

Name: Student PNC name _____

Portfolio Assessment Form (*Student enters all data required) **DO NOT USE PLASTIC SLEEVES** Due Date (TBA)

Contents	Comments	Additional Comments, Explanations	Other	Pts
Resume	Professional: Yes/No			/1
Statement of Professional Philosophy	Meaningful? Y N			/1
Grammar and spelling	Excellent Good Ave Poor			/2
Presentation of Portfolio	Neat, professional? Well organized? Y N			/1
PNC Projects in which you've been involved	You'll list your activities:			
*Student lists all: Name of projects, dates. Use additional paper if necessary.	1. 2. 3. 4.	In portfolio, provide brief summary of your part in the event. <u>Circle</u> events when you were in a <u>LEADERSHIP</u> role		/3
	Others? List on the back.			
PNC Case Studies (Include two complete analyses) (not SOAPS)	Appropriate selection? Y N	Clear, including a discussion about why these were chosen? Y N	State the case, tx, outcome, approach, what you'd change, if anything. Y N	/4
PNC SOAP notes – put copies; do not use patient names. Include ALL.	Complete? Accurate? Appropriate dx?	Calculated total energy correctly (<u>showed work</u>) – Y N	Used proper format (diagnosis (dx); treatment rx, or good attempt; PES	/5
Handouts – if any – include in portfolio	What brochures, flyers you've created, adapted			/1
Marketing plan for project, Write out what you did.	Y N	Must describe how you got people involved, enthusiastic		/1
Number hrs (*Student enters these numbers)		*Counseling hours: ____ *Total PNC hours: ____		/3
Number patients (*Student enters these numbers)		*Number of new patients: ____ *Number of follow ups: ____		/3
TOTAL POINTS/SCORE				/25

Evaluator's comments: