



Infant Toddler Portfolio Assessment

Name:	Reg. ID:
Commissioner:	Date:

		Comments
Introductory Section <input type="checkbox"/> Autobiography <input type="checkbox"/> Professional Philosophy <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	
Category A: Family and Community <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 B: Program Management <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 C: Growth and Development <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 D: Guidance <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 E: Developmentally Appropriate Environments <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 F: Observation and Assessment <input type="checkbox"/> Sample 1 <input type="checkbox"/> Explanation 1 <input type="checkbox"/> Sample 2 <input type="checkbox"/> Explanation 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Category G: Best Practices <input type="checkbox"/> Sample	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Name of Observation Tool Used:

Overall Composition of Portfolio

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

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	
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	