

Area II Plumbers JATC Exit Survey and Release Form

Training Agent Company Name: _____

Apprentice Name: _____

Start Date: _____ | _____ | 2 0

Date of Release: _____ | _____ | 2 0

Method of Release: Laid-Off Terminated Resignation

If Terminated, Reason for Termination: _____

If Resigned, did Apprentice Give 2-Weeks Notice? Yes No

How would you rate this apprentices job performance?

Satisfactory Needs Improvement Unsatisfactory Unacceptable

How would you rate their ability to learn?

Satisfactory Needs Improvement Unsatisfactory Unacceptable

How would you rate their attitude?

Satisfactory Needs Improvement Unsatisfactory Unacceptable

How would you rate the apprentices ability to show up for work on time?

Satisfactory Needs Improvement Unsatisfactory Unacceptable

We Would be Willing to Invest in this Apprentice's Training in the Future

Yes No

I Have Reviewed this Survey with the Apprentice

Yes No Unable

Comments: _____

Company Representative: _____

Prefer contact via phone: _____

Prefer contact via email: _____