

## Job Shadow Evaluation

Name of Student: \_\_\_\_\_

NOTE TO STUDENT:

Ask your job shadow supervisor (the person you shadowed) to sign in the box below and attach a business card, if possible. Complete the rest of the evaluation and bring it to the School-to-Careers Office.

### Job Shadow Supervisor:

My signature below is verification that the student attended a job shadow with me.

**SIGNATURE** of Supervisor \_\_\_\_\_

Date \_\_\_\_\_  I have provided a business card

Job Shadow Start Time \_\_\_\_\_ Job Shadow End Time \_\_\_\_\_

How would you rate your experience? Check one

Poor     Fair     Good     Excellent

What did you enjoy most about the job shadow?

Describe three things that you learned about the job or workplace that you visited.

Did the job shadow make you more, or less, interested in this career area? Explain.

How many hours were you at the work site? \_\_\_\_\_

The job shadow should have been:     longer     shorter     the same

Please give suggestions for improving the job shadow experience.

Include any additional comments on the back of this form.