

Modified Appendix A: Candidate Assessment of Performance (CAP) Form for Specialist Teacher Candidates

The following appendix includes two sections to be completed for specialist teacher candidates*:

- Section 1: General information should be completed by the teacher candidate and the Program Supervisor
- Section 2: Summary and Signatures will need to be completed by the Supervising Practitioner, the Program Supervisor, and the teacher candidate.

All sections of the form must be retained on file at the Sponsoring Organization.

* For specialist teacher candidates, in regulations ([603 CMR 7.07](#)), which include Reading Specialists, Academically Advanced, and Speech, Language, and Hearing Disorders; programs are responsible for designing and implementing their own performance assessment that measures a candidate's ability to demonstrate Subject Matter Knowledge (SMKs) and/or Professional Standards for Teachers (PSTs) as applicable to the license.

Candidate Assessment of Performance (CAP) Form for Specialist Teacher Candidates

Section 1: General Information (to be completed by the Candidate)

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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Practicum Information	<input type="checkbox"/>	Practicum	<input type="checkbox"/>	Practicum Equivalent
Practicum/Equivalent Course Number:			Credit hours:	
Practicum/Equivalent Seminar Course Title:				
Practicum/Equivalent Site:			Grade Level(s) of Students:	
Total Number of Practicum Hours:			Number of hours assumed full responsibility in the role:	

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:			<input type="checkbox"/> Initial <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No

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Section 2: Summary and Signatures

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	

Based on the candidate's performance, we have determined this candidate to be:	Ready to Teach	<input type="checkbox"/>	Not Yet Ready	<input type="checkbox"/>
Supervising Practitioner	Date:			
Program Supervisor	Date:			
Mediator (if necessary see: 603 CMR 7.04(4))	Date:			