CAEP Standard 2: Its language, suggested evidence, and questions to address

A webinar for all EPPs addressing CAEP standards

Tuesday, February 23rd

(5:00 pm EDT)

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Webinar Basics

- Please MUTE your phones.
- Remember to unmute when you want to talk.
- To ask a question during the presentation USE the CHAT.
- The recording of the webinar will be posted on the You-tube by March 1.

Goal and Objectives

- **Goal**: To provide updated information on addressing Standard 2 and its components in the CAEP self-study.

- ***Objectives****:* Participants will be able to (PWBAT):
  - Identify the key points of Standard 2 and its components,
  - List the kinds of evidence that CAEP recommends for each of the components for Standard 2, and
  - Describe how the standard and its components will be evaluated by CAEP reviewers.

Standard 2: Key points in the language of the standard

- 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.

Components of Standard 2: In Brief and In Relationship to the Standard

- 2.1 Mutually beneficial and accountable partnerships that share responsibility for candidate outcomes. (**Effective partnerships)**
- 2.2 Clinical educators are highly effective and partners co-establish criteria for performance and retention (**High quality clinical practice**)
- 2.3 Clinical experiences develop candidates' KSD and can demonstrate positive impact on student learning. (**Develop KSD** and **positive impact on all students**)

Feedback and Question Pause

Component 2.1: Key language

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.

So, think: What evidence do I have that would demonstrate mutually beneficial and accountable partnerships in which decision-making is shared?

Component 2.1
Possible *Types* of Evidence

- Memoranda of Understanding or Agreement (MOU/A)
- Common expectations for all candidates developed by partners and EPP
- History of collaboratively designed observation/ evaluation tools
- Field experience/clinical practice handbooks (*section specific to the partnerships, NOT the entire handbook*)
- Schedule of joint meetings between partners and purpose/topics covered in the meetings
- Alignment of coursework with field experiences and expectations, providing opportunities for candidates to observe and implement effective teaching strategies linked to coursework

Evidence for 2.1
CAEP site visitors will look for:

- *Documentation that the partnership is being implemented as described (input is regularly sought, at least 2x a year)*
  - *Evidence that partners collaborate in decision-making, including technology-based collaborations*
  - *Evidence that placements, observational instruments, and evaluations are co-constructed with partners*
- *Evidence that effective school or district partnerships are in place, are reviewed annually, and include:*
  - *Significant shared responsibilities,*
  - *Common expectations for candidates and descriptive feedback is provided,*
  - *Coherence across clinical and academic aspects of preparation.*

Evidence for 2.1
CAEP site visitors will look for:

- Only evidence supporting **component 2.1** is submitted.
  Example: *Minutes from 9/22/2014 - p. 4 (CAEP 2.1)*
  - *Mentor teachers May (Forrest Elem.), Carson (King Middle), Johnston (Walker HS), and Couturier (Grant Elem.) met with clinical supervisors to revise the clinical observation instrument used during the clinical component of EDUC 203. Revisions on the instrument were based on a consensus decision by the group and reflected equal input from the group members.*

- *Evidence can be descriptive with verification occurring onsite*

AFIs or Stipulations?

- A stipulation could be assigned if:
  - There is no convincing evidence that partnerships effectively share:
    - decision-making for expectations of candidates,
    - coherence across clinical and academic components, and
    - accountability for results.

Feedback and Question Pause

Component 2.2: Key language

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.

So, think: What evidence do I have that would demonstrate the highly effective clinical educators?

Component 2.2: Possible *Types* of Evidence

- Criteria for management and evaluations of clinical faculty
  - Performance evaluations are shared
  - Records of counseling out of clinical educator roles
- Clinical educator training/coaching in person and online
- Joint curriculum/professional development/ design/ redesign
- Surveys of clinical educators and candidates of quality and consistency
  - Data are collected and used for modifying clinical experiences

Evidence for 2.2
CAEP site visitors will look for:

- Documentation that high quality clinical educators are co-selected, prepared, evaluated, supported, and retained.
  - Criteria for selection of clinical educator roles
  - Documentation of collaboratively constructed criteria for preparation/training and support of clinical educators
  - Documentation of collaboratively constructed evaluation of clinical educators
  - Documentation of retention of clinical educators

Evidence for 2.2
CAEP site visitors will look for:

- Data are collected (survey data specific to clinical educators) and used by EPPs and P-12 educators to refine criteria for selection of clinical educators
- Resources are available on-line to ensure access to all clinical educators
- Clinical educators receive professional development on the use of evaluation instruments, professional disposition evaluation of candidates, specific goals/objectives of the clinical experience, and providing feedback.

Evidence for 2.2
CAEP site visitors will look for:

- Only evidence **supporting Component 2.2 is submitted**. Example: *Minutes from 1/15/2015 - p. 10 (CAEP 2.2)*
  - *Teacher Education Program Advisory Council meeting. Clinical faculty openings, position descriptions, and search committees were discussed for field supervisors, Elementary Education: Math emphasis, and Secondary Education: History. School-based partners volunteered to serve on search committees, and implications for clinical involvement of the 2 academic faculty positions were outlined and school-specific questions were formulated to be addressed during interviews.*

AFIs or Stipulations?

- An Area for Improvement (AFI) could be assigned if:
  - There is no convincing evidence that partnerships effectively co-select, prepare, evaluate, support or retain faculty.

Feedback and Question Pause

Component 2.3: Key language

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.

