

## Post Job Shadow Evaluation Form

Name/Grade \_\_\_\_\_

Job Shadow Coordinator \_\_\_\_\_

Company Name \_\_\_\_\_

Position Job Shadowed \_\_\_\_\_

Job Shadow Date and Hours \_\_\_\_\_

1. What did you discover that may help you choose a future career?
  
2. What are the advantages of a career in this field?
  
3. What are the disadvantages of a career in this line of work?
  
4. What was your favorite part of the day?
  
5. What was the least favorite part of the day?

<i>Please rate the following based on your experience</i>	Strongly Disagree				Strongly Agree
I understand the tasks that this occupation has to do.	1	2	3	4	5
I understand the education and training requirement for this career.	1	2	3	4	5
This was a worthwhile experience.	1	2	3	4	5
I would recommend this program to a friend.	1	2	3	4	5
I would recommend this company for future job shadowing experiences.	1	2	3	4	5