

Portfolio Validation Form

(Complete one for the entire portfolio)

Student Name: _____ **SASID #:** _____ **Date:** _____

Placed out of district? Y or N **Grade:** 2 3 4 5 6 7 8 10 11

Sending District Name: _____ **Attending District Name (if any):** _____

Team Statement:

The student's work evidenced in this portfolio accurately reflects typical instructional programming directed toward the specified standards.

Typical team participants may include: general education teacher, special education teacher, paraprofessional/instructional assistant, related service provider, parent/guardian, etc. Please check the appropriate box below.

Instructional Team Signatures:

Certified General Educator	Certified Special Educator	Certified Related Services	Para- educator	Parent/ Guardian
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Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to Portfolio: _____					
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to Portfolio: _____					
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to Portfolio: _____					
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to Portfolio: _____					
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to Portfolio: _____					
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to Portfolio: _____					
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to Portfolio: _____					

Statement of School Principal/General Curriculum Supervisor:

I verify that I have reviewed the portfolio of (student) _____, in Grade _____ and have found it to be complete and ready for submission to Statewide Assessment.

Principal's Signature: _____ **Date:** _____