

JOB SHADOW

Health Care Career Cluster



GREEN BAY AREA
PUBLIC SCHOOL DISTRICT

All learning. All growing.

Dear Student and Parent/Guardian:

Job Shadow is a career exploration experience where students learn about a career by walking through a part of the work day as a “shadow” to a professional in a local business, industry or organization. Students witness firsthand the work environment, employability and occupational skills in practice, the value of post-high school education and training, and potential career options. Job shadowing is designed to reinforce the link between the high school classroom and work requirements.

Please carefully review all the job shadow experience forms and information provided for you! The directions for completing the request for a job shadow experience are outlined for you on the next page. If you have questions or need help completing the application or career research, contact me, your school counselor, or the Career Center Coordinator at your high school.

Thank you for your interest in participating in a job shadow experience! I hope you will gain valuable information to support your career exploration and learn first-hand from working health care professionals within our community.

Sincerely,

Lori Peacock
Career and Technical Education Partnerships and Program Coordinator
Green Bay Area Public School District
200 S. Broadway Street
Green Bay, WI 54303
Tel: (920) 448-2018
lcpeacock@gbaps.org

High School HealthCare Job-Shadowing Experience

Congratulations on taking steps to explore your future health care career! If you have any questions at any time during this process, talk with your school counselor, a teacher, the Career Center Coordinator at your high school, or the district's job shadow coordinator. Before you will be scheduled for a one-on-one job-shadow experience you **MUST** complete at least one career exploration activity:

- | | |
|--|--|
| <input type="checkbox"/> GB Healthcare Alliance Career Exploration | <input type="checkbox"/> Meet with your school counselor to discuss careers in health care |
| <input type="checkbox"/> Completed a 9 th or 11 th grade Academic & Career Planning Conference with your school counselor | |
| <input type="checkbox"/> CNA Certification | <input type="checkbox"/> Youth Apprenticeship Health Care Student |
| <input type="checkbox"/> Health Co-Op Student | <input type="checkbox"/> Long-Term Care Facility/Nursing Home Tour |
| <input type="checkbox"/> NWTC Health Preview Night | <input type="checkbox"/> NWTC Health Department Tour |
| <input type="checkbox"/> Other: (This may include taking a health-care related course in high school; researching health care related careers; attending a health care careers-related summer camp; talking with a teacher who teaches a course related to health care ; etc.). Please list: | |
-

After you have completed at least one of the above activities submit the attached application to Lori Peacock, the job shadow coordinator for the Green Bay Area Public School District. Please follow the procedure below:

- Select the career you wish to explore.
- Use Career Cruising or other career resources to research your career and complete the Career Interest Research Form (page 3 of this packet.)
- Complete the application (page 2 of this packet).
- Electronically submit the Career Interest Research Form and the application (pages 2 & 3 of this packet) to the job shadow coordinator, Lori Peacock at lcpeacock@gbaps.org.
- The job shadow coordinator will review the application for completion, assess facility availability, contact potential job shadow mentors, and forward the student application to the health care professional.
- Note: some health care facilities require proof of a negative TB test prior to the job shadow experience.
- The job shadow mentor or a facility representative will arrange working directly with the student to establish a date, time, and place. The student must contact the job shadow coordinator to confirm the job shadow is scheduled. Students must return all phone calls or email contact within 24-hours!
- Your parent/guardian must call the Attendance Office at the high school and excuse the student from school for the job shadow experience. The student should be out of school only for travel time and the duration of the job shadow (usually scheduled for 2-4 hours).
- Dress appropriately for the job-shadow setting. If you are not sure how to dress, please ask your job shadow mentor. Arrive at the business 10 minutes prior to the start time of the experience **with photo/school ID**. *It is highly recommended that the student eat a light snack before arriving at the health care setting.*
- The student completes the scheduled job-shadow experience.
- The student provides comments on the Post Reaction Form (included in this packet). Upload and/or attach the Job-Shadow Post Reaction Form to your electronic Academic & Career Plan on the Career Cruising website.
- Very Important! Send a thank you note to the job shadow mentor within one-week of completing the job shadow.

NOTE: Please allow 4-6 weeks for the forms to be reviewed and shadow experience to be established.

