

# Evidence Classification and Reflection (ECR) Form

*NOTE: This form must be included with each piece of evidence. If the evidence will be used for more than one Accomplished Practice plus a Standard and/or Program Outcome, the student may choose to either complete a separate ECR form for each or may choose to incorporate relevant references to each of the Accomplished Practices, Standards, and Outcomes designated on a single ECR form.*

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

Date Evidence Created: \_\_\_\_\_

**Accomplished Practice**  
**Check One or Two:**

**Program Outcome**  
**Check One:**

**Standard for CCC**  
**Check One:**

- |  |                                 |                                  |
|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> 1. Assessment                     | <input type="checkbox"/> PO #1  | <input type="checkbox"/> III-B   |
| <input type="checkbox"/> 2. Communication                  | <input type="checkbox"/> PO #2  | <input type="checkbox"/> III-C   |
| <input type="checkbox"/> 3. Continuous Improvement         | <input type="checkbox"/> PO #3  | <input type="checkbox"/> III-D   |
| <input type="checkbox"/> 4. Critical Thinking              | <input type="checkbox"/> PO #4  | <input type="checkbox"/> III-E   |
| <input type="checkbox"/> 5. Diversity                      | <input type="checkbox"/> PO #5  | <input type="checkbox"/> III-F   |
| <input type="checkbox"/> 6. Ethics                         | <input type="checkbox"/> PO #6  | <input type="checkbox"/> III-G   |
| <input type="checkbox"/> 7. Human Development and Learning | <input type="checkbox"/> PO #7  | <input type="checkbox"/> III-H   |
| <input type="checkbox"/> 8. Knowledge of Subject Matter    | <input type="checkbox"/> PO #8  | <input type="checkbox"/> IV-B    |
| <input type="checkbox"/> 9. Learning Environment           | <input type="checkbox"/> PO #9  | <input type="checkbox"/> IV-C    |
| <input type="checkbox"/> 10. Planning                      | <input type="checkbox"/> PO #10 | <input type="checkbox"/> IV-G(1) |
| <input type="checkbox"/> 11. Role of Teacher               |                                 | <input type="checkbox"/> IV-G(2) |
| <input type="checkbox"/> 12. Technology                    |                                 | <input type="checkbox"/> IV-G(3) |

Title of Evidence: \_\_\_\_\_

Type of Evidence (Circle or Underline One): *Performance, Product, Tests and Records, Clinical Outcomes, Testimonials, Professional Values and Commitments*

1. Brief Description (In one or two sentences, describe the artifact in clear and simple terms):

2. Description of Context for Which Evidence Was Created:

*(ECR Form, continued on next page...)*

**3. Accomplished Practice, Standard, and/or Program Outcome Demonstrated:** Precisely explain how the artifact is used as evidence for the Accomplished Practice/Standard/Outcome identified under “Types of Evidence” noted above. In this section, you must convince the evaluator that the artifact chosen is appropriate evidence for the identified Accomplished Practice, Standard, and/or Outcome.

**4. Growth and Knowledge of Professional Competence:** Explain the increase in knowledge and professional competence you experienced through this particular piece of evidence as an Accomplished Practice, Standard, and/or Outcome.

**5. Areas of Improvement:** Discuss ways in which you would improve upon this evidence if given the opportunity to develop and use it again. How would you change what you did?  
(Note: “Continuous Improvement” implies that there is always room to make something better. Even if you were satisfied with the results and the evidence, there are ways to improve.)

**Evaluator’s Printed Name:** \_\_\_\_\_

**Evaluator’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator’s Position/Title:** \_\_\_\_\_