***Massachusetts Department of***

***Elementary and Secondary Education***

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**Professional Support Personnel Practicum/Practicum Equivalent Form**

**See 603 CMR 7.11**

**Part 1 – To be completed by the candidate** [ ] Practicum [ ] Practicum Equivalent

|  |  |
| --- | --- |
| First Name:        | Last Name:       |
| Street Address:       |
| City/Town:        | State:    | Zip:       |
| Sponsoring Organization:       |
| MEPID:       or License #:        |
| Program & Level:        |
| Practicum/Equivalent Course Number:        | Credit hours:     |
| Practicum Course Title:       |
| Practicum/Equivalent Site:        | Grade Level(s) of Students:        |
| Total Number of Practicum Hours:      | Number of hours assumed full responsibility in the role:      |
| Other Massachusetts licenses held, if any:       |
| Have any components of the approved program been waived? 603 CMR 7.03(1)(b) [ ]  Yes [ ]  No |
|  |
| **Part 2- To be completed by the Program Supervisor** |
| Name:       |
| The Candidate completed a Practicum / Practicum Equivalent designed by the Sponsoring Organization as partial preparation for the following license:Candidate’s License Field:       Grade Level:       |
| 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/her most recent evaluation. [ ]  Yes [ ]  No |
|  |
| **Part 3- To be completed by the Supervising Practitioner** |
| Name:       | Position:       |
| School District:       |
| License: [ ] Initial [ ]  Professional  | # of years of experience under license:        |
| MEPID:       or License #:       | License Field(s):       |
|  |
| **Part 4 – Initial 1, 2, 3** |
| 1. Initial meeting held at which the procedures for evaluation were explained to the candidate. |
| Date:       | Candidate:       | Program Supervisor:       | Supervising Practitioner:       |
| 2. Meeting held midway through the practicum at which the Candidate’s progress was discussed. |
| Date:       | Candidate:       | Program Supervisor:       | Supervising Practitioner:       |
| 3. Final meeting held to complete evaluation and to allow the Candidate the opportunity to raise questions and make comments. |
| Date:       | Candidate:       | Program Supervisor:       | Supervising Practitioner:       |
|  |  |  |  |
| **Part 5** |
| Candidate has successfully completed the Practicum/Practicum Equivalent [ ] Yes [ ]  No |
| Program Supervisor: | Date |
| Supervising Practitioner: | Date |
| Mediator (if necessary see: 603 CMR 7.04(4) | Date |