



Living Sky School Division No. 202

Growth Without Limits, Learning For All

Job Shadow Report

Date: _____

Student Name: _____

School: _____

Job Shadow Placement: _____

(Name of Business)

Occupation Shadowed: _____

Length of Job Shadow:

Less than 4 hrs.

More than 4 hrs.

Who set up this Job Shadow?

Student

Parent

Teacher

Career Counselor

Other _____

Transportation to Job Shadow:

Walked

Drove Myself

Adult Drove

Other _____

Is this an occupation you will consider in the future?

Yes

No

Undecided

Is this an occupation supported by your CCC results?

Yes

No

I learned the following three things:

1. _____

2. _____

3. _____

Certified by: _____