

Workplace Supervisor's Job Shadow Feedback Sheet

Name: _____

Job site: _____

Student: _____

Hours of job shadow: _____

Type of work student shadowed: _____

The student was consistently on time

Yes No

Comments:

The student was dressed appropriately.

Yes No

Comments:

General comments about student behavior:

I'd be willing to have another student job shadow next summer.

Yes No

I would like to be considered for:

Tours Mock Interviews Work Experience Career Presentations/Career Fairs
Other:

Workplace Supervisor's Signature: _____ Date: _____

Telephone number: _____