**Pathway Portfolio**

**Student Evaluation of Job Shadowing Experience**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOG \_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Business Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Shadowed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How would you rate your job shadowing experience?

 Excellent Good Fair Poor

1. What was the best part of your visit?
2. What could have been better?
3. How do you think this experience might influence your future career plans?

**FOR OFFICE USE ONLY: Adviser Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**