



Youth Works Job Shadow

Student Site Evaluation Form (to be completed by student)

Please fill out this evaluation of your experience and give it to your teacher/counselor. Your feedback helps us improve this program.

Student Name: _____

School/Year: _____

Date/Time/Length of Job Shadow: _____

Assigned Staff Member Name: _____

Job Title and Department: _____

1. What did you do during your experience?

2. What did you learn?

3. What did you like or dislike about the experience?

4. How easy and helpful was the Job Shadow application process?
Very Easy Okay Hard to Figure Out

5. The hospital orientation I received was?
Boring Alright Interesting

6. My assigned staff member gave me valuable insight into his/her profession:
Not at All 1 2 3 4 Absolutely

7. I would rate my overall experience as:
Poor 1 2 3 4 Great

8. I would recommend the YouthWorks @ Memorial Job Shadow to others:
Yes Maybe No

9. Suggestions for how your experience could have been improved?