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

IGNITE CTE Business 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. The students were respectful and acted maturely.
* Yes
* Somewhat
* No

Comments

1. On a scale of 1 to 5, with 1 being the lowest and 5 being the highest, how would you rate your overall experience as a host for IGNITE CTE?
2. Was the information you received sufficient for preparing for this job shadowing experience?
* Yes
* Somewhat
* No

Comments

1. Were there any challenges or areas where you believe improvements can be made in future IGNITE CTE events for businesses? If so, please share your suggestions.
2. Did your participation in IGNITE CTE lead to any new or potential collaborations with educational institutions, or have you considered offering internships or apprenticeships to participating students? Please elaborate.
3. Would you be interested in participating in future IGNITE CTE events, and if so, what specific changes or enhancements would encourage your continued involvement?