

# Portfolio Evaluation Form

Initial (clinic 1);  Interim (Ext. 1);  Final (Ext. 2)

*Note: The original form is to be placed in the student's portfolio*

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

## Section #1 – Student Introduction

### REQUIRED:

- \_\_\_ Cover page
- \_\_\_ Statement of purpose of the portfolio
- \_\_\_ Resume
- \_\_\_ List of graduate courses
- \_\_\_ Statement of why the student chose to enter the field of speech-language pathology
- \_\_\_ Future professional goals
- \_\_\_ Statement of Privacy & Confidentiality

### OPTIONAL:

- \_\_\_ Transcripts/Grade reports
- \_\_\_ Testimonials
- \_\_\_ Recommendations
- \_\_\_ Other

## Section #2 – Accomplished Practices

Note: Two pieces of evidence are required for each Accomplished Practice. An *Evidence Classification and Reflection Form (ECR)* must accompany each piece of evidence.

- |  |         |         |
|--|---------|---------|
| 1. Instructional Design & Lesson Planning        | (1) ___ | (2) ___ |
| 2. Learning Environment                          | (1) ___ | (2) ___ |
| 3. Instructional Delivery & Facilitation         | (1) ___ | (2) ___ |
| 4. Assessment                                    | (1) ___ | (2) ___ |
| 5. Continuous Improvement                        | (1) ___ | (2) ___ |
| 6. Professional Responsibility & Ethical Conduct | (1) ___ | (2) ___ |

## Section #3 – Program Outcomes

Note: One piece of evidence is required for each Program Outcome. An *Evidence Classification and Reflection Form (ECR)* must accompany each piece of evidence. In some instances, the student may note a cross-reference to the original evidence, if the evidence appears in the Accomplished Practice Section.

*\*\*Site visitor to complete and initial/date Program Outcome Cross-Referenced Checklist found in Portfolio Reviews and Evaluations*

\_\_\_ #1    \_\_\_ #2    \_\_\_ #3    \_\_\_ #4    \_\_\_ #5    \_\_\_ #6    \_\_\_ #7    \_\_\_ #8    \_\_\_ #9  
\_\_\_ #10

(continued on next page...)

**Section #4 – Standards for CCC**

**Note: One piece of evidence is required for each Standard. An *Evidence Classification and Reflection Form (ECR)* must accompany each piece of evidence. In some instances, the student may note a cross-reference to the original evidence if the evidence appears in the Accomplished Practice Section.**

\_\_\_ IV-B

\_\_\_ IV-F

\_\_\_ V-B (1)

\_\_\_ IV-C

\_\_\_ IV-G

\_\_\_ V-B (2)

\_\_\_ IV-D

\_\_\_ IV-H

\_\_\_ V-B (3)

\_\_\_ IV-E

\_\_\_ V-A

\_\_\_ V-C

**Section #5 – Student Reflections**

\_\_\_ #1      Personal philosophy regarding the clinical process

\_\_\_ #2      What I have learned from my clients?

**Evaluator's Comments:**

All required elements of this student portfolio have been completed, reviewed and approved.

Circle: **YES**    or    **NO**    (If “NO,” please explain and indicate plan for completion. )

Portfolio Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE STUDENT IS RESPONSIBLE FOR SENDING THE COMPLETED AND SIGNED FPE FORM TO THE FORMATIVE ASSESSMENT COORDINATOR.**