



Reading Pre-Practicum Log (25 hours required; copy form if necessary)

Student Name: _____

| Date | Site | Gr. | # Hrs | Supervisor Signature Position/Title | Which aspect(s) of language and literacy were addressed in this lesson? | Which IHP course(s) content was relevant to the lesson observed? |
|------|------|-----|-------|--|---|--|
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Total Hours: _____



Student Practicum Contract – CD882: School-Based Literacy Practicum

Site: _____ **Student:** _____
On-Site Supervisor(s): _____ **Semester:** _____

STUDENT’S SCHEDULE:

1. Required days and time: _____
2. Total hours per week on site: _____
3. Optional times: _____
4. Estimated hours/week spent in off site preparation: _____
5. Start date: _____
6. Completion date: _____
7. Confirmed days off: _____

STUDENT’S RESPONSIBILITIES:

1. Direct service to students: _____
2. Diagnostic evaluations: _____
3. Teaching in inclusive classrooms: _____
4. Other (group assessments, team conferences, parent conferences, library readings, etc.): _____

SUPERVISOR’S RESPONSIBILITIES:

1. Supervision; assessment, instruction, literacy coaching _____
2. Meetings with student (frequency, purpose, structure): _____
3. Dates of student evaluations: _____
4. Other: _____

READINGS, ASSESSMENTS, AND/OR INSTRUCTIONAL PROGRAMS WITH WHICH STUDENT MUST BE FAMILIAR:

Supervising Practitioner Signature

 Program Supervisor Signature

Student Signature

 Date

Supervisor Observation Form (Adapted from MA DESE CAP Observation Form)

| Candidate Name: | | Date: | | | | | |
|---|--------------------------|--------------------------------|--------------------------|---------------------------------|------------|--------------------------|-------|
| Observation #: ____ | | Type (Announced/Unannounced): | | | | | |
| Observed By: | | | | | | | |
| Focus Elements: | <input type="checkbox"/> | 1.A.4: Well Structured Lessons | <input type="checkbox"/> | 2.B.1 Safe Learning Environment | | | |
| | <input type="checkbox"/> | 1.B.2: Adjustments to Practice | <input type="checkbox"/> | 2.D.2 High Expectations | | | |
| | <input type="checkbox"/> | 2.A.3: Meeting Diverse Needs | <input type="checkbox"/> | 4.A.1 Reflective Practice | | | |
| Reading Specialist Subject Matter Knowledge Indicators | | | | | | | |
| Date of Lesson: | | Time (start/end): | | | | | |
| Content Topic/Lesson Objective: | | | | | | | |
| <input type="checkbox"/> | Whole Group | <input type="checkbox"/> | Small Group | <input type="checkbox"/> | One-on-One | <input type="checkbox"/> | Other |
| <i>Active Evidence Collection occurred during the observation and is synthesized and categorized below.</i> | | | | | | | |
| Element | | Evidence | | | | | |
| 1.A.4 | | | | | | | |
| 1.B.2 | | | | | | | |
| 2.A.3 | | | | | | | |
| 2.B.1 | | | | | | | |
| 2.D.2 | | | | | | | |
| 4.A.1 | | | | | | | |
| Reading Specialist Indicators | | | | | | | |
| Summary | | | | | | | |
| Reinforcement Areas (Strengths) | | | | | | | |
| Refinement Areas (Areas for Growth) | | | | | | | |

MA ESE Candidate Assessment of Performance (CAP) Form

The CAP form is required for eligibility for the Massachusetts Reading Specialist Teacher- Initial License. The following comes directly from the Educator Preparation website of the MA Department of Elementary and Secondary Education and can also be found at: <http://www.doe.mass.edu/edprep/cap/guidelines.html>

Modified Appendix A: Candidate Assessment of Performance (CAP) Form for Specialist Teacher Candidates

The following appendix includes two sections to be completed for specialist teacher candidates*:

- Section 1: General information should be completed by the teacher candidate and the Program Supervisor
- Section 2: Summary and Signatures will need to be completed by the Supervising Practitioner, the Program Supervisor, and the teacher candidate.

All sections of the form must be retained on file at the Sponsoring Organization.

* For specialist teacher candidates, in regulations ([603 CMR 7.07](#)), which include Reading Specialists, Academically Advanced, and Speech, Language, and Hearing Disorders; programs are responsible for designing and implementing their own performance assessment that measures a candidate's ability to demonstrate Subject Matter Knowledge (SMKs) and/or Professional Standards for Teachers (PSTs) as applicable to the license.



