**STUDENT EVALUATION FORM**

Apprenticeship Student Trainee

Work site

Mentor Name

Phone Number

**Rating**

**3**= Able to perform entry-level skills. Has performed job during training program; limited addition training may be required.

**2** = Has performed job during training program; additional training is required to develop entry-level skills.

**1**= Is familiar with process but is unable to perform job with entry-level skill.

**0**= N/A

**Work Habits**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Task** | **3** | **2**  | **1** | **0** |
| Attendance/Punctuality |  |  |  |  |
| Follows company policies |  |  |  |  |
| Suitability of dress |  |  |  |  |
| Hygiene/Grooming |  |  |  |  |
| Communication |  |  |  |  |
| Interest in work |  |  |  |  |
| Initiative  |  |  |  |  |
| Keeps accurate records |  |  |  |  |
| Potential for success |  |  |  |  |
| Shows desire to learn |  |  |  |  |
| Follows instructions |  |  |  |  |
| Takes suggestions |  |  |  |  |
| Keeps on task  |  |  |  |  |
| Gets along with others |  |  |  |  |
| Quality of work |  |  |  |  |
| Maintains confidentiality |  |  |  |  |
| Customer service  |  |  |  |  |
| Patient contact  |  |  |  |  |
| Asks for help |  |  |  |  |
| Respectful to coworkers |  |  |  |  |
| Safety habits |  |  |  |  |