

**Certified Educator’s Confidential Evaluation Cover Sheet**

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| Student’s Name: | | |
| Student’s Faith Affiliation: | | |
| CPE Program *(check all that apply)*: 🞎 Residency 🞎 Extended 🞎 Summer 🞎 Single unit | | |
| Year: 🞎 Fall 🞎Winter 🞎 Spring 🞎 Summer 🞎 Other: | | |
| Program Type: 🞎 CPE Level I/II 🞎 Supervisory CPE | | |
| Completion Rate: received credit for 🞎 1 unit 🞎 ½ unit 🞎 No credit | | |
| Number of previous units completed in this center: # | | ACPE units completed in other centers: # |
| CPE Center: | | |
| Accreditation Area: | | |
| Address: | | |
| Certified Educator(s) Name(s): | | |
| Certified Educator Candidate (if applicable): | | |
| Date of Unit Evaluation: | | |
| Start and End Dates of CPE Unit: | | |
| Date *evaluation* was sent to student: | Within 45 calendar days: 🞎 Yes 🞎 No | |
| Date *Student Unit Report* was submitted to ACPE: | Within 45 calendar days from the end of the unit: 🞎 Yes 🞎 No | |

**Student’s Rights and Responsibilities:**

* This CPE unit was comprised of at least 400 hours combining no less than 100 hours of structured group and individual education with supervised clinical practice in ministry. Half units: at least 240 hours/no less of 60 hours.
* This report has been made available to me within 45 calendar days of the completion of the unit. If not, the evaluation documents the extension arrangements discussed with the regional accreditation chair and the student according with Standard 308.8.1 “*Supervisor’s evaluation will be available to the student within 45 calendar days of the completion of the unit. To extend this deadline in rare unusual circumstances, the supervisor may negotiate with the student and receive approval from the regional accreditation chair to extend this deadline. The supervisor’s evaluation will document this process, and such extensions must be reported on the next annual report.”*
* I can respond formally by writing an addendum, if I choose, only after discussing this report with my supervisor. This addendum (written response) then becomes part of my student’s record (Standard 308.8.4).
* If I have chosen to respond formally by writing an addendum, my response is attached to this report. If I have attached an addendum, I will indicate this (at the place of signature in this document), sign the document, attach my addendum, and return all items to the CPE Center. I will return the signed evaluation to the center according to center policies.
* The timeline and deadline for student response and return of the supervisor’s evaluation are established by the center’s policies.
* I understand it is my responsibility to retain copies of this report and all evaluations written by my supervisor and me.
* The CPE Center will retain copies of both documents for 10-years from the date the evaluation was sent to the student (10-year suspense date). After 10 years, the center’s record retention policy will determine what will happen with the documents.
* These evaluations will not be available to anyone else except with written permission from the student. Exceptions: see ACPE Accreditation Manual, Appendix 7B.
* I have received this report, read it, and have been given an opportunity to respond to it informally and/or formally. My signature confirms acknowledgement of these rights and responsibilities and receipt of the educator’s unit evaluation.

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| *Signature:* |  |  |  |
| CPE Student |  | Date Received | Date Signed & Returned |
| Addendum: 🞎 Yes 🞎 No | |
| *Signature:* |  |  | |
| Certified Educator Candidate ***(if applicable)*** |  | Date Signed | |
| *Signature:* |  |  | |
| ACPE Certified Educator |  | Date Signed & Sent to Student | |