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**Appendix**

**Structured Guidance & Supports (SG&S)**

**Portfolio Resources**

This Appendix includes resources for candidates following the Structured Guidance & Supports process to fulfill the Competency Review requirement for licensure. All candidates are required to maintain a Portfolio representing evidence for each indicator for the license sought. The Portfolio must clearly document the evidence used to assess each indicator of the rubric. The portfolio will serve as an end product of the work leading to the competency determination and include the following forms of evidence:

* Observation
* Artifacts of Practice
* Student Feedback
* Measures of Student Learning

The following forms to include in the portfolio are provided in the Appendices. These forms are intended to clearly document the candidate’s attainment of the knowledge and skill required for the license:

* **Observation Evidence Collection Tool**--should be completed by the supervising educator and reflected on by the candidate.
* **Evidence Reflection Form**--should be submitted with each piece of evidence to demonstrate how it documents the knowledge and skill of the indicator.
* **Supervision Log**—should describe the setting and hours in which the SG&S process was demonstrated and the nature of the supervision.

Candidates must retain this portfolio for three years following completion of the SG&S process for potential auditing. Candidates should **NOT SUBMIT** the portfolio to the licensure office. The only form that may be submitted to the licensure office is the required SG&S Form.

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|  |  |
| --- | --- |
| Observation Evidence Collection Tool \*Please print where signature is not required |  |

|  |  |
| --- | --- |
| Candidate: |  |

|  |  |
| --- | --- |
| Supervising Educator: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Observation Date: |  |  | Observation Time/Duration: |  |

|  |  |
| --- | --- |
| Observation Location (e.g., classroom, grade-level meeting, etc.): |  |

| **Observation Evidence** *What did the candidate and students say and do?* | **Indicators Observed** |
| --- | --- |
|  |  |
| **Feedback to the Candidate** | |
|  | |

|  |
| --- |
| Evidence Reflection Form \*Please print where signature is not required |

Candidate Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Educator Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Evidence**

**(Candidate should complete and attach to at least one piece of evidence per indicator in the licensure portfolio)**

| **Indicator that the evidence demonstrates:** |
| --- |
|  |
| **Summarize the evidence:** |
|  |
| **How was it used?** |
|  |
| **How does it demonstrate effective practice?** |
|  |

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervising Educator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Supervision Log \*Please print where signature is not required |

| Date | Number of Hours | Setting | Notes | Supervising Educator’s Initials |
| --- | --- | --- | --- | --- |
|  |  | * Classroom – lead teacher * Classroom – support teacher * IEP Meeting * Other (describe in notes) |  |  |
|  |  | * Classroom – lead teacher * Classroom – support teacher * IEP Meeting * Other (describe in notes) |  |  |
|  |  | * Classroom – lead teacher * Classroom – support teacher * IEP Meeting * Other (describe in notes) |  |  |
|  |  | * Classroom – lead teacher * Classroom – support teacher * IEP Meeting * Other (describe in notes) |  |  |
|  |  | * Classroom – lead teacher * Classroom – support teacher * IEP Meeting * Other (describe in notes) |  |  |
|  |  | * Classroom – lead teacher * Classroom – support teacher * IEP Meeting * Other (describe in notes) |  |  |
|  |  | * Classroom – lead teacher * Classroom – support teacher * IEP Meeting * Other (describe in notes) |  |  |
|  |  | * Classroom – lead teacher * Classroom – support teacher * IEP Meeting * Other (describe in notes) |  |  |

In the table below, document the 150-hour setting for the licensure candidate’s supervised field-based experience.

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervising Educator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_