



## Career Shadow Experience Instructions

### **Purpose:**

Career Shadows are opportunities for students to go out into the community to learn about potential career interests by observing and interviewing people in the workplace. This career related learning experience is a part of a series of career exploration activities for all students.

### **Procedure:**

Based on your career interests, you need to arrange to “shadow” a host employer for 2-4 hours. During this time, you will observe firsthand the daily routine and the various tasks and skills required in a particular job.

### **EXPECTATIONS OF STUDENTS:**

#### **Before the Career Shadow**

- Brainstorm with your parents/guardians about potential career shadow possibilities. The shadow should be with someone other than a family member.
- Discuss transportation and days and times for your shadow with your parents/guardians.
- Give the following forms to your parents/guardians have them read and sign the forms: **Parent Responsibility Agreement, Parent/Guardian Authorization**
- Complete **Planning Guide (Part #1)** and read and sign **Student Responsibility Agreement**

#### **Setting up the Career Shadow**

- Decide on the specific person/business you want to shadow.
- Call and set up career shadow during non-school hours, if possible. Use the script provided on the **Planning Guide (Part #2)**.
- Fill in the information on your **Planning Guide (Part #3)** about who you contacted for your shadow.
- Once the career shadow has been arranged, **complete and turn in the Parent/Guardian Authorization Form, Parent and Student Responsibility Forms and the Planning Guide Parts 1, 2, 3** to Beyond CV
- (across from the library)
- Read through the **Sample Questions** list so you are familiar with the questions you will be asking during the Career Shadow.
- Read through the **Reflection Sheet** so you are familiar with the questions you will be answering after your Career Shadow is completed.
- Confirm career shadow arrangements with parents/guardians and career shadow host before scheduled appointment.

#### **Day of Career Shadow**

- Dress appropriately for the work site. Please remember you are representing Corvallis School District in the community so your appearance, behavior and good attitude are important.
- Show up on time! Plan to be 10 minutes early.
- Bring your **Sample Questions**, pen/pencil, and **Evaluation form**.
- At the beginning of the shadow, give your host the **Evaluation form**.
- Before leaving, thank your host and ask for the completed **Evaluation form** and a **business card**.

#### **After the Career Shadow**

- Maintain confidentiality of the worksite!
- **Complete and turn in** the following to the Career learning office: **Sample Questions, Reflection Sheet, Evaluation form** with your **Host’s business card** attached, and a neatly written or typed **Thank You Letter** written to your host. Also send a copy of **Thank You Letter** to your host.

**CORVALLIS SCHOOL DISTRICT'S**  
Career Shadow Experience  
**Sample Thank You Letter**

It is important to thank the person with whom you had the work-based learning experience. A personal business thank you letter does not have to be long, but it should include certain information and use correct formatting. Follow the formatting guide below:

*FOUR SPACES*

**Today's Date**

*FOUR SPACES*

**Mr. John Doe**  
**Hewlett Packard Company**  
**1000 NE Circle Blvd.**  
**Corvallis, OR 97330**

*TWO SPACES*

**Dear Mr. Doe**

*TWO SPACES*

**Body (message) of the letter:**

- 1. Thank your host for his/her time. Tell him why you appreciate his time.**
- 2. Write about something that you learned or found interesting.**
- 3. Write about something that you enjoyed during your work-based learning experience.**
- 4. Explain how this experience will help you in the future, in or after high school.**
- 5. Thank him/her again for his/her time.**

*BODY OF LETTER should be:*

- ✓ *SINGLE SPACED*
- ✓ *DOUBLE SPACING BETWEEN PARAGRAPHS*
- ✓ *DO NOT INDENT PARAGRAPHS*

*TWO SPACES AFTER THE LAST LINE OF THE BODY*

**Sincerely**

*FOUR SPACES*

Sally Smith (your handwritten signature)

**Sally Smith**  
**Name of High School**  
**Address of High School**  
**Corvallis, OR 97330**

## Career Shadow Sample Questions

Student's Name \_\_\_\_\_ Advisor \_\_\_\_\_ Grad Year \_\_\_\_\_

This experience is a great opportunity to learn more about a career area of your choice. Ask lots of questions! Remember you will turn in this information along with your reflection and the employer evaluation.

Listed below are sample questions you can ask. You may add to the list if you have questions not included. Be sure you understand and record your Host's responses.

1. What is the main purpose of this business? What does your organization/business produce or what services do you offer?

