

ARS MEASURE 1: IMPACT ON P-6 LEARNING AND DEVELOPMENT

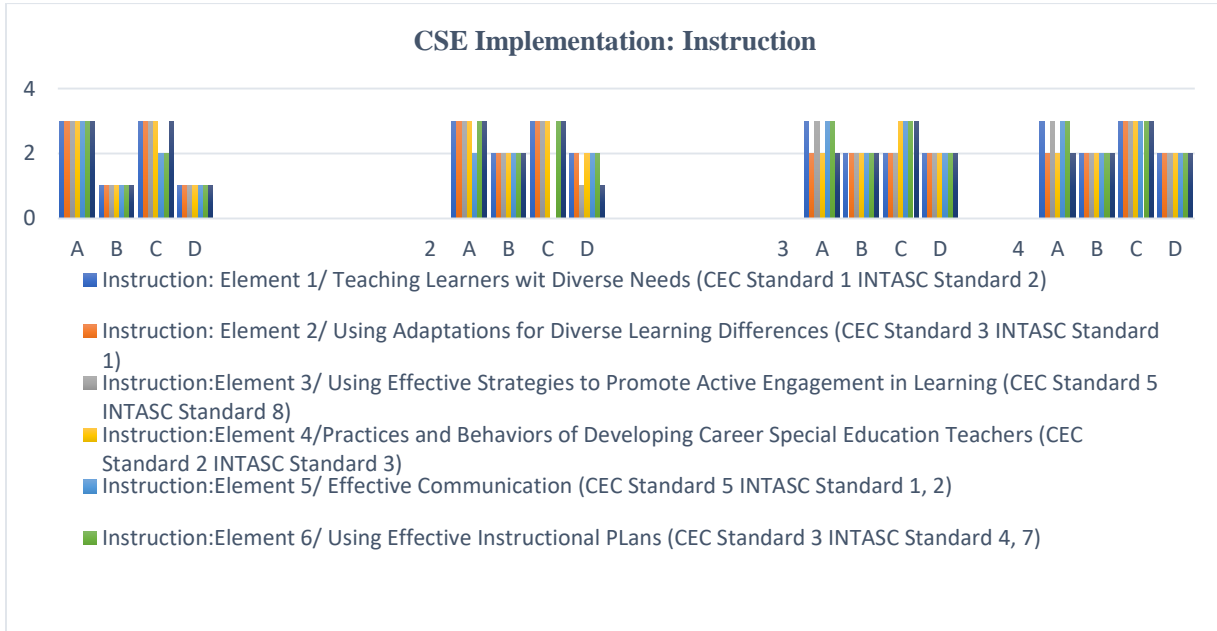
The EPP uses three to four pieces of evidence to support meeting *ARS Measure 1: Impact on P-6 Learning and Development*. Beginning with a baseline measure of candidates' impact during clinical practice, the EPP makes comparisons with completers' performances on the edTPA to discern candidates' abilities to impact student learning and development as they complete these practical experiences. Following employment and professional practice, the EPP further utilizes external reviews of completers' abilities as initial teachers using the NYC Annual Evaluations of Teacher Performance as measured on the Danielson framework. Further triangulation is done by comparing actual student performances on the grade-level Statewide assessments in ELA and Math prior to and after completers' employment. For 2019 program completers who were hired in Fall 2019, a full year of professional teaching has not yet occurred in order for employers to complete these assessments. Secondly, the closure of campuses affected the completion of detailed and disaggregated data that compares Clinical Practice with edTPA performances on comparable dimensions. Therefore, the EPP provides data on Clinical Practice performances across completers' programs to support this measure as part of its Interim Submission.

