

Job Shadow Confirmation

Student Name: _____ Program: _____ AM/PM

Job Shadow Site: _____ City, State _____

Occupation Observed: _____

Person Observed: _____

Start/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 into the Student Services Office by **February 13, 2026**.

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 13, 2026