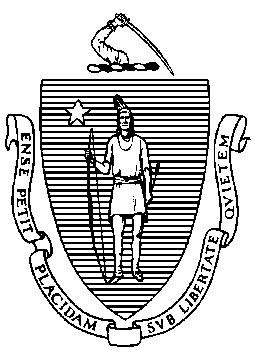
***Massachusetts Department of***

***Elementary and Secondary Education***

75 Pleasant Street, Malden, Massachusetts 02148-4906 Telephone: (781) 338-3000

TTY: N.E.T. Relay 1-800-439-2370

**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 | | | |