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
			☐ Sign to Voice ☐ Voice to Sign ☐ Vocabulary ☐ Overall Skills ☐ Knowledge Development
			☐ Sign to Voice ☐ Voice to Sign ☐ Vocabulary ☐ Overall Skills ☐ Knowledge Development
			☐ Sign to Voice ☐ Voice to Sign ☐ Vocabulary ☐ Overall Skills ☐ Knowledge Development
			☐ Sign to Voice ☐ Voice to Sign ☐ Vocabulary ☐ Overall Skills ☐ Knowledge Development
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			☐ Sign to Voice ☐ Voice to Sign ☐ Vocabulary ☐ Overall Skills ☐ Knowledge Development
			☐ Sign to Voice ☐ Voice to Sign ☐ Vocabulary ☐ Overall Skills ☐ Knowledge Development

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

_____ _____ _____

Mentor's Name (Print) *Mentor Signature* *Interpreter Signature*

Date: _____ 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.