

Job Shadowing Questionnaire for Shadowing Candidate

Please answer the following questions after each 'shadow'. The results will be used to evaluate the usefulness of the system and discussed during your next development review

1	Name				
2	Dept/Position				
3	Time spent on shadow				
4	Reason for choice				
5	Were you expected? Y <input type="checkbox"/> N <input type="checkbox"/>				
5(a)	If no, do you know why?				
6	Have you discussed your 'shadow' experiences within your own area/team? Y <input type="checkbox"/> N <input type="checkbox"/>				
PLEASE TICK APPROPRIATE BOX		No	Some	Fair Amount	A Great Deal
7	Has the shadow period helped you to bring more understanding to your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Has the visit improved channels of communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you better understand the other department's functions and how what you do affects your work (and <i>vice versa</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Do you consider that the time spent on your shadow visit was worthwhile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	What would your Host say if asked the same question? (Ask them if necessary.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please also write a sort summary of your experiences including what you have learned, and how you see it helping you in your current or future roles.

Copy to: *Personal File*