



Council for the
Accreditation of
Educator Preparation

Partnerships for Practice; CAEP Standard II

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Questions? Email Standard2@caepnet.org

Levers of Change

- Build **partnerships** and strong clinical experiences
- Raise and assure candidate **quality**
- Include **all providers**
- Insist that preparation be judged by outcomes and **impact on P-12** student learning and development

Standard 2: Clinical Partnerships and Practice

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

Intent and Rationale of Standard 2

- Educator preparation providers (EPPs) seeking accreditation should have strong collaborative partnerships with school districts and individual school partners, as well as other community stakeholders, in order to pursue mutually beneficial and agreed upon goals for the preparation of education professionals. These collaborative partnerships are a shared endeavor meant to focus dually on the improvement of student learning and development and on the preparation of teachers for this goal. The partners shall work together to determine not only the values and expectations of program development, implementation, assessment, and continuous improvement, but also the division of responsibilities among the various partnership stakeholders. At a minimum, the district and/or school leadership and the EPP should be a part of the partnership; other partners might include business and community members.

Intent and Rationale of Standard 2

- The members of the 2010 Panel on clinical preparation and partnerships consulted both research resources and professional consensus reports in shaping their conclusions and recommendations, including proposed design principles for clinical experiences.[vii] Among these are:
 - (1) a student learning and development focus,
 - (2) clinical practice that is integrated throughout every facet of preparation in a dynamic way,
 - (3) continuous monitoring and judging of candidate progress on the basis of data,
 - (4) a curriculum and experiences that permit candidates to integrate content and a broad range of effective teaching practices and to become innovators and problem solvers, and
 - (5) an “interactive professional community” with opportunities for collaboration and peer feedback.

Intent and Rationale of Standard 2

- Until the research base for clinical practices and partnerships is more definitive, “wisdom of practice” dictates that the profession move more forcefully into deepening partnerships; into clarifying and, where necessary, improving the quality of clinical educators who prepare the field’s new practitioners and into delivering field and clinical experiences that contribute to the development of effective educators.

EVIDENCE FOR STANDARD 2 :

- *An institution is welcome to employ different practices from those described here; in that case, the institution is responsible for showing that it has addressed the intent of that criterion in an equally effective way.*

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COMPONENT 2.1

- **2.1 Partners co-construct mutually beneficial P-12 school and community arrangements, including technology-based collaborations, for clinical preparation and share responsibility for continuous improvement of candidate preparation. Partnerships for clinical preparation can follow a range of forms, participants, and functions. They establish mutually agreeable expectations for candidate entry, preparation, and exit; ensure that theory and practice are linked; maintain coherence across clinical and academic components of preparation; and share accountability for candidate outcomes.**

EVIDENCE FOR STANDARD : COMPONENT 2.1

- This documentation will include evidence of shared responsibility for continuous improvement of preparation, expectations for candidates, coherence across clinical and academic components and accountability for the results in P-12 learning.
 - Description of partnerships (e.g., MOU) along with documentation that partnership is being implemented as described
 - Orientations of clinical educators
 - Schedules of joint meetings between partners and purpose/topics covered in meetings
 - Field experience handbooks (section(s) specific to component)
 - Documentation of stakeholder involvement
 - Budgets/expenditures list
 - Evidence that placements, observational instruments, and evaluations are co-constructed by partners

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COMPONENT 2.2

- **2.2 Partners co-select, prepare, evaluate, support, and retain high-quality clinical educators, both provider- and school-based, who demonstrate a positive impact on candidates' development and P-12 student learning and development. In collaboration with their partners, providers use multiple indicators and appropriate technology-based applications to establish, maintain, and refine criteria for selection, professional development, performance evaluation, continuous improvement, and retention of clinical educators in all clinical placement settings.**

EVIDENCE FOR STANDARD : COMPONENT 2.2

- EPP evidence that high quality clinical educators are co-selected, prepared, evaluated, supported and retained. The evidence might draw from such sources as:
 - **A table of clinical educator and clinical placement characteristics that shows co-selection and also shares adherence to criterion selection model**
 - **Criterion selection form for clinical educators;**
 - **Professional disposition evaluation;**
 - **Performance evaluations**
 - **Surveys of clinical educators; candidates; employers; and/or human resources directors;**
 - **Interviews of clinical educators; candidates; employers; and/or human resources directors;**
 - **Records of counseling out of clinical educators;**
 - **Clinical educators training/coaching**
 - **Joint sharing of curriculum development/design/redesign between EPP and site**

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COMPONENT 2.3

- **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. Clinical experiences, including technology-enhanced learning opportunities, are structured to have multiple performance-based assessments at key points within the program to demonstrate candidates' development of the knowledge, skills, and professional dispositions, as delineated in Standard 1, that are associated with a positive impact on the learning and development of all P-12 students.**

EVIDENCE FOR STANDARD : COMPONENT 2.3

- Description of clinical experiences along with documentation that clinical experiences are being implemented as described
- Examples of evidence could include:
 - **At least two years of data on candidates' progressively developing teaching skills, including impact on P-12 student learning as described above will need to be available at the time the self-study is submitted for accreditation review.**
 - **Use of tech to enhance learning experiences**
 - **Chart of candidate experiences in diverse settings**
 - **Field experience evaluations;**
 - **Internship and/or student teaching evaluations;**
 - **Video clips with evidence of reliable assessments**

EVIDENCE FOR STANDARD : COMPONENT 2.3 (cont.)

