

JOB SHADOWING EXPERIENCE – BUSINESS EVALUATION

Thank you very much for your participation in our Job Shadowing Program. Please complete this evaluation form and return it in the attached self-addressed envelope. We appreciate feedback that will help us develop a better program.

Name _____

Occupation _____

Business Name _____

Address _____ Telephone _____

Name of Student(s) _____

Please use the following rating system for your evaluation:

0 = Poor 1 = Fair 2 = Good 3 = Excellent

1. In general, how would you rate the Job Shadowing Program? 0 1 2 3

2. Please evaluate your student's preparation, attitude, and behavior. 0 1 2 3

3. To what degree do you feel this was a worthwhile experience for the student? 0 1 2 3

4. Did the student show you any of the following? (Please Circle)

Cover Letter Resume Portfolio

Suggestions for future student(s) who job shadow:

Suggestions for program improvement:

May we call on you again for career education projects? Yes No

Other Comments (please use back as needed):

Please fax (217) 485-6220 or e-mail to gravesk@unity.k12.il.us this document to the school ASAP. If you provided an email address you should have received this document in an e-mail.