



# MidSouth Regional Family Development Credential (FDC) Program Portfolio Checklist

(to be included in portfolio packet; serves as a checklist for participant)

FDC participant's name \_\_\_\_\_

Name of Facilitator(s)/city \_\_\_\_\_

## General Forms

\_\_\_\_\_ *Application to Receive the MO FDC Credential: Portfolio Checklist and Affirmations* completed, signed, and dated by participant, Facilitator, and Portfolio Advisor

\_\_\_\_\_ *Statement of Confidentiality* signed & dated by participant & Portfolio Advisor

## Chapter 1

\_\_\_\_\_ *Activities to Extend Your Learning & Skills Practice Plan* form, signed and dated by participant & Portfolio Advisor.

\_\_\_\_\_ Satisfactory answers to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed *Skills Practice Reflection Form*, with Portfolio Advisor's comments, signed and dated by participant & Portfolio Advisor.

## Chapter 2

\_\_\_\_\_ *Activities to Extend Your Learning & Skills Practice Plan* form, signed and dated by participant, Portfolio Advisor.

\_\_\_\_\_ Satisfactory answers to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed *Skills Practice Reflection Form*, with Portfolio Advisor's comments, signed and dated by participant & Portfolio Advisor.

## Chapter 3

\_\_\_\_\_ *Activities to Extend Your Learning & Skills Practice Plan* form, signed and dated by participant & Portfolio Advisor.

\_\_\_\_\_ Satisfactory answers to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed *Skills Practice Reflection Form*, with Portfolio Advisor's comments, signed and dated by participant & Portfolio Advisor.

## Chapter 4

\_\_\_\_\_ *Activities to Extend Your Learning & Skills Practice Plan* form, signed and dated by participant & Portfolio Advisor.

\_\_\_\_\_ Satisfactory answers to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed *Skills Practice Reflection Form*, with Portfolio Advisor's comments, signed and dated by participant & Portfolio Advisor.

## Chapter 5

\_\_\_\_\_ *Activities to Extend Your Learning & Skills Practice Plan* form, signed and dated by participant & Portfolio Advisor.

\_\_\_\_\_ Satisfactory answers to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed *Skills Practice Reflection Form*, with Portfolio Advisor's comments, signed and dated by participant & Portfolio Advisor.

## Chapter 6

\_\_\_\_\_ *Activities to Extend Your Learning & Skills Practice Plan* form, signed and dated by participant & Portfolio Advisor.

\_\_\_\_\_ Satisfactory answers to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed *Skills Practice Reflection Form*, with Portfolio Advisor's comments, signed and dated by participant & Portfolio Advisor.

## Chapter 7

\_\_\_\_\_ *Activities to Extend Your Learning & Skills Practice Plan* form, signed and dated by participant & Portfolio

Advisor.

\_\_\_\_\_ Satisfactory answers to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed *Skills Practice Reflection Form*, with Portfolio Advisor's comments, signed and dated by participant & Portfolio Advisor.

Chapter 8

\_\_\_\_\_ *Activities to Extend Your Learning & Skills Practice Plan* form, signed and dated by participant & Portfolio Advisor.

\_\_\_\_\_ Satisfactory answers to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed *Skills Practice Reflection Form*, with Portfolio Advisor's comments, signed and dated by participant & Portfolio Advisor.

Chapter 9

\_\_\_\_\_ *Activities to Extend Your Learning & Skills Practice Plan* form, signed and dated by participant & Portfolio Advisor.

\_\_\_\_\_ Satisfactory answers to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed *Skills Practice Reflection Form*, with Portfolio Advisor's comments, signed and dated by participant & Portfolio Advisor.

Chapter 10

\_\_\_\_\_ *Activities to Extend Your Learning & Skills Practice Plan* form, signed and dated by participant & Portfolio Advisor.

\_\_\_\_\_ Satisfactory answers to three *Activities to Extend Your Learning*.

\_\_\_\_\_ Completed *Skills Practice Reflection Form*, with Portfolio Advisor's comments, signed and dated by participant & Portfolio Advisor.

Additional Required Documents

\_\_\_\_\_ *Three Family Development Plans*, demonstrating appropriate practice with **one family** over a period of time. All identifying information about the family (names, address, etc.) removed.

\_\_\_\_\_ *Reflections on One Family's Progress Documented Through the Family Development Plan*, a one page statement in which the participant reflects on what s/he did or did not do or say, to facilitate change, the skills used by the family, the outcome and whether it was expected, and what the participant learned from the process.

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**For use by the MidSouth Regional FDC Program office only:**

Date Received \_\_\_\_\_

Date Reviewed \_\_\_\_\_

**Results of review:** \_\_\_\_\_ **Approved**

\_\_\_\_\_ **Incomplete; request the following from participant (cc to Facilitator):**

Reviewer's Comments:

\_\_\_\_\_  
Reviewer's Name

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date

Participants who complete the full FDC program led by an official FDC Facilitator, pass the standardized exam, complete a portfolio which is successfully approved by a reviewer at the MidSouth Regional FDC office at UMKC, and pay the credentialing fee will be awarded the Family Development Credential.