



Youth Apprenticeship Evaluation

Evaluations must be completed the week before the end of each academic quarter. You may also use your company evaluation form in its place. This evaluation should be completed by the individual most familiar with the apprentice's work. Please review with the apprentice. The evaluator and student must sign and date the evaluation. Youth Apprenticeship Coordinator will send reminders.

GENERAL INFORMATION	
Date:	
Youth Apprentice Name:	
Company Name:	
Evaluator Name:	Title:
Evaluator Phone:	Email:
WORK HOURS SUMMARY	
Total Hours Worked:	As of Date:
PERFORMANCE REVIEW	

1 = Needs Improvement 2 = Basic/Acceptable 3 = Satisfactory 4 = Above Average 5 = Excellent

Skills	1	2	3	4	5	Comments
Personal Appearance						
Job Knowledge						
Quality of Work						
Attitude Toward Co-Workers						
Ability to Take Constructive Criticism						
Communication Skills						
Self Confidence						
Work Ethic/Motivation						
Attendance						
Phone/Social Media Etiquette						
Dependability						
Accountability						
Maturity						

Additional Comments:

Evaluator's Signature:

Date:

Apprentice Signature:

Date:

For Office Only:

This evaluation and an updated Skills Standards Checklist was reviewed in a face-to-face meeting with the Apprentice: Yes No

Keep a copy for your own records

Send completed copy to Jen Johnson at jejohnson@luxcasco.k12.wi.us

Feel free to call Jen Johnson with questions: 920-845-2336 x 489