

Final Portfolio Evaluation Form (FPE)

Student's Name: _____ Student ID #: _____
 (To be completed by the Portfolio Evaluator during the Externship II site visit)

Note: *The original copy of this form is to be placed in the student's portfolio.
 The student is responsible for sending a copy of the completed and signed FPE to the
 Formative Assessment Coordinator, in order for the graduation process to go forward.*

- ___ Cover Page
 ___ Statement of Privacy and Confidentiality
 ___ Table of Contents

Section #1 – Student Introduction

REQUIRED:

- ___ 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

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. Assessment (1)___ (2)___ | 7. Human Dev. & Learning (1)___ (2)___ |
| 2. Communication (1)___ (2)___ | 8. Knowledge Of Subject Matter (1)___ (2)___ |
| 3. Continuous Improvement (1)___ (2)___ | 9. Learning Environments (1)___ (2)___ |
| 4. Critical Thinking (1)___ (2)___ | 10. Planning (1)___ (2)___ |
| 5. Diversity (1)___ (2)___ | 11. Role of the SLP (1)___ (2)___ |
| 6. Ethics (1)___ (2)___ | 12. Technology (1)___ (2)___ |

Section #3 – 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.

- | | | |
|-----------|-----------|--------------|
| ___ III-B | ___ III-F | ___ IV-C |
| ___ III-C | ___ III-G | ___ IV-G (1) |
| ___ III-D | ___ III-H | ___ IV-G (2) |
| ___ III-E | ___ IV-B | ___ IV-G (3) |

(continued on next page...)

Section #4 – 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

___ #1 ___ #2 ___ #3 ___ #4 ___ #5 ___ #6 ___ #7 ___ #8 ___ #9 ___ #10

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, Mrs. Latona- jm702@nova.edu