

EVALUATION

EMPLOYER EVALUATION OF TEACHER

We wish to thank you for your valuable assistance and participation with our internship. Please help us evaluate the project by responding to the following items.

Business Contact _____ Phone _____

Teacher _____ School _____

- | | |
|---|--------------------|
| 1. Did the teacher contact you regarding his/her internship prior to the experience? | Yes _____ No _____ |
| 2. Did the teacher arrive at your location on time? | Yes _____ No _____ |
| 3. Did the teacher show interest? | Yes _____ No _____ |
| 4. Did the teacher ask questions during the visit? | Yes _____ No _____ |
| 5. Would you be willing to host teachers during the summer or next school year in a similar experience? | Yes _____ No _____ |

Recommendations for improvement of the internship program:

Comments:

TEACHER EVALUATION OF INTERNSHIP

TO BE COMPLETED BY TEACHER AFTER THE INTERNSHIP

Name _____ Date _____

School _____

Internship Location (Name and Address)

Do you feel that you were given sufficient information about the internship program before you began? Yes ()
No ()

Comments: _____

What were the most important things you learned during your internship?

How will you apply what you learned to the classroom environment?

Did your internship fulfill your expectations? Yes () No ()

Comments: _____

When you were on the internship, were there other areas that would have interested you? Specify which areas and why:

Would you recommend the program to other teachers? Yes () No ()

Comments: _____

What comments and/or suggestions can you give us to help improve the internship program? Please feel free to attach additional sheets.

THANK YOU!

SEND TO:

Sample form for employer to evaluate student

EMPLOYER EVALUATION OF STUDENT

Student Name _____ High School _____
Name _____ Company _____
Job Title _____ Department _____
Address _____ Suite/Floor _____
City _____ State _____ ZIP _____
Phone _____ Fax _____ E-Mail _____

4 = Exceeds Expectations

3 = Meets Expectations

2 = Below Expectations

1 = Needs Improvement

1. **Punctuality:**
Reported to Job Shadow on time 4 3 2 1

2. **Professional Appearance:**
Dressed appropriately 4 3 2 1
Groomed appropriately 4 3 2 1

3. **Professional Conduct:**
Confirmed appointment in professional manner 4 3 2 1
Behaved in a professional manner at the work site 4 3 2 1

4. **Communications:**
Related well to host and others 4 3 2 1
Asked appropriate questions 4 3 2 1
Demonstrated interest in the experience 4 3 2 1

5. **Overall evaluation:**
Student seemed to benefit from the experience 4 3 2 1

6. Do you have any suggestions for improving our job shadow program?

7. Would you be willing to host another student?

8. Comments (please use the back of this form if you need additional room)

Please return this evaluation in the attached envelope. The student's grade for this assignment is dependent upon our receipt of this evaluation.

**THE CHARLES MACHINE WORKS, INC./AGRICULTURAL EDUCATION
SHADOWING EXPERIENCE
STUDENT EVALUATION OF MENTOR**

Mentor evaluation should be completed after each visit. This will provide feedback to the mentor and the company so that modifications can be made in the delivery or the experience. Please return the completed evaluations to the designated person during your visit the week following this shadowing date.

Date _____

Mentor _____

Student _____

1. Please give a brief description of how your shadowing time was spent during this visit.

2. Please circle the appropriate response for each of the following.

The mentor

- | | | |
|---|-----|----|
| a) was helpful in teaching the skills in his/her area | YES | NO |
| b) was courteous | YES | NO |
| c) was patient | YES | NO |
| d) allowed you to participate in the work | YES | NO |
| e) gave effective instruction | YES | NO |

3. Do you feel you possess the necessary beginning skills to perform work in this area?

YES NO

4. What suggestions for improvement do you have for the mentor and/or company?

Signature _____

Student

STUDENT EVALUATION

Name _____
Date _____
Contact person _____
Job site _____

Instructions: Answer the following questions concerning your job shadowing experience. Please circle the correct response.

1. Were you able to observe a particular occupation that interested you? **YES** **NO**
2. Did you have sufficient time to ask questions? **YES** **NO**
3. Was there sufficient time to see the complete work site? **YES** **NO**
4. Would you recommend this job site for other students? **YES** **NO**
5. Are you still interested in this occupation? **YES** **NO**
6. How did shadowing relate to your research reported on the form "Before You Job Shadow . . ."?

7. How was the shadowing experience helpful to you? _____

8. What did you like best about the shadowing experience?

9. What did you like least about the shadowing experience? _____

10. What educational and career plans/goals must you make to pursue this occupation?
