



Job Shadow Employer Feedback

Business Site: _____ Mentor Name: _____
 Mentor Title: _____ Phone: _____
 Student Name: _____ Date: _____
 Job Shadow Title: _____ Hours: _____

EMPLOYER FEEDBACK OF STUDENT:

Your feedback is highly valued. Please evaluate the student on the following:

1 = Needs Improvement 2 = Below Expectations 3 = Met Expectations 4 = Exceeded

Requested and confirmed appointment	1	2	3	4
Reported to the job shadow on time	1	2	3	4
Appearance was appropriate for the workplace	1	2	3	4
Related well to mentor, employees and customers	1	2	3	4
Asked appropriate questions & demonstrated an interest in the career	1	2	3	4
Behaved in a professional manner	1	2	3	4
Spent 3 hours or more observing	1	2	3	4

EMPLOYER FEEDBACK

Please rate your job shadow experience on the following:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Coordinators of this course have been responsive & well organized	1	2	3	4	5
I would recommend a job shadow to other employers	1	2	3	4	5
I am willing to host another job shadow in the future	1	2	3	4	5
I felt the student learned and benefited from the job shadow experience	1	2	3	4	5

Suggestions: _____

Employer signature: _____

Student Reflection:
