**CLASS MEASURES**

PERFORMANCE REVIEW PROGRAM FOR INITIAL LICENSURE (PRPIL)


# MENTOR’S AGREEMENT OF PARTICIPATION IN THE PRPIL PROGRAM

I, support the application of

 Enter your name on the line above.

Enter the Teacher’s on the line above.

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 a Professional license or an Initial license, with at least three years of teaching under my Initial license, 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.

* I have provided the applicant with a copy of my teaching license to include in the application (enter your initials on this line) \_\_\_\_\_\_\_\_
* the Mentor Responsibilities from the applicant and will carry out my responsibilities as outlined therein (enter your initials on this line) \_\_\_\_\_\_\_\_

# MENTOR’S SIGNATURE

Mentor’s Name (print):

Mentor’s Email Address:

District:

Subject Area shown on License: MEPID Number:

 A**MEPID number** is eight digits long and used to log into ELAR.

Date:

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

*(MM/DD/YY) “Hard” or “electronic signature only. Typed Signature not accepted.*

*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.*

[www.classmeasures.com](http://www.classmeasures.com)

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