



CLASS MEASURES

PERFORMANCE REVIEW PROGRAM FOR INITIAL LICENSURE (PRPIL)

DISCLOSURE NOTICE

Please read this document thoroughly before signing. All disclosures will be adhered to without exception.

I understand that the Performance Review Program for Initial Licensure (PRPIL) supported by **Class Measures** is an alternative licensure program that was created in response to the Regulations for Educator Licensure and Preparation Program Approval (603 CMR 7.05) to provide an alternative route (Route Two) to Initial licensure for experienced teachers who do not have access to a district-approved program but do have some coursework/training related to the pedagogy of education. **Class Measures** has no role in the design or requirements of the program but works on behalf of the Massachusetts Department of Elementary and Secondary Education (DESE) in providing this option.

I further understand that colleges and universities provide other options or programs through which MA teachers can obtain their Initial license. I choose, however, to pursue my Initial license via the alternative licensure route offered by **Class Measures** with the understanding that being accepted into the program is not a guarantee of an Initial license being granted. I must complete all program requirements in order to be endorsed for an Initial license. I acknowledge that endorsement for the initial license will be given in **the subject stated on my MA provisional license** and it is my responsibility to arrange all teaching observations in this stated subject. If I hold multiple provisional licenses, I know that I can only advance one licensed subject area and grade level through PRPIL. In addition, I understand that as of July 1, 2014, MA DESE requires all core academic teachers to have an SEI Endorsement in order to advance to Initial licensure [603 CMR 7.05(2)(f)].

I confirm that I will pay the full program cost of \$2,400.00. I choose to pay this amount in full or in regular monthly installments (Please check one box). Full payment (or first payment of the payment plan) is due within 30 days of my acceptance to the program. I acknowledge that full payment must be made prior to the review of my final portfolio leading to endorsement. It is my responsibility to make timely payments. In the case of overdue payments in excess of 1 month, I understand that program support will be discontinued, and prolonged payment delays may result in the closure of my PRPIL account. I understand that **Class Measures** will not grant a refund for any reason and will have no obligation to provide endorsement for my license until my account is paid in full. I give **Class Measures** permission to use or duplicate my portfolio for use in future training and as a resource for other teacher candidates. **Class Measures** has permission to discuss my portfolio or any aspects of the program with my mentor and principal.

APPLICANT'S SIGNATURE

Name (print): _____

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

Please upload the completed form under the 'Documents' section on the application portal at <https://prpil.classmeasures.com>

Class Measures does not discriminate based on race, color, religion, sex, national origin, disability, or age
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