



# CLASS MEASURES

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## PERFORMANCE REVIEW PROGRAM FOR INITIAL LICENSURE (PRPIL)

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### MENTOR'S AGREEMENT OF PARTICIPATION IN THE PRPIL PROGRAM

I (mentor's name) \_\_\_\_\_ support the application of  
(applicant's name) \_\_\_\_\_ 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).

I also confirm that I hold an Initial or Professional license, I have at least three years of teaching experience,  
and I received a rating of Proficient or higher on my most recent Educator Evaluation.

I pledge to provide support and/guidance as needed while he/she is going through the program. I was  
informed that I would receive 20 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.

\_\_\_\_\_ (initials) I have provided the applicant with a copy of my teaching license to include in the application.

\_\_\_\_\_ (initials) I have received the Mentor Responsibilities from the applicant and will carry out my  
responsibilities as outlined therein.

### MENTOR'S SIGNATURE

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Mentor's Name (print): \_\_\_\_\_

Mentor's Email Address: \_\_\_\_\_

District: \_\_\_\_\_

Subject Area: \_\_\_\_\_ MEPID Number: \_\_\_\_\_

Date: \_\_\_\_\_  
(MM/DD/YYYY)

Signature: \_\_\_\_\_

*Please upload completed form under 'Documents' section on application portal at  
<https://prpil.classmeasures.com/>*

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

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