cost to Student: _____ Other Estimated Costs: _____

I hereby give my permission for the above-named student to participate in the Student Job Shadowing Experience described above. Should an emergency arise that requires immediate action, I authorize BOCES to take my child to the nearest emergency first aid station or hospital by ambulance, if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

Please list any special conditions and/or medical conditions the classroom teacher or nurse should know about: (eg: diabetes, heart condition, allergies, asthma, epilepsy, etc.):

Parent/Guardian Signature: _____

Parent/Guardian Emergency #: _____

If my child must be taken home and neither parent can be reached, please call:

Additional Emergency #: _____ Relationship: _____

Home School Principal Signature: _____ Date: _____

Work Coordinator Signature: _____ Date: _____

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STC-JOB SHADOW
Student Contract & Teacher Consent

Student Contract

I, _____, understand that it is a privilege to participate in the Job Shadow, and that people outside of school are giving up valuable time to help me learn about their job. By signing this contract, I agree to complete all of the requirements as outlined in the Job Shadow Student Tool Kit. I also understand that I am responsible for making up work in the classes that I may miss for my job shadow. I will attend other classes as normal on the day of my job shadow.

In addition, I agree to:

- Complete all of the listed requirements.
- Contact the employer if I am unable to attend the Job Shadow.
- Dress and act appropriately for the Job Shadow.

Student Signature

Date

Print Name

Teacher Consent

I agree that _____ will be excused from my class to participate in a job
(Student)

Shadow on the date indicated below. The student will be responsible for completing all make-up work according to a schedule that I determine with him or her.

1. Teacher's name: _____

Date/time of class to be missed: _____

Comments/Homework Assignment: _____

Teacher's signature: _____

2. Teacher's name: _____

Date/time of class to be missed: _____

Comments/Homework Assignment: _____

Teacher's signature: _____

3. Teacher's name: _____

Date/time of class to be missed: _____

Comments/Homework Assignment: _____

Teacher's signature: _____

**STC-JOB SHADOW
Host Verification & Evaluation**

Please verify the student’s time with you:

Student Name: _____ Job Shadow Date: _____

Time in: _____ Time out: _____

Job Shadow Host Name: (First and Last – Please Print) _____

Title: _____

Business Name: _____ Phone: _____

Business Address: _____

Host Email: _____

Host Signature: _____

Host Evaluation

So that we may continue to improve the process, please complete the following brief evaluation upon completion of the job shadow. Please rate the following on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*).

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
I was well prepared by the student to be a Job Shadow host.	1	2	3	4	5
As a result of this Job Shadow, I gained a new perspective of my job.	1	2	3	4	5
The Job Shadow was a worthwhile learning experience for the student.	1	2	3	4	5
I enjoyed the experience, and I would be willing to do it again.	1	2	3	4	5

How could school (teachers and/or students) better support you throughout the experience?

Additional comments:

Employer Interview

Using the topics and questions below, interview your host/employer (resource person) and record the answers.
(Do not give this to the host/employer to fill out)

What is your job title? _____

What are your main job tasks on a typical day? What are your five most important activities?

What problems or challenges are there in this type of work? _____

What are the benefits of doing this kind of work (Income, fringe benefits, advancements)?

What kind of training or education qualified you for your job? _____

What entry-level jobs are there in this field? _____

What special skills are needed in your work? _____

What advice would you give someone trying to enter this field? _____

What do you like best about your job? _____

What do you like least about your job? _____

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What is an entry level salary for this job? _____

What is the highest salary for this job? _____

How did you get from high school to where you are now in your career? _____

What one piece of advice would you give me if I wanted to pursue this career? _____

Make up THREE additional questions for you employer.

Your first question and answer:

1. Q: _____

A: _____

Your second question and answer:

2. Q: _____

A: _____

Your third question and answer:

3. Q: _____

A: _____

Observation

Give an example of how you observe your job shadow host using the following skills as a part of his or her work.

