



CLASS MEASURES

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).

I pledge to provide support and/or guidance as needed while the applicant is going through the program. I understand that part of this is supporting the mentor. The mentor chosen, (insert mentor's name here):

is a teacher of high quality, holds an Initial or Professional license, and received a rating of Proficient or higher on his/her most recent Educator Evaluation.

This applicant **has three years of employment** using a Provisional license and has performed satisfactorily relevant to the Professional Standards for Teachers (603 CMR 7.08 (2)) in the Department's regulations.

PRINCIPAL'S SIGNATURE

Principal's Name (print): _____

School Name: _____

Principal's Email Address: _____

Date: _____ Signature: _____
(MM/DD/YYYY)

*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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