



APPRENTICE JOB SITE EVALUATION FORM

Date: _____

TO BE COMPLETED BY CURRENT EMPLOYER OR SUPERVISOR

Apprentice Name: _____

Local #: _____

Period of Apprenticeship: _____

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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 _____

In your opinion, is the above named Apprentice qualified to perform this or a similar work process without journeyman supervision? Yes ___ No ___ If No, please explain below:

***If this apprentice is within the first 6 months of apprenticeship:

Should this apprentice be considered for Advanced Placement Yes ___ No ___

Comments (if any):

Employer: _____ Job: _____

Supervisor: _____ Title: _____

Contact Phone Number: _____ Date: ___/___/___