

Cooperating Teacher Handbook for CLINICAL PRACTICE Clinical Teaching I and II



OFFICE OF FIELD EXPERIENCES and CLINICAL PRACTICE

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Graphical Representation of the COE Conceptual Framework



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Introduction

Clinical Teaching is the culminating experience in the educator preparation program at Texas Southern University. It is a very important phase that allows candidates an opportunity to display the knowledge, skills, and attitudes about teaching and learning that have accrued through the undergraduate experience.

The candidate teaching practicum is a valuable professional laboratory experience that represents the bridge between professional preparation and professional practice. Clinical experiences are designed to provide opportunities for clinical teachers to observe, plan, implement, and evaluate instructional materials and techniques in order to meet the varied learning needs of students from diverse cultures and backgrounds.

As such, clinical teachers in the practicum are expected to apply the techniques, strategies, and behaviors described in the standards for the certification they seek. This experience is an opportunity for clinical teachers to design lessons utilizing TEKS, STAAR, the standards and the competencies described in the areas of certification by the State Board of Educator Certification (SBEC). A complete description of these standards and competencies may be obtained from the SBEC website (sbec.state.tx.us). Often clinical teachers observe that these learner centered teaching behaviors are not utilized in the classes they attend in their teacher preparation courses, nor are they present in the classrooms they observe in their professional development courses. It is during this experience that clinical teachers are expected to become “teachers as researchers”. They have an opportunity to develop instructional designs that reflect both the content standards and competencies expected of their students in the state of Texas as described in the TEKS and as tested on the new STAAR tests, as well as, to display the knowledge, dispositions, and pedagogical behaviors of effective teachers as delineated by the standards and competencies assessed on the state certification tests.

Moreover, clinical teachers have an opportunity to “field-test” the behaviors of effective teachers, cited in the research journals, which are reported to have a positive impact on student achievement. Thus, this Clinical Teaching experience is an opportunity to engage in the behaviors described in the research on effective teachers, student achievement and teaching. The success of the candidate teaching practicum depends on the cooperative efforts of many people. It is expected that the candidate teacher, cooperating teacher, and the university supervisor will form a triad with closely connected goals-all resulting in a positive and memorable Clinical Teaching experience. It is the goal and expectation of Texas Southern University’s Educator Preparation Program that all participants will become reflective professional practitioners who are committed to facilitating successful student achievement. The documentation of these experiences will be in the development of a Teacher Work Sample that is an integral component of the electronic portfolio submitted by each clinical teacher.

The clinical teachers will:

- use information about the **learning-teaching context** and student individual differences to **set learning goals and objectives aligned with the TEKS, plan instruction and assessment** aligned with STAAR.
- set **significant, challenging, varied, and appropriate learning goals and objectives**.
- use **multiple assessment modes and approaches aligned with learning objectives** to assess student learning before, during, and after instruction.
- **design instruction** for specific learning objectives, student characteristics and needs, and learning contexts.

- use an understanding of individual and group motivation and behavior, to **create a safe learning environment.**
- use **regular and systematic evaluations of student learning to make instructional decisions.**
- **use assessment data to profile student learning and communicate information about student progress and achievement.**
- **reflect on his or her instruction and student learning in order to improve teaching practice.**
- **utilize the electronic portfolio in the exit conference** as credible evidence of the ability to facilitate learning by meeting the TWS standards culminating the Clinical Teaching experience.

ROLES AND RESPONSIBILITIES

The aim of education should be to teach us how to think rather than what to think.

Texas Southern University

Clinical Teacher Responsibilities

ORGANIZATION

Prepare and submit a weekly teaching schedule to your university supervisor via e-mail each Friday afternoon. Notify her/him via e-mail immediately if changes occur.

Notify the school, the cooperating teacher, the director, and the university supervisor as soon as possible if you are ill and unable to report to school.

Goals for Clinical Teaching I

- ✓ Complete fifteen (15) weeks, two days per week of field experience at a designated school site.
- ✓ Observe and reflect on classroom instruction.
- ✓ Design and deliver instruction that meets the needs of diverse learners.
- ✓ Develop and utilize methods of evaluations.
- ✓ Deliver effective classroom management strategies.
- ✓ Deliver small group lessons utilizing learned methodology from cooperating teacher and university faculty.
- ✓ Deliver whole group lessons utilizing learned methodology from cooperating teacher and university faculty.

Activities within the Field Experience may include, but are not limited to:

- Classroom Observations
 - Observing a variety of teaching and learning situations.
- Classroom Instructional Support
 - Assist with logistical classroom routines
 - Preparing instructional materials
 - Prepare and manage the physical or online environment.
 - Assess student papers, exams, quizzes.
 - Provide students with appropriate feedback, praise, and positive reinforcement.
 - Facilitating/chaperoning field trips.
 - Investigating research associated with appropriate teaching and learning strategies.
- Classroom Instruction
 - Delivering short presentations to students.
 - Facilitating small group work in class, library, or other settings.
 - Supervising groups during learning centers.
 - Tutoring individual or small groups of students.
 - Team teaching with cooperating teacher.
 - Teach independent of cooperating teacher.
- Professional Interactions
 - Attend extracurricular or co-curricular events.
 - Attend professional meetings.
 - Attend parent-teacher meetings.

Goals for Clinical Teaching II

- ✓ Complete fifteen (15) weeks, four days per week of field experience at a designated school site.
- ✓ Observe and reflect on classroom instruction.
- ✓ Design and deliver instruction that meets the needs of diverse learners.
- ✓ Develop and utilize methods of evaluations.
- ✓ Deliver effective classroom management strategies.
- ✓ Deliver small group lessons utilizing learned methodology from cooperating teacher and university faculty.
- ✓ Deliver whole group lessons utilizing learned methodology from cooperating teacher and university faculty.

Activities within the Field Experience may include, but are not limited to:

- Classroom Observations
 - Observing a variety of teaching and learning situations.
- Classroom Instructional Support
 - Assist with logistical classroom routines
 - Preparing instructional materials
 - Prepare and manage the physical or online environment.
 - Assess student papers, exams, quizzes.
 - Provide students with appropriate feedback, praise, and positive reinforcement.
 - Facilitating/chaperoning field trips.
 - Investigating research associated with appropriate teaching and learning strategies.
 - Complete Action Research Plan and Teacher Work Sample. (See Clinical Handbook)
- Classroom Instruction
 - Delivering complete presentations to students.
 - Facilitating small group work in class, library, or other settings.
 - Supervising groups during learning centers.
 - Tutoring individual or small groups of students.
 - Team teaching with cooperating teacher.
 - Teach independent of cooperating teacher.
 - Manage classroom environment independent of the cooperating teacher
- Professional Interactions
 - Attend extracurricular or co-curricular events.
 - Attend professional meetings.
 - Attend parent-teacher meetings.

PREPARATION AND INSTRUCTION

Attend clinical teachers' orientation prior to the assignment to the school.

Cooperatively plan with and provide the cooperating teacher and the university supervisor written plans reflecting the instructional design used to ensure 85% of their students successfully meet the instructional objectives identified at least two days prior to each observation.

Prepare all teaching materials in advance of the implementation of the lesson plan (instructional design) used in each observation.

Read articles in publications that reflect research involving teaching and student achievement. Utilize this information in the development of the Teacher Work Sample.

Utilize resources from the Internet, teacher's editions of textbooks, TEKS, standards and competencies found in state test certification preparation manuals to plan, revise, and implement lessons that are designed to impact student achievement.

Arrange, if possible, to have at least two observed lessons (initial and final) recorded. Complete the recorded critique after viewing the recording of the lesson(s).

Submit to the university supervisor for input on Fridays, every two weeks, documents (hard copy) for the Teacher Work Sample to be included in the electronic portfolio.

Participate in post-observation conferences, **to be conducted after each formal observation**, with the cooperating teacher and the university supervisor.

Complete a **self-evaluation** after each formal observation. Use the **recording** of the lesson to complete the observation instrument.

Facilitate the signing of and distribution of copies of all completed evaluations within two weeks of each post-observation conference.

PROFESSIONALISM

Attend and document (see log in appendices) attendance of at least two faculty meetings in each location assigned.

Attend and document (see log in appendices) attendance of at least two parental involvement conferences.

Attend and document attendance of at least one professional development conference.

Attend **all** professional development activities/seminars provided by Texas Southern University.

Reduce other activities to a minimum while enrolled in clinical practice, as it requires time for preparation, reflection and evaluation.

Maintain an ethical, professional and positive attitude toward all members of the school community.

Dress and groom in professional attire at all times on Texas Southern University campus, field placements campuses, professional development events and any other Clinical Teaching related experiences.

Keep all records and reports current and submit as stipulated.

Maintain high standards at the school, school activities, university professional development seminars and conferences, including personal appearance, modes of dress, manners, speech and grammatical usage, moral character, and behaviors described in the State Board for Educator Certification Code of Ethics and Standard Practices for Texas Educators.

Maintain timely and effective communication with and among the cooperating teacher, the university supervisor, the Director of Field Experiences and Clinical Practice, and other school personnel involved in the successful completion of the candidate teaching practicum.

“In a completely rational society, the best of us would aspire to be teachers and the rest of us would have to settle for something less, because passing civilization along from one generation to the next ought to be the highest honor and the highest responsibility anyone could have.”

Lee Iacocca

Texas Southern University

Cooperating Teacher Responsibilities

PREPARATION

Prepare the classroom students to receive a professional co-worker.

Prepare a workspace for the clinical teachers with a desk, chair, shelves, curriculum guides, and copies of TEKS for the grade level/content area they will be teaching.

Participate in a cooperating teacher orientation session with the university supervisor and/or the Director of Field Experiences and Clinical Practice.

SCHOOL ORIENTATION

Provide a gradual induction (see Pacing Chart) to the teaching process by **modeling** learner-centered instructional design and implementation while also explaining the relationship of your actions to an increase in student achievement.

Explain your procedures and philosophy of classroom management as it relates to increasing student achievement. Describe the specific techniques that are to be used, and how management is to occur with both of you in the classroom.

Facilitate the effective and timely planning of instructional designs on a daily/weekly basis.

Introduce the clinical teachers to the principal and all school/community personnel that will impact the clinical teacher's experience.

Guide the clinical teachers toward effectiveness by:

- modeling and monitoring the effective use of time.
- modeling and requiring written instructional designs two days in advance of teaching.
- modeling and creating a climate that encourages questioning and self-reflection as well as providing a listening ear.
- praising and encouraging effective instruction.
- discussing problems frankly, one at a time.
- sharing professional experiences and materials.
- assisting in the development and implementation of teaching strategies and behaviors described in the standards and competencies delineated in the state certification tests.
- modeling and guiding the acceptance of varied school duties and tasks, which represent the teacher's workload.

Involve and explain to the clinical teachers the methods of record keeping for attendance, tardiness, grades, conduct, cumulative folders, etc.

Discuss emergency and health procedures such as fire drills, illness, fighting, etc.

Allow the clinical teachers to assume full responsibility, with you **always** present, of the classroom instruction (refer to Pacing Chart) for at least four full weeks of the 8 weeks in each placement.

PLANNING WITH THE CLINICAL TEACHER

The need for planning is fourfold: (1) to assist in clarifying the clinical teacher's purposes and procedures; (2) to learn of the expectations of the cooperating teacher; (3) to communicate the candidate's intentions to the cooperating teacher for constructive comments; and (4) to achieve skill in developing effective instructional designs. The cooperating teacher's guidance determines to a great extent the quality of the clinical teacher's planning.

During or prior to the first day of clinical practice, it is necessary to meet in order to outline a plan for the clinical teacher's gradual acceptance of the teaching situation and to make plans for the first week. This may involve merely discussing the cooperating teacher's plans for the week.

These plans may provide an example for the clinical teachers. The clinical teacher is required to use the Format for Instructional Design available in the Handbook of Clinical Teaching on the College of Education web site. Designs should, of course, be specific but flexible. **The instructional designs should be placed in a binder so they may be shared with the clinical teacher's University Supervisor.**

Ultimately, the clinical teachers should plan and carry out all classroom activities, unit plan, for at least two complete weeks of teaching. Together, the cooperating teacher and the clinical teachers should develop a definite schedule for deadlines on written plans and for pre- and post-conferences on them. Even if these conferences take no more than ten or fifteen minutes, and even if the design is brief, some type of communication system is a must. The cooperating teacher should give constructive criticism and provide adequate time for the clinical teachers to make suggested revisions. When the cooperating teacher makes such suggestions and corrections in advance, fewer interruptions occur while the candidate is teaching. In addition to such informal conferences, about one hour per week should be set aside for an uninterrupted conference to evaluate progress toward goals, **to reassess the design for the unit** and the next week, and to handle problems of immediate concern which have not already been discussed and solved.

Cooperating teachers and clinical teachers have made the following suggestions regarding weekly conferences.

The cooperating teacher should:

- *Be specific.* An anecdotal record of the clinical teachers' actual behavior, expressions used, timing, etc., will help the clinical teachers evaluate teaching effectiveness.
- *Encourage self-evaluation (Completion of the Reflection Sheet).* Ask such questions as "How did you feel about the lesson this morning?" "Did you notice how James and Betsy *reacted*?" "Why do you think the pupils seemed restless?"
- *Give definite suggestions.* Include in the suggestions techniques for motivating students, presentation of materials, etc.

• *Indicate successes as well as suggest improvements for the clinical teachers.* Conferences with the clinical teachers may be planned to discuss topics such as adjustment to the school, classroom routines, evaluation, observations, the clinical teachers' professional concerns, planning instructional designs, professional activities, teaching materials, or basic subject matter in a given field and the implications for teaching.

Clinical teachers must be continually informed of the rate of progress being made so that the teaching ability can be compared with teaching potential. It is expected that the clinical teachers would then capitalize on strengths and work toward overcoming challenges. Constructive suggestions should be a part of continuous planning.

PRINCIPLES OF CONFERENCES

1. Conferences should be arranged when the cooperating teacher is free from other duties.
2. Conferences should be thought of as meetings between a master teacher (cooperating teacher) and a professional novice (clinical teacher).
3. Conferences should relate to the clinical teachers' concerns and purposes.
4. Conferences should allow opportunity for the clinical teachers to become acquainted with the school's rules and regulations, the school's philosophy, and other matters of general orientation.
5. Conferences should take into account the clinical teachers' special interests, abilities and needs.
6. Conferences should deal with specific teaching techniques.
7. Conferences should allow the clinical teachers to share in the planning and to be actively involved in the work conducted during conferences.

EVALUATION

Participate in the post-observation conference with the clinical teachers and university supervisor **immediately following** the observed instructional lesson implementation (or within one week of the observation).

Give constructive feedback to the clinical teachers following observations so that improvements can be made in an effective and timely fashion.

Complete the observation instrument **within two days** after **the formal observation**. Discuss the completed instrument with the clinical teachers at the next conference held with the university supervisor immediately following the second observation.

Free the candidate to confer with you and the university supervisor **immediately** following observations.

Participate in the three-way evaluation conference with the clinical teachers and the university supervisor at the end of each placement: midterm for the first placement of clinical teachers with two placements and final for the second placement: midterm and final for clinical teachers with one placement.

PROFESSIONALISM

Accept each clinical teachers as an individual and facilitate the implementation of instructional methodology and strategies that are in keeping with the standards/competencies/trends that are based on research regarding student achievement.

Free the clinical teachers to attend all required seminars, conferences, professional development opportunities that are part of her/his practicum.

Never leave the clinical teachers alone in the classroom. However, provide the opportunity for the clinical teachers to experience the independence and opportunity to learn from his/her mistakes by positioning oneself on the periphery of the instructional area.

Involve the clinical teachers in faculty, curriculum, grade-level meetings, parent meetings/conferences, and other appropriate activities.

Supporting the university program by not scheduling clinical teachers as chaperones for field trips on days they are to be in attendance at seminars and/or professional development activities.

Refrain from using the clinical teachers as a substitute teacher, an aide to cover teacher-of-record's classes during ARDS, or in any capacity that places the clinical teachers in a position of liability.

While journalists criticize, scholars theorize about, and philosophers analyze education, the teachers of America must act. Educators must leap from theory to practice in individualizing instruction.

David Bigg

Texas Southern University
University Supervisor Responsibilities

LIAISON

Act as a liaison between the participating school and the Texas Southern University College of Education (includes communication with principals, mentor teachers, clinical teachers and the Director of Field Experiences and Clinical Practice).

Facilitate the transition of the clinical teachers into the school environment.

Provide an overview of the program for cooperating teachers.

INSTRUCTION

Conduct **campus orientation of cooperating teachers** with information on the philosophy of the program, responsibilities, and best modes of effective communication with the candidate teacher, cooperating teacher, university supervisor, and university.

Assist clinical teachers in the planning of effective lessons reflecting “best practices” to ensure student achievement.

Observe clinical teachers implementing cooperatively planned lessons: **at least two** per placement-pre and post.

Facilitate the three-way conference with the cooperating teacher, the clinical teachers, and the university supervisor **immediately following** the observation of instruction.

Schedule dates and times clinical teachers must submit the hard copies of the Teacher Work Sample to be placed in their electronic portfolios. These items may be submitted via e-mail if mutually agreed upon by the university supervisor, the cooperating teacher when necessary, and the clinical teachers.

EVALUATION

Guide the clinical teacher’s growth in reflective thinking and self-evaluation.

Evaluate the clinical teacher’s instructional designs, instructional materials and provide verbal and /or written feedback.

Observe, assess, and reflectively evaluate clinical teachers on a regular basis (minimum of two observations per placement) regarding teaching/planning.

Complete the Clinical teacher's Observation Form (see appendices) and facilitate the prompt (within two weeks of the observation) distribution of all signed copies to each of the parties involved, **including the clinical teachers' self-evaluation.**

Participate in a three-way evaluation conference (at least 20 minutes) with the clinical teachers and the cooperating teacher at the mid-point and end of the semester.

Provide the clinical teachers with a "Growth/Probation Contract" (see appendices) if there are instructional, professional, or problematic areas that need growth. A copy of the Growth/Probation Contract must be submitted to the Director of Field Experiences and Clinical Teaching as soon as all parties have signed the form.

Document any infractions of school policy or professionalism as well as unsatisfactory progress in classroom instruction and management.

Collaborate with the university supervisor to determine the **final grade for the clinical teachers' field experience(s)** reflecting the clinical teachers' **growth** that has occurred from the initial and the final observation (see rubric). **The final grade assigned will be derived from the university supervisors' evaluation and the Teacher Work Sample provided by each clinical teachers.**

Submit all signed Candidate Observation Evaluation Forms to the Director of Field Experiences and Clinical Teaching **one week prior** to the date for submission of the grade reports to the registrar's office.

Collaborate with the Director of Field Experiences and Clinical Teaching regarding, when necessary, any concerns, observations, or issues pertinent to the clinical teachers' success in the program.

Cooperating Teacher's Information Sheet

Texas Southern University
College of Education
Office of Field Experiences and Clinical Practice

Cooperating Teacher _____ School _____ Room _____

Cooperating Teacher's Home Telephone Number _____ Cooperating Teacher's E-Mail Address _____

Optional (for office use only): Gender: M F Ethnicity: B W H A O ___ Highest Degree Earned ___

Conference/Preparation/Planning Time _____

Clinical teachers' Name _____

Last First Middle

Clinical teachers' E-Mail Address _____ Candidate Teacher's Telephone Number _____

The university supervisor will use this information in planning visits to your classroom to observe the candidate teacher. Please indicate your daily class schedule with subject, time slots, and any preparation periods. Be sure to inform the university supervisor of changes in this schedule.

Daily Class Schedule

Subject & Title	1	2	3	4	5	6	7	8
Monday								
Tuesday								
Wed.								
Thursday								
Friday								

POLICIES AND PROCEDURES

UNITY

I dreamed I stood in a studio
And watched two sculptors there,
The clay they used was a young child's mind
And they fashioned it with care.
One was a teacher, the tools he used
Were books and music and art;
One a parent with a guiding hand,
And a gentle, loving heart.
Day after day the teacher toiled
With touch that was deft and sure,
While the parent labored by his side
And polished and smoothed it o'er.
And when at last their task was done,
They were proud of what they had wrought,
For the things they had molded into the child
Could neither be sold or bought.
And each agreed he would have failed
If he had worked alone,
For behind the parent stood the school,
And behind the teacher, the home.

Author Unknown

Policies and Procedures

Absences

Clinical teachers are expected to be in attendance in their school placement each day. Leaving the school campus during the school day is not permitted without prior approval. **It is the responsibility of the clinical teachers to inform, in writing via email, the cooperating teacher, university supervisor, Director of Field Experiences and Clinical Practice, and school office as early as possible** in case of illness or forced absence. Clinical teachers are allowed to accumulate a maximum of two excuse absences. Those absences are subject to being made up by the clinical teachers.

Holidays and Professional Development Days

During the semester of clinical practice, clinical teachers will observe the holidays scheduled by the school system to which they are assigned regardless of the holidays observed by Texas Southern University. A district calendar will provide the information regarding these days. Clinical teachers are expected to be at school on school/district professional development days and to participate in any professional development programs offered.

Tuberculin Testing

School districts require a tuberculin test and documentation of the results of the test within three months of their placement. Clinical teachers are to submit this documentation to the Office of Field Experiences and Clinical Teaching with their application for clinical practice.

Criminal History Background Checks

Criminal History Background Check forms should be completed and filed with the Office of Field Experiences and Clinical Teaching before beginning their forty-five hours of observation required prior to approval for clinical practice.

Work/Courses

Clinical practice, though not considered a full academic load, has the demands of a full course load. Additional course work during the experience is not sanctioned.

Employment during Clinical Teaching **is not advisable** due to the tremendous time commitment expected for preparation. If financial needs require that some employment be assumed, this should be limited to 10-12 hours per week, preferably on weekends. Weekday afternoons should be free for faculty meetings, parent conferences, preparation for state certification tests (study group participation) and curriculum planning. Any issues concerning employment during Clinical Teaching should be discussed with your advisor and the Director of Field Experiences and Clinical Teaching during the pre-placement interview.

Evaluations

Written documentation of the clinical teacher's performance is vital to the process. Cooperating teachers, university supervisors, and the school administration are involved in the experience. Some school districts involve personnel from human resources. Many school districts rely on the cooperating teacher's evaluation as a part of the recommendations for employment.

The clinical teachers is observed by the University supervisor **at least twice in each placement**. The Clinical teacher's Observation Form (see appendices) is the instrument used for evaluation by the cooperating teacher, the university supervisor and the clinical teachers.

An Exit interview with the Director of Field Experiences and Clinical Teaching at the culmination of Clinical Teaching will provide an opportunity for the clinical teachers to discuss their Clinical Teaching experience as questions are asked as though the clinical teachers were being interviewed for employment. Such a conference is an opportunity for clinical teachers to “practice” the professional dialogue desired in exchanges with others in the school setting. For it is known that professional communication with every person that comes in contact with the candidate is the best predictor of success.

This experience is intended to prepare the clinical teachers to be successful in any type of interview involving employment in a school district.

In addition, the clinical teachers will submit a completed evaluation of the school-based experience, the university supervisory component, and Clinical Teaching as a whole. A form will be provided prior to the interview to facilitate the completion of the evaluation.

The broad area of successful teaching can be separated into numerous sub-topics. However, the ability to inspire, arouse interest, and use persuasion is a prerequisite to success.

Texas Southern University
College of Education

Format for Instructional Design

Subject: _____ **Date:** _____

Grade Level: _____ **Time:** _____

School: _____ **District:** _____

Topic: _____

Objective(s): STAAR Assessment (conditions), TEKS (behavior) Essential Elements (behavior), and criteria for demonstrating mastery. (include modifications for exceptional students*):

Pre Assessment (Attach copy):

Domain (TExES):

Standard(s):

Competency (ies):

Technology Strand(s):

Purpose (current relevance to learner with application to real world):

Focus/Introduction (what the teacher does to set the stage for the learner and to disengage the learner from previous activities):

Learner Expectations/Outcomes (describe what the teacher expects the learner to accomplish as a result of the learning experience)

Instructional Input: the teacher will (describe the presentation the teacher will use to implement the lesson including identification of resources needed)-

- a. modeling (describe what learning behavior the teacher will *demonstrate* for the student to duplicate)-**
***Differentiated Instruction-activities to meet the needs of students' level of achievement**
- b. checking for understanding (describe how the teacher will assess whether or not the learner is able to repeat the behaviors modeled above)-**
- c. re-teaching (describe *another teaching strategy the teacher will use to demonstrate what is expected of the learner)-**
- d. guided practice (describe how the teacher will provide the learner with *several opportunities to successfully demonstrate the learning behavior(s) modeled)-**
- e. re-teaching (if the monitoring of guided practice indicates that less than 85 % of the students are able to successfully duplicate the learning behavior, describe other strategies the teacher will use to demonstrate learner expectations)-**
- f. independent practice (describe the *activity (ies) in which the learner will be engaged to demonstrate mastery and the evaluation of knowledge and skills taught)-**
- g. closing (describe the teaching behaviors to be used to summarize the lesson and to ascertain whether or not the learner has demonstrated mastery of the objectives)**

Post Assessment (conditions in the objective, Attach copy) in STAAR test format.

Results (Attach a Copy of the Analysis of Achievement)

Expansion and Enrichment {describe activities the learner will do to apply the learned behavior(s)}-

**Texas Southern University
College of Education**

Reflection Sheet Format

(To be completed after each lesson that is taught.)

Name _____ School _____

Grade Level _____ Subject _____ Date _____

1. As I reflect on the lesson, to what extent were students productively engaged? (*Accuracy, Use in future teaching*)

1. Did the students learn what I intended? Were my instructional goals met? How do I know, or how and when will I know? (*Assessing student learning-congruence with instructional goals, criteria and standards, use for planning; Accuracy, Use in future teaching*)

3. Did I alter my goals or instructional plan as I taught my lesson? Why? (*Designing coherent instruction-learning activities, instructional materials and resources, instructional groups, lesson and unit structure: Demonstrating flexibility and responsiveness-lesson adjustment, response to students, persistence*)

4. If I had the opportunity to teach this lesson again to this same group of students, what would I do differently? Why? (*Reflecting on teaching- accuracy, use in future teaching*).

**Texas Southern University
College of Education**

Recorded Lesson Critique Format

Name _____ Lesson Title _____ Date _____

Objectives:

Creating an Environment of Respect and Rapport

Strengths:

Improvements:

Establishing a Culture for Learning

Strengths:

Improvements:

Managing Classroom Procedures

Strengths:

Improvements:

Managing Student Behavior

Strengths:

Improvements:

Organizing Physical Space

Strengths:

Improvements:

Communicating Clearly and Accurately

Strengths:

Improvements:

Using Questioning and Discussion Techniques

Strengths:

Improvements:

Engaging Students in Learning

Strengths:

Improvements:

Providing Feedback to Students

Strengths:

Improvements:

Demonstrating Flexibility and Responsiveness

Strengths:

Improvements:

**Texas Southern University
College of Education**

Clinical teachers Growth/Probation Contract Format

Identified Problematic Areas:

Suggested Intervention Strategies:

Goals for Semester (Timeline):

Additional Concerns, Needs, Comments:

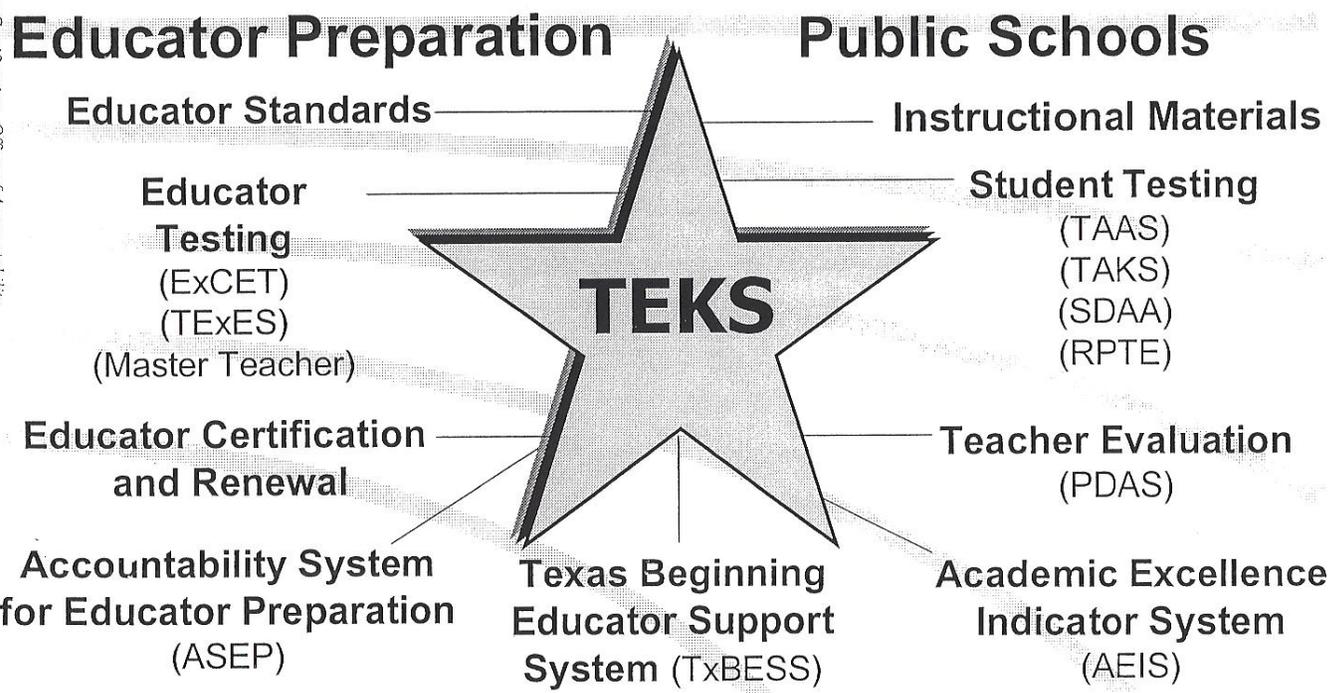
Signatures:/s/	_____	_____
	(Candidate teacher)	(Date)
	_____	_____
	(Cooperating Teacher)	(Date)
	_____	_____
	(University Supervisor)	(Date)

Appendices

The child is in an appropriate psychological climate for creativity when he/she feels wanted as a member of the class, believes he/she has qualities recognized as valuable by others in the group, and feels confident enough in his/her relations with others so that he/she can afford to be different and to express his/her own opinions.

Arthur Lewis

Texas Education Initiatives P-16



Cycle of Clinical Supervision for Clinical Practice
Format

Candidate Teacher _____ Assignment _____

Placement Begins _____ Placement Ends _____

Cooperating Teacher _____ E-Mail: _____

Preparation Time _____

School Principal _____ School Tel. # _____

Formative Evaluation

I. Meeting One-Orientation

Date _____ Time _____

Objectives:

1. To describe course requirements and expectations.
2. To establish rapport with the candidate teacher and cooperating teacher.
3. To plan **first** observation

II. Meeting Two-First Observation

Date _____ Time _____

Objectives:

1. To establish rapport with the school principal.
2. To describe and negotiate responsibilities and expectations with the school principal and cooperating teacher.
3. To appraise the candidate teacher-cooperating teacher should be present (**Appraisal I**)
4. To plan and schedule conference(s) and **second** observation.

Post Observation

Date _____ (within 7 days of observation) Time _____

Objectives:

1. To meet with the clinical teachers and supervising teacher to discuss observations of appraisal I.
2. To identify strengths and weaknesses, areas needing growth, and to develop a Personal Growth Plan if applicable.
3. To receive course documents from the candidate teacher.

III. Meeting Three-Second Observation

Date _____

Time _____

Objective

To appraise the clinical teachers-cooperating teacher should be present (**Appraisal II**)

Post Observation Conference

Date _____

Time _____

Objectives

1. To meet with the candidate teacher and cooperating teacher to discuss observations of Appraisal II.
2. To identify strengths and weaknesses, areas needing growth, and to develop Personal Growth Plan if applicable.
3. To receive course required documents from the candidate teacher.
4. To complete and attain signatures on all observation instruments.
5. To attain the observation instruments from the cooperating teacher and the candidate teacher (**self-evaluation**).
6. To attain the self-critique from the Candidate teacher.
7. To determine the midterm/final field experience evaluation of the cooperating teacher and the university supervisor, get all signatures and facilitate the copying (if more than three copies are needed) and distribution of originals and copies to all parties.

The Cycle of Clinical Supervision is completed for each placement.

Summative Evaluation

Date _____

Time _____

Objectives

1. To discuss the final evaluation for the field experience with the cooperating teacher involved, and to generate suggestions for improvement.
2. To determine the university supervisor's evaluation of the field experience and discuss same if different from that of the cooperating teacher.
3. To attain signed final evaluations of the field experience from the cooperating teacher.
4. To facilitate all parties receive originals and copies of all observation instruments and evaluations of the field experience.

Grade Assessment for Field Experience

	Cooperating Teacher	University Supervisor
Midterm Evaluation	_____	_____
Final Evaluation	_____	_____

Signatures/s/:

Candidate teacher/s/ _____ Date _____

Cooperating Teacher/s/ _____ Date _____

University Supervisor/s/ _____ Date _____

***The Director of Field Experiences and Clinical Practice will collaborate with the university supervisor to determine the final evaluation grade for the total candidate teaching practicum.**

**TEXAS SOUTHERN UNIVERSITY
COLLEGE OF EDUCATION
CLINICAL TEACHING PACING SCHEDULE**

Clinical Teaching Pacing Schedule-16 Weeks (one placement) or 8 Weeks (two placements)

Note: This pacing schedule is a suggested means of structuring the candidate teaching experience. Modifications may be made, in collaboration with the University Supervisor, to meet individual needs.

Week #1 Observe, assist, team teach-the majority of the time is focused on learning classroom routines and materials, observing students and school-based teacher. Minimal teaching is appropriate.

Gathering information for the school/class profile.

Or
Preparation of lesson plans for teaching one class/subject every day the following week, cooperating teacher gives feedback

#9
Review of school policies and teacher handbook should be completed.

Week #2 Co-plan and teach at least one subject/period every day for this week. Begin planning for the following week. Arrange for clinical teachers to observe other teachers.

Or
#10 Review clinical teacher's instructional designs and critique, giving positive feedback and areas needing strengthening.

Week #3 Co-plan and teach one subject/period per day.

Or
#11 The cooperating teacher continues to provide supervision and feedback.

The candidate teacher observes and begins to assume supervision of students outside the class setting-playground, lunch, library, groups, etc.

Candidate teacher plans for 1-2 classes/subjects for the entire week to follow.

Week #4 Candidate teacher teaches 1-2 classes/subjects for the entire week.

Or
Cooperating teacher monitors and provides feedback on lesson planning and instruction.

#12 Cooperating teacher gradually adds teaching responsibilities so that the candidate teacher has experience planning and teaching each subject before full responsibility is assumed.

During this week, the university supervisor will facilitate the three-way discussion with the candidate teacher and cooperating teacher.

(Meeting Two in Cycle of Supervision)

Candidate teacher plans for teaching 2-3 subjects/periods per day for the week to follow.

- Week #5 Clinical teachers teaches 2-3 subjects/periods per day. As new subjects/periods are added, the subjects/periods taught the longest will need to be dropped so that a candidate teacher teaches, at most 3 subjects/periods per day (or approximately ½ the day). By the end of week 5, the clinical teachers should have taught all the subjects/periods.
- #13 University supervisor conducts an informal observation of the clinical teachers teaching (*Meeting Three in the Cycle of Supervision*) a subject/period with the cooperating teacher also observing.
- University supervisor facilitates the three-way feedback conference with the candidate teacher and the cooperating teacher. Plans are made for the first formal observation to be conducted by the university supervisor (*Meeting Four in the Cycle of Supervision*). Arrangements are made for video-taping of the lesson, including parent denial of permission forms for students involved in the formal observation of the candidate teacher.
- Weeks Full responsibility (9-10 consecutive days) for all subjects/periods, informal units. It is required, Teacher Work Sample, that the clinical teachers design and teach a unit of 5-7 days during this period of full responsibility.
- #6, #7
And Cooperating teacher monitors and provides feedback. While the cooperating teacher gradually gives the clinical teachers full responsibility for the subjects/periods, the clinical teachers is **never left alone with the students**, the cooperating teacher is always in the immediate vicinity of the classroom.
- #14 University supervisor conducts the formal observation (*Meeting Five in the Cycle of Supervision*) with the cooperating teacher observing as well.
- And Each completes the appropriate observation forms and has them available for signatures at the next meeting.
- #16 Video-taping of the lesson taught is conducted.
- University supervisor & cooperating teacher conduct conference (*Meeting Six*)
- Plans are made with the candidate teacher and cooperating teacher for the next classroom observation. (*Meeting Seven*)
- Clinical teachers critiques the video-taped lesson of themselves teaching and completes the Clinical teachers Proficiencies Observation Form on p.64 (secure the NCR forms from the Office of Field Experiences and Clinical Practice) as a self-assessment.
- Plans are made to video-tape at the next observation.
- Week #8 University supervisor conducts the formal observation (*Meeting Eight*) with the cooperating teacher also observing.
- And/or Each completes the appropriate observation forms.
- #16 University supervisor facilitates the three-way feedback conference with the clinical teachers and cooperating teacher (*Meeting Nine*)

Candidate teacher critiques the video-taped lesson of themselves teaching and completes the Clinical teachers Observation Form (secure the NCR forms from the Office of Field Experiences and Clinical Practice) as a self-assessment.

Arrangements are made to complete and distribute **all signed documentation** forms and the signed documentation copies of the forms are submitted to the University supervisor. **The Candidate teacher should be given their signed copies after each conference.**

The Director of Field Experiences and Clinical Teaching will collaborate with the university supervisor to determine the final evaluation grade for the total candidate teaching practicum. It is anticipated that there has been considerable growth from the first observation to the final observation, whether the candidate teacher is in one or two placements.

Clinical teachers with two placements change at the end of the eighth week. Clinical teachers with one placement continue their experience through week sixteen.

Clinical teachers in one assignment are engaged in the experiences outlined for one week for two Weeks.

Candidate Proficiencies

A competent educator:

1. demonstrates knowledge of the content that is being taught, and is able to assist students in the process of mastering content through the use of research-based practices;
2. demonstrates the capacity to problem solve, and to think critically and reflectively;
3. demonstrates an understanding of human development, and the ability to act on this understanding;
4. demonstrates an understanding of classroom organization, planning, and management and the ability to act on this understanding;
5. demonstrates an understanding of learning as a socially mediated, constructive process, and the ability to act on that understanding;
6. demonstrates an understanding of effective communication and collaboration strategies;
7. demonstrates an understanding of research, assessment and evaluation as ongoing processes involving multiple sources of information and techniques;
8. demonstrates an understanding of the importance of involving families, communities, and colleagues in the education of all children, and the ability to act on this understanding; and
9. demonstrates knowledge of current technology in educational practice, and the ability to apply it in a classroom or school setting.

A committed and culturally responsive educator:

10. acts on the belief that *all* children can learn and creates instructional opportunities that adapt to learners from diverse cultural backgrounds and with exceptionalities;
11. demonstrates an understanding of the urgency to accommodate the nature and needs of each learner, and is able to act on this understanding;
12. demonstrates a commitment to high moral and ethical values; and
13. assumes accountability for the outcomes of instruction, and continually validates the effects of his/her choices and actions on others.
14. values and appreciates cultural differences within a classroom or school setting, and is able to apply an understanding of cultural and linguistic diversity to the design and implementation of instruction.

A caring educator (dispositions):

15. understands the right of *all* students to have access to a curriculum that allows them to develop to their full potential, and is able to act as an advocate for students in this respect;
16. maintains confidentiality;
17. demonstrates appropriate behaviors during class settings and in the work environment. The candidate has been alert and responsive, consistently.
18. demonstrates respect for the profession;
19. demonstrates punctuality in arrival to class, practicum, clinical practice, field experience meetings, etc.
20. demonstrates the ability to compromise and to respect others' opinions during group work;
21. participates in professional development activities that were recommended.

Clinical teachers Observation Form
Texas Southern University
College of Education

Candidate _____ Observer: _____ Date: _____
 University Supervisor _____ School/District: _____
 Assignment/Grade: _____ Beginning Time: _____ Ending Time: _____

E Performance Exceeds Expectations; all indicators are consistently met

C Performance meets expectations Competent; performed well, demonstrates the skills consistently in an acceptable manner at the Pre-professional Level

D Performance Developing; working toward independence but still requires some assistance and support, has been continual improvement

NL Needs to Learn; clinical teachers requires a great deal of support

NO Not Observed During the Lesson

Please check appropriate column. It is understood that not all lessons will cover all areas listed. (COE Proficiencies listed in parenthesis)

Detailed explanations for the following categories are available at in the Guide to Clinical teachers Observation Form.

I. Efficient Use of Instructional Time	E	C	D	NL	NO
A. Materials were available and well organized (1,3,4, 5)					
B. Preparing was evident (1,3,4, 5)					
C. Appropriate goals and objectives were set (1,3,4,5)					
D. The lesson was well paced (3)					
E. Pupil attention and response were sustained (3)					
F. Was able to monitor the entire class and attend to more than one activity/group at a time (3,5)					
G. Executed smooth transitions (3, 5)					
H. Response to students' behavior was appropriate (11, 14,)					
I. Off task behavior was addressed in an appropriate manner (5, 11)					
J. Classroom management was achieved through appropriate instructional design (4,5, 10,11)					
II. Instruction					
A. Attention was gained (1, 3, 10)					
B. Previous instruction/learning was recalled (3, 11)					
C. Motivation was provided (5, 8, 9)					
D. Purpose/Objective of the lesson were made clear (1, 5, 8)					
E. Skills/Concepts(TEKS)of the lesson were introduced and explained (1, 3, 11)					
F. Clear examples and language were used (3, 6, 15)					
G. Sequence and organization of instruction was appropriate (3, 10, 13)					
H. Teacher-Guided practice was adequate and appropriate (3, 10, 13)					
I. Repetition of key concepts occurred throughout the lesson (3, 10, 13)					
J. A variety of instructional materials were used to actively engage the students (3, 6, 9, 10)					
K. All of the students were actively engaged in the learning throughout the lesson (3, 10, 14)					
L. Children were encouraged to synthesize, question, and interpret ideas from diverse perspectives (10, 11)					
M. Higher order thinking skills were utilized (2, 7)					
N. Evaluation of student comprehension occurred throughout the lesson (7, 13)					
O. Student comprehension/performance was responded to with appropriate instructional adjustments (1, 13, 14)					
P. Feedback to students on performance was adequate and appropriate (7, 10, 13)					
Q. The lesson ended with closure/review that focused on the main objectives of the lesson (3, 4, 6)					
R. A variety of teaching methods/strategies were used to reach different types of learners (9,10, 14)					
S. Relevant subject areas were integrated into the lesson (1, 10, 14, 15)					
T. Inclusion of special needs students occurred (3, 10)					
U. Individual differences were addressed (3, 10, 14)					
V. Classroom instruction and assignments were provided for Limited English Proficiency(LEP) students (3, 10, 11)					
W. Diversity issues were addressed in an appropriate manner (10, 14, 15)					
III. Personal and Professional Characteristics					
A. Displayed enthusiasm (1, 2)					

B. Exhibited confidence (1)					
C. Displayed empathy (5, 6, 13)					
D. Spoke and acted in a professional manner (8, 9, 13, 17)					

Signature of Evaluator _____/s/ Date: _____

Signature of Clinical teachers _____/s/ Date: _____

GUIDE TO CLINICAL TEACHERS OBSERVATION FORM

(COE proficiencies listed in parentheses)

I. Efficient Use of Instructional Time

A. Materials were available and well organized (1, 3, 4, 5)

The clinical teachers had all of the physical objects/materials needed to teach the lesson ready and organized before the lesson began.

B. Preplanning was evident (1, 3, 4, 5)

The clinical teachers had clearly thought through the entire lesson and had carefully/purposefully developed a plan to enable the learners to achieve the objectives.

*** A. and B. will usually accompany each other. However, the two can differ. For example, a clinical teachers may have had all of the materials from a science kit laid out at the front of the room but have only skimmed through the instruction booklet that explained what to do with the materials. Or, leveled readers may have been ready for all of the students in the classroom and organized into piles for the various reading groups, but the clinical teachers had not taken the time to read through them or to plan focused lessons based on the content of the readers. Conversely, a clinical teachers may have planned an excellent lesson on paper but failed to gather and organize the materials needed to teach the lesson effectively.

C. Appropriate goals and objectives were set (1, 3, 4,5)

- The goals and objectives clearly showed that the clinical teachers understands the developmental levels of the students. That is, goals and objectives showed knowledge of the typical mental, physical, social, and emotional characteristics of the designated age group.
- The goals and objectives corresponded with the state standards.
- The goals and objectives focused on what the students would learn, know, or be able to do at the end of the lesson.

D. The lesson was well paced (3)

- The lesson did not drag on and on with the children becoming bored and distracted. The students were kept focused and paying attention because the learning was presented or explored in an effective time frame. For example, the clinical teachers did not let all 29 students share similar stories or examples before moving on to present new information. Or, the clinical teachers did not allow the students to ask numerous unnecessary questions before beginning a game or starting an activity. Or, the clinical teachers did not answer the same questions over and over because some students had not been listening to the answers.
- The clinical teachers allowed enough time that the concept was thoroughly taught. The clinical teachers did not skim over vital information or talk as fast as possible or skip important information because too much material was crammed into too short of a time period.

E. Pupil attention and response were sustained (3)

- All of the students stayed focused on the learning throughout the lesson.
- All of the students actively responded throughout the lesson.

F. Was able to monitor the entire class and attend to more than one activity/group at a time (3, 5)

- The clinical teachers did not become so engrossed when interacting with or helping one group that other groups were ignored or became off task or acted in unacceptable ways.
- While working with one group, the clinical teachers was aware of what was happening in the rest of the classroom including individual student's actions and which children needed extra help, had completed assigned tasks etc.

G. Executed smooth transitions (3, 5)

- Time between lessons/activities was not wasted. Students did not become disruptive between lessons/activities.
- There was a flow between lessons/activities, a connection between the closure of one lesson/activity and the introduction to the next lesson/activity.
- Students got to specials, lunch, or the bus on time. Bathroom time didn't take longer than the designated time period.
- When lined up with extra time, the class participated in activities such as 20 questions that focused on what was currently being learned rather than just standing, waiting, and wasting time.

H. Response to students' behavior was appropriate (11, 14)

- Praise and encouragement were used when deserved.
- Positive behavior was pointed out in factual statements rather than as a way of pleasing the teacher. Comments were behavior centered not teacher centered. For example, the clinical teachers said, "Valerie is working so nicely," or "I see that Mary is ready" rather than, "I like the way that Valerie is working." or "I like that Mary is ready."
- The clinical teachers encouraged, as well as modeled, acceptable behavior. For example, the clinical teachers frequently displayed good manners by using such phrases as "Thank you for raising your hand" or "Thank you for working so nicely."
- The clinical teachers' facial expressions matched his or her words and corresponded to the students' behaviors.
- The clinical teachers' voice matched the situation and the students' behaviors.
- The clinical teachers' actions matched the situation and the students' behaviors and were not too lenient or too severe.

I. Off task behavior was addressed in an appropriate manner (5, 11)

- Inappropriate behavior was recognized, not ignored, and dealt with effectively.
- There was an appropriate, logical consequence for inappropriate behavior.
- Inappropriate behavior was dealt with quickly and in the least disruptive manner.
- Students were held accountable for the decisions that they made and subsequent choices of behavior that they displayed.
- The clinical teachers did not give numerous warnings before acting.
- Before acting, the clinical teachers used a consistent strategy that students recognized. For example, the clinical teachers said, "This is your reminder for [named behavior], this is your warning for [named behavior], and then followed through with a consequence.
- The clinical teachers used the same consequence for all of the students in the room for the same inappropriate behavior.
- Established rules were followed when warranted but common sense consequences were utilized when rules were too harsh or did not truly apply.

J. Classroom Management plan was followed (4, 5, 10, 11)

- A clear management plan was in place with students knowing both the rewards and consequences of their behaviors.
- The clinical teachers followed through on presenting the rewards and consequences as merited.

- II. Instruction

A. Attention was gained (1, 3, 10)

- A **short** strategy was used to gain the students' attention at the beginning of the lesson/activity.
- **Quick** strategies were used at other relevant times during the lesson/activity to maintain attention.
- Strategies related directly to the learning in the lesson/activity.
- Visuals, curiosity, noise, or other ways were effectively used to quickly focus students' attention.

B. Previous lesson/learning was recalled (3, 11)

- **Students were required to** briefly **remember** learning from the previous lesson in the current subject with the focus on the **main concepts** that were previously learned.
- The clinical teachers did not remember for the students but rather held students accountable for previous learning.
- Previous learning was connected with current learning so that students could see the continuity of the learning.

C. Motivation was provided (5, 8, 9)

- Strategies were used to make all students want to achieve the objectives including both the academically motivated and non-academically motivated children.
- Students were told about the motivation at the beginning of the lesson and/or when it would be most effective. .
- Students earned the motivation. For example, when they paid really good attention during the lesson, they were allowed to do the fun activity at the end of the lesson. The fun activity was part of the basic lesson plan but became a motivator because it was learned about early in the lesson and earned throughout the lesson.

D. Purpose/Objective of the lesson was made clear (1, 5, 8)

- At the most appropriate time in the lesson, students were explicitly told what they were learning and why they were learning it.
- A brief overview of the lesson was presented.

E. Skills concepts of the lesson were introduced and explained (1, 3, 11)

- The clinical teachers clearly introduced and explained the skill concepts that were necessary for the students to successfully master the learning.
- The clinical teachers used direct teaching strategies to teach new information. For example, the clinical teachers defined, modeled, thought out loud, demonstrated, showed step-by-step, and utilized examples and non-examples [i.e. hot is the opposite of cold] to teach the concepts.

F. Clear examples and language were used. (3, 6, 15)

- The examples that the clinical teachers used were easy for the students to understand.
- Examples were unambiguous.
- The clinical teacher's vocabulary was on a level that the students could understand.
- The clinical teachers used examples that the students could relate to.

G. Sequence and Organization of instruction was appropriate (3, 10, 13)

- The lesson progressed logically towards achieving the objectives. For example, students were explicitly told at the end of a discovery lesson what they had learned and why it was important rather than at the beginning of the lesson.
- Necessary steps of Good Instructional Design were included in an order that optimized learning. (See Format for Instructional Design in Handbook.)
- Unnecessary steps of Good Instructional Design were excluded. For example, no direct teaching took place during a test.

H. **Teacher Guided Practice was adequate and appropriate** (3, 10, 13)

- The clinical teachers and students worked through examples together as needed.
- The clinical teachers checked for understanding by doing one or two problems/tasks with the students before expecting students to do similar problems/tasks on their own.

I. **Repetition of key concepts occurred throughout the lesson** (3, 10, 13)

- The clinical teachers repeated the important information enough times during the lesson that it was easy for **the students** to state the main ideas in the lesson at the end of the lesson during closure.
- The clinical teachers used a variety of ways to repeat the main concepts of the lesson throughout the lesson.
- The clinical teachers repeated correct answers given by students to ensure that they were heard by all and especially by the students who really only listen to the teacher.

J. **A variety of instructional materials were used to actively engage the students.** (3, 6, 9, 10)

- Many different types of learning materials and resources were used to stimulate interest and participation. .
- **Examples include: “hands-on” materials, technology** (computers, printers, the internet, cameras, digital cameras, overhead projectors, video cameras, VCRs, etc.), **different kinds of media** (texts, reference books, literature, magazines, newspapers, videos, smart phones, DVDs, CDs, etc.), **different genres** (fairy tales, fables, historical fiction, biographies, nonfiction, etc.), **human resources** (local experts, local talents etc.), **primary documents and artifacts, and discovery learning kits and packets.**

K. **All of the students were actively engaged in the learning throughout the lesson.** (3, 10, 14)

- During direct instruction and whole class discussions:
 - Active listening strategies were used that required **all of the students** to think and respond periodically as information was presented. For example, all of the students filled out concept maps as the clinical teachers filled one out on the overhead. Or, the clinical teachers asked a question and gave three possible answers. All of the students responded by holding up one finger if they agreed with answer number one, two fingers if they agreed with answer number two, or three fingers if they agreed with answer number three.
 - “One-person-at-a-time gets-a-turn” responses that go on and on were avoided.
 - During other parts of lessons:
 - While practicing together, teaching methods and strategies were used to actively engage all of the students at the same time. For example, during math, each student had an individual chalkboard and held up his or her answer rather than one or two students working each problem on the board while the other students sat and watched.
 - “Hands-on” activities were utilized whenever and wherever possible.

- When deemed safe, students performed experiments themselves rather than watching the clinical teachers perform these.

L. **Children were encouraged to understand, question, and interpret ideas from diverse perspectives.** (10, 11)

- Open-ended questions were used that did not lead to right or wrong answers.
- The clinical teachers presented diverse perspectives to encourage critical thinking.
- Different viewpoints were explored. For example, children took different sides of a debate, of a battle, or story viewpoints.

M. **Higher order thinking skills were utilized.** (2, 7)

- Higher order thinking skills that corresponded to Bloom’s Taxonomy were utilized that required students to comprehend, apply, analyze, synthesize, and evaluate ideas.
- Discovery learning and problem solving strategies were utilized.

N. **Evaluation of student comprehension occurred throughout the lesson.** (7, 13)

- Active listening strategies were used that allowed the clinical teachers to evaluate all of the students’ understanding throughout the lesson.
- The clinical teachers asked content specific questions rather than “Does everybody understand?” type questions throughout the lesson.
- The clinical teachers walked around to assess understanding as the students worked independently.

O. **Student Comprehension/performance was responded to with appropriate instructional adjustments.** (1, 13, 14)

- When students didn’t understand, rather than continuing with the lesson, the clinical teachers returned and spent more time on the part of the lesson that needed to be explained further.
- When a necessary step was left out of the original instructional design, the clinical teachers realized the need for the step and included it while presenting the lesson.
- When the lesson was too easy for the students, the clinical teachers did not spend unnecessary time on material that the students had already mastered and did not need to review.
- When a student had difficulty formulating an answer, the clinical teachers helped the student to arrive at the correct response rather than asking another student in the class to “help” the student and thereby possibly hurting the student’s positive self-concept and/or enabling the less motivated student to never really try to think of an answer.

P. **Feedback to students on performance was adequate and appropriate.** (7, 10, 13)

- The clinical teachers made clear which tasks were being done correctly.
- The clinical teachers made the students aware of misconceptions when they occurred and how to correct these.
- The clinical teachers didn’t reinforce incorrect answers. Statements such as “I understand your thinking but…” or “I can see how you got that answer but…” encouraged but made clear which information was correct and incorrect.

Q. **The lesson ended with closure/review that focused on the main objectives of the lesson.** (3, 4, 6)

- At the end of the lesson, the students were required to state or summarize the main concepts learned or worked on in the lesson.
- The **students were able to summarize** the learning rather than the student teacher having to do this for them.

R. **A variety of teaching methods/instructional strategies were used to reach different types of learners.** (9, 10, 14)

- *The clinical teachers understood the cognitive processes associated with various kinds of learning and used different approaches to learning and performance to enable different types of learners with different learning styles and performance modes to use their strengths as the basis for growth.*

Different cognitive processes associated with different kinds of learning:

critical and creative thinking

invention

memorization

problem structuring and problem solving

recall

Teaching Methods/Instructional Strategies:

- centers
- direct instruction
- discovery learning
- dramatizations
- experiments
- games
- “hands-on” materials
- independent study
- individualized learning
- interdisciplinary instruction
- learning packets
- paired students
- presentations
- problem solving strategies
- providing guiding and support structures such as graphic organizers (see packet)
- readers’ theatre
- reports
- role playing
- small ability groups
- small cooperative learning groups
- students are the teachers
- peer teaching
- teaching younger students
- utilizing technology
- whole group discussion

Different types of learners:

- All three basic types of learners were accommodated: auditory, visual, kinesthetic.
- All three Domains of Learning were used: seeing/Visual, hearing/ Auditory, and doing/Kinesthetic.
- Other intelligences were utilized.
-

S. **Relevant subject areas were integrated into the lesson.** (1, 10, 14, 15)

- The interrelatedness of learning was emphasized by using skills and/or knowledge from other subject areas in the lesson.
- The learning was made meaningful by including related subject areas.

T. Inclusion of special needs student occurred. [*See comment below.] (3, 10)

- Accommodations were made for:
 - Students identified and labeled as having specific learning problems.
 - Labeled students with IEPs.
 - Students who weren't labeled but who had obvious physical challenges, for example, students with really thick glasses or students who were so obese that they couldn't skip and jump.

U. Individual differences were addressed. [*See comment below.] (3, 10, 14)

- The lesson provided for a range of learners. For example:
 - Materials were adapted and/or enhanced to provide for higher level learners.
 - Materials or meaningful tasks were provided for higher level learners who finished earlier than other students.
 - Materials were adapted and/or enhanced for slower learners.
 - The children who would take the longest to complete tasks and assignments were given the materials first.

V. Classroom instruction and assignments provided for Limited English Proficiency (LEP) students. [*See comment below.] (3, 10, 11)

- English as a Second Language students were accommodated.
- Accommodations were made for English language speakers with severe speech impediments.
- Children with slight hearing difficulties and children with hearing aids who weren't labeled were accommodated by, for example, seating them in the front where they could hear better.

W. Diversity issues were addressed in an appropriate manner. [*See comment below.] (10, 14, 15)

- Accommodations were made for children who were different from the "normal" student population. For example:
 - Rather than have the one Jewish child make a Hanukah card when all of the other children were making Christmas cards, the entire class made winter cards.
 - Because there was a child who was a Jehovah's Witness in the class, rather than having any of the students celebrate a birthday, all students were allowed to choose one day to bring special treats.
 - When reading the book Stone Soup, the student teacher made the soup vegetarian because of the eating beliefs of some of the students.
 - A student who had two mothers (due to divorce or gay parents) was allowed to make two Mother's Day cards.
 - Students who didn't have grandparents were provided with substitute ones during Grandparents' Day.
- Contests that promoted differences were avoided. For example, the student teacher did not have the boys compete against the girls but rather one side of the room against the other.
- Children with developmental, social, or emotional problems were accommodated. For example, the class bully was not paired with the shyest student in the class.

****T, U, V, and W are not always easy to see when observing a lesson. However, they are excellent topics for clinical teachers and supervisors to discuss after a lesson is concluded.

III. Personal and Professional Characteristics

A. Displayed Enthusiasm. (1, 2)

- The clinical teacher was excited and/or very positive about the learning and conveyed this to the students as the learning was presented.
- The clinical teachers smiled during the lesson and used body language to convey that she or he enjoyed teaching the lesson to the students.

B. Exhibited Confidence. (1)

- The clinical teacher was comfortable presenting the content of the lesson and did this in a self-assured manner.

C. Displayed empathy. (5, 6, 13)

The clinical teacher related to the feelings of the students and displayed compassion, understand, and sympathy when warranted.

D. Spoke and acted in a professional manner. (8, 9, 13, 17)

- The clinical teachers spoke using good grammar. For example, the students were told that they did well rather than that they did well and were asked to read loudly and clearly rather than to read loud and clear.
- The clinical teachers avoided unnecessary “add-ons” such as saying “OK” at the beginning and ending of every sentence.
- The clinical teachers did not call the students “you guys.” but rather used more professional ways of addressing the students.
- The clinical teachers avoided slang expressions with inappropriate derivatives such as “pissed off,” “sucked up,” and “brown nosed.”
- The clinical teachers acted as a teacher rather than as the students’ buddy.
- The clinical teachers modeled adult speech and did not refer to her or himself in the third person. For example, the clinical teachers did not say, “Miss Jones wants you to get a tissue” but rather, “I want you to get a tissue.”