

TAKE OUR KIDS TO WORK™ DAY

Employer Evaluation

Name of Workplace: _____		
Contact: _____	Title: _____	
Address: _____		
City: _____	Postal Code: _____	
Phone: _____	Fax: _____	E-Mail: _____

Your feedback is very important to assist us in improving our services and to help better meet the needs of Grade 9 students, their parents/volunteer hosts and employers who participate in Take Our Kids to Work™ Day. Please take moment to complete and return this evaluation to us.

1. How many students visited your workplace on November 2nd, 2011? _____
2. How many were not children of employees? _____
3. List the activities that your students participated in during their day at work:
4. Were communication and resources adequate?
5. Do you have any suggestions about how we could improve Take Our Kids to Work™ Day?

Thank you for participating in Take Our Kids to Work™ Day!

If you would like to be involved in additional experiential learning activities for students, please let us know! Your commitment and support shown to local students is appreciated.

	Career Talks / Classroom Visits	Co-operative Education	Worksite Tours	Mentoring
Currently Involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested in Participating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please return one evaluation per employer to the Business Education Council of Niagara by fax 905-684-4230 or by mail to 3340 Schmon Parkway, Unit #2 Thorold, ON L2V 4Y6.



BEC-SCC-F19



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