



SOUTHEAST OF SALINE JOB SHADOW PROGRAM

****Workplace Mentor Evaluation Form****

STUDENTS - GIVE THIS FORM+ENVELOPE TO MENTOR!!

Thank you for allowing a SES student to participate in job shadowing at your place of business! Please complete this brief evaluation of your experience today so that we can continue to improve the program and return it in the envelope provided to Megan Haden at Southeast of Saline Schools or email it to mhaden@usd306.k12.ks.us

Please rate the following on a scale of one to five. (One indicates that you strongly disagree with the statement and five indicates that you strongly agree with the statement.)

1) I was well prepared to be a workplace mentor.

1 2 3 4 5

2) I felt that I was helpful in helping the student understand the important aspects of my job.

1 2 3 4 5

3) I was at ease interacting with the student throughout the day.

1 2 3 4 5

4) I enjoyed the experience and would be willing to participate again.

1 2 3 4 5

5) I would recommend job shadowing to other employees.

1 2 3 4 5

6) The student seemed well prepared for the shadowing experience.

1 2 3 4 5

For successful job shadowing experiences in the future:

Any additional comments?