(a) Clinical Practice 2019

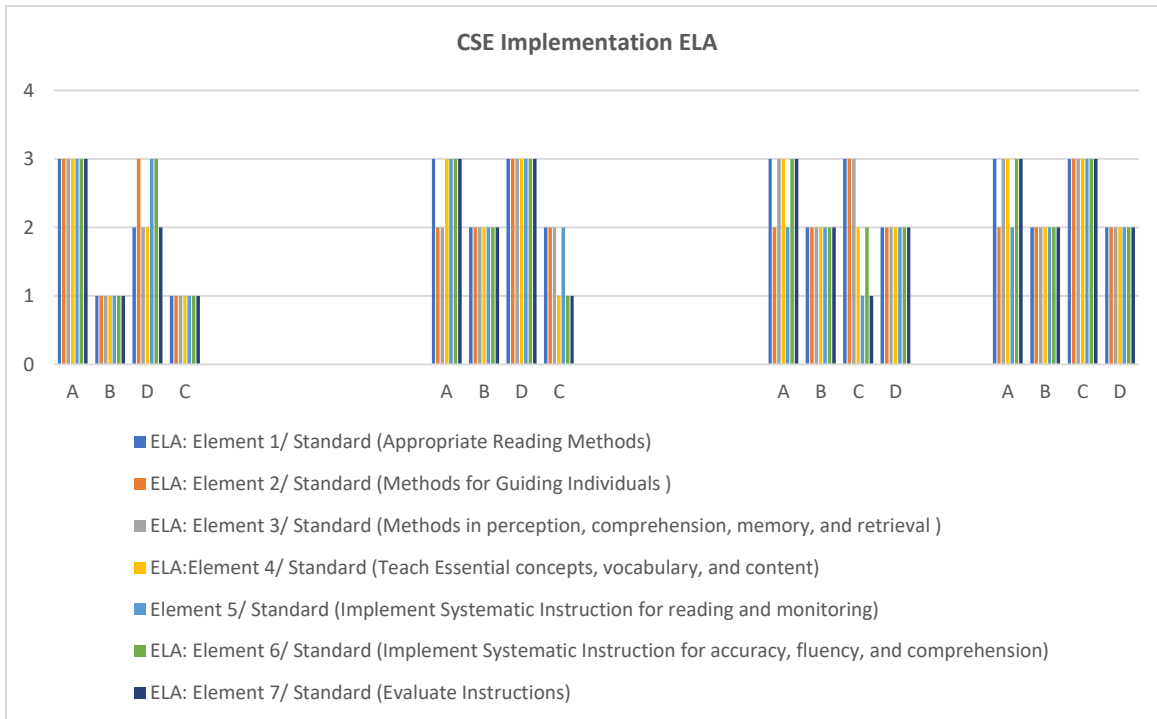
An initial measure of completers' impact on P-6 student learning is first assessed during their clinical practice experiences. While performance on all aspects of the Clinical Practice experience are critical to student learning (Planning, Implementation, and Outcomes), the EPP selected data on the latter two dimensions – **Implementation** (delivery of instruction) and **Outcomes** (evaluation of instructional delivery and student learning) – as a baseline assessment of candidate impact on learning and development. For CSE completers, sample of performances in two critical content areas (ELA and Math) are provided. For ECSE completers, sample of performances are provided for four interdisciplinary lessons.

Childhood Special Education (Sample 4)

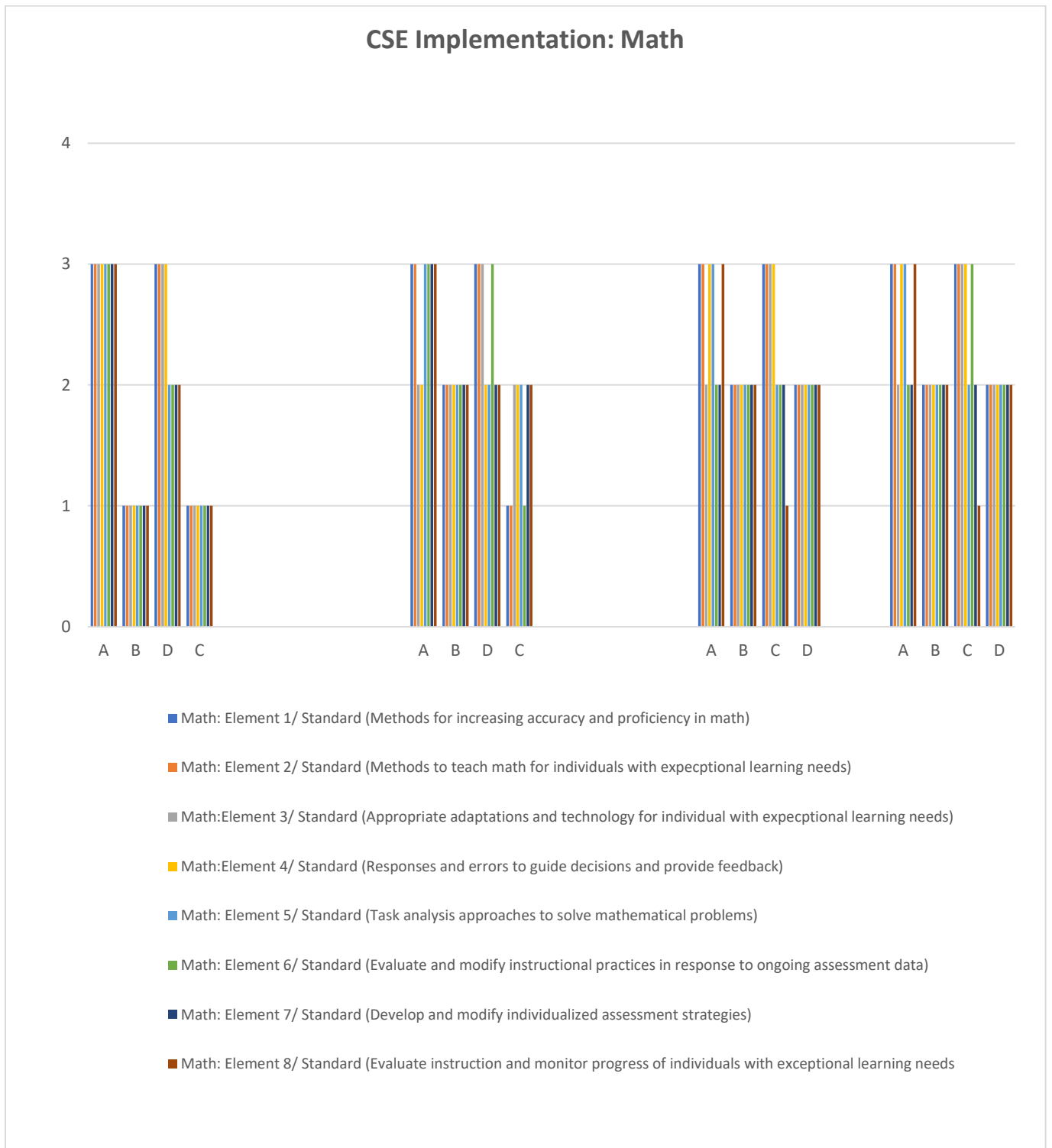
Figure 1.1a: Clinical Practice Implementation-Instruction Elements: Sample of CSE Program Completers, 2019



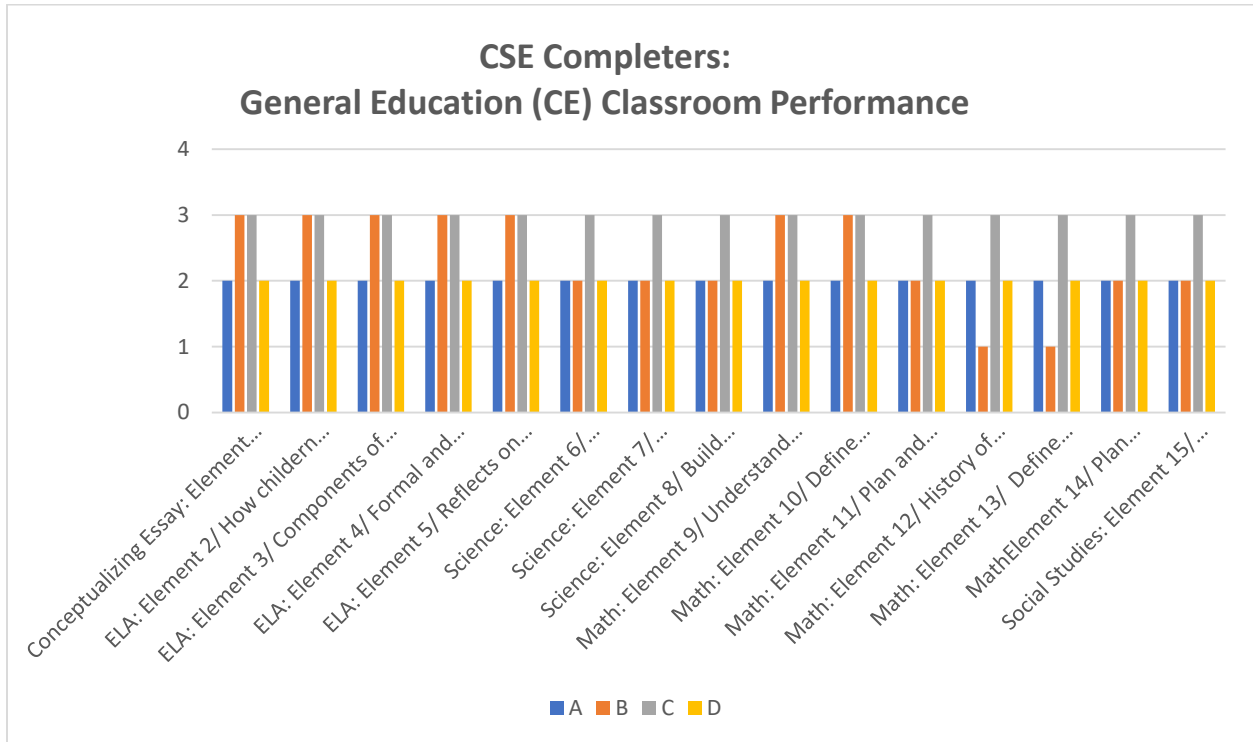
1.1b: Clinical Practice Implementation of ELA Lesson: Sample of CSE Program Completers, 2019



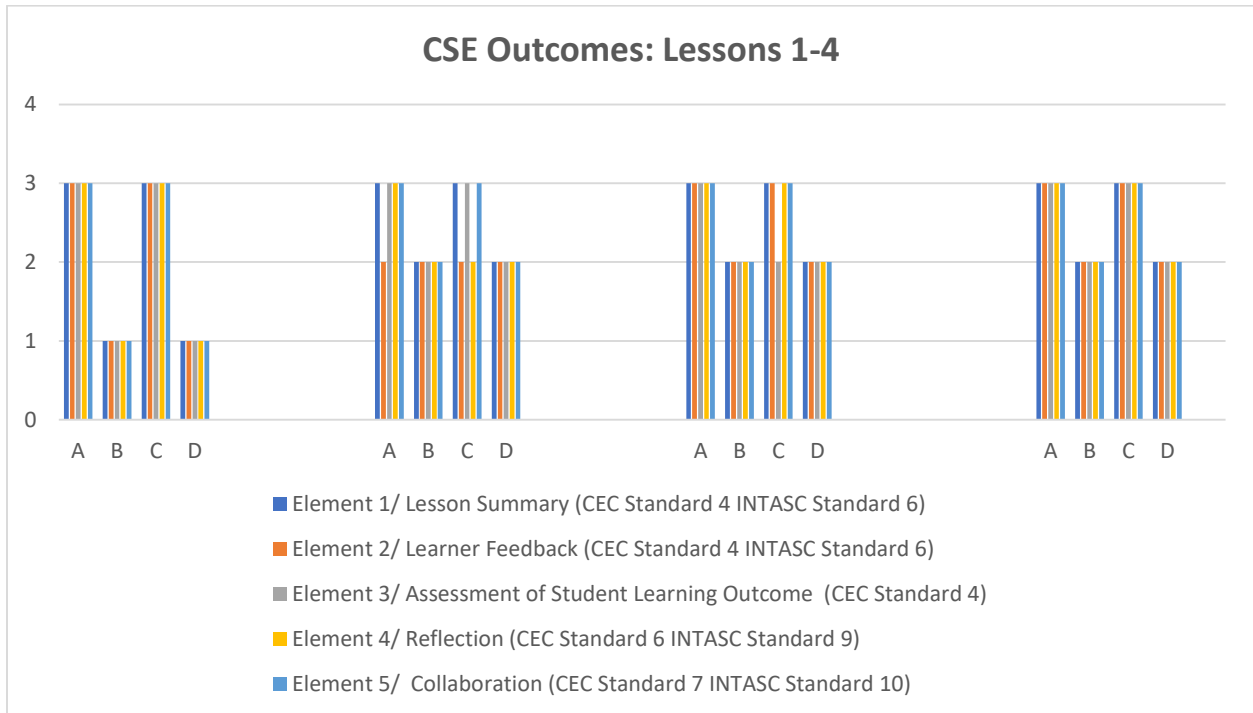
1.1c: Clinical Practice Implementation of Math Lesson: Sample of CSE Program Completers, 2019



1.1d: Clinical Practice Observations across 4 subject areas: Sample of CSE Program Completers during their general education (CE) semester, 2019



1.1e: Clinical Practice Outcomes: Sample of CSE Program Completers, 2019



Early Childhood Special Education (Sample 8)

Figure 1.2a Clinical Practice Implementation Lesson 1: Sample of ECSE Program Completers, 2019

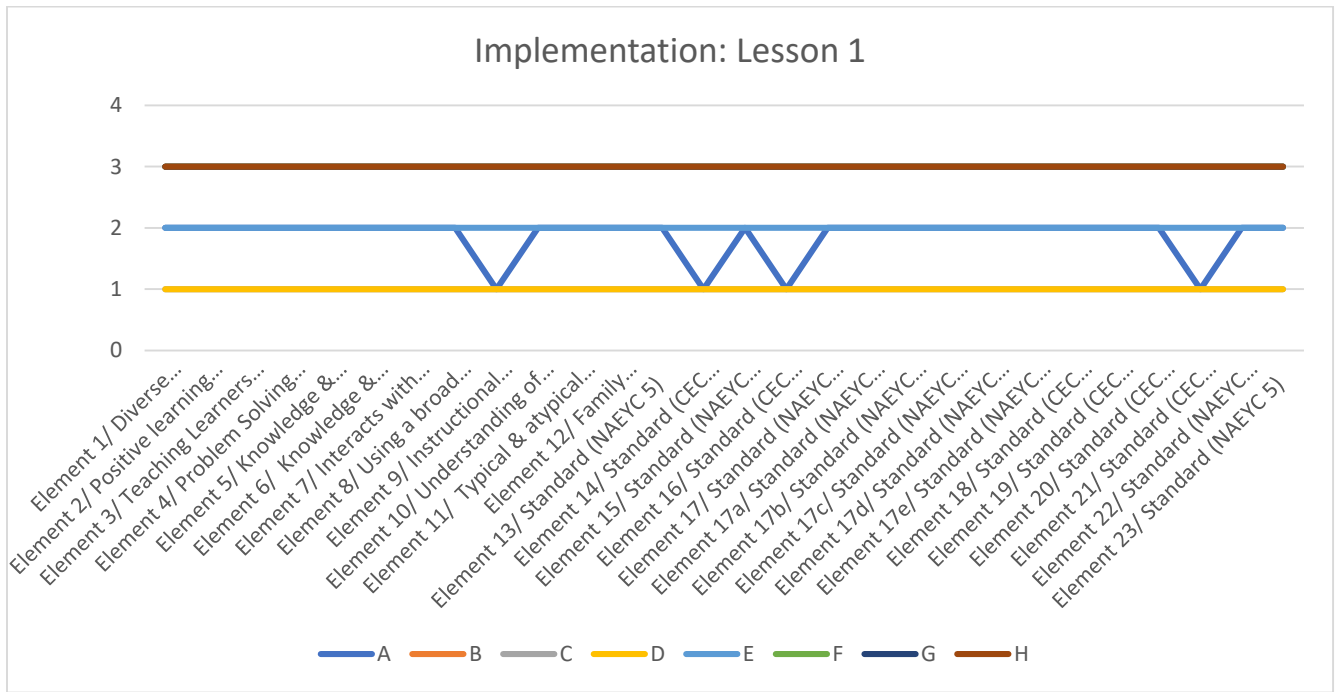


Figure 1.2b Clinical Practice Implementation Lesson 2: Sample of ECSE Program Completers, 2019

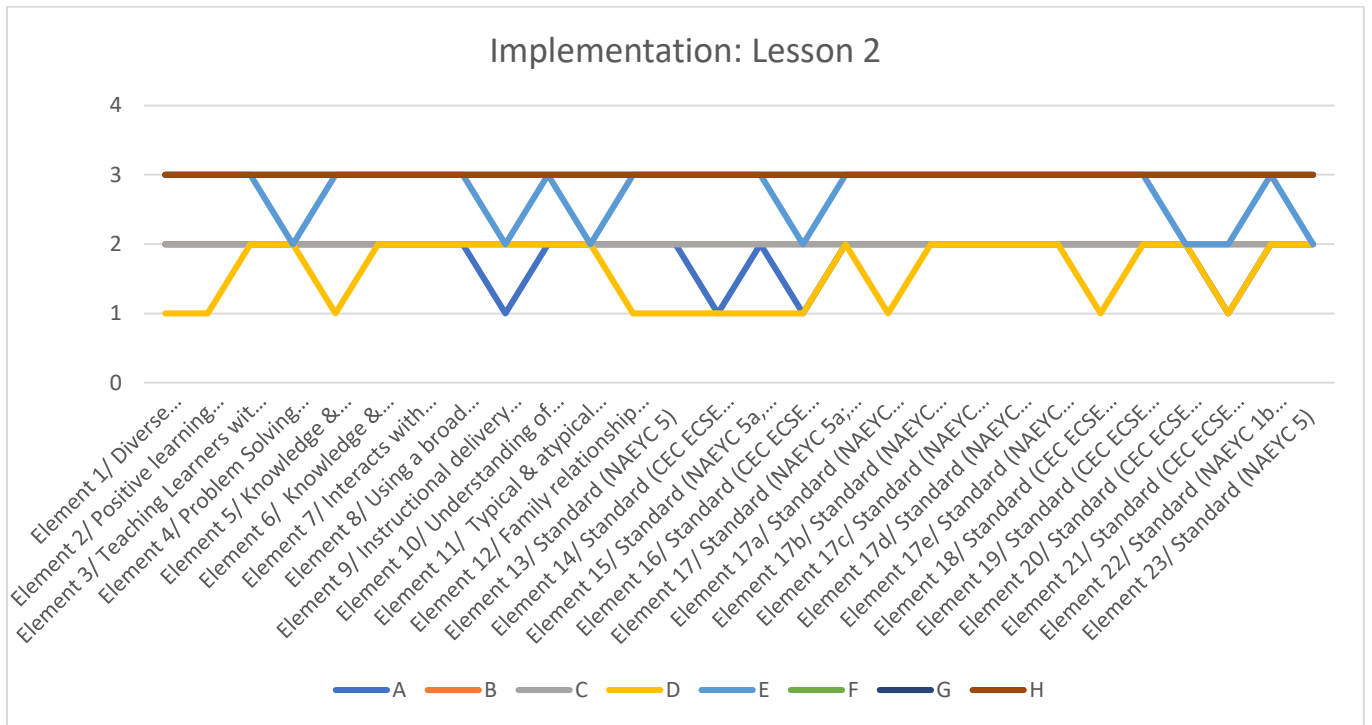


Figure 1.2e Clinical Practice Outcomes on all four lessons: Sample of ECSE Program Completers, 2019

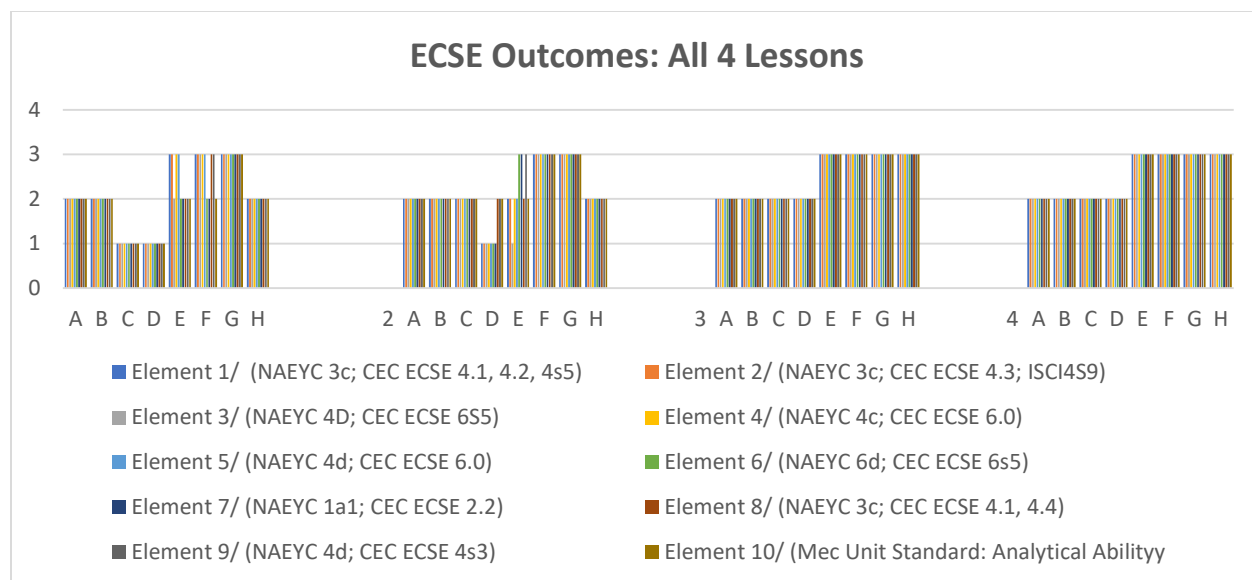


Table 1.2f: Implementation – Inter-rater reliability between supervisor and cooperating teacher

	Lesson 1	Lesson 2	Lesson 3	Lesson 4
Student G (ESCE)	95.6%	100%	100%	100%

Table 1.2g: Outcomes – Inter-rater reliability between supervisor and cooperating teacher

	Lesson 1	Lesson 2	Lesson 3	Lesson 4
Student G (ESCE)	100%	100%	100%	100%

Analysis of Clinical Practice Impact on Student Learning and Development: CSE

The clinical practice assessment is the culminating learning experience that integrates theory with practice and allows candidates to demonstrate their acquired knowledge, skills and dispositions in the practical classroom setting. Candidates have three major points of evaluation: **Part I—Planning**, **Part II – Implementation** (classroom instruction), and **Part III – Post-Observation Outcomes**. These points reflect the EPP’s clinical practice model, which is one that begins with conceptualization and ends with reflection. Part I-Planning, as well as Part II-Implementation, are assessed by the candidate’s college supervisor and cooperating teacher, Part III—Outcomes is assessed solely by the college supervisor. A random sample of Clinical Practice evaluations conducted by field supervisors were used to evaluate the performance of 2019 program completers. During Clinical Practice, candidates plan for and implement four formal observations, which are taught in the PreK-6 classrooms depending on their program. The EPP uses three rubrics to evaluate candidates’ performance on all four observations:

Planning, Implementation, Outcomes. For this ARS, the EPP focuses on Implementation and Outcomes Assessments.

