

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

Program Name: Respiratory Therapist
Program Number: 10-515-1
Required DML: Clinical Evaluations and Capstone Projects

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.

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				
Apply advanced-level respiratory concepts to patient care situations				
515-178 Respiratory Therapy Clinical Practice 2 OR	Copies of Procedural Competency Evaluations (PCE)			
515-179 Respiratory Therapy Clinical Practice 3				
Demonstrate technical proficiency required to fulfill the role of an advanced level Respiratory Therapist				
515-182 Respiratory Therapy Clinical Practice 4	(PCE)			
Practice respiratory therapy according to established professional and ethical standards				
515-185 Respiratory Therapy Clinical Practice 5	(PCE)			

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

Continue 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