

**JOB SHADOW EMPLOYER EVALUATION
LINDSAY HIGH SCHOOL**

Thank you for hosting a student at your workplace. We would like to provide the most positive experience possible for both employers and our students. Therefore, please take a few moments to share your assessment of the experience. Your input of the job-shadowing experience and the student who shadowed you will be very valuable as we seek to improve the senior project job-shadowing activity.

Name Joel Ramirez Phone (561) 920-9012
 Company/Organization Living Water Clinic
 Address 833 N. Sequoia Ave.
 Student Name Daniel Baca Date of Shadow 8/25/16

Please rate the student, using the following scale, by circling the appropriate number:
 4 – exceeds expectations; 3 – meets expectations; 2 – below expectations, 1 – unacceptable

Student Readiness

<input type="checkbox"/> Arrived on time	4	3	2	1
<input type="checkbox"/> Displayed Enthusiasm and interest	4	3	2	1
<input type="checkbox"/> Appeared clean and well-groomed	4	3	2	1
<input type="checkbox"/> Wore appropriate clothing	4	3	2	1
<input type="checkbox"/> Showed appropriate behavior at work site	4	3	2	1
<input type="checkbox"/> Asked appropriate questions	4	3	2	1
<input type="checkbox"/> Demonstrated good listening skills	4	3	2	1

Business Ratings

<input type="checkbox"/> You were satisfied overall with experience	4	3	2	1
<input type="checkbox"/> Your objective was achieved	4	3	2	1
<input type="checkbox"/> You would recommend student for a similar experience	4	3	2	1
<input type="checkbox"/> You were satisfied with student knowledge about the business or organization	4	3	2	1

Would you be able to host another Lindsay High School student? yes
 Are you able and willing to host a bilingual student? yes

Do you have any suggestions for improving the job-shadow experience for students?

NONE

[Signature] Employer Signature
[Signature] Student Signature

Date: 8/25/16
 Date: 8/25/16