So, think: What evidence do I have that clinical experiences develop candidates' KSD to have a positive impact on P-12 learning ?

Component 2.3: Possible *Types* of Evidence

- Evidence documents that all candidates have active clinical experiences in diverse settings
  - Description of clinical experience goals and operational design and documentation that clinical experiences are implemented as described
- Scope and sequence matrix is provided that charts the depth, breadth, and diversity of clinical experiences
- Experiences are deliberate, purposeful, sequential, and assessed using performance-based protocols.
- Evidence documents the relationship between clinical experiences and coursework (coherence)

Component 2.3: Possible *Types* of Evidence

- Attributes (depth, breath, diversity, coherence, and duration) are linked to student outcomes
- Candidate/completer performance/impact is assessed in more than one clinical experience
  - Candidates use both formative and summative assessments
  - Candidates are assessed on the ability to use data to measure impact on student learning and development and to guide instructional decision-making and instructional differentiation
  - Candidates have purposefully assessed impact on student learning using two comparison points
- To summarize outcomes cross-reference findings and conclusion from:
  - Standard 1(1.1) evidence on exiting completer competencies,
  - Standard 3 (3.4) evidence on monitoring candidate development during preparation, and
  - Standard 4 (4.1) about completer impact on P-12 student learning.

Component 2.3: Possible *Types* of Evidence

- Evidence documents that candidates have used technology to enhance instruction and assessment
  - Use of technology is by both candidates and students
  - Specific criteria for appropriate use of technology are identified
- Clinical experiences are assessed using performance-based criteria
  - Candidates are assessed and monitored throughout the program with data supporting increasing levels of candidate competency
  - Clinical experiences are assessed using performance-based criteria
  - Evidence documents a sequence of clinical experiences that are focused, purposeful, and varied with specific goals for each experience

Research on depth, breadth, diversity, coherence, and duration

- Selection of one of the facets of preparation to examine current placement and then test the specific facet systematically to gather data on what works in relation to outcomes.

- CAEP encourages research connecting specific aspect of clinical preparation to outcomes that can inform the field and promote research, innovations, and continuous improvement.

Evidence for 2.3
CAEP site visitors will look for:

- The EPP's case that clinical experiences are "sufficient" in terms of
  - Attributes: depth, breadth, diversity, coherence, and duration (not defined by CAEP, see note below)
  - Results: evidence of positive impact on diverse P-12 students' learning

- Note: CAEP gives EPPs the responsibility to justify their choices for the attributes "to ensure that candidates...(develop) effectiveness and positive impact on all students' learning and development."

AFIs or Stipulations?

An Area for Improvement (AFI) could be assigned if:

- The EPP fails to provide evidence that clinical experiences allow opportunities for the partners and the candidates to employ instructions uses of technology (all three components and cross-cutting theme)
- There is not documentation that clinical experiences for candidates engage diverse P-12 students ("all students" in the standard, and also the cross-cutting diversity theme)

- A stipulation could be assigned if:
  - There is no evidence from pre-service measures of "positive impact on all P-12 students' learning and development"

Feedback and Question Pause

Standard 2: Key points in the language of the standard

- 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.

General Rules for Standard 2

- At least 3 cycles of data. If a revised assessment is submitted with less than 3 cycle of data, then data from the original assessment should also be provided.
  - Cycles of data must be sequential and the latest available.
  - EPP-created assessments should be rated at the level of "sufficient".
- All components must be addressed in the self-study.
  - There are no components in standard 2 that MUST be met.

Making the Case for Standard 2

- The EPP facilitates understanding by putting data in context:
  - Information is provided from several sources and provides evidence of shared decision-making, collaboration among clinical faculty, and continuous functioning.
  - Data are analyzed and interpreted. Interpretations are appropriate and conclusions are warranted.
  - Differences and similarities across licensure areas, comparisons over time, and demographical data are examined in relation to component 2.3 (clinical experiences), as appropriate.
  - Trends or patterns over time are identified that suggest need for preparation modification illustrating shared decision-making.
  - Based on the analysis of data, there are planned or completed actions for change that are described.
  - There is evidence that the EPP and its partners have considered the implications of the findings.

AFIs or Stipulations?

An Area for Improvement (AFI) could be assigned if:

- EPP-created instruments are judged with significant deficiencies by the CAEP Instrument Rubric
- There are inaccuracies in reporting data from original sources
- There is no significant analysis of evidence and what it says
- Interpretations are not well-grounded in the evidence.

- A stipulation could be assigned if:
  - There is no evidence of internal consideration of the evidence for improvement purposes
  - The EPP provides no indication of efforts to ensure validity of evidence

Standard 2 could be found unmet if:

- The EPP fails to document a case that it maintains functioning partnerships with districts or schools for clinical aspects of candidate preparation
- The EPP fails to demonstrate that any aspect of its clinical experiences is "sufficient"
- There are two or more stipulations from among those described under 2.1, 2.2, or 2.3

Final Feedback and Question Pause

Next steps

- Feedback survey sent via email by March 1st
- Webinars for March, April and May:

Topic	Date and Time	Link	Audio Dial-In	Access code
Standard 3	March 29th at 5pm EDT	https://global.gotomeeting.com/join/540099997	1 877 309 2073	540-099-997
Standard 4	April 25th at 5pm EDT	https://global.gotomeeting.com/join/526875645	1 866 899 4679	526-875-645
Standard 5	May 26th at 5pm EDT	https://global.gotomeeting.com/join/562953453	1 866 899 4679	562-953-453