JOB SHADOWING AGREEMENT / EVALUATION FORM

The top portion of this form is to be filled out by the **STUDENT prior to the job shadowing experience.

Student name:	Grade:		
Social Security No:	Birthdate:		
Student address:			
Occupational (SEOP) Goal:			
Job Shadow Title:			
Company Name and Address:			
Supervisor's Name:	Phone No.		
Date of job shadowing experience:	For	hours	
I AGREE TO THE FOLLOWING:			
 Schedule the job shadowing experience with the employer. Arrange for transportation to and from the job site. Complete all forms and return them to the Career Center by Observe an employee in his/her chosen career for <u>6-8 hour</u>. Gather information necessary to write a reflection paper back 	y the appropriate		
Student Signature:	Date:		
**The remainder of this form is to be filled out by the job sha Please be sure to answer all of the questions. Thank you for ma			erience is complete
Please use the following guidelines to rate the student's job sha POOR	dowing experien <u>FAIR</u>	ce. <u>GOOD</u>	EXCELLENT
PERSONAL APPEARANCE: • Appropriate Clothing • Well Groomed	TAIK	0000	EACELLENT
WORK RELATIONS: • Positive Attitude • Cooperative			
USE OF TIME:			
• Arrived on Time			
Asked Questions			
 Accepted Responsibility 			
Willingness to Learn			
As a participating job shadowing employer, do you			
feel this experience was valuable for the student	YES	NO	
feel this experience was valuable for your company	YES	NO	
think you would like other students to visit your company?	YES	NO	
Additional comments or suggestions:			
Supervisor Signature:		Date:	
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