

Octorara Area Junior/Senior High School

Graduation Portfolio

Shadowing I



Student Name: _____ Class of: _____

Shadowing Date _____ Phone Number of Mentor: _____

Name of Mentor: _____

Name of Company: _____

Mentor's Position/Job/Duty/Assignment _____

Mentor's Signature: _____

To the Mentor: Would you consider permitting another student to shadow you or someone in your company in the future:

_____ Yes _____ No

Shadowing I must:

- Be completed **during the summer between** grades 9 and 10. (Recommended)
- Be completed in your chosen pathway.
- Be with someone other than a parent.
- Consist of a minimum of 5 hours.

To the Parent: Please read and sign.

I, the parent of the student named above, have given my permission for my student to participate in this shadowing experience. **I understand that I am responsible for my student's transportation and safety during the experience.**

Parent/Guardian Signature

Date

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SUMMARY OF SHADOWING I EXPERIENCE

1. Your pathway is:

_____ **Business, Marketing, Finance, and Information Technology**

_____ **Arts and Communication**

_____ **Social and Human Services**

_____ **Engineering, Industrial Technology, and Agriculture**

_____ **Science and Health**

2. How does the position that you shadowed fit into your pathway? _____

3. What education/training beyond high school does this position require?

4. What did you like most about your shadowing experience? _____

5. What did you like least about your shadowing experience? _____

6. What insight into your career goals did this experience give you? _____

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