|  |
| --- |
| **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) |

|  |
| --- |

 |

|  |
| --- |

 |
| Practicum Information |

|  |
| --- |

 | Practicum |

|  |
| --- |

 | Practicum Equivalent  |
| Practicum/Equivalent Course Number: |  | Credit hours: |  |
| Practicum/Equivalent Seminar Course Title: |  |
| Practicum/Equivalent Site: |  | Grade Level(s) of Students: |  |
| 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: |  |

|  |
| --- |

 | 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  |

| Name: |  | Date: |  |
| --- | --- | --- | --- |

|  |
| --- |
| **Candidate Assessment of Performance Form**  |
| **Section 2: Total Hours 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 |  |

|  |
| --- |
|  **3rd Three Way Meeting** | Date: \_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Candidate |  |
| Supervising Practitioner |  |
| Program Supervisor |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total Number of Practicum Hours: |  | Number of hours assumed full responsibility in the role: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  Date:  |
| Program Supervisor |  Date: |
|  Mediator (if necessary see: 603 CMR 7.04(4)) |  Date: |