



The Commonwealth of Massachusetts
Department of Elementary and Secondary Education

350 Main Street, Malden, Massachusetts 02148-5023 Telephone: (781) 338-3000

Preservice Performance Assessment for Practicum or Practicum Equivalent
Professional Standards for Teachers: See 603 CMR 7.08.

Part I - To be completed by the applicant. Practicum: Practicum Equivalent:

1. Legal Name: (print) 2. SSN:

3. Address:

4. Sponsoring Organization: University of Massachusetts Amherst Program & Level:

5. Practicum/Equivalent Course Number: Course Title: Credit Hours:

6. Practicum/Equivalent Site: 7: Grade Levels of Students:

8. Total number of practicum hours: Number of hours assumed full responsibility in the role:

9. Other Massachusetts licenses held if any:

10. Have any components of the approved program been waived (see Regulations 7.03(1)(b)): Yes No

Part II - To be completed by the Program Supervisor

Name: (print) Position/Title

The Applicant completed a practicum/equivalent designed by the Sponsoring organization as partial preparation for the following license:

Applicant's License Field: Grade Level:

Part III - To be completed by the Supervising Practitioner

Name: (print) Position:

School System: License: Initial (# yrs. experience): or Professional:

Massachusetts License #: Field(s):

Part IV - Initial 1, 2, and 3.

1. Initial meeting held at which the Professional Standards and the procedures for evaluation were explained to the Applicant.

Date: Applicant: Program Supervisor: Supervising Practitioner:

2. Meeting held midway through the practicum at which the Applicant's progress toward the Professional Standards was discussed.

Date: Applicant: Program Supervisor: Supervising Practitioner:

3. Final meeting held to complete evaluation and to allow Applicant an opportunity to raise questions and make comments.

Date: Applicant: Program Supervisor: Supervising Practitioner:

Part V

Candidate has successfully completed the Preservice Performance Assessment (Sections: 7.03(2)(a)(4) & 7.04(2)(b)(4)(b)) Yes: No:

Program Supervisor (sign): Date:

Supervising Practitioner (sign): Date:

Mediator (if necessary: see 7.04(4))(sign): Date: