



Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3806
TTY: N.E.T. Relay 1-800-439-2370

VI. Guidelines for ABE Review Panelists

1) Regulations

In accordance with 603 CMR 47.00: Licensure of Adult Basic Education Teachers and Preparation Program Approval, review panel members will be recruited and trained by the Department to evaluate performance portfolios and teaching demonstrations for candidates for the professional ABE license.

2) Eligibility

Criteria for Participation:

- a. Submission of a completed nomination form to the Department (see Attachment A).
- b. Nomination by a current or previous supervisor and by at least two ABE teachers.
- c. Possession of one of the following qualifications:
 1. Five years, or a minimum of 2400 instructional hours, of ABE teaching experience; or
 2. ABE Teacher's License at the professional level; or
 3. Three years of ABE teaching experience and two years of ABE supervisory experience; or
 4. Three years of teacher supervisory experience within a teacher preparation program and, beginning 2006, a minimum of three years of teacher preparation supervisory experience and two years of ABE teaching experience.
- d. Representative of the range of ABE contexts and the geographic diversity within the Commonwealth.

3) Compensation

- a. Reimbursement for travel and parking expenses.
- b. Possible stipend for the review panel training.
- c. Eligibility for professional development points (PDPs) upon completion of the Review Panel training and six panel reviews over a one-year period.

4) Participation Agreement

Panel review members will sign a statement of participation that outlines their duties and responsibilities (see Attachment B).

- a. *Confidentiality:* Panel review members will sign a statement of confidentiality in which they agree to ensure the privacy of the candidates and any learners referred to in the portfolios.
- b. *Conflict of Interest:* Panel review members will sign a conflict of interest statement in which they agree not to participate in the review of portfolios by any candidate whom they know personally. Members are asked to bring any potential conflict of interest to the attention of the Department's Review Panel Coordinator.
- c. *Non-Discrimination Statement:* Panel review members will sign a non-discrimination statement in which they agree not to discriminate against candidates on the basis of age, color, disability, national origin, race, religion, sex, or sexual orientation.

Attachment A



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ABE Teacher's License Review Panel NOMINATION FORM

This form should be completed only by Massachusetts ABE teachers or by Massachusetts higher education faculty teaching undergraduate or graduate courses ordinarily taken by students who become candidates for teacher licensure. All information being requested will be used to ensure that review panels are representative of the Massachusetts ABE teaching force.

Please return this completed form and resume to:

ABE Licensure Coordinator
Massachusetts Department of Elementary and Secondary Education
75 Pleasant Street
Malden, MA 02148-5023

Please print the requested information or check the appropriate response.

1. Name: _____ Title _____
2. ABE program: _____
3. Program/Institution address: _____
4. Home address: _____
5. Daytime phone: _____ Ext. _____ 6. Evening phone: _____
7. Email address: _____ 8. FAX: _____
9. Preferred address for correspondence: Home _____ Work _____ Email _____
10. Level of education (highest degree attained): Bachelor's _____ Master's _____ Doctoral _____
11. Years of ABE teaching experience: 0-4 _____ 5-7 _____ 8-10 _____ 11 or more _____
12. Professional organization(s) of which you are a current member (list up to three):
a) _____ b) _____ c) _____
13. Ethnicity (Optional: used to ensure that committees are representative of the Massachusetts ABE teaching force)
____ American Indian or Alaskan Native ____ Asian or Pacific Islander ____ Black
____ Hispanic origin ____ Not of Hispanic Origin ____ White
____ Other _____

14. Gender (Optional) Female____ Male____

15. Employment supervisor name/title:_____

16. Employment supervisor address:_____

17. County of primary residence:

Barnstable__ Berkshire__ Dukes__ Essex__ Franklin__ Hamden__
Hampshire__ Middlesex__ Norfolk__ Plymouth__ Suffolk__ Worcester__

Other, please specify_____

18. Are you certified/licensed to teach in Massachusetts public schools? Yes____ No____

List all Massachusetts teaching certificates/licenses held:

19. This form was provided to me by:_____

To Be Completed by ABE Practitioners

20. Are you are currently working within an ABE program?

No____ What is the most recent year you were affiliated with an ABE program? _____

Yes____ What is your current position? Teacher:____ Administrator:____ Counselor:____ Other:_____

Setting of current position: CBO____ LEA____ CHOC____ Community College____

If you are currently teaching, in what area of ABE are you working? (check all that apply.)

