

Apprenticeship for Child Development Specialist

Mentee Contact

Type or print in blue or black ink. Complete one form for each monthly visit.

Date of visit:			County:		
Mentee's Name:			Location of visit:		
Arrival time:			Departure time:		
Current Semester:	First	Second	Third	Fourth	Graduate
Have you visited this mentee's Class?		Yes	No	If yes, what date?	
# of children present during visit:			# of children enrolled for the month:		

Observation:	

Topic of Discussion:
Topic of Discussion.
Future Plans or Goals
Other (signed OJT's, completed evaluation, updates in information, provided resources, etc.)
Submit document to:

ACDS Statewide Project Manager
611 7th Avenue Huntington, WV 25701

wvacds@rvcds.org

"This program is being presented with financial assistance as a grant from the West Virginia Department of Human Services and is administered by West Virginia Early Childhood Training Connections and Resources, a program of River Valley Child Development Services."