- Examples of evidence could include:
 - **Work samples from P-12 student work;**
 - **Candidate portfolio examples of assessments with analysis**
 - **Applications of P-12 student learning data in teacher evaluations for the purposes of program evaluation and accreditation rather than for evaluation of individual teacher performance.**
 - **Scope and Sequence Matrix that charts depth, breadth and diversity of clinical experience**
 - **Examples of tasks created by candidates and student responses, and candidate reflections**
 - **“Teachers of record” for alternative preparation–state student growth and VAMs apply**
 - **Provider studies–case studies conducted by the EPP**
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CAEP's structure aims to build capacity

- Strategic plan emphasizes on research & development
- Structural support: R&D area and Research Committee
- Study on impact of new standards
- Data Task Force sets stage for data quality efforts
- Partnership with states on data sharing
- Online forum for Community building
- 'Improvement science' focus in Clinical Alliance

What we have and what we need

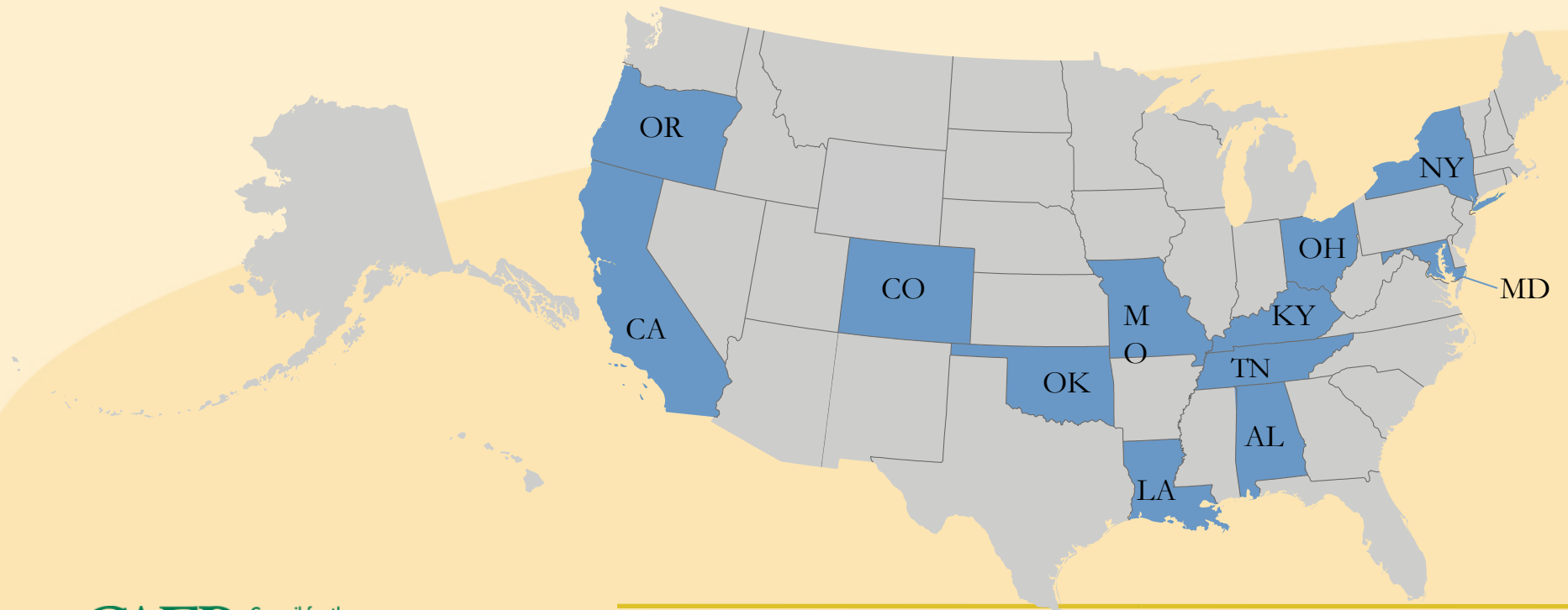
- We lack a clinical system, but we have exemplars
- *Internally*: State policies and local instances
- *Externally*: Model of health care improvement

*Our wager: improvement science can help us create a **system** of clinical excellence.*

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CAEP State Alliance for Clinically- Based Teacher Education

Founding States...AND KANSAS!



Thank you!

Questions?

(AKA “run for the door”)

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