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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: | |  | | | | | 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 # | | | | | |  | | | | | | | | | | | Credit hours: | | | | |  | | | |
| Practicum/Equivalent Seminar Course Title: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Practicum/Equivalent Site: | | | | |  | | | | | | | Grade Level(s) of Students: | | | | | | | | | |  | | | |
| Supervising Practitioner Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| School District: | |  | | | | | | | | | | Position: | | | |  | | | | | | | | | |
| License Field(s): | |  | | | | | | | | | | | | | | MEPID | | | | |  | | | | |
| # 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 | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2: Total Hours and Signatures Date:** | | | | | | | | |
| **Name:** |  | | | **Date:** | |  | | |
| 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 |  | | | | | |
| **Enter** Total Number of Practicum Hours: (400 Hours minimum) | |  | **Enter** Total number of hours assumed full responsibility in the role: (100 hours minimum) | | | |  | |
| 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 Signature** | |  | | **Date:** |  | | | |
| **Program Supervisor Signature** | |  | | **Date:** |  | | | |
| Mediator  (if necessary see: 603 CMR 7.04(4)) | |  | | **Date:** |  | | | |