

Student Name: _____

Employer Name: _____

Employer's Evaluation of Secondary School Apprenticeship Student



Your constructive criticism enables us to help the students gain maximum benefit from their participation in the Secondary School Apprenticeship Program.
Please complete an evaluation following each 120 hour period of work.

2 - Needs Improvement

3 - Good

4 - Excellent

Skills	120 hours Date _____ SSA 11A	240 hours Date _____ SSA 11B	360 hours Date _____ SSA 12A	480 hours Date _____ SSA 12B
Fundamental Skills				
Communication (listening writing, speaking)	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Information Management	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Numeracy	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Think and Solve Problems	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Personal Management Skills				
Punctuality	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Responsibility	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Shows Initiative	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Adaptability	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Work Safety	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Teamwork Skills				
Respect	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Cooperation	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Courtesy	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Technical Skills				
Use of Tools/Equipment	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Quality of Work	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Efficiency	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Employer Signature

Employer Signature

Employer Signature

Employer Signature

Student Signature

Student Signature

Student Signature

Student Signature

Comments: _____
