



Department of Health and Human Services
Aging and Disability Services Division
Communication Access Services Program
Interpreter / CART Registry



Mentoring Log

Interpreter Name: _____ NV Interpreter Registry #: _____

Interpreter Classification: _____ Registry Expiration Date: _____

- ☐ Educational Apprentice Level
☐ Educational Intermediate Level
☐ Community Apprentice Level

Feel free to make as many copies of this form as needed. Each copy needs to be signed by the interpreter and the mentor.

Date	# of Hours	Describe Mentoring Activity	Related Goal
			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development
			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development
			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development
			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development
			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development
			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development
			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development
			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development
			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development
			<input type="checkbox"/> Sign to Voice <input type="checkbox"/> Voice to Sign <input type="checkbox"/> Vocabulary <input type="checkbox"/> Overall Skills <input type="checkbox"/> Knowledge Development

By signing this document, we attest to the accuracy of this information.

Mentor Signature
Date: _____

Interpreter Signature
Date: _____

**Once this form is completed and signed, please upload it to the interpreter's registry account.
Should you have any questions, please contact ADSD at InterpreterRegistry@adsd.nv.gov.**