

JOB SHADOW SUPERVISOR EVALUATION

Student Name: _____ ID: _____

Econ/Gov Teacher: _____ Period: _____

English Teacher: _____ Period: _____

SUPERVISOR CONTACT INFORMATION

Organization: _____ Supervisor Name¹: _____

Phone: _____ Email: _____

As this student's supervisor, please verify this student's performance in his/her job shadow with your business/organization. Since the time spent on the job shadow phase of the assignment has been out of class and away from the school site, verification of the student's efforts is necessary. We know your time is valuable and ask for as much commentary as you can provide. Please answer the following questions to help us evaluate his/her project.

Criteria	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Comments (Required)
Expresses interest in learning about the career/field				
Acts responsibly and is dependable				
Cooperates with employees				
Demonstrates professionalism in dress and behavior				
Keeps a positive attitude				
Manages time effectively				

Additional Comments:

Would you be willing to have another Segerstrom student job shadow at your organization in future years? Yes No

Signature: _____ Date: _____

¹ Supervisor completing the evaluation should be the same person who completed the Job Shadow Proposal.