



Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

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Pre-service Performance Assessment Form

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) <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 3- To be completed by the Supervising Practitioner

Name:	Position:
School District:	
License: <input type="checkbox"/> Initial <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Program Supervisor:	Date
Supervising Practitioner:	Date
Mediator (if necessary see: 603 CMR 7.04(4))	Date