

Big Country Teacher Center



Clinical Teaching Handbook

Revised August 2022

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PURPOSE OF CLINICAL TEACHING

Clinical teaching should be a realistic simulation of the total teaching experience. This experience should provide the clinical teacher with an opportunity to synthesize educational theory through practiced, supervised teaching.

GOALS OF THE PROGRAM

Each clinical teacher will:

1. Observe the roles and responsibilities of the cooperating classroom teacher.
2. Observe and assist an experienced teacher in classroom responsibilities.
3. Acquire additional instructional resources, techniques, and ideas.
4. Become personally involved in the classroom program.
5. Learn to teach through teaching.
6. Show initiative and use original ideas.
7. Begin professional development in a pre-service situation.
8. Receive objective evaluation and guidance for developing skills for teaching.
9. Confirm his/her individual career choice.

ROLE OF THE BIG COUNTRY TEACHER CENTER

The history of the Big Country Teacher Center began with the passage of Senate Bill VIII in 1969. This bill provided for:

1. Shared responsibility for clinical teaching by both public school systems and universities for teacher evaluation; and
2. Identification of public school cooperating teachers and university supervisors with appropriate responsibilities for each.

In the spring of 1972, the Big Country Teacher Center wrote by-laws that initiated monthly meetings of the Teacher Center Council. The membership of the Center is composed of representatives from the following:

1. The teacher education faculties of Hardin-Simmons University, Abilene Christian University, McMurry University and Cisco College;
2. Area school districts participating in the field components, including clinical teaching, of the area teacher preparation programs; and
3. Region XIV Education Service Center.

The purpose of the Big Country Teacher Center is to provide leadership and coordination in the placement, supervision and evaluation of clinical teachers in Abilene and neighboring school districts. The Center also provides an advisory function as it assists local universities in the development of teacher education programs. Finally, the Teacher Center provides all stakeholders with information about state expectations for educator preparation outlined in Texas Administrative Code.

ROLES AND RESPONSIBILITIES RELATED TO CLINICAL TEACHING

Clinical teaching is a cooperative effort involving the clinical teacher, the cooperating teacher in the public school, and the university supervisor. The building principal also plays a critical supporting role. If a university encounters a placement problem, representatives of that university may seek the advice of the Big Country Teachers Center regarding placement. The decision of the BCTC is final.

A clear understanding of the various roles and responsibilities related to clinical teaching is necessary in order for the clinical teacher to have a successful experience. These roles and responsibilities are outlined in the following sections to facilitate the coordination and cooperation of all parties.

COOPERATING TEACHER

Texas Administrative Code Chapter 228 establishes the following requirements for cooperating teachers:

Cooperating teacher--For a clinical teacher candidate, an educator who is collaboratively assigned by the educator preparation program (EPP) and campus administrator; who has at least three years of teaching experience; who is an accomplished educator as shown by student learning; who has completed cooperating teacher training by the EPP within three weeks of being assigned to a clinical teacher; who is currently certified in the certification category for the clinical teaching assignment for which the clinical teacher candidate is seeking certification; who guides, assists, and supports the candidate during the candidate's clinical teaching in areas such as planning, classroom management, instruction, assessment, working with parents, obtaining materials, district policies; and who reports the candidate's progress to that candidate's field supervisor.

The cooperating teacher must also have a desire and commitment to serve in this capacity. Skills and dispositions of strong cooperating teachers include the following:

- Reflects on personal, professional practice with depth, continually adapting in response to student needs
- Models effective practices and can describe with specificity strategies utilized in the classroom
- Engages in advanced, intentional instructional planning
- Collaborates, sharing resources and ideas openly
- Invites suggestions from the clinical teacher and is willing try new strategies
- Provides constructive and specific feedback
- Is open to questions about chosen approaches to instruction, assessment and classroom management
- Can clearly articulate the rationale for instructional decisions
- Is willing to relinquish an appropriate level of control
- Demonstrates trust and confidence in P-12 learners
- Communicates positively and professionally about the school, the district and the profession of teaching

In many ways, clinical teaching is the most formative experience in the teacher preparation process. Therefore, the contribution of strong mentoring relationship with an effective cooperating teacher cannot be underestimated. The cooperating teacher's major function in the clinical teacher program is to provide the greatest possible opportunity for the clinical teacher to learn through practice the practical applications of educational theories. The following guidelines are presented to assist the cooperating teacher in fulfilling this important role:

Before the clinical teacher arrives, the cooperating teacher should:

1. Review the clinical teacher's personal data sheet.
2. Prepare the students in the class for the arrival of a clinical teacher.
3. Provide a suitable working space for the clinical teacher.
4. Obtain all textbooks, grade books, school policy manuals, and other materials and resources the clinical teacher may need.

On the clinical teacher's first day, the cooperating teacher should:

1. Welcome the clinical teacher and introduce him/her to the class.
2. Review school policies, discipline procedures, curriculum materials, and dress code with the clinical teacher.
3. Establish a policy and procedure for reporting clinical teacher's absences and establish a firm make-up policy.
4. Discuss the professional development goals for clinical teaching, emphasizing the importance of performing and acting in a professional manner.

During the observation phase of clinical teaching, the cooperating teacher should:

1. Direct the clinical teacher's observations to important aspects of teaching learning, including:
 - a. teaching techniques (beginning the lesson, pacing the lesson, teacher behavior, closing the lesson, etc.);
 - b. learning activities;
 - c. student behavior (work habits, successes/frustrations, interaction with
 - d. discipline.; and
 - e. curriculum resources (TEKS, unit plans, visual aids, LRC, audio-visual equipment, etc.).
2. Help the clinical teacher reflect on his/her observation.
3. Determine when the clinical teacher is prepared to assume responsibilities for teaching the class.

Cooperative planning between the cooperating teacher and the clinical teacher should:

1. Take place during the latter part of the observational phase.
2. Help the clinical teacher develop plans for teaching, including:
 - a. lesson and unit plans;
 - b. keeping records;
 - c. materials file; and
 - d. teaching strategies.

In order for the clinical teacher to assume teaching responsibilities, the cooperating teacher should:

1. Gradually allow the clinical teacher to assume responsibility for teaching the class.

2. Consider the following suggested schedule for the clinical teacher to:
 - a. assist with daily routines and supervising individual students;
 - b. supervise a small group of students;
 - c. plan and direct limited activities;
 - d. plan and implement daily lessons; and finally to
 - e. plan and implement units of instruction with minimal supervision by cooperating teacher.
3. Conduct four observations (two for a 7-week assignment) utilizing the observation instrument provided on page 18 or an alternative form provided by the university. Discuss the assessment with the clinical teacher and the university supervisor. Review the evaluation criteria in the Clinical Teacher Handbook with the clinical teacher, emphasizing aspects of the evaluation criteria of particular importance to the cooperating teacher's classroom. Clear and accurate feedback regarding clinical teacher strengths and weaknesses during formative assessment is essential.
4. Conduct a formative mid-assignment evaluation using the MIDTERM APPRAISAL OF CLINICAL TEACHER COMPETENCY on page 22 of the Big Country Teacher Center Clinical teaching Handbook. If a 7-week assignment, this appraisal should occur during week 3 or 4. Using the mid-assignment evaluation as a basis for helping the clinical teacher, establish professional development goals for the remainder of the assignment.
5. Conduct a final summative evaluation using the FINAL APPRAISAL OF CLINICAL TEACHER COMPETENCY on page 23 in the Big Country Teacher Center Clinical teaching Handbook at the conclusion of the clinical teaching assignment. (If a 6 or 7 week assignment the final evaluation should occur the last week of the assignment.)

CLINICAL TEACHER

The primary purpose of the clinical teaching experience is to provide the clinical teacher with an opportunity to apply educational theories in actual teaching situations. As both a university student and a clinical teacher, this is a dual role. However, in his/her assigned public school, he/she enters the classroom as a *teacher*, not as a *student*.

Texas Administrative Code Chapter 228 has established the minimum number of weeks for clinical teaching in order to qualify for initial teacher certification in the State of Texas. The candidate must complete a minimum of 14 weeks (no less than 65 full days), with a full day being 100% for the school day or a minimum of 28 weeks (no less than 130 half days), with a half day being 50% of the school day.

In order to promote and maintain a good working relationship with the school in which they are assigned, the following guidelines are offered for clinical teachers:

1. Report initially to the principal's office or designated area at the assigned time for orientation.
2. Sign in when arriving and leaving in the principal's office at the designated place.
3. Be prompt; not leaving early unless pre-arranged with both the cooperating teacher and the university supervisor. (Hours lost with an early exit will be made up in order to meet state established requirements.)

4. Dress in a manner compatible with that of the teaching profession.
5. Complete 14 weeks of full days (7 hours minimum) in clinical teaching in order to qualify for initial certification.
6. Contact both the cooperating teacher and the university supervisor if an absence is necessary.
7. Make up any missed days.
8. Learn school system policies and those of the building to which you are assigned.
9. Review the Code of Ethics for Texas teachers.
10. Maintain confidentiality as indicated by the Code of Ethics and FERPA.
11. Participate in all relevant instructional contexts (field trips, student interest clubs, etc.)
12. Attend appropriate PTA meetings, open houses, special events and faculty meetings.

UNIVERSITY SUPERVISOR

The university supervisor is the university representative who works closely with both the cooperating teacher and the clinical teacher. S/he is the coordinating link between the institution of higher learning and the participating P-12 schools. Although a clinical teacher is a product of the combined efforts of the three persons involved, the university supervisor is responsible for the final grade. S/he is responsible for instruction supervision including observation, evaluation, and advisement.

Texas Administrative Code Chapter 228 outlines the following requirements for the university supervisor:

A currently certified educator, hired by the educator preparation program, who preferably has advanced credentials, to observe candidates, monitor their performance, and provide constructive feedback to improve their effectiveness as educators. A field supervisor shall have at least three years of experience and current certification in the class in which supervision is provided. A field supervisor shall be an accomplished educator as shown by student learning. A field supervisor with experience as a principal and who holds a current certificate that is appropriate for a principal assignment may supervise principal, classroom teacher, master teacher, and reading specialist candidates. A field supervisor with experience as a superintendent and who holds a current certificate that is appropriate for a superintendent assignment may supervise superintendent, principal, classroom teacher, master teacher, and reading specialist candidates. If an individual is not currently certified, an individual must hold at least a master's degree in the academic area or field related to the certification class for which supervision is being provided.

The duties of the university supervisor include the following:

1. Developing communication between the staff of the cooperating school and the university, serving as a liaison between the two by conducting orientation sessions for the clinical teacher and the cooperating teacher, as required by Texas Administrative Code.
2. Providing a link between the university campus and the public school setting.
3. Systematically observing clinical teaching classroom activities.

4. Arranging regular conferences with clinical teachers.
5. Assigning the final grade in clinical teaching.

PRINCIPAL

The principal, in his/her role as administrator and educational leader, works closely with his/her building, university supervisors, and the superintendent's office to insure an effective program for clinical teachers. Specific responsibilities of the principal include the following:

1. Cooperating with the district and with universities regarding the selection of qualified supervising teachers as required by Texas Administrative Code.
2. Cooperating with university supervisors and central office personnel regarding the assignment and progress of clinical teachers.
3. Providing leadership within the building for the supervision of clinical teachers.
4. Encouraging the well-qualified teacher to participate in clinical teaching, while respecting the wishes of those teachers who do not desire to participate in the program.
5. Acquainting the clinical teacher with the policies and programs of the school.
6. Providing an atmosphere conducive to a quality teacher education program.

SUGGESTED RESPONSIBILITIES FOR CLINICAL TEACHERS

The clinical teaching assignment includes four major phases of responsibilities for the clinical teacher: observation, cooperative planning, teaching, and evaluation.

Phase I: Observation

The first phase of responsibilities for the clinical teacher is observation. This observation phase includes observation of both students and the cooperating teacher and should last approximately one week.

During observation of students, the clinical teacher should:

1. Learn the students' names as soon as possible by making seating charts, checking roll, reviewing information cards, permanent records, scheduling, etc.
2. Learn the times that special education students leave for resource.
3. Learn the speech times for students and the schedule for any other "pull-out" programs (i.e. ALPS).
4. Observe students with special learning problem, become familiar with the expectations of these students, and learn the various methods of meeting the individual learning needs of these students.
5. Note students' work habits, their successes and/or frustrations with subject matter and their interaction with peers and adults, and discuss these observations with the cooperating teacher.
6. Be aware of any special provisions for learning disabled students.
7. Become familiar with expectations by observing manuals, guides, the teacher's plan, students' work, etc.

While observing the cooperating teacher, the clinical teacher should become familiar with the teaching techniques of the teacher as well as classroom management techniques and any special resources available.

In order to become familiar with the teaching techniques of the cooperating teacher, the clinical teacher should:

1. Note various methods of opening class (i.e. the teacher's point of focus).
2. Observe the pacing of the class, including:
 - a. development and use of routines;
 - b. the teacher's use of physical proximity to manage and monitor student engagement during teaching;
 - c. the vocabulary utilized by the teacher to meet the level of the students;
 - d. the teacher's use of questioning strategies.
 - e. adherence to the lesson cycle

3. Notice the techniques that best hold the interest of the students and the different methods used with individual students.
4. Note the cooperating teacher's methods of closing class, including:
 - a. the amount of time allotted for clearing away materials and the location of materials; and
 - b. the presentation of future assignment requirements.
5. Note activities between classes or subjects, including:
 - a. the interaction with students;
 - b. the reorganization of materials and resources; and
 - c. the position of the teacher in the classroom.

While observing classroom management techniques, the clinical teacher should pay particular attention to discipline, grouping, and the learning environment. When observing discipline, the clinical teacher should:

1. Obtain a copy of classroom rules the first day of the clinical teaching assignment and be prepared to follow these rules.
2. Observe classroom management in terms of voice volume, eye contact, transition activities, behavior modification, etc.
3. Observe positive discipline techniques used.
4. Look for consistent patterns of discipline which are firm, objective, positive, and courteous.
5. Note the infrequency of discipline problems in a classroom where students are successfully engaged in appropriate activities
6. Note teacher's ability to adjust to unforeseen situations.
7. Note various noise levels and teacher's method of maintaining the proper level for each type of activity.
8. Note teacher movement around the room, especially when and where the teacher sits and stands.

When observing grouping techniques, the clinical teacher should:

1. Note whether or not groupings are available to meet the special needs of students.
2. Note the teacher time management with groups.

When observing the learning environment of the classroom, the clinical teacher should:

1. Note the arrangement of the classroom.
2. Note the materials, equipment, and resources that assist the students become self-managing.
3. Note the materials, equipment, and resources that help create an attractive, functional learning environment.

When observing any special resources available, the clinical teacher should:

1. Visit the school's learning resource center.
2. Visit the counselor's office.
3. Learn the rules concerning teacher use of copy machines, audio-visual equipment, etc.
4. Learn about the services and materials available from Region XIV Education Service Center.
5. Be aware of special education programs and facilities and visit the special education classrooms.

Phase II: Cooperative Planning

The second phase of clinical teaching involves cooperative planning between the cooperating teacher and the clinical teacher. The cooperating teacher and clinical teacher will coordinate assignments and discuss expectations for each phase of the clinical teaching term. The length of time spent in each phase will depend upon the length of the clinical teaching assignment and the individual clinical teacher.

During cooperative planning, the clinical teacher will:

1. Observe the cooperating teacher's plans and be aware that at times s/he adapts the plans to meet the needs of the day. It is necessary to have a plan and to have materials ready. Be Flexible!
2. Keep records as assigned by the cooperating teacher and a separate copy of records of work the clinical teacher assigns and grades
3. Discuss ideas for teaching and materials for copying with the cooperating teacher when students are not in class.
4. Observe the cooperating teacher's files and techniques of organization.
5. Expand his/her personal teaching files.
6. Follow the suggestions given by the cooperating teacher for different teaching strategies and realize that not every strategy is successful with every child. It is important to incorporate a variety of teaching strategies in order to determine which strategy is best for each child.

Phase III: Teaching

The third and most extensive phase for the clinical teacher is classroom-teaching experience. During this phase the clinical teacher should gradually assume increasing amounts of responsibility for teaching the class. The cooperating teacher and the university supervisor will collaboratively determine the rate at which this responsibility is assumed. The professional development of clinical teachers proceeds through several steps following the initial period of observation and should include the following:

1. Assisting the cooperating teacher in performing daily routines (checking attendance, helping students with make-up work, supervising and assisting students doing seat work, etc.) and working with individual students or with small groups of students.
2. Planning and directing limited activities, including:
 - a. Engaging in cooperative planning with the cooperating teacher;
 - b. Preparing teaching aids and materials, including bulletin boards;
 - c. Directing learning activities; and
 - d. Evaluating students' progress.
3. Planning and directing lessons on a daily basis, including:
 - a. Continuing cooperative planning, following the lead of the cooperative teacher;
 - b. Becoming increasingly responsible for directing the learning activities of students and maintaining classroom discipline.
4. Assuming teaching responsibility with minimal supervision from the cooperating teacher, including:
 - a. Planning and directing units of instruction;
 - b. Assuming primary responsibility for classroom management and instruction;
 - c. Developing learning aids and instructional resources; and
 - d. Implementing individual ideas, techniques, and strategies, and beginning to develop a personal teaching style which maximizes the potential of the clinical teacher.

Suggested Collaborative Strategies for the Teaching Phase:

Rather than conceptualizing the teaching phase as full release to the clinical teacher, a variety of strategies can be used with a more collaborative model. The following describes seven strategies adapted from the work of Marilyn Friend and Lynne Cook. (For further information on their work, see the following website: <http://stcloudstate.edu/soe/tqe/coteaching/>)

There is no hierarchical order for implementing these strategies. Strategies can be used individually or in combination. The goal is to find ways to keep both teachers actively engaged with students and their learning. In the clinical teaching setting, these structures can essentially decrease the student teacher ratio and increase opportunity for support and differentiation. In addition to being a developing professional in need of mentoring, the clinical teacher can then be seen as a highly trained instructional partner.

Although pairs may combine strategies to best meet student needs, beginning definitions are provided below in order to develop a shared language to describe the strategy. Once both the cooperating teacher and clinical teacher have an understanding of the benefits of each strategy, they will combine them as is appropriate for the particular classroom.

The following describe collaborative strategies that may be considered for the clinical teaching context. In these descriptions, the word teacher is used interchangeably for the cooperating teacher and the clinical teacher/teacher candidate.

- One Teach, One Observe – one teacher has primary instructional responsibility while the other gathers specific observational information on students or the (instructing)

teacher. The key to this strategy is to focus on the observation – where and how the teacher is doing the instruction and observing specific behaviors. It is important to remember that either the teacher candidate or the cooperating teacher could take on both roles.

- One Teach, One Assist is an extension of “one teach, one observe”. One teacher has primary instructional responsibility while the other assists students with their work, monitors behaviors, or corrects assignments, often lending a voice to students or groups who would hesitate to participate or add comments.
- Station Teaching occurs when the cooperating teacher and clinical teacher divide the instructional content into parts –Each teacher instructs one of the groups, groups then rotate or spend a designated amount of time at each station. Often, independent stations will be used along with the teacher led stations.
- In the Parallel Teaching approach, each teacher instructs half the students. The two teachers are addressing the same instructional material and presenting the material using the same teaching strategies. The greatest benefit to this method is the reduction of the student to teacher ratio.
- The Supplemental Teaching strategy allows one teacher to work with students at their expected grade level, while the other teacher works with those students who need the information and/or materials re-taught, extended, or remediated.
- Alternative or Differentiated Teaching strategies provide two different approaches to teaching the same information. The learning outcome is the same for all students however the avenue for getting there is different.

Phase IV: Evaluation

The evaluation phase of clinical teaching consists of two different evaluation processes. The clinical teacher will not only be responsible for evaluating the progress of students in his/her classroom, but will also conduct a self-evaluation of his/her own professional development.

During the evaluation of student progress, the clinical teacher will:

1. Become increasingly responsible for evaluating the progress of students.
2. Evaluate student's progress in relation to curriculum goals and learning objectives.
3. Report progress on a regular basis to students and their parents.

In order to conduct a self-evaluation of his/her own professional development, the clinical teacher will:

1. Be evaluated by both the cooperating teacher and the university supervisor.
2. Participate actively in the evaluation of his/her own professional development.
3. Establish professional goals and evaluate his/her individual progress toward the achievement of these goal

INSTRUCTIONS FOR COOPERATING TEACHERS IN THE USE OF THE COMPETENCY APPRAISAL FORM

Two times during the tenure of the clinical teacher, the cooperating teacher will be asked to complete a Competency Appraisal Form.

The first time will be a mid-assignment appraisal of the clinical teacher (if 6 or 7 week assignment in week 3 or 4) that:

1. will be completed half-way through the clinical teaching experience;
2. intended to be a formative appraisal to assist the clinical teacher in identifying individual strengths and weaknesses; and
3. will not be considered by the university supervisor toward the final grade of the clinical teacher.

The second and final evaluation (during week 6 or 7 if a 6 or 7 week assignment) will be:

1. a confidential appraisal returned directly to the university supervisor; and
2. considered by the university supervisor to assign the final grade of the clinical teacher.

As the cooperating teacher completes this appraisal form, he/she should keep the following in mind:

1. that he/she is appraising a beginning teacher with the equivalent of four to twelve weeks of teaching experience;
2. the clinical teacher should be appraised on how well the competencies outlined in this handbook have been met; and
3. not to compare the clinical teacher to an experienced teacher.

It is the expectation of the Big Country Teacher Center that a clinical teacher should perform at an acceptable level before he/she completes the clinical teaching experience. Before completing the appraisal forms, the cooperating teacher should:

1. read the competencies and be familiar with them;
2. review the competencies with the clinical teacher at the mid-assignment evaluation;
3. appraise the clinical teacher using the Competency Appraisal Form;
4. complete the final appraisal form toward the conclusion of the clinical teaching assignment; and
5. return the final appraisal form to the university supervisor in the self-addressed stamped envelope.

COMPETENCIES

A. COMMAND OF SUBJECT MATTER

1. Brings to the clinical teaching experience strong knowledge of the subject matter.
2. Uses up-to-date, content knowledge.
3. Possesses enough knowledge of the planned lesson to present the material without overuse of notes.
4. Presents information, concepts, and skills at the appropriate conceptual level(s).

B. DEVELOPMENT OF LESSON PLANS AND UNITS

1. Plans ahead and submits written lesson plans to the cooperating teacher.
2. Comes to class well prepared to conduct the planned learning activity with enough flexibility to change the approach if necessary.
3. Develops objectives adapted to meet the needs and interests of the students.

C. PRESENTATION SKILLS

1. Utilizes the lecture method as seldom as possible but demonstrates the correct use of the lecture to:
 - a. convey material otherwise inaccessible to students;
 - b. reinforce written work;
 - c. synthesize several sources;
 - d. inform students of expected results; and
 - e. motivate interest in a new project or unit.
2. Develops topics logically, varies the stimuli, uses visual aids and illustrations for major points or for making the study relevant, and summarizes at the conclusion.
3. Guides the students into taking well-organized notes during the teaching.
4. Varies the speed of delivery to match the difficulty of the material.
5. Varies the teaching to suit the topic and grade level of the students.
6. Consistently uses correct grammar and pronunciation and avoids the use of jargon and overly informal language.

D. MOTIVATION FOR LEARNING AND STUDENT INVOLVEMENT

1. Focuses attention on desired learning outcomes so that the students know the teacher is pursuing course goals.
2. Avoids the use of negative motivation.
3. Attempts to involve shy students by encouraging them to answer questions, enabling them to experience success.
4. Demonstrates the ability to use both verbal and nonverbal cues to elicit student participation.
5. Varies techniques according to class reactions, using positive reinforcement to keep students involved.

E. PROVISIONS FOR INDIVIDUAL DIFFERENCES

1. Prepares individual learning activities for exceptional students.
2. Holds conferences (with the approval of the cooperating teacher) with students who are experiencing difficulty.
3. Displays an unbiased attitude that fosters a relaxed classroom atmosphere in which students respond, learn, grow, build self-assurance, self-insights, and self-acceptance without fear of recrimination or ridicule.

F. USE OF DEMOCRATIC PRINCIPLES AND TECHNIQUES

1. Strives to create a democratic atmosphere.
2. Assists students in developing democratic techniques and skills through teacher-pupil planning, group discussion, group projects, and group decision-making.
3. Guides students in developing mutual respect for each other, regardless of ethnic origins.

G. QUESTIONING SKILLS

1. States questions clearly and concisely, both oral and written.
2. Encourages all of the students to participate in the discussion by directing questions among the students.
3. Encourages appropriate student-to-student as well as student-to-teacher reaction.
4. Encourages student response, allowing students ample time to think about the questions; provides clues; avoids answering the questions himself/herself.
5. Utilizes questioning hierarchy that engages students at all levels of thinking.

H. USE OF INSTRUCTIONAL MATERIALS

1. Determines the use of appropriate instructional materials as he/she plans the unit.
2. Perceives the need for materials not available in the cooperating school and produces or obtains them from other sources.
3. Utilizes technology competently.
4. Previews materials and has them ready for use, generally, at least a day before the assignment.
5. Utilizes the resources of the community that have been identified by the school or teacher, such as resource people or sites for field trips.

I. CLASSROOM MANAGEMENT

1. Demonstrates strong control of the classroom through appropriate prevention and response strategies.
2. Maintains a positive attitude about behavior, rather than using rigid, negative rules of conduct.
3. Analyzes discipline problems within the guidelines of established policy.
4. Follows a consistent pattern of correcting student misbehavior in a positive, firm,

- objective, and courteous manner.
5. Makes the presentation of material so interesting and instructive that discipline problems seldom arise.
 6. Sets a pattern in self-control.
 7. Uses effective discipline techniques.

J. MAINTAINING PHYSICAL AND PSYCHOLOGICAL ENVIRONMENT IN THE CLASSROOM

1. Arranges the furniture appropriately for different learning activities.
2. Follows the instructions established for using the cooling, hearing, and lighting of the room.
3. Sets a pattern of neatness that will encourage students to follow the example.
4. Prepares appropriate posters, displays, and bulletin boards.
5. Views each student as an individual with unique growth and development patterns.
6. Creates a classroom atmosphere inducing mutual respect between the students and the clinical teacher.
7. Seeks to create teacher-student rapport by attending school events in which the students participate.

K. EVALUATION OF STUDENTS

1. Studies and analyzes ability and achievement levels of students and plans assessment activities before teaching a unit.
2. Uses a variety of evaluation procedures including performance assessments.
3. Prepares and grades formal written tests designed to reveal all levels of learning, not just factual material.
4. Keeps accurate, up-to-date records of student performance and attendance.
5. Keeps students informed of their progress.

L. PERSONAL APPEARANCE AND POISE

1. Strives to be well-groomed, wearing clothes appropriate for the classroom.
2. Projects a feeling of self-confidence when teaching and working with students.

M. VOICE CLARITY AND VOLUME

1. Uses appropriate volume, tone, pitch, and articulation when teaching.
2. Can be easily understood by all students in the classroom.

N. DISPOSITION: COURTEOUS, TACTFUL AND SINCERE

1. Demonstrates courteous and tactful behavior when dealing with students, parents, and other teachers.
2. Avoids the use of sarcasm in dealing with students.
3. Exhibits self-control, self-confidence, enthusiasm, and positive attitude to students.
4. Exhibits a genuine concern for people.

5. Possesses a sense of humor.

O. DEPENDABILITY AND PROMPTNESS

1. Displays dependability by attending class each day; in case of absence, notifies the principal's office or supervising teacher.
2. Completes projects.
3. Consistently arrives on time for classes and other activities.

P. INDUSTRY AND INITIATIVE

1. Demonstrates a willingness to work.
2. Volunteers for work beyond what is required.
3. Shows initiative by perceiving needs and taking action.

Q. PROFESSIONAL ATTITUDE

1. Develops a pattern of personal and professional growth through constant self-evaluation and acceptance of constructive criticism.
2. Displays a highly professional attitude by:
 - a. safeguarding confidential information about students;
 - b. refraining from unprofessional remarks about colleagues; and
 - c. following basic rules of courtesy toward school administrators, teachers, students, and other co-workers.
3. Complies with all school regulations.
4. Understands that the legal responsibilities of the classroom remains in the hands of the regular classroom teacher.
5. Demonstrates responsibility to accept and complete requests, such as assembly supervision, P.T.A., in-service education, or other school/community activities.

R. Demonstrates proper respect for school property

Classroom Observation Rubric: Supervisor Form

Updated April 21, 2017

Clinical Teacher's Name: _____ **Date of Observation:** _____
Type of Observation: (circle one) 1st (Start Time) _____ 2nd (Start Time) _____ 3rd (Finish Time) _____ 4th additional (Finish Time) _____
Pre-Conference: (Date) _____ **Time of Observation: (Start/Finish)** _____
Post-Conference: (Date) _____ **(Finish Time)** _____
Clinical Teaching Start Date: August 22, 2016
Mentor Teacher's Name: _____ **School:** _____
Grade/Subject: _____ **Number of students** _____

Signatures:

Clinical Teacher/Date

Clinical Supervisor/Date

Mentor Teacher/Date

	Exceptional 4	Proficient 3	Needs Improvement 2	Unsatisfactory 1
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Classroom Climate

Cultivates environment of respect and rapport with students	Teacher consistently demonstrates knowledge and skill in effective and respectful communication with all students; student voice is solicited, validated, and appropriately applied; and appropriately acknowledges student successes and efforts	Teacher typically demonstrates knowledge and skill in effective and respectful communication with all students; students feel safe to ask questions and take academic risks	Teacher is inconsistent in effective and respectful communication with students; some students may display hurt feelings or insecurity as a result	Teacher is typically disrespectful and insensitive to students of different backgrounds, needs, or ability levels; many students display hurt feelings, insecurity, or lack of trust
Facilitates respectful communication between students	Interactions among students are positive and respectful; students encourage each other's efforts and achievements	Encourages interactions among students that are positive	Misses opportunities to proactively cultivate positive and respectful interactions among students	Does not address communication between students

Notes:

Classroom Structure

Manages materials and supplies	All materials are prepared and ready for efficient distribution; effective and seamless distribution of materials maintains student engagement with lesson	Most materials are prepared and/or ready for distribution; efficiency in distribution of materials supports minimal disruption to engagement with lesson	N/A	Materials are not prepared, organized, or ready for distribution; distribution of materials is disorganized, chaotic
Manages Transitions	Seamlessly implements appropriate transitions that contribute to and maximize learning for all students	Implements appropriate transitions that support a safe and efficient learning environment for all students	Some transitions are clear and effective, but others are unclear and/or inefficient	Transitions are not clear, contributing to confusion and chaos; student learning is minimized
Uses appropriate routines and procedures	Seamlessly implements appropriate routines and procedures that support a safe and efficient learning environment, maximize learning for all students, and magnifies student self awareness	Implements appropriate routines and procedures that support a safe and efficient learning environment	At times routines and procedures are unclear and inefficient resulting in some loss of learning time	Does not implement routines and procedures effectively; environment is unproductive and/or unsafe
Notes:				

Effective Behavior Management

Clearly establishes behavior expectations	Expectations for appropriate behavior have been clearly established; students exhibit high levels of independence and self-regulation	Stated expectations are clear and students generally comply	Stated expectations are vague and students demonstrate confusion or disengagement	Expectations are not stated and it is evident that expectations have not been established
Responds appropriately to student misbehavior <i>(If no misbehavior is observed, a score of 4 is assigned)</i>	Seamlessly redirects behavior with minimal disruption; consistently follows through with stated consequences if behavior persists	Effectively and appropriately redirects behavior as needed; at times follows through with stated consequences	Redirection is not consistently provided, is inappropriate, and/or students do not respond to redirection; Does not consistently follow through with consequences; at times appears unaware of misbehavior; A score of two is indicated with one or more of the above	Does not attempt to redirect behavior; does not follow through with consequences and/or demonstrates no awareness of misbehavior
Uses effective nonverbal supports	Consistently implements nonverbal supports (i.e. physical proximity, visuals, gestures, eye contact, appropriate physical touch, etc.)	At times implements nonverbal supports (i.e. physical proximity, visuals, gestures, eye contact, appropriate physical touch, etc.)	Rarely implements nonverbal supports (i.e. physical proximity, visuals, gestures, eye contact, appropriate physical touch, etc.)	No attempt to implement nonverbal supports (i.e. physical proximity, visuals, gestures, eye contact, appropriate physical touch, etc.)
Notes:				

Instructional Planning

Goals/Objectives	Measureable, aligned with TEKS; Audience, Behavior, Condition and Degree are clearly stated (ABCD); includes ELPS	Measureable, aligned with TEKS; Audience, Behavior, Condition and Degree are stated (ABCD), however the behavior and/or degree lack clarity; includes ELPS	Objectives missing one or more components and/or alignment lacks clarity	Not measureable, not aligned, or not included
Required Components of Lesson Plan	Clear, demonstrates depth, and is thorough; includes all required components	Clear, includes all required components	Includes all required components but lacks clarity	Does not include all required components
Assessment Alignment	Clearly aligns with objectives; reinforces the learning; and includes varied strategies for feedback using multiple modalities and appropriate use of formative and summative assessment	Clearly aligns with objectives; includes appropriate and effective assessment measures	Aligned but lacks substance or quality	Not aligned with lesson objectives or not included
Notes:				

Focus on Learning

This section is double weighted.

Communication with students	In addition to the Proficient level, considers and adapts for the perspective of the student when explaining content; collaborates with students or provides students opportunity to develop representation of concepts	Communication is precise, clear and purposeful; able to communicate on an appropriate academic or developmental level; provides appropriate visual support for concepts; students understand what is being said	Communication is at times inappropriate, redundant, lacks purpose, and/or lacks appropriate visual support	Communication is ineffective or includes inaccuracies
Content Knowledge	Demonstrates deep and flexible mastery of content; identifies and/or anticipates sources of student misconception or confusion and responds appropriately	Demonstrates adequate mastery of content; effectively identifies and corrects personal mistakes and those of the students	Instruction is accurate but shallow and/or does not respond to personal or student misconceptions or mistakes	Instruction contains significant inaccuracies in content
Questioning and Discussion	Students generate Higher Order Thinking (HOT) questions; inspires student-lead learning; uses student misunderstanding to highlight possible misconceptions and inspire exploration and discovery; utilizes peer to peer questions and discussion in small groups and/or responds to student questions with leading questions; demonstrates effective use of wait time; uses questioning as formative assessment and to guide processing.	Teacher questions cause students to use HOT skills and are probing to clarify, elaborate and extend; students ask factual questions in groups or in whole class situations; demonstrates developing use of wait time	Teacher questions call for yes, no or simple recall responses and/or provides insufficient wait time.	No questions present in lesson from teacher or students' provides no wait time

	<p>In addition to the Proficient level, all students collaborate and/or are creating a product; students are actively processing instruction</p>	<p>Teacher engages almost all students through questions, as well as individual or group activities; teacher monitors for student engagement and actively attempts to draw disengaged students into learning</p>	<p>At times students are disengaged; attempts to re-engage students are ineffective</p>	<p>Teacher focuses exclusively on teacher directed learning and does not provide opportunities for active student engagement; Teacher fails to notice or respond when students are disengaged</p>
<p>Student Engagement</p>	<p>The teacher utilizes varied and appropriate assessments that include student self-assessment and/or peer assessment; formative assessment is used to monitor student progress and for adjusting instruction; feedback to students is timely and meaningful</p>	<p>The teacher utilizes appropriate assessments and provides students with feedback; uses formative assessments to monitor understanding and adjust instruction</p>	<p>Formative assessments may be used, but results are not consistently used to make adjustments</p>	<p>No assessments (either formative or summative) are apparent and/or assessments do not accurately measure student achievement on the TEKS or objectives</p>
<p>Assessment</p>	<p>In addition to the Proficient level, at least two of the following are observed: utilizes multiple modalities; technology enhances the learning of all students; students participate in the creation of visual supports; provides meaningful opportunity for peer interaction</p>	<p>Materials are appropriate and accessible for all students; provides clear and accurate direct instruction; students are actively involved in the lesson; includes meaningful visual supports; establishes relevance for learning</p>	<p>Materials are appropriate; direct instruction lacks clarity or depth; students are largely passive; relevance is unclear or contrived (One or more deficits in this area will result in a score of two.)</p>	<p>Materials are not appropriate for the content or developmental level, does not include direct instruction and/or does not establish relevance</p>
<p>Effective Instructional Strategies</p>	<p><i>Note: In some classrooms, such as PBL, special education or early childhood, direct instruction may occur in workshops, small groups or other contexts. Be prepared to provide your supervisor with information about these processes.</i></p>			
<p>Flexibility and Responsiveness</p>	<p>In addition to the Proficient level, differentiation provides opportunity for students who have demonstrated mastery to proceed</p>	<p>Effectively adjusts in response to student engagement and/or level of understanding; differentiates to ensure that all students make appropriate progress toward the objective; maintains an appropriate pace in instruction</p>	<p>Attempts to adjust in response to student engagement and/or understanding, but adjustments do not result in improved student response; at times pacing is not developmentally appropriate or disrupts flow</p>	<p>Does not deviate from lesson plan despite lack of student understanding and/or engagement; pacing is consistently a challenge</p>
<p>Notes:</p>				

Candidate scored ____ indicators at the Exceptional Level. Candidate scored ____ indicators at the Needs Improvement Level.

Candidate scored ____ indicators at the Proficient Level. Candidate scored ____ indicators at the Unsatisfactory Level.

MIDTERM APPRAISAL OF CLINICAL TEACHER COMPETENCY

Clinical Teacher's Name	University
Mentor Teacher's Name	Campus/Subject(s) and/or Grade
Clinical Supervisor's Name	Date

Competency	Exceptional	Proficient	Needs Improvement	Unsatisfactory
Effective Communication				
Oral Expression				
Written Expression				
Tact/Judgment				
Interaction with Colleagues and Supervisors				
Reflective Practice				
Response to Feedback				
Personal Reflection				
Problem Solving				
Professionalism				
Attendance				
Punctuality				
Reliability/Dependability				
Self-Initiative/Independence				
Flexibility and Responsiveness				
Professional Practice				
Documentation and Planning				
Content Knowledge				
Student Engagement				
Effective Instruction				
Meaningful Assessment				
Respectful Communication with Students				
Classroom Management				

COMMENTS: (Use back of page if needed)

Signature of Mentor Teacher

**FINAL APPRAISAL OF
CLINICAL TEACHER COMPETENCY**

Clinical Teacher's Name	University
Mentor Teacher's Name	Campus/Subject(s) and/or Grade
Clinical Supervisor's Name	Date

Competency	Exceptional	Proficient	Needs Improvement	Unsatisfactory
Effective Communication				
Oral Expression				
Written Expression				
Tact/Judgment				
Interaction with Colleagues and Supervisors				
Reflective Practice				
Response to Feedback				
Personal Reflection				
Problem Solving				
Professionalism				
Attendance				
Punctuality				
Reliability/Dependability				
Self-Initiative/Independence				
Flexibility and Responsiveness				
Professional Practice				
Documentation and Planning				
Content Knowledge				
Student Engagement				
Effective Instruction				
Meaningful Assessment				
Respectful Communication with Students				
Classroom Management				

COMMENTS: (Use back of page if needed)

Signature of Mentor Teacher

SUGGESTED TIMELINES

The following time lines are suggestions only in the event that a cooperating teacher would like to use one of them. Cooperating teachers should feel **free to introduce more responsibilities sooner** in the event that a clinical teacher can handle more. Therefore, depending on the readiness of the clinical teacher, the following are offered as **suggested time lines** for both the clinical teacher who has one full-semester assignment or two half-semester assignments.

Teacher candidates have had from 60 to 100+ hours in classrooms prior to clinical teaching. They, therefore, are ready to begin without an extensive observation period. Naturally, each student is an individual and has different needs and levels of confidence. Each should be teaching as soon and as much as possible. It is the role of the cooperating teacher to determine how fast the clinical teacher should progress.

ELEMENTARY AND EARLY CHILDHOOD

Half Sem. Full Sem.

Week 1	Week 1	Observation—Become involved in classroom management (learning centers, use of folders, carpet games, etc. and helping those children who need individual attention). Plan reinforcement activity (learning centers, folder game seat work). Small group activity—one reading group or extended activity in selected subject area.
Week 2	Week 2	Continue small group activity from previous week. Add one large group activity, like spelling, writing, or math. Read orally to students.
Week 3	Week 3	Add second small group and second large group activity. Prepare one bulletin board. Prepare one reinforcement activity. Mid-term evaluation should be completed for half semester assignment.
Week 4	Week 4-5	Add new large group activity and continue small group activities. Plan an outdoor activity.
Week 4	Week 6-7	Take charge of opening exercises and make morning assignments. Prepare a reinforcement activity. Mid-term evaluation for full semester assignment.
Week 5	Week 8-9	New large group activity. New small group activity. Prepare one bulletin board.
Week 5	Week 10	Direct all large group activities. Continue small group.
Week 6	Weeks 11- 14	Prepare reinforcement activity. New bulletin board. Assume full responsibility for all activities.

INTERMEDIATE

<u>Half Sem.</u>	<u>Full Sem.</u>	
Week 1	Weeks 1-2	Observe and make notes of your observations. Get to know each child personally. Interact with students in learning activities. Plan and use your first learning activity. Direct at least one small group activity. Assist teacher in keeping records.
Weeks 2-3	Weeks 3-6	Plan and direct additional small group activities and at least one whole group activity. Assume more responsibility for record keeping. Add a content area or instructional period. Mid-term evaluation should be done at the end of this time.
Week 4	Weeks 7-8	Add a content area or instructional period.
Week 5	Weeks 9-10	Gradually assume all teaching responsibilities under the direction of the cooperating teacher.
Week 6	Weeks 11-14	Assume all teaching responsibilities with minimum supervision from the cooperating teacher.

SECONDARY

<u>Half Sem.</u>	<u>Full Sem.</u>	
Week 1	Weeks 1-2	Clinical teachers should receive copies of seating charts to learn student names as quickly as possible. The clinical teacher and the cooperating teacher should work together on a timeline and expectations of units to be taught. The clinical teacher should provide examples of lesson plans on the lessons he/she is going to be teaching. The cooperating teacher can provide guidance or specific ways of operating. The cooperating teacher should communicate fully his/her expectations.
Week 2	Weeks 3-5	The clinical teacher should be in front of the classes teaching one class period or content area.
Week 3	Week 6	Mid-term evaluation should be completed this week. Continue planning and add two class periods of content areas with the aid of the cooperating teacher.
Weeks 4-5	Weeks 7-13	The clinical teacher should be teaching full time, planning, and implementing, with only minimal assistance from the cooperating teacher (but with the approval of the cooperating teacher).
Week 6	Week 14	The clinical teacher should gradually relinquish control of the classes and observe in other classrooms.

UNIVERSITY SUPERVISOR FEEDBACK FORM

We would like your assistance in helping us to monitor our performances as university supervisors. Please complete this form and return it, with the clinical teacher evaluation form, in the enclosed postage-paid envelope. Thank you.

Name of University Supervisor _____

Semester and Year _____

Using the following scale, rate the university supervisor's performance for each item.

- 5 = Excellent; extremely helpful
- 4 = Very good; quite helpful
- 3 = Adequate; helpful
- 2 = Less than adequate; not too helpful
- 1 = Inadequate; harmful
- NA = not applicable in my situation

- _____ 1. The university supervisor was courteous.
- _____ 2. The university supervisor treated me as a valued professional.
- _____ 3. The university supervisor made an introductory visit to meet me and become aware of the clinical teaching situation.
- _____ 4. The university supervisor made at least four observational visits during the assignment. These visits were at least one week apart. (If you had a clinical teacher for a half assignment, respond for only that time period which would be two visits.)
- _____ 5. The quality of the feedback and suggestions made by the university supervisor were appropriate and useful.
- _____ 6. When notified that there was a problem developing, the university supervisor responded very quickly.
- _____ 7. The university supervisor had a good rapport with the clinical teacher.
- _____ 8. The university supervisor had a positive attitude about the program and about the school in which I teach.
- _____ 9. The university supervisor made me feel I had a valuable role to play.

Additional comments or suggestions: (Use back if necessary)

**FINAL APPRAISAL OF
CLINICAL TEACHER COMPETENCY**

Clinical Teacher's Name	University
Mentor Teacher's Name	Campus/Subject(s) and/or Grade
Clinical Supervisor's Name	Date

Competency	Exceptional	Proficient	Needs Improvement	Unsatisfactory
Effective Communication				
Oral Expression				
Written Expression				
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Reflective Practice				
Response to Feedback				
Personal Reflection				
Problem Solving				
Professionalism				
Attendance				
Punctuality				
Reliability/Dependability				
Self-Initiative/Independence				
Flexibility and Responsiveness				
Professional Practice				
Documentation and Planning				
Content Knowledge				
Student Engagement				
Effective Instruction				
Meaningful Assessment				
Respectful Communication with Students				
Classroom Management				

COMMENTS: (Use back of page if needed)

I DO / DO NOT (circle one) recommend this Clinical Teacher for certification.

Signature of Mentor Teacher