

## STANDARD 2: CLINICAL PRACTICE

**The provider ensures that effective partnerships and high-quality clinical practice are central to preparation so that candidates develop knowledge, skills and professional dispositions necessary to demonstrate positive impact on all P-12 students' learning and development**

As candidates progress through their clinical experience, they embrace and articulate the standards of their professional areas so that they can enact the EPP's motto, "Educate to Liberate." The clinical experience ensures that **candidates have opportunities to observe and practice skills, interact with diverse and experienced teachers and administrators; engage in practical experiences in diverse school settings, particularly in high need schools; and work with students from culturally and linguistically diverse backgrounds; students of diverse socio-economic levels; and students with exceptionalities.** At the end of the clinical experience (i.e. student teaching), most candidates demonstrate professional readiness in the following competencies: 1) planning and implementing challenging learning experiences and differentiated instruction, 2) creating and organizing a learning environment for a class that has effective routines and transitions, over an extended amount of time, 3) planning meaningful learning experiences, competently integrating content knowledge sufficiently to result in content-based competencies, 4) developing and implementing appropriate assessments to inform the instruction of all learners, 5) using instructional strategies to challenge all children to meet developmentally appropriate learning, and 6) developing resumes and portfolios to support career preparation. We believe that education for the 21<sup>st</sup> century must create opportunities for cultural literacy, uniting people who are knowledgeable about their own culture and the cultures of others. Candidates engage in inquiry, reflect on the impact of the teaching/learning experience, and become change agents, transforming themselves and school communities. This shared belief is the foundation of our Conceptual Framework and is part of all faculty syllabi ([Appendix 2A: See Conceptual Framework Placed in All Syllabi](#)).

**2.1a The EPP partners with external entities provide a high-quality clinical experience. The organizational structure of the Clinical Experience integrates theory with practice to ensure coherence. Each clinical experience has a co-requisite course.** Courses and Clinical Experiences are categorized as *pre-professional, professional, and student teaching* ([see Table 2.1a: Clinical Experience Descriptive Chart](#)). Candidates gain the pedagogical knowledge and pedagogical content knowledge to address the needs of students with diverse abilities from diverse cultural, linguistic, and socio-economic backgrounds. The EPP establishes and maintains formal partnerships with P-6 school partners who are our Clinical School Faculty (i.e. cooperating teachers, principals, assistant principals, guidance counselors, parent coordinators, and math/literacy coaches). Some of our alumni are principals and

Cooperating Teachers (*see Table 2.1b: List of School Partners*). Candidates engage in supervised clinical experiences in diverse instructional conditions, developing particular competencies for the classroom, gaining practical knowledge, working with children with diverse levels of ability, and facilitating equitable access to technologies. The EPP's clinical experience adheres to a progressive model in which field experiences become increasingly complex, requiring candidates to demonstrate developing competencies, pedagogical knowledge, pedagogical content knowledge, and appropriate professional dispositions (*See Table 2.1a*). The clinical experience is summarized as follows:

**1) At the Pre-professional Level, internship opportunities are separated into beginning (i.e. shadowing professionals and observing children with and without special needs) and advanced experiences (i.e. implementing technologically enriched curriculum). Beginning Internship Opportunities have product- based assessments, and the advanced pre-professional opportunity is a performance-based assessment.**

**2) At the Professional Level, internship opportunities require candidates to work with individual learners** struggling in reading and math to conduct assessments, address behaviors and content area misconceptions, work with small groups of learners as part of Tier 2 Response to Intervention for children at-risk for reading failure. They **work with small groups** as leaders of Guided Reading Sessions that add additional support to small groups of children at-risk for reading failure who are part of the Tier 2 Response to Intervention. All assessments are performance-based.

**3) At Student Teaching,** experiences support and assess positive effects on student learning. Assessments are performance-based.

**2.1b Our Organizational Structure is our strength. It promotes co-construction, shared responsibility, and mutual benefit.** College Clinical Faculty and Cooperating Teachers collaborate in their participation is an integral component of the **organizational structure of the clinical experience**, the advisory arm of the Teacher Education Preparatory Advisory Council (TEPAC). The Clinical Coordinator is the convener and leader of TEPAC meetings. TEPAC membership is open to consenting college faculty in the Liberal Arts & Sciences who facilitate the development of candidates' content knowledge, teach education content courses, or supervise clinical experience. Through TEPAC's review and feedback, all Memoranda of Understanding (MOU) are being updated to reflect our deeper practicum experiences (*See Appendix 2.1B: MOU*). TEPAC facilitates the democratic voice of all shareholders to **co-construct terms, structure, content, and assessments of candidates' learning and clinical experiences**. Through TEPAC the following has occurred: 1) review and calibration of student teaching clinical practice rubrics, 2) review of candidate student teaching performance, 3) development and pilot of a lesson plan format for children under four years old, and 4) introduction of bi-monthly professional

development integrating culture across all learning centers in Ella Baker Charles Romain Day Care (Campus Day Care) in preparation for its transformation to a lab school. TEPAC shares responsibility for continuous improvement of candidates' knowledge, skills and dispositions, through monitoring the alignment to standards and appropriate translation to practice. **TEPAC's monitoring has provided the unique opportunity to initiate innovation through school partners**, particularly through some TEPAC partners who participate in 'My Brother's Keeper' Teacher Opportunity Corps (TOC). The TOC school partners have agreed to provide yearly professional development to introduce candidates to innovations and best practices within the field (*See Standard 5: Table 5.1e: Grant Projects*). This innovation requires candidates to participate in clinical experiences in schools in New York City and Buffalo, New York. Additionally, TEPAC partners pilot deeper clinical experiences, which are intended for incorporation into clinical experiences. Through TEPAC recommendations, the following changes have been made: 1) field experience EDUC 501, has been extended beyond shadowing a teacher, to shadowing all school-based professionals, 2) field experience EDUC 503 is deepened to include interviewing the parent coordinator, observing parent-teacher meetings, and interviewing guidance counselors and school psychologists. This evidences mutual involvement in ongoing decision making around partnership structure and operations (*See Appendix 2.1C: TEPAC Minutes*). **Reviews of Clinical Practice led to widely known expectations for candidates' performance on activities, on entry to and exit from the EPP.** Information is shared through Share Point for the college faculty, orientations and handbooks, Blackboard (for students), and reiterated during school-based orientation meetings. **EPP has mutually beneficial relationships with partners.** Candidates engage in curricular practices of literacy and mathematics interventions (EDUC 505 & 506) and technological enrichment (EDUC 504) (*See Clinical Experience Descriptive Chart 2.1a*). The relationship with school communities creates intimate and enriching experiences which expose candidates to culturally sensitive and responsive interactions. Formerly, TEPAC meetings were held once per semester. In order to support the transition of the Education Department to the School of Education, meetings will increase to four times per year to keep abreast of trends in public education policy (*See Table 2.3c Action Plan*).

**2.2 Our strength is that EPP and providers collaborate to select, prepare, evaluate, support, and retain school-based teacher educators who can serve as models of effective practice, and have the skills to mentor teacher candidates.** All cooperating teachers must have a minimum 3 years, but preferably 5 years of teaching experience, and the skills to mentor teacher candidates. Cooperating teachers must hold a current license in their teaching area (i.e. general education or special education). School-based faculty are selected for clinical practice using a rating of 'Highly Effective' or 'Effective' on the Danielson Framework of Teaching, which is based on INTASC, ensuring that Cooperating

Teachers have had a positive impact on their students' learning. The TEPAC participant and the Clinical Coordinator train cooperating teachers to understand their roles and responsibilities as a Cooperating Teacher during the clinical practice (See Appendix 2.2D: Clinical Practice Handbook: Roles & Responsibilities; 2.2E: Clinical Practice Handbook: Curriculum; and 2.2F Letter to cooperating Teacher2). EPP and school-based faculty interactions are crucial to our success, as they provide principals the opportunity to better address teacher-candidate's needs. Prior to the orientation meetings the Clinical Coordinator and principals discuss the candidates, and together they choose the best fit between cooperating teacher and teacher candidate. Furthermore, College Supervisors have relevant education and teaching experience to supervise and mentor candidates (Table 2.2a: Faculty Qualifications). Mentoring has resulted in several articles written by candidates and College Supervisors and were published in peer review journals based on candidates' development of Action Research Projects on innovations that address on-going challenges in the learning environment. (See Table 2.2b: Action Research Publications List). Sites, Cooperating Teachers and College Supervisors are evaluated annually to determine the adequacy of these crucial components to the development of candidates, which indicate that Sites, Cooperating Teachers and College supervisors are overall adequate, but the instruments used to evaluate them and the manual process of evaluation are inadequate (See Table 2.2c: Cooperating Teachers Site, College Supervisor Evaluation; Table – 2.3c: Action Plan). To retain our cooperating teachers, they are offered the incentive of one tuition-free course to a CUNY institution of their choice and annually given an award (See Appendix 2.2F: Letter to Cooperating Teacher and Appendix 2.2 G: Sample Award). However, the process of selection and training of Cooperating Teachers and College Supervisors has not been changed since initial national recognition. (See Action Plan-2.3C).

***The strength of assessment during the Clinical Experience is that there are multiple indicators, including key assessments at each level of clinical experience.*** Clinical experiences on the *pre-professional* level are assessed through candidates' products, such as reflections and a Mock Disability Awareness Conference /Presentation. The culminating clinical experience at the *Pre-professional level*, *EDUC 504: Technology in Education* is a key assessment and the only performance-based assessment. Candidates engage any group of students at the P-6<sup>th</sup> grade level in a WebQuest related to the school curriculum. The Webquest activity captures candidate performance as early diagnostic indicators of pedagogical knowledge, and pedagogical content knowledge. At the *Professional Level*, candidates participate in program-specific field experiences. The clinical experience assessments at this level are primarily performance-based with the exception of *EDUC 507: Curriculum, Research and Design* that requires disaggregating tasks and writing curriculum. The key assessment at the professional level for field experience is *EDUC 506 Working with Small Groups: Guided Reading*. This assessment showed

that candidates have adequate knowledge and skill in impacting student learning. However, an issue especially for Early Childhood Special Education as indicated in its SPA report is that the rubrics are more product based and quantitative than a preferred qualitative format ([Appendix 2.2H: ECSE SPA Report](#)). This implicates that actions are needed to improve rubric quality ([See Action Plan – Table 2.3c](#)). The pre-professional and professional clinical experiences are mandated by New York State Dept. of Education to total **100 hours**. The EPP surpasses this requirement. ([See Clinical Experience Descriptive Chart – Table 2.1a](#)).

The Student Teaching/Clinical Practice Level has an extensive **300-hour** experience appropriated according to programs. All candidates, irrespective of degree program, are evaluated in the same manner. College Clinical Supervisors and School based faculty (i.e. Cooperating Teachers) evaluate candidates' teaching experiences for: conceptualization, lesson planning, and implementation, use of technology, student assessment and learning, and understanding of community/culture. The College Clinical Supervisors and Cooperating Teachers observe and provide feedback, defining the strengths and weaknesses of the planning, delivery, or value added to student learning; to assess whether candidates' knowledge, skills and dispositions are applied effectively in practice ([Reference – Standard 1: Tables 1.1q-1.1qii](#)). In the **Department of Developmental and Special Education**, candidates pursue the dual BA certification with clinical practice experiences in multiple settings, and with a variety of disabilities, including: Intellectual Disabilities, Speech/Language Disorders, Autism, Traumatic Brain Injury, Cerebral Palsy, Emotional/Behavioral Disorders, and other forms of sensory, intellectual, developmental, and physical conditions. The *Early Childhood Special Education* clinical practice for the BA dual certification for Early Childhood Special Education requires three placements to include the three early childhood developmental periods (i.e. Infancy: Birth-3; Toddler: 3-5; and the young child: 1<sup>st</sup> or 2<sup>nd</sup> Grade). Candidates' placements must include special education, and inclusive general education classroom settings. Each candidate is required to complete at least 4 interdisciplinary lessons, leading with literacy or language to include cross-cutting themes of diversity and technology. The *Childhood Special Education clinical practice* dual certification preparation requires candidates' participation in the year-long clinical practice experience, in either a full inclusion setting or a cooperative team-teaching (CTT) setting. Students in self-contained placements include those classified with severe to profound levels of intellectual disabilities, speech/language disorders, autism, traumatic brain injury, cerebral palsy, and other severe and multiple disabilities. The inclusive and CTT placements may include students with mild to moderate forms of sensory, intellectual, physical and emotional/behavioral disorders. The CTT settings may sometimes include students with disabilities at age-related multi-grade levels, based on the promotion criteria set for schools. The **Department of Multicultural Early and Elementary Education**

*Childhood Education* program prepares general educators to differentiate instruction to address the needs of diverse learners in primary and upper level elementary schools. Candidates are placed in inclusive and general education classrooms. Across all degree programs, technological devices, such as The SmartBoard, are utilized as part of instructional delivery to enrich the understanding of content knowledge. The technology-based application that establishes, maintains and refines criteria for candidate selection is EXCEL. This is a challenge to our rigor and ability to fluidly make comparisons between programs. The EPP is converting to Chalk and Wire as our Assessment Platform to ensure less manual and more rigorous summaries and comparisons in order to refine criteria for candidate selection and professional development. Our school based clinical faculty are consistent. (See [Table 2.1c: Faculty Qualification Chart](#); See [Table 2.3c: Action Plan](#)).

### **2.3 The provider works with partners to design clinical experiences of sufficient depth, breadth, diversity, coherence, and duration to ensure that candidates demonstrate their developing effectiveness and positive impact on all students' learning and development.**

**2.3a: Breadth:** The clinical experience is arranged sequentially, becoming more complex as candidates advance to student teaching. This high-quality clinical experience presents appropriate breadth, ranging from *observation, working with individuals, working with small groups*, and finally *the whole class student teaching experience*. The clinical experience is an integral process in the candidate's journey to licensure. These experiences are aligned to EPP standards, Special Professional Association (SPA) Standards, content area standards, and INTASC ([See Clinical Experience Description – Table 2.1a](#)). Each clinical experience is linked to a co-requisite course. All clinical experiences are supervised and provide the opportunity to apply the knowledge learned in courses to a real classroom setting. The pre-professional level is completed prior to taking methods courses and has the mandate that students observe and shadow teachers and other school-based faculty to understand the context of teaching and student learning. The *pre-professional clinical experiences* are assessed as evidence of products (e.g. reflections or presentations), while the culminating experience, EDUC 504, is performance-based. During the *professional level*, theories from methods courses are applied to student learning for individual and small groups of learners. The clinical practice/student teaching experience continues the blend of academics with the application of pedagogical knowledge and pedagogical content knowledge with the responsibility for teaching and ensuring that all students in the classroom learn. The learning experiences that candidates present provide opportunities to establish and maintain positive relationships, and promote the intellectual, social, emotional, and physical development of children. As candidates develop competencies, they continue to align instruction to students' pre-requisite knowledge, creating positive and meaningful learning experiences, with low risk of failure. Candidates apply developmentally

appropriate teaching strategies and methodologies, and functionally effective approaches to address challenging behaviors. When candidates become clinical practitioners: student teachers, they continue to apply their understanding of content-based tools of inquiry to create meaningful technologically-enhanced learning experiences for students with diverse learning needs (See Technology and Diversity Items in Clinical Practice Rubrics). As members of learning communities, candidates continually evaluate the effects of their professional decisions and actions on students, families and other professionals through the ongoing development of their Professional Portfolio that all candidates continue to score at the competent to exemplary levels every year. The field experiences at the *professional level* are primarily evaluated based on College Clinical Supervisors' assessment of the candidates' performance. At the Clinical Practice/Student Teaching level, both College Supervisor and Cooperating Teacher conduct the evaluation. This sequential and deliberate approach offers candidates real world experience in diverse settings and with diverse students.

**Coherence:** Field experiences are supervised by full-time clinical faculty and trained part time clinical faculty to ensure adherence to the EPP's Conceptual Framework and standards, relative to programs. (See [Clinical Faculty Qualifications – Table 2.2a](#)). Additionally, the EPP's Early Field and Clinical Practice Coordinators work collaboratively with college faculty to negotiate and schedule appropriate placements to meet our field requirements. This ensures cohesion between academic and practical components of the field experiences. Partners who are school based faculty lead the orientation and debriefing sessions for all field experiences.

**Diversity** is evident in our selection of faculty, schools, and instructional conditions (see [Diversity Table 6.1](#)) that details the diverse experiences of candidates in coursework, field and clinical experiences. The four clinical experiences on the professional level associated with EDUC 505 and 506 that all candidates have are with students who have diverse abilities and are in diverse instructional conditions requiring individual or group support for struggles with literacy or math conceptual errors. Candidates in EDUC 506: Tier 2 Response to Intervention work with a small group of students at-risk for reading failure. (See [Clinical Practice Descriptions -Table 2.1a](#)).

**Depth:** The depth of clinical experience is evident in its progression and the candidates increasing classroom responsibilities. Clinical experiences continually become deeper as TEPAC assesses candidates' gaps in knowledge through discussions of their performance at schools and the quality of their products (See TEPAC Minutes). Depth is evident in each degree program. As part of the Childhood Special Education and Childhood Education clinical experience activities, candidates sponsor math and

science fairs for students at a partner school. Noteworthy, the learning experiences for the Science Methods field experience has taken place in either the Brooklyn Children’s Museum or The Botanical Gardens. The Ella Baker Charles Romain Day Care Center is currently undergoing transformation to become an EPP lab school for the benefit of the Early Childhood Special Education Program. (See Action Plan - Table 2.3c; See Appendix 2B: Memoranda of Understanding). When candidates advance to clinical practice, they engage in self-evaluative and reflective practices on teaching, assessing and learning in content areas. During the two-week introductory phase of the clinical experience, collaborative partnerships are encouraged as candidates familiarize themselves with their schools, administrators, cooperating teachers, students and families. Candidates reflect their views about their school’s communities, learning environments, classrooms, and the diverse characteristics and learning needs of the students by writing a snapshot of the participating school and a classroom portrait to contextualize their teaching. Candidates meet with Cooperating Teachers and College Clinical Supervisors to discuss their lesson ideas, learning goals, and curricula content based on their classroom portraits. The collaborative process for the clinical practice experience features meetings, planning, observation and feedback discussions with the candidate, Cooperating Teacher and College Clinical Supervisor. The professional standards used at the clinical practice experience are related to EPP, SPA, and INTASC (See Appendix F-Clinical Practice Rubrics). As 21<sup>st</sup> century educators, candidates incorporate the use of technology and assistive technology, and their understanding of the nature, needs and learning styles of students. (Reference Diversity: Table 1.5x; and Tables 1.5 and 1.5a: Technology Clinical Practice Rubric Items). Candidates create technologically-rich learning environments and exciting learning experiences. To foster awareness of relevance and suitability of technological resources, a TEPAC recommendation is that candidates write a technology grant for the school in which they are placed (See Appendix 2C:TEPAC Meeting Minutes; See Action Plan – Table 2.3c).

**Duration:** The total number of field hours required per New York State mandate, prior to student teaching, is **100** hours, regardless of degree program. The inclusion and refining of the clinical experience, *EDUC 5-310: Behavioral Intervention Plan* associated with *EDUC 310: Teaching Students with Emotional/Behavioral Disorders* expands the total clinical experience hours in Early Childhood Special Education and Childhood Special Education to over **100** hours. The clinical practice experience is completed in *one year*, with a minimum of 150 field hours per semester, across Fall and Spring semesters. The number of hours for each of the field experiences is based on the complexity of each level (i.e. pre-professional/ professional/student teaching).

**2.3b There are multiple based assessments with specific methods of data analysis in preparation for**

**the adoption of Chalk and Wire as the EPP assessment platform. Assessments increasingly require** critical independent thinking and competence in each degree program. Clinical Experience evaluations move from product to performance-based assessments. All candidates are assessed on 13 dispositions that evaluate competencies in creating positive, productive and culturally aware learning environments, among diverse student populations at the professional level and then twice during clinical practice: student teaching. Candidates are evaluated on standards related to *care and commitment, effectiveness and developmental appropriateness* of behavior management approaches and interactions, self-evaluation and reflective practices, and *maintaining positive and healthy relationships in a professional community* (See [Dispositions Measures –Appendix 2.3b J](#)). Of the many candidates that have had their Dispositions assessed since 2006, none have ever had less than a competent evaluation during their clinical practice experience.

Each semester candidates submit a clinical practice binder. The binder contains *School/Classroom Portrait, Completed Evaluation Forms from Cooperating Teacher/ and College Clinical Supervisor Conceptualizing Essay for the learning experience, Degree -specific Learning Experience Plan, and three Exemplars of Student Work for each lesson*. The binder also includes *Class Performance Student Outcomes Charts* with completed analyses used to determine impact of candidate on student learning outcomes. At the *Pre-professional Level*, data on the key assessment measure in *EDUC 504: Computing in Education*/WebQuest show that 80% of candidates demonstrated competence. (See [Table 2.3a: Mathematics Modification Data](#)). In fall 2018, the product-based instrument will be replaced with a performance-based rubric (See [Action Plan – Table 2.3c](#)). At the *Professional Level*, the field experiences evaluate application of pedagogical competencies and content knowledge in literacy and numeracy. Pedagogical competencies are assessed in three targeted intervention measures for literacy and one for math. Data on the Math Modification assessment show that 100% in 2015, 100% in 2016 and 89% in 2017 passed this assessment, with substantial percentages of them performing at exemplary levels (41%, 42%; 50%) on most standards. Creating a positive learning environment and interacting with small groups of children with diverse learning needs allow candidates to build empathy and nurture commitment and care, honing professional dispositions. For instance, the two clinical experiences that have most evolved towards its assessments being performance based are summarized. Reference is made to **Standard 1: Reading Intervention Project** (See [Standard 1: Tables 1.1n and 1.1ni](#)). Data on this performance-based assessment show that candidates impacted student learning beyond the 35% benchmark to between 37% -90% among K-3 graders.

*The Clinical Practice Experience:* As a prelude to the adoption of Chalk and Wire, experimentation with three statistical analyses were conducted (i.e one for each degree program). To explore reliability, rubrics

for *Early Childhood Special Education*, *Childhood Special Education*, and *Childhood Education* were calibrated by Clinical Faculty in April 2017, by TEPAC members in April 2017, November 2017, and June 2018. (See [TEPAC Minutes- Appendix 2C](#)). For *Early Childhood Special Education* an analysis of inter-rater reliability was piloted for the new Clinical Practice ECSE Rubric, with INTASC levels disaggregated into *Basic*, *Intermediate* and *Advanced Abilities*. Inter-rater analysis indicated that the Cooperating Teacher rated the candidate significantly higher than the College Supervisor (See [Table 2.3b: Statistical Analyses](#)). For *Childhood Special Education* – candidate ELA and math instruction showed that 60% - 100% had positive student learning outcomes. For *Childhood Education* - analyses were conducted to *deepen understanding of candidates' facility, and application of content knowledge*. It was found that most candidates had competent to exemplary outcomes. We continue to work with cooperating teachers on calibration to ensure better consistency in ratings.

**Statistical analyses will be conducted for each program. The EPP will now have a platform to discuss the reliability of its instruments, content knowledge application and understanding, and will minimize bias and allow for wider reporting on student learning outcomes (see [Table 2.3c: Action Plan](#)).**