

Apprenticeship for Child Development Specialist

Mentee Information

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK.

SSN (last five digits): SSN (last five digits): XXX-X Mil: Last Name: Mailing Address: City: State: Zip: County: Home Phone: Cell Phone: E-mail: II. Employment Information Work Site: Mailing Address: City: State: Zip: County: E-mail: How Long in This Position: Hours Worked Per Week: Work Site (Choose the one that best fits your program): Facility Center Director Center Owner Reality (Birth - 36 months) (36 months - Pre-K) (K+) Directions to work site: V. ACDS Information Current Semester (please circle one): First Second Third Fourth (Class: County: Fourth) Class Information: County: Day of Class: Time of Class: City: Time of Class: City: Day of Class: Time of Class: City: Time of Class: City: Sunday (Reality County: City: County: City:	Date:							
SSN (last five digits): XXX-Y -	I. Personal Information							
First Name:	SSN (last five digits):	Date of Birth (mm/dd/yyyy):			Maiden Name:			
City: State: Zip: County:			MI:		Last Name:			
Home Phone:	Mailing Address:							
Mailing Address: State: Zip: County:	City:			ate:	Zip:	County:		
Work Site: Mailing Address: City: State: Zip: County: Phone: Fax: E-mail: How Long in This Position: Hours Worked Per Week: Work Site (Choose the one that best fits your program): □ Family Provider □ Center Director Ages of children you work with (Check all that apply): □ Infants/Toddlers (Birth – 36 months) Preschool (36 months - Pre-K) School Age (K+) IV. ACDS Information Date began ACDS: Current Semester (please circle one): First Second Third Fourth Fourth Class Information: County: Day of Class: Time of Cla	Home Phone:	Cell Phone:		E-mail:				
Mailing Address: City: State: Zip: County: Phone: Fax: E-mail: How Long in This Position: Hours Worked Per Week: Work Site (Choose the one that best fits your program): Ages of children you work with (Check all that apply): Infants/Toddlers (Birth – 36 months) (36 months - Pre-K) (K+) Directions to work site: V. ACDS Information	II. Employment Information							
City: State: Zip: County: Phone: Fax: E-mail: How Long in This Position: Hours Worked Per Week: Work Site (Choose the one that best fits your program):	Work Site:							
Phone: Fax: E-mail: How Long in This Position: Hours Worked Per Week: Work Site (Choose the one that best fits your program):	Mailing Address:							
How Long in This Position: Work Site (Choose the one that best fits your program): Family Provider Center Director Center Owner Directions to work site: Ages of children you work with (Check all that apply): Infants/Toddlers (Birth – 36 months) (Birth – 36 months) Preschool (Birth – 36 months) Output	City:		State:		Zip:	County:		
Work Site (Choose the one that best fits your program): Family Provider Center Director Center Owner Ages of children you work with (Check all that apply): Infants/Toddlers (Birth – 36 months) (36 months - Pre-K) (K+) Infants/Toddlers (Birth – 36 months) (36 months - Pre-K) (K+) Infants/Toddlers (Birth – 36 months) (36 months - Pre-K) (K+) Infants/Toddlers (Birth – 36 months) (36 months - Pre-K) (K+) Infants/Toddlers (Birth – 36 months) (36 months - Pre-K) (K+) Infants/Toddlers (Birth – 36 months) (36 months - Pre-K) (K+) Infants/Toddlers (Birth – 36 months) (36 months - Pre-K) (K+) Infants/Toddlers (Birth – 36 months) (36 months - Pre-K) (K+) Infants/Toddlers (Birth – 36 months) (36 months - Pre-K) (K+) Infants/Toddlers (Birth – 36 months) (36 months - Pre-K) (K+) Infants/Toddlers (Birth – 36 months) (36 months - Pre-K) (K+)	Phone:	Fax:			E-mail:			
☐ Family Provider ☐ Center Owner ☐ Facility ☐ Infants/Toddlers ☐ Preschool ☐ School Age ☐ Center Director ☐ Center Owner ☐ Ce	How Long in This Position:			Hours Worked Per Week:				
Center Director Center Owner (Birth – 36 months) (36 months - Pre-K) (K+) Directions to work site: V. ACDS Information				, , , , , , , , , , , , , , , , , , , ,				
IV. ACDS Information Date began ACDS: Current Semester (please circle one): Class Information: County: Day of Class: Time of Class:	☐ Center Director	☐ Center Owner				(36 months - Pre-K)		
Date began ACDS: Current Semester (please circle one): Class Information: County: Day of Class: Time of Class:	Directions to work site:							
Date began ACDS: Current Semester (please circle one): Class Information: County: Day of Class: Time of Class:								
Current Semester (please circle one): Class Information: County: Day of Class: Time of Class:	IV. ACDS Information							
(please circle one): First Second Third Fourth Class Information: County:	Date began ACDS:							
County: Day of Class: Time of Class:		First	Se	cond		Third	Fourth	
City: Building/Room:	County:	Day of Class: Time of Class:						
	City:	Building/Room:						

MENTEE COMMITMENT AGREEMENT:

As an apprentice in the Apprenticeship for Child Development Specialist Program, I agree to attend instruction and complete the course work. I agree to be mentored, which includes visits to my home/facility/center/other, a minimum of two hours once a month and to keep the mentor and instructor informed of any changes in schedule and/or concerns. As a family provider I understand that I must maintain a minimum enrollment of four children and remain a registered provider through my local Child Care Resource and Referral Agency (CCR&R).

Mentee Signature Date Signed

Maintain a copy for mentor file, a copy for mentee file, and send original to: ACDS Statewide Project Manager 611 7th Avenue Suite 208 Huntington, WV 25701.

"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."