

# MASTER'S QUARTERLY EVALUATION REPORT



STATE OF OHIO  
BOARD OF EMBALMERS  
AND FUNERAL DIRECTORS

APPRENTICESHIP DESIGNATION

- DUAL (Embalmer and Funeral Director)     Embalmer Only     Funeral Director Only

Apprentice's Name \_\_\_\_\_ Certification # \_\_\_\_\_  
Currently in Quarter (circle one) 1 2 3 4 5 6 7 8 of a \_\_\_\_\_ month Apprenticeship (indicate 12 or 24 month)

Master's Name \_\_\_\_\_  
Funeral Home Name \_\_\_\_\_  
Funeral Home Address \_\_\_\_\_  
City or Village \_\_\_\_\_  
Funeral Home County \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

**This form is to be filled out by the Master, and submitted electronically by the Apprentice via their eLicense account.**

**EVALUATION**

Please indicate whether the Apprentice has demonstrated the following qualities:

- | YES                      | NO                       |                     |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Professionalism     |
| <input type="checkbox"/> | <input type="checkbox"/> | Growth and progress |
| <input type="checkbox"/> | <input type="checkbox"/> | Coachable           |
| <input type="checkbox"/> | <input type="checkbox"/> | Thorough work       |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AREAS OF KNOWLEDGE AND PROFICIENCY**

Please indicate the level of knowledge and proficiency you have observed:

	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Making Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrangement Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral/Memorial Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ohio Laws and Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cremation Procedures, Laws & Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital Statistics Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Embalming and Restorative Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Business Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiarity with Local Religious Organizations and Customs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AREAS OF KNOWLEDGE AND PROFICIENCY - EMBALMING**

Please indicate the level of knowledge and proficiency you have observed if the Apprentice must complete an Embalming component:

	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Embalming Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restorative Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONCLUSIONS**

Does the Apprentice need more training in a specific area?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you or the Apprentice need to be contacted by the Inspector? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify the accuracy of the information recorded on this report.**

**SIGNED AND CERTIFIED BY:**

Signature of Apprentice \_\_\_\_\_ Certification # \_\_\_\_\_  
Date Signed \_\_\_\_\_

**I certify the accuracy of the information recorded on this report.**

**SIGNED AND CERTIFIED BY:**

Signature of Master \_\_\_\_\_ License # \_\_\_\_\_  
Date Signed \_\_\_\_\_