

**CARPENTERS, MILLWRIGHTS & PILEDRIVERS OF HOUSTON & VICINTIY
JOINT APPRENTICESHIP AND TRAINING PROGRAM
MILLWRIGHT APPRENTICE EVALUATION FORM**

NAME: _____ DATE: _____

DATE OF EVALUATION: _____ APPRENTICE PERIOD: _____

INTERPERSONAL COMPETENCIES

Check appropriate number to indicate your personal evaluation of the student's behavior as observed by you during the working period indicated above. Evaluate only those interpersonal competencies for which you have sufficient experience or evidence upon which to base an evaluation.

* RATING SCALE: 4 EXCEPTIONAL
 3 SUCCESSFUL
 2 AVERAGE
 1 SELDOM

- ___ CONFIDENCE – Believes in self; others respect, admire.
- ___ PERSEVERANCE – Continues difficult tasks until completed.
- ___ COMPREHENSION – Pays attention to ideas and situations.
- ___ INITIATIVE – Finds work to do without being told; is self-motivated.
- ___ RELIABILITY – Does tasks assigned without constant supervision.
- ___ TACT – Is careful not to hurt others feelings or cause anger.
- ___ ENTHUSIASM – Demonstrates willingness to work as a team member and assist others.
- ___ COOPERATION – Demonstrates willingness to work as a team member and assist others.
- ___ ADAPTABILITY – Adjusts to change in schedules, job assignments and supervisors.
- ___ SAFETY CONSCIOUS - Observes safety rules and regulations.
- ___ HOUSEKEEPING – Maintains tools, equipment and workstations.
- ___ ORAL EXPRESSION – States information in a clear and logical order.
- ___ SOCIABLE – Makes friends easily and is open minded.
- ___ GROOMING – Dresses appropriately for variety of occasions.
- ___ LEADERSHIP - Gets others to cooperate and channel their efforts towards a common goal.
- ___ POISE - Maintains self control.

*This evaluation was made from personal observations during the apprentices working period and may vary from one individual to another. No effort was made to measure these effective competencies.

PLEASE DESCRIBE:

ABSENTEEISM _____

TARDINESS _____

QUALITY OF TOOLS _____

QUANTITY OF TOOLS _____

OTHER COMMENTS _____

This Work is/was related to Apprentice Training in the following area(s)
Please check all that apply, see attached sheet for a list of related instruction.

<input type="checkbox"/>	General Knowledge
<input type="checkbox"/>	Machine Components
<input type="checkbox"/>	Machinery Installation
<input type="checkbox"/>	Machinery Alignment
<input type="checkbox"/>	Supplemental Skills

SUPERVISOR EVALUATION ON THE JOB SITE ONLY

Name of Company: _____ Job Name: _____

Supervisor's Name and Title: _____

Phone Number: _____ Job Site Phone #: _____

The above information will be used for school records. This confidential information will not be released to employers or the general public.

The Apprentice is responsible for getting this form to the training center. Either place in an envelope and seal it or mail or fax to the training center.

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