



TOOLS

Apprenticeship Evaluation by Student

Date: _____

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

Student's Name:	
Employer:	Contact Person:
Date Apprenticeship Began:	Date Apprenticeship Ended:

Evaluation

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

Apprenticeship Experience	Rating				
Related to my career goal	1	2	3	4	5
Helped in planning my career	1	2	3	4	5
Still interested in this career	1	2	3	4	5
Received guidance and direction from the supervisor on site	1	2	3	4	5
Used time wisely	1	2	3	4	5
Assigned appropriate amount of work expected; appropriate quality of work	1	2	3	4	5
Emphasized work ethics	1	2	3	4	5
Provided Apprenticeship experience as outlined in agreement	1	2	3	4	5
Was of sufficient length	1	2	3	4	5
Was a positive experience overall	1	2	3	4	5

Remarks: