

Student's Name: _____

STUDENT SHADOWING WITH A SALESPERSON EVALUATION

To be completed after the shadow day **by the salesperson**

Please rank the student in each area on the scale provided. Additional comments are appreciated.

First Impression	1 Poor	2	3	4	5 Excellent
Comments					
Appearance	1 Poor	2	3	4	5 Excellent
Comments					
Manners	1 Poor	2	3	4	5 Excellent
Comments					
Personality	1 Poor	2	3	4	5 Excellent
Comments					
Attitude	1 Poor	2	3	4	5 Excellent
Comments					
Communication Skills	1 Poor	2	3	4	5 Excellent
Comments					
Quality and Number of Questions Asked	1 Poor	2	3	4	5 Excellent
Comments					
Interest in Selling	1 Poor	2	3	4	5 Excellent
Comments					
Potential For Selling	1 Poor	2	3	4	5 Excellent
Comments					

If you were in the appropriate position, would you give serious consideration to this person as a salesperson for your company? ___ YES ___ NO

Please check one of the following:

___ It is okay to give this evaluation form directly to the student.

___ I would rather not have the student see this evaluation form. However, I am willing for the student to contact me again so we can discuss some of these items if it would be helpful.

Please provide us with the following information so that we may recognize you and your company through the University of Kentucky's College of Agriculture's Career Center.

My name: _____

Company name: _____

Company address: _____

Telephone number: () _____

Products/Services of your company: _____

ADDITIONAL INFORMATION

Thanks for helping one of our students learn more about professional selling. Invariably this project and time spent with field sales people on the "real world" is the semester high point. Please consider prospects for your future participation with a future student by indicating one of the responses below:

___ Yes, I would be willing to participate in the Professional Salesperson Shadowing Project again in future semesters.

___ No, I will be unable to participate in either project.

Would there be others in your organization who might enjoy assisting us in one of these projects?

Name:

Town:

Phone number if possible: () _____

Name:

Town:

Phone number if possible: () _____

Please feel free to direct any questions or comments to my attention:

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