

STUDENT POST-SHADOWING EVALUATION

Student's Name: _____

Place of Shadowing: _____

Career Partner's Name: _____

Career Area: _____

1. What were the title and responsibilities of your workplace host?
2. What were some of the activities you observed during your shadowing experience?
3. What were some of the planned activities you enjoyed the most?
4. What, if any, activities did you not enjoy?
5. What did you like best about this occupation?
6. What did you dislike about this occupation?
7. Are you still interested in entering this occupation?
___ Yes ___ No (If no, please state why) _____
8. Was this event a rewarding, as well as educational, experience for you?
9. What knowledge / skills are you learning at West Millbrook that would be used in this job?
10. What surprised you most about what you learned, heard, or observed today?
11. Did any other ideas for other careers come to mind today?
12. What comments (positive or negative) do you have that would help West Millbrook in planning future shadowing activities?

Please return this form to Mrs. Walters when you return to school.