

Educator Preparation Office

Waiver Form for Supervising Practitioners

The Commonwealth of Massachusetts DESE allows some flexibility in terms of the requirements for a Supervising Practitioner.

All waivers are reviewed by Assistant Dean of Educator Preparation, and the Educator Licensure Officer.

**PLEASE NOTE POLICY of THE COMMONWEALTH OF MASSACHUSETTS
DESE/DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION
350 Main Street, Malden, Massachusetts 02148-5032 Telephone: (781) 338-3000**

603 CMR 7.00 Supervising Practitioner: The educator who has at least three full years of experience under an appropriate Initial or Professional license and has received an evaluation rating of proficient or higher, under whose immediate supervision the candidate for licensure practices during a practicum. For the educator of record, a comparable qualified educator will function as the supervising practitioner during the practicum equivalent.

This form is designed to document a waiver for licensure and/or appropriate experience. The summative evaluation rating of proficient or higher for a supervising practitioner cannot be waived according to the Regulations for Educator Licensure and Preparation Program Approval (603 CMR 7.00, Section 7.08). This document, upon approval, will be included in the candidate's licensure file. This information will be reviewed during the State/NCATE program approval evaluation.

Waiver Form for Supervising Practitioners

Section I: Program Coordinator please complete

Program Coordinator Name _____

Program Coordinator email _____

Licensure Program _____

Candidate Name _____

Candidate email _____

Practicum/Internship Site _____

Practicum/Internship Address _____

Supervising Practitioner Name (that they used in the ELAR profile)

Supervising Practitioner Email _____

Administrator/Principal/Headmaster Name _____

Administrator/Principal/Headmaster Email _____

Sponsoring Organization Office Name Educator Preparation Office

Sponsoring Organization Office Email edprep-office@umass.edu

IF APPLYING FOR SUPERVISING PRACTITIONER WAIVER (check all boxes below that apply)

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As the Program Coordinator, my initial here confirms agreement to the requirements above _____

Supervising Practitioner serves in a private institution.

Supervising Practitioner holds license from a state other than Massachusetts. Please explain:

Supervising practitioner is currently seeking Massachusetts Licensure.

Please explain:

• License sought _____

• MEPID # _____

Supervising practitioner has not been teaching for at least three years under the appropriate license. Please explain:

The supervising practitioner's teaching license differs from that of which the candidate is seeking in the following area:

- Subject area
- Grade level
- other (explain) _____

Additional information about the rationale for this placement is explained here:

Section II: Supervising Practitioner

Supervising Practitioner Name (same as the ELAR profile) _____

LICENSE INFORMATION

Massachusetts teachers provide MEPID # _____

Only for teachers/educators in states outside Massachusetts - Provide License # _____

LICENSURE FIELDS (SUBJECT AREA and GRADE LEVELS)

Teachers/educators please list current field and grade level _____

SCHOOL OR SITE INFORMATION

District Name: _____

State: _____

Section III: School Administrator (principal/headmaster)

School Administrator type name _____

I hereby confirm that this supervising practitioner has at least three full years of experience under an appropriate Initial or Professional license and has received an evaluation rating of proficient or higher, under whose immediate supervision the candidate for licensure practices during a practicum. For the educator of record, a comparable qualified educator will function as the supervising practitioner during the practicum equivalent.

School Administrator electronic signature _____

Date _____

Section IV: Candidate in Practicum/Internship

Signature _____ MEPID # _____

License Sought _____ Level _____

Section V. Licensure Officer:

This request is approved.

This request is not approved.

Sponsoring Organization Office ^{ED Prep office} _____

Licensure Officer Signature _____ Date _____

This form was included in candidate file on: _____(date)