pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF VOCATIONAL REHABILITATION

JOB SHADOWING REPORT

This form must be submitted monthly.

Student Name:	**Format:** ☐ **Group** ☐ **Individual**
Provider:	**OVR Staff:**
Service Authorization ID#:	**School:**
Report Dates: to	

Job Shadow #1		
Employer Name/Address:		
Employer Contact:	**Date:**	________ **Hours**
Job(s) Shadowed:		
Describe the job tasks observed by student:		

Student feedback and outcomes:

1. Please identify one skill or ability needed to be successful at this job: ____________
2. What did you like best about this experience? ____________
3. What did you like least? ____________

Observations (describe experience):

Job Shadow #2		
Employer Name/Address:		
Employer Contact:	**Date:**	________ **Hours**
Job(s) Shadowed:		
Describe the job tasks observed by student:		

Student feedback and outcomes:

1. Please identify one skill or ability needed to be successful at this job: ____________
2. What did you like best about this experience? ____________
3. What did you like least? ____________

Observations (describe experience):

Job Shadow #3		
Employer Name/Address:		
Employer Contact:	**Date:**	________ **Hours**
Job(s) Shadowed:		
Describe the job tasks observed by student:		

Student feedback and outcomes:

1. Please identify one skill or ability needed to be successful at this job: ____________
2. What did you like best about this experience? ____________
3. What did you like least? ____________

Observations (describe experience):

(Attach additional sheets as necessary)

Services Provided	Date(s)	Hours Spent (1-4 can equal no more than 3 hours)
1. Intake (provider one-hour limit)		
2. Transporting customer to job site (provider only)		
3. Successful correspondence (including messages) with employer, parent, school, student, or OVR		
4. Assistance with pre-shadow paperwork		
5. Other (specify):		
6. Direct supervision of the student at the job shadow site		
	Total :	
Justification for number of supervision hours:		

Provider Name **Title** **Email/Phone Number**

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program