

**BOYERTOWN AREA SENIOR HIGH SCHOOL
JOB SHADOWING PROGRAM
HOST EVALUATION
(student must upload to portfolio)**

Please assist us by providing feedback on the Job Shadowing/Student Visitation Program. Circle (in ink) the appropriate response adding comments if you wish. If answering "No," please explain.

Student Name: _____ Date of Visit : _____
Company/Position: _____

1. Did the student make the initial contact with you/your company? Yes No

2. Did the student arrive on time? Yes No

3. Do you feel the student was prepared for this visit? Yes No

4. Was the student appropriately attired? Yes No

5. Did the student seem interested (ask questions, actively participate, etc.)?
Yes No

6. How would you rate the overall success of this visit? Excellent Satisfactory Poor

7. Would you participate again with another student? Yes No

Comments/Suggestions:

Thank you for your involvement in this program and your input regarding this visit. If you have answered Yes to question #7 above please provide a business contact # below.

Sponsor Name-Please Print

Business Phone

Sponsor Signature