UTAH ATE SKILL CERTIFICATION PORTFOLIO SUMMARY SCORE SHEET HEALTH OCCUPATIONS PROFESSIONAL ESSENTIALS (HOPE)

The performance evaluation is a required component of the skill certification process. Each student must be evaluated on the required performance objectives. Performance objectives (Portfolio Criteria) may be completed and evaluated anytime during the course.

- Students should be aware of their progress throughout the course, so that they can concentrate on the objectives that need improvement.
- Students should be encouraged to repeat the performance objectives until they have performed at a minimum of a number 3 or 4 on the rating scale (moderately to highly skilled level).
 - 4 = highly skilled Successfully demonstrated without supervision
 - 3 = moderately skilled Successfully demonstrated with limited supervision
 - 2 = limited skill Demonstrated with close supervision
 - 1 = not skilled Demonstration requires direct instruction and supervision (0=no exposure)
- When a performance objective has been achieved at a minimum of 80% (moderately to highly skilled level), "Y" (Y=YES) is recorded on the Summary Score Sheet. If a student does not achieve a 3 or a 4 (moderately to highly skilled level), then "N" (N=NO) is recorded on the Summary Score Sheet for that objective.
- All performance objectives **MUST** be completed and evaluated prior to the written test.
- The signed Summary Score Sheet(s) **MUST** be kept in the teachers' file for two years.
- A copy is also kept on file with the school's CTE skill certification testing coordinator for two years.

CRITERIA	THE REQUIRED PERFORMANCE CRITERIA ARE
1	Letter of Introduction
2	Resume
3	Health Care Project
4	Writing Sample
5	Work-base Learning
6	Oral Presentation
7	Service Learning
8	First Aid and CPR
9	Internet Application
10	Leadership
11	Journaling
12	Other Content

HEALTH OCCUPATIONS PROFESSIONAL ESSENTIALS PORTFOLIO SUMMARY SCORE SHEET

I verify that this is an accurate record of the student performance criteria. Teacher's Signature															
School	School Teacher's Name (print			Date Peric						d					
Copies of th	nis sheet must be kept on file at the school	for TWO years	, by th	ne <u>tea</u>	cher,	and th	ie sch	ool <u>C</u>	TE tes	ting c	oordir	ator.			
	Indicate student achievement on each re	equired perforn	nance	objec	tive.										
	(The performance criteria on this score she each objective with a Y or an N as indica "Y" (YES) = 3 or 4, moderate to highly s "N" (NO) = 1 or 2, needs direct supervis	ated below. killed		riteria I	listed o	on the	portfol	io cont	tent re	quirem	nents).	I	Mark		
	Student Names (Last Name, First Name)	1	2	3	4	5	6	7	8	9	10	11	12	All Yes	One or More No
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2. 3. 4.															
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