

**PIPEFITTER APPRENTICE EVALUATION – Filled out by Employer**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Date Apprentice started with Contractor:

Number of days missed at this Contractor

Tardiness:

- Always (chronic)
- Occasionally (twice a month or less)
- Never

Apprentice's general attitude:

- Does not willingly follow directions
- Does as instructed (no more, no less)
- Does more than required for an Apprentice

Aptitude of Apprentice:

- Strictly a follower
- Average Worker
- Shows signs of leadership

Would you like to have this person on your payroll as a Journeyman when his/her  
Apprenticeship is completed?      Yes \_\_\_      No \_\_\_

Is Apprentice's knowledge and skills equal to his/her time in apprenticeship?  
Yes \_\_\_      No \_\_\_

In what area do you believe he/she needs more training?

In what areas do you believe the Training Center needs to make improvements in the  
apprenticeship and journeymen upgrading programs?

Do you reimburse your employees for classes that have been successfully completed at the  
Training Center or other facilities? If so is your program utilized to your satisfaction?

**PIPEFITTER APPRENTICE EVALUATION – Filled out by Employer**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>RATING FACTORS</b>	<b>EXCELLENT</b>	<b>ABOVE AVERAGE</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>	<b>POOR</b>
PUNCTUALITY					
DEPENDABILITY					
INTEREST IN JOB					
PRODUCTIVITY					
QUALITY WORK					
INITIATIVE					
SAFETY HABITS					
LEARNING ABILITY					
FOLLOWS INSTRUCTIONS					
COOPERATION					
INTERACTION WITH OTHERS					

AREA OF WORK:

INDUSTRIAL                      RESIDENTIAL                      COMMERCIAL  
 PLUMBING                      STEAMFITTERS                      HVACR                      PROCESS

TYPE OF WORK: \_\_\_\_\_

COMMENTS:

JOB SITE Location: \_\_\_\_\_

IS THIS APPRENTICE MAKING NORMAL PROGRESS?    YES \_\_\_\_                      NO \_\_\_\_  
 DO YOU FEEL THIS APPRENTICE NEEDS ROTATION?    YES \_\_\_\_                      NO \_\_\_\_

THIS EVALUATION HAS BEEN REVIEWED WITH THE APPRENTICE    YES \_\_\_\_    NO \_\_\_\_

\_\_\_\_\_  
 (Foreman or Journeyman Name)

\_\_\_\_\_  
 (Date Reviewed)