pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF VOCATIONAL REHABILITATION

JOB SHADOWING REPORT

This form must be submitted monthly.

Student Name:	**Format:** ☐ **Group** ☐ **Individual**
Provider: CVS -	**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: Please identify one skill or ability needed to be successful at this job: _____ What did you like best and least about this experience?		
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: Please identify one skill or ability needed to be successful at this job: _____ What did you like best and least about this experience?		

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: Please identify one skill or ability needed to be successful at this job: _____ What did you like best and least about this experience?		
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 :	0
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