**Career Shadowing Checklist**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please use the check list below when planning for your career shadowing experiences.
* Complete this form and all paper work listed below for ***each*** career shadowing experience and place in your Career Shadowing folder in classroom.
* Planning for each shadowing experience should begin ***at least 3 weeks before anticipated shadowing date.***
* All paper work should be in your Career Shadowing folder ***one week PRIOR*** to the date of your shadowing experience.

**I am aware that the following dates are designated as Career Shadowing days. Any shadowing that does not take place on the designated days below must be completed on the student’s own time. No excused (field trip) absences will be granted for shadowing on other days.**

**Oct. 21, Nov. 11, Jan. 27, Mar. 3**

\_\_\_\_\_\_\_\_\_\_\_\_Career Shadowing Planning sheet complete including all signatures and contact information. Place in your Career Shadowing folder in classroom. A planning sheet needs to be completed for EACH shadowing experience.

\_\_\_\_\_\_\_\_\_\_\_\_PCS Form 3-2718 “Field Trip/Activities Permission” Form complete including all signatures and placed in your Career Shadowing folder in classroom.

A permission form needs to be completed for EACH shadowing experience.

\_\_\_\_\_\_\_\_\_\_\_\_PCS Form 3-2719 “Field Trip Vehicle Information” Form complete including all signatures and placed in your Career Shadowing folder in classroom. **(THIS FORM ONLY NEEDS TO BE COMPLETED ONE TIME PER YEAR.) If your parent will be providing your transportation, this form is NOT necessary.**

\_\_\_\_\_\_\_\_\_\_\_\_“Career Shadowing Evaluation” to give to professional at the end of EACH career shadowing experience. If you fail to take this form with you on the day that you are shadowing, it becomes your responsibility to deliver or mail the evaluation to the professional you are shadowing.

\_\_\_\_\_\_\_\_\_\_\_\_Prepare a ***self-addressed, stamped envelope*** and give this to the professional you are shadowing so that your evaluation can be returned easily & confidentially to the program coordinator/teacher. If you need assistance obtaining postage stamps, please see me on an individual basis.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please address above envelopes using the following information:

Seminole High School

8401 131st Street North

Seminole, FL 33776

ATTN: Kathy Gavin

**Career Shadowing Planning Sheet**

**(To be completed by the professional you are shadowing *prior* to the shadowing date.)**

Dear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am a student in the Center for Education & Leadership (CEL) at Seminole High School. The CEL program is an academy that focuses on leadership development. A requirement for our senior year in the CEL program is participating in career shadowing experiences. I would like very much to shadow you in the near future.

**Are you willing and able to help me with this request? Yes No**

\*\*\*\*\*If so, below is the information that I need to complete the experience:

**Date of Shadowing Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time Available: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm**

**Specifically, where will I meet you on the day of shadowing experience?**

**Exact Name and Address of business/company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any specific dress requirements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If not, I will plan to dress professionally.)**

**Do I need to plan to be on my own for lunch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there any other information that might be helpful for me to know prior to the shadowing experience?**

***Signature of Professional*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**