

## JOB SHADOWING EXPERIENCE – STUDENT EVALUATION

Student Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Business Visited \_\_\_\_\_ Contact Person \_\_\_\_\_

Job/Position Shadowed \_\_\_\_\_

Briefly explain what you did on your Job Shadowing Experience: \_\_\_\_\_

\_\_\_\_\_

What did you learn about the business? \_\_\_\_\_

\_\_\_\_\_

What skills are necessary for the job you observed? \_\_\_\_\_

\_\_\_\_\_

Did this experience change your thinking about your career choice? Yes No

Explain your answer: \_\_\_\_\_

\_\_\_\_\_

Job Shadowing was a beneficial experience because: \_\_\_\_\_

\_\_\_\_\_

Suggestions for future students who will job shadow: \_\_\_\_\_

\_\_\_\_\_

Suggestions for job site personnel: \_\_\_\_\_

Would you recommend this site for future student who will job shadow? Yes No

In general, how would you rate your Job Shadowing Experience?

Poor Fair Good Excellent

How would you rate the business' preparation for your Job Shadowing Experience?

Poor Fair Good Excellent

**If time permits please go over this evaluation with the student and give to him/her to bring back to school. If time does not allow or you would like to fax or email for other reasons please do so; Fax (217) 485-6220 or e-mail to [gravesk@unity.k12.il.us](mailto:gravesk@unity.k12.il.us) ASAP. If you provided an email address you should have received this document in an e-mail.**