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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Candidate Assessment of Performance Signature Pages** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Information *(to be completed by the Candidate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: |  | | | | | | | | Last Name: | |  | | | | | | | | | | | | | | | | |
| Street Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| City/Town: |  | | | | | | | | | | | | | State: | |  | | | | | Zip: | | | | |  | |
| MEPID #: | | | | BU ID# | | | | | | | | | | | | | | | | | | | | | | | |
| Massachusetts license number(if applicable): | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Program Information *(to be completed by the Candidate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sponsoring Organization: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Program Area & Grade Level: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Have any components of the approved program been waived? 603 CMR 7.03(1)(b) | | | | | | | | | | | | | | | | | | |  | | --- | |  | | | | | | | |  | | --- | |  | | | | |
| Yes | | | | | | No | | | |
| Practicum Information *(to be completed by the Candidate)* | | | | | | | | | | |  | | --- | |  | | | Practicum | | | | | | | |  | | --- | |  | | Practicum Equivalent | | | | | | | |
| Practicum/Equivalent Course Number: | | | | | | |  | | | | | | | | | | | Credit hours: | | | | |  | | | | |
| Practicum/Equivalent Seminar Course Title: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Practicum/Equivalent Site: | | | | |  | | | | | | | | Grade Level(s) of Students: | | | | | | | | | |  | | | | |
| Total Number of Practicum Hours: | | | | | |  | | | | | | | Number of hours assumed full responsibility in the role: | | | | | | | | | | | | | |  |
| Supervising Practitioner Information *(to be completed by the Program Supervisor)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| School District: | |  | | | | | | | | | | | Position: | | | |  | | | | | | | | | | |
| License Field(s): | |  | | | | | | | | | | | | | | | MEPID or License # | | | | |  | | | | | |
| # of years experience under license: | | | | | | | |  | | | | | | | |  | | --- | |  | | | | Initial | | | | |  | | --- | |  | | | | Professional | | |
| 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 or her most recent evaluation. | | | | | | | | | | | | | | | |  | | --- | |  | | | | Yes | | | | |  | | --- | |  | | | | No | | |

**

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| Three-Way Meetings | | |
| 1st Three-Way Meeting  **Date**: | Candidate |  |
| Supervising Practitioner |  |
| Program Supervisor |  |
| 2nd Three-Way Meeting  **Date**: | Candidate |  |
| Supervising Practitioner |  |
| Program Supervisor |  |
| Final Three-Way Meeting  **Date**: | Candidate |  |
| Supervising Practitioner |  |
| Program Supervisor |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Summary Ratings** | | | | | | | | | |
| Element | | Quality | | | Consistency | Scope | | Readiness Thresholds Met? | |
| 1.A.4: Well-Structured Lessons | |  | | |  |  | |  | |
| 1.B.2: Adjustment to Practice | |  | | |  |  | |  | |
| 2.A.3: Meeting Diverse Needs | |  | | |  |  | |  | |
| 2.B.1: Safe Learning Environment | |  | | |  |  | |  | |
| 2.D.2: High Expectations | |  | | |  |  | |  | |
| 4.A.1: Reflective Practice | |  | | |  |  | |  | |
|  | | | | | | | | | |
| Based on the candidate’s performance as measured on the CAP Rubric, we have determined this candidate to be: | | | | Ready to Teach | | | |  | | --- | |  | | Not Yet Ready | |  | | --- | |  | |
| Supervising Practitioner | Date: | | | | | | | | |
| Program Supervisor | Date: | | | | | | | | |
| Mediator (if necessary see: 603 CMR 7.04(4)) | | | Date: | | | | | | |

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