Candidate Assessment of Performance (CAP) Form for Specialist Teacher Candidates

Section 1: General Information (to be completed by the Candidate)

Candidate Information

| | | | |
|--|--|------------|------|
| First Name: | | Last Name: | |
| Street Address: | | | |
| City/Town: | | State: | Zip: |
| MEPID #: | | | |
| Massachusetts license number(if applicable): | | | |

Program Information

| | | | |
|---|------------------------------------|--|--|
| Sponsoring Organization: | | | |
| Program Area & Grade Level: | | | |
| Have any components of the approved program been waived? 603 CMR 7.03(1)(b) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Practicum Information | <input type="checkbox"/> Practicum | <input type="checkbox"/> Practicum Equivalent | |
| Practicum/Equivalent Course Number: | | Credit hours: | |
| Practicum/Equivalent Seminar Course Title: | | | |
| Practicum/Equivalent Site: | | Grade Level(s) of Students: | |
| Total Number of Practicum Hours: | | Number of hours assumed full responsibility in the role: | |

Supervising Practitioner Information (to be completed by the Program Supervisor)

| | | | |
|--|------------------------------|----------------------------------|---------------------------------------|
| Name: | | | |
| School District: | | Position: | |
| License Field(s): | | MEPID or License # | |
| # of years experience under license: | | <input type="checkbox"/> Initial | <input type="checkbox"/> Professional |
| To the best of my knowledge (per the Supervising Practitioner's Principal/Evaluator), the Supervising Practitioner has received a summative evaluation rating of proficient or higher in his most recent evaluation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |



Candidate Assessment of Performance (CAP) Form for Specialist Teacher Candidates

Section 2: Summary and Signatures

Three-Way Meetings

| | | |
|---|--------------------------|--|
| 1 st Three-Way Meeting Date: | Candidate | |
| | Supervising Practitioner | |
| | Program Supervisor | |
| 2 nd Three-Way Meeting Date: | Candidate | |
| | Supervising Practitioner | |
| | Program Supervisor | |
| Final Three-Way Meeting Date: | Candidate | |
| | Supervising Practitioner | |
| | Program Supervisor | |

| | | | | |
|--|----------------|--------------------------|---------------|--------------------------|
| Based on the candidate's performance, we have determined this candidate to be: | Ready to Teach | <input type="checkbox"/> | Not Yet Ready | <input type="checkbox"/> |
| Supervising Practitioner | Date: | | | |
| Program Supervisor | Date: | | | |
| Mediator (if necessary see: 603 CMR 7.04(4)) | Date: | | | |

CAP Summative Assessment Rubric

| | | | | | | |
|---|---|--|---|--|--|--|
| Name: | | | | Date: | | |
| I.A.4: Well-Structured Lessons | | | | | | |
| I-A-4. Well-Structured Lessons | Unsatisfactory | Needs Improvement | Proficient | Exemplary | | |
| | Develops lessons with inappropriate student engagement strategies, pacing, sequence, activities, materials, resources, and/or grouping for the intended outcome or for the students in the class. | Develops lessons with only some elements of appropriate student engagement strategies, pacing, sequence, activities, materials, resources, and grouping. | Develops well-structured lessons with challenging, measurable objectives and appropriate student engagement strategies, pacing, sequence, activities, materials, resources, technologies, and grouping. | Develops well-structured and highly engaging lessons with challenging, measurable objectives and appropriate student engagement strategies, pacing, sequence, activities, materials, resources, technologies, and grouping to attend to every student's needs. Is able to model this element. | | |
| | Quality | | * | | | |
| | Scope | | * | | | |
| | Consistency | | * | | | |
| Evidence: | | | | | | |
| I.B.2: Adjustment to Practice | | | | | | |
| I-B-2. Adjustment to Practice | Unsatisfactory | Needs Improvement | Proficient | Exemplary | | |
| | Makes few adjustments to practice based on formal and informal assessments. | May organize and analyze some assessment results but only occasionally adjusts practice or modifies future instruction based on the findings. | Organizes and analyzes results from a variety of assessments to determine progress toward intended outcomes and uses these findings to adjust practice and identify and/or implement appropriate differentiated interventions and enhancements for students. | Organizes and analyzes results from a comprehensive system of assessments to determine progress toward intended outcomes and frequently uses these findings to adjust practice and identify and/or implement appropriate differentiated interventions and enhancements for individuals and groups of students and appropriate modifications of lessons and units. Is able to model this element. | | |
| | Quality | | * | | | |
| | Scope | | * | | | |
| | Consistency | | * | | | |
| Evidence: | | | | | | |

| II.A.3: Meeting Diverse Needs | | | | |
|--|--|---|---|---|
| II-A-3. Meeting Diverse Needs | Unsatisfactory | Needs Improvement | Proficient | Exemplary |
| | | Uses limited and/or inappropriate practices to accommodate differences. | May use some appropriate practices to accommodate differences, but fails to address an adequate range of differences. | Uses appropriate practices, including tiered instruction and scaffolds, to accommodate differences in learning styles, needs, interests, and levels of readiness, including those of students with disabilities and English learners. |
| Quality | | | * | |
| Scope | | * | | |
| Consistency | | * | | |
| Evidence: | | | | |
| II.B.1: Safe Learning Environment | | | | |
| II-B-1. Safe Learning Environment | Unsatisfactory | Needs Improvement | Proficient | Exemplary |
| | Maintains a physical environment that is unsafe or does not support student learning. Uses inappropriate or ineffective rituals, routines, and/or responses to reinforce positive behavior or respond to behaviors that interfere with students' learning. | May create and maintain a safe physical environment but inconsistently maintains rituals, routines, and responses needed to prevent and/or stop behaviors that interfere with all students' learning. | Uses rituals, routines, and appropriate responses that create and maintain a safe physical and intellectual environment where students take academic risks and most behaviors that interfere with learning are prevented. | Uses rituals, routines, and proactive responses that create and maintain a safe physical and intellectual environment where students take academic risks and play an active role—individually and collectively—in preventing behaviors that interfere with learning. Is able to model this element. |
| Quality | | | * | |
| Scope | | * | | |
| Consistency | | * | | |
| Evidence: | | | | |

