



## Apprenticeship for Child Development Specialist

# Mentee Contact

Please type or print in blue or black ink only. Complete one form for each monthly meeting.

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:

Issues discussed:

Future plans and/or goals:

Other *(signed OJT logs, completed semester evaluations, changes in mentee info, provided/loaned resources, etc.)*

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Mentor Signature

Printed Name

Date of next visit

Submit copy to:  
ACDS  
611 7<sup>th</sup> Avenue Suite 208  
Huntington, WV 25701  
Email: [wvacds@rvcds.org](mailto:wvacds@rvcds.org)  
Fax: 304-697-6613