Riverview's Senior Transition



Junior Year Shadow Study Packet

> PROJECT IS DUE APRIL 2

Guidelines for Shadow Studies

- ✓ All Shadow Studies are to be completed before April 2 of the Junior year. THERE WILL BE NO EXTENSIONS.
- ✓ Students are only permitted one school approved absence to conduct their Shadow Study.
- ✓ Students must submit their request for a Shadow Study absence one
 week in advance.
- ✓ Shadow Study requests are on a first come, first serve basis.
- ✓ All Shadow Study requests must be approved, and the Shadow Study Pre-approval/Verification form must be properly prepared and submitted along with all required signatures.
- ✓ The Shadow Study experience is the responsibility of the student.

 Any expenses and arrangements associated with the Shadow Study are that of the student.
- ✓ Students may schedule their Shadow Study during a non-school day.
- ✓ Students who do not meet the April 2 deadline will be prohibited from participating in or attending athletic events, school activities, dances, prom, and will not be assigned to a Senior homeroom in the fall.

Tips for Students

One of our most important activities in providing career guidance to you during your junior year is the Shadow Study Program. A Shadow Study simply stated is an opportunity for you to observe a professional actively involved in an area in which you have an interest. During your visit, you will have an opportunity to accompany a professional through a daily work routine, observing the actual nature of that person's activities as they happen. This type of activity enables you to make educated career decisions and the opportunity to select post secondary schooling based on first hand observations.

To make your Shadow Day a success, we need your cooperation. The Shadow Study you are about to attend should be arranged for the expressed purpose of assisting you in planning for your future. Your Shadow Host has graciously consented to your visit and is taking time away from his or her work day to help you. Consequently, it would be in your best interest to take full advantage of this opportunity. Here are some helpful hints:

be Punctual
be Prepared
be Polite
ask Questions and take notes

Remember this is an educational opportunity. Enter into this experience expecting to learn something that will help you prepare for **Tomorrow**.

Shadow Study Attire

Your appearance is important and should reflect the nature of the job. Someone once said you only get one chance at a first impression. Because you are entering into a professional environment, you want to look the part. Unless otherwise specified by your shadow study hosts, it is highly recommended that you follow these simple examples:

Business Casual

Gentlemen should wear

Khakis or dress Dockers, (no blue jeans)
Shirt, tie, sweater or sport coat, and dress shoes

Ladies should wear

Slacks (no blue jeans) or a skirt Blouse, sweater or jacket and dress shoes

Tips for Selecting A Meaningful Shadow Study Host

The selection of an appropriate Shadow Study host should be based on a desire to observe a person in a career directly related to an area you have identified for a possible career. The job site, the logistics of getting to that site, and the actual work environment are just as much an essential part of this experience as the person with whom you wish to shadow. Select that individual with a clear purpose in mind.

Like most good experiences, planning for your Shadow Study will require a few logical and timely steps. Don't call someone a day before your shadow study is due and expect them to cooperate.

- **1**st Make a list of potential hosts. It's always best to identify individuals with whom you or your family is familiar.
 - 2nd Write down the exact purpose and possible dates for your Shadow Study.
- **3**rd When you begin to contact individuals on your list, use effective communication skills and be flexible and courteous. Remember this person is doing you a favor. When calling, identify yourself and explain why you are calling. Then, ask if that person would be willing to help you with your Shadow Study. Finally, ask if they are available during the timeframe in which you must complete your study. If they are unavailable, ask if they have a colleague who may be available.
- **4**th Verify the time, date, location, and manner or dress appropriate for the Shadow Study.
- **5**th Arrange for your own transportation, lunch, and organize the forms needed to participate and document your Shadow Study.

Riverview High School Shadow Study Follow-up Questions

Directions: Upon completing your Shadow Study, you are required to respond to the questions listed below. **ALL RESPONSES MUST BE TYPED.** In addition to your responses, you are required to submit a signed copy of the Shadow Study Verification Form. The person you shadowed is asked to sign and complete the Shadow Study Pre-Approval/Verification Form (STP-Shadow Study Authorization Form).

| Student Name: | |
|---------------------------------|---|
| ✓ Which one of the followin | g do your post secondary plans include: |
| (che | eck one <u>)</u> |
| 2 year Associate Degree Program | Technical School or Training |
| 4 year Program | Military |
| Competitive Employment | Homemaker |
| | |

Questions to be answered as a follow-up to the shadow study experience

ALL RESPONSES SHOULD BE THOROUGHLY EXPLAINED IN A COHERENT MANNER AND MUST BE TYPED, ATTACHED, AND RETURNED WITH THIS FORM.

What criteria did you use in the selection of the person you shadowed and how is that profession and vocation associated with your proposed career path?

Describe the types of tasks and/or responsibilities required of the person you shadowed.

What specialized training or education was needed or recommended for the type of profession or job you shadowed?

How will the knowledge you gained from this Shadow Study assist you in either maintaining your present plans for post secondary goals and/or altering them?

Senior Transition Project Shadow Study Pre-Approval Verification

Pre-Approval

| I plan to conduct my Shad | dow Stud | dy on at | |
|---|----------|--------------------------|------------------------------|
| | | (Date) | (Location) |
| I give permission for my | son/dau | ighter to participate ir | n this Shadow Study |
| (Parent's Signature) | (Date) | (Student's signature) | (Date submitted) |
| approved not approved | | | |
| (Administrator's/Coordinator's signature) | | (Date approved) | |
| Shac | low St | tudy Verificatio | n |
| This is to verify that | | did a Shadow Study | of(Shadow Study Host's Name) |
| on | , | | , |
| (Date) | at | (Location) | |
| | | | |
| (Signature of Shadow Study Host) | | (Daytime Phone Number) | (Date) |