

JOB SHADOW DAY STUDENT EVALUATION FORM

Thank you for participating in our Job Shadow Day! Please complete this brief evaluation of your experience today so that we can continue to improve the program.

Please rate the following on a scale of one through five (one indicates that you strongly disagree with the statement and five indicates that you strongly agree).

	Strongly Disagree			Strongly Agree	
1. My Job Shadowing experience helped me think about career options	1	2	3	4	5
2. I learned what the general expectations are for this career.	1	2	3	4	5
3. I learned what skills are required for this career.	1	2	3	4	5
4. I learned what further education is required for this career.	1	2	3	4	5
5. I enjoyed my Job Shadow experience.	1	2	3	4	5
6. I would recommend participating in Job Shadow Day to other students.	1	2	3	4	5
7. Communication from the school was clear and timely.	1	2	3	4	5
8. I was at ease interacting with my Workplace Host.	1	2	3	4	5

Suggestions for the future:

What should we continue to do?

What should we stop doing?

Will participation in this Job Shadowing Program change what you do when you return to school? How?

Any additional comments?

Please return to the Guidance Office. Thank you!

