



STATE OF WEST VIRGINIA  
 Board of Funeral Service Examiners  
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## SECOND QUARTER APPRENTICE EVALUATION

Apprentice's Name: \_\_\_\_\_ AFD: \_\_\_\_ AE: \_\_\_\_

Supervisor's Name: \_\_\_\_\_ Funeral Home: \_\_\_\_\_

1. Has the Apprentice shown adequate progress this quarter? Please explain. \_\_\_\_ Yes \_\_\_\_ No

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2. Over half of the apprenticeship is now completed. How is the apprentice doing as a total employee?

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3. Is the Apprentice making funeral arrangements under the direct supervision of a licensed funeral director?  
 \_\_\_\_ Yes \_\_\_\_ No

If "No" please explain what contact is made between the Apprentice and families.

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4. On a scale of 1-10 (1-Unsatisfactory, 10-Excellent) please rate the Apprentice and comment on the following areas:

<i>AREA OF KNOWLEDGE AND PROFICIENCY</i>	<i>Rating (1-10)</i>
A) Responsibility	
B) Reliability	
C) Interpersonal Relationships	
D) Initiative	
E) Attitude	
F) Overall Quality of Work	

5. The Apprentice has now completed one-half of his/her apprenticeship. Please rate and comment on the Apprentice's progress and improvement during the last three months utilizing the following scale:

1 - *Unsatisfactory Progress*, 2 - *Marginal Progress*, 3 - *Good Progress*, 4 - *Exceptional Progress*.

<i>AREA OF KNOWLEDGE AND PROFICIENCY</i>	<i>Scale (1-4)</i>
A) Embalming Technique	
B) Safety and Sanitation	
C) Restorative Art	
D) Attitude Toward Funeral Service	
E) Responsibility	

I certify that this is an accurate report on the progress of the above-named Apprentice and has been prepared without consultation with the Apprentice.

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date