

CORNERSTONE CHRISTIAN ACADEMY -- HOME EDUCATION PORTFOLIO REVIEW FORM, GRADES 8-12

Contact CCA by email at ccaumbrella@gmail.com

STUDENT: _____ GRADE: _____ TODAY'S DATE: _____
 _____ -- _____ SCHOOL YEAR REVIEWED: FALL _____ MIDYEAR _____ SPRING _____

SUMMARY OF PROGRAM FOR PERIOD COVERED (Parent Use)	COMMENTS (Reviewer)	CHECKLIST (Reviewer)	CREDIT VALIDATION	EVIDENCE
LANGUAGE ARTS		<input type="checkbox"/> Text(s) <input type="checkbox"/> Reading List/Items <input type="checkbox"/> Writing Samples <input type="checkbox"/> Worksheets <input type="checkbox"/> Tests/Quizzes <input type="checkbox"/> Creative Materials <input type="checkbox"/> Other _____	<input type="checkbox"/> Textbook or Traditional Course <input type="checkbox"/> Correspondence/DL <input type="checkbox"/> College Course <input type="checkbox"/> Pass CLEP/AP Exam <input type="checkbox"/> Logged minimum 90 hrs., documented	<input type="checkbox"/> CLEAR <input type="checkbox"/> NEEDS BETTER <input type="checkbox"/> NONE
MATHEMATICS		<input type="checkbox"/> Text(s) <input type="checkbox"/> Reading List/Items <input type="checkbox"/> Writing Samples <input type="checkbox"/> Worksheets <input type="checkbox"/> Tests/Quizzes <input type="checkbox"/> Creative Materials <input type="checkbox"/> Other _____	<input type="checkbox"/> Textbook or Traditional Course <input type="checkbox"/> Correspondence/DL <input type="checkbox"/> College Course <input type="checkbox"/> Pass CLEP/AP Exam <input type="checkbox"/> Logged minimum 90 hrs., documented	<input type="checkbox"/> CLEAR <input type="checkbox"/> NEEDS BETTER <input type="checkbox"/> NONE
SCIENCE		<input type="checkbox"/> Text(s) <input type="checkbox"/> Reading List/Items <input type="checkbox"/> Writing Samples <input type="checkbox"/> Worksheets <input type="checkbox"/> Tests/Quizzes <input type="checkbox"/> Creative Materials <input type="checkbox"/> Other _____	<input type="checkbox"/> Textbook or Traditional Course <input type="checkbox"/> Correspondence/DL <input type="checkbox"/> College Course <input type="checkbox"/> Pass CLEP/AP Exam <input type="checkbox"/> Logged minimum 90 hrs., documented	<input type="checkbox"/> CLEAR <input type="checkbox"/> NEEDS BETTER <input type="checkbox"/> NONE
SOCIAL STUDIES		<input type="checkbox"/> Text(s) <input type="checkbox"/> Reading List/Items <input type="checkbox"/> Writing Samples <input type="checkbox"/> Worksheets <input type="checkbox"/> Tests/Quizzes <input type="checkbox"/> Creative Materials <input type="checkbox"/> Other _____	<input type="checkbox"/> Textbook or Traditional Course <input type="checkbox"/> Correspondence/DL <input type="checkbox"/> College Course <input type="checkbox"/> Pass CLEP/AP Exam <input type="checkbox"/> Logged minimum 90 hrs., documented	<input type="checkbox"/> CLEAR <input type="checkbox"/> NEEDS BETTER <input type="checkbox"/> NONE
ELECTIVE		<input type="checkbox"/> Text(s) <input type="checkbox"/> Reading List/Items <input type="checkbox"/> Writing Samples <input type="checkbox"/> Worksheets <input type="checkbox"/> Tests/Quizzes <input type="checkbox"/> Creative Materials <input type="checkbox"/> Other _____	<input type="checkbox"/> Textbook or Traditional Course <input type="checkbox"/> Correspondence/DL <input type="checkbox"/> College Course <input type="checkbox"/> Pass CLEP/AP Exam <input type="checkbox"/> Logged minimum 90 hrs., documented	<input type="checkbox"/> CLEAR <input type="checkbox"/> NEEDS BETTER <input type="checkbox"/> NONE
ELECTIVE		<input type="checkbox"/> Text(s) <input type="checkbox"/> Reading List/Items <input type="checkbox"/> Writing Samples <input type="checkbox"/> Worksheets <input type="checkbox"/> Tests/Quizzes <input type="checkbox"/> Creative Materials <input type="checkbox"/> Other _____	<input type="checkbox"/> Textbook or Traditional Course <input type="checkbox"/> Correspondence/DL <input type="checkbox"/> College Course <input type="checkbox"/> Pass CLEP/AP Exam <input type="checkbox"/> Logged minimum 90 hrs., documented	<input type="checkbox"/> CLEAR <input type="checkbox"/> NEEDS BETTER <input type="checkbox"/> NONE
ELECTIVE /FIELD TRIPS, EXTRA-CURRICULAR ACTIVITIES, PARTICIPATION IN GROUPS/CLUBS, WORK/VOLUNTEERING.		<input type="checkbox"/> Text(s) <input type="checkbox"/> Reading List/Items <input type="checkbox"/> Writing Samples <input type="checkbox"/> Worksheets <input type="checkbox"/> Tests/Quizzes <input type="checkbox"/> Creative Materials <input type="checkbox"/> Other _____	<input type="checkbox"/> Textbook or Traditional Course <input type="checkbox"/> Correspondence/DL <input type="checkbox"/> College Course <input type="checkbox"/> Pass CLEP/AP Exam <input type="checkbox"/> Logged minimum 90 hrs., documented	<input type="checkbox"/> CLEAR <input type="checkbox"/> NEEDS BETTER <input type="checkbox"/> NONE
OVERALL PORTFOLIO <input type="checkbox"/> Clear evidence of instruction throughout. <input type="checkbox"/> Better evidence of instruction needed in some area(s). Please address in next review. <input type="checkbox"/> Portfolio does not comply with COMAR 13A.10.01.D. (Please revise and resubmit within 30 days.)	DATE: ____/____/____ STUDENT PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURES OF EDUCATOR AND REVIEWER: _____ _____ _____			

Dropping from CCA? _____ Why? _____