Basic literacy____ Pre-GED____ GED____ ESOL____ NLL____ Family Literacy____

To Be Completed by College/University Educators

21. Are you currently a faculty member at a Massachusetts college/university?

No ____ Yes ____ Title:_____

Current Position: Teacher Preparation____ Other academic departments____ Other_____

Primary academic departmental affiliation: _____

Most recent level taught: undergraduate____ and/or graduate____

I certify that the above information is accurate to the best of my knowledge. If I am chosen to participate in the ABE Panel Review, I understand that all materials are the property of the Department and shall remain confidential. I agree that I will not discriminate on the basis of age, color, disability, national origin, race, religion, sex, or sexual orientation, and that I will disclose any potential conflicts of interest. I also agree to participate in the ABE review panel training and to serve on a minimum of six review panels over the course of the next year.

Applicant's Signature: _____ Date: _____

Review Panelist Nomination Form

To Be Completed by Employment Supervisor

Please respond to the following question:

What characteristics will this applicant bring to this review process that sets her/him apart from other potential candidates?

I support the nomination of _____ to serve on an ABE Review Panel for Licensure described by this form and accompanying memo.

Name: _____ Title: _____

Signature: _____ Date: _____

Review Panelist Nomination Form

To Be Completed by Peer ABE Teacher

Please respond to the following question:

What characteristics will this applicant bring to this review process that sets her/him apart from other potential candidates?

I support the nomination of _____ to serve on an ABE Review Panel for Licensure described by this form and accompanying memo.

Name: _____ Title: _____

Signature: _____ Date: _____

Review Panelist Nomination Form

To Be Completed by Peer ABE Teacher

Please respond to the following question:

What characteristics will this applicant bring to this review process that sets her/him apart from other potential candidates?

I support the nomination of _____ to serve on an ABE Review Panel for Licensure described by this form and accompanying memo.

Name: _____ Title: _____

Signature: _____ Date: _____



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Attachment B

ABE Review Panel Participation Agreement Form

I hereby agree to participate as a member of the ABE Panel Review for Licensure. I understand that I will need to complete a panel review training successfully before I am eligible to participate. Additionally I agree to commit to one year of service and to participate in a minimum of six week-day panel reviews over the next year. I also understand that I will be evaluating ABE licensure candidates' performance portfolios and making recommendations to the Department as to whether or not candidates should be licensed, and that the Department makes the final determination.

Initials

Additionally, I agree to the following statements:

1. Statement of Confidentiality

I understand that G.L. c. 66A, the Fair Information Practices Act, protects the privacy of any materials submitted by ABE licensure candidates and that any interviews of or discussions regarding such candidates are strictly confidential. I will not discuss the content of any materials or interviews with any parties who are not affiliated with the Review Panel or with the Office of Educator Certification and Licensure.

Initials

2. Conflict of Interest Statement

In order to preserve the integrity of the Panel Review process, if I personally know a candidate, I shall inform the ABE Review Panel Coordinator and excuse myself from that review. Further, in instances where there may be a conflict of interest in reviewing a candidate, for whatever reason, I agree to inform the Review Panel Coordinator and excuse myself from that review.

I understand that if I do participate in the review of an acquaintance's portfolio and demonstration of teaching that this constitutes a conflict of interest and I will be asked to remove myself from current and future Review Panels.

Initials

3. Non-Discrimination Statement

I will not discriminate on the basis of age, color, disability, national origin, race, religion, sex, or sexual orientation, and I will disclose any potential conflicts of interest to the ABE Review Panel Coordinator.

Initials

By signing below, I hereby agree to all of the statements described above.

Name: _____

Title: _____

Signature: _____

Date: _____

Contact Information

Daytime Telephone: _____

Evening Telephone: _____

Email: _____