

Lyons Central School District Thanks you for participating in this program. Please return this form to:

*Ms. Polyn,
Lyons High School
10 Clyde Rd
Lyons, NY 14489*

Student Name _____ Period _____

Employer Shadow Evaluation Form

| | |
|--------------------|------------------|
| Shadow Site | Your Name |
|--------------------|------------------|

| | |
|---------------------|-------------------------------------|
| Site Address | Your Position |
| | Phone Number & extension |

Please answer the following questions and return in the envelope provided by the student:

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| Was the student appropriately dressed? |
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| Did the student show sufficient interest? |
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|--|
| Did the student ask pertinent questions? |
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|---|
| What was the length of the shadow in hours? |
|---|

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|---|
| Please add any comments or suggestions that might improve our Job Shadowing for students. |
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