### Massachusetts Department of Elementary and Secondary Education

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

See 603 CMR 7.11

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**Part 1 – To be completed by the candidate**

- 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

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**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

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**Part 3 - To be completed by the Supervising Practitioner**

- Name: __________________________
- School District: ______________________
- License:  
  - Initial  
  - Professional  
  - # of years of experience under license: _______
- MEPID: ____________________________  or License #: ________________________
- License Field(s): ______________________

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**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: ______________________

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**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: ________________