

The Pennsylvania State University

The Graduate School

College of Education

**A CASE STUDY IN CLINICAL SUPERVISION: MOVING FROM  
AN EVALUATION TO A SUPERVISION MODE**

A Thesis in

Curriculum and Instruction

by

Robert L. Williams

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Submitted in Partial Fulfillment  
of the Requirements  
for the Degree of

Doctor of Philosophy

May 2007

The thesis of Robert L. Williams was reviewed and approved\* by the following

James F. Nolan  
Hermanowicz Professor of Education  
Thesis Advisor  
Chair of Committee

Gerald K. LeTendre  
Professor of Education

Iris M. Striedieck  
Assistant Professor of Education

John W. Tippeconnic  
Professor of Education

Patrick Shannon  
Coordinator of Graduate Studies  
Curriculum and Instruction

\*Signatures are on file in the Graduate School

## ABSTRACT

Teacher supervision and evaluation are two of the most important processes that take place within the realm of education. The primary purpose of both supervision and evaluation is to promote teacher professional growth and by doing so increase student learning and achievement. This case study examined twenty-one teacher and administrator participants', from the Mountain Valley School District, initial experience with a supervision model. The participants were participating in a clinical supervision pilot study that was an initiative of the MVSD differentiated supervision committee in attempting to move the district from a total evaluation model to a differentiated supervision model.

The purpose of the study was to examine teachers' and administrators' initial experience with a clinical supervision model. The primary research question that guided the study asked "what facilitating factors and obstacles do teacher and administrators experience when a school district moves from a teacher evaluation mode to one of clinical supervision." The secondary guiding questions included "in the change process, are administrators who have been in the evaluator's role able to perform successfully the functions of the supervisor's role, will teachers be able to assume successfully the leadership role in the clinical supervision process, and are there professional gains and benefits for both teachers and supervisors."

The primary obstacle experienced by most participants was time. This obstacle was experienced primarily in the teachers' and administrators' attempts to dedicate time to completion of the clinical supervision process. This obstacle was so prolific that it prevented some administrator/teacher pairs from completing any cycles of supervision. The primary facilitating factor was twofold; the development of the collaborative/collegial relationship between the teacher and supervisor pairs and the

training provided by the university consultant. The participants agreed as a whole that the supervisors were able to successfully assume the facilitative supervisory role and leave their evaluative roles out of the process. However, the teachers as a whole did not feel that they had successfully assumed the leadership role in the process. All of the participants, including those who had not successfully performed any clinical supervision cycles, stated that they had experienced significant professional growth from being involved in the year-long pilot study.

Given the results of this study, additional research is needed to study the movement from evaluation to supervision process in greater depth. Additionally, there is a need for research as to how administrators or principals can dedicate time for effective supervision. This could be facilitated by studying school districts where the clinical supervision process is a successful part of the supervision plan. Finally, there is a need for a study to determine if the time commitment involved in the clinical supervision process can be decreased without sacrificing the essence of the clinical supervision process.

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## ACKNOWLEDGEMENTS

The completion of my doctorate of philosophy and in particular the dissertation phase has been a complex, sometimes daunting journey. There were times on this journey, working as a full-time middle school principal, full-time student, father of three wonderful children, and husband of a loving and understanding wife, that I was discouraged and tired. However, due to the encouragement and prayers of many I was able to reach my destination. Without the support of the following individuals, I could not have reached my journey's end.

I dedicate this work to the following individuals, the most important people in my life.

- ❖ My loving, understanding, compassionate, and wonderful wife and friend, Bonnie. You have shown indescribable compassion and understanding during the most difficult times for the past 25 years. Your love of teaching handicapped children and patience and care you demonstrate for them has given me inspiration for my professional work on many occasions.
- ❖ My oldest son Tyler, who has been an incredible joy in my life and has grown into a young man of whom I am very proud. He has become a compassionate and understanding administrator who will change peoples' lives for the good.
- ❖ My daughter Maria, whose love and hugs have always brightened the darkest days in my life. Maria's love of children and desire to teach them as her lifelong career has inspired me.
- ❖ My youngest son Garret, who continues to amaze me with his desire to pursue his goals and bringing humor to my life when many situations seem unbearable. He has been a joy and an inspiration in my life.
- ❖ My mother, whose love and prayers have guided me through my entire life's journey. Her faith and love has been a guiding light in my life.

I would like to express my extreme gratitude and appreciation to my doctoral chair, advisor, and friend, Dr. James F. Nolan who has guided me through the completion of my doctoral study and dissertation. His advice, both professional and personal, has been priceless. I could not have completed this journey without his guidance.

To my doctoral committee, Dr. Iris Striedieck, Dr. Gerald LeTendre, and Dr. John Tippeconnic, my most sincere appreciation for the time you have spent in meetings, reading my materials, and giving valuable and much needed professional feedback and guidance.

My deepest gratitude to Mrs. Jackie Thomas, assistant superintendent of the Williamsport Area School District, who has guided me as a mentor and friend through my administrative experience. As a leader she has set a tremendous example, and as a friend, she has given me both inspiration and guidance to become a teacher of leaders.

Finally, but by no means last, to Dr. Gina MacFalls and Mr. Doug Gordon, who have been my critics, readers, unwavering supporters, and faithful friends. Your advice and encouragement has made my journey both interesting and bearable.

## CHAPTER I

### INTRODUCTION

#### General Purpose of the Study

One third of the teachers in public schools in the United States leave the profession within the first three years of their career with this number increasing to one half within the first five years of teaching. According to Lieberman (2004), by the year 2010 the United States will have replaced seventy-five percent of the current teaching staff in public schools. There is a current crisis in American education in that for the first time in history there are more teachers leaving the profession than entering it.

Making key changes to the existing teacher evaluation and supervision processes in public schools may be a key factor to teacher retention. Teacher supervision and evaluation are two of the most important processes that take place within the realm of education. If supervision and evaluation processes are done in an exemplary manner, these processes have the potential to facilitate change in the entire school culture.

According to Nolan and Hoover (2004), there are four basic beliefs, goals, and values that underlie teacher supervision and evaluation. The primary purpose of both evaluation and supervision is to enhance the educational experience and learning of all students. Meeting the needs of all students must be first and foremost in all areas of education. Second, all educators should be treated ethically, with fairness and respect, in the work of educating children. When educators are treated fairly and with respect then there is the likelihood that students will be treated with fairness and respect. There is also greater potential for building an overall positive organizational climate due to the fair and respectful attitudes. Third, it is the responsibility of educational leaders to work diligently

to create an organizational climate characterized by trust, mutual respect, and a willingness to work collaboratively in order to solve problems. If there is not a trusting relationship within the organizational climate, then supervision and evaluation are nothing more than meaningless rituals. However, if trust and collaboration are prevalent, then the supervision and evaluation process could become a powerful tool to assist in solving educational problems in the classroom, fostering teacher professional growth, and enhancing student learning.

Evaluation and supervision each have their inherent value in the educational growth of teachers. Teacher evaluation, as addressed in this thesis, is a process that involves formulating a professional or summative judgment concerning teacher performance. Danielson (2001) states the purpose of teacher evaluation is threefold. The first is quality assurance, the primary purpose of evaluation from the standpoint of legislators and policy makers. The second purpose of evaluation, according to Danielson, is to assure that there is a competent teacher in each classroom, and the third purpose is to promote, recognize, and develop good teaching skills. Most educators realize that good teaching practice is not something that just mysteriously materializes, but rather is a complex activity that needs to be nurtured and developed. Therefore, there is a need for a thoughtfully designed system of evaluation in order to promote and assure substantial professional development for teachers. Bauer (2003) emphasizes the importance of the teacher evaluation and supervision processes by stating:

Teacher supervision and evaluation is one of the most important processes we utilize in education. When done well, it has the potential to change school culture and impact every classroom and student in the school district.

Teacher evaluation, for the purpose of this study, will be defined as “an organizational function designed to make comprehensive judgments concerning teacher performance and competence for the purposes of personnel decisions such as tenure and continuing employment (Nolan and Hoover, 2004, p.26). Teacher evaluation is one of

the primary means of improving educational services and justifying removal of substandard teachers, according to Vier and Dagley (2002).

Summative and formative decisions concerning teacher performance constitute two broad purposes for the existence of teacher evaluation. Differing in nature and purpose, both serve a necessary function and purpose in the educational decision-making process. A summative decision is one that is of a consequential nature such as screening out an unsuitable candidate, dismissal of an incompetent teacher, and provision of legally defensible evidence. A formative decision is for the purpose of enhancement of professional skill in providing constructive feedback, recognizing and reinforcing outstanding practice, providing direction for staff development and unifying teachers and administrators around improved student learning (Danielson and McGreal, 2000). Regardless of the type of decision making, whether formative or summative, the fundamental purposes of teacher evaluation are twofold. Quality assurance and professional development are to be the focus of a quality and well-designed teacher evaluation process (Danielson, 2001).

Evaluation and supervision are two distinctive processes with each having a unique purpose in the development of professional growth for teachers. This research study will address teacher supervision and the professional growth opportunities the supervision process affords. For the purpose of this study, teacher supervision is defined as “an organizational function concerned with promoting teacher growth, which in turn leads to improvement in teaching performance with greater student learning” (Nolan & Hoover, 2004 p. 26). An effective supervisory structure recognizes that teachers are individuals with unique needs and therefore the incorporation of different components in the supervisory system is for the purpose of addressing individual needs and levels of expertise in a non-threatening setting that allows for risk-taking, experimentation, reflection, and a collegial relationship between supervisor and teacher. Supervision is

directed at improving teacher competence and encouraging professional growth. A quality supervision model is not concerned with passing judgment upon the overall quality of teacher performance. However the evaluation process, as defined previously in this chapter, is concerned with making this type of judgment. A teacher, a group of teachers, an administrator, or a combination of both groups, is qualified to perform the supervision process as presented by Nolan and Hoover (2004).

Supervision should not be a bureaucratic or legalistic process but rather focus upon building a professional community while acknowledging teachers are motivated internally by a desire to improve professionally. Not only are teachers motivated to improve professionally from within, but also they have a desire to improve in order to maximize student learning (Nolan & Hoover, 2004).

The specific form of supervision addressed in this study is that of clinical supervision. Clinical supervision is a method of supervision that allows the teacher to possess ownership in the supervisory process. The clinical supervision method is a supervisory process that offers support to teachers, and promotes collaboration, dialogue, and reflection. This process had its beginning at Harvard University in the 1950s, born out of the need to supervise pre-service teachers. Multiple pre-service teachers were placed in the same summer school classroom to complete their student teaching experience, creating a need for a process that would allow the teachers to be successful as well as learn from their pre-service experience. Morris Cogan and Robert Goldhammer developed the clinical supervision process in response to meeting the professional needs of the pre-service teacher group. The five-stage observation cycle training program, managed by the Harvard professors, was conducted in two schools in Lexington, MA between 1960 and 1964 (Goldhammer et al., 1993). The educational supervisors recognized the necessity for offering educational supervisory assistance that would allow

the student teachers to analyze their teaching practice and then be able to make improvements to classroom practices (Smyth, 1985).

According to Smyth (1985) clinical supervision is more than just a set of procedures or a process. The primary goal of clinical supervision is to assist teachers in developing meaning from and understanding their teaching. It assists teachers in determining strengths and weaknesses; examining instructional methods to determine if there is a relationship between intentions and actions; and provide the teacher with a means to examine the effect of implementing change in teaching behavior. The participants in this study are not pre-service teachers but rather teachers who hold Instructional II Pennsylvania Teacher Certification. They are experienced teachers who hope to develop a greater understanding of their teaching practice. This study involved a select group of teachers and administrators who have not had prior experience with a supervision model within the scope of their instructional and administrative roles.

### Need for the Study

Clinical supervision can have a profound impact on teacher professional growth as well as development of supervision skills in administrators. Administrators and teachers working together to commonly develop solutions to problematic areas in the classroom could have a dynamic impact on student learning. This study was designed to examine the professional growth teachers experience when they assume the leadership role for self-directed professional growth in the clinical supervision process. Smyth (1985) states “the purpose of clinical supervision has been described as a process that enables teachers to change existing patterns of teaching in ways that seem meaningful to the individual teacher (p.91). The involvement in this process also has the possibility to demonstrate that there are both potential professional gains and benefits for both teachers and administrators.

### Purpose of the Study

The purpose of this case study was to examine teachers and administrators initial experience with a clinical supervision model. The study examined the facilitating factors and obstacles administrators and teachers experienced when a school district moves from a teacher evaluation model, which was in existence for more than thirty years, to a supervision model. The model examined in this study is clinical supervision. The Mountain Valley School District (MVSD) has not previously offered supervision in any form to the professional teaching staff. In the past, the Instructional II level teachers in the district have been evaluated annually by a building or departmental supervisor, using an observation and evaluation format that has not been revised since its inception (Appendix G).

The current MVSD observation form dates back more than thirty years and is based on Madeline Hunter's "Essential Seven Steps of Teaching." Although the Hunter model was a teaching/supervision model, administrators across the state of Pennsylvania were expected to look for and evaluate the seven steps for quality teaching in each teacher observation (Garman, 1988). The ultimate goal of this evaluation process was to evaluate the quality of the teacher's instruction based on Hunter's criteria for effective instruction.

The Mountain Valley School District began planning to move from a traditional model of teacher evaluation to a model that would include both evaluation and differentiated supervision during the 2002-2003 academic year. The goal of the district superintendent was to promote teacher professional growth by creating a model of differentiated supervision in conjunction with a new form of teacher evaluation. The superintendent realized that teachers preferred different styles of learning, had different motivational levels, cognitive abilities, characteristics and lifestyles that made each

teacher a very unique individual. As did Danielson (2001), the superintendent acknowledged that these differences must be taken into account in an attempt to develop a differentiated supervision model to promote teacher growth and enhance the professional development of this tenured and experienced group of teachers.

The differentiated supervision process was to include a variety of professional development choices such as clinical supervision, peer coaching, self-directed growth, action research, and teacher study groups. A team of five administrators and five teachers, one of the administrators being the assistant superintendent for curriculum and instruction, comprised the committee. The assistant superintendent chaired the differentiated supervision committee. In addition to these ten members, the superintendent of the district served as an ex-officio member of the committee. The committee was advised by a faculty member from a local university with expertise in the area of differentiated supervision.

After studying different forms of differentiated supervision, four members of the team made site visits to the Monument Area School District and Queentown Area School District in April 2004 in order to observe and interview teachers and administrators concerning their differentiated supervision model. After observing the differentiated supervision models, and in particular the clinical supervision model in Monument and Queentown, both districts having the distinction of having been awarded the *Blue Ribbon Award for Exemplary Practices in Teacher Supervision and Evaluation* by the Pennsylvania Association for Supervision and Curriculum Development, the visiting team proposed a pilot program in clinical supervision to be held in the Mountain Valley School District.

The superintendent and assistant superintendent agreed that a clinical supervision pilot should be conducted during the upcoming school year based upon the presentation and recommendations of the visiting team. The recommendation to conduct the pilot

study was presented to the entire membership of the differentiated supervision committee and the committee unanimously agreed that the clinical supervision pilot study should be pursued immediately.

In the 2004-2005 pilot study, administrators volunteered to participate in the clinical supervision pilot and then the administrators asked teachers to participate in the pilot with them. Subsequently, a group of twenty-one professionals, eight administrators and thirteen teachers, volunteered to be trained in clinical supervision. The teachers who participated in the study understood they would not be formally evaluated for the 2004-05 school year and would be receiving a satisfactory rating on the Pennsylvania Department of Education (PDE) 5501. The PDE 5501 is the required Pennsylvania teacher evaluation form for all instructional level II teachers in the state. All teachers who participated in the clinical supervision pilot study were required to hold PDE Instructional II certification and have been issued a satisfactory rating during the 2003-04 school year.

During the course of the pilot study that occurred during the 2004-05 school term, the teachers and supervisors were to conduct at least six periods of clinical supervision. This study not only concentrated on the clinical supervision experience of the twenty-one participants, but also examined the experience of three administrators and three teachers in-depth. These teacher-administrator pairs, selected at random from the total participatory group, participated in three in-depth interviews. All of the participants involved in the clinical supervision pilot were asked to complete three questionnaires concerning their experiences.

### Research Questions

This study was guided by one primary research question and three secondary research questions. The questions were addressed either directly or indirectly in three

questionnaires, provided to all twenty-one teacher and administrator participants. The questions were also addressed in three in-depth interviews conducted with three randomly chosen administrators and their teacher counterparts. Each administrator, chosen at random, was working with more than one teacher in the pilot study. Many of the administrators who chose to voluntarily participate in the clinical supervision pilot study invited more than one teacher to participate in the pilot study. Because there was more than one teacher working with each of the randomly chosen administrators, the teacher was also randomly chosen to participate in the in-depth interviews.

The primary and secondary research questions that guided this study are listed below:

*Primary Research Question*

- What facilitating factors and obstacles do teachers and administrators experience when a school district moves from a teacher evaluation model to one of clinical supervision?

*Secondary Research Questions*

- In the change process, are administrators who have been in the evaluator's role able to perform successfully the functions of a supervisor's role?
- Will the teachers be able to assume successfully the leadership role in the clinical supervision process?
- Are there professional gains and benefits for both teachers and supervisors related to involvement in a clinical supervision process?

## CHAPTER II

### REVIEW OF THE LITERATURE

#### Organization of the Literature

The review of literature synthesizes research in the areas of teacher supervision, teacher leadership and clinical supervision. The literature review is divided into twelve sections. The first section reviews the purpose and central components of teacher supervision. The second and third sections are centered upon clinical supervision that include the reactions of teachers and administrators to the process. Sections four and five review the building of the supervisory process and supervisory roles. Supervision is extremely different from the teacher evaluation process that exists within most school districts therefore the tenants of the supervisory process must be at the forefront of this study. The subsequent four sections provide a review of literature that defines teacher leadership and the various approaches to building effective teacher leadership. Often it is necessary to change the entire school culture in order for there to be a culture that facilitates the development of teacher leadership. The two sections that conclude the review of the literature discuss the process of developing teacher leadership of and by leaders and factors that enable the development of this type of leadership development.

It is imperative that the teacher assume the leadership role in the clinical supervision process in order for the process to be successful. Therefore, much of the literature review centers upon building teacher leadership, the characteristics of and facilitative factors of building this type of leadership, and the benefits to the teacher as well as the school community from the development of teacher leadership. The administrator successfully fulfilling the supervisory role is as integral to the success of

the clinical supervision process as that of the teacher successfully assuming the leadership role.

### Teacher Supervision

The primary purpose of supervision is to encourage individual teacher growth beyond the teacher's current level of professional instructional ability. This process must start where the teacher is developmentally in his or her instructional practice and move beyond that point at a rate determined by the teacher's capability. Because it is not summative in nature it can focus on one situation or class over an extended time period. The effectiveness of the supervision process in terms of teacher growth is often dependent upon the teacher's ability to narrow the focus of the area to be improved upon. A key factor in the success of this process is that the teacher must have ownership over the growth process. The teacher should be motivated to seek more effective personal growth in order to increase the learning potential for the students. A key point for supervisors is to capitalize on the process of adults as learners (Nolan & Hoover, 2004).

Goldsberry (1998) found that upon close examination of studies that included Pavan (1985), Goldsberry et al. (1977), and Lovell and Phelps (1977), when educational institutions take steps to improve instructional supervision, teachers tend to develop new positive attitudes toward and become more involved in the improvement of teaching practices. Moreover, Goldsberry states that if sincere attempts are made to involve teachers in the supervision practice with the goal being to improve the teaching/learning environment, then supervision can truly be viewed as a means to professional growth. As teacher involvement in the supervision process increases, so does the benefit to the teacher and to the students in the form of instructional improvement.

After recognizing that a high level of teacher involvement is necessary in the supervision process, the next critical step is to recognize that variation in the process is

needed. As students are unique in individual learning needs, so are teachers in their supervision needs. Supervisory practice must be adapted to the need of the individual teacher if the teacher is to develop to the point of becoming a reflective practitioner (Goldsberry, 1998).

According to Goldsberry (1998), teachers and supervisors collectively must engage in teaching practice inquiry by formulating hypothesis on how learners will benefit from adapting new teaching practices. In addition, the formulation and testing of the hypothesis becomes the measure of both teacher involvement in the supervision process and the ultimate success of the supervision process.

A solid, research-based teacher supervision model in of itself can be an enabling factor in the development of teacher leadership. Exemplary supervision models encourage teacher development and professional growth. An exemplary supervision model according to Goldsberry (1998) that promotes teacher development would include the following:

- Teachers and supervisors hold a pre-observation conference during which the teacher gives the supervisor important information concerning the lesson to be observed and the focus for the lesson's success
- The pre-conference is followed by an observation or multiple observations during which the supervisor collects data to answer questions concerning the lesson's success
- The supervisor and teacher have a period of time to review and interpret the recorded data
- A post-observation conference is held during which the teacher and supervisor share in an exchange of ideas and interpretations concerning the data with suggestions for future educational activities

- A time for reflection during which the information from the supervisory practice is reviewed and followed by changes in the teaching practice if changes are deemed appropriate

Teacher involvement in an exemplary supervisory practice such as in the supervisory structure outlined above, optimizes teacher professional growth and facilitates the growth of teacher leadership. Clinical supervision is a type of supervision process that elicits teacher involvement and leadership in supervision. Few school systems implement this type of supervision model, alternately choosing to utilize a process of one-time random observations followed by a conference. This has little to do with teacher involvement in supervision and moreover nothing to facilitate teacher professional growth (Goldsberry, 1998).

