



APPRENTICE JOB SITE EVALUATION FORM

Date: _____

TO BE COMPLETED BY CURRENT EMPLOYER OR SUPERVISOR

Apprentice Name: _____

Local #: _____

Year 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	_____	Needs Work	_____
Oral	Excellent	_____	Good	_____	Needs Work	_____

Ability to comprehend the process performed.

Excellent	_____	Good	_____	Needs Work	_____
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Use of the following:

Hand Tools	Excellent	_____	Good	_____	Needs Work	_____
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Power Tools	Excellent	_____	Good	_____	Needs Work	_____
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Material(s)	Excellent	_____	Good	_____	Needs Work	_____
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Fasteners (nails, screws, form hardware, etc.)	Excellent	_____	Good	_____	Needs Work	_____
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Performs work in the following manner:

Safely	Excellent	_____	Good	_____	Needs Work	_____
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Efficiently	Excellent	_____	Good	_____	Needs Work	_____
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Overall Workmanship	Excellent	_____	Good	_____	Needs Work	_____
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Punctual and ready for work	Excellent	_____	Good	_____	Needs Work	_____
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General job site attitude.	Excellent	_____	Good	_____	Needs Work	_____
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Conducts himself/herself in a positive professional manner which reflects well on his craft and his employer?

Yes _____ No _____

Comments (if any): _____

Employer: _____

Job: _____

Supervisor: _____

Title: _____

Contact Phone Number: _____

Date: ___/___/___

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*****THIS AREA FOR ADVANCED PLACEMENT PACKET USE ONLY *****

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:

Advanced Placement Yes _____ No _____

Comments (if any):

