

**MORAINE PARK TECHNICAL COLLEGE
PORTFOLIO WORKSHEET/VERIFICATION CHECKLIST
2006-2007**

Program Name: Radiation Therapist
Program Number: 10-526-3
Required DML: Portfolio Artifacts

Student Name:
MPTC Six-Digit Student ID #:
Semester of Program Acceptance:

* * * At least one artifact is required for each learning outcome * * *

Directions: In columns A and B, student enters dates when items are completed or checks Column C if transcript is used for advanced standing credits. Verifier initials column D when portfolio is verified for graduation requirement. Submit a signed copy (see last page) of this form with a copy of your portfolio for verification. Note: Keep original portfolio; submit a copy.

Your Student Portfolio will be evaluated by educators and advisory committee members and becomes the property of Moraine Park Technical College.
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Contact Course Instructor If No Artifact Is Listed In This Column	A	B	C	D
Suggested Work Sample from Performance Asmt	Reflection Statement	Work Sample Linked to Outcome	Transcript Used	Verified

Program Learning Outcomes				
Administer diagnostic evaluations performed on a simulator and treatment planning computer well as using a linear accelerator for treatment delivery.				
<i>526-154 Radiation Therapy Applications Clinical AND/OR</i>				
<i>526-102 Simulation Clinical AND</i>				
<i>526-141 Required Elective - Operational Issues and Quality Management in Radiotherapy</i>				
Apply elements of radiation therapy in patient-centered clinical practice.				
<i>526-140 Principles and Orientation to Radiotherapy</i>				
Propose patient treatment based upon patient symptoms.				
<i>526-145 Treatment Planning Principles/Brachytherapy</i>				
Provide radiation therapy to patients as prescribed by a radiation oncologist.				
<i>526-152 Radiation Therapy and Imaging Clinical</i>				

Core Abilities				
<i>890-125 Student Success AND</i>	Core Ability Inventory			
<i>890-130 Career Development</i>	Core Ability Inventory and Self-assessment Reflection			
	AND Reflection essay "How I've Changed: Then and Now"			

Continued on next page

LEARNER:

I understand that this portfolio will be evaluated by educators and advisory committees and becomes the property of Moraine Park Technical College.

The contents of this portfolio
_____ **MAY** **MAY NOT** _____
be displayed to other students and the general public.

Signature of Learner

Date

VERIFIER:

After verification is complete, forward portfolio to the
Outcome Assessment Office.

Signature of Verifier

Date