

Business Host Job Shadow Evaluation

Region 4: Scio High School
(To Be Completed by Business Host)

Purpose: To Provide Feedback To The Student About His/Her Job Shadow Experience with You and Your Business.

*We appreciate your taking time to host **Scio School District** students at your place of work. We are very interested in the long-term success of our program and would appreciate you taking a few minutes to share your assessment of the student and our Job Shadow program. Your feedback will be very valuable to the school as well as the student and help us improve the program.*

Host _____ **Title** _____

Organization _____ **Phone** _____

Student _____ **Mentor** _____

Using the following scale of 1-4, please rate the student in the following areas:

4=Exceeds Expectations 3=Meets Expectations 2=Below Expectations 1= Needs Improvement

1. Punctuality:

Reported to the Job Shadow at the appropriate time and place.

4	3	2	1	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Professional Appearance:

Dressed Appropriately.

Groomed Appropriately.

4	3	2	1	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Professional Conduct:

Scheduled appointment in a professional manner.

Behaved in a professional manner at the work site.

4	3	2	1	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Job Shadow Evaluation Continued

4. **Communication:**

Related well to host and others.

Asked appropriate questions.

Demonstrated interest in the experience.

4	3	2	1	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **Overall Evaluation:**

Student seemed to benefit from the experience.

4	3	2	1	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Would you be willing to host another student in the near future?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

7. **Do you have any suggestions for improving our Job Shadow program?**

8. **Comments:**

Please return this form with the student or send to:

**Scio High School
Job Shadow Coordinator
38875 N. W. 1st Ave.
Scio, OR 97374**