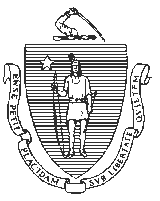
# Massachusetts Department of Elementary and Secondary Education



*75 Pleasant Street, Malden, Massachusetts 02148-4906 Telephone: (781) 338-3806 TTY: N.E.T. Relay 1-800-439-2370*

## VI. Guidelines for ABE Review Panelists

### Regulations

In accordance with 603 CMR 47.00: Licensure of Adult Basic Education Teachers and Preparation Program Approval, review panel members will be recruited and trained by the Department to evaluate performance portfolios and teaching demonstrations for candidates for the professional ABE license.

### Eligibility

***Criteria for Participation:***

* 1. Submission of a completed nomination form to the Department (see Attachment A).
  2. Nomination by a current or previous supervisor and by at least two ABE teachers.
  3. Possession of one of the following qualifications:
     1. Five years, or a minimum of 2400 instructional hours, of ABE teaching experience; or
     2. ABE Teacher’s License at the professional level; or
     3. Three years of ABE teaching experience and two years of ABE supervisory experience; or
     4. Three years of teacher supervisory experience within a teacher preparation program and, beginning 2006, a minimum of three years of teacher preparation supervisory experience and two years of ABE teaching experience.
  4. Representative of the range of ABE contexts and the geographic diversity within the Commonwealth.

### Compensation

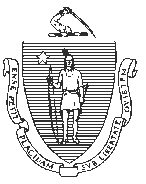
* 1. Reimbursement for travel and parking expenses.
  2. Possible stipend for the review panel training.
  3. Eligibility for professional development points (PDPs) upon completion of the Review Panel training and six panel reviews over a one-year period.

### Participation Agreement

Panel review members will sign a statement of participation that outlines their duties and responsibilities (see Attachment B).

* 1. *Confidentiality*: Panel review members will sign a statement of confidentiality in which they agree to ensure the privacy of the candidates and any learners referred to in the portfolios.
  2. *Conflict of Interest*: Panel review members will sign a conflict of interest statement in which they agree not to participate in the review of portfolios by any candidate whom they know personally. Members are asked to bring any potential conflict of interest to the attention of the Department’s Review Panel Coordinator.
  3. *Non-Discrimination Statement*: Panel review members will sign a non-discrimination statement in which they agree not to discriminate against candidates on the basis of age, color, disability, national origin, race, religion, sex, or sexual orientation.

## Attachment A



Massachusetts Department of Elementary and Secondary Education

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## ABE Teacher’s License Review Panel NOMINATION FORM

This form should be completed only by Massachusetts ABE teachers or by Massachusetts higher education faculty teaching undergraduate or graduate courses ordinarily taken by students who become candidates for teacher licensure. All information being requested will be used to ensure that review panels are representative of the Massachusetts ABE teaching force.

Please return this completed form and resume to:

**ABE Licensure Coordinator**

**Massachusetts Department of Elementary and Secondary Education 75 Pleasant Street**

**Malden, MA 02148-5023**

*Please print the requested information or check the appropriate response.*

1. Name:\_ Title
2. ABE program:\_
3. Program/Institution address:
4. Home address:\_
5. Daytime phone: Ext.
6. Evening phone:
7. Email address:
8. FAX:
9. Preferred address for correspondence: Home

Work

Email

1. . Level of education (highest degree attained): Bachelor’s

Master’s

Doctoral

1. Years of ABE teaching experience: 0-4

5-7

8-10

11 or more

1. Professional organization(s) of which you are a current member (list up to three):

a) b) c)

1. . Ethnicity (Optional: used to ensure that committees are representative of the Massachusetts ABE teaching force)

\_American Indian or Alaskan Native \_Asian or Pacific Islander

Black

\_Hispanic origin

Not of Hispanic Origin

White

Other

1. Gender (Optional) Female

Male

1. . Employment supervisor name/title:\_
2. . Employment supervisor address:
3. County of primary residence:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Barnstable | Berkshire | Dukes | Essex | Franklin | Hamden |
| Hampshire | Middlesex | Norfolk | Plymouth\_\_ | Suffolk | Worcester |

Other, please specify

1. Are you certified/licensed to teach in Massachusetts public schools? Yes List all Massachusetts teaching certificates/licenses held:

No

1. This form was provided to me by:\_

**To Be Completed by ABE Practitioners**

1. Are you are currently working within an ABE program?

No

What is the most recent year you were affiliated with an ABE program?

Yes What is your current position? Teacher: Administrator: Counselor: Other:

Setting of current position: CBO

LEA

CHOC

Community College

If you are currently teaching, in what area of ABE are you working? (check all that apply.)

Basic literacy

Pre-GED

GED

ESOL

NLL

Family Literacy

**To Be Completed by College/University Educators**

1. Are you currently a faculty member at a Massachusetts college/university?

No

Yes

Title:\_

Current Position: Teacher Preparation

Other academic departments

Other\_

Primary academic departmental affiliation:

Most recent level taught: undergraduate

and/or graduate

I certify that the above information is accurate to the best of my knowledge. If I am chosen to participate in the ABE Panel Review, I understand that all materials are the property of the Department and shall remain confidential. I agree that I will not discriminate on the basis of age, color, disability, national origin, race, religion, sex, or sexual orientation, and that I will disclose any potential conflicts of interest. I also agree to participate in the ABE review panel training and to serve on a minimum of six review panels over the course of the next year.

Applicant’s Signature: Date:

## Review Panelist Nomination Form

**To Be Completed by Employment Supervisor**

Please respond to the following question:

*What characteristics will this applicant bring to this review process that sets her/him apart from other potential candidates?*

I support the nomination of to serve on an ABE Review Panel for Licensure described by this form and accompanying memo.

Name:\_

Title:\_

Signature: \_Date:\_

## Review Panelist Nomination Form

**To Be Completed by Peer ABE Teacher**

Please respond to the following question:

*What characteristics will this applicant bring to this review process that sets her/him apart from other potential candidates?*

I support the nomination of to serve on an ABE Review Panel for Licensure described by this form and accompanying memo.

Name:\_ \_Title:\_

Signature: \_Date:

## Review Panelist Nomination Form

**To Be Completed by Peer ABE Teacher**

Please respond to the following question:

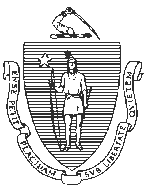
*What characteristics will this applicant bring to this review process that sets her/him apart from other potential candidates?*

I support the nomination of to serve on an ABE Review Panel for Licensure described by this form and accompanying memo.

Name:\_ \_Title:\_

Signature: \_Date:

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## Attachment B

**ABE Review Panel Participation Agreement Form**

I hereby agree to participate as a member of the ABE Panel Review for Licensure. I understand that I will need to complete a panel review training successfully before I am eligible to participate. Additionally I agree to commit to one year of service and to participate in a minimum of six week-day panel reviews over the next year. I also understand that I will be evaluating ABE licensure candidates’ performance portfolios and making recommendations to the Department as to whether or not candidates should be licensed, and that the Department makes the final determination.

Initials

### Additionally, I agree to the following statements:

1. **Statement of Confidentiality**

I understand that G.L. c. 66A, the Fair Information Practices Act, protects the privacy of any materials submitted by ABE licensure candidates and that any interviews of or discussions regarding such candidates are strictly confidential. I will not discuss the content of any materials or interviews with any parties who are not affiliated with the Review Panel or with the Office of Educator Certification and Licensure.

Initials

## Conflict of Interest Statement

In order to preserve the integrity of the Panel Review process, if I personally know a candidate, I shall inform the ABE Review Panel Coordinator and excuse myself from that review. Further, in instances where there may be a conflict of interest in reviewing a candidate, for whatever reason, I agree to inform the Review Panel Coordinator and excuse myself from that review.

I understand that if I do participate in the review of an acquaintance’s portfolio and demonstration of teaching that this constitutes a conflict of interest and I will be asked to remove myself from current and future Review Panels.

Initials

## Non-Discrimination Statement

I will not discriminate on the basis of age, color, disability, national origin, race, religion, sex, or sexual orientation, and I will disclose any potential conflicts of interest to the ABE Review Panel Coordinator.

Initials

By signing below, I hereby agree to all of the statements described above.

Name:

Title:

Signature:

Date:

### Contact Information

Daytime Telephone:

Evening Telephone:

Email: