TRAFFIC SIGNAL TECH

MISSOURI VALLEY LINE CONSTRUCTORS APPRENTICESHIP
1600 E Iowa Ave. - Indianola, Iowa 50125
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NAME:_____ THESE HOURS ARE FOR THE MONTH OF: _____ Year:_____ L.U.: _____

Day	Contractor	Foundations & Conduit	Wire Pulling & Coding	Equipment Installation	OTHER	Explanation
1						
2						
3						
4						
5						
6						
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31						

Note: All hours must be explained on the Explanation portion of this report card, detailing the hours claimed.
Eligible Veterans MUST indicate Hourly Wage Rate $_____

Apprentice Signature:_____ Date:_____
State:_____ County:_____

Contractor:_____ From:_____ To:_____ **Foreman Signature:**_____ Date:_____
Foreman Print Name:_____

Contractor:_____ From:_____ To:_____ **Foreman Signature:**_____ Date:_____
Foreman Print Name:_____

Apprentice:_____ Step:____ Home Local:____ Working Location:_____

Employer:_____ Foreman:_____ Phone:_____

General Foreman:_____ Phone:_____ Date:_____

Please fill in the appropriate grade for each question below.
Grading Key: A=Outstanding B=Above Average C=Satisfactory D=Unsatisfactory

Shows up on time and prepared to work?	____
Plans work in an efficient manner prior to starting the task?	____
Anticipates the tools and materials required to complete the task?	____
Anticipates issues which could arise during the task?	____
Checks completed work on their own?	____
Uses time effectively and is productive?	____
Seeks to improve skills?	____
Has a positive attitude regardless of tasks?	____
Respectful to others?	____
Produces quality work?	____
Retains knowledge and applies to future tasks?	____
Possesses good communication skills?	____
Listens and follows directions?	____
Does the apprentice ask questions during tailboards?	____
Has the ability to solve problems?	____
Works in a safe manner?	____
Skills match step level?	____
Keeps track of/takes care of tools and equipment?	____

Comments:_____

_____

_____

What type of work has the apprentice performed while under your supervision?: _____

_____

_____

_____

Has the work performed included quality hot time?: ____ If yes, explain: _____

_____

_____

_____

What is one thing this apprentice needs to work on for next months evaluation?: _____

_____

Did you discuss this evaluation with the apprentice?: Yes No (Circle)
If yes, apprentice's signature _____ Date: _____
Foreman's signature: _____ Date: _____

FOREMAN'S RESPONSIBILITY

a. Review and certify the number of hours listed on the front of this report were actually worked, and sign in the space provided.
b. Complete the above Monthly Apprentice Evaluation Report honestly and offer guidance where needed to the apprentice.

Please contact Matt Poutre at Missouri Valley JATC with questions or concerns. Office: 515-961-5062
Cell: 515-505-0842 Email: mpoutre@movalleyjatc.org

07/2018