

**BOYERTOWN AREA SENIOR HIGH SCHOOL  
JOB SHADOWING PROGRAM  
SPONSOR EVALUATION**

Please assist us by providing feedback on the Job Shadowing/Student Visitation Program. Circle (in ink) the appropriate response adding comments if you wish. If answering "No," please explain.

Student Name: \_\_\_\_\_ Date of Visit : \_\_\_\_\_  
School/Company: \_\_\_\_\_

- |   |           |              |      |
|---|-----------|--------------|------|
| 1. Did the student make the initial contact with you/your company?              | Yes       | No           |      |
| 2. Did the student arrive on time?  | Yes       | No           |      |
| 3. Do you feel the student was prepared for this visit?                         | Yes       | No           |      |
| 4. Was the student appropriately attired?                                       | Yes       | No           |      |
| 5. Did the student seem interested (ask questions, actively participate, etc.)? | Yes       | No           |      |
| 6. How would you rate the overall success of this visit?                        | Excellent | Satisfactory | Poor |
| 7. Would you participate again with another student?                            | Yes       | No           |      |

Comments/Suggestions:

Thank you for your involvement in this program and your input regarding this visit.

\_\_\_\_\_  
Sponsor Name-Please Print

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Sponsor Signature