



Apprenticeship for Child Development Specialist
Completion Roster

Instructor:	STARS #:
County of Class Location:	Semester:
Course Completion Date:	

COMPLETED STUDENTS	WV STARS # (if applicable)	*OJT Hours Month/Year Calculated	FINAL GRADE	PERCENTAGE
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				

*Total of OJT hours should be calculated using logs submitted this semester.

NON-COMPLETED STUDENTS	LAST DATE IN CLASS	REASON FOR LEAVING
1)		
2)		
3)		
4)		
5)		

Instructor Signature _____

Date _____

Submit completed form to:
 ACDS State Coordinator
 611 7th Avenue Suite 208
 Huntington, WV 25701
 Fax: 304-697-6613
 Email: wvacds.rvcds.org

Please use the following key:
 (80% and above is passing)

A 100-94
 B 93-86
 C 85-80