

Job Shadow Experience Sheet

Student: _____

Job Site: _____

Week Of: _____

Department: _____

This form is to be completed, signed, and returned to your instructor on the Monday following your shadowing experience.

If you were absent, to whom did you report your absence?

If you did not report at the appointed time, with whom did you arrange the time variation?

What was your assignment?

Describe your job shadowing experience:

Did the experience influence your career choices/goals? How?

Date	Time In	Time Out

Student Signature: _____ Date: _____