

Mentor Evaluation

Please return to Mishicot High School, PO Box 280, 660 Washington St., Mishicot, WI 54428 or fax to (920) 755-2390.

Student Name: _____

Name of Job Shadow Mentor: _____

Type of Business: _____

Thank you for participating in the job shadow experience. This has been a very worthwhile opportunity for our students and staff because of such great business partners who are willing to partner with education. Would you please give us some feedback on the job shadow experience? We would like to use your input to strengthen the experience for both students and job shadow mentors and sites.

What did you enjoy about the job shadow mentor experience?

What would you suggest to improve the experience for you and your business?

What would you suggest to improve the experience for the student?

Please evaluate the student on a scale of 1 through 5 with 5 being the highest rating.

Preparedness 1 2 3 4 5

Motivation 1 2 3 4 5

Manners 1 2 3 4 5

Dress/Appearance 1 2 3 4 5

Would you be interested in hosting a job shadow again? Y N