



Family Child Care Project Assessment

Name:	Reg. ID:
Commissioner:	Date:

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"/> Optional Items: (2 maximum)	<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
A: Project Overview Instructor Approval <input type="checkbox"/> Project Overview <input type="checkbox"/> Instructor Approval	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>B: Relationships</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>C: Environment</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>D: Developmental Learning Activities</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>E: 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>F: 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>	

G: Resources and References	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Overall Composition of Portfolio <input type="checkbox"/> Spelling and grammar <input type="checkbox"/> In required order <input type="checkbox"/> All pictures labeled <input type="checkbox"/> All categories labeled with dividers or otherwise identified	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
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	

Comments (Interview):

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
If incomplete commissioner will complete the form on following page.

Signature of Commissioner: _____

Print Name of Commissioner: _____



Family Child Care Credential Project Assessment

Name:	Reg. ID:
Commissioner:	Date:

Project is incomplete and the following information needs to be submitted by _____
(Date)

The Commissioner will complete the following information. The candidate will receive the original and a copy will be submitted to The Registry with the commission results.

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