# *Use the copy below to generate your own form using Microsoft Forms, Google Forms, Jotform, or another electronic form tool.*

IGNITE CTE Student Evaluation

Thank you for participating in the <YOUR SCHOOL DISTRICT>’s IGNITE CTE job shadowing event! We invite you to share your feedback so we can improve next year’s event.

1. First and last name
2. Business name <DROPDOWN LIST OF PARTICIPATING BUSINESSES>
3. On a scale of 1 to 5, with 1 being the lowest and 5 being the highest, how would you rate your overall experience during IGNITE CTE?
4. Please share one specific thing you learned or experienced during IGNITE CTE that you found most valuable for your future career or education.
5. Did your participation in IGNITE CTE change or clarify your career goals or interests? If so, please describe how.
6. Were the businesses and professionals you interacted with during IGNITE CTE helpful in providing insights into your chosen career pathways? Please share any specific interactions that stood out to you.
7. What suggestions do you have for improving future IGNITE CTE events, or is there anything else you would like to share about your experience during IGNITE CTE?
8. Would you be willing to share your experience at the <DATE> <YOUR CHAMBER OF COMMERCE> luncheon?
* Yes
* No