



CHAPIN HIGH SCHOOL JOB SHADOWING REQUEST FORM

PROCEDURES:

1. Complete all Job Shadowing forms attached.
2. Job Shadow Request (completed) forms submitted to Mrs. Moseley in the Career Center (Room A101) at least **5 days prior to the scheduled shadow date** for approval to Job Shadow.
3. Complete the Student Assignment pamphlet and have the job host sign the form.
4. **Within Two (2) days after the shadow experience**, the completed Student assignment **and** the "Thank You" note handwritten by the student to the host are due to Mrs. Moseley. (Room 101 - I will mail the Thank you note for you)
5. **Failure to complete, the absence may be UNEXCUSED.**

STUDENT & PARENT / GUARDIAN RESPONSIBILITIES:

- Students who are participating in Job Shadowing as part of a class project must follow the procedure outlined above. **Prior approval must be given in order to receive an excused absence.**
- Students and their parents/guardians must arrange for transportation to and from the shadowing worksite.
- Any school work missed as a result of being absent for shadowing is the responsibility of the student.
- Participation in a Job Shadowing experience will be recorded. This experience can be used during the high school years to assist students in making educational plans and career decisions.
- **Proper Dress is required in accordance with D5 Student Dress Code. No jeans, t-shirts or flip flops allowed unless pre-approved by the Job Shadowing Host and confirmed with the Career Specialist which is dependent on the Job Shadow host site.**

Job shadowing is a privilege, not a free day from school.

An electronic **Job Shadowing Verification/Evaluation** form will need to be completed by the person you shadowed with current contact information and returned to the Career Specialist or School Counseling.



INSURANCE and EMERGENCY INFORMATION

PERSONAL DATA:

Student's Name: _____ Birth Date: _____

Student's Home Address: _____

City _____ State _____ Zip _____ Home Phone: _____

Parent/Guardian Name: _____ Work Phone: _____

Employer Name/Address: _____

Parent/Guardian Name: _____ Work Phone: _____

Employer Name/Address: _____

EMERGENCY CONTACT: _____ Phone: _____

STUDENT MEDICAL INFORMATION

List medical information about the student that would be helpful in case of an emergency.

Allergic to medications? () YES () NO If YES, what medications? _____

List any physical or medical limitations: _____

INSURANCE COVERAGE

Please identify who is providing coverage by placing an (X) in the appropriate space. For unpaid Work-based experiences liability and Worker's Compensation is provided by SD5LRC. For paid Work-based experiences liability and Worker's Compensation must be provided by the employer/business. Health and accident coverage must be provided by the student/family in either case.

INSURANCE COVERAGE	YES / NO	FAMILY	SCHOOL	EMPLOYER
Worker's Compensation	YES	_____	_____	<u>X</u>
Health/Accident	YES	<u>X</u>	_____	_____

➡ Name of Health/Accident _____

Insurance Co: _____ Insured: _____ Policy #: _____

PARENT/GUARDIAN CONSENT

I consent for my child to receive emergency medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

➡ _____ Date _____
Parent/Guardian Signature

➡ _____ Date _____
Parent/Guardian Signature

➡ _____ Date _____
Student Signature

JOB SHADOWING

- ☐ Complete this shadowing information packet.
- ☐ Return completed forms to Mrs. Tucker in School Counseling at least **5 days** prior to shadowing date for approval.
- ☐ Complete informal follow up with your school counselor. If the informal follow-up and/or the formal thank you note are not completed the absence will be unexcused.

ABOUT THE SITE

Student Name _____ Grade _____ Shadow Date _____

Shadowing Host _____ Shadowing Host Job Title _____

Name of Business _____ Phone # _____ Email _____

Business Address _____

Street

City

State

Zip

Are the employees at this work site engaged in hazardous occupations? _____ Yes _____ No

Will the Shadowing opportunity involve a hazardous occupation as defined under Federal Guidelines? _____ Yes _____ No

Nature of work the student will be observing: _____

POLICY AGREEMENT

All parties must jointly agree to the following guidelines.

1. There will be NO monetary compensation for participation in the shadowing program.
2. The shadowing experience shall be at a business/industry site directly related to the occupational interest expressed by the student.
3. The parent or guardian shall be responsible to the school for the conduct of the student who is participating in the shadowing program.
4. The employer will provide safety instructions.
5. This agreement may be terminated after consultation with the shadowing coordinator, for due cause, or for unforeseen business conditions.
6. The shadowing site shall conform to all federal, state, and local labor laws while providing the student with a variety of observation experiences.
7. The shadowing site shall provide an evaluation of the student after the experience.
8. The student will remain at the shadowing site for the identified minimum amount of time.
9. Within five school days the student will return the follow-up forms. The student will receive forms when this application is returned to the coordinator.
10. If for some reason the shadowing coordinator finds that the student may not participate in shadowing, the student and parent will be notified BEFORE the scheduled date.
11. The absence will be an EXCUSED ABSENCE as long as conditions have been met. The coordinator will contact the attendance office with this information.
12. All students will be accepted and assigned to shadowing sites without regard to race, color, national origin, sex, handicap, or disadvantage.

CHS Career Specialist

Date

Shadowing Worksite Host

Date

Student

Date

Parent

Date

STUDENT/TEACHER AGREEMENT

Students must have the SIGNATURE of any teacher whose class will be missed for the shadowing experience before this form is returned to the school coordinator.

TEACHERS: This is to notify you that _____ will be excused from school on _____ to participate in

Student Name

Date

Job Shadowing. This is to be treated as a work-based learning experience. The student agrees to arrange for make-up work prior to shadowing. Please sign on the correct line below to indicate that you have been notified.

1A _____ 5B _____

2A _____ 6B _____

3A _____ 7B _____

4A _____ 8B _____

X

School District Five of Lexington and Richland Counties does not discriminate on the basis of age, race, creed, color,, spousal affiliation, sex, national origin,orientation, religion, pregnancy,to the armed forces,status with regard to admission to, treatment in, or employment in its programs and activities as required by Title II of ADA, Title VI, Title IX and Section 504, or any other protected characteristic, as may be required by law.Non-discrimination inquiries regarding students should be addressed to the Director of Special Services/504 & ADA Student Coordinator.Non-discrimination inquiries regarding employees and adults should be directed to the Chief Human Resources Officer/ Title IX & 504/ADA Employee Coordinator. Either can be contacted at 1020 Dutch Fork Road, Irmo, South Carolina 29063.(803) 476-8000.