



APPRENTICE JOB SITE EVALUATION FORM

Date: _____

TO BE COMPLETED BY CURRENT EMPLOYER OR SUPERVISOR

Apprentice Name: _____

Local #: _____

Year of Apprenticeship: _____

Please evaluate the above named Apprentice in the following areas:

Ability to understand and follow directions.

Written

Excellent ___ Good ___ Poor ___

Oral

Excellent ___ Good ___ Poor ___

Ability to comprehend the process performed.

Excellent ___ Good ___ Poor ___

Use of the following:

Hand Tools

Excellent ___ Good ___ Poor ___

Power Tools

Excellent ___ Good ___ Poor ___

Material(s)

Excellent ___ Good ___ Poor ___

Fasteners (nails, screws, form hardware, etc.)

Excellent ___ Good ___ Poor ___

Performs work in the following manner:

Safely

Excellent ___ Good ___ Poor ___

Efficiently

Excellent ___ Good ___ Poor ___

Overall Workmanship

Excellent ___ Good ___ Poor ___

Punctual and ready for work

Excellent ___ Good ___ Poor ___

General job site attitude.

Excellent ___ Good ___ Poor ___

Conducts himself/herself in a positive professional manner which reflects well on his craft and his employer?

Yes ___ No ___

*****If completing this form for Advanced Placement review, it must be submitted *with request packet* within the first 6 months of the apprenticeship begin date:**

Should this apprentice be considered for Advanced Placement Yes ___ No ___ Comments (if any):

Employer: _____

Job: _____

Supervisor: _____

Title: _____

Contact Phone Number: _____

Date: ___/___/___