Kent City High School
Employer Job Shadow Evaluation

Name of Host_____ Visitation Site _____

Date _____

Student Hosted _____

Career(s) Explored _____

1.	Did the student arrive on time?	YES	NO
2.	Did the student dress appropriately?	YES	NO
3.	Did the student ask appropriate questions?	YES	NO
4.	Did the student act properly?	YES	NO
5.	Do you feel the student was interested in the job?	YES	NO
6.	Did the student gain a better understanding of the career area?	YES	NO
7.	Did you enjoy working with the student?	YES	NO
8.	Did the student interfere negatively with normal operations? If yes, please comment.	YES	NO

9. How do you feel that you have helped the student? Please comment.

10. Please comment on your overall reaction of the job-shadowing program. Please feel free to comment on improvements you feel should be made. You may write your comments on the back of this document or email your thoughts to Jeff Wilson, Counselor, at jeff.wilson@kentcityschools.org

Thank you for providing this opportunity to a KCHS student!

Signature of host: _____

Please return to Kent City High School in the envelope provided, hand this evaluation to the student to return to school in order to save postage, or you may scan and email to jeff.wilson@kentcityschools.org. Thank you for your assistance.