



J.W. MITCHELL HIGH SCHOOL
Pasco County Schools



JOB SHADOWING SUMMER PROGRAM

JW Mitchell High School
2323 Little Road
New Port Richey, FL 34655
Phone: (727) 774-9200 / Fax: (727) 774-9291

JOB SHADOWING SUMMER PROGRAM

The Summer Job Shadowing Program is **required** for **ALL** students in the Academy for Medical Arts (AMA) program the summer between their Junior and Senior year.

I. Hours Required: At least 40 hours. Your Job Shadowing may be completed in any time frame that you and your Mentor agree upon (example: 8 hours/day for 5 days, or 2 hours/day for 20 days). The hours **MUST** be completed prior to the first day of school for the upcoming 2016-2017 school year.

II. Goals of Job Shadowing: The goals of Job Shadowing are for you to observe what really happens in the “world of work.” You will see how what you learn in school is applied and used on the job. You will learn what skills are needed for the career you are interested in exploring. Job Shadowing will also help you to meet interesting people in our community and help you determine what requirements are necessary for you to accomplish your future health career goals.

III. Special Needs: If you have a disability or need special aids or services identified in the American Disability Act or have additional concerns, please notify your Mentor prior to your start date. Also promptly notify your Mentor if you have allergies to latex.

IV. Meals / Parking: Please check with your Mentor if there are any parking restrictions or special passes needed for the facility you will be at. If your shadowing experience will be for an extended period of time, plan on bringing a bag lunch or snack. Most facilities will have a place for you to store your lunch.

V. Service Excellence & Professionalism: Live by the Golden Rule – *‘Treat others as you would want to be treated’*. You are expected to treat patients / family members / fellow employees with the **utmost** respect. Our goal is to provide high quality services with care, courtesy, and compassion. Dress and act **professionally**.

VI. Confidentiality: Confidentiality of patient information must be forefront in everyone’s mind. **DO NOT** discuss with anyone anything that you see and hear

during the Job Shadowing experience. Personnel must be sensitive in protecting patient medical information, including the fact that the person may have even been in the hospital. Discussing patients is done discreetly (i.e. where it could not be overheard) and **ONLY** for proper medical and administrative reasons. Your facility may have a special Confidentiality Agreement for you to sign as well.

A federal law named **HIPAA** (Health Insurance Portability and Accountability Act) defines 'protected health information' and sets legal standards for health care providers to protect that information. The law also defines stiff penalties (fines and even imprisonment) for violating the privacy of patient information.

VII. Job Shadowing Experience Report: All of the attached forms and documents must be completed in pen or typed where so indicated, and submitted by the directed due date. The completed Job Shadowing Report should be organized and neatly submitted in a **new folder** labeled with the student's name and date. This Report will be counted as a significant grade for Semester 1 of the Senior Year. The grade will be based upon successful completion of the minimum 40 hours of Job Shadowing, as well as the thoroughness, accuracy, effort, neatness, and completeness of the Job Shadowing experience Report. ***Any misrepresentation of information provided in the Report will be grounds for a permanent grade of "0" and removal from the AMA program.***

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION IN BLUE/BLACK INK.

Your signature indicates that you have read this entire packet and intend to fully comply with the above stated requirements and procedures.

I _____ have read and
(STUDENT PRINTED NAME)

understand the above material. I understand that I am responsible for following the directions in this packet and the directions given to me by my Mentor.

(STUDENT SIGNATURE)

(DATE)

(PARENT/GUARDIAN SIGNATURE)

(DATE)

STUDENT RESPONSIBILITIES in JOB SHADOWING

Prior to the First Site Visit: (complete and record on this checklist, to submit to your teacher)

_____ Discuss the JOB SHADOWING Summer Program with your parent(s).

_____ Carefully consider your healthcare interests. Select a health care occupation and a potential job site.

_____ Contact the job site at **least (2) weeks prior to your desired first visit** to request permission for the Job Shadowing experience and to obtain official authorization from the facility.

- Introduce yourself.
- Explain your purpose for calling.
- Gather details such as:
 - Appropriate dress
 - Meeting place
 - Lunch arrangements
 - Arrival time
 - Departure time
 - Parking location

_____ Work with parents to make transportation plans to/from the healthcare facility.

_____ Signed Permission Slips and Medical Authorization form will be submitted with the Report.

_____ Gather information about the job you are exploring – both the health care occupation AND the facility you will be shadowing at.

