

**Kent City High School  
Employer Job Shadow Evaluation**



Name of Host \_\_\_\_\_ Visitation Site \_\_\_\_\_

Date \_\_\_\_\_

Student Hosted \_\_\_\_\_

Career(s) Explored \_\_\_\_\_

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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? YES NO  
If yes, please comment.

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](mailto: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](mailto:jeff.wilson@kentcityschools.org). Thank you for your assistance.**