

【Job Shadowing: Required Paperwork】

Workplace Mentor's Evaluation

Oswayo Valley High School ❖ 318 S. Oswayo St. ❖ Shinglehouse, PA 16748

Student Name: _____

Date of Job Shadow: _____

Job Site: _____

1. The student was on time YES NO

2. The student was dressed appropriate for the job YES NO

3. General comments about the student's overall behavior:

4. General comments or recommendations about the Job Shadowing program:

5. Would you be willing to have another student job shadow? YES NO

Workplace mentor's signature _____

Telephone number _____

Date _____

*Please return this form via one of these methods: with the student, via email to cwalker@oswayo.com,
or via postal service, attention Christina Walker