



Plumbers & Pipefitters Apprenticeship Training of Arkansas

Apprentice Evaluation

Apprentice Name: _____ Month of: _____

Employer: _____ Job Site: _____

TO BE FILLED OUT BY JOURNEYMAN OR SUPERVISOR

On a scale of 1 to 10, how would you rate this apprentice's overall job performance with "1" being the lowest score? 1 2 3 4 5 6 7 8 9 10

Does this apprentice perform at his/her current step? Y or N

If no, please explain: _____

Have you had any disciplinary problems with this apprentice? Y or N

If yes, please explain: _____

Is the apprentice adapting well to his/her on the job training? Y or N

If no, please explain: _____

Additional comments or concerns: (Please use back of form if needed.)

Name of supervisor / Journeyperson submitting report: _____

OJT REPORT TO BE FILLED OUT BY JOURNEYMAN OR SUPERVISOR

Welding Hours _____ Pipefitting Hours _____ Plumbing Hours _____

HVACR Hours _____ Control Hours _____ Rigging Hours _____

Environmental Systems _____ Equipment/fixture Install _____

Summary of other experience: _____

When complete, please fax to 501-562-1817 or email to lcurry@ppata.com or rgage@ppata.com