PORTFOLIO ASSESSMENT

Student Name ………………………………………

Assessor’s Name………………………………….

Course Name and Number………………………………………………

Date……………………………………………………………………

AWARD OF CREDIT RECOMMENDED  ___yes ___no ___not at present

How much credit       ______credits

1. Has the student demonstrated college level knowledge?  ___yes  ___no

2. Has the student demonstrated the depth & breadth of knowledge indicated by the course description?   ___yes ___no

3. Is the portfolio logically, thoughtfully organized?  ___yes  ___no

4. Does the essay explain how the learning was acquired?  ___yes  ___no

5. Does the portfolio demonstrate an understanding of both theory and practice appropriate to the subject?    ___yes  ___no

6. Does the student demonstrate college level writing skills?  ___yes  ___no

7. Has the student addressed each objective and/or goal in the syllabus__yes__no

8. Has the student established the authenticity of the evidence provided__yes__no

If the answer to any of the above is negative, or if less credit is given for the portfolio than is recommended for the course, please elaborate_____________________________

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REASON WHY credit is not recommended without further work (if applicable)

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________________________________________________________________________
ADDITIONAL INFORMATION REQUIRED FOR AWARD OF CREDIT TO BE RECONSIDERED (if applicable)

___Provide additional evidence, such as ______________________________________________________

___Rewrite narrative to include _____________________________________________________________

___Take a written or oral exam _____________________________________________________________

___Read and write a report on _____________________________________________________________

___This additional information should be presented to the Coordinator of Experiential Learning within four weeks.

REASON WHY credit is not recommended at all: (if applicable)

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MESSAGE FROM FACULTY TO STUDENT (This is an important educational function of the portfolio evaluation. Please let the student know what you think of the portfolio and how it compares to the work done by students in the conventional classroom. Please continue on an additional page if you wish.)

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FACULTY signature_________________________ Date:_______________________________

Coordinator, Experiential Learning Signature__________________________

MF / August 2006