



Peer Assistance and Coaching Educator Mentee Application

The purpose of the Massachusetts PAC model is to develop high quality early education and out of school time programs which will meet the expectation of state standards as defined by QRIS, Workforce Competencies, and Early Learning Standards. This includes opportunities for maximizing children’s growth and development; advancing educator’s knowledge, skills and abilities; transforming practice and retaining skilled practitioners. Massachusetts conducted a pilot study of a preliminary PAC model during the FY14 fiscal year. The “lessons learned” from this implementation pilot have informed adaptations to the PAC model for FY15.

The focus of the Massachusetts peer assistance and coaching model is to support educators (mentees) who are working directly with children in a center based, family child care, public preschool, and Head Start or Out of School Time programs. The “Mentee” will be assigned a consultant teacher (CT) or coach who works in a similar setting to the mentee. The CT is required to be working in a program and has completed a specialized training program through this grant. S/he will provide guidance and support to the mentee through observation, guidance, and discussion. This triad of support involves the mentee’s designated instructional leader. The instructional leader can be the Director, Program Administrator, Principal, Family Child Care Coordinator, or other designated individual.

1. If you are interested in participating, please verify that you reviewed the PAC Overview and understand the context of the program, the Mentee qualifications, and Mentee responsibilities.
___ Yes, I reviewed and understand the PAC Overview

2. Personal information:

Name:

Address:

Email address:

Contact phone number:

PQ Registry number:

Your preferred language:

3. Work information:

Program name:

Program address:

Email address at work:

Phone number at work:

EEC Program Number:

Early Childhood setting: ___ Center Based ___ FCC ___ Head Start ___ Public Preschool

Age range of the children you serve:

Number of children in your classroom or family child care program: _____

Your work schedule days: _____ hours: _____

How many other adults work in your classroom or family child care program? _____

Please check all that apply as the demographics of the children and families you serve:

- Income level: low income middle income high income
- Language: dual language learners home language is English

Is your current Program participating in QRIS at a level 2 or level 1 and pursuing level 2?
___yes ___no

4. Instructional Leader's information:

Name:

Email address:

Phone number:

5. Do you have access to a computer and the internet for use: At home ___ in the classroom ___ OR somewhere throughout the day _____.
Are you able to upload the document and file _____?

6. Are you familiar with the Classroom Assessment Scoring System (CLASS™)? ___yes ___no

7. Please include a brief statement of your coaching need related to the QRIS, MA Core Competencies and Early Learning Standards; and the reasons you wish to apply?

8. How do you envision best utilizing a peer coaching experience? Please check all that apply:

- Working with a CT to examine my professional strengths and needs and jointly developing a plan of action (or PD plan) to support my professional growth and development
- Engaging in conversations around best practices and how they might apply to my specific work with children and families
- Participating in various coaching activities (e.g., observation and feedback, video viewing, co-teaching, demonstrations of practices) to support my professional growth and development
- Accessing new information and resources
- Other, please describe:

In order for your application to be considered complete, you must include:

_____ Signed MOU from your direct supervisor or instructional leader (if applicable) this is the person who will support you through the process including coverage to attend PAC functions if needed.

_____ One written recommendation: either a co-worker, or parent of a child in care

Please submit this application and all supporting documents including signed MOU, and one letter of recommendation to: **Judy Battista, M. Ed., j.battista@iepd.org, 413-781-9060 Office and 413-781-9174 fax , IEPD, 181 Park Ave. Suite 1, West Springfield, MA 01089**