### Clinical Supervision

Clinical supervision is based on the work of Robert Goldhammer and Morris Cogan at the Harvard School of Education during the late 1950's and early 1960's. Cogan and Goldhammer were searching for a method of supervision that would focus upon their pre-service teachers' ability to reflect upon their classroom practices while at the same time allowing the teachers to have control over their professional development (Smyth, 1985). The model allows for the supervisor to observe the teacher within his or her classroom setting and in concert with the supervisor analysis of the observed data (Sergiovanni & Starratt, 2002).

In the early 1950's, Morris Cogan was searching for a better method of defining what it actually meant to professionally work as a teacher. The primary emphasis of his search was to improve the professional status of teachers and to identify obligations for the teacher's supervisor to help him or her achieve this professional identity. However,

Cogan felt the supervisor must also demonstrate competence and understanding of their practice as well as that of the teacher (Garman, 1986b).

Cogan admired the medical profession for the format they had developed to discuss professional matters and was searching to create a format that mirrored the medical community's format for discussing educational professional matters. Thus he created the term "clinical supervision" to refer to the "clinic of the classroom" wherein the supervisor and teacher work collegially for extensive lengths of time. Cogan also preferred the term "clinical" in that he felt it defined the tremendous objectivity the supervisor must possess in order to observe and analyze the classroom events in an empirical manner and emphasize the inquiry and providing of knowledge as an integral part of the process (Garman, 1986).

The term "clinical" also refers to a face-to-face relationship between teacher and supervisor where the focus of the relationship between the two is on the teacher's actions in the classroom. Smyth (1985) states that the term clinical refers to the "in-class nature of assistance provided to teachers to help them make sense of the complex processes of teaching and learning" (p. 2). In defining clinical supervision, Goldhammer states:

The word clinical conveys an image of face-to-face relationships between supervisors and teachers. Clinical supervision is meant to imply supervision up close.

The term should denote supervision of actual professional practice of actual professional behavior. What the teacher does is central in clinical supervision of which one hallmark is that the supervisor is an observer in the classroom and that the observational data collectively represent the principal foci of subsequent analyses.

Given close observation, detailed observation data, fact-to-face interaction between the supervisor and teacher, and an intensity of focus that binds the two together in an intimate professional relationship, the meaning of clinical is pretty well filled out. An image of idiographic analysis of behavioral data and a tendency to develop categories of analysis after teaching has been observed, rather than beforehand, completes the picture (Goldhammer, 1969, p.54).

Acheson and Gall (1987) suggest an alternative name for the process should be that of “teacher-centered supervision” in order that there are no misgivings as to where the emphasis of the process should be or who should be in control of the process.

Goldhammer and Cogan were searching for a method of supervision that would allow student teachers to look reflectively upon their classroom practices, yet at the same time giving them control over the direction and pace of their professional development.

Clinical supervision, as we see it, is that aspect of supervision which draws upon data from first-hand observation of actual teaching, or other professional events, and involves face-to-face and other associated interactions between the observer(s) and person(s) observed in the course of analyzing the observed professional behaviors and activities and seeking to define and/or develop next steps toward improved performance (Goldhammer et al., 1993, p.34).

Acheson and Gall (1987) describe the clinical supervision model as an interaction as opposed to a directive approach. It involves a democratic as opposed to an authoritarian approach. The process represents a teacher-centered rather than a supervisor-centered focus.

Sergiovanni (1976) states that the objective of clinical supervision is to facilitate classroom improvement and improve teaching practice. This includes examining and allowing for reflection upon teacher beliefs, objectives, and behavior. These areas contribute a basis for conversation between the teacher and supervisor that allows for the asking of questions concerning areas that affect teaching and are often left unexamined. Through the careful analysis of teacher beliefs, objectives, and behavior, teaching practices are enhanced.

Sergiovanni and Starratt (2002) define clinical supervision as “a partnership in inquiry (p.224).” The purpose of the supervision process is to help teachers modify existing teaching practices in a way that makes sense to them and is controlled by them. The supervisor’s role is to help the teacher select goals for improvement, select teaching

issues to be examined, and find ways to assist the teacher to better understand his or her teaching practice.

Direct instruction can be improved by the process of giving the teacher direct feedback concerning areas of teaching practice that are a concern to the practitioner (Smyth, 1985). Cogan states:

Clinical supervision takes its principal data from the events of the classroom. The analysis of these data and the relationship between the teacher and supervisor form the basis of the program, procedures, and strategies designed to improve the students' learning by improving the teacher's classroom behavior (Cogan, 1973, p.9).

The four stages in the clinical supervision process have very unique components and purpose. The four distinct stages include the pre-observation conference, the observation, analysis of the data by both the teacher and supervisor, and post-observation conference. An imperative major component of the clinical supervision process is the collegial conference(s) that occurs prior to and following the observation. The well-defined cyclical nature of clinical supervision often appeals to teachers (Smyth, 1985).

The pre-observation conference is a time when the teacher and supervisor meet prior to the observation to discuss in detail the lesson that is to be observed and the data to be collected. The teacher reveals to the supervisor in detail what the lesson will look like and what specific data is to be collected and by what method. The observation is the time period when the supervisor observes the lesson, discussed in the pre-conference, and collects the data requested by the teacher. The analysis step involves the supervisor presenting the data in a logical form so the teacher can understand it and have time to analyze it and reflect upon it before the post-observation conference. The post-observation conference involves the teacher and supervisor meeting to discuss the data and draw conclusions concerning what happened during the observation in regard to instructional practice (Smyth, 1983).

Based on the continuing work of Goldhammer, a fifth stage referred to as “the post-conference analysis” could be added to the model (Goldhammer et al., 1993, p. 47). During this conference the supervisory process would be discussed in terms of its strengths and weaknesses. This conference ultimately serves the purpose of the clinical supervision process’s “superego” or conscience (Goldhammer et al, 1993, p. 47). It would be during this conference that the supervisor and teacher would have the discussion as to how the clinical supervision process could be improved.

The basic tenets of the clinical supervision method involve the establishment of a positive relationship between supervisor and teacher. The relationship is developed collegially between the supervisor and teacher. Furthermore, this model requires the development of a mutual relationship of trust between the teacher and supervisor if the process is to be successful (Smyth, 1985). This is often accomplished in a series of conferences, or an extended single conference, held at the beginning of the process. Smyth (1985) refers to this series of discussions as “pre-entry preparation” that involve the teacher and supervisor discussing what is to be involved with their respective roles, philosophies on teaching styles, and beliefs concerning the educational process (p.15). This is also often referred to as the espoused platform conference. Frequently, teachers discover that there is often a great difference between their beliefs and theories concerning classroom practice and their actual decision-making and teaching practices within the classroom (Goldhammer et al., 1993).

Clinical supervision differs from other traditional supervision practices in two major ways. Most supervisory and evaluation practices work at improving teaching skills that are the goal of a supervisor or an outsider who is not connected with the classroom. Such superimposed goals or superimposed supervision practices usually only provide superficial change and are no more than a temporary compliance on the part of the teacher (Smyth, 1984 a). A second major difference is that other forms of evaluation and

supervision do not include the teacher as a collegial partner in the supervision process.

Clinical supervision however allows for a teacher-centered supervisory process with the teacher in control of what is discussed, observed and analyzed. The teacher is also in a collegial relationship with the supervisor.

Smyth (1984 b) states that the most distinct feature of clinical supervision, both as a construct and as a process, is the manner in which it draws attention to aspects of the teaching process over which the teacher can begin to take greater control. One of the greatest implied concepts of clinical supervision is that teaching processes can be improved when the teacher is provided with relevant and timely feedback concerning aspects of teaching that are of relevance and interest to the teacher. The primary goal of the supervisor is to assist the teacher to change or modify existing teaching practices according to ways the teacher has chosen to do so.

The central tenant of clinical supervision is teaching can only be improved when the teacher is provided with direct feedback concerning aspects of his or her teaching practice that are of concern to the teacher, not the supervisor. The ultimate goal is to place the teacher in ultimate control of the clinical supervision process so that the teacher fulfills the roles of process generator, interpreter and analyst. Smyth emphasizes that the teacher is totally responsible for the teaching situation and has total control over the supervision process. The teacher is to decide what will be discussed, observed and analyzed, with total control of the supervision process remaining in the hands of the teacher (Smyth, 1984 b).

The inherent value of clinical supervision is the emphasis on the importance, dignity and worth of the individual teacher. The importance is the willingness of teachers to work collaboratively with supervisors in order to ascertain and give considerable thought to the hidden significance that is implicit within classroom teaching (Smyth, 1985).

One of the greatest concerns in any supervisor process is how to ethically establish the collegial relationship between the teacher and supervisor. Garman (1982, cited in Smyth, 1984 a) stated that ethics is not something one has in clinical supervision but rather embodies what one does. What Garman is emphatically stating is that the supervisor's first and foremost commitment is to the self-worth and dignity of the teacher he or she serves. Furthermore, the first priority of the supervisor is the improvement of the teaching process by serving the teacher.

Sergiovanni and Starratt (2002) warn that clinical supervision is not for everyone. It is also not a strategy or process that can sustain itself over a long period of time. This process demands a great deal of time from both the teacher and supervisor in order to perform it effectively. The supervisor must allow the teacher to take control of the process and must not function in the role as an evaluator. The administrator must accept the role of a collegial supervisor and relinquish control of the process to the teacher.

#### Reactions from Teachers and Administrators Concerning Clinical Supervision

In a questionnaire survey, teachers and administrators were asked to give a narrative response to seven open-ended questions concerning the supervisory process and specifically clinical supervision. The fifth question asked "In your experience or as you have observed, how much hands-on (clinical) supervision is actually taking place in school(s)? Should it be more or less?" (Goldhammer, Anderson, & Krajewski, 1993, p.13). Teachers responding to the questionnaire stated that clinical supervision was available but more readily available to first year and probationary teachers. Both teachers and administrators stated that the process is valuable and that the process should be made more readily available, however there should be a higher level of participation in the process.

In response to the afore stated question, a teacher with 19 years of experience stated that those who chose to become involved in the clinical supervision process had already achieved a level of expertise while those who criticized the program should be more involved. In this particular case, 15 teachers chose to participate in clinical supervision and all had been either nominated for or elected teacher of the year in the district. An elementary administrator stated that if the process is to be effective it must be given high priority, be continuous in nature, and non-threatening. Another administrator stated that there is a need to develop a higher level of trust between teacher and administrator. A response from yet another administrator indicated that there was a need to further develop the process for teachers who considered themselves to be experienced in that they were the least receptive to the clinical supervision process. Overall, those responding to this particular question felt that the clinical supervision process should be made more readily available.

The third question asked for insight as to how classroom teachers felt concerning supervision including fears, negative perceptions, or benefits of the process. A Florida principal stated that teachers only fear the process when it is intermittent, evaluative, or a once and done practice. When it is founded in professional growth and of a supportive nature, the clinical supervision process is not feared. It was confirmed by those conducting the survey that the coaching, pre-conferencing, and post-conferencing are integral to the supervisory process if the teachers are to be accepting and less fearful of the process. Furthermore, if assistance and trust are at the forefront of the clinical supervision process teachers seemed to be excited about supervision (Goldhammer, Anderson, & Krajewski, 1993).

