

**JOB SHADOW PROGRAM
EMPLOYER EVALUATION FORM**

Teacher/Period _____

STUDENT _____ DATE _____

PERSON SHADOWED _____ PHONE _____

BUSINESS _____

Thank you for hosting a Salem-Keizer student for a job shadow. Please take a moment to fill out the information below and give it back to the student immediately upon completion. You may also mail this form to your student's high school. The student is required to return this form to class for full credit. Your comments are encouraged.

	Needs Improvement				Excellent
1. Greeting and Introduction Comments:	1	2	3	4	5
2. Punctual and Conscientious Comments:	1	2	3	4	5
3. Enthusiasm and Confidence Comments:	1	2	3	4	5
4. Appearance and Grooming Comments:	1	2	3	4	5
5. Cooperative and Courteous Comments:	1	2	3	4	5
6. Communicates Effectively Comments:	1	2	3	4	5
7. Asks Meaningful Question Comments:	1	2	3	4	5
8. Thank you and Handshake Comments:	1	2	3	4	5

Did you discuss the drug & alcohol policies of your workplace? Yes No

Additional Comments: _____

Signature _____

Would you consider assisting another student with their career exploration? _____

If mailing, please return this form to the student's school representative

Vickie Koenig	McKay	2440 Lancaster Drive NE Salem OR 97305
Judy Peterson	McNary	595 Chemawa Road N Keizer OR 97303
Cathy Tilley	North	765 14th Street NE Salem OR 97301
Dorothy Cope	South	1910 Church Street SE Salem OR 97302
Carlotta Arnold	Sprague	2373 Kuebler Blvd. S Salem OR 97302
Elsa Plant	West	1776 Titan Drive NW Salem, OR 97304