



## SASD Job Shadow Experience Application & Permission

*This application must be submitted to the Guidance department Prior for approval.*

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Student's Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Career Title: \_\_\_\_\_

Adult Sponsors Name: \_\_\_\_\_

Company / Organization: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work email Address: \_\_\_\_\_

Work Phone Number # of the Company/ Organization: \_\_\_\_\_

Date of Job Shadow Experience: \_\_\_\_\_

### **Please read and attest to the following statements**

I understand that the job shadow is a graduation requirement of the Shamokin Area School District and must be completed prior to the last week of April. If the parent / guardian of the said graduating child will arrange and provide necessary transportation so that they may participate, in doing so I take full responsibility for my child's safety and welfare on this day.

I understand that the school personnel may not have visited the business site, may not have met the host, will not be present when the student is at the site, and will not supervise the visits. Please talk to your child about safety when participating in their job shadowing experience.

I also understand that my child/student is to complete and return the "On -The Job-Questionnaire" within a week of job shadowing or the missed time will become unexcused absences.

Signature of the Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## ON THE JOB QUESTIONNAIRE

Please use complete sentences when responding to the following questions.

Student's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

1. What does this person do in this job? ( Summary of work activities/ responsibilities)

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2. What education, training, or qualifications are necessary to prepare for this job? Where did they get trained?

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3. How do computers/ technology play a role in this job?

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4. How do subjects such as English/ Language Arts, Science, Math, and Social Studies relate to this job?

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5. What Happens to an employee who is chronically absent or frequently tardy to work?

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**This section is for the career sponsor to fill out during the job shadow experience only.**

Hours: Starting time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Time attended: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_