

### APPRENTICE EVALUATION FORM

<b>Apprentice Name:</b>		<b>Last 4 of Digits of SSN:</b>	
<b>Job Title:</b>			
<b>Employer:</b>			
<b>Address:</b>			

*An evaluation of the apprentice should be completed at the end of each program year the apprentice is in the program. The WIOA Community College should contact the apprentice's supervisor to determine how the apprentice is performing in the areas noted. A copy of the evaluation should be scanned to Imaging.*

**Contact Information for completing evaluation:**

<b>Employer Representative:</b>	
<b>Job Title:</b>	
<b>Date Contacted:</b>	

	<b>Great</b>		<b>Neutral</b>		<b>Poor</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Attendance					
Punctuality					
Quality of Work					
Interaction with Others					
Attitude					
Applying current knowledge/skills to job					
Comments:					

WIOA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_