_____ Re-confirm your first scheduled appointment visit (3) days before your first scheduled visit.

NOTE: If you cannot make it to your any of your appointments due to an emergency, you must notify your job site Mentor immediately.

During the Job Site Visit(s): (complete and record on this checklist)

_____ Show up at least (10) minutes early. Stay the full time scheduled.

_____ Be courteous. Show interest and enthusiasm. Remember, you are not only representing yourself, you are representing our Medical Academy program, and JW Mitchell HS.

After Completing the Job Site Visits: (complete and record on this checklist)

_____ Complete Student Evaluation form in pen.

_____ Have Mentor complete Job Shadowing Employer/Mentor Evaluation form in pen (necessary for credit to be earned).

_____ Thank the staff/supervisor at your Job Site for their helpfulness, patience, and support.

_____ Write a Thank-You note to your Job Shadowing Mentor (attach a copy of your Thank-You letter to your Job Shadowing Project Report).



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****THIS PAGE MUST BE COMPLETED BEFORE FIRST JOB SHADOWING VISIT**

Student Application for Job Shadowing

Student's Name: _____

Teacher's Name: _____ Program: _____

Date of First Visit: _____ First Visit Time: _____

Job Site: _____

Job Site Address: _____

Occupation to be Explored: _____

Person/Mentor to Whom the Student Reports (include Professional Credential and Job Title):

Parental Consent Form

_____ has my permission to participate in the Summer Job
Student Name (PRINT)

Shadowing experience. I understand that it is my responsibility to provide transportation to and from the job site, or assign a trusted adult to provide this transportation. It is also my understanding that my student must present satisfactory proof of a job site visit to receive credible hours for the visit.

I hereby release any and all liability from J.W. Mitchell High School, Pasco County Schools, and the job site listed above for this Job Shadowing experience.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature

Date

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****THIS PAGE MUST BE COMPLETED BEFORE FIRST JOB SHADOWING VISIT.
You MUST bring and give a copy of this page to your Mentor on your 1st Visit.**

PARENT/GUARDIAN MEDICAL AUTHORIZATION

Should it be necessary for my child to have medical treatment while participating in the Job Shadowing experience, I hereby give the school district and/or job shadowing worksite personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

Yes

No

Permission is also granted to release emergency contact/medical history to the attending physician/healthcare practitioner, or to worksite personnel if needed.

Yes

No

Student's Name _____

Date of Birth _____

Address _____

Parent/Guardian's Name _____ Contact Phone _____

Contact other than Parent/Guardian _____

Relation to Student _____ Contact Phone _____

Family Doctor/Practitioner _____ Phone _____

Does your child require any special accommodations due to medical limitations, allergies, disabilities, dietary constraints, or other restrictions:

Yes

No

If Yes, please explain in detail **ANY** accommodations that are required:

Signature of Parent/Guardian

Date



****THESE (2) PAGES MUST BE COMPLETED BEFORE FIRST JOB SHADOWING VISIT.**

Before You Job Shadow – You must RESEARCH!!!!

Student's Name _____ Today's Date _____

Job Shadow Work Site _____

Contact Person/Mentor _____ Date of 1st Visit _____

What made you decide to shadow at this job site? _____

What experiences have you had that may relate to this career area (hobbies, school courses, student organizations, etc.) _____

What is the nature of the job you are going to explore? List any resources you used to find this information.

Job Title: _____

Job Description/Responsibilities: _____

Salary Range (and Median Salary): _____

Education and Training / Credentials Needed for the Job: _____

Job Outlook for Future Employment: _____

Advancement Opportunities _____

Advantages of the Job _____

Disadvantages of the Job _____

Resources Used for Research _____

What do you expect to see during your visits (working conditions, duties/tasks of the healthcare professional, patient care experiences, male/female roles, etc)? *Be detailed.*



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JOB SHADOWING ATTENDANCE VERIFICATION

The information below MUST be completed IN PEN by the Mentor ONLY for EACH visit. You may NOT make ANY alterations to this form.

I verify that on _____ from _____ until _____
(Date) (Time) (Time)

_____ was present at _____
(Student Name) (Site of Shadowing Experience)

as part of the Job Shadowing experience with J.W. Mitchell High School.

Name, Job Title / and Signature Contact Phone Number

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JOB SHADOWING INTERVIEW

Please complete during one of your visits. **TYPE** and attach **ALL** of the information (both **QUESTIONS** and **ANSWERS**) required below to this packet.

Here is a list of **minimally required** questions for students to use for their **Job Shadowing Interview** experience. Add additional questions as desired.

Name of the Person/Mentor being shadowed: _____

Occupation of Person/Mentor: _____

Job Site: _____

1. What do you do at your job (Explain job duties thoroughly)?
2. What is the recommended education or training for your work (Explain in detail)?
3. What licenses or certifications are required (explain in detail)?
4. Are there opportunities for young people to get jobs in your field? (Explain.)
5. What other occupations did you seriously consider? (Explain.)
6. Do you enjoy your work? Why or why not?
7. What job activities do you enjoy most? (Explain why.)
8. What job activities do you enjoy least? (Explain why.)
9. How might your job change in the next 10 years? (Explain in detail)
10. What is the average salary for someone in your occupation?
11. If you were to “redo” your career, would you choose the same profession? (Explain.)



Please gather *ongoing notes* during your Job Site visits to answer *in detail* the following questions. **TYPE** and attach **ALL** of the information (**QUESTIONS** and **ANSWERS**) required below to this packet.

JOB SHADOWING JOURNAL NOTES

1. What is the workplace site (i.e. hospital/clinic/home care) and what type of services do they provide? (Explain in detail)
2. What types of basic skills does your Mentor need, and how do they utilize them (i.e. applying mathematics, writing skills, etc.)?
3. What types of technical skills are necessary to perform this job (i.e. use of computers/other medical equipment)?
4. What types of interpersonal (people) skills did you note with your Mentor (i.e. customer service/teamwork/resolving conflicts)?
5. What surprised you most about what you observed, heard, or learned? (Explain)
6. In addition to English, would speaking/writing in another language be useful in this job? If so, what language?
7. Describe (2) pieces of medical equipment that were utilized by your Mentor and what were they used for.
8. What type of Infection Control measures did you observe? (Explain)
9. What types of employee injuries may occur at this particular job site?
10. What safety measures are in place to prevent employee injuries/accidents?



JOB SHADOWING EVALUATION – BY STUDENT

After you have completed ALL of your visits, please reflect upon and thoroughly answer the following questions to help us improve the Job Shadowing experience:

1. Were you able to observe a particular occupation that interested you?

Yes

No

2. Did you have sufficient time to ask questions? Yes No

3. Did you have enough time to see the entire work site? Yes No

4. **How** did the Job Shadowing relate to your research reported in “Before You Job Shadow?”

5. **How** was this Job Shadowing experience helpful to you? _____

6. Were you able to assist with any of the work? If so, please describe. _____

7. Would you recommend this job site for other AMA students? Yes No

8. What did you like ***best*** about this Job Shadowing experience? _____

9. What did you like ***least*** about this Job Shadowing experience? _____

Comments _____



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Please give this form (along with a stamped envelope addressed to your teacher) to your Mentor to complete at the conclusion of your Job Shadowing experience.

***** If your Mentor wishes, this form may be completed, signed, and given directly to you. This form MUST be received by your teacher, in order to earn credit for this experience.***

JOB SHADOWING EVALUATION – BY YOUR MENTOR

We wish to thank you for your valuable assistance and participation with our school's Job Shadowing program. Please help us evaluate the project by responding to the following items.

Student's Name _____ Teacher _____

Mentor's Name _____ Contact Phone _____

1. Did the student make initial contact with you? Yes No
2. Did the student call a few days ahead to confirm their first visit? Yes No
3. Did the student arrive at your location on time for all visits? Yes No
4. Did the student show enthusiasm and interest? Yes No
5. Did the student ask appropriate questions during the visits? Yes No
6. Did the student dress appropriately? Yes No
7. Did the student conduct themselves professionally at all times? Yes No
8. Would you be willing to host a student again? Yes No

Recommendations for Student improvement: _____

Recommendations for Job Shadowing program improvement: _____

Signature _____ Date _____



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Websites that can be used for Career Research:

1. Occupational Outlook Handbook (OOH): www.bls.gov/ooH
2. Explore Health Careers: www.explorehealthcareers.org
3. Exploring Medical Careers: www.exploringmedicalcareers.com



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Attach a copy of the Thank You letter you gave/mailed to your Mentor.

We hope this has been a most satisfying and uniquely enriching life experience for you - - one of valuable learning, personal growth, and intensely gratifying service to others --- That is what the extremely exciting and immensely rewarding healthcare career is all about!

We are so thrilled to have you join us in the Senior year of the AMA program!!

CONGRATULATIONS on a job well done!!! 😊