

Grandchildren in the Classroom: Student Teaching for the Next Generation

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Abstract

The National Council for Accreditation of Teacher Education (NCATE) released the Blue Ribbon Panel (BRP) report on clinical preparation and partnerships for improved student learning, in November 2010. The report stresses the need for candidates to “blend practitioner knowledge with academic knowledge as they learn by doing” (NCATE, 2010, p. ii), stressing the importance of clinical preparation and P-12 partnerships in teacher preparation. The NCATE BRP Report calls for the transformation of teacher education through the application of clinical practice. Teacher candidates must have additional opportunities to “blend practitioner knowledge with academic knowledge as they learn by doing” (NCATE, 2010, p. ii). In order to ensure consistency in teacher preparation programs, the panel identified 10 design principles with clear strategies that facilitate the creation of clinically based teacher preparation programs. The 10 design principles for clinically based teacher preparation programs, as defined by NCATE (2010), are illustrated in the program that has been developed by the Education Division of the University of Pikeville, a private university situated in central Appalachia, in the east-most county in Kentucky. As clinical experiences –such as student teaching– are restyled, institutions must employ design principles and research to create learning experiences that focus on collaboration, co-teaching, and data-driven practice. This paper describes how these ideas have been implemented in the University of Pikeville’s education program and how they specifically relate to the ten principles laid out in the BRP Report (2010). The clinical elements of this program have evolved over several years in tandem with state regulations and current scholarship. The program is moving toward better serving teacher candidates in the program as it embraces new guidelines for teacher training. Co-teaching models, where both the cooperating teacher and teacher candidate share instructional responsibilities, provide greater opportunities for novices to learn from practice and increased student achievement.

Keywords: Grandchildren, classroom, student teaching, next generation, teacher preparation.

Grandchildren in the Classroom: Student Teaching for the Next Generation

Howey (2010) noted in an article of the same name, “This is not your grandfather's student teaching.” Requirements placed on new teachers entering the profession and pre-service candidates in teacher preparation programs have created a greater demand for rigor in the training process. This translates in practice to more significant experiences and increased investments of time in the classroom before becoming credentialed.

In the past, curriculum was in the forefront of education reform (Pugach, Blanton, & Correa, 2011). The path to student achievement, it was assumed, primarily involved providing the correct

content in the correct manner. Administrators responded to this assumption with teacher “remediation” through staff development workshops. While this approach does have positive outcomes, researchers continue to explore strategies to reach learners. As schools are engaging in initiatives, such as development of the Common Core Curriculum, correlations between student achievement and teacher “quality” have prompted a shift in focus. A new emphasis has been placed on teacher preparation programs with the belief that improvements made at this level would increase student learning and achievement. This has culminated in projects to explore these programs, for example, the P-20 Data Collaborative in

Kentucky and a national move toward value-added assessment.

The Changing Neighborhood

The teaching profession can be compared to the medical profession where teachers must constantly diagnose the educational needs of their students in order for the students to achieve full health or educational potential. Just as practitioners in the medical field must understand their patient, “follow evidenced-based standards of practice,” and use “expert judgment,” so must those in teacher training apply “both general and specialized knowledge and skills” along with “theoretical, practical, and technical understandings not possessed by lay people” (Howey, 2010, p. 3).

Within this discourse, the role of assessment serves as an indicator for prescribing actions, not just describing behavior. This vantage point has been the impetus for projects to explicate the educational system. Yoder (2012) at the 2012 KACTE Conference described observing medical interns being supervised as they visited a family member’s hospital room. After the small group of medical students watched a doctor assess the patient, they followed the doctor to the hallway where the doctor questioned them about their thoughts and diagnoses. When they raised questions, the doctor would probe further or have them return to patient to test their hypotheses.

As a model for clinical preparation, this process seems to present powerful possibilities, even though, as Yoder (2012) acknowledges, in practice this model does not translate perfectly to the environment or constraints of educational training. Teacher preparation programs must

explore procedures specific to the field of education. A more apt parallel may be apprenticeships where the learner becomes participant and coworker with an expert mentor. In November of 2010, the National Council for Accreditation of Teacher Education (NCATE) released the Blue Ribbon Panel (BRP) report on clinical preparation and partnerships for improved student learning. NCATE initiated this project “guided by the belief that there was a gap between how teachers are prepared and what schools need” (Wiseman, 2011, p. 89).

The report stresses the need for candidates to “blend practitioner knowledge with academic knowledge as they learn by doing” (NCATE, 2010, p. ii), stressing the importance of clinical preparation and P-12 partnerships in teacher preparation. According to the report, released in November of 2010, ten design principles are identified for clinically based teacher preparation programs that will transform teacher education in order to prepare effective teachers for our nation’s students.

Principle 1. “Student learning is the focus.” In order for P-12 students to learn, teacher candidates must develop “sound practice that will advance student knowledge” defined by the Common Core State Standards and other research-based content area standards (NCATE, 2010). In order for students to learn, teachers must know what they need to teach and know how to facilitate the learning of that content. Teacher education programs must engage in designing opportunities for teacher candidates to observe and internalize best practices to expedite learning.

Principle 2. “Clinical preparation is integrated throughout every facet of teacher education in a dynamic way” (NCATE, 2010, p. 5).

Clinical experiences and practice should be interwoven throughout content and pedagogy course-work. These need to be rigorous and meaningful opportunities to explore genuine experiences in the classroom. Candidates need the opportunity to see firsthand the connection between the college and P-12 classrooms.

Principle 3. “A candidate's progress and the elements of a preparation program are continuously judged on the basis of data” (NCATE, 2010, p. 5). Candidates' practice must be linked to core teaching standards, and evaluation data must be “based on students' outcome data, including student artifacts, summative and formative assessments; data from structured observations of candidates' classroom skills by supervising teachers and faculty; and data about the education program and consequences of revising it” (NCATE, 2010, p. 5). Evidence should be constantly collected to ensure candidate and program quality and effectiveness at all stages of the learning process. Data is an integral part of the foundation of the teacher preparation program.

Principle 4. “Programs prepare teachers who are expert in content and how to teach it and are also innovators, collaborators, and problem solvers” (NCATE, 2010, p. 5). Not only must candidates have a thorough content-knowledge base, they must also develop the ability to differentiate instruction as needed, use multiple forms of assessment, and collaborate with colleagues to improve student learning. Candidates must be grounded in both content and pedagogy.

Principle 5. “Candidates learn in an interactive professional community” (NCATE, 2010, p. 5). Feedback in a

collaborative culture is crucial for helping teacher candidates improve both practice and impact on student learning. Programs should be integrated into the district, the school, and include all stakeholders in the professional community. The learning environment for the teacher candidate is no longer restricted to the college campus classroom.

Principle 6. “Clinical educators and coaches are rigorously selected and prepared and drawn from both higher education and the P-12 sector” (NCATE, 2010, p. 6). All professional educators involved in teacher preparation must be qualified, skillful, and effective practitioners, accountable for both candidate performance and student outcomes. This includes the teacher preparation educators and the P-12 clinical coaches, mentors and cooperating teachers assigned to supervise the training of the candidate.

Principle 7. “Specific sites are designated and funded to support embedded clinical preparation.” All candidates must have “embedded clinical school experiences that are structured, staffed, and financed to support candidate learning and student achievement” (NCATE, 2010, p. 6). Programs must select sites for placement that meet regulatory standards and model exceptional practice. P-12 partners share both their physical and human resources with the teacher education program and are compensated appropriately.

Principle 8. “Technology applications foster high-impact preparation” (NCATE, 2010, p. 6). Technology should be implemented to enhance learning, collaboration, partnerships, and best practices. Appropriate use of contemporary

resources must be modeled, taught, and practiced. Programs should not only teach candidates how to use new technology, but they must prepare candidates to utilize technology in ways that will improve instruction, provide appropriate accommodations or assistance, augment communication, and increase productivity. Candidates should be given access to resources for their own professional development.

Principle 9. “A powerful R&D agenda and systematic gathering and use of data support continuous improvement of teacher preparation.” Teacher preparation programs must “systematically gather and use data, and become part of a national data network on teacher preparation that can increase understanding of what is occurring and evidence of progress in the field” (NCATE, 2010, p. 6). Programs cannot operate in isolation. They must engage in the scholarship and growth of profession as a whole. Until now, policy has been more likely to grow out of public perceptions, “based on isolated anecdotes or support for recent educational fads or initiatives” (Wiseman, 2011, p. 90). Gathered and analyzed data from state and national levels can better inform how the profession will address the concerns and questions related to education.

Principle 10. “Strategic partnerships are imperative for powerful clinical preparation” (NCATE, 2010, p. 6). Responsibility for effective clinical preparation of teacher candidates must be shared by school districts, teacher preparation programs, teacher unions, and state policy makers. The professional community cooperates and supports both candidates and teacher preparation programs.

The focus of the BRP's report is the need for clinically based teacher preparation that integrates content, pedagogy, and coursework on the foundation of clinical classroom experience (NCATE, 2010). Moore (2010), in “Teacher Leaders Advise on Clinical Preparation,” and “A Clinical Preparation of Teachers: A Policy Brief” (AACTE, 2010) both echo the BRP's call for improved clinical teacher preparation, stressing the importance of extended time in settings where content and skilled pedagogy are intertwined. Placement with high-quality cooperating teachers is “one of the most important functions of a teacher education program” (Grossman, 2010, p. 5). Identifying and recruiting exceptional cooperating teachers requires a close relationship between universities and schools. As Grossman (2010) adds, clinical supervisors also provide a critical link between the school and university through quality feedback and frequent supervision.

Co-teaching models, where both the cooperating teacher and teacher candidate share instructional responsibilities, provide greater opportunities for novices to learn from practice and increased student achievement. This, however, will require “a re-conceptualization and revision for traditional teacher preparation” (Cramer, Liston, Nevin, & Thousand, 2010, p. 60). The days of solo teaching are coming to an end, and candidates and teacher supervisors must be carefully paired and receive explicit training in how to work effectively together. This goes beyond collaboration models where faculty are expected to meet to plan, align, and analyze classroom activities and their outcomes (Pugach, Blanton, & Correa, 2011). Instead, co-teaching

involves classroom configurations where two teachers work in tandem, including:

1. **One teach, one observe**, in which one teacher leads large-group instruction while the other gathers academic, behavioral, or social data on specific students or the class group;

2. **Station teaching**, in which instruction is divided into three nonsequential parts and students, likewise divided into three groups, rotate from station to station, being taught by the teachers at two stations and working independently at the third;

3. **Parallel teaching**, in which the two teachers, each with half the class group, present the same material for the primary purpose of fostering instructional differentiation and increasing student participation.

4. **Alternative teaching**, in which one teacher works with most students while the other works with a small group for remediation, enrichment, assessment, preteaching, or another purpose;

5. **Teaming**, in which both teachers lead large-group instruction by both lecturing, representing opposing views in a debate, illustrating two ways to solve a problem, and so on; and

6. **One teach, one assist**, in which one teacher leads instruction while the other circulates among the students offering individual assistance (Friend, Cook, Hurley-Chamberlain, & Shamberger, 2010, p. 12).

While student teaching has involved participating in these types of classroom configurations, programs will need to address making this the norm and creating relationships that will facilitate these types of experiences.

Mentoring and support of teachers in their first year of teaching is also necessary in the development of

teaching practice. Novice teachers will benefit from collaboration among teacher education programs, school districts and classroom teachers through the development of a common set of tools designed to develop clinical skills (Grossman, 2010).

Howey (2011) identifies priority areas based on the NCATE BRP report. Clinical strategies, selection, and preparation of clinical faculty and coaches, partnerships with schools that model professional development and renewal, assessment of both the teacher candidate, and impact on student learning are all significant in a high quality teacher preparation program. He recommends a continuous relationship between academic study and practice, which can be accomplished through school-based seminars or a half-day informal study, be set aside each week. Central to all school partnerships is that all stakeholders simultaneously have their multiple purposes and missions served. Finally, assessment must be “a critical element of teacher preparation” with “linkages between longitudinal data systems at both the national and state level” (Howey, 2011, p. 22). Assessment tools must examine all aspects of teacher preparation: the development of the candidate, aspects of the teacher preparation program, and the impact of the candidate on the students they are instructing.

The Changing Practice

Research directs and informs these recommendations, but practice is unique to each institution and the students in the districts they serve. Economics, logistics, and culture have a significant influence on resources and opportunities specific to individual regions. The challenges are great, but,

through collaboration and cooperation among members of the educational community, much has already been accomplished. The Kentucky Department of Education (KDE) and the Kentucky Education Professional Standards Board (EPSB) have addressed, and continue to address, NCATE Design Principles 1, 9, and 10 – student learning, data-driven practice, and strategic partnerships. The implementation of the Kentucky Core Academic Standards, along with the Program of Studies, clearly provides content standards that guide candidate understanding of student learning goals. The Educational Professional Standards Board (EPSB) oversees all stakeholders in teacher licensure, from teacher preparation through practice, requiring all teacher preparation programs to meet rigorous, research-based standards for preparing quality educators. The EPSB has also launched its new P-20 Data Collaborative, a data dashboard system that can provide rich data on teacher effectiveness, students' achievement, and teacher preparation programs that support continuous improvement in all aspects of education (EPSB, 2012).

In addition to these initiatives, the Education Division of the University of Pikeville addresses Principles 2, 4, 5, 7, and 8, developing, and implementing a rigorous clinical approach to teacher preparation over the previous eight years. The Education Division of the University of Pikeville has been working toward implementing these principles. The clinical elements of this teacher preparation program have evolved over several years in tandem with state regulations and current scholarship. At the University of Pikeville, clinical experiences are integrated throughout the education program with targeted

observations in public school classrooms, as advocated in Principle 2. Targeted observations are required in all 200-level and 300-level education courses, which serves to meet the new regulation for admission, placement and supervision in student teaching that requires a minimum of 200 clock hours of field experience in a variety of P-12 settings (16 KAR 5:040). Candidates connect what they are learning in their content areas and education courses with what they see and experience in public school classrooms at all levels. Candidates write critical descriptions and reflections addressing what they have observed, applying pedagogical theory to observed classroom practice. This clinical practice connects content to practice and allows the candidate to observe master teachers in the classroom.

University of Pikeville students do not officially become teacher candidates until they begin their final, or professional, year. The final year is divided into two semester-long clinical experiences, Clinical I and Clinical II. These clinical experiences are designed to address Principles 4, 5, 7, and 8. The first clinical semester requires candidate placement with a master teacher (Principles 4 and 7). The candidate works with the master teacher in his or her classroom from 8:00 am until 12:00 noon. The candidate observes and works individually with students and then with small groups as the master teacher and candidate collaborates to implement best practices for student learning. The second half of the candidate's day is spent in the university classroom learning pedagogical skills. While the content and content specific pedagogy have been covered in the lower-level coursework, the 400-level courses are

designed to address classroom management, learning theories, assessment, and student exceptionalities while students are immersed in the clinical classroom. Qualified clinical supervisors also make regularly scheduled visits to candidates in the classrooms. This helps ensure specific connections are made to deepen candidate understanding of pedagogical principles and practice and facilitates discussion about these experiences back on the university campus.

Candidates remain in the same clinical placement with the same cooperating teacher for the second professional semester (student teaching). The candidate is prepared to collaborate and work in the professional school community as a peer and experience greater freedom to differentiate and problem solve with colleagues (Principle 5). The pre-service teacher candidate begins addressing Principle 8 by becoming familiar with the state technology system, which provides high quality assessments aligned with state standards, and professional development resources, with multiple platforms for communication (KDE, 2012).

While NCATE Design Principles 2, 4, 5, 7 and 8 are addressed through the Clinical I and Clinical II experiences, Principles 3 and 6 are addressed directly through the Education Division office. Data is collected on candidate dispositions through pre and post assessments. Candidates must meet GPA requirements and demonstrate passing scores on Praxis II exams before eligible to apply for the clinical year. In addition, candidates must successfully complete two interviews with both education faculty and P-12 teachers, develop a standards based unit, and a Teacher Performance Assessment notebook,

which includes data from, structured observations by supervising teachers and University of Pikeville clinical supervisors before the final exit interview. All data from these formative and summative assessments is housed in the education division office and shared with the state as required. In addition, the selection of the master teachers also lies in the education administrative office (Principles 6 and 7). Those selected to mentor the teacher candidates hold higher-level certifications in their field, have demonstrated themselves to be skilled practitioners, proficient in using data, and be eager to share the practice of the profession with their teacher candidates.

The teacher candidates' professional year is spent immersed in clinical practice with high-quality support from highly qualified professionals in the field, particularly qualified professors in the university classroom, and state educational agencies devoted to academic rigor and student success. This produces teachers who are prepared to enter the profession with the essential skills and resources to be effective classroom teachers that enable all students to learn.

Although clinical practice is integral to the University of Pikeville teacher education program, partnerships with the local P-12 education systems need to be deepened (Principle 10). As Moore (2010) has recommended, teacher preparation programs and P-12 school partners must cross-utilize faculty, coordinate professional development and make it onsite when possible, and encourage collegiality and information sharing across all levels of the teaching profession.

Partnerships need to be “intentional about the district problems

they seek to address” (NCATE, 2010, p. 14), and they must include more training for clinical supervisors and cooperating master teachers in the core (co-) teaching model (Grossman, 2010). Teacher candidates and supervising teachers need to be carefully matched in order to ensure compatibility of philosophies about learning and management and receive explicit training in how to use planning time effectively. Roles must be defined (Cook & Friend, 1995) and strategies carefully co-planned (Bouck, 2007). Successful implementation can yield substantial increases in student outcomes, as well. Research indicates that co-teachers demonstrate increased effectiveness in implementing research-proven differentiation strategies, small group instruction, cooperative learning groups, and peer teaching (Cramer, Liston, Nevin, & Thousand, 2010, Rea & Connell, 2005). The co-teaching model provides benefits to each stakeholder in the classroom.

A team from the University of Pikeville Education Division is planning to attend the “Train the Trainer” workshop on the successful implementation of co-teaching presented by a team from Saint Cloud University in Minnesota (<http://blog.lib.umn.edu/cehd/teri/2011/08/co-teaching-train-the-trainer.html>). Information learned from the experience of St. Cloud’s effective program will facilitate development and improvement of the University of Pikeville teacher preparation program. It will also have the additional outcome of further developing bridges the P-12 school partners.

The NCATE BRP Report calls for the transformation of teacher

education through the application of clinical practice. As Howie (2010) has explained,

“This is not your grandfather's student teaching” any longer. Clinical experiences are being renovated for a new generation of teacher candidates. They must have additional opportunities to “blend practitioner knowledge with academic knowledge as they learn by doing” (NCATE, 2010, p. ii). In order to ensure consistency in teacher preparation programs, the ten design principles the BRP identified will provide clear strategies to facilitate the creation of clinically based teacher preparation programs.

The landscape of student teaching has changed through research, but the ultimate goal remains –students becoming productive adults. However, the skills they must learn for an expanded, global marketplace have also changed. Students must learn how to learn, not just a body of information, and how to work together across cultural boundaries. Learning begins with teaching, and teachers must begin with learning how to teach students to develop learning as a lifelong skill.

Teacher candidates, like those preparing for the medical profession, benefit from extended exposure to clinical practice. It is up to each teacher preparation program to embed this practice into its program effectively. These candidates, the profession’s grandchildren, will participate in clinical experiences that employ best practices drawn from the newest research, greater communication, and investment in all stakeholders, and collaboration and co-teaching models that reshape how candidates take part in the classroom.

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