



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
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			<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](mailto:InterpreterRegistry@adsd.nv.gov).**