Appendix A- Job Shadowing Objectives

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Department** |  |
| **Shadowing Opportunity Desired** |  |
|   |
| Reason for wanting to complete this shadowing opportunity. |
|   |
|  |
|   | **Date / Signature** |
| Approval signature of employee’s manager |   |
| Approval signature of Shadow Host |   |
| Discussion and agreement of Learning Objectives |   |
| Dates agreed for shadowing time: |
|   |
| Learning Objectives to be achieved during shadowing | Agreed by shadow hostSignature of above required |
| 1 |   |
| 2 |   |
| 3 |   |
| 4 |   |

|  |
| --- |
| Learning Objectives |
| 1: |
| Comments on objective |
|   |
| Achieved Yes / No |
| Employee Signature: |
| Shadow Host/Co-ordinator Signature: |
|   |
| 2: |
| Comments on objective |
|   |
| Achieved Yes / No |
| Employee Signature: |
| Shadow Host/Co-ordinator Signature: |

|  |
| --- |
| Learning Objectives |
| 3: |
| Comments on objective |
|   |
| Achieved Yes / No |
| Employee Signature: |
| Shadow Host/Co-ordinator Signature: |
|   |
| 4: |
| Comments on objective |
|   |
| Achieved Yes / No |
| Employee Signature: |
| Shadow Host/Co-ordinator Signature: |

|  |
| --- |
| Please reflect on your Job Shadowing Opportunity below. |

To be kept on staff file