



**Commonwealth of Massachusetts**  
**Department of Elementary and Secondary Education**  
 LICENSING AND RECERTIFICATION OFFICE

**L3b**

**PRACTICUM**     **PRACTICUM EQUIVALENT**

This form is issued pursuant to regulations adopted under M.G.L.c. 71, & 38G, and it, or a form containing the same information, must be completed and filed with the Licensing and Recertification Office by all candidates for licensure.

**PART I - To be completed by the candidate**

1. Name \_\_\_\_\_ 2. Social Security Number \_\_\_\_\_
3. Address \_\_\_\_\_
4. College University of Massachusetts/Amherst Program SCHOOL GUIDANCE COUNSELOR
5. List courses(s), course number (s), and nature of pre-practicum field experience(s)  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Practicum (or Practicum Equivalent) Course# \_\_\_\_\_ Credits \_\_\_\_\_ Semester \_\_\_\_\_  
 Course Title \_\_\_\_\_
7. Practicum Site \_\_\_\_\_ 8. Grade level(s) of Students \_\_\_\_\_
9. Clock hours spent - *Observing* \_\_\_\_\_ *Assisting* \_\_\_\_\_ *Taking full responsibility of role* \_\_\_\_\_
10. Other Massachusetts licenses held, if any \_\_\_\_\_
11. Have any parts of the approved program been waived?  Yes  No

**PART II - To be completed by the Program Supervisor**

1. Name \_\_\_\_\_ Signature \_\_\_\_\_

THE CANDIDATE HAS COMPLETED A PRACTICUM THAT HAS BEEN DESIGNATED BY THE COLLEGE AS PARTIAL PREPARATION FOR THE FOLLOWING LICENSE: \_\_\_\_\_ CODE \_\_\_\_\_

**PART III - To be completed by the Supervising Practitioner**

1. Name \_\_\_\_\_ 2. Position \_\_\_\_\_
3. School System \_\_\_\_\_ 4. Professional Status\*  Yes  No
5. Massachusetts License #\* \_\_\_\_\_ 6. Field(s) \_\_\_\_\_

\* HAS A WAIVER OF EITHER OF THESE TWO REQUIREMENTS BEEN APPROVED BY LICENSING & RECERTIFICATION OFFICE?  Yes  No

**PART IV - To be initialed as indicated**

1. AN INITIAL MEETING WAS HELD AT WHICH THE STANDARDS AND THE PROCEDURES FOR EVALUATION WERE EXPLAINED TO THE CANDIDATE.  
 Date \_\_\_\_\_ Candidate \_\_\_\_\_ Program Supervisor \_\_\_\_\_ Supervising Practitioner \_\_\_\_\_
2. A MEETING WAS HELD MIDWAY THROUGH THE PRACTICUM AT WHICH THE CANDIDATE'S PROGRESS TOWARD MEETING THE STANDARDS WAS DISCUSSED.  
 Date \_\_\_\_\_ Candidate \_\_\_\_\_ Program Supervisor \_\_\_\_\_ Supervising Practitioner \_\_\_\_\_
3. A FINAL MEETING WAS HELD AT WHICH THE EVALUATION OF THE CANDIDATE WAS EXPLAINED AND AT WHICH THE CANDIDATE HAD AMPLE OPPORTUNITY TO RAISE QUESTIONS OR OBJECTIONS.  
 Date \_\_\_\_\_ Candidate \_\_\_\_\_ Program Supervisor \_\_\_\_\_ Supervising Practitioner \_\_\_\_\_

**PART V - To be completed by the Supervising Practitioner and Program Supervisor**

<b>STANDARD I</b>	The candidate is knowledgeable in the field of licensure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>STANDARD II</b>	The candidate communicates clearly, understandably and sensitively	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>STANDARD III</b>	The candidate uses appropriate evaluative procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>STANDARD IV</b>	The candidate demonstrates appropriate professional development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>STANDARD V</b>	The candidate understands the role of education in a democratic society	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Supervising Practitioner (*signature*) \_\_\_\_\_ Date \_\_\_\_\_  
 Program Supervisor (*signature*) \_\_\_\_\_ Date \_\_\_\_\_  
 MEDIATOR (IF NECESSARY; SEE REGULATION 7.02,11) (*signature*) \_\_\_\_\_ Date \_\_\_\_\_

Original must be on file in the Educator Licensure Office, 130 Furcolo Hall