

## Local Union

For optimum accuracy print in black ink. Use capital letters or numbers and avoid contact with top edge of the box

[illegible][illegible][illegible]

☐ New permanent address?      ☐ New temporary address?

(I leave addresses blank if not now.)

	MONTHLY TOTAL HOURS

[illegible]

SUPERVISOR SIGNATURE:

**APPRENTICE SIGNATURE:**

**(REQUIRED)**

(REQUIREMENT)

## MONTHLY APPRENTICESHIP EVALUATION REPORT FOR \_\_\_\_\_

(Print Name)

FOR THE MONTH OF \_\_\_\_\_ YEAR \_\_\_\_\_

Please rate the apprentice on a scale of 1 to 4:

1 = (Exceeds Expectations / Always)

2 = (Acceptable / Most of the Time) 3 = (Needs Improvement / Seldom) 4 = (Unsatisfactory / Never)

	1	2	3	4
<b>1. RELIABILITY</b>				
a. Does he/she show up each work day?	___	___	___	___
b. Does he/she show up on time?	___	___	___	___
c. Can you depend on him/her to complete his/her work?	___	___	___	___
d. Does he/she make good use of time?	___	___	___	___
<b>2. INTEREST</b>				
a. Is he/she willing to learn?	___	___	___	___
b. Does he/she follow instructions?	___	___	___	___
c. Does he/she ask questions about the job?	___	___	___	___
d. Does he/she show interest in the trade?	___	___	___	___
<b>3. ATTITUDE and COOPERATION</b>				
a. Does he/she work well with others?	___	___	___	___
b. Does he/she work safely?	___	___	___	___
c. Does he/she participate in tailboard discussions?	___	___	___	___
d. Does he/she resent supervision?	___	___	___	___
<b>4. ABILITY</b>				
a. Does he/she display good climbing ability?	___	___	___	___
b. Does he/she perform up to your expectations?	___	___	___	___
c. Does he/she retain what has been taught to him/her?	___	___	___	___
<b>5. APPEARANCE</b>				
a. Does he/she show up for work in the proper attire?	___	___	___	___
b. Does he/she show up rested, alert and ready to work?	___	___	___	___
<b>6. PERFORMANCE</b>				
a. Would you work with him/her as a "pole buddy"?	___ Yes		___ No	
b. Is he/she ready to be advanced to his/her next classification?	___ Yes		___ No	
c. Does he/she have the mechanical ability to be a Lineman?	___ Yes		___ No	
d. Do you think he/she will make a good Journeyman Lineman?	___ Yes		___ No	

6. What type of work is this apprentice currently engaged in? \_\_\_\_\_

7. What could be done to help this apprentice become more effective? \_\_\_\_\_

Did you discuss this evaluation with the apprentice? \_\_\_ Yes \_\_\_ No

If yes, apprentice's signature \_\_\_\_\_ Date \_\_\_\_\_

Apprentice's comments: \_\_\_\_\_

Foreman (PRINT) \_\_\_\_\_ (Signature) \_\_\_\_\_

**FOREMAN'S RESPONSIBILITY:**

- Review and certify that the number of hours listed on the front of this report were actually worked and are categorized in the proper columns and sign in the space provided on the front.
- Complete the above Monthly Apprentice Evaluation Report, sign and date.
- Return the completed report to the apprentice.