



JOINT COMMITTEE

of the
Local Union No. 9, IBEW and
Middle States Electrical Contractors Association
Apprentice and Journeyman Training Fund



APPRENTICE EVALUATION

Apprentice		Classification			
Employer		Employed	Yes		No
Evaluator's Name - PRINT CLEARLY					
How long has this apprentice worked with you?					

In order for the apprentice to gain the full benefit of this evaluation and be held accountable for progression by the subcommittee, you **MUST DISCUSS THIS EVALUATION WITH THE APPRENTICE AND HAVE THEM SIGN IT** to acknowledge that they have been made aware of its contents. The subcommittee will use these monthly evaluations when considering the eligibility for advancement.

Please prepare this report carefully and accurately. Its value lies in your impartiality and sound judgment. Each part should be judge separately, and your evaluation of one trait should not unduly influence another. **This form should express an evaluation of the apprentice in comparison with other apprentices at the same period doing the same work.**

JOB KNOWLEDGE

What do they know about their job? Do they need much help to do it well?	<input type="checkbox"/> Should know more. Requires considerable assistance	<input type="checkbox"/> Could know more. Has to be helped often.	<input type="checkbox"/> Knows job fairly well. Only needs instruction occasionally.	<input type="checkbox"/> Knows job very well.
Remarks				

ATTITUDE

What is their attitude toward their job, fellow workers and the Program?	<input type="checkbox"/> Has little interest. Resents criticism. Complains and needs to be reprimanded	<input type="checkbox"/> Sometimes reluctant to cooperate. Satisfied with job; not anxious to improve.	<input type="checkbox"/> Meets others halfway. Usually pleasant and cheerful. Wants to do a good job.	<input type="checkbox"/> Very good team worker. Cooperative; never needs discipline. Very good interest.
Remarks				

ATTENDANCE

How much can you count on apprentice being on the job?		<input type="checkbox"/> Loses considerable time, often with no excuse or a poor one.	<input type="checkbox"/> Several days lost, but reasons excusable or permission granted.	<input type="checkbox"/> Very few or no days lost. Not over one excused absence per month.
Remarks				

SAFETY MINDEDNESS

How well does the apprentice know and obey safety rules.	<input type="checkbox"/> Careless. Not safety conscious. Violates rules knowingly.	<input type="checkbox"/> Sometimes takes chances. Forgets safety of others	<input type="checkbox"/> Usually safe workers. Knows safety rules and tries to be careful.	<input type="checkbox"/> Very careful worker. Knows safety rules and makes suggestions for improvements.
Remarks				

ATTENTION TO DUTY

Does the apprentice make good use of their time?	<input type="checkbox"/> Wastes time. Does not work seriously.	<input type="checkbox"/> Only moderately industrious.	<input type="checkbox"/> Willing and eager worker. Always does full days' work.	<input type="checkbox"/> Exceptionally industrious and conscientious.
Remarks				

What type of work is the apprentice currently engaged in? Please check all that apply.

- | | | | |
|-----------------------------------|-------------------|------------------------|------------------------------|
| Streetlights
Traffic Signaling | URD
Substation | Fiber Optic
Cameras | Transmission
Distribution |
|-----------------------------------|-------------------|------------------------|------------------------------|

Does the apprentice show a real desire to learn trade?	Yes		No	
Does the apprentice display the mechanical ability to become a good journeyman?	Yes		No	
In your opinion, is the apprentice progressing satisfactorily?	Yes		No	
Make any suggestions that you believe the apprentice can do to improve overall performance.				
Other Comments:				

By signing this evaluation, you are verifying the content of this evaluation in its entirety. **Please email to Brian Rush & Natalie Mitchell** at b.rush@ibew9edu.org and n.mitchell@ibew9edu.org. If you have any questions or concerns, call (708)235-2960.

Evaluator Signature Title Date signed

Printed Name Email Address Phone Number

The Apprentice is to return this form as instructed in the Rules of Apprenticeship.

Apprentice Signature Date signed

