

# 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 **Etio** 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 completed three full years as a teacher, is currently holding 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:(MM/DD/YYYY)	Signature:  "Hard" or "Electronic" Signature only. Typed signature not accepted.

Revised May 23, 2024 Page **1** of **1** Protected – Not confidential.

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