Wilson Area School District
WILSON AREA HIGH SCHOOL
Graduation Project

Job Shadow Log/Journal

Name:_____

Date of shadowing:_____

Hours spent shadowing: (min of 1 hour & max of 8 hours per log) _____
(List time spent and number of hours. Example: 9:00 a.m. – 2:00 p.m., 5 hours)

Name of company: _____

Address of company:_____

Name of person you are shadowing:_____

Job title of person you are shadowing:_____

Phone number of person you are shadowing:_____

Signature of person you are shadowing: _____

Personal Reaction/Response to Today's Job Shadow: (What do you think about what you observed at today's job shadow? What aspects of the job did you like/dislike? What do you have more questions about? Write a minimum of two (2) paragraphs, with 4 – 6 sentences per paragraph.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

A log/journal sheet MUST be submitted for EACH activity to your mentor within one week of completion of job shadow event.

****

Mentor name and signature required for approved hours.

Mentor Name: _____ Signature: _____

Number of hours approved: _____ Total hours completed: _____