SMART FUTURES: JOB SHADOW VERIFICATION FORM

Student Name		Graduation Year		Date of Job Shadow
O m Field (laborat				
Career Field of Interest				
Choose the option below that besi	t describes your job shadow expε	erience:		
☐ Traditional Job Shadow ☐ Current Place of Employe		ment		☐ Co-op/Internship
☐ CTC Experience / Clinicals	☐ Interview of a Professiona	I	☐ Other:	
Name of Professional		Title of Profession		Name of Employer/Company
Signature of Professional		Date		Phone Number of Professional
Student must learn the answers to the following questions during the job shadow experience and record responses on this form prior to uploading to Smart Futures. Student may ask additional questions as well and use extra paper, if needed. What does a typical day look like for this profession?				
what does a typical day look like i	or this profession?			
What education/training do you need to enter this career?				
What is the most challenging part of your job?				
Is there a growing demand for this career moving into the future? Does it offer good job security? Why or why not?				
How important are essential workplace skills such as communication, scheduling, team-building, and use of technology in this field?				
Record additional information learned during the job shadow experience here.				

Take a picture of the front of this form and follow the directions below to add to your Smart Futures portfolio.

Select the "Add" button under the"Career-Pathway Experiences" heading

- Click on the "Add to Portfolio" line inside the Job Shadow button
- Complete ALL INFORMATION on the Job Shadow reflection screen, including an upload of your Job Shadow Form

