

Job Shadow Day 2/5/24

Permission Form Due January 26th



Job Shadow Day - February 5, 2024

Each year, Area Career Center students from all CTE programs are encouraged to get an up-close look at a person in their profession/pathway or related field.



Goals

- Students connect classroom knowledge to working in the field.
- Students become aware of various career choices.
- Motivate students to achieve

How it Works

1

Student identifies and secures a person in their CTE field/pathway to shadow. The job shadow consists of a minimum of **2.25** hours where the student can interview/ask questions, and observe (hands-on where able) various activities.

2

Student submits a completed "Permission to Participate Form" to the Student Services Office by **JANUARY 26, 2024**.



FEBRUARY 5, 2024 - Job Shadow Day

WHAT TO BRING

Student reports directly to the shadow site with the following:

1. Copy of Permission to Participate Form
2. Job Shadow Confirmation Form (to be signed while at the site)
3. Paper and writing utensil to take notes
4. Copies of their resume, should they have the opportunity to be considered for future employment.
5. Appropriate attire and any tools/equipment required for the work environment
6. **An enthusiastic professional attitude**



3

MANAGING EXPECTATIONS

Students should respect that the job shadow person is giving of their time and knowledge to allow you to shadow them. This should be a positive experience for all involved.

- Determine time needed to arrive to the location and allow extra time - **DO NOT ARRIVE LATE!**
- Cell phones should be off and away (even if the job shadow person is using theirs).
- Be enthusiastic and participate in each activity suggested.
- Speak to as many people as you can and feel free to ask for business cards if interested in talking with them more.
- Smile, shake hands, and introduce yourself to every person you meet.
- Remember to be respectful of people's time.

4

FEBRUARY 7, 2024

Student submits the **signed** Job Shadow Confirmation Form along with answers to the reflection questions to Student Services Office & mails/e-mails thank you note to the person they shadowed.



How it Works

1

Student identifies and secures a person in their CTE field/pathway to shadow. The job shadow consists of a minimum of **2.25** hours where the student can interview/ask questions, and observe (hands-on where able) various activities.

2

Student submits a completed "Permission to Participate Form" to the Student Services Office by **JANUARY 26, 2024**.

Signed
Permission
Due
January
26th

**JOB SHADOW
PERMISSION TO PARTICIPATE FORM
DUE JANUARY 26, 2023**

Student Name: _____ Home School: _____
ACC Program: _____
Job Shadow Site: _____
Site Address: _____
Contact Person: _____ Phone: _____
Occupation(s) to observe: _____
Date: _____ Begin Time: _____ End Time: _____

Parent Approval
I give my permission for my child to take part in this job shadow opportunity. I understand the responsibilities placed upon my child.
I understand that I am responsible for my child during this time away from school. I will not hold the business, the school, the school district, nor any employees of such organizations liable for any injuries sustained by my child during his/her participation in this program. I understand that school personnel will not be present and will not be responsible for my child.

Permissions to Travel
As a parent/legal guardian of the above-named student, I hereby consent he/she may drive a private vehicle to and from the site. I acknowledge that he/she is licensed to drive under the laws of the State of Indiana. I understand that automobile insurance is required.
____ Yes ____ No - Please indicate the transportation arrangements _____

Medical Authorization and Emergency Information
Should it be necessary for my child to receive medical treatment while participating in this job shadow site visit, I hereby give the School/City of Hammond and/or the site personnel permission to use their best judgment in obtaining medical services for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate. Permission is also granted to release emergency contact medical history to the attending physician or to the site personnel, if needed.
____ Yes ____ No
Does your child require any special accommodations because of medical limitations, allergies, disabilities, or other restrictions? If yes, explain.
____ Yes ____ No _____

Page 1 of 2

Emergency Contact Information
Guardian Name: _____
Relation to Student: _____ Phone: _____
Additional Contact: _____
Relation to Student: _____ Phone: _____
Parent Legal Guardian Printed Name: _____ Parent Legal Guardian Signature: _____
Date: _____

Student Responsibilities
I understand that while participating in this experience, I am representing the Area Career Center. I agree to be on my best behavior. Should I be absent from my home school, I will notify my teachers in advance to receive and complete any missed work. I understand that if all guidelines are followed and I turn in the required paperwork, time away from school will not count against my attendance.

