

## Candidate Assessment of Performance Form

### Section 1: General Information (to be completed by the Candidate and the Program Supervisor)

Candidate Information								Instructional Consultant Name:									
First Name:				TEACHER FIRST NAME				Last Name:				TEACHER LAST NAME					
Street Address:				TEACHER STREET ADDRESS													
City/Town:				TEACHER CITY				State:		TEACHER STATE		Zip:		TEACHER ZIP			
MEPID #:				TEACHER MEPID NUMBER (CAN BE FOUND ON ELAR)													
Massachusetts license number(if applicable):				TEACHER LICENSE NUMBER (CAN BE FOUND ON ELAR OR LICENSE)													
Program Information																	
Sponsoring Organization:				CLASS MEASURES													
Program Area & Grade Level:				SUBJECT AREA AND GRADE LEVEL(S) AS SHOWN ON LICENSE IN SUBJECT AREA CURRENTLY BEING TAUGHT BY CANDIDATE													
Have any components of the approved program been waived? 603 CMR 7.03(1)(b)												<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			
Practicum Information										Practicum		<input checked="" type="checkbox"/>		Practicum Equivalent			
Practicum/Equivalent Course Number:				PRPIL				Credit hours:		N/A							
Practicum/Equivalent Seminar Course Title:				N/A													
Practicum/Equivalent Site:				NAME OF TEACHER'S SCHOOL				Grade Level(s) of Students:				GRADES TAUGHT BY TEACHER					
Supervising Practitioner (MENTOR) Information (to be completed by the Program Supervisor) (INSTR.CON.S.)																	
Name:				MENTOR'S NAME													
School District:				MENTOR'S SCHOOL DISTRICT				Position:		MENTOR'S TITLE							
License Field(s):				MENTOR'S LICENSED SUBJECT AREA(S)						MEPID or License #		MENTOR'S MEPID OR LICENSE NUMBER					
# of years experience under license:				# OF YEARS SINCE OBTAINING LICENSE IN LISTED SUBJECT AREA				Initial CHECK APPROPRIATE		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.												<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			

Name:	TEACHER NAME	Date:	DATE
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<b>Candidate Assessment of Performance Form</b>
<b>Section 2: Total Hours and Signatures</b>

Three-Way Meetings		
1 <sup>st</sup> Three-Way Meeting  <b>Date: ENTER DATE</b>	Candidate	TEACHER'S SIGNATURE
	Supervising Practitioner	MENTOR'S SIGNATURE
	Program Supervisor	INSTRUCTIONAL CONSULTANT'S SIGNATURE
2 <sup>nd</sup> Three-Way Meeting  <b>Date: ENTER DATE</b>	Candidate	TEACHER'S SIGNATURE
	Supervising Practitioner	MENTOR'S SIGNATURE
	Program Supervisor	INSTRUCTIONAL CONSULTANT'S SIGNATURE
Final Three-Way Meeting  <b>Date: ENTER DATE</b>	Candidate	TEACHER'S SIGNATURE
	Supervising Practitioner	MENTOR'S SIGNATURE
	Program Supervisor	INSTRUCTIONAL CONSULTANT'S SIGNATURE

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	<input checked="" type="checkbox"/>	Not Yet Ready	<input type="checkbox"/>
	Supervising Practitioner	MENTOR'S SIGNATURE		Date:
Program Supervisor	INSTRUCTIONAL CONSULTANT'S SIGNATURE		Date:	
Mediator  (if necessary see: 603 CMR 7.04(4))	N/A UNLESS A MEDIATOR IS USED		Date:	