Example:

Organization: Office Manager keeps “in” and “out” boxes for paperwork

Organization: _____

Planning: _____

Reading: _____

Writing: _____

Math: _____

Science: _____

Art: _____

Creative Thinking: _____

Listening: _____

Speaking: _____

Job Shadow Reflection Paper Guide

Your reflection paper is due within one week of your job shadow. See the MLA format page in this for instructions and an example. Please discuss the following topics:

1. Why did you choose this job shadow?
2. What kind of working conditions were you in?
3. What did you like best about your Job Shadow experience?
4. What did you like least about your Job Shadow experience?
5. What surprised you most about the experience?
6. What ideas and expectations did you have about this job and career option prior to going on the job shadow? How do they fit into your education and career plans?
7. In reality, how did the company and the occupation you observed fit into your education and career plans? How do they differ?
8. Is this an occupation/career path that you still want to pursue? Why?

**KEEP A COPY OF YOUR JOB SHADOW REFLECTION PAPER
TO INCLUDE IN YOUR SENIOR CAREERS CLASS PORTFOLIO.**

Sample Phone Script for Job Shadow Confirmation

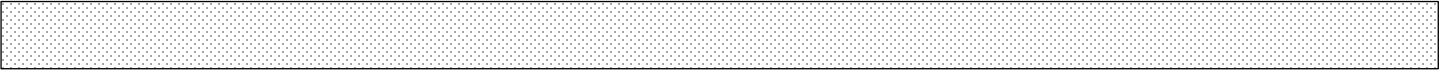
“May I speak with _____ (employer name), please?”

Hello, this is _____ (your name) from (home school district). I am calling to confirm my Job Shadow on _____ (day, month) from _____ to _____ (beginning time to finish time).”

“Thank you, and I look forward to meeting you.”

If the employer is unavailable, leave the above information in a message, and ask when would be a better time to call back. It is your responsibility to follow through on the confirmation.

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[Date]
(3 spaces)
[Name]
[Title]
[Organization]
[Address]
[City,] [State] [Zip Code]

Dear [Name]:

Thank you for giving me the opportunity to job shadow at [Name of Organization] on [date]. I realize that this took time away from your regular responsibilities, and I am most grateful for all the information you were able to provide regarding your job at [Name of Organization].

As I shared my experiences with my family and friends, I have become more interested in learning about the career area of [fill in blank]. My math, organizational skills and computer skills are right in line with the skills needed to succeed in the [fill in the blank] field. I plan to take more computer and business classes next semester as we had discussed.

Having the opportunity to shadow you and explore this career field has really helped me plan for my future. I now will be able to set some educational goals and research colleges.

Thank you again for sharing your day with me and helping me explore this career field.

Sincerely,
(3 spaces)
[Your Name]
[Address]



**HERKIMER COUNTY BOARD OF COOPERATIVE EDUCATIONAL
SERVICES
SCHOOL TO CAREERS
352 Gros Boulevard
Herkimer, NY 13350
Phone: (315) 867-2202**

RELEASE FORM

Waiver

I hereby completely assume all risks attached to the activities of the School to Careers Program, and I do clearly and irrevocably declare that every act that I might do in participating in such activities is done of my own free will; inclusive of but not limited to duties/experiences' off premises with transportation provided by the Host/Mentor.

I further agree to hold harmless the School to Careers Program and Herkimer-Fulton-Hamilton-Otsego BOCES, its board, officers, employees, and associates for any accident or injuries arising by reason of my participation in this program.

I hereby declare I have completely read, fully understood and voluntarily accept the items of this statement.

Signature of Participant

Date

I am the parent/ guardian of the aforementioned child who wishes to participate in the School to Careers Program. My signature at the bottom of this statement signals my intention to permit my child to participate in this program and to fully assume the risk for all injuries suffered by my child as a result of participation in said program.

I also agree to indemnify the School to Careers Program and Herkimer-Fulton-Hamilton-Otsego BOCES, its board, officers, employees, and associates for all causes of action commenced by third persons against the School to Careers Program and Herkimer-Fulton-Hamilton-Otsego BOCES which allege property damage, injury or death arising from the acts of my child, whether negligent, malicious or intentional.

I have read and understand the foregoing statement and sign it voluntarily with knowledge of its meaning and content.

Parent/Guardian Signature Applicant Signature

Date

Disclosure

I agree to permit information in this release form to be made available on a confidential basis to prospective employers, business/industry partners, educational institutions, and to the School to Careers Program for verification purposes.

Parent/Guardian Signature Applicant Signature

Date

Release authorizations:

District Representative

Date

School to Careers Representative

Date