

This form is to be completed and submitted each quarter along with the apprentice case reports

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## Master Report

Funeral Director Only      Embalmer Only  
Dual

Apprentice's Name

Master's Name

Funeral Home

Current month in  
apprenticeship

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## Evaluation

Please indicate whether the apprentice has demonstrated the following qualities:

Professionalism

Growth and progress

Coachable

Thorough work

## Area of Knowledge and Proficiency

Indicate the level of knowledge and proficiency you have observed:

	Poor	Below Average	Average	Above Average	Excellent
Arrangement Conferences					
Vital Statistics Regulations					
Facility Maintenance					
Ohio Laws and Rules					
Funeral Directing					
Making Removals					
Federal Law					
Sanitation					
Cremation Procedures, Laws, and Rules					
Familiarity with local religious organizations and customs					
Knowledge of Business Administration					
Knowledge of Embalming and Restorative Art					

Indicate the level of knowledge and proficiency you have observed if the apprentice must complete an embalming component below:

	Poor	Below Average	Average	Above Average	Excellent
Embalming Techniques					
Restorative Art					
Anatomy					

## Conclusions

Does the apprentice need more training in specific areas?

If yes, please explain

Do you or the apprentice need to be contacted by the inspector?

If yes, please explain

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I certify that this report has been prepared without consulting the apprentice and is a true and accurate reporting on the progress of the above named apprentice.

Electronic Signature