



## 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:

Future Plans or Goals

Other (signed OJT's, completed evaluation, updates in information, provided resources, etc.)

Submit document to:

ACDS Project Manager

611 7<sup>th</sup> Avenue Huntington, WV 25701

[wwacds@rvcds.org](mailto:wwacds@rvcds.org)

WV ECTCR Funding Information - TCR-ECE is supported by federal funding passed through the West Virginia Department of Human Services: Federal award amount: \$4,727,547 (99.9% of program budget) State award amount: \$5,122 (0.1%). TCR-OMCFH is supported by state funding through the West Virginia Department of Health. TCR-HV is supported by federal funding passed through the West Virginia Department of Health: Federal award amount: \$225,000 (100% of program budget) State award amount: \$0 (0%).