A series of six case studies reported by Nolan, Hawkes & Francis (1993) concentrated on identifying the conditions of the clinical supervision process that afforded the teachers the greatest benefits. The successful case studies were those where

the teachers assumed the leadership role in the clinical supervision process and the supervisor assumed the role of facilitator. In the *McCoombe Study*, Murray McCoombe an elementary teacher worked with his principal in order to examine four areas of concern he had identified within his classroom. McCoombe stated that he felt that after 10 years of classroom experience he was a good teacher before the process began. However, he discovered in the process of completing the supervision cycles that he was not putting as much thought into his teaching as he had previously presumed. He felt that the clinical supervision process had made him a better teacher.

In the *Potash Study* (cited in Nolan, Hawkes & Francis, 1993), a veteran physics teacher of 15 years entered into a clinical supervision study with Potash, his principal. Both the teacher and principal, before the supervision process began, held the viewpoint that supervision was a routine process that did not have significant effect upon the teaching-learning process. Both had only experienced a traditional annual teacher evaluation process before the study. At the conclusion of the study that lasted for one semester, Steve, the veteran physics teacher, stated that his teaching behaviors were more difficult to change than he had ever thought possible. The clinical supervision cycles had prompted him to ask more questions concerning his teaching behaviors as he struggled with what it meant to be an effective teacher (Nolan, Hawkes, & Francis, 1993).

In a case study spanning over a two-year period of time, Grimmet and Creehan (cited in Nolan, Hawkes, & Francis, 1993) provide the account of a clinical supervision experience of principal, Margaret and an elementary teacher, Barry who had 20 years of teaching experience. In this particular case, two issues were identified by the teachers that included student participation and use of non-instructional time. The principal was insistent upon rearranging the student seats and classroom furniture in order to solve the issue of unequal student participation. The teacher however wanted to address the participation problem by examining the varying student mathematical abilities present in

the classroom. The clinical supervision process, in this instance, failed because the principal did not allow the teacher to examine what he had perceived to be the problem and therefore the two arrived at an impasse that could not be resolved. Grimmett and Creehan state that it is necessary for the supervisor, in this case the principal, to allow the teacher to state the problem and the method of addressing it during the conferences, and collegially exploring it together throughout the supervision cycles.

Kent (2001) conducted a study with 16 elementary and middle school teachers who had completed a supervision course taught by her during the previous summer. The range of the individual teacher's experience was between 3 and 21 years of service. Only 1 of the teachers had served as a supervisor prior to the study. The three major course objectives included: 1) to teach the 16 teachers to be reflective concerning their teaching so they could facilitate reflective thinking in their student teachers; 2) to increase the ability of the cooperating teachers to create a rapport and trusting relationship with their student teachers; and 3) to instruct the cooperating teachers in the clinical supervision model of pre-observation conference, observation, and post-observation conference.

Clinical supervision was presented by Kent as a concept rather than a supervision model and included fundamentals from Glickman's developmental supervision continuum and Costa and Garmston's model of cognitive coaching. Prior to the end of the student teaching quarter, all cooperating teachers agreed upon what supervision documents were to be submitted to Kent for review before she conducted interviews. All of the cooperating teachers implemented at least some of the components of clinical supervision during the student teaching quarter. 13 of the 16 teachers completed at least 1 cycle of clinical supervision with their student teacher with the average being 5.5 cycles. The nine cooperating teachers who had been involved with a supervisor or a principal in the clinical supervision process prior to the study seemed to be more favorable in implementing the process with their student teachers. The majority of the

teachers reported using the process less as the student teaching quarter progressed.

One positive aspect of using the process reported by cooperating teacher was that it allowed them to be less judgmental. Teachers reported that the use of the clinical supervision process facilitated the student teachers' ability to analyze their own teaching using the collected data.

Among the disadvantages reported by the cooperating teachers was the great amount of time the clinical supervision cycles required. However, the teachers overall concluded that they would continue to use the clinical supervision strategies regardless of the time required. Only one of the teachers reported that the clinical supervision strategies did not work in her classroom; however that may have been attributed to the special needs children included in her classroom. A frustration reported by several of the teachers was the need to refrain from intervening when the student teacher was having difficulty in the instructional setting. Furthermore, the teachers stated that it was difficult not to become subjective in their comments or make evaluative statements concerning the student teacher's performance. However, all but one of the cooperating teachers remarked that their student teachers were able to be reflective concerning their teaching and identify instructional areas where improvement was needed. The required time to implement the clinical supervision process seemed to be the foremost problematic finding in this study (Kent, 2001).

Ebmeir and Nicklaus (1999) conducted two clinical supervision experimental studies. A study involving 90 university graduate students enrolled in a school administration master's program, and 346 classroom teachers from 72 schools in the Midwest who were identified by the graduate students as willing participants. The second study group was composed of 14 principals with each principal identifying 4 teachers willing to work with him or her in the study. Two of the four teachers selected by the supervisors were to be part of a control group that would receive no special

supervision other than that traditionally provided by their building. Two of the teachers were identified to work with the supervisors who would be part of the experimental group and participate in the clinical supervision process. The 90 graduate students volunteered to work as peer supervisors and received 30 hours of instruction in the clinical supervision model as described by Glickman. The 14 principals received the same training in an in-service program sponsored by the school district. All of the supervisors were required to demonstrate proficiency in conducting a goal-setting conference and conferencing skills before practicing the model with a cooperating teacher. After the proficiency of the supervisor was achieved, the supervisor was then to practice the supervision model with the identified cooperating teachers. The outcomes of the studies were determined through a questionnaire and personal interview.

The results of the Ebmeir and Nicklaus studies demonstrated that those teachers who were supervised with the clinical supervision method increased in teacher commitment, collaboration, efficacy and trust. Those who were part of the control group did not increase in these areas. In the second study, principals produced larger gains with the teachers in these four areas, by nearly 3 to 1, over the graduate student supervisors. This may be due in part to the mindset of the teachers, who were working with their principals, viewing the process as more than participation in an experimental study. The success of those who implemented the clinical supervision model was attributed to the extensive and rigorous training program that was required for those who would be participating as supervisors. Principals would have to commit more time to the collaborative supervision process in order to achieve the previously mentioned results. However in the end the benefits would be higher in comparison to the required time commitment on the part of the administrator. Commitment, trust, collaboration and efficacy are often associated with highly effective schools and therefore the benefit to the

school as an organization would be greater than the amount of time required to implement the clinical supervision process (Ebmeir and Nicklaus, 1999).

Smith (2004) conducted a clinical supervision study with two experienced teachers focusing on the importance of teacher leadership in relationship to the professional development of the teacher within the individual teacher's school setting. Smith chose the leadership emphasis for the clinical supervision process and was the supervisor of the study participants. At the onset of the study, Smith and each teacher individually chose the activities that were a part of the teacher's normal school day that would be the focus of the supervision process. One of the teachers, Stephanie, chose to concentrate on mentoring other teachers within her school. At the conclusion of the study, Stephanie stated that she felt the other teachers within the building had a greater amount of trust in her building department due to the leadership traits she developed during her participation in the study. She further stated that she was a source to whom her colleagues could come for answers in helping children with learning needs.

Betty, the second participant in the study, chose her students as the focus for her initial study of clinical supervision. At the onset of the process, Betty spoke concerning her inadequacy in developing materials that she had created for her and her teacher team to use. As the study progressed, she began to speak with confidence concerning the strategies and interventions she had developed in her classroom for her students and then proceeded to shared with her team colleagues. She felt that this had been a great gain in her professional development in that she was able to use information gained from her supervision experience in order to share with colleagues. Furthermore she and her colleagues were able to use the information to develop instructional materials that were more appropriately adapted to meet the students' learning needs. Smith emphatically states that clinical supervision is a powerful instrument for supporting the professional development of teachers, focusing upon one teacher at a given time. As a principal,

clinical supervision has afforded her the opportunity to work with teachers on a more collegial and democratic basis, encouraging teachers to take interest in and charge of their ongoing professional development (Smith, 2004).

### Preparing for the Move from Evaluation to Supervision

In order for a school or school district, or individuals within either, to change from a process that has been status quo to one that is new and foreign to the individuals involved, there must be a solid training design implemented. Individuals within a school or school district that are willing to embrace the concept that a school can progressively improve and are willing to refer to the school as a learning community, has the context for adult learning to occur. Furthermore, the staff members within a school have had the opportunity to collect and analyze data in order to determine what they need to do so student achievement or learning can improve indicates that the staff has identified necessary content they must study. Easton (2004) states that in order for an effective training design to be implemented, those involved in the implementation process must first identify the context of and content for the study.

Once context and content have been identified, Easton emphasizes the next step is to identify or select the process by which the staff will learn. Determining the process or identifying the professional development strategies that promote teacher and administrative learning must answer the questions as to what they need to know, what approach will best facilitate the learning and further make dynamic changes that will have a positive impact on student achievement. In order to develop a powerful professional development design, those who are developing the process must consider imperative questions as to who, what, when, why and how. The afore mentioned critical elements of designing professional development are defined by Easton in terms of questions.

- *Who* should be involved and will people work as individuals or in groups
- *What* is needed is defined in terms of what happens in the classroom, what focus is there on learning and the learners, and what is needed in terms of a collaborative process
- *Why* is this professional development needed
- *When* determines how frequently should the staff commit to working on a particular design and the anticipated duration of each cycle of the design
- *How* should the design be implemented including important questions answered such as is there a need for a facilitator for the design in order to keep the course of action moving in the anticipated direction

In order for effective professional development to ensue, there must be a climate of collaboration in place. The concept of building a collaborative environment among professionals in a school or school district is a goal that may necessitate a long period of time in order to be achieved. Collaboration develops as a group of professionals gradually move from a congenial relationship, to a cooperative relationship, and finally to a relationship that is characterized as one of collegiality. Easton emphasizes that in order for a collaborative environment to be developed, leaders must proceed slowly and with caution. Those in leadership positions must provide time for collaborative activities to take place, collaborative guidelines, effective support, and promote trust among all those involved in the process.

According to Joyce and Showers (2002) the design of effective training encourages people to learn new knowledge and skills and then transfer this newly acquired knowledge and skill to implementation within classroom practice. Furthermore, the training design must be designed in a manner that encourages the participants to become more effective learners. In order to create an effective training model, Joyce and

Showers emphasize four important components that are essential to any effective training design.

- 1) There must be an exploration of the theory behind the training by the participants that is accomplished through discussions, readings, lectures, etc. This is necessary in order to create an understanding of the rationale behind the method, principle or skill that is to be acquired through the training.
- 2) There must be effective modeling or demonstration of the skill to be acquired.
- 3) The skill must be practiced under simulated conditions that could include peer teaching (teachers teaching teachers in a simulated classroom) or teacher practice with small groups of students. The amount of practice is determined by the complexity of the skill in regard to previously acquired knowledge or skill in the area of training.
- 4) There should be a peer coaching element in place as a part of the training design. This would include a collaborative element among the training participants to solve problems or answer questions that arise during the implementation of the training.

Regardless of the training design, excellent or otherwise, trainers will have little to no success in a poor organizational climate or one that does not have a cohesive and strong leadership. Strong leadership that embraces the implementation of new skills and a strong organizational climate are essential to the success of any new skill implementation. If the leadership and climate components are in place, the training design must be strong and must include a monitoring element if the implementation of the training is to be successful.

Prior to designing a professional training experience, the designer must answer the following questions:

- For whom is the training intended?
- What is the desired result of the training?
- Is there a follow-up component existing in the school or is it necessary to develop a follow-up plan as a part of the training and implement it within the training?
- Does the training constitute new professional learning for the participants or is the purpose of the training to refine previously acquired skill(s)?

Acquisition of a skill is more often the emphasis of the training as opposed to the transfer of learning to the appropriate setting within the school environment. According to Joyce and Showers (2002), transfer of the learning has often been presumed by the trainer and those involved in designing the training. However, research has demonstrated that this is an invalid assumption. Skill acquired is not necessarily followed by the transfer of the skill to the educational setting. Transfer of learning from a training setting to successful instructional practice occurs more frequently when in-house coaching is an integral part of the training experience. A model training design would include explanation of the theory behind the skill, demonstrations, practice with essential feedback, and in-house coaching during the implementation of the newly acquired skill.

### Building the Supervision Relationship

During a time period that Sergiovanni and Starratt (2002) refer to as Stage I of clinical supervision, a primary responsibility of the supervisor is to build and foster a relationship of mutual trust with the teacher who is participating in the supervisory process. In the process of developing the trust relationship, the supervisor must

successfully induct the teacher as the co-supervisor in the process in order for the teacher to take control of the supervisory process. This trust and role development must occur before the clinical supervision process can commence.

According to Blumberg's model of clinical supervision, much of the difficulty teachers and supervisors experience working together originates from the behavior conflicts that arise from the organizational context of schools. In order to overcome these conflicts, Blumberg suggests that supervisors concentrate their efforts on issues of trust, affection, and influence that often create psychological barriers between supervisors and teachers. Once the teacher demonstrates the need for assistance, the supervisor must know how to provide the help or where to find the required resources and the two must be able to give and receive in a mutually satisfactory manner (Pajak, 2002).

Nolan, Hawkes, & Francis (1993) in their review of six clinical supervision case studies, emphasized that the successful cases had established a collegial role between supervisor and teacher. Furthermore, in the development of these roles, the qualities of the relationship seemed to supersede the organizational role of the participants. Four of the six case studies had principals serving in the supervisor roles. Teachers did not feel at ease at first and it took several cycles of clinical supervision before the teachers felt more comfortable in order to explore areas where they felt more vulnerable. Teachers were in control of the changes to be made in their teaching practice and basically ignored those suggestions that were imposed upon them by supervisors. The supervisors tried to encourage teachers and guide the focus of their thoughts toward self-reflection concerning their teaching.

It is extremely important for teachers to self-reflect concerning their instructional performance in order to make appropriate changes in their pedagogy and classroom environment in general. The four case studies where the teachers were the recipients of supervision from a super ordinate resulted in a positive and useful experience for the

teacher. If the clinical supervision process is to be successful, the supervisor and teacher must strive to develop a relationship that is reciprocal in nature and built upon trust and respect for the contributions that each can make to the process (Nolan, Hawkes, & Francis, 1993).

Teachers are not being observed in a systematic manner or on a regular basis in many school systems and therefore there is a breakdown of the supervision process in these schools. This is due in part to the lack of available time on the part of administrators or supervisors, lack of knowledge in supervisory or observational skills, lack of understanding concerning instructional strategies by teachers and supervisors, and/or lack of skill necessary for supervisors to provide useful feedback to the teachers in order to improve instruction within the classroom (Acheson & Gall, 1987).

### Supervision Process and Roles

Supervision and evaluation are two very different yet two very critical activities performed by instructional leaders. Many instructional leaders fail to differentiate between the two. As a result, supervision becomes meaningless to many teachers due to the lack of feedback and lack of concern for an improved instructional process. However, supervision is imperative if instruction is to be improved. Moreover, in order for improvement to occur, the principal, or instructional leader, must be willing to assume the role of the friendly critic or collegial observer (Acheson and Gall, 1987).

Supervision is a process to help teachers and supervisors to be able to learn more concerning their professional practice. The ultimate goal of supervision would be for teachers to improve their knowledge and skill in order to make schools a more efficient and effective learning community for all students.

Before teachers can take full leadership in the supervisory process, or accept responsibility for leadership, they must be provided with the adequate knowledge of what

constitutes effective leadership. This includes the know-how of how leadership is undertaken and provision for encouragement in order to facilitate teachers being able to accept responsibility for leadership development. This can be achieved through the development of a support network for a community of leaders, which in some schools would mean the development of an entirely new culture (Sergiovanni & Starratt, 2002).

Evaluation of teacher performance is a very complex and difficult practice therefore few have mastered the art. Some supervisors try to make evaluative judgments based on one time observations and make overall evaluations based on one moment in time. These are issues of attitude and behavior, such as dominance and control, that affect the supervisory process in a negative manner. When a supervisor insists on having an aggressive and controlling relationship over the teacher than this prohibits a relationship of genuine communication and mutual respect needed for a true supervision relationship (Sergiovanni and Starratt, 2002).

Overwhelmingly in their survey of many teachers, Acheson and Gall (1987) found that teachers want leaders as supervisors who will respect them as individuals, are willing to discuss their concerns, willing to collect data as the teacher wants it collected through observation and other viable methods, willing to analyze data collegially, and willing collegially to consider the available alternatives. A major hindrance to this process is the principal or instructional leader's unwillingness to step out of the role of evaluator.

Acheson and Gall (1987) state that there are many prerequisites to a principal or instructional leader fulfilling the role of supervisor. These prerequisites include having a full range of observational and recording techniques (data collection strategies), excellent interpersonal communication skills, and a superior range of feedback strategies for use in conferencing with teachers. The effectiveness of the principal in the supervisory role will often determine the success or failure of the clinical supervision process for the teacher.

Three types of leadership styles existing within school organizations discussed by Garubo and Rothstein (1998) include the authoritarian, consultative, and consensus approaches. The authoritarian approach involves the school leader making decisions without consulting any other individual in the organization, whereas in the consultative approach, the leader may ask for the organizational members' thoughts and opinions before making a decision. When using the consensus approach the school leader is one of a group of individuals who work collaboratively within the organization in a decision making process. A principal who is willing to choose a participatory management style such as the latter two styles will usually be successful in a supportive supervision setting.

Offering effective supportive supervision to teachers involves developing a set of basic leadership skills. This basic skill set includes the art of self-disclosure, ability to build trust, ability to offer effective feedback, ability to offer acceptance and ability to provide support (Garubo and Rothstein, 1998). Self-disclosure is seen as an important attribute on both the part of the administrator and the teacher; however the example is set by the administrator/supervisor. In order for effective communication to occur, the administrator must set the stage by conveying his or her thoughts and feelings effectively so that in turn the teachers will do the same in order to facilitate the development of a positive school climate. When administrators and teachers are free to disclose their thoughts and feelings in an open relationship, the individuals in the school community can begin building a relationship of trust. The trusting relationship is of great importance in that administrators will want to offer constructive feedback and teachers will want to accept and use it in order to foster professional growth.

A good supervisory relationship must be one of good moral integrity in that it is open, trusting and flexible (Sergiovanni and Starratt, 2002). At the beginning of the relationship, there needs to be an open discussion where parameters and guidelines are set as to who controls what, whose needs are being served, the purpose of the relationship,

and all other aspects involved in the supervisory process. An overall purpose of supervision is to strengthen, nurture and support the moral ideals embedded in teaching.

### Implications for Administrators Assuming Supervisory Roles

Administrators need to learn skill in expressing respect and acceptance for the teacher as an individual. They need to offer teachers support in all aspects of the relationship from classroom needs to personal needs. Often the personal needs such as encouragement to express oneself and the need to verbalize one's feelings are overlooked. The administrators' willingness to allow teachers to express themselves verbally often is necessary in order for teachers to be able to hear how they feel about themselves as a person or teacher, their teaching practices, classroom students, and their teaching experiences. The self-expressiveness on the part of the teacher becomes a great asset to the self-reflection piece of the supervisory relationship and enhances the professional growth of not only the teacher but the supervisory relationship (Garubo and Rothstein, 1998).

A one-sided approach to supervising teachers is not viable due to the fact every teacher and every classroom is unique unto itself. The principal needs to be the facilitator of relationship building among teacher colleagues rather than the encourager of isolation. Teachers need to feel free to observe each other in their classrooms for the purpose of professional development and at the same time build a professional collegial network. Current practices in teacher supervision have shifted from a top down authoritative approach to a collaborative approach and also from a delivery to a participatory approach. Administrators need to acknowledge this collaborative approach in their everyday leadership practices (Kaye, 2004).

Administrators must leave behind their evaluative hats when entering the supervisory field. Moreover, they must keep at the forefront the professional

development emphasis of the supervisory process that has nothing to do with passing judgment concerning teacher competence that accomplishes nothing more than the impedance of the supervision process. The purpose of teacher supervision is to make a formative evaluation (where do we go from here) and is concerned with the professional growth and development of the teacher. Evaluation and supervision processes many times become blurred, especially when summative evaluation is linked to supervision. Supervision should not be an annual or once and done event. Instructional supervision empowers teachers as active participants in constructing knowledge that is applicable to classroom practice and engages them in collaboration, dialogue, and reflection (Zepeda, 2002).

One might pose the question as to what should happen if the teacher proves to be deficient or incapable in a pertinent component of his or her teaching practice. According to Goldsberry (1998), supervision is done in schools in order to examine, refine, or improve teaching practice. The supervisor must set defined boundaries in order for the teacher to guide and assume control of the supervision process. If the teacher crosses the boundaries in any manner, then the supervisor has the prerogative to recommend remediation wherein the supervisor would guide the teaching behavior using his or her own expertise as a guide moving from supervision to evaluation. However, as long as the teacher is able to function within defined professional boundaries the teacher should be able to control his or her own teaching and professional growth process. Benefits to a teacher guided supervision process include improved teaching and improved student learning.

One of the greatest obstacles to supervision is finding the time to do it effectively within the confines of the administrator's schedule. Shellard (2003) emphatically states this element as one of the most complex aspects of the principal's job.

One of the most complex aspects of a principal's multifaceted job is prioritizing and determining the balance of time and effort allotted for important tasks. It is essential to answer the question: How will this all get done?

Whether it be evaluation or supervision, these processes demand time from supervisor and administrator schedules if they are to lead to significant improvements in teaching and student achievement.

