

PORTFOLIO REVIEW FORM

NURSE OR OTHER HEALTHCARE PROFESSIONAL

College: _____ Division: _____
Academic year of evaluation _____ Semester: _____
Name of evaluatee: _____
Name of evaluator: _____

Please note that portfolios may be submitted in hard copy or as a PDF in a well-organized, comprehensible, and succinct manner and should include materials from both onsite and online classes.

The portfolio contains the following items:

- Key information handouts
- Representative projects (e.g., workshops, tutorials, health fairs, etc.)
- Evidence of professional development activities
- Statement of service delivery philosophy (Optional)
- Other information the evaluatee feels should be included to adequately describe the instructional strategies employed in his or her courses (Optional)

OVERALL PORTFOLIO RATING

- Exceeds expectations
- Meets expectations
- Needs improvement (Improvement plan required. See Improvement Plan form.)
- Unsatisfactory (Improvement plan required. See Improvement Plan form.)

EVALUATOR COMMENTS:

I have met with the evaluatee and discussed the evaluatee's portfolio.

Signed: _____ Date: _____
Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my portfolio.

Signed: _____ Date: _____
Evaluatee