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CONFIDENTIAL

**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 | | |
| Completion Rate: 🞎 1 unit credit 🞎 .5 unit credit 🞎 0 credit | | |
| Number of previous units completed in this center: # | | ACPE units completed in other centers: # |
| CPE Center: | | |
| 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 21 calendar days: 🞎 Yes 🞎 No | |
| Date the *unit* was registered on the ACPE website: | Within 21 calendar days from the end of the unit: 🞎 Yes 🞎 No | |

**Student’s Rights and Responsibilities:**

* This report has been made available to me within **21 calendar days** of the completion of the unit. If not, this evaluation documents the extension arrangements discussed with the accreditation commissioner and the student.
* I can respond formally by writing an addendum, if I choose, only after discussing this report with my educator. This addendum (written response) then becomes part of my student’s record.
* 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 educator’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 educator and me.
* The CPE Center will retain copies of both documents for 10-years from the date the evaluation was sent to the student. 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 Guide for Student Records in the Accreditation Manual.
* I have received this report, read it, and have been given an opportunity to respond to it informally and/or formally.

***My signature below confirms acknowledgement of these rights and responsibilities and receipt of the educator’s unit evaluation.***

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