

Job Shadowing/Company Tour
Solanco High School
585 Solanco Road
Quarryville, PA 17566

Student Name: _____ Date: _____

Date of Job Shadow: _____

Job Shadow Assignment: _____

Teacher Permission: I give my permissions for the above named student to be excused from my class for one period. **The student is responsible for making up any missed assignments.**

Period

Teacher Signature

Period 1 _____

Period 2 _____

Period 3 ADV _____

Period 4 _____

5A LUNCH _____

5AB _____

5BC _____

5C LUNCH _____

5CD _____

5DE _____

5E LUNCH _____

Period 6 _____

Period 7 _____

Return this completed package the day before you attend your job shadow assignment. The questionnaire must be filled out during your shadowing and returned the following day.

Solanco School District
Agreement for Shadow Placement

Please print or type

Student Name _____ Phone _____

Address _____

Student's Shadow Objective _____

Job Category _____

Counselor/Instructor Recommending the student _____

Guidelines for Shadow Program

1. All Six of the following criteria must be met to be certain that the student is not considered an employee within the meaning of the Fair Labor Standards Act and the Pennsylvania Minimum Wage Act.
 - a. The shadowing even though it may include the actual operation of the facilities of the above company, is similar to that which would be given at the school or career center.
 - b. The shadowing is for the benefit of the student.
 - c. The students do not displace regular employees, but observe and participate in work occupational activities under close supervision.
 - d. The above company derives NO IMMEDIATE ADVANTAGE FROM THE ACTIVITIES OF THE STUDENT, and no occasion operations may actually be impeded.
 - e. The students understand that they are not entitled to a job at the conclusion of the Shadow Program.
 - f. The above company and the students understand that no wages will be paid for the time spent in the observing and practicing.

Solanco School District Agreement for Shadow Placement

2. No student will be permitted in the Shadow Program who has failed to maintain a satisfactory discipline record over the previous school year. The instructor recommends students for shadow status. Suspension from class for any social rule infraction would be reason to withhold student's privilege or remove that student from the Shadow Program.
3. A Shadow Agreement must be completed prior to reporting for Shadowing.
4. Students will be assigned for the Shadow experience only during days and hours that the school is in session. Schedules are to be presented before the students goes on Shadow.
5. Students will be expected to wear attire appropriate for the workplace.
6. Transportation is the responsibility of the student.
7. Each student is expected to be in attendance at the above company the day of the Shadow Program. Early dismissal from the above company will not be accepted. The student must call the school office and the above company on the schedule day if it is impossible to attend.

Student Shadow Responsibilities

1. The student will adhere to the above company policy, the student may be asked to leave the above company property for the same reasons as those for regular employees.
2. The student must be regular in attendance during the Shadow Program. Early dismissals will not be permitted. If unable to attend because of illness or unforeseen emergency, the above company and the school must be notified before the start of the normal work day.
3. The student and parents agree to be responsible for transportation between the school and the above company. The student must be covered by automobile insurance for travel to and from the above company. (Pennsylvania State Law)
4. The student agrees to carry school insurance, have comparable coverage or sign the attached waiver for accident protection.
5. The student and parents agree that treatment of illness or injury at the above company will not be given without signed permission of the parent or guardian, except under emergency conditions.
6. The student understands that no wage will be paid for the Shadow Program

School Responsibilities

1. The program is under the direct supervision of an administration/counselor/instructor.

Solanco School District Agreement for Shadow Placement

Shadow Checklist

Transportation Arrangement STUDENT . Parents Medical Insurance Carrier _____

Shadow Schedule

Date _____ Hours _____

The above company will not discriminate in employment, educational programs or activities, based on race, sex, handicapped, or because a person is a disabled veteran of the Vietnam era. This policy of non-discrimination extends to all other legally protected classifications. Publication of this policy is in accordance with state and federal laws, including Title IX of the Education Amendments of 1972 and Sections 503 and 504 of the Rehabilitation Act of 1973.

The School District will not discriminate on the basis of race, color, national origin, sex or handicap in its admission procedure, education programs and activities, or employment practices as required by Title VI, Title IX and Section 504. For information regarding civil rights or grievance procedure, contact Solanco School District, Superintendent Dr. Hudacs.

We, the undersigned agree to the conditions and statements contained in this agreement.

Student/learner _____ Date _____

Parent/Guardian _____ Date _____

School Administrator _____ Date _____

Counselor/Instructor _____ Date _____

Company Name _____ Date _____

Name & Title of Company Sponsor

_____ Date _____

This is to authorize the above company to obtain for _____
(Student name)

Whatever medical services are deemed necessary.

