

EASTERN HIGH SCHOOL
SHADOWING PROGRAM
Evaluation Sheet

Employer: Please complete-seal in envelope-return via student. Thank you!,

Employer/Company _____

Address _____

Phone Number _____ E-Mail _____

Person Completing Report _____ Title _____

Name of Student _____ Date & Time of Visit _____

INSTRUCTIONS FOR EMPLOYER:

Place a check mark in the column which, in your judgement, best describes the student during the course of his/her job shadow. Include any comments or recommendations about the program and return within two week to Eastern High School using the enclosed envelope.

	Below Average	Average	Above Average
Punctuality	_____	_____	_____
Appearance	_____	_____	_____
Conduct	_____	_____	_____
Interest	_____	_____	_____
Interaction/ Communication	_____	_____	_____
Preparation	_____	_____	_____

Employer Comments and/or Recommendations:

