

Job Shadowing Participation Form

Please write neatly or type.

Name _____

Company/Organization _____

Business Address _____

Business Phone _____ Fax _____

Email Address _____ Website _____

Educational Background

Degree _____

Major _____ Year _____

Institution of Degree _____

Degree _____

Major _____ Year _____

Institution of Degree _____

Degree _____

Major _____ Year _____

Institution of Degree _____

Occupational Background

Present Position _____

Type of Business _____

Job Responsibilities _____

Anticipated Length of Shadowing Experience

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 Day | <input type="checkbox"/> 1 Week |
| <input type="checkbox"/> 2 Day | <input type="checkbox"/> 2 Weeks |
| <input type="checkbox"/> 3 Day | <input type="checkbox"/> 3 Weeks |
| <input type="checkbox"/> 4 Day | <input type="checkbox"/> Other _____ |

Possible Activities for Shadowing Students

- ☐ Observe work being performed
- ☐ Attend staff or committee meetings or presentations
- ☐ Tour the organization
- ☐ Conduct an informational interview with a professional in the field
- ☐ Attend a training program for new employees
- ☐ Complete or assist with completion of a sample work assignment
- ☐ Other _____

Preferred method of communication

- ☐ Phone
- ☐ Email
- ☐ Other _____

Job Shadowing Sponsor Evaluation

Name _____ Company _____

Name of Student who Shadowed You _____

1. Did Career Development Services prepare you for Shadowing by explaining the program, giving you student responsibility information, making suggestions for activities, providing you with student information and addressing concerns you have about the program in general?

☐ Yes ☐ No

If no, please explain: _____

2. If there are any ways we could have better assisted you or can improve the program, please list your suggestions: _____

3. Please check appropriate box concerning your student:

Was prepared to shadow: ☐ Yes ☐ No

Asked relevant questions: ☐ Yes ☐ No

Showed initiative: ☐ Yes ☐ No

Suggested activities: ☐ Yes ☐ No

Dressed professionally: ☐ Yes ☐ No

Was courteous and respectful of your time and efforts: ☐ Yes ☐ No

Please comment: _____

4. Overall, would you recommend that this student pursue a career in your field?

☐ Yes ☐ No

Please explain: _____

5. Did you have enough time with to accomplish planned activities and student goals?

☐ Yes ☐ No

Please explain: _____

6. Rate your shadowing experience overall.

☐ Excellent ☐ Very Good ☐ Good ☐ Not Good ☐ Poor

Please explain: _____

7. Are you willing to host another student?

☐ Yes ☐ No

If "No," why not? _____

If "Yes," please let us know if you have specific times in mind or indicate general time when you may be available: _____
