



Apprenticeship for Child Development Specialist

Mentee Document Form

MENTEE NAME	Signed DOL Agreement	Mentee Information Form	Signed Mentor Visitation Agreement	Supervisor Evaluation			
				First	Second	Third	Fourth

Monthly OJT Logs												Year: 20__
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Hours

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**Required documents must be verified to continue in the program*