

Teacher Evaluation Form for Youth Apprenticeship Applicants

Student Name:

Grade:

Date:

Teacher Name:

Subject:

Work Based Learning Coordinator's email address:

Student Instructions: Complete the information at the top of this form. Save the document and email it to a teacher who knows you well.

Teacher Instructions: The above student is applying to participate in the Maryland Youth Apprenticeship program. Please complete the information below and return electronically to your schools Work Based Learning Coordinator. This information *will* be shared with potential employers.

Please rate the student on each of the areas listed below. Ratings are 1-5 as follows:

1-Poor

2-Below Average

3-Average

4-Above Average

5-Superior

Quality/Habit/Skill	Rating
Dependability	
Responsibility	
Ability to work independently	
Ability to work with others	
Ability to learn	
Quality of work	
Submits work on time	
Uses good judgement	
Attitude	
Communication	
Attendance	
Cooperative and polite	

Additional comments:

Overall Employability: Please comment freely. If you were an employer/supervisor would you want this student working for you?