



Student Summary of Job Shadow Experience

Student Name _____

Date of Job Shadow _____

Name of Job Mentor _____

Name of Business _____

Please use complete sentences when responding to the following questions.

Provide a brief description of the job you observed.

Was the job what you expected? If it was, in what way(s)? If it wasn't, why not?

What post-secondary (after high school) education and/or training is required to qualify for this job?

After experiencing this job, how likely are you to pursue a career in this field?

Please list any additional comments about this job and/or the Job Shadow experience below:

Deliver completed form to Mrs. Gita Noble, Student Internship Coordinator