



SCHOOL DISTRICT OF BLACK HAWK
Job Shadow Verification Form

Student Name: _____

Job Shadowing Site Information

Company Name: _____

Company Address: _____

Company Phone Number: _____

Name of Job Shadow Supervisor: _____

Job Shadow Supervisor Name (Printed)

Job Shadow Supervisor Signature

Job Shadowing Experience Began at: _____ am/pm

Job Shadowing Experience Ended at : _____ am/pm

Parent Name (Printed)

Parent Signature

JOB SHADOW STUDENT REFLECTION FORM

Student: _____ Job site: _____

Dates of Job Shadow: _____ Department: _____

Total Number of Hours on Job Shadow: _____

Person(s) shadowed: _____

1. Describe the department/work site you visited:
2. What type of work activities did you observe during your job shadowing experience?
3. What did you like best about your job shadowing experience?
4. What did you like least about your job shadowing experience?
5. What surprised you most about what you observed, heard, did, or learned?
6. If you wanted to work in the department/work site you visited, what might you do to prepare in the next five years, both in high school and afterwards?
7. Would you consider a career in the type of industry in which you job shadowed?

Why or why not?

8. From your perspective (your interests, abilities, and goals) identify aspects of the job that were:

Positive:

Negative:

9. Did the job shadowing experience influence your career choice/goals?
How?