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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) |

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Yes |

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No |
| Practicum Information |

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Practicum |

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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: |   |

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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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| **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

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 | Not Yet Ready

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