

MISSOURI A+ SCHOLARSHIP PROGRAM

Job Shadowing Experience Form

_____ (Initial that you understand these expectations) **Job Shadow expectations:** You may not miss school for a job shadow. You may not shadow a parent or step-parent. You may not shadow at your own place of employment. The job **MUST** be a field that you have some interest in as a future career. If you shadow multiple days with the same professional, you can use one form. If you shadow multiple professionals, you must get a new form for each experience. The maximum number of A+ hours you can earn for Job Shadowing is 12.5. The professional must sign this form to verify the hours you shadowed. To get credit for these hours, please turn in this completed form, with the reflection stapled to the back, along with a time sheet with the date and hours shadowed. The professional only needs to sign **THIS** form; they do not need to also sign your time sheet. Just write "see attached" in the signature field on the Time Sheet for Job Shadowing hours.

Name: _____ Graduation Year: _____

Date of Job Shadow: _____ Start time: _____ Stop time: _____

Date of Job Shadow: _____ Start time: _____ Stop time: _____

Name of company/organization: _____

Name of professional: _____

Job Title: _____

Education/Training of professional: _____

Email: _____

Phone: _____

Signature of professional: _____

What type of career is this profession? _____

(Creative, Business & Technology, Health, Helping, Building & Fixing, or Nature)

What type of post-secondary education or training does the professional recommend to obtain a job in this field?

Attach a paragraph or two to this form to describe your job shadowing experience. Please include what you did, who you met, what you learned about the profession, and why this experience was beneficial to you.