



Inclusion Portfolio Assessment

Name:	Reg. ID:
Commissioner:	Date:

		Comments
Introductory Section <input type="checkbox"/> Autobiography <input type="checkbox"/> Personal INCLUSION Philosophy <input type="checkbox"/> Resume <input type="checkbox"/> Two Optional Items to Illustrate Professional Contributions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Category A: Developmental Observation, Assessment, Screening & Referral Processes <input type="checkbox"/> Observations (5) <input type="checkbox"/> Assessment (1) <input type="checkbox"/> Activities (2)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Category B: Guiding Challenging Behavior Positively <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	

<p>Category C: Individualized Accommodations</p> <p><input type="checkbox"/> Sample</p> <p><input type="checkbox"/> Explanation</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: Community & Internet Resources</p> <p><input type="checkbox"/> Sample</p> <p><input type="checkbox"/> Explanation</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: Partnerships with Families and Other Professionals</p> <p><input type="checkbox"/> Sample</p> <p><input type="checkbox"/> Explanation</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: Ethical and Legal Responsibilities</p> <p><input type="checkbox"/> Sample</p> <p><input type="checkbox"/> Explanation</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>	

Category G: Self Assessment and Professional Development Part One <input type="checkbox"/> Sample Part Two <input type="checkbox"/> Sample	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Presentation of the Portfolio Effective Use of Supporting Materials	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Presentation of the Portfolio Content	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

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 Inclusion Credential

Name:	Reg. ID:
Commissioner:	Date:

Portfolio is incomplete.
 The following information needs to be submitted to the Commissioner by _____ (Date)
 Commissioner will provide address for submission of additional materials.

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	
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	