

APPRENTICE LEVEL REQUIREMENTS CHECKLIST

*For your own record keeping, place a check by the items as you complete each one.
 For end-of-year email return, type "yes" by each completed item.*

When all items have been checked/marked yes, you will have completed the requirements for this level and you will be invited to move to the next level.

Name _____ **Date** _____

ATTENDANCE at MLP Workshops ...or...Makeups for missed workshop

- | | |
|-----------|-----------|
| _____MLP1 | _____MLP1 |
| _____MLP2 | _____MLP2 |
| _____MLP3 | _____MLP3 |
| _____MLP4 | _____MLP4 |

Homeplay Recordings completed and given to mentoring person and Mary Knysh

- _____HP1 Recording
- _____HP2 Recording
- _____HP3 Recording

Written Progress Summary completed and emailed to mentoring person, Mary and Julie.

- _____HP1 Progress Summary
- _____HP2 Progress Summary
- _____HP3 Progress Summary

-OVER-

Informal Gathering

_____date of event

_____called your mentoring person to tell about it.

Formal Gathering

_____date of event

_____emailed summary to your mentoring person and Mary and Julie

Record of your **contacts** with your mentoring person. (strongly recommended...this will help all of us get an overview of the mentor/mentee relationship)

_____Date	_____Date	_____Date	_____Date
_____Date	_____Date	_____Date	_____Date
_____Date	_____Date	_____Date	_____Date
_____Date	_____Date	_____Date	_____Date
_____Date	_____Date	_____Date	_____Date

Your Community Service Report completed and emailed to Julie.

_____ date emailed

_____ total number of hours volunteered this year

_____ total number of hours volunteered in all years in MLP to date (when you have completed 20 hours at any point in the 4 years/levels,your commitment is complete)

-continued-

Readings (recommended) These readings are intended to enrich your experience and stir your own thoughts.

Drum Circle Spirit

___ Chapters 1,2,3 ___ completed reading ___

___ Chapters 4,5,6 ___ completed reading ___

___ Chapters 12, 13, 14 ___ completed reading ___

Other Readings (strongly recommended). These readings are intended to enrich your experience and stir your own thoughts.

Please check off what you have read . This will help us assess the impact that these readings might have. Please offer any comments as well.

Return to Child Readings:

_____p18 _____p 21 _____p 26 _____p 30 _____pp 37-43

_____p 53 _____p 68 _____p 69 _____pp 72-73 _____p74

_____p78 _____p 79 _____p 81 _____pp 85-88

Ethics of Caring:

_____ Chapter 12 _____ Chapter 13

Your year-end self evaluation completed and **emailed to Julie, Mary and David and to your mentoring person.**

_____ date emailed

-OVER-

Please list the ‘Create Your Own Practice’ and ‘Create You Own Homeplay’ topics that you did for you Homeplays this year.

Create Your Own Practice activity for:

HP1 _____

HP2 _____

HP3 _____

Create Your Own Homeplay activity for:

HP1 Recording _____

HP2 Recording _____

HP3 Recording _____

Attended a five-day (or longer) workshop with David Darling, such as AOI or at Omega.

Yes, I have attended a five-day (or longer) workshop with David Darling.

If Yes, where was the workshop?

What month/year did you attend?

No, I have not yet attended a five-day workshop with David Darling.