Parent/Guardian Signature _____

****to be completed by all parties prior to shadowing experience****

TO BE COMPLETED IF STUDENT IS NOT COVERED BY INSURANCE

NON-EMPLOYEE-NON-PAID WORK BASED WAIVER FORM

Solanco School District
ACCIDENT INSURANCE WAIVER
RELEASE OF LIABILITY

THIS WAIVER is made between **Solanco School District** and the undersigned Student and, if the Student is under the age of 18, his or her undersigned legal guardian.

Background: The Student will be participating in an educational program sponsored by the School. The School has strongly recommended that the Student have accident insurance, either purchased through the home school or through a family or individual policy. The Student does not have such insurance in force; however, the Student (and legal guardian if applicable) must have requested that the Student nevertheless be permitted to participate in the program. Although safety precautions are addressed at the School, the very nature of programs conducted by the School makes the possibility of an accident and injury to Student greater than in the typical classroom. For this reason, the School is requiring signature of this document as a condition to participation in the program.

W I T N E S S E T H:

Intending to be legally bound, I hereby:

1. Acknowledge that there is an inherent risk of injury to Student in the program operated by the School, and that the School has recommended purchase of a health or accident policy covering Student.
2. Acknowledge that I have declined to purchase such an insurance policy and nevertheless wish Student enrolled in the program.
3. Agree that I, as the Student or Legal Guardian of the Student, am assuming the risk of any injury which may result from the Student's participation in the program, or travel to and from facilities used in the program, regardless of the cause of causes of such injury.

Solanco School District
ACCIDENT INSURANCE WAIVER
RELEASE OF LIABILITY

4. Release the School, and also the home school district specified below, and their officers, directors, employees and agents (The "Release Parties") from any and all liability for any damages, injury, or expense which may result from the Student's participation in the program. I understand that in signing this release I am releasing any and all claims, including claims for medical expenses of deductibles on a family of individual insurance policy.
5. REPRESENT TO THE SCHOOL THAT I HAVE READ THIS FORM, I UNDERSTAND IT, I AM SIGNING IT WILLINGLY, AND I INTEND THIS RELEASE TO BE LEGALLY BINDING ON ME, MY HEIRS AND ASSIGNS.

DATE _____

SIGNATURE OF
STUDENT

(Print student Name)

(Print Home School District)

SIGNATURE OF PARENT/LEGAL
GUARDIAN

SIGNATURE OF PARENT/LEGAL
GUARDIAN

Job Shadowing Interview Worksheet

Explain to the person being shadowed that you would like to do an interview. This interview will help you to learn more about the particular occupation and the preparation necessary for this career. Use the following questions and any others you feel are appropriate.

Name of the Occupation:

Person being interviewed:

Questions:

1. How and when did you first become interested in this occupation?

2. What circumstances/situations influenced you to choose this occupation?

(Some suggestions; family tradition, another person, school recommendation.)

3. What qualifications are required for this occupation?

4. What kind of education or training is necessary for success in this field?

5. What physical requirements are part of your work?

***** Return after Shadowing**

Summary Report-Shadowing Job

Name _____

Date _____

Use this worksheet to summarize the job shadowing experience.

1. Describe a typical day in this job.

2. Explain what you like about the kind of work that is done in this job.

3. Now that you have experienced a “typical” day on the job, explain how you feel the information collected has affected your interest in this job?

Additional Comments:

*****Return after job shadowing**

Job Shadowing Do's and Don'ts

Do:

- Use a polite and professional tone when making the first contact to the site to set up your visit.
- Ask for times of operation and where you should report upon arrival.
- Ask about lunch arrangements. Will you be permitted to dine with the staff, are there lunch facilities nearby, should you pack a lunch?
- Dress appropriately for the day. *If you are going to a school, dress as a student teacher would, not as a student. Take a jacket for recess time-if you are at an Elementary school. If you are going to a business, business casual wear is the minimum standard. For men: collared shirt, tie and dress slacks. For women: either a dress or skirt/slacks and blouse. If you are visiting a shop where you know there may be dirt or grease, it would be appropriate to still dress in good work boots, clean jeans and a collared polo or shirt.*
- Be prompt. Also, be polite and courteous.
- Show an interest in what the person is saying, even if that phase of the job doesn't seem to fit with your interests.

Ask questions; show them that you are interested in learning more about their job.

Don't

- Forget to show up or show up late.
- Look like you just rolled out of bed.
- Treat this like a free day off school.
- Use inappropriate language.
- Forget to thank them for their time and help.
- Leave early unless you've arranged a departure time in advance.
- Forget to call if you are sick that day and need to reschedule.
- Forget to complete the questions sheet and return them to your Guidance Counselor after the experience.

