

**Office of Teacher Education
Verification of Portfolio Authenticity**

Intern: _____ ECU ID: _____ Senior II Semester/Year: _____
 Clinical Teacher: _____ School/ County _____
 University Supervisor: _____ Program Area: _____

After reviewing the Teacher Education Portfolio, complete all sections of this form.

Component A: Instructional Practice Candidate Work Sample

For each part of the Instructional Practice Component, indicate whether the evidence provided is *above expectation*, *meets expectation*, or is *below expectation* as indicated in the evaluation rubric. Specific feedback **must** be provided for any evidence that is evaluated to be **above** or **below** expectation.

Element	Above	Meets	Below	Comments
1. Unit Plan				
2. Lesson Plans				
3. Related Student Work/Formative Assessment				
4. Reflection				

Component B: Classroom Management

For each part of the Classroom Management Component, indicate whether the evidence provided is *above expectation*, *meets expectation*, or is *below expectation* as indicated in the evaluation rubric. Specific feedback **must** be provided for any evidence that is evaluated to be **above** or **below** expectation.

Element	Above	Meets	Below	Comments
1. Classroom Rules				
2. Daily Protocols/Routines				
3. Levels of Consequences				
4. Intervention Strategies				
5. Preventive Management/Motivation Tech.				
6. Implementation Plan				
7. Reflection				

Component C: Impact on Student Learning

For each part of the Impact on Student Learning Component (derived from Component A), indicate whether the evidence provided is *above expectation*, *meets expectation*, or is *below expectation* as indicated in the evaluation rubric. Specific feedback **must** be provided for any evidence that is evaluated to be **above** or **below** expectation.

Element	Above	Meets	Below	Comments
1. Assessment Design				
2. Data Analysis				
3. Reflection				
Pretest/Posttest Assessment Data	# of Students included in data: _____ Class Pretest Mean: _____ Mean Change (+/-): _____ Class Posttest Mean: _____ % Mean Change (+/-): _____			

Component D: Technology Skills

Checked for final approval of advanced technology competencies. _____
 (Initials)

Portfolio Rating Summary

All required evidence of each component must be evaluated as **meets or above expectations** in order to pass minimum Teacher Education Portfolio requirements.

Component A	Pass	Fail	(circle one)
Component B	Pass	Fail	(circle one)
Component C	Pass	Fail	(circle one)
Component D	Pass	Fail	(circle one)

Verification

I verify that this product contains my authentic work, the authentic work of my students, and authentic feedback from colleagues, parents, and administrators.

Intern (Print)	Signature	Date
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(Optional) I verify that I have reviewed this document with the intern.

Clinical Teacher (Print)	Signature	Date
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I verify that I have reviewed this document for the intern and find that it **meets or exceeds expectations** on all portfolio components and requirements of the Office of Teacher Education.

University Supervisor or designated official (Print)	Signature	Date
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Submit original signature sheet to the Office of Clinical Experiences, 110 Speight Building.
 Submit one copy to the appropriate program area contact person.