

Shadowing Work Duties

Name (Trainer): _____	Name (Trainee): _____	Position: _____
SUMMARY OF SESSION Date: _____ Start time: _____		
INDICATE TYPE OF SHADOWING: Observation <input type="checkbox"/> Observation with discussion <input type="checkbox"/> Practical help as appropriate <input type="checkbox"/>		
Health and Safety Considerations:		
Confidentiality Explained <input type="checkbox"/> Service User Consent Given <input type="checkbox"/>		
Discussion Points from Session:		
Evaluation of Session:		
NEXT STEP:		
Signature (Trainer): _____ Signature (Trainee): _____ Date: _____		