

**Oregon Statewide Mentoring Program
Contact Form**

Mentee Name: _____ Oregon Registry Step _____ Provider type: <input type="radio"/> Exempt <input type="radio"/> Registered <input type="radio"/> Certified <input type="radio"/> Certified Center Other: _____ Primary language: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Russian <input type="radio"/> Vietnamese <input type="radio"/> Chinese <input type="radio"/> Other _____ Age group providing care for (mark all that apply): <input type="radio"/> Infant <input type="radio"/> Toddler <input type="radio"/> Preschool <input type="radio"/> School Age	Completed by Mentor _____ SDA # _____ Mentee referred by: <input type="radio"/> CCD <input type="radio"/> Director <input type="radio"/> Mentor <input type="radio"/> R&R <input type="radio"/> Self
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Goal type: Start date: End date:	Goal 1:
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Goal type: Start date: End date:	Goal 2:
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Goal type: Start date: End date:	Goal 3:
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Goal #	Date	Contact Type	# of minutes	Action Plan	Timeline
	__/__/__	<input type="radio"/> Visit <input type="radio"/> Phone <input type="radio"/> Email			
	__/__/__	<input type="radio"/> Visit <input type="radio"/> Phone <input type="radio"/> Email			
	__/__/__	<input type="radio"/> Visit <input type="radio"/> Phone <input type="radio"/> Email			
	__/__/__	<input type="radio"/> Visit <input type="radio"/> Phone <input type="radio"/> Email			

- Goal Type:**
- a.** Oregon Registry steps and the enrollment process
 - b.** CDA process and portfolios
 - c.** Accreditation process
 - d.** Selection of courses and/or trainings to meet professional goals
 - e.** College options
 - f.** Program assessments
 - g.** Setting up and maintaining quality environments
 - h.** Improving Infant, Toddler, Preschool, School age and/or Multi-age programs
 - i.** Caring for children with special needs
 - j.** Inclusive child care practices