

**JOB SHADOW EMPLOYER EVALUATION
LINDSAY HIGH SCHOOL**

Thank you for hosting a student at your workplace. We would like to provide the most positive experience possible for both employers and our students. Therefore, please take a few moments to share your assessment of the experience. Your input of the job-shadowing experience and the student who shadowed you will be very valuable as we seek to improve the senior project job-shadowing activity.

Name Dr Joel Ramirez Phone (559) 562-1361
 Company/Organization Living Water Clinic
 Address Living Water Clinic 833 N Sequoia Ave, Lindsay
 Student Name Adam Castaneda Date of Shadow 11-17-16

Please rate the student, using the following scale, by circling the appropriate number:
 4 – exceeds expectations; 3 – meets expectations; 2 – below expectations, 1 – unacceptable

Student Readiness

- 4 Arrived on time 3 2 1
- 4 Displayed Enthusiasm and interest 3 2 1
- 4 Appeared clean and well-groomed 3 2 1
- 4 Wore appropriate clothing 3 2 1
- 4 Showed appropriate behavior at work site 3 2 1
- 4 Asked appropriate questions 3 2 1
- 4 Demonstrated good listening skills 3 2 1

Business Ratings

- 4 You were satisfied overall with experience 3 2 1
- 4 Your objective was achieved 3 2 1
- 4 You would recommend student for a similar experience 3 2 1
- 4 You were satisfied with student knowledge about the business or organization 3 2 1

Would you be able to host another Lindsay High School student? Yes
 Are you able and willing to host a bilingual student? Yes

Do you have any suggestions for improving the job-shadow experience for students?

Adam Castaneda Employer Signature Date: 11/17/16
Adam Castaneda Student Signature Date: 11-17-16