To submit your application or for assistance, please contact:
Lori Peacock, Career and Technical Education Partnerships and Program Coordinator
School-To-Work Coordinator
Green Bay Area Public School District
Tel: (920) 448-2018
Email: lcpeacock@gbaps.org

HIGH SCHOOL HEALTHCARE JOB-SHADOW APPLICATION FORM
(Please Type)

| STUDENT INFORMATION | | | | |
|---------------------|-----------|-----------------------------|---|---|
| Student Name: | | DOB: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Grade in School <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th |
| Street address: | | Home phone no.: () - - | | Cell phone no.: () - - |
| City: | Zip Code: | Student Email Address: | | |

| SCHOOL INFORMATION | |
|--|---|
| Student's High School: | Coordinator: Lori Peacock, Green Bay Public School District |
| Coordinator Email Address: lcpeacock@gbaps.org | Coordinator Phone Number: (920) 448-2018 |

| SHADOW REQUEST INFORMATION | | | | | |
|---|--|---|--|--|--|
| Please list the job title you wish to shadow—be as specific as possible: (See your School-to-Work Coordinator or call Partners in Education if you would like a list for reference.) | | | | | |
| Briefly describe your career goals (what you hope to go to college for, specialize in, etc.): | | | | | |
| Before you apply for a job shadow you MUST have completed AT LEAST ONE of the career exploration activities below (check all that apply): | | | | | |
| <input type="checkbox"/> GB Healthcare Alliance Career Exploration | | <input type="checkbox"/> Meet with your school counselor to discuss careers in health care | | | |
| <input type="checkbox"/> Completed a 9 th or 11 th grade Academic & Career Planning Conference with your school counselor | | <input type="checkbox"/> Youth Apprenticeship Health Care Student | | | |
| <input type="checkbox"/> CNA Certification | | <input type="checkbox"/> Long-Term Care Facility/Nursing Home Tour | | | |
| <input type="checkbox"/> Health Co-Op Student | | <input type="checkbox"/> NWTC Health Department Tour | | | |
| <input type="checkbox"/> NWTC Health Preview Night | | <input type="checkbox"/> Other: (This may include taking a health-care related course in high school, or researching health care related careers, attending a health care careers-related summer camp, etc.) Please list: _____ | | | |
| Facility preference for job shadow? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Is yes, please list: | | |
| Please check the days and times you are available for a shadow (check all that apply) *Note: Your shadow may range between 1-4 hours in length.* | Monday | Tuesday | Wednesday | Thursday | Friday |
| | <input type="checkbox"/> 8:00-10:00am | <input type="checkbox"/> 8:00-10:00am | <input type="checkbox"/> 8:00-10:00am | <input type="checkbox"/> 8:00-10:00am | <input type="checkbox"/> 8:00-10:00am |
| | <input type="checkbox"/> 10:00-12:00pm | <input type="checkbox"/> 10:00-12:00pm | <input type="checkbox"/> 10:00-12:00pm | <input type="checkbox"/> 10:00-12:00pm | <input type="checkbox"/> 10:00-12:00pm |
| | <input type="checkbox"/> 12:00-2:00pm | <input type="checkbox"/> 12:00-2:00pm | <input type="checkbox"/> 12:00-2:00pm | <input type="checkbox"/> 12:00-2:00pm | <input type="checkbox"/> 12:00-2:00pm |
| | <input type="checkbox"/> 2:00-4:00pm | <input type="checkbox"/> 2:00-4:00pm | <input type="checkbox"/> 2:00-4:00pm | <input type="checkbox"/> 2:00-4:00pm | <input type="checkbox"/> 2:00-4:00pm |

| JOB SHADOWING/CONFIDENTIALITY AGREEMENT | | |
|---|---------------------------|-------|
| STUDENT AGREEMENT: I agree to dress appropriately, use proper language, and maintain a respectful manner at all times at the job-shadow site. I will seek out and follow directions of my assigned mentor/sponsor, especially in any emergency situation. I understand confidentiality is of the utmost importance and will keep all private information confidential. I will abide by the appearance guideline and wear any ID badges provided to me. I understand this job-shadow experience may be cancelled at any time due to business needs. | | |
| PARENT AGREEMENT: I authorize my son/daughter to participate in this job-shadowing experience. Should my son/daughter need medical attention during or as a result of this job-shadowing experience, I assume full responsibility for any treatment deemed necessary. I give my permission to release my son/daughter's telephone number or contact information to the requested department. | | |
| Electronic submission of your application indicates agreement to the above statements. Initial below to formalize your agreement. | | |
| Student Initials: | Parent/Guardian Initials: | Date: |

| IN CASE OF EMERGENCY | | | | |
|---|---------------|--------------------------------|--------------------------------|--------------------------------|
| Name of emergency contact (available during the shadow experience): | Relationship: | Home phone no.: () - - | Work phone no.: () - - | Cell phone no.: () - - |

| FOR SCHOOL/FACILITY USE ONLY | | | | | | | |
|------------------------------|-----------------------|----------------------------|------------------|------------------|----------------------|-------------------|------------------------------|
| Application Received: | Department Contacted: | Mentor Assigned to Shadow: | Job Shadow Date: | Job Shadow Time: | Job Shadow Location: | Confirmation Sent | Facility/Mentor Phone Number |

CAREER INTEREST RESEARCH

Before going on a job shadow experience, it is important to have background about what you will be experiencing. It will also help you feel more comfortable and give you a basis for conversation. Use Career Cruising or other career resources to answer the following questions:

1. What career/occupation do you wish to job shadow:
2. What are the related jobs in this career area?
3. What are the working conditions (describe the work setting, hours, amount of travel and other responsibilities related to the job)?
4. What personal requirements and skills are necessary (team or individual work, organizational skills, etc.)
5. What kinds of training and/or education (tests, licenses, union affiliations, etc.) are required to get into the field?
6. What are some rewarding aspects of this kind of career (salary, benefits, work from home, be your own boss, etc.)?
7. What are the problems or disadvantages associated with this career (long hours, weather, travel, etc.)?
8. What kind of salary and lifestyle is associated with this career (look at salary – would this be a comfortable lifestyle, would you have to watch a budget, or would you be able to spend as much as you want)?
9. What is and what will be the demand for people in this career field in the future?

