



APPRENTICESHIP FOR CHILD DEVELOPMENT SPECIALIST (ACDS)

Instructional Plans for Fall or Spring and Year _____

Please complete the chart below according to your plans for the upcoming semester(s). Return to the ACDS Statewide Coordinator by email at wvacds@rvds.org, or mail to ACDS Statewide Coordinator 611 7th Avenue, Suite 208 Huntington WV 25701.

Counties represented: _____

CLASS Location (name of facility and county)	Semester (1 st - 4 th)	Instructor Name (indicate if new instructor)	Day and Time of Classes	Start Date and Anticipated End Date

Submitted By: _____ Title: _____ Date: _____

Approved By: _____ Title: _____ Date: _____