

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)	<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:

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

Name:		Date:	
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Section 2: Total Hours and Signatures

Three-Way Meetings		
1 st Three-Way Meeting Date:	Candidate	
	Supervising Practitioner	
	Program Supervisor	
2 nd Three-Way Meeting Date:	Candidate	
	Supervising Practitioner	
	Program Supervisor	
Final 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	<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:			