## Job Shadow Program Evaluation Public Schools appreciates your feedback and reflection on your work-based learning experience. This evaluation is designed for all partners in the work-based learning experience. Please select N/A for any question that is not applicable to you or the type of work-based learning experience you participated in. I am a: Student This was a: Job Shadow

| ☐ Teacher/Coordinator  | ☐ Other:                           |                      |          |       |                   |     |
|--|------------------------------------|----------------------|----------|-------|-------------------|-----|
| ☐ Workplace Partner/Supe   | rvisor                             | (please identify)    |          |       |                   |     |
|  | Please rate the following:         | Strongly<br>Disagree | Disagree | Agree | Strongly<br>Agree | N/A |
| The job shadow materials I received v<br>supporting the job shadow experience    |                                    |                      |          |       |                   |     |
| The how-to guides were helpful in pla<br>experience.                             | anning and coordinating this       |                      |          |       |                   |     |
| I understand what SCANS Skills are.  |                                    |                      |          |       |                   |     |
| I found the SCANS Skills worksheets a my work.                                   | nd activities helpful in guiding   |                      |          |       |                   |     |
| My Guide for Developing Measurable L<br>shaping this Job Shadow experience.      |                                    |                      |          |       |                   |     |
| The learning objectives were refined by student to meet the needs of the student |                                    |                      |          |       |                   |     |
| I understand how academics connect workplace.                                    | s to activities experienced at the |                      |          |       |                   |     |
| All partners (student, teacher and wo person at least once.                      | rksite supervisor) met together in |                      |          |       |                   |     |
| Program materials in the toolkit were supporting worksite supervisors/part       |                                    |                      |          |       |                   |     |
| I understood my role in working with   | the teacher.                       |                      |          |       |                   |     |
| I understood my role in working with   | the worksite supervisor.           |                      |          |       |                   |     |
| I understood my role in working with   | the student.                       |                      |          |       |                   |     |
| I received adequate support from the   | teacher.                           |                      |          |       |                   |     |
| I received adequate support from the   | supervisor.                        |                      |          |       |                   |     |
| I was able to meet regularly with stud   | lent, teacher and/or supervisor.   |                      |          |       |                   |     |
| I was successful in managing my time learning experience.                        | in all aspects of this work-based  |                      |          |       |                   |     |
| The classroom was used to support re experiences through activities and su       |                                    |                      |          |       |                   |     |
| Activities at the workplace were inter   | esting and challenging.            |                      |          |       |                   |     |
| I enjoyed this experience and would I shadow again.                              | ike to offer/participate in job    |                      |          |       |                   |     |

Please list the tools, guides, activities and/or lessons that were particularly helpful:

Additional Comments:

Send completed evaluation to: