

## INTRODUCTION

In spring 2019, the Colorado State Legislature passed Senate Bill 19-190<sup>1</sup>, which directed the Colorado Department of Higher Education (CDHE) to work with the Colorado Department of Education (CDE) to determine what best practices, including clinical experience, would help better prepare the next generation of teachers. Clinical experiences can be make-or-break learning opportunities that greatly impact teacher candidates' development into becoming effective teachers for students. This is particularly relevant today.

COVID-19 has forced school buildings across Colorado to close, but teaching and learning have not ended. As educators, we have had to make an immediate shift to a new reality of teaching: remote learning. This means teachers have had to jettison years of curriculum and lesson plans to create a new system of delivery, feedback, and evaluation while ensuring they are differentiating and taking into account the diversity of their students.

The ability to adapt and ensure all students have what they need is one of the key skills teacher candidates learn in educator preparation programs. Today, this skill set will be needed more than ever as our students return to their schools in fall 2020. New teachers entering the classroom this fall and beyond will need to respond to the diverse needs of all students—needs made more urgent and acute by the pandemic—and they need the chance to develop these skills while working with real students and mentor teachers through clinical experiences.

Research shows that a lack of adequate preparation leads to teacher discouragement and burnout.<sup>2</sup> When new teachers feel more confident and more prepared to provide high quality and equitable education to the children of our state, we are likely to see less teacher burnout and increased opportunities for students to have a high-quality teacher. As we consider the implications of the pandemic, Colorado schools cannot afford the cost of this teacher attrition: an estimated \$28-\$61 million per year in 2008.<sup>3</sup>

We are a group of Teach Plus Colorado Teaching Policy Fellows who teach in schools across the state of Colorado. To better understand how educators in our state feel about their own clinical experiences, we conducted a survey of teachers from districts throughout our state. The survey compared teacher feedback to what the current research and literature suggest are best practices for a student-teacher clinical experience.<sup>4</sup> In this report, we present the findings from our survey and the recommendations to better prepare new teachers in order to effectively serve all of Colorado's students.

## Findings

1. Most teachers did not consider their clinical experiences to be well-rounded, leading them to feel only somewhat prepared in their first year as a teacher of record.
2. Of the five best clinical practices, teachers most commonly experienced concurrent coursework, frequent observations, and curricular autonomy.
3. Teachers felt their clinical experiences lacked structure in moving from simple to complex tasks and exposure to diversity in multiple settings.

## Recommendations

1. Diversify candidates' experience by assigning them to at least two different settings.
2. Give teacher candidates the opportunity to teach diverse learners, including those with special learning needs, English language learners, and students who qualify for free and reduced lunch.
3. Ensure candidates receive mentorship from experienced teachers who are committed to supporting their growth.

# METHODOLOGY

To better understand the experiences and perspectives of teachers, we developed a survey that was administered to teachers across the state. We collected 175 responses from current teachers between November 21, 2019 and December 1, 2019. The respondents were diverse in their teaching settings: 22 percent are in rural schools, 42 percent in suburban schools, and 36 percent in urban ones. The teachers had a median 10 years of experience. In addition to a varied work experience, respondents also showed diversity in their teacher preparation programs: 36 percent from graduate programs resulting in master's degrees, 29 percent from alternative programs, 27 percent from undergraduate programs, 3 percent from career change programs, and 5 percent from practical placement programs.

# CLINICAL BEST PRACTICES

We conducted a review of the existing literature on clinical practice to discover approaches to student teaching that focus on programming and sequencing, content, and mentor or master teacher matching. The following are five research-based best practices when it comes to student teaching:

## 1) Concurrent coursework that complements clinical experience

Concurrent enrollment enables teachers to make connections between theory and practice, leading to improved performance in methods course and deploying a broader range of practices in the classroom.

## 2) Experiences across a variety of learning environments.

While diversifying experiences may vary due to the availability of learning environments, the goal is to make sure student teachers engage with and learn

from the local community, interact with diverse populations (racial, ethnic, ability, etc.), and have experiences that differ from the student teacher's academic experiences. While schools use a variety of criteria for selecting student placements, it is important that student teachers are placed in stable settings that support teacher development, such as schools with strong teacher collaboration. Furthermore, student teachers should be placed with high-quality teachers who can model quality instruction and are also effective mentors who can build relationships and provide meaningful feedback.

### 3) Move from simple to complex tasks and have curricular autonomy.

Just as we scaffold learning for students, building out their conceptual understanding and toolkit before encouraging them to engage in more complex applications of the material, student teachers should gradually acquire responsibility for teaching and learning. This might include a sequence of tutoring/mentoring, observing teachers, teaching part-time, and then teaching full-time.

### 4) Curricular autonomy

As student teachers move to addressing more complex tasks, they should also experience increasing degrees of autonomy in developing and delivering the curriculum.

### 5) Frequent observation and feedback

Student teachers should engage in at least four observation-feedback cycles during their clinical experiences, including receiving feedback on their lesson plans, teaching, and reflecting on their practice from their mentor teacher and clinical supervisor.

## FINDINGS

### 1. Most teachers did not consider their clinical experiences to be well-rounded, leading them to feel only somewhat prepared in their first year as a teacher of record.

Only nine percent of the survey's respondents indicated that their clinical experiences had all five of the research-based best practices. One teacher highlighted this by saying, *"I was in no way prepared to differentiate instruction for students with differing needs, and I have found that to be one of the most challenging aspects of teaching."* By contrast, over 75 percent of respondents reported that their clinical experiences included three or four of the five research-based best practices. While many programs are supporting teachers through many of the best practices, very few are providing all five practices necessary to prepare them on day one.

For many teachers, their clinical experiences were lacking in preparing them for work in more high-need settings. According to one teacher, *"The levels of trauma we are seeing in school are unprecedented and the resources provided for schools and teachers to meet these needs are woefully inadequate."* Another commented,

*“I really thought I would teach in a white upper class school and ended up doing alternative ed teaching in an inner city, teaching poor, all ethnicity kids in a military town, and now a mix of that in the suburbs. You don’t know where you will move or get hired.”* These teachers noted that the gaps in their clinical experiences came from experience with diverse populations of students. Especially now, it is impossible to anticipate the circumstances any teacher will encounter, so a well-rounded experience is necessary.

**2. Of the five best clinical practices, teachers most commonly experienced concurrent coursework, frequent observations, and curricular autonomy.**

When we asked teachers which of the best practices they had experienced in their teacher preparation, more than 70 percent of respondents indicated that they were exposed to the following best practices: clinical experiences were concurrent with their coursework, they were given autonomy in curriculum presentation and development, and received frequent observation and feedback. (See Survey Questions)

	1. Concurrent Coursework	2. Multiple Clinical Settings	3. Simple to Complex Tasks	4. High Curricular Autonomy	5. Frequent Observation and Feedback
Percent Respondents Confirming Best Practice	75%	41.7%	56.1%	82%	71%

To emphasize the effectiveness of teacher mentorship and concurrent coursework, one teacher wrote, *“The program I went through put me in front of students with [diverse] needs and allowed me to work through it with the [guidance] of a master teacher. Having that experience provided me better preparation than most — as I was living it — as opposed to just reading and learning about it.”* Those teachers who experienced a high amount of guidance through feedback and experience felt more prepared to enter the classroom after graduation.

**3. Teachers felt their clinical experiences lacked structure in moving from simple to complex tasks and exposure to diversity in multiple settings.**

Over 41 percent of respondents felt their clinical experience was lacking placement in multiple clinical settings. This includes a need to experience teaching multiple grades, varied geographic locations, and diverse student populations, such as students with IEPs or 504s, English language learners, and students experiencing high levels of trauma, etc. Additionally, teachers felt unprepared to differentiate materials in order to meet these diverse needs. One teacher explained, *“I wish I had known literally what to do with those (IEP/504) kids. How do you accommodate, what does time and a half actually mean? What does that look like when creating/grading assignments, etc?”* While teachers might have been exposed to these topics in their teacher preparation curriculum, they were not given the opportunity to practice these skills in their clinical training.

Additionally, over 44 percent of teachers felt their experience was lacking movement from simple to complex tasks. Teachers felt unprepared to do hands-on problem solving due to the lack of movement from simple to complex tasks throughout the course of their clinical work. One respondent explained it this way, *“The teacher left me alone after three days. It was sink or swim and no program in the world would have prepared me for that.”* The lack of gradual release left them feeling unprepared for the clinical experience, let alone teaching in their own classroom.

## RECOMMENDATIONS

Many teachers who shared their perspectives with us felt inadequately prepared to serve diverse learners (ELLs, students with 504s and IEPs, students affected by trauma, etc.) when they entered the teaching profession. Our recommendations focus on this concern.

### **Recommendation 1: Diversify candidates’ experience by assigning them to at least two different settings.**

In Colorado, we need teacher candidates who are prepared to teach in a variety of school settings. One teacher noted, *“I think having teachers at multiple sites-rural, suburban, urban is really beneficial. Too often we [gravitate] to what is comfortable, which doesn’t necessarily help us grow. I think it is valuable to see a variety of schools as you discover how to support all learners.”*

For this reason, we recommend that teacher prep programs provide their teacher candidates with the opportunity to observe and practice in at least two types of schools throughout their clinical practice. In practice, a teacher candidate may begin by observing a master teacher in an urban public school and later complete their student teaching in a suburban or rural public school. While we acknowledge that this diversity of setting might not be possible everywhere, the programs should make their best effort in providing the most diverse settings possible. This will ensure that teacher candidates entering the teaching profession are better prepared to fill the gaps in Colorado’s teaching force.

### **Recommendation 2: Give teacher candidates the opportunity to teach diverse learners, including those with special learning needs, English language learners, and students who qualify for free and reduced lunch.**

To ensure that teacher candidates are prepared to work with the students who need them most, we recommend that candidates’ clinical experiences include the opportunity to serve English language learners and students with special needs. Programs should ensure that, upon graduation, teacher candidates are well-versed in understanding both IEPs and 504s and creating accommodated materials to meet students’ needs. One respondent expressed that, *“During my student teaching, my mentor teachers “protected me” from the paperwork of IEPs and 504s, which made me not prepared when I started teaching.”* Similarly, teachers should gain experience interpreting language proficiency test data (such as ACCESS) and providing language supports for non-native speakers. This experience should include a gradual release from simple to complex tasks: for example, a teacher candidate

could mock IEPs and write lesson plans that address the accommodations required, then spend a six-to-eight week clinical practice rotation in a classroom with students on IEPs, and finally observe an IEP annual meeting with the permission of students' parents. A similar model could be adapted for English language learners.

In addition to being prepared to serve students with federally mandated protections, teachers expressed a need to gain more experience with students who have experienced trauma. One teacher reflected, *"The levels of trauma we are seeing in school is unprecedented and the resources provided for schools and teachers to meet these needs is woefully inadequate."* Placing teacher candidates in schools with students who have experienced trauma will ensure that they get a more realistic picture of what real classroom teaching entails. This placement should be coupled with classes on trauma-informed practices to ensure that teachers enter the profession already equipped to deal with these special circumstances.

**Recommendation 3: Ensure candidates receive mentorship from experienced teachers who are committed to supporting their growth.**

A majority of teacher respondents mentioned the importance of having a strong mentor during their clinical experience. One teacher noted, *"It was vital for me to see how my mentor teachers set up for the year, managed holidays/other breaks, and how they wound down at the end of the year - I got a feel for the 'rhythms' of a school year."* A long-term relationship with a master teacher in the classroom is not only helpful, but is necessary to ensure that teacher candidates move seamlessly from teacher preparation to classroom teaching.<sup>5</sup> This mentorship experience should include a gradual release of responsibility that moves from observing and analyzing the mentor teachers' lessons and interactions within the classroom to lead teaching and receiving feedback from the mentor teacher.

While teachers may be effective at teaching children, they may not have the skills to teach adults. Mentor teachers should be carefully selected and trained by preparation programs. One respondent reflected that, *"A mentor teacher needs to be open to sharing their classroom and to ideas from their resident with true collaborative skills and the ability to have feedback conversations grounded in coaching."* Because one of the key components of clinical experience is practice and feedback, mentor teachers need to be prepared to relinquish control of their classroom while spending time to truly collaborate with their teacher candidate.

## CONCLUSION

To create strong, confident teachers and keep them in the profession, we need to strengthen the clinical experiences in their educator preparation programs. In order for this to happen, education prep programs need to make programmatic shifts that will make a lasting impact on teacher candidates. Teacher candidates need to observe and student-teach in diverse settings during their clinical practice, be ready to work with diverse learners who need them most, and have an opportunity to learn from and alongside a mentor teacher who is both well-qualified and a strong match. Ultimately, a strong clinical experience will produce well-qualified teacher candidates who more confidently enter their first year in the classroom and serve the diverse learners of Colorado now and into the future. We are ready to collaborate and partner with district leadership and state legislators to ensure teacher voice is included as we consider how to best prepare new teachers in Colorado to serve students on day one.

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## ENDNOTES

- <sup>1</sup> See Senate Bill 19-190, <https://leg.colorado.gov/bills/sb19-190>
- <sup>2</sup> American Association of Colleges for Teacher Education
- <sup>3</sup> Haynes, M. (2014). *On the Path to Equity: Improving the Effectiveness of Beginning Teachers*. Alliance for Excellent Education. Retrieved from <https://mk0all4edorgjxiy8xf9.kinstacdn.com/wp-content/uploads/2014/07/PathToEquity.pdf>
- <sup>4</sup> Traffcanda, J., & s. (2018, April 24). Colorado's Teacher Shortage: Get the Facts. Retrieved from <https://coloradosucceeds.org/teachers-leaders/colorados-teacher-shortage-get-facts/>
- <sup>5</sup> Campbell, S. L. (2018). A comparative case study analysis: effects of mentor practices on new teacher retention.

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## SURVEY QUESTIONS

Question: “Generally speaking, how prepared for teaching did you feel as a result of attending your teacher preparation program?” Responses (n=175): “Extremely prepared” (24.6 percent), “Very prepared” (45.7 percent), “Somewhat prepared” (27.4 percent), “Not at all prepared” (2.3 percent). Results may not sum to 100 percent due to rounding.

Question: “Overall, how satisfied were you with your clinical experiences as you were preparing to become a teacher?” Responses (n=175): “Extremely satisfied” (33.7 percent), “Very satisfied” (41.1 percent), “Somewhat satisfied” (24.0 percent), “Not at all satisfied” (1.1 percent).

*For the following questions, participants were asked to select between two fictionalized teacher preparation programs across five scenarios based on which description best matched their own preparation program and which best reflected an approach that would better prepare teacher candidates for the classroom.*

Question: “Based on the descriptions provided above, which preparation program’s approach to clinical experiences reflects the design of your preparation program’s clinical experience placement?” (hereto after “Actual”) Responses: “Prep Program A”, “Prep Program B.”



Question. "Based on the descriptions provided above, which preparation program's approach to clinical experiences would best prepare teacher candidates for the classroom?" (hereto after "Ideal") Responses: "Prep Program A", "Prep Program B".

*The percent and number of respondents who identified the fictionalized preparation program for each of the five scenarios are presented below with the research-based best practice identified by an asterisk (\*).*

Scenario 1: (n=173)

Prep Program A:

"Student teachers complete most of their methods courses before starting any clinical/field experiences with the thought that students should build a pedagogical tool kit prior to entering a classroom." Responses: "Actual" (25.4 percent, 44), "Ideal" (12.1 percent, 21)

Prep Program B:\*

"Student teachers start their clinical experience early in their methods sequence with the thought that students can learn and practice particular methods in the field and then debrief with their class." Responses: "Actual" (74.6 percent, 129), "Ideal" (87.9 percent, 152).

Scenario 2: (n=173)

Prep Program A:\*

"Structures clinical experiences so that student teachers perform simpler teaching tasks early on and then move to more complex tasks towards the end of a student's clinical experience." Responses: "Actual" (59.0 percent, 102), "Ideal" (37.6 percent, 65).

Prep Program B:

"Structures clinical experiences so that student teachers perform complex tasks, such as designing, teaching, and analyzing a lesson throughout a student's clinical experience." Responses: "Actual" (41.0 percent, 73), "Ideal" (62.4 percent, 110).

Scenario 3: (n=175)

Prep Program A:

"Student teachers spend most of their clinical experiences in a few settings. For example, student teachers often remain in the same classroom or school for all their clinical experiences." Responses: "Actual" (58.3 percent, 102), "Ideal" (37.1 percent, 65).

Prep Program B:\*

"Student teachers spend their clinical experiences working in multiple settings. For example, student teachers work in different classrooms or schools for all their clinical experiences." Responses: "Actual" (41.7 percent, 73), "Ideal" (62.9 percent, 110).

Scenario 4: (n=174)

Prep Program A:

"Structures clinical experience such that student teachers receive minimal observation and feedback (between one and three times) while in their placement. For example, teacher candidates often design and deliver lessons without being formally observed and/or receiving feedback from their mentor teacher or program supervisor." Responses: "Actual" (33.9 percent, 59), "Ideal" (4.0 percent, 7).

Prep Program B:\*

"Structures clinical experience such that student teachers receive observations often (more than three times). For example, teacher candidates often receive feedback on their lesson plans and how they implemented those plans in the classroom from their mentor teacher and/or program supervisor." Responses: "Actual" (66.1 percent, 123), "Ideal" (96.0 percent, 167).

Scenario 5: (n=175)

Prep Program A:\*

"Student teachers typically create their own lesson plans and materials." Responses: "Actual" (82.3 percent, 144), "Ideal" (76.6 percent, 134).

Prep Program B:

"Student teachers typically use lesson plans and materials created by the program, placement school, and/or mentor teacher." Responses: "Actual" (17.7 percent, 31), "Ideal" (23.4 percent, 41).