Figures 1.1a – 1.1e illustrate sample CSE candidates' performances on implementation and outcomes. Giving candidates the opportunity to teach 4 different lessons allows evaluators to assess their growth over the course of the semester and eventually the year. Their performances on implementation and outcomes highlight that they all (100%) showed improvement as they progressed through 4 observations. Data demonstrate that the CSE cohort program completers progressed through Clinical Practice with numerous skills and capacity as all candidates score at least a competent level (2) on all rubric elements. Candidates demonstrated the ability to teach learners with diverse needs (CEC Standard 1; INTASC Standard 2); use adaptations for diverse learning differences (CEC Standard 3; INTASC Standard 1); use effective strategies to promote active engagement in learning (CEC Standard 5; INTASC Standard 8); and effectively communicate (CEC Standard 5; INTASC Standard 1, 2).

CSE candidates complete one semester in a special education placement and the other in a general education setting. During the special education placement, evaluators use CSE assessment measurements, and during the general education semester candidates' placement fall under the Childhood Education (CE) category. For the purpose of this report, we will refer to the general education semester as CE. Candidates demonstrated competency across most elements across four observations (see Figure 2 for more details). We sampled N=4 candidates to better understand their clinical practice CE performance. Data indicates their candidates scored greatest areas of strength, where they scored 50% competent; 50% exemplary were **Conceptualizing Essay:** Knowledge of childhood development (Standard ACEI 1.0; INTASC 1,2,3; ILA 1.1; NCTM 1-7, 8, 9-13; NCSS); **ELA:** How children develop and learn how to read (Standard ACEI 2.1; INTASC 1,2,3; ILA 2.3); **ELA:** Components of a balanced approach to reading and writing (Standard ACEI 3.1; INTASC 3, 4, 5, 7, 8; ILA 2.1, 5.2, 5.3)**ELA:** Formal and informal reading and writing (Standard ACEI 4.0; INTASC 6, 7; ILA 3.3); and **ELA:** Reflects on their practice, works, and families, and other education (Standard ACEI 5.1; INTASC 3, 9, 10; ILA 6.2). Candidates greatest areas for growth [25% exemplary 50% Competent, and 25% emerging] were Math: *History of mathematics and the contributions of diverse cultures* (Standard ACEI 2.3) and Math: *Define number system and number sense, geometry, measurements, statistics, probability, and algebra* (Standard ACEI 2.3; INTASC 1; NCTM 8.1, 8.2, 8.3). These were the only two indicators where any candidate scored an emerging.

Analysis of Clinical Practice Impact on Student Learning and Development: ECSE

Ten [N=10] ECSE candidates were sampled to assess their clinical practice performance. Most candidates showed competency and growth across the four observations (see figures 1.2a – 1.2e) for complete results. During the implementation of their lessons, most candidates scored a competent by their last observation, with many moving from an emerging to an exemplary or

from an emerging to a competent. For example, candidate D moved from an emerging during their first lesson to a competent on the second session on element 1: ability to understand diverse learners. Overall candidates planned, implemented and reflected on their lesson, and showed a wide range of skills. One hundred percent of candidates (100%) scored competent or higher on the following indicators: Positive learning environment (NAEYC 1C3; CEC ECSE 5.0); Typical & atypical differentiated instruction (NAEYC 4c; CEC ECSE 1.0, 3.0, 3.1, 3.2, 3.3, 1s3); and Family relationship and cultural diversity (NAEYC 2a; CEC ECSE 1s2, 5s13) to highlight a few.

To establish the validity of the data, we examined the inter-rater reliability of the ECSE instrument (see Tables 1.2f and 1.2g). Inter-rater reliability of randomly selected Clinical Practice evaluation shows that over four observations there is increased reliability between supervisor and cooperating teacher ratings of ECSE candidates.

(b) Clinical Practice Comparison with edTPA Performances – To be submitted later

(c) Candidate Impact on P-6 Student Learning Outcomes on NYS Standardized Tests in ELA and Math (Data Not Yet Available)

(d) 2019 Program Completers Annual NYC Evaluation (Danielson) – Not Yet Available