

A+ JOB SHADOWING EXPERIENCE VERIFICATION OF ATTENDANCE FORM

Student's Name: _____

Job Shadowed: _____

Place of Business: _____

Job Shadow Mentor: _____

Business Phone Number: _____

Address: _____

Arrival Time: _____ Departure Time: _____

Please rate the student on the following:

	Above Average	Average	Needs Improvement
Personal Appearance			
Interest/Enthusiasm			
Attitude/Cooperation			
Interpersonal Relationship			

To evaluate our Job Shadowing Program, we would appreciate your comments/suggestions:

1. Did the student arrive at the agreed upon time? _____ yes _____ no
2. Did the student stay for the agreed upon time? _____ yes _____ no
3. Did the student show interest? _____ yes _____ no
4. Did the student ask questions during the visit? _____ yes _____ no
5. Was the length of time appropriate? _____ yes _____ no

If no, please explain _____

Comments:

Employer's Signature _____

Thank you for your time!