

Job shadowing is the opportunity to observe an employee performing their daily work routine in their work environment. It allows a student to explore specific careers and to get a realistic picture of the tasks performed for that job. This experience is observational only (no work tasks performed), is time limited, and has no expectation of pay.

Job Shadow Agreement

A Guidance Document

April 14, 2021

The Maine Department of Education and the Maine Department of Labor created the following guidance in collaboration with the stakeholders listed on page 12 of this document. Users are encouraged to consult any applicable SAU/CTE policies and procedures for consistency and consider whether additions to or subtractions from the guidance or model documents are appropriate.

Job Shadow Agreement Form

Table of Contents

Components of Job Shadow Agreement Form	Page
General Information	2
Student Responsibilities	3
Career Pathways Coordinator Responsibilities	4
Parent / Guardian Consent Form (Parent signature needed)	5
Emergency Medical Information (Parent signature needed)	6
Job Shadow Application (Student completes and signs)	7
General Responsibilities of the Parties Involved	8-9
Signatures from All Parties Involved	10
Sample Student Reflection	11
Appendix A. Co-creators of the Job Shadow Agreement Guidance Packet	12

Job Shadow Learning Agreement

The purpose of the job shadow is to allow a student to get a realistic picture of the tasks performed for the job. This experience is observational only (no work tasks performed), is time limited, and has no expectation of pay.

Student Name	
Community/Business Partner	
Career Pathways Coordinator	
Building Administrator	

Student Section	
Student Area of Interest	
Grade	
School Name	

Job Shadow Manager Section	
Career Pathways Coordinator	
Building Administrator	
Supervising Teacher/Staff (if applicable)	

Job Shadow Learning Agreement

Student Responsibilities

The student responsibilities are:

- Communicate any issues or concerns in a timely manner to the Career Pathways Coordinator (if applicable, include Supervising Teacher).
- Participate in site safety training
- Contact the Business/Community site and the Career Pathways Coordinator (if applicable, include Supervising Teacher) in the event of anticipated absence or tardiness.
- Reschedule meeting and/or Business/Community site visit in the event of an absence.
- Complete a reflection of the job shadow experience and write a thank you note to Business/Community Partner.
- Maintain professionalism during the job shadow experience.

Student Signature:

Date:

Job Shadow Learning Agreement

Career Pathways Coordinator Responsibilities

The Career Pathways Coordinator responsibilities are:

- Locate and secure a community/business partner site
- Perform the site safety check
- Verify safety training provided for student
- Review the Business/Community Partner's discrimination and harassment policies and check for consistency with the School Administrative Unit (SAU)/Career and Technical Education site (CTE) discrimination and harassment policies.
- Review and determine with the Business/Community Partner whether the SAU/CTE or the Business/Community Partner carries the burden of providing liability insurance related to the student's participation in the job shadow, as well as the scope of such insurance.
- Serve as liaison to the Business/Community site and be available to address concerns if they arise.
- Create job shadow reflection document for the student to complete.
- Be available to the student to ensure a successful job shadow experience.

Career Pathways Coordinator Signature

Date:

Job Shadow Learning Agreement

Parent/Guardian Consent Form	
<p>Dear Parent/Guardian, This form provides information to you regarding STUDENT NAME participating in a job shadow. Please read and fill out the Emergency Medical Authorization section on page 6. When you sign this form, you give permission for your child to participate in the job shadow. If you have any questions, please reach out to the school contact person.</p>	
Career Pathways Coordinator	
Supervising Teacher/Staff (if applicable)	
Business/Community Partner	
Business/Community Mentor	
Job Shadow Location (address)	
Type of Business	
Date of Job Shadow	
Hours of Job Shadow	
<p>Information is provided if your child goes to their internship site during the regular school day. By signing below, you give permission for them to leave during regular school hours (during their assigned job shadow time) to attend their job shadow site through one of the school approved transportation methods listed below.</p> <p>Parent/Guardian Signature: _____ Date: _____</p> <p>Transportation: Private Car _____ School Van/Bus _____ Public Bus _____ Walk _____ Other: _____</p> <p>Uber _____</p>	

**Job Shadow
Parent/Guardian Consent Form
Emergency Medical Authorization**

I agree to the following procedure should medical attention become necessary:

1. The Career Pathways Coordinator or Supervising Teacher, Business/Community Mentor, or authorized school representative will make every effort to contact the parent, explain the circumstances, and receive instructions for the student's care.
2. If the Career Pathways Coordinator or Supervising Teacher, Business/Community Mentor, or authorized school representative is unable to reach the parent, they will authorize medical attention, if such is deemed necessary, upon the advice of a qualified physician.

Parent/Guardian Contact (name/number): _____

Emergency Contact (name/number): _____

Health Insurance Information: _____

Company: _____

Subscriber: _____

I.D. Number: _____

Existing Medical Conditions: _____

Condition: _____

Treatment (if any): _____

Medication(s): _____

Special Instructions: _____

Have any necessary medical kits been provided to the school? (Parent is responsible for providing any necessary kits)

I have read this consent form and I give permission for STUDENT NAME to participate in the job shadow as it has been described in this form. I give permission to the mentor, teacher, and coordinator to obtain and release information to each other as it relates to this job shadow and to the goals and achievements of it. I further agree to assume financial responsibility for any medical costs incurred by STUDENT NAME while participating in the job shadow and understand that a student will not be allowed to participate in the job shadow without a signed "Parent Consent Form/Medical Authorization Form".

Parent/Guardian Signature: _____ Date: _____

Job Shadow Application

Section 1: To be completed by student and submitted to the Career Pathways Coordinator.

Last Name: _____ First Name: _____ Date: _____

Mailing Address: _____

City: _____ Zip Code: _____ Phone: _____

Email: _____ Year of Graduation: _____

Birthdate: _____ Proposed Date: _____

What job or career would you like to learn more about?

Describe your desired outcome for the job shadow experience.

Professional or Education References

Name	
Phone Number	
Relationship	

Times Available for a Job Shadow

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I certify that the information I have provided on this application is accurate to the best of my knowledge.

Student Signature _____ Date _____

Job Shadow General Responsibilities of the Parties Involved

Student:

1. Adhere to company policies including attendance, dress code, safety, required training, and others as they apply.
2. Maintain good academic and social standing at high school and CTE school (if applicable).
3. Complete the reflection document and a thank you card within 2 days after the job shadow experience.
4. Communicate any issues or concerns immediately with the company supervisor and the Career Pathways Coordinator.
5. Comply with safety training
6. Comply with company dress code

Career Pathways Coordinator:

1. Collaborate with company supervisor on planning job shadow experience.
2. Maintain regular contact with student and company supervisor before and during the job shadow.
3. Communicate any issues or concerns immediately with student, company supervisor, school counselor, and/or Parent/Guardian.
4. Verify safety training acquired
5. Perform safety site visit prior to placement

Company Supervisor:

1. Be aware of and adhere to laws and regulations as they pertain to child labor and ensure that the student does not perform work tasks throughout the job shadow experience.
2. If applicable, collaborate with Career Pathways Coordinator on planning job shadow experience.
3. Communicate to the Career Pathways Coordinator and the student any policies and/or procedures relevant to the job shadow.
4. Communicate any issues or concerns immediately with the student and Career Pathways Coordinator.
5. Provide required safety training
6. Provide the student with notification of required dress code

All Parties

DISCRIMINATION PROHIBITED

This Job Shadow Program is a program of the NAME OF SAU/CTE. Discrimination because of race, color, sex, sexual orientation, gender identity or expression, religion, ancestry or national origin, age, or disability are prohibited.

