



TULPEHOCKEN HIGH SCHOOL

Pathways to Success
A practical approach to Learning



The Path to Success begins Today

Job Shadowing Guidelines



TULPEHOCKEN HIGH SCHOOL JOB SHADOWING PROGRAM

What is job shadowing?

Job shadowing provides Tulpehocken High School students with the opportunity to explore a future career by spending a school day at a job site observing/working with a person in a career of interest. By visiting a workplace, investigating a career field and industry, and experiencing a typical day on the job, students can determine if the career and industry fits their interests and career aspirations.

How does shadowing work?

Students must arrange their day in advance through Tulpehocken's K-12 Career Specialist. Prior to the job shadowing day, students must submit completed parent permission and medical/emergency forms. Students report to the job shadowing site on the approved date and time. During the job shadowing experience, students are responsible for completing and submitting a job shadow interview questionnaire. Students follow up with an evaluation and write a thank you letter to the job shadow site.

How often can a student shadow?

Students in grades 9 – 12 may shadow one day per semester. If a student is interested in shadowing more than one day per semester, they must first gain permission from their school counselor and principal.

How does the student get there?

Students are responsible for providing their own transportation.

Do I need to report to school?

Students who have a **partial day** job shadowing experience **MUST** report to school. You must sign-in/out at the office upon leaving/arriving at school for your job shadow experience.

What is the Dress Code

You are expected to dress appropriately for a job.

How are Job Shadowing Sites Determined?

- Students must work with guidance/K-12 Career Specialist coordinator to arrange all sites.
- Job Shadowing sites will be determined based on student career field of interest.
- All placements must be approved by the K-12 Career Specialist.

Career Pathways: Job Shadowing position will correspond with one of the following:

- Arts and Communication
- Business Finance & Information Technology
- Engineering and Industrial Technology
- Human Services
- Science and Health

What are the company/organization expectations as an apprenticeship site?

- Meet with the K-12 Career Specialist from the school district.
- Complete a job shadowing factsheet.
- Provide a direct mentor for the shadowing student. The mentor is directly responsible for guiding the student throughout the job shadowing experience.
- Conduct an orientation including safety procedures, information about the organization, tour of facility.
- Provide safety gear and equipment, if necessary.
- Provide career information about various positions in the industry.
- Provide opportunities to work alongside an employee or observe daily routines.
- Provide evaluation of the experience.

What if I have additional questions?

Contact the K-12 Career Specialist at the high school.

Lydia Beck
K-12 Career Specialist
lbeck@tulpehocken.org

610-488-6286 ext. 2508

Job Shadowing Parent Permission

Student Name: _____

Date of Shadowing: _____

Check one: Full Day Partial Day (from _____ to _____)

Shadowing Site Name: _____

Address: _____

Shadowing Contact Person: _____

Phone Number: _____ ext. _____

I understand that I am responsible for informing my teachers of my absence, and for completing any missed work. I also understand that all school rules for absences apply.

Student Signature

Date

I am aware that my child has a job shadowing appointment with the individual names above, and will be absent from school. I understand that my child will be responsible for making up missed assignments on the day of shadowing. I also understand that my child or I will be providing transportation.

Parent/Guardian Signature

Date

JOB SHADOW MATRIX

	Coordinator	Student	Job Shadow Workplace Partner
Before the Job Shadow	Review the Job Shadow Factsheet	Meet with Coordinator to determine Job Shadow location.	Meet with Coordinator
	Have students identify career interests.	Complete the Job Shadowing Questionnaire.	Review guidelines.
	Assist students in locating placements.	Turn in signed permission and emergency forms.	Sign agreement.
	Supply workplace partner with information regarding the participating students.	Arrange transportation.	Establish the schedule with the school coordinator.
	Confirm logistics.		Prepare for the student visits.
	Collect signed permission forms.		
During the Job Shadow	Ensure that students receive instruction in workplace safety.	Arrive at workplace appropriately dressed and on time.	Allow students to shadow for a predetermined period of time.
	Arrange for students to be exposed to all aspects of the industry.	Be observant and ask appropriate questions.	Provide students an opportunity to see all aspects of the industry/organization.
		Comply with all health, safety, and environmental standards and regulations.	Highlight employability and academic skills used on the job and help connect those skills to student learning at school.
		Complete the Job Shadow Interview Questions.	Adhere to all applicable child labor laws.
			Arrange for hands-on experiences, if applicable.
		Accommodate special needs.	
After the Job	Provide post-job shadow activities to structure student reflection.	Write a thank-you note to the workplace host.	Complete the evaluation so that the program can be improved in the future.
	Utilize student and workplace partner feedback for continuous improvement.	Complete the evaluation so that the program can be improved in the future.	

