

**Site Supervisor Evaluation of Student
Brunswick High School STEM Endorsement Program
Job Shadow Requirement**

Student Name: _____

School Advisor: _____

Evaluator: _____

What did the student do at your organization?

Did the student meet the expectations of the STEM Endorsement program (arrived on time, participated, fulfilled the required hours, engaged in the job shadow, completed task that you asked)?

Yes No

If not, please explain:

Overall, how would you evaluate the student's performance?

Excellent

Good

Adequate

Poor

Final comments:

(Signature of Site Supervisor)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS EVALUATION.
WE HAVE APPRECIATED YOUR ROLE IN SUPPORTING THE JOB SHADOW
REQUIREMENT OF THE BRUNSWICK HIGH STEM ENDORSEMENT PROGRAM.

Please mail completed student evaluation in envelope provided.