

# Employer Evaluation Sheet

Thank you for participating the Teacher Job Shadow Program and hosting a high school teacher. In an effort to improve this experience for both the employer and the teacher, we would like your feedback. Please complete this brief survey and return it to the Fax number listed below:

Company Name: \_\_\_\_\_ Employee Shadowed: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_ Date of Shadow: \_\_\_\_\_

Agree Disagree

The job shadow was connected to the teacher subject matter expertise.

The teacher learned about the workplace readiness skills (i.e. problem solving, technology, communication) required by you as a employer.

The teacher discussed the academic preparation required for your job/occupation.

The teacher discussed ways in which classroom instruction could be made more relevant to your occupation/field.

The procedures and guidelines provided for this job shadow experience gave you an adequate and clear understanding of what to expect.

What could have been done to help make the experience more meaningful for you and/or the teacher?

Would you participate in the job shadow program again?

Would your business be willing to participate in an ongoing advisory capacity with a school in your area of the county?

Please provide any additional information that may help us improve this experience:

When complete, please return to: