



The Commonwealth of Massachusetts Department of Education

350 Main Street, Malden, Massachusetts 02148-5023

Telephone: (781) 338-3000

Administrator Practicum or Practicum Equivalent Form Professional Standards for Administrators: See 603 CMR 7.10.

Part I – To be completed by the applicant.

Practicum: _____ Practicum Equivalent: _____

1. Legal Name: (print) _____ 2. SSN: _____

3. Address: _____

4. Sponsoring Organization: _____ Program & Level: _____

5. Practicum/Equivalent Course Number (if applicable): _____ Credit Hours: _____

Course Title: _____

6. Practicum/Equivalent Site: _____ 7: Grade Levels of Students: _____

8. Number of Clock Hours of Practicum/Practicum Equivalent: _____

9. Other Massachusetts licenses held if any: _____

10. Have any components of the approved program been waived (see Regulations 7.03(1)(b)): Yes _____ No _____

Part II – To be completed by the Program Supervisor

Name: (print) _____ Position/Title _____

The Applicant completed a practicum/equivalent designed by the sponsoring organization as partial preparation for the following license:

License Field: _____ Grade Level: _____

Part III – To be completed by the Supervising Practitioner

Name: (print) _____ Position: _____

School System: _____ License: Initial (# yrs. experience): _____ or Professional: _____

Massachusetts License #: _____ Field(s): _____

Part IV – Initial 1, 2, and 3.

1. Initial meeting held at which the Professional Standards and the procedures for evaluation were explained to the Applicant.

Date: _____ Applicant: _____ Program Supervisor: _____ Supervising Practitioner: _____

2. Meeting held midway through the practicum at which the Applicant’s progress toward the Professional Standards was discussed.

Date: _____ Applicant: _____ Program Supervisor: _____ Supervising Practitioner: _____

3. Final meeting held to complete evaluation and to allow Applicant an opportunity to raise questions and make comments.

Date: _____ Applicant: _____ Program Supervisor: _____ Supervising Practitioner: _____

Part V

Candidate has successfully completed the Preservice Performance Assessment Requirements (Sections: 7.03(2)(a)(4) & 7.09):

Yes: _____ No: _____

Program Supervisor (sign): _____ Date: _____

Supervising Practitioner (sign): _____ Date: _____

Mediator (if necessary: see Regulations 7.04(4))(sign): _____ Date: _____