***Massachusetts Department of***

***Elementary and Secondary Education***

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

**Pre-service Performance Assessment Form**

**603 CMR 7.08 Professional Standards for Teachers**

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

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Street Address: |
| City/Town: | State: | Zip: |
| Sponsoring Organization: Fitchburg State University |
| MEPID: or License #: |
| Program & Level: MS in Counseling – School Guidance Track / Graduate Level |
| Practicum/Equivalent Course Number: PSY 9085 | Credit hours: 12 |
| Practicum Course Title: Practicum in School Counseling |
| Practicum/Equivalent Site: | Grade Level(s) of Students: \_\_\_ PreK-8 or \_\_\_ 5-12 |
| 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 Professional Standards and 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 toward the Professional Standards 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 Pre-service Performance Assessment 603 CMR 7.03(2)(a)(4) &7.04(2)(4)(b) Yes No |
| Program Supervisor: | Date |
| Supervising Practitioner: | Date |
| Mediator (if necessary see: 603 CMR 7.04(4) | Date |

7/14