

## TAP CANDIDATE REFERENCE

<b><u>TAP Candidate</u></b>		
Name _____	Date Guidance began _____	
Date of reference _____	Total Hours of Mentoring _____	
<b><u>TAP Mentor</u></b>		
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
<b>Observation 1</b>		
<b>Observation 2</b>		
<b>Observation 3</b>		
<b>Meeting 1</b>		
<b>Meeting 2</b>		
<b>Other Contact</b>		
<b>Other Contact</b>		

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