

## Apprentice Monthly Progress Record

IdahoSTARS ★ 1471 Shoreline Drive, suite 202 ★ Boise, ID 83702 or Call the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588

**Apprentice Name:** \_\_\_\_\_ **Region:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Degree/School:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Mentor/Coach Name:** \_\_\_\_\_

<b>PROGRESS RECORD</b>		
Work Process Number	Action Taken and Knowledge Gained	Estimated Hours
1. Growth and Development <i>(Component 1)</i> (500)		
2. Learning Environment and Curriculum <i>(Component 2)</i> (700)		
3. Child Observation and Assessment <i>(Components 5 &amp; 9)</i> (400)		
4. Families and Communities <i>(Components 4 &amp; 10)</i> (300)		
5. Health, Safety, and Nutrition <i>(Component 8)</i> (700)		
6. Interaction with Children <i>(Component 3)</i> (1000)		
7. Program Planning and Development <i>(Component 6)</i> (300)		
8. Professional Development Leadership <i>(Component 7)</i> (100)		
<i>I certify that the number of hours of job training is correctly stated above, &amp; equal to the # of hours worked this month.</i>		<b>Total:</b>

**COMMENTS**

**Mentor/Coach's Comments:**

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**Apprentice's Comments:** (Note change of address here)

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**Director's Comments:**

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**SIGNATURES**

Apprentice's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor/Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dates of visits this month:** \_\_\_\_\_

**Number of visits remaining in Agreement:** \_\_\_\_\_