

Job Shadow Employer Information

To: participating employers
From: Co-operative Education Department
Re: Job Shadow experience

Thank you for participating in this job shadowing opportunity. An important component of co-operative education is career exploration. Spending time with you, observing, asking questions and learning as much as possible about your occupation gives our students experience that can't be provided at school.

Students are covered for personal injury by the Bluewater District School Board's insurance policy. Students are not under any circumstances allowed to operate motorized vehicles during the job shadow experience.

Each student is required to complete a co-op placement orientation questionnaire. Many students select future co-operative education placements based on their job shadow experience. The student must complete this sheet and then bring it back to school following their job shadow experience.

Please contact us should you have any questions or concerns.

Sincerely,

Charlotte Wepler (ext. 546), Rachael Murray (ext. 547), and Michael Foulds (ext. 610)

Date of visit: _____

Name of student: _____

Contact person in case of an emergency and telephone number: _____

Student Health Card Number: _____

Time of arrival: _____

Time of departure: _____

Supervisor/Employer Signature: _____

Title _____

Telephone number _____

Thanks for supporting co-operative education!

TO: Parents/Guardians of Co-operative Education Students
RE: Job Shadowing
FROM: Co-operative Education Department

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As part of your son's/daughter's co-operative education program, we are providing students with the opportunity to participate in a job shadowing program. Several students have indicated an interest in exploring careers different from their present program. This is an excellent way to make wise career decisions.

Some students may decide to arrange job shadow placements in a career area similar to their present placements, but at a different location. They may also choose to do a job shadow in a different area, providing it is a realistic, attainable career option.

Students are expected to arrange their own transportation to and from the job shadow workplace.

Under no circumstances are students allowed to operate motorized vehicles. If the student is unable to attend the job shadow because of illness etc. the student must contact the workplace as well as the co-op teacher who has arranged the job shadow for the student. An interview form as well as a reflection form must be completed and returned to the co-op teacher following the job shadow.

In order for your son/daughter to participate, your permission is required. Please complete the attached consent form and return it to me as soon as possible.

Yours truly,

Charlotte Wepler (ext. 546), Rachael Murray (ext. 547) and Michael Foulds (ext. 610)

John Diefenbaker 519 364 -3770

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JOB SHADOWING CONSENT FORM

I, _____ give/do not give my permission for my son/daughter,
(Parent/guardian's name)

_____ to participate in a Job Shadowing experience at
(Student's full name)

_____ on _____.

(Date) _____

(Signature of parent/guardian)

Co-op Job shadow opportunity

Dear classroom teacher:

_____ requests permission to be absent from your class on _____ in order to participate in a job shadow opportunity. He or she understands that he/she is responsible to catch up on any missed work and should communicate with you several days prior.

Thank you for your support.

Please address Ms. Wepler (ext 546), Mrs. Murray (ext. 547) or Mr. Foulds (ext. 610) should you have questions or concerns regarding this job shadow experience.

Please provide your signature beside the appropriate period.

Period A _____

Period B _____

Period C _____

Period D _____

Job Shadow Interview Form

Student Name:

Name of Person Interviewed:

Name of Company/Business:

Description/Nature of Company or Business:

Interview Questions (asked and completed by the student)

1. What is your job title?
2. What are the duties and responsibilities of your job?
3. How many hours per day or week do you work?
Do you work shifts?
4. Can you tell me about your background and how you got into this field?
5. a) What do you like the most about your work?

b) What do you like the least about your work?

6 a) What education or training is needed for this occupation?

b) What training have you completed since starting the job?

c) What personal characteristics are required for someone to be successful in this job?

7. Is there a steady demand for workers in this field? How much job security is there?

8. What should people do to get started in this career? (i.e. experience, training, education)

9. How might this job change in the future?

10. What other jobs could you do with the skills/education you have gained in this field.

11. How are new employees hired for this position?

12. Ask one additional question of your choice:

Q. _____

A. _____

Student Interviewer's Signature

Employer's (Interviewee) Signature

Job Shadowing Student Reflection Sheet

You must complete one of these forms for each job shadow.

Your name:

Name of workplace:

Name of Supervisor:

Date of job shadow:

1. Why did you choose to job shadow here?

2. List at least 3 activities that you observed while at your job shadow.

3. What activities did you find most interesting? Why?

4. Which activities did you find least interesting? Why?

5. What did you learn about this particular career that you did not know before the interview?

6. Would you consider a career in this area? Why or why not?

7. Would you like to do another job shadow? If so, where?

8. Was your job shadow experience of value to you?

Do you think it should continue to be offered as part of the co-op program?

Why or why not?

9. Briefly, tell me how you felt about interviewing someone. Did you enjoy it? How could you improve your interviewing technique?

**Have you submitted your employer information sheet, signed by the employer?
Your completed job shadow interview sheet?**