

TOOLS

Apprenticeship Employer and Coordinator Evaluation Report

Student's Name:	Grade Level:
School:	Program:
Employer:	Contact Person: Telephone #:
Apprenticeship Start Date:	Apprenticeship Ending Date:

Student Responsibility: Turn in this form to the Teacher/Apprenticeship Coordinator at the end of each week of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/Apprenticeship Coordinator. Thank you.

Evaluation

Scale: 1 - Poor 2 - Needs Improvement 3 - Average 4 - Good 5 - Excellent

Attendance/Punctuality	1	2	3	4	5
Appearance	1	2	3	4	5
Attitude	1	2	3	4	5
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Following Directions	1	2	3	4	5

Cooperation	1	2	3	4	5
Adaptability/Flexibility	1	2	3	4	5
Relations with Co-Workers	1	2	3	4	5
Time Management	1	2	3	4	5
Quality of Work	1	2	3	4	5
Quantity of Work	1	2	3	4	5

Remarks:

	Mon.	Tues.	Wed.	Thur.	Fri.	Mon.	Tues.	Wed.	Thur.	Fri.	Total Hours
Date											
Hours Worked											

Earnings (If Applicable)

Total Hours: _____ x Hourly Wage: _____ = Total Gross Earnings: \$ _____

Signature of Supervisor: _____ **Date:** _____