

Quarterly Goals Report for Apprenticeship

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

Date: _____
 Apprentice: _____
 Mentor/Coach: _____
 Director: _____

Work Processes:

- | | |
|---|--|
| 1. Growth & Development (<i>Component 1</i>) | 5. Health, Safety, Nutrition (<i>Component 8</i>) |
| 2. Learning Environment & Curriculum (<i>Component 2</i>) | 6. Interaction with Children (<i>Component 3</i>) |
| 3. Child Observation & Assessment (<i>Components 5&9</i>) | 7. Program Planning & Development (<i>Component 6</i>) |
| 4. Families & Community (<i>Components 4&10</i>) | 8. Professional Development & Leadership (<i>Comp 7</i>) |

Note: Incorporate "Special Needs Awareness" into all work processes.

| GOAL #1 | |
|----------------|------------------------------------|
| Work Process # | Accomplished: Yes/No/In process |
| Action Steps | Date |
| 1 | |
| 2 | |
| 3 | |

| GOAL #2 | |
|----------------|------------------------------------|
| Work Process # | Accomplished: Yes/No/In process |
| Action Steps | Date |
| 1 | |
| 2 | |
| 3 | |

| GOAL #3 | |
|-----------------------|--|
| Work Process # | Accomplished: Yes/No/In process |
| Action Steps | Date |
| 1 | |
| 2 | |
| 3 | |

SIGNATURES

Apprentice Signature: _____ Date: _____

Mentor/Coach Signature: _____ Date: _____

Director Signature: _____ Date: _____