**online version of this form can be found at www.marshfieldschools.org/currentmentors
and completed under the 'Current Job Shadow Mentors' heading instead of returning this paper form**

Pathway Partners Mentoring Program

JOB SHADOW MENTOR EVALUATION

Thank you for your willingness to host a student for a job shadow experience. We are very interested in the success of our job shadow program and appreciate your feedback.

HOST NAME:_____ HOST TELEPHONE#_____

TITLE:_____ E-Mail Address:_____

COMPANY:_____ Student Name:_____

ADDRESS:_____ Date of Job Shadow: _____

Using the following scale of 1 – 4 please rate the student in the following areas:

4-Exceeds Expectations **3-Meets Expectations**
2-Below Expectations **1-Needs Improvement**

1. Punctuality:				
~Reported to Job Shadow at appropriate time.	4	3	2	1
2. Professional Appearance:				
~Dressed appropriately	4	3	2	1
~Groomed appropriately	4	3	2	1
3. Professional Conduct:				
~Behaved in a professional manner at the work site	4	3	2	1
~Willing to conform to rules & regulations	4	3	2	1
4. Communications:				
~Related well to host and others	4	3	2	1
~Asked appropriate questions	4	3	2	1
5. Overall Evaluation:				
~Student seemed to benefit from the experience	4	3	2	1
~Student demonstrated genuine interest	4	3	2	1
~How would you rate your experience?	4	3	2	1

6. Would you be willing to host another student in the future?

7. Comments: Please feel free to offer any additional comments on the back of this form.

8. Please return to:

Ginger Sternweis
Marshfield High School
1401 E. Becker Road
Marshfield, WI 54449
PHONE: 715-387-8464 ext. 4559
sternweisg@marshfieldschools.org

9. Or complete the online version of this form found at www.marshfieldschools.org/currentmentors under the '**Current Job Shadow Mentors**' heading.