



## Student Post-Shadow Survey

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1. Your Job Shadow Host: \_\_\_\_\_

2. Please rate your responses to the following:

I understood the goals and objectives of this experience.

**STRONGLY AGREE**      **AGREE**      **NEUTRAL**      **DISAGREE**      **STRONGLY DISAGREE**

This experience was beneficial to me.

**STRONGLY AGREE**      **AGREE**      **NEUTRAL**      **DISAGREE**      **STRONGLY DISAGREE**

I gained something from this experience that I could not have in a classroom.

**STRONGLY AGREE**      **AGREE**      **NEUTRAL**      **DISAGREE**      **STRONGLY DISAGREE**

This experience helped me determine whether or not I will pursue this career in the future.

**STRONGLY AGREE**      **AGREE**      **NEUTRAL**      **DISAGREE**      **STRONGLY DISAGREE**

I would recommend job shadowing to my friends or peers.

**STRONGLY AGREE**      **AGREE**      **NEUTRAL**      **DISAGREE**      **STRONGLY DISAGREE**

3. Was this your first experience in a work environment?      **YES**      **NO**

4. Did you feel you were missing anything to make this experience successful?  
Why or why not?

5. What was the best part of your experience?

6. Please provide additional comments or suggestions on how we might improve this program.