CAP form

Candidate Assessment of Performance Form					
Section 1: General Information (to be completed by the Candidate and the Program Supervisor)					
Candidate Information					
First Name:		Last Name:			
Street Address:					
City/Town:		State:		Zip:	
MEPID #:					
Massachusetts license number (if applicable):					
Program Information					
Sponsoring Organization:					
Program Area & Grade Level:					
Have any components of the approved program been waived? 603 CMR 7.03(1)(b)				Yes No	
Practicum Information		Practicum Practicum Equivalent			
Practicum/Equivalent Course Number:			Credit hours:		
Practicum/Equivalent Seminar Course Title:					
Practicum/Equivalent Site:		Grade Level(s) of Students:			
Supervising Practitioner Information *(to be completed by the Program Supervisor)*					
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.			Yes No		

Name:		Date:	

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

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

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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		Date:
Program Supervisor		Date:
Mediator (if necessary see: 603 CMR 7.04(4))		Date: