



Career Development Council

SHADOWING EVALUATION

Name of Shadowing Host Date of Shadowing

Career Field

Rate this program: ☐ Excellent ☐ Good ☐ Fair

1. What did you learn about this career?

2. How useful was today's shadow experience:

In helping you explore career options?	<input type="checkbox"/> Very useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not useful
In building your knowledge of the world of work?	<input type="checkbox"/> Very useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not useful
In helping you relate your personal interests and abilities to potential career paths?	<input type="checkbox"/> Very useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not useful

3. Self-Evaluation: Please rate yourself on how well you prepared yourself for this experience.

Did I research the career before my shadowing?

☐ Yes ☐ No

Did I prepare questions ahead of time?

☐ Yes ☐ No

Did I dress appropriately?

☐ Yes ☐ No

Did I arrive promptly?

☐ Yes ☐ No

Did I ask questions?

☐ Yes ☐ No

4. Other comments:

Your Name Grade

School ☐ Guidance Counselor/Teacher

Return this form to the Career Development Council by emailing to dlynch@gstboces.org