

# Octorara Area Junior/Senior High School

## Graduation Portfolio

### Shadowing II



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 II must:

- Be completed during the summer between grades 10 and 11. (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**

*Teamwork means that we share a common ideal and embrace a common goal. Regardless of our differences, we strive shoulder to shoulder, confident in one another's faith, trust and commitment. In the end, teamwork can be summed up in five short words ... "We believe in each other."*

## SUMMARY OF SHADOWING II 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? \_\_\_\_\_**

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

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**4. What did you like most about your shadowing experience? \_\_\_\_\_**

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**5. What did you like least about your shadowing experience? \_\_\_\_\_**

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**6. What insight into your career goals did this experience give you? \_\_\_\_\_**

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