

COMMUNITY SERVICE / JOB SHADOW EVALUATION SHEET

Student Name:	Date:
Number of Hours Worked/Volunteered:	
How would you rate the student's attitude durin	g the visitation?
VERY GOOD SATISFACTORY _	UNSATISFACTORY
Please take a moment to comment on the studer dress, willingness, and so forth).	nt's professionalism (i.e., punctuality,
Mentor:	Date:
Organization's Name:	
Phone Number:	
THE KENT SCHOOL DISTRICT AND KENTWOOD I TIME YOU HAVE TAKEN TO ASSIST OUR STUDEN HAVE ANY COMMENTS, QUESTIONS, OR	NT. THANK YOU VERY MUCH, AND IF YOU CONCERNS, PLEASE FEEL FREE TO

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