



Mechanical Equipment Service Apprentice Evaluation Form

Name of Apprentice _____ Period _____

Name of Employer _____ Date _____

Please check the term which best describes each item.

	Excellent	Good	Fair	Poor	Very Poor
Attendance – can be depended upon to attend work regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance – well groomed, wears clean maintained work clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality – in reporting for work and returning from lunch, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative – anticipates steps of service procedures and proceeds without having to be told, accepts responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills – communicates effectively with co-workers, superiors, and customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude – rating of the seriousness of this apprentice's commitment to doing a good job and desire to learn the trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance – willingness to give a good day's work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probability of Success – how do you rate this apprentice's chances of mastering all aspects of the trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care in Operating and Keeping a Service Truck – (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care in Keeping Tools and Other Assigned Equipment – (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments – _____

Name of Evaluator _____ Title _____

Additional copies of this form may be submitted by the employer if the apprentice works for more than one supervisor.