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| **Candidate Assessment of Performance Form** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1: General Information** (to be completed by the Candidate and the Program Supervisor/IC) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Candidate Information** | | | | | | Instructional Consultant Name: | | | | | | | | | | | | | | | | | | | | |
| First Name: |  | | | | | | | | Last Name: | |  | | | | | | | | | | | | | | | |
| Street Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| City/Town: |  | | | | | | | | | | | | | State: | |  | | | | | Zip: | | | | |  |
| MEPID #: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Massachusetts license number(if applicable): | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Program Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sponsoring Organization: | | | | CLASS MEASURES/PRPIL | | | | | | | | | | | | | | | | | | | | | | |
| Program Area/Subject & Grade Level: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Have any components of the approved program been waived? 603 CMR 7.03(1)(b) | | | | | | | | | | | | | | | | | | |  | | --- | |  | | | | | | | |  | | --- | | X | | | |
| Yes | | | | | | No | | |
| **Practicum Information** | | | | | | | | | | |  | | --- | |  | | | Practicum | | | | | | | |  | | --- | | X | | Practicum Equivalent | | | | | | |
| Practicum/Equivalent Course Number: | | | | | | |  | | | | | | | | | | | Credit hours: | | | | |  | | | |
| Practicum/Equivalent Seminar Course Title: | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Practicum/Equivalent Site: | | | | |  | | | | | | | | Grade Level(s) of Students: | | | | | | | | | |  | | | |
| **Supervising Practitioner/Mentor Information *(to be completed by the Program Supervisor/Mentor)*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| School District: | |  | | | | | | | | | | | Position: | | | |  | | | | | | | | | |
| License Field(s): | |  | | | | | | | | | | | | | | | MEPID or License # | | | | |  | | | | |
| # of years experience under license: | | | | | | | |  | | | | | | | |  | | --- | |  | | | | Initial | | | | |  | | --- | |  | | | | Professional | |
| To the best of my knowledge (per the Supervising Practitioner’s Principal/Evaluator), the Supervising Practitioner has received a summative evaluation rating of proficient or higher in his most recent evaluation. | | | | | | | | | | | | | | | |  | | --- | | X | | | | Yes | | | | |  | | --- | |  | | | | No | |

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| Name: |  | Date: |  |

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| **Candidate Assessment of Performance Form** |
| **Section 2: Total Hours and Signatures** |

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| Three-Way Meetings | | |
| 1st Three-Way Meeting  **Date**: | Candidate |  |
| Supervising Practitioner/Mentor |  |
| Program Supervisor/IC |  |
| 2nd Three-Way Meeting  **Date**: | Candidate |  |
| Supervising Practitioner/Mentor |  |
| Program Supervisor/IC |  |
| Final Three-Way Meeting  **Date**: | Candidate |  |
| Supervising Practitioner/Mentor |  |
| Program Supervisor/IC |  |

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| Total Number of Practicum Hours: | | N/A | Number of hours assumed full responsibility in the role: | | N/A |
| Based on the candidate’s performance as measured on the CAP Rubric, we have determined this candidate to be: | | Ready to Teach | |  | | --- | |  | | Not Yet Ready | |  | | --- | |  | |
| Supervising Practitioner/Mentor | Date: | | | | |
| Program Supervisor/IC | Date: | | | | |
| Mediator  (if necessary see: 603 CMR 7.04(4)) | Date: | | | | |