



PLUMBER APPRENTICE WORK PERFORMANCE EVALUATION

Note: If this form will not function as a fillable pdf on your mobile device please print, fill-in and send.

To: Job Supervisor or Journeyperson

Please have the following information completed by the person who is working most closely with the apprentice. Prepare this evaluation carefully and accurately keeping in mind the experience level of the apprentice. Please be aware that this information is necessary in order to properly evaluate the progress of the apprentice. Prompt return of this evaluation form is greatly appreciated.

Please return promptly: Email: ryan.lyle@ualocal98jatc.org, Fax: 248-585-1437

Mail: Plumbing Industry Training Center 1911 Ring Drive, Troy, MI 48083,

Evaluation Period: From: _____ To: _____

Apprentice Name _____

Date Apprentice started with Contractor: _____

Number of days missed during this evaluation period: _____

AREA OF WORK: INDUSTRIAL ____ RESIDENTIAL ____ COMMERCIAL ____
PLUMBING ____ SERVICE ____ WELDING ____

TYPE OF WORK: _____

Is this Apprentice making expected progress? YES NO

Is Apprentice's knowledge and skills equal to his/her time in apprenticeship? YES NO

Would you like to have this apprentice on your payroll as a Journeymen when his/her Apprenticeship is completed? YES NO

In what area do you believe this apprentice needs more training?

(Continue on other side)

Please rate each factor below using the dropdown selector of fill in if printed first. Choices are Excellent, Above Average, Average, Below Average or Poor

FACTORS	RATING
PUNCTUALITY	
DEPENDABILITY	
INTEREST IN JOB	
PRODUCTIVITY	
QUALITY OF WORK	
INITIATIVE	
SAFETY HABITS	
LEARNING ABILITY	
FOLLOWS INSTRUCTIONS	
COOPERATION	
INTERACTION WITH OTHERS	
PROFESSIONAL APPEARANCE	

Additional Comments:

The results of this evaluation have been reviewed with the apprentice. YES NO

Employer: _____

Name of Evaluator: _____

Please Print Name: _____

Signature: _____ Date: _____

Contact Phone Number: _____

Click SUBMIT button to send to Paul Baker at Training Center.

To CLEAR, SAVE or PRINT this form see buttons at top of form.