

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



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 Credentialing Services 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 PSYCHOLOGY
5. List nature and length of Practicum/Practicum Equivalent:

- Beginning Date _____ Ending Date _____
6. Course# _____ Credits _____ Semester _____
 Course Title _____
7. Practicum Site _____ 8. Grade level(s) of Students _____
9. Clock hours spent in role _____
10. Licensure (s) currently held _____
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/PRACTICUM EQUIVALENT 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 _____

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

STANDARD I	The candidate demonstrates professional expertise in the field of licensure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
STANDARD II	The candidate demonstrates professional expertise in communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
STANDARD III	The candidate demonstrates use of diagnostic and evaluative procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
STANDARD IV	The candidate demonstrates appropriate professional development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
STANDARD V	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