



## 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 **Etio** 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 **Etio**. 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 **Etio** 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*) \_\_\_\_\_
- I understand the Mentor Responsibilities and will carry out my responsibilities as outlined by PRPIL Administrators and Instructional Consultant. (*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: \_\_\_\_\_

Date: \_\_\_\_\_  
(MM/DD/YY)

Signature: \_\_\_\_\_  
*"Hard" or "electronic signature only. Typed Signature not accepted.*

*Etio does not discriminate on the basis of race, color, religion, sex, national origin, disability or age.*

[www.etioglobal.org/prpil](http://www.etioglobal.org/prpil)