Please list the resources used to gather this information:

STUDENT JOB SHADOW POST REACTION FORM

After you complete your job shadow experience, please talk with your school counselor, a teacher, or the Career Center Coordinator at your high school about what you learned about the career of interest to you!

Please attach this document to your Academic & Career Portfolio in Career Cruising.

Student Name _____ HighSchool _____

Person/Position Job Shadowed _____

Date and Location of Job Shadow _____

1. Tell me about your job shadow mentor? What did you learn about this person and his/her career? Was the job shadow experience helpful in increasing your understanding of this career?

2. What tasks did you observe the job shadow mentor doing during the time you were together? What are your impressions of the work responsibilities for someone in this career?

3. You had an idea of what this career may be like before you went to the job shadow. What did you observe that you expected would be part of this career? What did you observe that was different than what you expected or was completely unexpected?

4. Share how job shadowing a professional in a health care career was valuable to your career exploration.

5. After researching this career and participating in a job shadow experience:
 I definitely want to pursue this career.
 I may want to pursue a career in a related area.
 I would **not** like to pursue this career.
 Please explain your answer:

6. What suggestions do you have for improving the job shadow experience?

7. Additional Comments/Questions:

High School Job Shadow Experience

Suggested Interview Questions

Student Name: _____

You may use this form as an outline for the questions you will want to ask the job shadow mentor you have the opportunity to job shadow. Please format the suggested list of questions to best meet your educational needs for the career you are interested in pursuing. It is recommended that you type a list of interview questions and share a copy of your questions with your job shadow mentor. These questions are designed to help you gain valuable information about a future career.

Name, Occupation and Job Title of person you are job shadowing:

Location:

How long has the job shadow mentor worked for their employer (years/months in current job):

1. Tell me about the services provided at [Name of Organization].
2. What classes did you take or will you take in high school to help you prepare for a career in in this career?
3. What education after high school was needed or required to prepare for your career?
4. Does your organization provide additional education and/or training to support your job responsibilities?
5. How did you get your job? What was the process (e.g., clinical work, internship, testing, interview, etc.)?
6. What personality traits and skills are important to your career?
7. What related job (or career path) did you have before this job?
8. What is your work schedule (e.g., flexible, nights, weekends, specific hours, etc.)?
9. What are the aspects of your job that you like or that are exciting to you?
10. What are the aspects of your job that you dislike about your job?
11. Tell me about a "typical" work day for someone in your career?
12. What is the approximate starting pay for someone in this career?
13. What is the employment outlook for this career in 5 years? 10 years?
14. What advice would you give to a high school student interested in this career?
15. What school and community activities should someone interested in this career be involved in in high school and in a post-secondary education?
16. Additional comments or questions(use the backside for additional notes):

Job Shadow Experience

Thank You Letter Guide & Sample Letter

It is very important that you write a Thank You note to your job shadow mentor within one-week of completing your job shadow experience. When you write your letter, please remember the following:

- ✓ WRITE a thank you note; do not send an email, text message or leave a voice mail
- ✓ Use a business-appropriate note card or clean sheet of paper
- ✓ Be neat
- ✓ Use correct spelling and proper grammar
- ✓ Begin your letter with a sentence specifically thanking the job shadow mentor for allowing you to visit the business, company or organization. An example is: *"Thank you for taking time out of your schedule to serve as a job shadow mentor."*
- ✓ State something specific that you learned or enjoyed during the job shadow experience. An example is: *"I learned a great deal about how an engineer uses computers, and I really enjoyed the tour of your company."*

SAMPLE LETTER

Date

Name

Title

Name of Company

Street Address

City, State ZIP

Dear Mr./Ms./Mrs. _____:

Thank you for allowing me the opportunity to visit you [yesterday, on Friday, etc.]. I am grateful for the time you took from your regular responsibilities to share information with me about a career in [Name of career]. It was also very interesting to learn more about [Name of company/business].

After spending time with you to learn more about the field of [Name of career], I am sure I want to become an [Name of career]. Thank you for your suggestions regarding future classes I can take to support my career interest.

Thank you again for giving me this valuable learning experience.

Sincerely,

Your Signature

YOUR NAME

Name of High School