



Infant Toddler Portfolio Assessment

Name:	Reg. ID:
Commissioner:	Date:

Introductory Section <input type="checkbox"/> Autobiography <input type="checkbox"/> Philosophy Statement <input type="checkbox"/> Resume <input type="checkbox"/> Professional Development Plan <input type="checkbox"/> Optional Item(s) (2 maximum)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Comments:
Category A: Family and Community <input type="checkbox"/> Explanation <input type="checkbox"/> Sample	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Category B: Program Management <input type="checkbox"/> Explanation <input type="checkbox"/> Sample	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

<p>Category C: Growth and Development</p> <p><input type="checkbox"/> Explanation</p> <p><input type="checkbox"/> Sample</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>Category D: Guidance</p> <p><input type="checkbox"/> Explanation</p> <p><input type="checkbox"/> Sample</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>Category E: Developmentally Appropriate Environments</p> <p><input type="checkbox"/> Explanation</p> <p><input type="checkbox"/> Sample</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>Category F: Observation and Planning</p> <p><input type="checkbox"/> Explanation</p> <p><input type="checkbox"/> Sample</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>Category G: Observation and Assessment (Reflection)</p> <p><input type="checkbox"/> Explanation</p> <p><input type="checkbox"/> Sample</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>Name of Observation Tool Used:</p>

<p>Category H: Self-Assessment and Observer Assessment</p> <p><input type="checkbox"/> Sample including:</p> <ul style="list-style-type: none"> - Caregiving Video - Capstone Self-Evaluation - Capstone Observer Checklist 	<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>Presentation of the Portfolio</p> <p>Effective Use of Supporting Materials</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>Presentation of the Portfolio</p> <p>Content</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>	

Overall Composition of Portfolio

- Spelling and grammar
- In required order
- All pictures labeled
- All categories labeled with dividers or otherwise identified

Comments (Project):

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

Signature of Commissioner: _____

Print Name of Commissioner: _____



The Registry Infant Toddler Credential

Name:	Reg. ID:
Commissioner:	Date:

Portfolio is incomplete and the following information needs to be submitted to The Registry 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.

Category ____: <input type="checkbox"/> Sample <input type="checkbox"/> Explanation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
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Category ___: <input type="checkbox"/> Sample <input type="checkbox"/> Explanation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
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