

# Initial Portfolio Presentation Review Form (IPPR)

*Note: This form is to be placed in the student's portfolio.*

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

*Check items submitted and approved at this point in process (during enrollment in first clinical practicum):*

## Section #1 - Student Introduction

### REQUIRED:

- \_\_\_\_ Statement of purpose of the portfolio
- \_\_\_\_ Statement of Privacy & Confidentiality
- \_\_\_\_ 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

(Two pieces of evidence for each Accomplished Practice)

- |                           |                   |                                |                   |
|---------------------------|-------------------|--------------------------------|-------------------|
| 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

(One piece of Evidence for each Standard)

- |            |            |               |
|------------|------------|---------------|
| ____ 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) |

## Section #4 – Program Outcomes

(See Program Outcome Checklist)

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

## Section #5 – Student Reflections

- \_\_\_\_ #1    Personal philosophy regarding the clinical process
- \_\_\_\_ #2    What you've learned from your clients

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

## Student Portfolio Evaluator's IPPR Comments

**Portfolio Strengths:**

**Suggestions for Improvement and Further Development:**

**Additional Comments:**

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_