A study conducted by Kiersten et al. (2005) surveyed 63 building administrators concerning teacher evaluation. In responding to limitations that prevented highly effective teacher evaluation, time was listed by 47% of the respondents as the obstacle to fully implement the teacher evaluation process in their schools. According to the administrators surveyed, this obstacle was due to the other demands of school administration that did not leave time for an effective evaluation process. Of the same administrators surveyed, 67% responded that they believed increased opportunities for communication between them and teachers, as well as communication between teachers, would lead to improvements in both teaching and learning. The supervision process provides for this type of communication if implemented effectively.

Achieving instructional leadership is a difficult and even risky task according to Buchen (2002). Research documents the positive impact upon student achievement principals can have as instructional leaders, however there are five obstacles that often prevent this type of leadership from coming to fruition. Buchen states that the number one obstacle is time. It seems daunting and almost impossible for principals to create time for instructional leadership in their daily schedule. If something has to be put aside in the administrator's schedule, it is most often the role of instructional leadership that gives way to managerial responsibilities. In referring to evaluation and not supervision, Buchen states that evaluation should not be a once and done practice, but rather administrators should have a series of meetings that take place over time to address what is happening in the teacher's practice and set goals for measuring progress and change.

This is what should be happening between principal and teacher in the supervision process as well in order for it to be effective for instructional change and improvement.

In stating that it is time for the educational system as a whole to rethink teacher evaluation and supervision, Marshall (2005) calls for shorter, more frequent visits into the classroom by the principal in order to see on a daily, ongoing basis what is happening in teacher instruction and student learning. This allows the principal to have an ongoing presence as an instructional leader and provide immediate feedback to teachers concerning instructional practice. Moreover, Marshall states that regardless of long or short observation periods, there needs to be the creation of a professional learning culture in schools where there is real feedback given to teachers that will allow the supervisory voice to become a component of the teacher's daily thought process, thus facilitating self-reflection concerning student learning and instructional practice. In conclusion, Marshall states that in order for this change to occur in the educational culture, supervision and evaluation must be streamlined so that the principal may spend more time in the classroom as an instructional leader. She advocates peer supervision, such as a peer coaching model based upon the clinical model, so that teachers can receive non-threatening feedback from their peers in an attempt to place a strong emphasis on student learning results and improvement in instructional practice. However, the principal would be the facilitative agent of change in order for this change in school culture to occur; thus placing the principal in the role of an instructional leader as opposed to an educational manager.

### Facilitating Leadership

Principals need to build a culture of trust within their schools, be facilitators of collaboration, and develop an overall climate where the members of the organization are encouraged to grow professionally and take responsibility for their professional growth

(Leonard & Leonard, 2003). Crowther, Kaagan, Ferguson, & Hann (2002) define seven strategies for educational leaders to follow in order to nurture teacher leadership.

The first strategy is that the principal must communicate distinctly his or her strategic interest or purpose for the school and then implement a clear plan of action in order to develop the purpose. This allows teachers to see the value of the principal's work and develop their own system of values. The second strategy is to incorporate the ambitions and views of others into the school vision. This capitalizes on the capacity-building process of the organization. Principals who seek the ideas and inputs of others in the educational community, such as the teachers, build the leadership potential through nurturing encouragement and acknowledgement of their importance to the organization.

The third strategy in assisting leaders to nurture teacher leadership is for the leaders to ask difficult-to-ask questions. Posing difficult-to-ask questions rather than dictating top-down strategies or solutions to educational problems, signifies to the educational community that teacher input is valued, school practices are to be questioned, and questioning leads to opportunity to explore pedagogical beliefs and values. The fourth nurturing strategy is that of creating space in the educational community for individual innovation. Potential leaders must be given the opportunity to take risks in terms of their teaching or leadership approach without feeling threatened. Principals must encourage the individualism of the teacher so that later they may share personal strengths within a collegial or team process.

Knowing when to step back is the fifth strategy in nurturing teacher leadership. Teacher empowerment in meaningful ways is a key factor to successful school development, however leaders have to know the right time to step back in order to encourage teacher leaders to take the initiative to step forward and take the lead. If teacher leaders are going to lead, it is necessary for the principal to know the proper time for stepping back and allowing the teachers to lead. Creating opportunities from

situations that are perceived as difficulties is the sixth strategy in creating successful teacher leadership. In a culture where risk-taking is encouraged, there will be problems and difficulties that arise to the forefront.

The key to continued success in facilitating leadership is to determine how a problem or difficulty is to be handled. This can be accomplished by creating an environment that promotes risk-taking where processes not people are torn apart and analyzed when something goes wrong. The problem is made into an educational opportunity by the educational leader, who distributes the leadership responsibility among the teachers, promoting a process that is held together by trust and a sense of shared power. Implementation of this problem-solving process indicates to its member that the organization no longer has problems but rather opportunities for growth.

The final strategy for building teacher leadership is for the principal to build on the achievements of the organization in order to create a culture of success. Leaders, and in turn the school community, must make it a high priority to create a public image that is a culture of success. Principals and teachers must become PR agents who advertise the positive achievements of their schools. However, principals must be the role model and model the behavior for the entire community. Hopefully, creating parallel leadership where teachers will assume the same professional responsibility in order to create a successful school culture will become the norm in all public educational organizations (Crowther, Kaagan, Ferguson, & Hann, 2002).

### Building Facilitative Leadership

Leadership overall must become facilitative in nature in order for fundamental changes to occur such as those in teacher supervision. Leithwood (1992, cited in Conley and Goldman, 1994) states that administration must be willing to abandon control-oriented leadership practices and be willing to implement facilitative practices of

leadership if they want transformation to occur within their schools. This type of transformational leadership allows teachers to concentrate on professional development and more effective problem solving.

The main goals or emphases of facilitative leadership are improved work performance and enhanced student learning. The focus on improvement rather than power is the main stay of facilitative leadership (Conley and Goldman, 1994). Clinical supervision can be a powerful tool for developing facilitative leadership in the classroom but even more far reaching is the teacher leadership that permeates the entire school community. Nolan, Hawkes, & Francis (1993) cite five critical supports for the process to be effective and sustaining:

- the teacher must be involved in a collegial relationship with a supervisor where he or she feels supported and safe
- the teacher must have autonomy over the supervisory process
- there must be continuity in the supervisory process over a sustained period of time
- records provided by the supervisor must be focused, accurate, and descriptive, concerning the learning events so that they might serve as a foundation for the reflective thought process
- a reflective process must serve as the basis for the post-conference for both teacher and supervisor

In order to improve instruction within the school, it is necessary to facilitate change that is part of a wide spread supervisory process that incorporates an inclusive model of supervision tasks. Glickman, Gordon, & Ross-Gordon (2004) defines the five tasks of supervision as:

- offering direct assistance through a clinical supervision process
- assisting teachers in developing school-wide goals of instructional development

- changing the curriculum model from a discipline-based to interdisciplinary-based model
- helping teachers to conduct action research within their classroom
- offering teachers professional development in new teaching skills

There are school cultures that foster positive change. These cultures have similar elements which include having a shared mission, collegiality, and a need for ongoing organizational improvements (Little, 1987; Roseholotz, 1989; Fullan, Bennett & Relkeuser-Bennett, 1990; Fullan, 2001,2002; cited in Glickman, Gordon, & Ross-Gordon, 2004). Moreover, school communities where there exists principles of sharing, collegiality, teacher empowerment and participative or collaborative leadership even further foster a culture for change (Simpson, 1990; Fullan, 2001,2002; Harris, 2002; cited in Glickman, 2004). Glickman states that culture should be viewed as a set of values, assumptions, or beliefs that can be seen as a facilitator of change as opposed to impedance to change. Due to the myriad of challenges and problems that are currently confronting public education on a daily basis, leaders and supervisors must be willing and able to create a culture for change.

### The Leadership Challenge In Supervision

Wasley (1991) defines teacher leadership as “the ability to encourage colleagues to do things they wouldn’t ordinarily consider without the influence of the leader” (p.23). Katzenmeyer and Moller (2001) in defining teacher leadership describes the role of the teacher leader as “teachers who are leaders lead within and beyond the classroom, identify with and contribute to teacher learners and leaders, and influence others toward improved educational practice” (p.17). Boles and Troen (1994, cited in Harris, 2003) define teacher leadership as a collaborative relationship stating “a form of collective leadership in which teachers develop expertise by working collaboratively” (p.315).

The challenge in the educational supervisory process is to take the uniqueness of the process and to build upon elements present within the educational community to develop teacher leadership. Many of these elements are established within the practice of supervision. Nolan and Hoover (2004) state that the primary purpose of supervision is to encourage individual teacher growth beyond that of the teacher's current level of professional instructional ability. Often this growth develops naturally into elements of teacher leadership. This often occurs in a process known as differentiated supervision.

Differentiated supervision is a process where teachers take responsibility and assume control for their professional development and growth. Teachers often take the initiative to work together collegially in order to offer each other support and feedback in regard to teaching practices. This type of supervision is for teachers who are established in the teaching profession, have achieved satisfactory ratings and do not require intensive assistance from a supervisor. This allows the satisfactory teacher to self-direct his or her professional development in working independently to accomplish a professional goal supported by an administrator such as a supervisor or principal. The teacher directs the professional growth by assuming the leadership role, not depending upon the supervisor to direct a top-down directive for professional growth (Glatthorn, 1997).

In order for a differentiated supervision process to be successful in a school district, it must be built upon a firm foundation (Glatthorn, 1997). The foundation includes a culture that characterizes the school system or a system of core values that Glatthorn states must include collaboration, inquiry, and continuous improvement. Collaboration infers that teachers and administrators must view each other as partners working toward a common goal of promoting quality student learning. The administrator models collaboration by working with the teachers and in turn the teachers share with each other in their daily work. Inquiry should be the mainstay of the teaching profession. If teachers and administrators together value posing questions and searching for answers,

then both will be able to become reflective practitioners. Together, teachers and administrators share in the leadership for problem solving. Those who are committed to this process will realize that continuous improvement is the path to excellence. Furthermore, they realize that the teaching process is one that can always be improved.

If a supportive relationship is to be developed in the supervision process, one from which leadership can emerge, the teacher must share in the power of the supervisory relationship and relationship uncertainty must be reduced. The supervisor working to build a supportive relationship with the supervisee and furthermore demonstrating a positive attitude in working to eliminate any prejudices and preconceived ideas can accomplish this. In particular, Page (2003) emphasizes that clear communication during the early stages of the supervisory process is of dire importance in that many times differing goals are held initially by the supervisor and teacher. These and other differences must be eliminated at the beginning of the process by a commitment to open communication by both individuals in the relationship.

The top-down hierarchical model of leadership according to Hart (1995) does not promote the building of teacher leadership but rather impedes it. The hierarchical model conflicts with established methods within the teaching profession such as ignoring the actual professional nature of the system and ignoring the need for professional application of skill and knowledge in the context of education. Teacher leadership must be recognized as an interaction and not a unidirectional process if it is to be of any value within the school community.

Teacher leadership is important within the school community because it's influence reaches beyond the classroom and student learning. Not that individual student learning is not essential in and of itself, but that the leadership potential of the teacher can inspire improvement school wide in teaching practice, institutional practice, institutional structure, and institutional development.

