

Interim Portfolio Evaluation Form (IPE)

*Note: The original form is to be placed in the student's portfolio.
A copy of this form should be placed in the student's NSU-SLCD file.*

Student's Name: _____ Student ID # _____

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

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

(Two pieces of evidence for each Accomplished Practice)

- Assessment (1) ____ (2) ____
- Communication (1) ____ (2) ____
- Continuous Improvement (1) ____ (2) ____
- Critical Thinking (1) ____ (2) ____
- Diversity (1) ____ (2) ____
- Ethics (1) ____ (2) ____

- Human Dev. & Learning (1) ____ (2) ____
- Knowl. Of Subject Matter (1) ____ (2) ____
- Learning Environments (1) ____ (2) ____
- Planning (1) ____ (2) ____
- Role of the SLP (1) ____ (2) ____
- 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 IPE Comments

Portfolio Strengths:

Suggestions for Improvement and Further Development:

Additional Comments:

Student Portfolio Evaluator's Signature: _____ **Date:** _____

Interim Portfolio Action Plan (IPAP)

***Note:** This form is to be completed after evaluation and review derived from the Interim Portfolio Evaluation. A copy of this form is to be placed in the student's NSU-SLCD file.*

Student's Name: _____ **Date:** _____

Instructions: Based upon feedback from the Student Portfolio Evaluator after the Interim Portfolio Evaluation meeting, list the required components which have not yet been included or approved for inclusion in the student portfolio. List improvements that need to be made. Note your goals for completion of the portfolio plus an action plan to achieve the goals. Return the completed form to the Student Portfolio Evaluator for approval.

Goals: _____

Action Plan: _____

Student's Signature: _____

Date: _____

Student Portfolio Evaluator's Signature: _____

Date: _____