DISCRIMINATION AND HARASSMENT POLICY AND PROCEDURE

Prior to entering into this agreement, the parties shall review the NAME OF SAU/CTE policies and procedures for reporting and investigating allegations of discrimination or harassment. The Business/Community Partner agrees to participate fully, including making any officers, directors, or employees available to the SAU/CTE, in any investigation conducted by the SAU/CTE pursuant to its policy and procedures.

LIABILITY INSURANCE

Prior to entering into this agreement, the parties must discuss and determine whether the SAU/CTE or the Business/Community Partner carries the burden of providing liability insurance related to the student's participation in the job shadow, as well as the scope of such insurance. This burden must not fall on the student or the student's parent or legal guardian; however, engaging the student in this discussion can be an important learning experience.

RESPECT FOR CONFIDENTIALITY

Depending on the nature of the job shadow, students may be exposed to confidential information, including, but not limited to, the names of customers, clients, or patients of the business. Prior to the job shadow, the Business/Community Partner shall review with the student any applicable legal requirements relating to confidentiality and the Business/Community Partner's policies and procedures regarding confidentiality. Failure to follow the law or Business/Community Partner's policies during any job shadow should be reported to the student's SAU/CTE for appropriate disciplinary action.

ACKNOWLEDGEMENTS

STUDENT: Should my job shadow experience require me to miss class time, I understand that I am responsible for contacting the teacher prior to missing class and for submitting the assignment by an agreed upon date. I also understand that I will be responsible for attending a meeting with the Career Pathways Coordinator and will complete a job shadow application, a reflection, and a thank you note to my host. I understand that I am representing both my school and the Job Shadow Program and will take responsibility for my actions during and after my job shadow experience.

PARENT/GUARDIAN: I give my permission for STUDENT NAME to participate in a job shadow experience. I further agree to assume financial responsibility for any medical costs incurred by STUDENT NAME while participating in the job shadow experience. I agree to provide or work with the school to arrange transportation for my child to and from the job shadow site.

Student Signature:	Date:
Business/Community Partner Supervisor Signature:	Date:
Parent/Guardian Signature:	Date:
Supervising Teacher/Instructor/Staff (if applicable)	Date:
Career Pathways Coordinator Signature:	Date:
Building Administrator Signature or Designee:	Date:

Job Shadow Reflection

Student Name	
Location of Job Shadow	
Date of Job Shadow	
What are your desired outcomes for the job shadow experience? (To be completed before participating in the job shadow.)	Describe what went well during the job shadow?
Describe something you wish was part of the job shadow experience.	Highlight the statement that is most true for you and explain why under the statement. I could see myself doing this job someday. I could not see myself doing this job someday.

Appendix 1: Extended Learning Opportunities Stakeholder Group	
Name	Role
Lanet Anthony	Co-Chair, Maine Community Coordinators Collaborative (Maine C3) Director of Community Connections RSU 14
James Boothby	Superintendent RSU 25
Paulette Bonneau	Director Biddeford Regional Center of Technology
Rachel Bowler	Labor and Safety Inspector Wage and Hour Division Bureau of Labor Standards Maine Department of Labor
Samantha Brink	Co-Chair, Maine Community Coordinators Collaborative (Maine C3) Career Exploration Manager Sanford High School and Regional Tech Center
Scott Cotnoir	Director Wage and Hour Division Bureau of Labor Standards Maine Department of Labor
Joan Dolan	Program Manager Maine Apprenticeship Program Bureau of Employment Services Maine Department of Labor
Diana Doiron	Maine Learning Results Life and Career Ready Education Specialist Maine Department of Education
Sarah Forster	Assistant Attorney General Maine Attorney General
Margaret Harvey	Middle School Career and Technical Education Specialist Maine Department of Education
Dwight Littlefield	Director Career and Technical Education Maine Department of Education
Katie McLaughlin	Workforce Development Coordinator Mid-Maine Technical Center
Gail Senese	Director Adult Education Maine Department of Education
Donna Tiner	Federal Grant Manager Career and Technical Education Maine Department of Education