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| **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: | Massachusetts | Zip: |  |
| MEPID #: |  |
| Massachusetts license number (if applicable): |  |
| Program Information |
| Sponsoring Organization: | Class Measures |
| Program Area & Grade Level: |  |
| Have any components of the approved program been waived? 603 CMR 7.03(1)(b) |

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| Yes |  No |
| Practicum Information |

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 | Practicum |

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 | Practicum Equivalent  |
| Practicum/Equivalent Course Number: |  N/A | Credit hours: |  |
| Practicum/Equivalent Seminar Course Title: | N/A |
| Practicum/Equivalent Site: | N/A | 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: |  |

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 | Initial |

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 | 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.  |

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 | Yes |

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 | 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 |  |
| 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 |

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 | Not Yet Ready |

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