Teacher leadership is influenced by and influences all aspects of the school organization including the social, political, cultural and structural. It is difficult to understand teacher leadership without developing an understanding of the context of within which it exists (Smylie, 1995). Often there are forces at work with organizations that call for persistence as a principle in order for change to occur. Teacher leadership can be a catalyst of change as well as create tensions, insist on maintaining institutional order, and also complicate matters within the organization.

Obstacles to the development of teacher leadership often create chaos and complications with the school institution. Bureaucracy, hierarchical structure, administrative negativity, lack of time, power struggle, internal structure, lack of communication, and lack of collaboration are all cited as obstacles to the development of teacher leadership in school communities. However, there must be solutions found to alleviate these problems or alternative paths to move around these obstacles if teacher leadership is to be developed. Many of these obstacles can be solved by the establishment of the proper school culture that would be under the control of the leadership of the school. The supervisory relationship must address cultural needs if it is going to survive, and develop into a mature, nurturing relationship. This relationship becomes plausible for all school communities if the school leader can work with the teachers in the school to develop a culture where the supervision process is the norm and teacher leadership is the goal for all.

### Building Leadership In A Culture of Change

“Leadership, then, is not mobilizing others to solve problems we already know how to solve, but to help them confront problems that have never yet been successfully addressed” (Fullan, 2001, p.3). Fullan (2001) firmly believes there are five components to building effective leadership. These five components of effective leadership include

developing moral purpose, understanding change, relationship building, knowledge creation, and sharing and coherence making. Each of these components will be discussed in greater detail in terms of their importance toward and in reference to empowering leadership and creating a culture of change.

Moral purpose refers to how the players, specifically the supervisor and the teacher treat each other over time. The relationship can only develop and sustain if educational leaders nurture it. Leaders can inspire this element in teachers by encouraging them to cultivate and combine the emotional, intellectual, and spiritual domains of teaching in order to create a unique teaching style in a culture of evolutionary happenings. Fullan (2001) emphatically states that the sustainability and purpose of the organization and also moral purpose are mutually dependent upon each other.

Understanding change is the second essential component of leadership according to Fullan (2001). Leadership is complex in that one must have great insight into situations and know how to respond to the particular situation. At times there is a need for external intervention versus a coercive action. A leader must be able to view situations, develop an understanding of them, and then decide if an authoritative leadership approach is needed in order to bring about immediate change and facilitate learning. Leaders must have different strategies for different circumstances and understand when to use them.

Building relationships within the organization is an important skill for the organizational leader to possess but not sufficient in and of itself. The relationship created within the organization must serve to build greater coherence in programs or bring additional resources to the organization. In other words, the new relationships build the capacity of the organization to further learning results. It is the responsibility of the organizational leader to create relationships that produce desirable results within the organization.

The fourth component of effective leadership according to Fullan (2001) is the ability of the leader to build knowledge. This does not mean the leader sends members of the organization to training sessions or conferences. Rather leaders of cultural change must work on changing the situation of the organization by creating new opportunities for learning and being able to share the learning. The leader must be able to lead in the creation and sharing of the knowledge. Just as principals can model knowledge sharing for teachers, it can be very beneficial for teachers to model knowledge sharing for their students.

An illustration of the fourth leadership component is demonstrated profoundly by a principal who found that in order to effectively change instructional delivery or teaching practices in general, it would be necessary to build a professional learning community where both the roles of teachers and administrators would have to change. “Just as I was asking my teachers to become more facilitative and less directive, my role had to change too. I came to understand that the key to change was in developing a professional learning community, a professional learning community where the teachers, not the principals, were the center of their own learning and growth. My role had to change. I had to lead from the side, not the center” (McEnery, 2005, p.43). As a result, teachers began going into classrooms to willingly observe each other to see what they could learn from their colleagues and how they could help by offering suggestions. Teachers were invited to begin to talk about professional development amongst themselves and as a result they began to problem solve for each other concerning student behaviors and academic instructional dilemmas. At the end of the first year, teachers took a lead role in planning the master schedule for the following year to allow for common planning time among faculty interest groups and the teachers led in planning the professional development opportunities. Initial activities that were a result of the planning include focused peer observations, conferencing guidelines, and peer reviews of

professional development plans. In this situation, the principal created new learning opportunities for the teachers, modeled them for the staff members, and in turn asked them to create new and improved learning opportunities for their students through peer observations and collegial sharing.

The fifth leadership capacity is the ability of the organizational leader to create coherence in the organization. If the organization has experienced numerous external disturbances, the leader should possess the ability to create cohesion out of chaos, initially created by disturbances. One strategy for creating coherence is for teachers and principals to focus on student performance data or focus primarily on the outcomes, and then develop actions plans based on the data.

Crowther, Kaagan, Ferguson, & Kann (2002) developed five premises to guide the development of teacher leadership within the profession based upon their research and the work of others. The first premise is that teacher leadership is real, that it exists because it is observable in schools and can be documented in clear and describable actions. Judith Sachs states teacher leadership will evolve in schools where there are core values present and practiced. This includes teachers being able to practice learning with students and colleagues, teachers viewing themselves as participants in the profession; collegiality being practiced internally and externally; teachers discussing practices and outcomes in a cooperative spirit and teachers being involved directly or indirectly with issues that relate to education as part of their moral stance (cited in Crowther, Kaagan, Ferguson, & Kann, 2002, p. 27).

The second premise is teacher leadership is grounded in authoritative theory. There is a tendency to associate leadership with the traditional authority in the school such as the principal or the person who is most closely tied to the top position of authority in the school rather than the person or persons closest to the central function of the school who are the teachers. There are many approaches to modern educational

leadership including transformational leadership, strategic leadership, educative leadership and organizational leadership. There is also shared leadership within an organization when a shared purpose motivates a group to lead together toward a common goal and also cultural leadership, when the building of a school culture is a strong motivating force in the leadership process. No matter what leadership process is the focus, until recognition is given to the fact that classroom teachers in general possess a full range of skill necessary for teacher leadership development, school reform will fail.

The third premise in teacher leadership development is that teacher leadership is distinctive and unlike other forms of leadership. One must be able to understand and appreciate the diversity of teaching approaches within a school. Schools must make the greatest use of teacher leadership to align their elements of vision, teaching, learning, assessment practices, use of time, space, technologies; community values, and teacher development. Teachers are the ones most appropriately qualified to lead in the use of the previously mentioned elements that are the for guiding the success or failure of the educational community as a whole.

Premise number four of teacher leadership development is that teacher leadership is diverse. It is almost impossible to identify teacher leadership by specific character traits, teaching or learning styles, personality, professional traits, disposition, or any other characteristic. Teacher leadership can be characterized by extreme diversity. Teacher leaders have great interest in and respect for their communities and demonstrate great interest in their students' present and future lives.

Finally, teacher leadership can be nurtured. The question is how should it be nurtured? Should the development be through mentoring and counseling programs, coursework, certification, or hands-on site experience? How should teacher leaders be identified? These are questions that must be answered by those in leadership positions in

order that leadership may be developed within the organization (Crowther, Kaagan, Ferguson, & Kaan, 2002).

### Developing Teacher Leadership by Leaders

Root (1991, cited in Lambert, 2003) states that from 1900 until the mid 1990's, there was a type of school leadership in the United States characterized as hierarchical, perfunctory, reductionistic, and linear much like the industrial managerial forms of leadership. By 1995, the conceptualization of educational leadership was changing and so was the meaning and actual practice of leadership.

A specific type of leadership that is focused on transforming or changing the members of an organization who are being led is called transformational leadership. Transformational leadership of the twenty-first century is not always a top-down administrative leadership approach but often performed through a collegial approach with many members of the organization sharing in the leadership capacity. Teacher leadership as defined by Crowther, Kaagan, Ferguson, & Hann (2002) "facilitates principled action to achieve whole-school success. It applies the distinctive power of teaching to shape meaning for children, youth, and adults. And it contributes to long-term, enhanced quality of community life" (p.107).

A culture of teacher leadership must be successfully developed within the school organization. Transformational leadership leads naturally to constructivist leadership wherein members of the educational organization can collegially develop meaning that flows naturally toward a common goal or purpose for education. In this type of leadership, members of the organization can perform acts of leadership that center upon the development of meaning, inquire into educational practice, or development of plans for action without being in a formal leadership role.

Distributed leadership can facilitate the creation of a school climate where teachers of all backgrounds can collaborate on a new teaching direction or innovation that may seem at first to be difficult or challenging to create in the interest of all students. However, this type of collaborative leadership can significantly empower not only teachers but also pupils and parents. This leadership can be particularly instrumental in creating positive change in the overall sustainability of learning with the school culture. This type of leadership, when firmly established, will evolve to the point that it will sustain long after the leader has left the organization (Hargreaves & Fink, 2003).

One of the premiere benefits of teacher leadership is the potential for growth of the school organization. Extending the capacity of the organization, through placing teachers at the center of the organizational change process, extends the opportunity for teachers to lead and work collaboratively and contribute positively to their professional development. School leaders and administrators can facilitate the process by sharing decision-making power with the staff; encouraging group problem-solving; providing autonomy for teachers; and providing for collaborative planning time and creating staff development opportunities. If sustained empowerment is to be the facilitating goal of the organization, then teacher collaboration, cooperation, and collegiality need to be encouraged so that the school is transformed to a community where teachers and students learn together.

A problem that affects many schools is the large gap that exists between professional knowledge of learning that positively affects teaching and student achievement and the professional development that is regularly offered to administrators and teachers. The solution to closing this gap is offering professional school-based learning that occurs daily in schools along with collaborative teacher work. Professional school-based learning will strengthen teaching that in turn will strengthen student learning. This daily learning will empower teachers to take a lead role in improving

student learning and in turn build and improve leadership. This type of leadership will not only prepare teachers to be instructional leaders in order to assess leadership and learning in their individual classroom but it will enable them to transform the entire culture of the organization. A secondary benefit derived from the teacher being immersed in the clinical supervision process would be the development of teacher leadership that extends beyond the individual teacher's classroom.

### Enabling Factors in the Development of Teacher Leadership

Within the school community, there are factors that both enable and deter the development of teacher leadership. The first of these factors has to do with the ability of the teacher to shift focus within the school community. This is a relatively simple task for some; however role, vision, and goal development for many teachers are rather difficult and seemingly impossible tasks to refocus upon. Teachers must shift their focus from the process of teaching to the process of learning when facilitating the development of a leadership role. This may involve using student work to uniquely design curriculum, assessments, and instructional techniques that are alternative approaches to traditional and standardized instructional methods and assessments (Lieberman, 2004).

Teachers can effectively cast off traditional technical instructional and managerial roles in order to adapt new exciting roles that include one of being a scholar, researcher, inventor, or meaning maker. Central to all of this is the concept that teachers are leaders who are educators who can make a tremendous impact and difference within schools and upon student learning (Lieberman, 2004). The development of this type of leadership is essential to the success of the clinical supervision process.

