

# EXHIBIT G

## EMPLOYEE EVALUATION FORM

Employee Name: \_\_\_\_\_

I participated in:

- Student Job Shadow
- Student Internship
- Classroom Speaking
- Teacher Job Shadow
- Teacher Internship
- Other

Teacher/Student Name: \_\_\_\_\_

- Did the experience meet your overall expectations? \_\_\_Yes \_\_\_No
- If no, how would you improve the experience?

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- What did you or the company gain by working with the student/teacher?

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- Was the student/teacher prepared for the experience? \_\_\_Yes \_\_\_No
  - If no, in what way was he or she not prepared?

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- Are you interested in doing this, again in the future? \_\_\_Yes \_\_\_No
  - If yes, what type of experience would you like to participate in?

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- Would you recommend participation to your colleagues? \_\_\_Yes \_\_\_No
  - Do you think the teacher/student benefited from it? \_\_\_Yes \_\_\_No

- Additional comments: \_\_\_\_\_
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