



Career Shadow Evaluation of Student Corvallis School District

Please complete and give form to student to return to their teacher.

Student Name _____ Advisor _____

Person Shadowed _____ Phone Number _____

Business Name _____ # of hours _____ Date Shadowed _____

Thank you for participating in this career related learning experience. Please evaluate this student in the following areas. Your comments are encouraged. Please also attach your business card below.

	Low					High
Greeting and Introduction	1	2	3	4	5	5

Comments: _____

Promptness	1	2	3	4	5	
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Comments: _____

Enthusiasm and Interest	1	2	3	4	5	
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Comments: _____

Appearance and Grooming	1	2	3	4	5	
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Comments: _____

Posture and Eye Contact	1	2	3	4	5	
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Comments: _____

Quality of Involvement	1	2	3	4	5	
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Comments: _____

Asks Meaningful Questions	1	2	3	4	5	
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Comments: _____

Thank you and Handshake	1	2	3	4	5	
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Comments: _____

Additional Comments:

For Concerns/Suggestions Contact:
 Louanne Collins at CVHS 757-5813
louanne.collins@corvallis.k12.or.us
 Scott Lasswell at CHS 757-4737
scott.lasswell@corvallis.k12.or.us

**Attach business card here