

**CLASS MEASURES**

PERFORMANCE REVIEW PROGRAM FOR INITIAL LICENSURE (PRPIL)



# PRINCIPAL’S AGREEMENT OF SUPPORT/CONFIRMATION OF EMPLOYMENT

I support the application of,

(Enter Teacher’s name 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 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,

(Enter Mentor’s name on the line above)

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) “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)



Revised April 26, 2023 Page **1** of **1** Protected – Not confidential.