



AICLS
Master Apprentice Program
- Mentor's Quarterly Report -

Date: _____

Mentor: _____

Team: _____

Master: _____

Apprentice: _____

Overview:

Use of immersion techniques:

Language knowledge:

Trainings attended:

Community activities:

AICLS Director or Designee _____ Total \$ _____

Return to: AICLS PO Box 26357, Fresno, CA 93729 or email to: carly@aicls.org