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2. What is your job title?

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3. What are your responsibilities?

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4. What training, skills and knowledge do you need for your job?

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5. How do you use writing, speaking, listening, reading, mathematical, and computer skills in your job?

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6. What is your education background?

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7. How did you decide to do this type of work?

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8. What do you like most about your job?

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9. What do you like least about your job?

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10. What do you think will be the demand for this career in the future and what will be some of the changes/challenges?

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11. What type of continuing training/education is required for your job?

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12. What are the most important non-technical skills required for your job?

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13. What advice would you give someone thinking of entering this career field?

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14. What high school classes and school/community activities do you recommend for someone considering this career?

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# Career Shadow Evaluation of Student

Corvallis School District

Please complete and give form to student to return to their teacher.

Student Name \_\_\_\_\_ Advisor \_\_\_\_\_ Grad Year \_\_\_\_\_

Person Shadowed \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Name \_\_\_\_\_ # of hours \_\_\_\_\_ Date Shadowed \_\_\_\_\_

Thank you for participating in this career related learning experience. Please evaluate this student in the following areas. Your comments are encouraged.

<b>Greeting and Introduction</b>	<b>Low</b> 1	2	3	4	<b>High</b> 5
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Comments: \_\_\_\_\_

<b>Promptness</b>	1	2	3	4	5
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Comments: \_\_\_\_\_

<b>Enthusiasm and Interest</b>	1	2	3	4	5
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Comments: \_\_\_\_\_

<b>Appearance and Grooming</b>	1	2	3	4	5
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Comments: \_\_\_\_\_

<b>Posture and Eye Contact</b>	1	2	3	4	5
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Comments: \_\_\_\_\_

<b>Quality of Involvement</b>	1	2	3	4	5
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Comments: \_\_\_\_\_

<b>Asks Meaningful Questions</b>	1	2	3	4	5
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Comments: \_\_\_\_\_

<b>Thank you and Handshake</b>	1	2	3	4	5
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Comments: \_\_\_\_\_

**Additional Comments:**

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

## Career Shadow Reflection Sheet

Student's Name \_\_\_\_\_ Advisor \_\_\_\_\_ Grad Year \_\_\_\_\_

Host Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

What did you like best about your career shadow experience? \_\_\_\_\_

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What did you like least about your career shadow experience? \_\_\_\_\_

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What new information did you learn about this career field? (Write at least three examples)

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How will this experience and what you learned benefit you in the future? \_\_\_\_\_

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Any suggestions/comments to improve the program? \_\_\_\_\_

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# Career Shadow Planning Guide

## Part #1

Name \_\_\_\_\_ Advisor \_\_\_\_\_ Grad Year \_\_\_\_\_

Age \_\_\_\_\_ Phone \_\_\_\_\_ Teacher \_\_\_\_\_ Block \_\_\_\_\_

Career Interest #1 choice \_\_\_\_\_ Possible Host \_\_\_\_\_

Career Interest #2 choice \_\_\_\_\_ Possible Host \_\_\_\_\_

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## Part #2

### Script for making the call:

**When you have a specific person in mind:** Hello, my name is \_\_\_\_\_ and I'm a student at "your school". May I please speak to \_\_\_\_\_? Hello, \_\_\_\_\_ this is \_\_\_\_\_ from "your school". As part of my career learning experience I am calling to see if I could shadow you at work for 2-4 hours one day this month/next few weeks. My goal is to learn more about the career area of \_\_\_\_\_.

**If yes,** arrange the day, time, meeting place, appropriate dress, ask for directions if necessary. Thank you and I look forward to seeing you on \_\_\_\_\_(date/time).

**Next,** fill out information under part #3

**If no,** ask if they have any suggestions as to whom you can call instead. Thank the person for his/her time.

**When calling a business with no specific person in mind:** Hello, my name is \_\_\_\_\_ and I'm a student at "your school". As part of my career development experience I am calling to see if I could shadow someone in your business for 2-4 hours one day this month/next few weeks. My goal is to learn more about the career area of \_\_\_\_\_. Who would you suggest I speak with to set up a shadow? Thank you.

**In case someone asks,** "What is a career shadow?" here is what you can say: It is a time for me to observe what a person does on the job and for me to ask questions about that job.

