



100 Tower Park Drive
 Suite A
 Woburn, MA 01801
 781-939-5699

PERFORMANCE REVIEW PROGRAM FOR INITIAL LICENSURE (PRPIL)

APPLICATION

Please complete all information below. All materials should be sent to the address above.

NAME:	
MAILING ADDRESS:	
<i>City, state, zip code</i>	
EMAIL ADDRESS:	
HOME PHONE:	
CELL PHONE:	
PRELIMINARY LICENSE NUMBER:	
SUBJECT AREA:	
GRADE LEVEL:	
SCHOOL DISTRICT:	
PRINCIPAL'S NAME:	
PRINCIPAL'S EMAIL:	
MENTOR'S NAME:	
MENTOR'S EMAIL:	
MENTOR'S SUBJECT AREA:	
DISTRICT LICENSURE CONTACT'S NAME:	
DISTRICT LICENSURE CONTACT'S EMAIL:	

Your application should include the following materials:

- This cover sheet
- \$75 Application Fee (Check or Money Order)
- Your updated resume
- A copy of your Preliminary License
- Signed Disclosure Notice (provided in this packet)
- Signed Mentor's Agreement of Participation Form (provided in this packet)
- A copy of your Mentor's license
- Signed Principal's Agreement of Support/Confirmation of Employment Form (provided in this packet)
- Documentation of 120 hours of coursework and/or professional development in pedagogy, not content (i.e. official transcripts, PDP certificates, etc.)

Subject Matter Guidelines Form (for Music teachers only – see website to download)

How did you hear about PRPIL? _____



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DISCLOSURE NOTICE

I understand that the Performance Review Program for Initial Licensure put forth by **Class Measures** is an alternative portfolio assessment program that was created in response to the *Regulations for Educator Licensure and Preparation Program Approval (603 CMR 7.05)* to provide an alternative route (Route 4) to initial licensure for experienced teachers who do not have access to a district-approved program but do have some coursework/training related to pedagogy of education. **Class Measures** is working on behalf of the Massachusetts Department of Elementary and Secondary Education (DESE – formerly the Department of Education/DOE) in providing this option.

I further understand that colleges and universities provide options or programs as well in which one can obtain their Initial License. I choose, however, to pursue my Initial License via the alternative portfolio assessment route offered by **Class Measures** with the understanding that being accepted into the program is not a guarantee of an Initial License being granted. I must complete a portfolio and three classroom observations relevant to the *Professional Standards for Teachers in (603 CMR 7.08 (2))*.

I give **Class Measures** permission to use or duplicate my portfolio for use in future trainings and as a resource for other teacher candidates. Also, **Class Measures** has permission to discuss my portfolio or any aspects of the program with my mentor and principal.

I will pay the full program cost of \$2,500.00 upon acceptance to the program. I understand that **Class Measures** will not grant a refund for any reason.

I hereby certify that my district, _____ does not have an approved Initial License Program.

Name (Print): _____

Signature: _____ Date: _____

Ethnicity (optional - requested by the Department for statistical purposes): _____

Class Measures does not discriminate on the basis of race, color, religion, sex, national origin, disability, or age.



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PERFORMANCE REVIEW PROGRAM FOR INITIAL LICENSURE (PRPIL)

MENTOR'S AGREEMENT OF PARTICIPATION IN THE PRPIL PROGRAM

I support the application of _____ to enroll in the Performance Review Program for Initial Licensure (PRPIL) provided by **Class Measures** on behalf of the Massachusetts Department of Elementary and Secondary Education (DESE – formerly the Department of Education/DOE). I also confirm that I hold an Initial License and have at least three years of teaching experience. I have received the Mentor Responsibilities sheet and will carry out my responsibilities as outlined therein.

I pledge to provide support and/or guidance as needed while he/she is going through the program. I was informed that I would receive 15 Professional Development Points for my participation.

I am willing to work with the Instructional Consultant assigned by **Class Measures**. If for any reason I disagree with the recommendation of the Instructional Consultant, I agree to have a skilled educator designated by the Program Director at **Class Measures** to be the mediator and will support the decision.

I have attached a copy of my certification to this form: ____ Yes

Mentor's Name (print): _____

Email Address: _____

District: _____

Subject Area: _____

Mentor's Signature: _____ Date: _____

Mentor's initials and signature must be present on all pages of the Preservice Performance Assessment (PPA) Form in order to recommend a teacher candidate for initial licensure.



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PERFORMANCE REVIEW PROGRAM FOR INITIAL LICENSURE (PRPIL)

PRINCIPAL'S AGREEMENT OF SUPPORT/CONFIRMATION OF EMPLOYMENT

I support the application of _____ to enroll in the Performance Review Program for Initial Licensure (PRPIL) provided by **Class Measures** on behalf of the Massachusetts Department of Elementary and Secondary Education (DESE – formerly the Department of Education/DOE).

I pledge to provide support and/or guidance as needed while he/she is going through the program. I understand that part of this is supporting the mentor. The mentor chosen is a teacher of high quality and holds at least an Initial License.

This teacher candidate **has at least two full years of employment** in the role of the Preliminary License and has performed satisfactorily relevant to the *Professional Standards for Teachers in (603 CMR 7.08 (2))* in the Department's regulations.

Principal's Name (print): _____

Principal's Signature: _____ Date: _____