

# FDC-PA Portfolio Checklist

Worker's Name \_\_\_\_\_

Portfolio Advisor \_\_\_\_\_

FDC Instructor(s) \_\_\_\_\_

Program location and dates: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**This Checklist identifies all of the documents submitted in the portfolio for the above named worker.**

\_\_\_\_\_ **Confidentiality statement** signed and dated by Worker and Portfolio Advisor.

## Chapter 1

\_\_\_\_\_ *Portfolio Plan*, signed and dated by Advisor (2 places).

\_\_\_\_\_ **Satisfactory answers** to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed ***Skills Practice Description and Reflection Form***

\_\_\_\_\_ **Portfolio Advisor's comments**, signed and dated by Advisor.

## Chapter 2

\_\_\_\_\_ *Portfolio Plan*, signed and dated by Advisor (2 places).

\_\_\_\_\_ **Satisfactory answers** to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed ***Skills Practice Description and Reflection Form***

\_\_\_\_\_ **Portfolio Advisor's comments**, signed and dated by Advisor.

## Chapter 3

\_\_\_\_\_ *Portfolio Plan*, signed and dated by Advisor (2 places).

\_\_\_\_\_ **Satisfactory answers** to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed ***Skills Practice Description and Reflection Form***

\_\_\_\_\_ **Portfolio Advisor's comments**, signed and dated by Advisor.

## Chapter 4

\_\_\_\_\_ *Portfolio Plan*, signed and dated by Advisor (2 places).

\_\_\_\_\_ **Satisfactory answers** to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed ***Skills Practice Description and Reflection Form***

\_\_\_\_\_ **Portfolio Advisor's comments**, signed and dated by Advisor.

## Chapter 5

\_\_\_\_\_ *Portfolio Plan*, signed and dated by Advisor (2 places).

\_\_\_\_\_ **Satisfactory answers** to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed ***Skills Practice Description and Reflection Form***

\_\_\_\_\_ **Portfolio Advisor's comments**, signed and dated by Advisor.

## Chapter 6

\_\_\_\_\_ *Portfolio Plan*, signed and dated by Advisor (2 places).

\_\_\_\_\_ **Satisfactory answers** to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed ***Skills Practice Reflection Form***

\_\_\_\_\_ **Portfolio Advisor's comments**, signed and dated by Advisor.

## Chapter 7

\_\_\_\_\_ *Portfolio Plan*, signed and dated by Advisor (2 places).

\_\_\_\_\_ **Satisfactory answers** to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed ***Skills Practice Description and Reflection Form***

\_\_\_\_\_ **Portfolio Advisor's comments**, signed and dated by Advisor.

**Chapter 8**

- \_\_\_\_\_ *Portfolio Plan*, signed and dated by Advisor (2 places).
- \_\_\_\_\_ **Satisfactory answers** to three *Activities to Extend Your Learning*.
- \_\_\_\_\_ Completed ***Skills Practice Description and Reflection Form***
- \_\_\_\_\_ **Portfolio Advisor’s comments**, signed and dated by Advisor.

**Chapter 9**

- \_\_\_\_\_ *Portfolio Plan*, signed and dated by Advisor (2 places).
- \_\_\_\_\_ **Satisfactory answers** to three *Activities to Extend Your Learning*.
- \_\_\_\_\_ Completed ***Skills Practice Description and Reflection Form***
- \_\_\_\_\_ **Portfolio Advisor’s comments**, signed and dated by Advisor.

**Chapter 10**

- \_\_\_\_\_ *Portfolio Plan*, signed and dated by Advisor (2 places).
- \_\_\_\_\_ **Satisfactory answers** to three *Activities to Extend Your Learning*.
- \_\_\_\_\_ Completed ***Skills Practice Description and Reflection Form***
- \_\_\_\_\_ **Portfolio Advisor’s comments**, signed and dated by Advisor.

**Family Development Plans and Reflection:** Three *Family Development Plans*, reflecting appropriate practice with **one family** over a period of time. *All identifying information about the family (names, address, etc.) should be removed.*

\_\_\_\_\_ (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ *Reflection on One Family’s Progress Documented Through the Family Development Plan*

\_\_\_\_\_ **Application to Receive the FDC Credential** (*includes Affirmations signed and dated by Worker, Instructor, and Portfolio Advisor.*)

(optional) Excelsior College Transcript Service Application \_\_\_\_\_ Transcript Request \_\_\_\_\_  
\* \* \* \* \*

**Reviewed by:** (print Reviewer’s Name) \_\_\_\_\_

**Reviewer’s Comments:**

**Results of review:** \_\_\_\_\_ Approved  
\_\_\_\_\_ Incomplete

\_\_\_\_\_  
**Reviewer’s signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Exam results:** \_\_\_\_\_ Passed  
\_\_\_\_\_ Not passed

*Note: Workers who complete the full FDC training led by an official Instructor, complete a portfolio under the guidance of a trained Portfolio Advisor, have that portfolio approved by an official Reviewer, and pass the exam, will be awarded the Family Development Credential. The official review is done by the Community Action Association of Pennsylvania and the credentialing body is Temple University.*