Mentor ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benchmark Level: \_\_\_\_\_\_

Provider ID: \_\_\_\_\_\_\_\_\_ Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Time Spent With Provider

###### Attendance

Circle the hour and quarter hour that corresponds with the time of your arrival and departure

Fill in the following spaces with the number of child care workers by type and children by age grouping present during the visit.

**List number of each type of childcare worker present**

**\_\_\_ Primary \_\_\_ Substitute \_\_\_ Assistant**

***EXAMPLE:*  1 Primary 1 Substitute Assistant**

**Number and Ages of Children**

**Present: Enrolled:**

**\_\_\_ Infants (birth – 11 mos.) \_\_\_**

**\_\_\_ Toddlers (12 – 29 mos.) \_\_\_**

**\_\_\_ Preschool/K (30 mos. – 5 years) \_\_\_**

**\_\_\_ School-agers (6 – 12 years) \_\_\_**

**Age Group Focus: Ο Inf/Tod Ο Preschl Ο SchlAge**

**Indicate age-level specific training when 90% or more of your visit in the appropriate space.**

##### Departure

##### Arrival

**:00**

**:15**

**:30**

**:45**

**AM**

**PM**

**7**

**8**

**9**

**10**

**11**

**12**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**:00**

**:15**

**:30**

**:45**

**AM**

**PM**

**7**

**8**

**9**

**10**

**11**

**12**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Amount of Visit Time Spent in *Non-Training* Activities | | | | | | | | | | | |  |
| Circle the total amount of time spent observing, interviewing, or recording on this visit. *If all time was training, circle :00.* | | | | | | | | | | | |  |
|  | :00 | :15 min | :30 min | | :45 min | 1 hr | 2 hr | | 3 hr | 4 hr |  |  |
| **Instructional Activity Summary** | | | | | | | | | | | | **Focused Learning** |
|  | | | | | | | | | | | | **Ο** Learning Activities Module |
| **Minimum Stds** | | | | Core Knowledge | | | | CDA | | | | Ο Soc/Emo Module |
| **Ο** CD | | | | **Ο** CGD | | | | **Ο** 1 (HS) | | | | **Ο** Infant/Toddler Module |
| **Ο** HSUP | | | | **Ο** HSN | | | | **Ο** 2 (phys/intel dev) | | | | **Ο** Healthy Habits |
| **Ο** QCCL | | | | **Ο** LEE | | | | **Ο** 3 (soc/emo dev) | | | | **Ο** A Place of Our Own |
| **Ο** CCPF | | | | **Ο** D | | | | **Ο** 4 (relationships w/fam) | | | | **Ο** Going to School |
| **Ο** LD | | | | **Ο** COA | | | | **Ο** 5 (management) | | | | **Ο** Right From Birth |
| **Ο** PDG | | | | **Ο** ICFC | | | | **Ο** 6 (professionalism) | | | | **Ο** The Whole Child |
|  | | | | **Ο** PPD | | | | **Ο** 7 (obs/record behavior) | | | | **Ο** Literacy Kit |
|  | | | | **Ο** MA | | | | **Ο** 8 (CD & learning) | | | | **Ο** Movement Kit |
|  | | | |  | | | |  | | | | **Ο** Prof/Marketing Kit |
|  | | | |  | | | |  | | | | **Ο** Infant/toddler Kit |

**Signature(s) of child care professional(s) participating in the training & Percentage of time actively participating:**

**Provider:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [0% 25% 50% 75% 100%]

**Cancellation:**

**Ο** Mentor Vacation

**Ο** Mentor Sick

**Ο** Professional Mtg

**Ο** Provider Cancellation

**Ο** Other\_\_\_\_\_\_\_\_\_

**Assistant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [0% 25% 50% 75% 100%]

**Other (Specify):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [0% 25% 50% 75% 100%]

**Mentor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My next visit is: Day\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_

Asst. ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⭘ Request for ID for Assistant(s) attached