



## Family Child Care Project Assessment

<b>Name:</b>	<b>Reg. ID:</b>
<b>Commissioner:</b>	<b>Date:</b>

Section 1: Introductory	Rating	Comments
<input type="checkbox"/> Name, Contact Information <input type="checkbox"/> Authenticity Statement <input type="checkbox"/> Autobiography <input type="checkbox"/> FCC Philosophy Statement <input type="checkbox"/> Professional Development Plan <input type="checkbox"/> Resume <input type="checkbox"/> Financial Work Sample <input type="checkbox"/> Book Analysis	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Section 2: Project Categories	Rating	Comments
Project Overview	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Project Approach	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Project Implementation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Project Evaluation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Quality Standards: Relationships <input type="checkbox"/> Explanation <input type="checkbox"/> Artifact	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Quality Standards: Environment <input type="checkbox"/> Explanation <input type="checkbox"/> Artifact	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Quality Standards: Developmental Learning Activities <input type="checkbox"/> Explanation <input type="checkbox"/> Artifact	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>Quality Standards: Safety and Health</p> <p><input type="checkbox"/> Explanation</p> <p><input type="checkbox"/> Artifact</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>	
<p>Quality Standards: Professional and Business Practices</p> <p><input type="checkbox"/> Explanation</p> <p><input type="checkbox"/> Artifact</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>	
<p>Resources and References</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>	
<p>Summary of Growth</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>	
<p>Overall Composition of Portfolio</p> <p><input type="checkbox"/> Spelling and grammar</p> <p><input type="checkbox"/> In required order</p> <p><input type="checkbox"/> All pictures labeled</p> <p><input type="checkbox"/> All categories labeled with dividers or otherwise identified</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>	

Formal Presentation of the Portfolio	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
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Comments:

Scoring is based on a scale from 1-5. Each section must receive a score of 3 to be complete. Additional information will be submitted to the commissioner when the section score is 2 or less. The commissioner may request further information with a score of 3.

Portfolio is incomplete and the following information needs to be submitted to The Registry by \_\_\_\_\_ (date).

Portfolio is complete and meets all requirements of the commission.      YES    NO

Signature of Commissioner: \_\_\_\_\_

Print Name of Commissioner: \_\_\_\_\_



## The Registry Family Child Care Credential

<b>Name:</b>	<b>Registry ID:</b>
<b>Commissioner:</b>	<b>Date:</b>

**Portfolio is incomplete.**  
**The following information needs to be submitted to the Commissioner by \_\_\_\_\_ (date).**

The Commissioner will complete the following information. The candidate will receive the original copy and the Commissioner will notify The Registry of the commission results.

Category:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Category:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	