

**MORAINE PARK TECHNICAL COLLEGE
PORTFOLIO WORKSHEET/VERIFICATION CHECKLIST
2007-2008**

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.

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

Your Student Portfolio will be evaluated by educators and advisory committee members and becomes the property of Moraine Park Technical College.

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