JOB SHADOWING SITE FACT SHEET

Company/Organization: _____

Address: _____

Phone: _____

Contact Person: _____

Email: _____

Pathway (select one)

- Arts and Communication
- Business Finance & Information Technology
- Engineering and Industrial Technology
- Human Services
- Science and Health

Industry: _____

of Students _____

Experience Location: (if different from above address)

Description:

Requirements:

Hours available: _____

PARENTAL PERMISSION/MEDICAL RELEASE

_____ has my permission to participate in
Name of student _____
a Job Shadowing program at _____ on
_____.

I understand that the Tulpehocken School District, staff, and faculty involved are not responsible in the event of accident or illness. If my child needs professional medical attention during this activity, please act on my behalf. Therefore, I request any accredited medical facility's personnel, and employees of the district and the job shadowing site to provide all reasonably necessary medical care, and to order injection and/or surgery for my child as named above.

I acknowledge that no representations, warranties, or guarantees as to results or cures will be made.

I understand that my child, if healthy, will have to participate in all job shadowing activities, with the following exceptions _____.

Signed: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

In the event of an emergency and I cannot be contacted please notify:

_____ Phone: _____
Name (Relationship)

Or _____ Phone: _____

Daytime Physician to call: _____

Address: _____ Phone: _____

Nighttime Physician to call: _____

Address: _____ Phone: _____

Do you carry family medical/hospital insurance? _____ If yes indicate:

Carrier: _____

Policy/group number: _____ Identification number _____

** We suggest that your student carry a copy of the insurance card and prescription card with him/her.

Please indicate any medical problems (include allergies to medicine):

Please list medications and amounts child will be carrying: NOTE: All prescription medications MUST be in the original container, with original label, containing student's name, dosage, and physician's name. All OTC medications MUST be in the original container.

Permission for Medication/Medical Treatment

Medication

Medication: _____ Medication: _____

Dosage: _____ Route: _____ Dosage: _____ Route: _____

Time/s: _____ Last Dose: _____ Time/s: _____ Last Dose: _____

Reason for Medication: _____ Reason for Medication: _____

Possible Side Effects: _____ Possible Side Effects: _____

My son/daughter will need to take the above medications during the job shadowing experience. **I will provide doctor's orders for each of these above listed medications.** I understand that my son/daughter is responsible for storage of the medication and for taking the medication at the times stated above. I understand that the medication must be in the original over the counter container (e.g. Tylenol) and/or the labeled prescription container.

We, the Parent/Guardian agree to assume the responsibility of all expenses incurred by the handling of an Emergency situation and give permission for Emergency Medical Treatment and First Aid.

I acknowledge that no representation, warranties, or guarantees as to results or cures will be made.

Written Signature of Parent/Guardian

Date

JOB SHADOW INTERVIEW

Student Name: _____

Interviewee Name: _____

Company/Organization: _____

What is your job title?

What are your job duties?

What are the physical requirements on the job?

What are the normal work hours?

What does a typical day look like for you?

What is the level of job security in this occupation?

What are the opportunities for advancement?

What education background is required?

What on-going education is required?

What special personal qualities and strengths are required to be successful in this occupation?

How difficult is it to find employment when you have completed the basic education and training?

What are the rewards of your job?

What are the greatest challenges or frustrations about your job?

What advice would you give to someone considering this as a career?

*****Student: Please be sure to thank the host!*****

Student Signature

Date

Mentor Signature

Date

Job Shadow Questionnaire & Evaluation

Student Name: _____ Date _____

Company/Organization: _____

1. Which careers did you learn about during your Job Shadow experience?

2. Describe the activities that were involved during your Job Shadow experience. For example, was there a tour, did you have any guest speakers, were there any activities, did you see equipment demonstrated or explained?

3. Which aspect(s) of the career(s) did you find most interesting?

4. List your career interests at this time.

5. How does this Job Shadow relate to the type of career that you are interested in studying?

6. What is the highest grade level of education recommended for this career?

7. Which classes should you take in high school or college to prepare for this career?

Personal reflection - What did you learn from this experience and how will it affect your future?

EVALUATION

Rate the following:

	Agree	Disagree
My Job Shadow experience prompted me to think about my career options.	<input type="checkbox"/>	<input type="checkbox"/>
My Job Shadow experience helped me decide my interest in this career?	<input type="checkbox"/>	<input type="checkbox"/>
I learned about the general expectations for being a good employee.	<input type="checkbox"/>	<input type="checkbox"/>
I learned which skills are needed to perform my host's job.	<input type="checkbox"/>	<input type="checkbox"/>
My host was helpful and informative during my Job Shadow.	<input type="checkbox"/>	<input type="checkbox"/>
I enjoyed my Job Shadow experience.	<input type="checkbox"/>	<input type="checkbox"/>
My Job Shadow experience helped me see how school is important to my future plans.	<input type="checkbox"/>	<input type="checkbox"/>

For Future Job Shadows

How could the Job Shadow experience be improved?

Be sure to write a thank you note to your job shadow host!

Tulpehocken High School

430 New Schaefferstown Road
Bernville, PA 19506

Administration

Mr. Andrew Netznik, Superintendent of Schools

Mrs. Amanda Cipolla, Assistant to the Superintendent

Mr. Christopher Hamrick, Junior-Senior High School Principal
