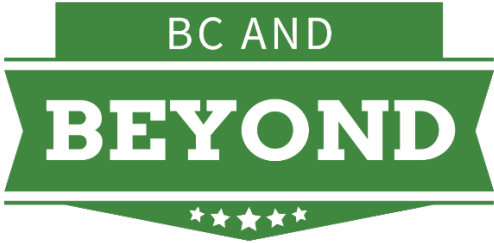


# JOB SHADOWING VERIFICATION FORM



**To be completed by the BCHS student:**

Organization at which job shadowing was completed:

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Date(s) of Job Shadowing: \_\_\_\_\_

Brief description of job shadowing experience (What did you observe/learn while job shadowing?):

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Brief reflection of job shadowing experience (How did the experience solidify or change your consideration of this as a potential career?): \_\_\_\_\_

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Year at BCHS: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

Student Name (printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by person being shadowed:**

Name of person being shadowed (printed): \_\_\_\_\_

Title of person being shadowed: \_\_\_\_\_

Signature of person being shadowed: \_\_\_\_\_

Submit completed form to:  
Brown County High School – 500 E Main St – Mt. Sterling, IL 62353 – Attn: Kaitlyn Ealy, School Counselor