

PORTFOLIO EVALUATION FORM

OLD DOMINION UNIVERSITY • Weekend College and Experiential Learning
138 Gornito TELETECHNET Center • Norfolk, VA 23529
Phone 757-683-6388 • FAX 757-683-6107

Please complete and return to Experiential Learning with student's portfolio.

Student's Name: _____ UIN: _____

Course Title: _____ Number of Credit Hours: _____

Date submitted: _____ Advisor: _____

Recommendation (please check one): _____ Credit not recommended _____ Credit recommended

Assessment of Learning Narrative:

- | | | |
|---|-----|----|
| 1. Is the portfolio logically and carefully organized? | Yes | No |
| 2. Does the narrative explain how learning was acquired? | Yes | No |
| 3. Does it contain a mixture of theory and practice appropriate to the subject? | Yes | No |
| 4. Does the student demonstrate college level writing skills? | Yes | No |
| 5. If no to any of the above, please elaborate (use additional sheets if needed): | | |

Evidence:

- | | | |
|---|-----|----|
| 1. Has the student addressed learning outcomes in the course guidelines? | Yes | No |
| 2. Has the student established authenticity of the evidence? | Yes | No |
| 3. Is the knowledge demonstrated college level? | Yes | No |
| 4. Does the student's knowledge show both breadth and depth appropriate to the course guidelines? | Yes | No |
| 5. If no to any of the above, please elaborate (use additional sheets if needed): | | |

If credit is not recommended, student should:

1. Provide additional evidence
2. Rewrite narrative to include
3. Take written or oral exam
4. Other
5. Credit will not be granted

Faculty Assessor (print)

Date

Signature of Faculty Assessor

Date

OFFICE OF EXPERIENTIAL LEARNING

Date Received: _____ Date Sent to Registrar: _____

Director of Experiential Learning

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