Student Printed Name: _____ Student Signature: _____
Date: _____

Home School Approval
Printed Name: _____ Signature: _____
Date: _____

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BETWEEN JANUARY 26TH & FEBRUARY 2ND YOU WILL RECEIVE: JOB SHADOW CONFIRMATION FORM and YOUR SIGNED PERMISSION TO PARTICIPATE FORM



5727 Sable Avenue
Hammond, IN 46320
(219) 933-2428

Job Shadow Confirmation

Student

Name: _____ Program: _____

Job Shadow Site: _____ City, State _____

Occupation Observed: _____

Person Observed: _____

Begin/End Time: _____ / _____

I confirm that this student has completed the job shadow activity as indicated above (attach a business card if available):

Contact Person Signature _____ Date _____

Student Signature _____ Date _____

Student Reflection

Directions: Write or type your answers on separate piece of paper. Attach the answers to this form and turn it in to the Student Services Office by **February 6, 2023**.

1. What does this company/organization do?
2. What are the different job(s) you observed?
3. What are the main duties of the job(s)?
4. What education or training does the job(s) require?
5. What skills, talents, and personality traits are needed for this job(s)?
6. What is the most interesting thing you learned or observed?
7. Now that you know more, are you interested in this job(s)? Why or why not?

DUE FEBRUARY 6, 2023

Area Career Center

5727 Sable Avenue
Hammond, IN 46320
(219) 933-2428

JOB SHADOW PERMISSION TO PARTICIPATE FORM DUE JANUARY 25, 2023

Student Name: _____ Home School: _____

ACC Program: _____

Job Shadow Site: _____

Site Address: _____

Contact Person: _____ Phone: _____

Occupation(s) to observe: _____

Date: _____ Begin Time: _____ End Time: _____

Parent Approval

I give my permission for my child to take part in this job shadow opportunity. I understand the responsibilities placed upon my child.

I understand that I am responsible for my child during this time away from school. I will not hold the business, the school, the school district, nor any employees of such organizations liable for any injuries sustained by my child during his/her participation in this program. I understand that school personnel will not be present and will not be responsible for my child.

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_____ Yes _____ No

Does your child require any special accommodations because of medical limitations, allergies, disabilities, or other restrictions? If yes, explain.

_____ Yes _____ No

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Hammond, IN 46320
(219) 933-2428

Parent/Legal Guardian Signature

I am representing the Area Career Center. I am my home school. I will notify my teachers in advance that if all guidelines are followed and I will not count against my attendance.

Student Signature

Signature

FEBRUARY 5, 2024 - Job Shadow Day

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FEBRUARY 7, 2024

Student submits the ***signed*** Job Shadow Confirmation Form along with answers to the reflection questions to Student Services Office & mails/e-mails thank you note to the person they shadowed.

Date

Dear _____

Thank you for taking time to meet with me on Thursday, February 5th. I found it interesting to learn more about you and your _____. I enjoyed _____.

Thank you again for a great experience that will help me prepare for my future career.

Sign your name

*JOB SHADOW PARTICIPATION
IS EXCUSED ABSENCE
IF YOU SUBMITTED THE FOLLOWING
COMPLETED FORMS:*

Permission to Participate Form by January 26th

*Job Shadow Confirmation &
Student Reflection by February 7th*



Presentation Available
on ACC Website Calendar
(near bottom)

UPCOMING EVENTS

JANUARY 15
Martin Luther King Day (No
School)
ALL DAY EVENT

JANUARY 26
Job Shadow Permission to
Participate Form Due
ALL DAY EVENT

[📎 job_shadow_permission_to_participate.pdf](#)

FEBRUARY 5
Job Shadow Day
ALL DAY EVENT

ACC WEBSITE
SCAN ME