# Peer Review Face Sheet

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location and Date of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Email of assigned ACPE DCPM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Peer Review Team Members**

**I certify that am in compliance with the following since my last review *(check each box):***

* Annual ACPE Accountability for Ethical Conduct Report compliance (413.1)
* Annual Continuing Education compliance (minimum 50 hours per annum) (413.2)
* Faith Group endorsement (413.4)
* ACPE membership in good standing i.e. payment of dues, etc. (413.5)
* All reporting requirements and processes and practices have been complied with including timely and professional submission of all required program reports, center reviews, fees & dues (413.7)
* Participation in ACPE Communities of Practice (elaborate in written remarks)

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| --- | --- | --- |
| **Name** | **Professional Discipline** *(ACPE Certified Educator, National Faculty, BCC (include group), etc.* | **Relationship to You** *(Peer, Colleague, Acquaintance)* |
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* **I have sent all of the required materials outlined in the attached Check List to the Peer Review Team**

Date Material Sent to the Peer Review Team Members \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Delivery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Certified Educator’s Signature Date***

# Peer Review Checklist

**Prior to the Peer Review**

 \_\_\_\_\_Received Notification that peer review is due during the year. If you do not hear from the ACPE office, it is your responsibility to contact them for confirmation.

\_ \_Received acknowledgement from DCPM of requested team members.

 \_Completed [Peer Review Face Sheet](#_Peer_Review_Face)

**Materials to be provided to the Review Team**

 A completed cover sheet with check-off confirmations.

 Written Material (*See* [*Suggestions for the Preparation of Written Materials*](#_bookmark13)*)*:

 \_that addresses each of the 10 areas covered in Standard 413;

 \_\_\_\_\_that addresses one’s professional development as it relates to theory and practice;

 \_that addresses how any recommendations or suggestions from a previous peer review/certification appearance have been addressed;

 \_that addresses Communities of Practice or ACPE Leadership activities in which you are participating;

 Certified Educators may provide additional materials addressing personal or workplace concerns.

 If video is used, include consent form (see [*Consent for Video Recordin*g](#_bookmark14)) and accompanying written material

**Procedures Following a Successful Review**

 Educator receives all material provided the committee at the conclusion of the review.

 Educator receives copy of Peer Review Report from the Recorder within two weeks of the Review.

 Educator responds within two weeks of receipt of the Peer Review Report with any concerns and these are
 addressed.

 Educator uploads accepted report and all material provided the committee to personal portfolio, removing all
 material from previous peer reviews except the final reports.

 Educator completes reflection about review and forwards it and the accepted Peer Review Team Report to the ACPE DCPM overseeing the process.

# Suggestions for the Preparation of Written Materials

Areas the Certified Educator may choose to respond to in writing in preparation for the peer review:

1. In the ACPE Standards review section 100, Professional Code of Ethics for ACPE Members. Identify those aspects of the Code of Ethics that present the most challenge for you personally or professionally. What successes and challenges have you experienced in addressing these?
2. The ACPE Standards presuppose spiritual and educational growth for continuation of Certified Educator status. Describe the ups and downs of your spiritual and educational growth over the last three years.
3. The ACPE Standards require that at a minimum a Certified Educator supervises a unit of CPE in the last three years or participates in other education activities related to CPE. Share with your Peer Review Team some exciting and some troublesome experiences you have had over the last three years with supervising students or participating in educational events. Where do you see yourself changing or expanding your supervisory style vis-à-vis theory or practice? What aspects of supervision stimulate you? What aspects of supervision “bore” you or “numb” you?
4. Describe what is involved in maintaining your ordination or commission to function in ministry. How is it going for you?\*
5. Describe what is expected of you to maintain faith group endorsement. What is rewarding about that? What is disappointing about that? How difficult is it for you to do?\*
6. What recommendations were suggested in your previous peer review or certification appearance? How have you worked on these suggestions?
7. Membership in ACPE not only assumes annual payment of fees. It also requires participation in the greater life of ACPE. Describe your involvement. What Communities of Practice or ACPE Leadership activities re you participating in? How has your participation in ACPE enhanced your supervision?

*\*Note: For some #4 & #5 are different processes, for some they are the same process. Respond to #4 & #5 according to how your own tradition works.*

# Peer Review: Consent for Video Recording

I, , understand that

*Student’s Printed Name Certified Educator Printed Name*

will use recorded and/or live observation media that are pertinent to the above-named educator’s peer review process, and I understand that such media may identify me. I understand that this use is solely for the purpose of the above-named educator’s peer review. Additionally, I understand that my written materials and live/recorded observation media that may identify me may be read, heard, viewed, and discussed by the above- named educator’s professional colleagues as they assess the above-named educator’s professional development and competence as an ACPE Certified Educator for the peer review process.

**My signature grants consent to all of the above.**

**This consent form has been reviewed, signed, and dated prior to production of the recorded session consented to as stated above.**

**Student’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of the Unit**

# Peer Review Report

***(Confidential Document)***

**Recorder and ACPE Certified Educator Instructions:**

1. The Peer Review Team uses this form as a format for the peer review report, answering all questions found below.
2. A draft of this report is to be completed by the team (or the team and the Educator, at the team’s discretion) at the conclusion of the review and the results shared with the ACPE Certified Educator.
3. The Recorder is responsible to provide the ACPE Certified Educator a final typed/printed/signed form within two weeks of the review.
4. Upon receiving this report, the ACPE Certified Educator has two weeks in which to attach a response, after which the Certified Educator forwards the report to the ACPE DCPM.
5. The Certified Educator is to upload the final Peer Review Report to their Portfolio and forward a completed Peer Review Reflection form to the ACPE DCPM. (The Peer Review is not considered completed until that form is received.)
6. All Peer Review materials used in the review are to be returned to the ACPE Certified Educator by Team members (exception noted in Peer Review Procedure).

# Peer Review Report, Part 1

1. **ACPE Certified Educator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Location and Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Materials submitted on time?** \_\_\_ YES \_\_\_NO
4. **Currently supervising a Certified Educator Candidate** \_\_\_ YES \_\_\_NO

*If yes, note with an asterisk (\*) before the name(s) of ACPE Certified Educator(s) on the Peer Review Team who currently supervise an ACPE Certified Educator Candidate.*

1. **Peer Review Team Members:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Professional Discipline** *(ACPE Certified Educator, National Faculty, BCC (include group), etc.* | **Relationship to You** *(Peer, Colleague, Acquaintance)* |
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1. **Materials Provided**
* Peer Review Face Sheet
* Cover Sheet (*Check-off confirmation only required if in compliance since last peer review. If not, deviations are to be addressed in the submitted written material).*

**Review Team Comments:**

* **Written Materials** *(Note any missing documents)***:**

**Review Team Comments:**

* **Video/Vignette**

**Review Team Comments:**

* **Additional Materials:** *Discretionary additional material that addresses personal or workplace concerns around which the Educator would like consultation*

**Review Team Comments:**

# Peer Review Report, Part 2

Using a narrative form, indicate the process by which the Peer Review Team and the ACPE Certified Educator addressed the following items from the ACPE Standards. *Describe issues that were discussed under each item.*

1. Adherence to ACPE Code of Ethics:

1. Spiritual and Educational growth:
2. Supervisory Practice:
3. Response to recommendations for previous consultation, peer reviews or committee appearances:
4. Participation in ACPE in leadership capacities and in Communities of Practice:
5. Suggestions for the ACPE Certified Educator
6. **Summary:**
* The Review was deemed satisfactory, all submitted material was returned to the reviewed ACPE Certified Educator and the Educator was provided a signed copy of this report within two weeks of the completion of the Review

 OR

* There were significant concerns that required a referral to the appropriate ACPE Commission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Recorder Date Signed*

# Certified Educator’s Acknowledgment Page

* I received a signed copy of this report within two weeks of the Review. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I did not have any concerns with the report

 **OR**

* I responded within the two week allotted time frame and
	+ the concerns were addressed
	+ my concerns have not been addressed to my satisfaction *(please provide comment)*

**Certified Educator’s Comment:**

* I uploaded this report and the submitted material to my personal ACPE portfolio and submitted a copy of the report (only) to my assigned ACPE DCPM. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I completed the Certified Educator Reflection about the Review and submitted it to my assigned ACPE DCPM. Date \_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *Signature of Educator Date Signed*

# Certified Educator Response to the Peer Review (Content & Process)

After the reviewed Certified Educator receives the written report Peer Review Report and BEFORE forwarding it to the ACPE DCPM, the Certified Educator is asked to respond to the following items.

**Name of Certified Educator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What goal(s) do you want to work on for the next period of time in light of the peer review consultation? (identify a goal or two that you want to address)
2. What was the most helpful part of your peer review experience?
3. What was the most challenging part of your peer review experience?
4. What strategies will you use to help you integrate the feedback you received?
5. Provide any suggestions you would like to make to improve the ACPE Peer Review structure and process?