<u>USE BEFORE</u>: **<u>JOB SHADOW CHECKLIST</u>**

Student Name: _____ School: _____

Advisor: _____ Student Number:_____

Time and Place of Job Shadow

_____

Contact Person Telephone Number

_____

Organization/Business Shadow Date

_____

Street Address Shadow Time

_____

City, State, Zip Code

Travel Arrangements: _____

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Items to be Completed	Date Completed	Initials
<u>Before</u> Job Shadow:		
1. Complete Get a Life & Micro Credential.	_____	_____
2. Read Job Shadow Handbook.	_____	_____
3. Have parent/guardian(s) sign and return the Consent Form	_____	_____
4. Review *dress code, student responsibilities, questions, and observations*.	_____	_____
<u>The Day</u> of Job Shadow:		
1. Student reports to work site with **paper, pen, or pencil** and Job Shadowing Handbook to complete.	_____	_____
2. Attentively participate at job shadow site.	_____	_____
<u>The Day</u> After Job Shadow:		
1. Question Sheet satisfactorily completed and turned in.	_____	_____
2. Reflection Sheet satisfactorily completed and turned in.	_____	_____
3. Thank you note satisfactorily completed and turned in.	_____	_____