



Training Report

Type

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|---|------------------|------------------------|-------------------------------|------------------------------|
| Date certificate received: | | | | |
| I. Personal Information | | | | |
| SSN: XXX-X_ - _ _ _ _ | | | | |
| First Name: | | MI: | Last Name: | |
| Mailing Address: | | | | |
| City: | | State: | Zip: | County: |
| Home Phone: | | Cell Phone: | E-mail: | |
| II. Employment (Early Childhood Program only) | | | | |
| Current Employer: | | | Date Employed: | |
| III. Apprenticeship Training | | | | |
| | Semester % Grade | Complete or Incomplete | Instructor's Signature & Date | OJT Hours Month/Year Counted |
| Semester One: <i>45 Hours Physical Development</i> | | | | |
| Semester Two: <i>45 Hours Social/Emotional Development</i> | | | | |
| Semester Three: <i>45 Hours Cognitive Development</i> | | | | |
| Semester Four: <i>45 Hours Language Development</i> | | | | |
| Total Classroom Instruction: <i>180 Hours</i> | | | | Total OJT Hours: |

Please use the following key: *80% and above is passing*

- (A) 100 - 94
- (B) 93 - 86
- (C) 85 - 80

This form should be passed to the next instructor at the end of each semester. Upon completion of the Fourth Semester, a copy should be placed in the apprentice's portfolio and the original should be sent to:

Sherrie Myers, ACDS State Coordinator
611 7th Avenue Suite 208
Huntington, WV 25701

| | | |
|-----------------|------|----------|
| Office Use Only | Date | Initials |
| Entered | | |
| Scanned | | |

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