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## Part #3

Please fill in the information below:

Business Name \_\_\_\_\_ Host Name \_\_\_\_\_

Business Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Shadow date \_\_\_\_\_ Shadow time \_\_\_\_\_ # of hours \_\_\_\_\_

Notes (directions, where to meet, how to dress, etc.) \_\_\_\_\_

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

# **Corvallis School District Career Shadow**

## **Student Responsibility Agreement**

The Student Agrees to:

- **Be on time to the worksite as scheduled.**
- **During this experience the student will notify the Career Shadow host if he/she is unable to report as scheduled because of illness, death in the family, or other emergencies at the time.**
- **Abide by the rules, regulations, and policies of the community worksites and the school during the worksite experience.**
- **Show honesty, punctuality, and courtesy, a cooperative attitude, proper health and grooming habits, proper dress, and willingness to learn.**
- **Immediately notify the Career Education Specialist at your school about any difficulties concerning the experience.**
- **Complete all necessary academic requirements, information, reports, and time sheets relating to the career shadow experience.**
- **Maintain the highest level of confidentiality associated with the worksites.**
- **Provide own transportation to and from worksites.**
- **Receive no monetary compensation for hours worked during the career shadow experience.**
- **Ask employer to fill out and sign Career Shadow Evaluation of Student form at the end of the experience.**

**I have read the provisions of this agreement and agree to its contents.**

**Student's Name** \_\_\_\_\_ **Advisor** \_\_\_\_\_

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

**Student's E-mail Address** \_\_\_\_\_

**Grad Year** \_\_\_\_\_

**Corvallis School District Career Shadow**  
Parent Responsibility Agreement

Student Name \_\_\_\_\_ Advisor \_\_\_\_\_ Grad Year \_\_\_\_\_

**The Parent agrees to:**

- Approve, assist, and encourage the student to effectively carry out the duties and responsibilities associated with the experience.
- Share the responsibility for the conduct of the student while at the worksite.
- Be responsible for the safety and conduct of the student while traveling to and from the school, the worksites and home.
- Recognize and assume the family's responsibility to provide transportation to and from the worksites.
- Not hold the school or worksite provider/employees responsible for any potential health-related exposures.
- No monetary compensation for the student during the Career Shadow.
- Encourage punctuality.
- Contact the Career Education Specialist, (kelley.young@corvallis.k12.or.us) at your child's school for any information regarding the program.

**I have read the provisions of this agreement and agree to its contents.**

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

Parent's Name \_\_\_\_\_

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

**CAREER SHADOW EXPERIENCE  
PARENT / GUARDIAN AUTHORIZATION**

This form notifies the parent/guardian of student participation in the Career Shadow Experience, releases school liability, and authorizes medical attention in the event of an emergency. This form must be completed before the student visits the career shadow site. Career shadow sites will be determined at a future date during a career education lesson.

**Permission to Participate in Career Shadow Experience**

I, \_\_\_\_\_ (parent/guardian), give permission for \_\_\_\_\_ (son or daughter) to participate in a Career Shadow Experience. I, also, agree with the travel arrangements listed below. I understand that school personnel may not have visited the site, may not have met the host, will not be present when the student is at the site, and will not supervise the visit. The employees at the site may also have not been screened and criminal history verification may not have been processed. I agree to hold Corvallis School District, its officials, agents and employees harmless against any claims for injury or damage except in those cases where the acts of Corvallis School District, its officials, agents, and employees have been determined to be negligent by a court of competent jurisdiction.

**Medical Release**

In the event my child may need medical treatment, I hereby consent and authorize an adult representative of the Career Shadow Experience provider to permit such treatment on my behalf. I agree to be responsible for the cost of any medical services and to indemnify the Corvallis School District and the Career Shadow Experience provider for such expense.

My child does not have any physical or mental condition which restricts or prevents him or her from participating in the scheduled activity, or which would increase the risk of harm to my child with the exception of the following:

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

**Travel Information and Release (Family provides transportation)**

My student is responsible for his/her transportation arrangements. Explained below are the travel arrangements my student and I have agreed upon.

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

Parent/Guardian Signature	Date	Phone Number
Emergency Contact Person	Emergency Phone Number	
Student's Name	Student's Advisor	

**THIS ACTIVITY IS NOT AUTHORIZED BY THE CORVALLIS SCHOOL DISTRICT  
UNLESS THIS FORM IS SIGNED AND RETURNED TO THE HIGH SCHOOL'S  
CAREER LEARNING OFFICE PRIOR TO THE CAREER SHADOW EXPERIENCE.**