



The Commonwealth of Massachusetts Department of Elementary and Secondary Education

350 Main Street, Malden, Massachusetts 02148-5023

Telephone: (781) 338-3000
TTY: N.E.T. Relay 1-800-439-2370

Massachusetts Department of Elementary and Secondary Education ABE Teacher's License Panel Review

To: Interested Parties
FROM: Mary Jayne Fay, ABE Licensure Coordinator
DATE: March 2008
RE: ABE Review Panel for Licensure

The Office of Educator Licensure is seeking nominees to participate in Adult Basic Education Review Panels for the new ABE Teacher's License. The ABE Review Panel for Licensure is an advisory group trained and empanelled by the Department to evaluate performance portfolios and demonstrations of teaching for the ABE Teacher's License. ABE review panels make recommendations to the Department as to whether candidates should be licensed based on candidates' meeting criteria set forth in guidelines provided by the Department.

ABE Review Panel members must minimally meet one of the following sets of criteria in order to be eligible for participating in the panel review:

- (a) Five years of ABE teaching experience, or
- (b) Hold an ABE Teacher's License at the professional level; or
- (c) Three years of ABE teaching experience and two years of ABE supervisory experience.

Additionally, interested parties must complete the attached *Nomination Form*, which includes being nominated by their current supervisor and at least two ABE teachers (excluding the supervisor).

Panelists accepted by the Department for participation will be asked to commit to participate in a contiguous three-day training on the assessment of performance portfolios and the evaluation of teaching demonstrations. Participants will receive a nominal stipend for successfully completing the training, which is also intended to cover travel expenses.

Panelists are also asked to commit to a minimum of six review panel meetings. When members participate in a panel review, just as with the preK-12 review panels they will not receive a stipend for participating. Upon successful completion of the training and six ABE panel reviews, panelists will be eligible for Professional Development Points (PDPs). Given the importance and confidential nature of the work that will be undertaken by panelists, they will be asked to sign a *Participation Agreement Form* in which they sign confidentiality, conflict of interest, and non-discrimination statements.

For more information, please contact Mary Jayne Fay, ABE Licensure Coordinator at 781-338-3854 or LicenseABE@doe.mass.edu.



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ABE Teacher's License Panel Review NOMINATION FORM

This form should be completed only by Massachusetts ABE teachers or by Massachusetts higher education faculty teaching undergraduate or graduate courses ordinarily taken by students who become candidates for teacher licensure. All information being requested will be used to ensure that review panels are representative of the Massachusetts ABE teaching force.

Please return this completed form and resume or vitae to:

Mary Jayne Fay, ABE Licensure Coordinator
Massachusetts Department of Elementary & Secondary Education
350 Main Street
Malden, MA 02148-5023

Please print the requested information or check the appropriate response.

1. Name: _____ Title _____

2. ABE program: _____

3. Program/Institution address: _____

4. Home address: _____

5. Daytime phone: _____ Ext. _____ 6. Evening phone: _____

7. FAX: _____ 8. Email address: _____

9. Preferred address for correspondence: Home _____ Work _____ Email _____

10. Level of education (highest degree attained): Bachelor's _____ Master's _____ Doctoral _____

11. Years of ABE teaching experience: 0-4__ 5-7__ 8-10__ 11 or more__

12. Professional organization(s) of which you are a current member (list up to three):

a) _____ b) _____ c) _____

13. Ethnicity (Optional. All information being requested will be used to ensure that committees are representative of the Massachusetts ABE teaching force):

____ American Indian or Alaskan Native ____ Black
____ Asian or Pacific Islander ____ Hispanic origin ____ Not of Hispanic Origin
____ White ____ Other _____

14. Gender (Optional) Female _____ Male _____

15. Employment supervisor name/title: _____

16. Employment supervisor address: _____

17. County of primary residence:

Barnstable__ Berkshire__ Dukes__ Essex__ Franklin__ Hamden__ Hampshire__
Middlesex__ Norfolk__ Plymouth__ Suffolk__ Worcester__

Other, please specify_____

18. Are you licensed to teach in Massachusetts? Yes__ No__

List all current Massachusetts teaching licenses:

19. This form was provided to me by:_____

To Be Completed by ABE Practitioners

20. Are you are currently working within an ABE program?

Yes__ No__ If no, what is the most recent year you were affiliated with an ABE program?_____

If currently working in an ABE program, current position:

Teacher:____ Administrator:____ Counselor:____ Other:_____ (title)

Setting of current position: CBO__ SDA__ CHOC/DOC__ Workplace__ Community College__

If you are currently teaching in an ABE program, in what area of ABE are you working? (Please check all that apply.)

Basic literacy__ pre-GED__ GED__ ESOL__ Native Language Literacy__ Family Literacy__

To Be Completed by College/University Educators

21. Are you currently a faculty member at a Massachusetts college/university?

Yes__ No__ Title:_____

Current Position: Teacher Preparation__ Other academic departments__ Other__

Primary academic departmental affiliation:_____

Most recent level taught: undergraduate_____ and/or graduate_____

I certify that the above information is accurate to the best of my knowledge. If I am chosen to participate in the ABE Panel Review, I understand that all materials are the property of the Department and shall remain confidential. I agree that I will not discriminate on the basis of age, color, disability, national origin, race, religion, sex, or sexual orientation, and that I will disclose any potential conflicts of interest. I also agree to participate in the ABE review panel training and to serve on a minimum of six review panels over the course of the next year.

Applicant's Signature:_____ Date:_____

To Be Completed by Employment Supervisor

Please complete the following question:

What characteristics will this applicant bring to this review process that sets her/him apart from other potential candidates?

I support the nomination of _____ to serve on an ABE Review Panel for Licensure described by this form and accompanying memo.

Name: _____ Title: _____

Signature: _____ Date: _____

To Be Completed by Peer ABE Teacher

Please complete the following question:

What characteristics will this applicant bring to this review process that sets her/him apart from other potential candidates?

I support the nomination of _____ to serve on an ABE Review Panel for Licensure described by this form and accompanying memo.

Name: _____ Title: _____

Signature: _____ Date: _____

To Be Completed by Peer ABE Teacher

Please complete the following question:

What characteristics will this applicant bring to this review process that sets her/him apart from other potential candidates?

I support the nomination of _____ to serve on an ABE Review Panel for Licensure described by this form and accompanying memo.

Name: _____ Title: _____

Signature: _____ Date: _____

ABE Panel Review for Licensure Participation Agreement Form

I hereby agree to participate as a member of the ABE Panel Review for Licensure. I understand that I will need to complete a panel review training successfully before I am eligible to participate. Additionally I agree to commit to a minimum of six week-day panel reviews. I also understand that I will be evaluating ABE licensure candidates' performance portfolios and making recommendations to the Department as to whether or not candidates should be licensed, and that the Department makes the final determination.

Initials

Additionally, I agree to the following statements:

Statement of Confidentiality

I understand that any materials submitted by or interviews conducted with ABE licensure candidates are strictly confidential. I will not discuss the content of any materials or interviews with any parties who are not affiliated with the Review Panel or with the Office of Educator Licensure.

Initials

Conflict of Interest Statement

In order to preserve the integrity of the Panel Review process, if I personally know a candidate, I shall inform the ABE Review Panel Coordinator and, if necessary, excuse myself from that review. Further, in instances where there may be a conflict of interest in reviewing a candidate, for whatever reason, I agree to inform the Review Panel Coordinator and excuse myself from that review.

I understand that if I do participate in the review of an acquaintance's portfolio and demonstration of teaching that this constitutes a conflict of interest and I will be asked to remove myself from current and future Review Panels.

Initials

Non-Discrimination Statement

I will not discriminate on the basis of age, color, disability, national origin, race, religion, sex, or sexual orientation, and I will disclose any potential conflicts of interest to the ABE Review Panel Coordinator.

Initials

By signing below, I hereby agree to the above.

Name: _____

Title: _____

Signature: _____

Date: _____

Contact Information:

Daytime Telephone: _____ Evening Telephone: _____

Email: _____