

Inland Northwest Masonry J.A.T.C.

3923 E Main Ave

Spokane, WA 99202

509-327-2774 or 800-315-6604

Fax 1-509-327-6451

**Confidential Rating Report for Evaluation of
Apprentice Work Training Program**

Name of Apprentice _____

Employer _____

Date _____

Gentlemen:

The Joint Apprenticeship Training Committee must have accurate information on each apprentice as to his/her character, job aptitude and ability.

Please have the "on-the-job" supervisor complete this form in its entirety. Your help in the process will greatly appreciated. If the apprentice has had more than one supervisor, please feel free to make as many copies of this form as you deem necessary to provide a fair evaluation of the apprentice.

Comments;

Was this evaluation discussed with the Apprentice? Yes_____ No_____

Please return this form either via fax or mail to above address.