

TAP CANDIDATE REFERENCE

<u>TAP Candidate</u>	
Name _____	Date Guidance began _____
Date of reference _____	Total Hours of Mentoring _____
<u>TAP Mentor</u>	
Name _____	email _____
Address _____	
Daytime phone _____	Social Security # _____
Are you also the employer of the TAP Candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Date	Time
Observation 1		
Observation 2		
Observation 3		
Meeting 1		
Meeting 2		
Other Contact		
Other Contact		

Please evaluate the TAPC:

- Fully recommend
- Continued guidance recommended

Comments:

Mentor Signature _____ Date _____

TAP Candidate Signature _____ Date _____

Mail or fax form to:
 Center For Child Career Development/SC Technical Assistance System
 P.O. Box 5616 Greenville, SC 29606
 Fax: 864-250-8690