| II.D.2: High Expectations | | | | |
|--------------------------------|--|--|--|---|
| II-D-2. High Expectations | Unsatisfactory | Needs Improvement | Proficient | Exemplary |
| | | Gives up on some students or communicates that some cannot master challenging material. | May tell students that the subject or assignment is challenging and that they need to work hard but does little to counteract student misconceptions about innate ability. | Effectively models and reinforces ways that students can master challenging material through effective effort, rather than having to depend on innate ability. |
| Quality | | | * | |
| Scope | | * | | |
| Consistency | | * | | |
| Evidence: | | | | |
| IV.A.1: Reflective Practice | | | | |
| IV-A-1. Reflective Practice | Unsatisfactory | Needs Improvement | Proficient | Exemplary |
| | Demonstrates limited reflection on practice and/or use of insights gained to improve practice. | May reflect on the effectiveness of lessons/ units and interactions with students but not with colleagues and/or rarely uses insights to improve practice. | Regularly reflects on the effectiveness of lessons, units, and interactions with students, both individually and with colleagues, and uses insights gained to improve practice and student learning. | Regularly reflects on the effectiveness of lessons, units, and interactions with students, both individually and with colleagues; and uses and shares with colleagues, insights gained to improve practice and student learning. Is able to model this element. |
| Quality | | | * | |
| Scope | | * | | |
| Consistency | | * | | |
| Evidence: | | | | |

Readiness Thresholds indicated with *

When rating the **Dimensions of Readiness**, use the following key:

Quality: ability to perform the skill, action or behavior; **Scope:** the scale of impact (e.g., one student, subset of children, all students) to which the skill, action or behavior is demonstrated with quality; **Consistency:** the frequency (e.g., all the time, sometimes, once) that the skill, action or behavior is demonstrated with quality.

CAP Summative Assessment - Calibration

| Summary of Ratings | | | | |
|----------------------------------|---------|-------|-------------|---------------------------------|
| Element | Quality | Scope | Consistency | Readiness Thresholds Met? (Y/N) |
| 1.A.4: Well-Structured Lessons | | | | |
| 1.B.2: Adjustment to Practice | | | | |
| 2.A.3: Meeting Diverse Needs | | | | |
| 2.B.1: Safe Learning Environment | | | | |
| 2.D.2: High Expectations | | | | |
| 4.A.1: Reflective Practice | | | | |

Reading Specialist Indicators

For use in formative and summative assessment of Candidate

| Reading Specialist Subject Matter- Licensure Specific Questions |
|---|
| 1. Does the candidate use lesson plans referring specifically to the Common Core Standards for English Language Arts and evidenced-based practices arising from scientific research? |
| 2. Does the candidate demonstrate advanced knowledge of the five dimensions of reading: phonemic awareness, phonics, fluency, vocabulary, and comprehension? |
| 3. Does the candidate demonstrate knowledge of a variety of intensive interventions when working with struggling readers? |
| 4. Are the approaches used by the candidate during observations appropriate given the needs of the students? |
| 5. Does the candidate use an intervention specific to the needs of English language learners when addressing these students? |
| 6. Does the candidate use an intervention specific to students identified as in need of special education? |
| 7. Has the candidate selected reading instructional materials that are the most appropriate ones for students with specific reading instructional needs (e.g. decoding multi-syllabic words, summarizing informational text)? |

- | |
|--|
| 8. Does the candidate demonstrate explicit, direct instructional approaches as well as literature-embedded approaches to skills instruction? |
| 9. Does the candidate work on specific reading skills needed by students independently as well as through an integrated approach? |
| 10. Does the candidate link reading assessment data to appropriate curriculum materials and instruction for particular learners? |
| 11. What evidence is there that the candidate can administer a wide range of assessments and use the data to make sound instructional decisions? |

Supervising Practitioner Summary Comments pertaining to performance standards above and growth towards Reading Specialist Indicators (see Reading Specialist Indicator Reference sheet below):

Supervisor Signature: _____

Date: _____



MGH INSTITUTE
OF HEALTH PROFESSIONS
A graduate school founded by Massachusetts General Hospital

School of Health and Rehabilitation Sciences
Department of Communication Sciences and Disorders
Certificate of Advanced Study in Literacy and Language Program
Charlestown Navy Yard, 36 1st Ave., Boston, MA 02129

This confirms that I have received the 2017-2019 Certificate of Advanced Study in Language and Literacy Policies and Procedures Manual. I understand I may contact the Director of the Language and Literacy CAS Program if I have any questions about the manual.

Print your name:

Sign your name:

Today's date:
