CORNERSTONE CHRISTIAN ACADEMY -- HOME EDUCATION PORTFOLIO REVIEW FORM

STUDENT: _____ **GRADE:** _____ **TODAY'S DATE:** _____

_____ -- _____ **SCHOOL YEAR** **REVIEWED: FALL ____ MIDYEAR ____ SPRING ____**

EDUCATOR: _____ **REVIEWER:** _____

To contact CCA, email ccaumbrella@gmail.com

SUMMARY OF PROGRAM FOR PERIOD COVERED (Parent Use)	COMMENTS (Reviewer)	CHECKLIST (Reviewer)	EVIDENCE
LANGUAGE ARTS (includes reading, writing, speaking, and listening skills)		__ Text(s) __ Reading List/Items __ Writing Samples __ Worksheets __ Tests/Quizzes __ Creative Materials __ Other _____	___ CLEAR ___ NEEDS BETTER ___ NONE
MATHEMATICS		__ Text(s) __ Reading List/Items __ Writing Samples __ Worksheets __ Tests/Quizzes __ Creative Materials __ Other _____	___ CLEAR ___ NEEDS BETTER ___ NONE
SCIENCE		__ Text(s) __ Reading List/Items __ Writing Samples __ Worksheets __ Tests/Quizzes __ Creative Materials __ Other _____	___ CLEAR ___ NEEDS BETTER ___ NONE
SOCIAL STUDIES		__ Text(s) __ Reading List/Items __ Writing Samples __ Worksheets __ Tests/Quizzes __ Creative Materials __ Other _____	___ CLEAR ___ NEEDS BETTER ___ NONE
ELECTIVE		__ Text(s) __ Reading List/Items __ Writing Samples __ Worksheets __ Tests/Quizzes __ Creative Materials __ Other _____	___ CLEAR ___ NEEDS BETTER ___ NONE
ELECTIVE		__ Text(s) __ Reading List/Items __ Writing Samples __ Worksheets __ Tests/Quizzes __ Creative Materials __ Other _____	___ CLEAR ___ NEEDS BETTER ___ NONE
ELECTIVE		__ Text(s) __ Reading List/Items __ Writing Samples __ Worksheets __ Tests/Quizzes __ Creative Materials __ Other _____	___ CLEAR ___ NEEDS BETTER ___ NONE
ELECTIVE		__ Text(s) __ Reading List/Items __ Writing Samples __ Worksheets __ Tests/Quizzes __ Creative Materials __ Other _____	___ CLEAR ___ NEEDS BETTER ___ NONE
OVERALL PORTFOLIO ____ Clear evidence of instruction throughout. ____ Better evidence of instruction needed in some area(s). (Please address in next review.) ____ Portfolio does not comply with COMAR 13A.10.01.D. (Please revise and resubmit within 30 days.)	**DATE:** ____/____/_____ STUDENT PRESENT? ___YES ___NO *SIGNATURES OF EDUCATOR AND REVIEWER:* _____ _____ RENEW/PAID _____ OR DROPPED/WHY _____		

Please list field trips, if necessary.