

# Job Shadow

## Host Verification & Evaluation

**Please verify the student's time with you:**

Student Name \_\_\_\_\_ Job Shadow Date \_\_\_\_\_

Time in \_\_\_\_\_ Time out \_\_\_\_\_

Job Shadow Host Name (First and Last - Please Print) \_\_\_\_\_

Title \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Host E-mail \_\_\_\_\_

Host Signature \_\_\_\_\_

Host Evaluation
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So that we may continue to improve the process, please complete the following brief evaluation upon completion of the job shadow.

Please rate the following on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*).

	Strongly Disagree	Strongly Agree
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I was well prepared by the student to be a Job Shadow host.	1	2	3	4	5
As a result of this Job Shadow, I gained a new perspective of my job.	1	2	3	4	5
The Job Shadow was a worthwhile learning experience for the student.	1	2	3	4	5
I enjoyed the experience and I would be willing to do it again.	1	2	3	4	5

How could school (teachers and/or students) better support you throughout the experience?

Additional comments: