JCCC Job Shadowing Program

Student Reflection Form

Once you have completed your job shadowing experience, please answer the following questions. This information allows you to reflect on your experience and how it influences your career exploration and decision-making process. Please bring this form to your reflection meeting with your career counselor.

Name: ______________________________ Date: __________________ Student ID #: __________________

Email: ______________________________ Company Site: ______________________________

Mentor: ______________________________ Title: ______________________________

Job Shadowing Career Interest: ______________________________

Career Counselor (signature): ______________________________

1. Why did you want to job shadow?

2. Describe the job duties and work environment of the profession you shadowed.

3. What characteristics of this profession do you feel are interesting or a good match for you?

4. What characteristics concern you or make this profession seem unappealing to you as a career path?
5. What surprised you most about what you observed, heard, did, and/or learned?

6. Which of the following best relates to your feelings about career direction after this experience? Why?
   a. This experience helped confirm that I am interested in this field as a career
   b. This experience made me think this career path or industry might not be right for me

7. If you wanted to work in the profession you visited, what might you do to prepare?

8. What recommendations do you have for improving the JCCC Job Shadowing Program?