In order to accomplish this, teachers must see their work beyond the boundary limits of their classroom in that teaching affects not only the students within their individual classroom but with the teaching community as a whole. The teacher builds the

capacity to do collegial work with other teachers in the learning community which involves openness, trust, different levels of collegiality, the willingness to take risks, experimentation, and providing feedback within the learning environment (Lieberman, 2004).

Culture is another facilitating factor of teacher leadership. In order to overcome the bureaucratic barriers to leadership potential for teachers that Wasley (1991) describes, those in leadership roles must create a school culture that supports teachers and their work. The new culture must create incentives for teachers to aspire to leadership roles and desire to change the culture of schools that reaches beyond their classrooms.

“Leadership cannot be designed; it happens through experience and practice” (Lieberman, 2004, p. 23). People learn from those around them in four particular ways; first by practice or by doing; second through meaning or learning by intent; third through community, learning by interaction with others; and fourth by identity, through changing who we are. Teachers who function as part of a community find leadership an easier task to undertake while those who prefer to remain isolated within individual classrooms find leadership a more unreachable and daunting challenge.

Collegial or community groups can be an enabling factor for the building of teacher leadership. McLaughlin and Talbert (1993, cited in Lieberman, 2004) found groups of teachers in high school departments, who functioned as communities, joining together to discuss students and problems they were experiencing and further to discuss curriculum and instructional changes that could be initiated in order to address the problems. Moreover, the individuals within these communities taught each other new instructional practices and were committed to group discussions and actions. These unique groups were referred to as “professional communities” by McLaughlin and Talbert and became excellent facilitators in building teacher leadership.

Three new roles that could facilitate teacher leadership opportunities include the teacher as researcher, scholar, and mentor (Lieberman, 2004). This allows teachers to create new knowledge from practice and then reflect upon it. Practices and results that lead to improvement in the classroom, further extending to the entire school are worthy areas of leadership concentration. In the clinical supervision process, the teacher assuming the role of researcher and scholar is an integral part of the process.

When facilitating teacher leadership, there are factors to be kept at the forefront of the process. According to Smylie (1995) there are three primary objectives to developing teacher leadership. The first is to diversify and expand the nature of the teacher's work in order to attract or retain the most qualified teachers to the profession. The second objective is to establish new opportunities and reward teachers for professional growth and development. The third objective of teacher leadership development is to increase the school's potential for successful performance in shared-decision making and to adequately use resources and available expertise wisely for school improvement.

Richardson (2003) recommends three ways teachers should be trained in order to facilitate leadership development. These are based on a study conducted in 2002 among administrators and teachers. Preparation programs should include school leadership training based upon evidence that many teachers take leadership training and remain as teachers. However, these teachers state that the leadership training benefits them in collaborative decision-making process and furthermore benefits them in their classroom instructional ability. Second, teacher leadership should be included as one area of pre-service teacher training in order to assist pre-service teachers in understanding how their role contributes to school improvement beyond the classroom. Third, principals should focus professional development activities on teacher participation in collective decision-making. Teachers need to have the realistic sense of the external and internal operation of the school and therefore share in some leadership function of its operation.

Teachers can take part in leadership capacities, according to Katzenmeyer and Moller (2001), by becoming involved in the following pursuits:

- the teacher leading students or other teachers in a variety of activities
- the teacher assuming a lead role in an organizational task such as accepting a department head role, serving on a task force, or facilitating the organization toward a specific goal
- the teacher sharing in a decision-making process, including serving on a school-improvement team, serving as an LEA, serving in a parent-teacher association, or serving on a committee

Of the leadership roles listed above, some are easier to engage in than others. A teacher may choose a simpler or entry-level role to leadership and build leadership skills by serving in a less demanding or lower skill leadership position. If a school creates the proper environment that includes a support structure, teacher leadership can thrive in various forms (Harris, 2003). Initially the appropriate amount of time must be given for teachers to meet, plan, discuss curricular and school-wide issues, and develop plans for the school community as a whole, participating in and leading study groups, and collaborating with colleagues. Second, there must be opportunities provided for meaningful and varied professional development. Third, there must be opportunities provided for building teacher leadership capacity and in turn the building the self-confidence level of the teacher in order to guide them toward school leadership opportunities.

Harris (2003) states that teacher leadership can be facilitated by specific time periods being delineated for activities such as teacher development of school wide initiatives, teachers leading study groups, teachers discussing curricular matters, and teachers organizing visits to schools and collaborating with colleagues. Another key area in facilitating teacher leadership is to plan for meaningful professional development in

the area of leadership. In addition, programs need to be developed for collaboration and networking so that teachers can develop their full leadership potential. Many of the aforementioned roles can be successfully developed within the clinical supervision process. In the clinical supervision process, the teacher initially concentrates on taking charge of his or her professional development within the classroom.

Teacher leadership can be facilitated by those who are in control of the decision making process in schools. A professional learning community where teachers participate in the decision making process, share in a collegial sense of purpose, share in collaborative work and accept responsibility for the result of their professional work facilitates teacher leadership development. Creating this supportive, collaborative environment is the most important factor for increasing teaching and learning effectiveness. Teachers working in collaboration with each other in order to learn from each other are the greatest facilitator to building teacher leadership (Harris, 2003).

The administrator, principal, head teacher, lead teacher or person in charge of the school community possesses a great deal of power in terms of facilitating teacher leadership. Frost and Durrant (2003) state that in order for teacher leadership to be developed, first the head teacher must recognize the potential for leadership and then provide appropriate support both externally and internally. Their work was developed in Great Britain however easily transferable to American schools in a philosophical sense. The principal, alias head teacher, must provide the support for teacher leadership to occur, recognizing and understanding the potential for leadership development in teachers. The school should see the necessity for working with systems of higher education to provide processes for teachers that allow for reflection, planning, and strategic action thus giving teachers the opportunity to exercise leadership, clarify values, express concerns, and address personal development.

Frost and Durrant (2003) maintain a facilitating factor in the development of teacher leadership is the creation of a “transformational leadership” model. This involves getting teachers drawn into the decision-making and other leadership processes within the organization. It also implies that the formal school leader gives support to the teacher-led development to veteran teachers so that they might lead in a process of developing teachers’ personal capacity, the school’s capacity as an organization and the student body’s learning potential.

Gabriel (2005) refers to areas that are within an administrator’s grasp that can be used as tools to facilitate teacher leadership. One of the greatest of these tools is that of the leader possessing the ability to create a climate of trust within the organization. This climate does not just happen by chance, accident or circumstance but by the practice of ethical standards, treating those within the organization fairly, honestly, and respectfully. This also leads to the development of a professional and trusting environment where the growth of teacher leadership can occur in a non-threatening environment. The clinical supervision process can assist the administrator/supervisor in the development of this type of environment.

Teacher leadership structures have the potential to offer a more diverse and alluring life-long career for teachers. Furthermore, a solid teacher leadership structure can serve as a catalyst for the promotion of instructional improvement, accomplishment of school goals, and individualized student learning. However, recognition needs to be given to the fact that different goals and advantages are advanced by different factors of teacher leadership structure. Teachers who assume leadership positions benefit greatly from planning around goals, actions and leadership models. Additionally, they have potential to advance the goal of their own choosing or that of the organization as a whole (Hart, 1995).

Hart (1995) defines five purposes for teacher leadership:

- a manner for teachers to express a commitment to a free choice work process and community system for schools
- a way to make use of teacher's expertise in school improvement and development – a way to give teachers a voice to be heard in these issues
- a manner in which to provide the best teacher with opportunity for career growth in order to reward and retain them
- a manner in which to provide teachers with power to develop and implement innovative new curricular and instructional materials
- a manner to provide for development of more professional schools in order to improve the achievement of teachers

A good, solid, research-based teacher supervision model can be a strong facilitating factor in the development of teacher leadership. Exemplary supervision models encourage teacher development and professional growth. Teacher involvement in a exemplary supervisory practice optimizes teacher professional growth and facilitates the growth of teacher leadership.

Smith (2004) conducted a study with two classroom teachers using clinical supervision as a tool for building teacher leadership. The purpose of the study was not for the teachers to work toward moving to the role of a principal or administrator but rather that the teachers would assume leadership roles without leaving the classroom. Furthermore she stated that the teachers viewed the clinical supervision process, limited in this case to the development of teacher leadership, as a safe harbor where she could discuss specific teacher leadership concerns that she had experienced during the process. The focus of the study, developing teacher leadership, was chosen by Smith who assumed the role of clinical supervisor in the study. Although the focus of the clinical

supervision was not determined by the two teachers, the teachers were able to choose the area of leadership to concentrate upon thus guiding their professional development.

The two primary concerns that guided the study were the development of teacher leadership capacities and the use of the clinical supervision process as a tool to further facilitate the building of individual teacher leadership capacity. The important outcomes of this study were that establishment of mutual trust and respect, collegiality, teacher empowerment, and the focus upon student achievement. These outcomes were integral in promoting the growth of the teacher's leadership capacity. The development of a trusting and respecting relationship between supervisor and teacher, the spirit of collegiality, and empowerment of the teacher are imperative to any clinical supervision process. This mode of supervision allows the teacher and supervisor to distance themselves from an evaluation process and move to a relationship based upon self-reflection and individualized interactions in order to facilitate professional growth. Clinical supervision, in this particular instance, provided the appropriate opportunity for the two teachers to be able to discuss openly, and on a continual basis, their concerns with teacher leadership. Moreover, the teachers were able to achieve their personal goals in the area of teacher leadership at a comfortable pace and skill level that was self-determined. As the leader of a school building, it is imperative for the administrator to recognize the value in the building of teacher leadership capacity, or the ramifications that if deterred could result in jeopardizing the school improvement and accountability process (Holland, 2004).

### Conclusion

Clinical supervision is a type of supervision process that would elicit teacher involvement and leadership in the supervisory process. However, the supervision process in few schools resembles this type of supervision model. The tenants of the clinical

supervision process must be carefully implemented by both teacher and administrator in order for the process to be successful. Supervision is distinctly different from teacher evaluation in many conceptual areas including the teacher assuming a leadership role and the administrator serving as a facilitator. In many school districts, the process of a one-time random observation followed by a conference is termed supervision. This has little or nothing to do with teacher involvement in supervision and moreover nothing beneficial for the development of teacher leadership or provision for professional growth.

This study will add to the literature in that it will examine both the facilitating factors and obstacles that teachers and administrators experience in transitioning from an evaluation process to a clinical supervision mode. The teachers and administrators in this study have never experienced a supervision setting and therefore the data gathered will be valuable in examining the reversal of roles experienced by teacher and administrator alike. The study will examine what obstacles the teachers experienced in assuming the leadership role and also those the administrators experienced in leaving the evaluative role in order to become the data gatherer and facilitator within the supervisory process. The study will also attempt to determine if there were professional growth benefits experienced on the part of the teachers or administrators that were not previously afforded by the evaluation model and not prevalent in the research literature examined in this study.

## CHAPTER III

### METHODS OF DATA COLLECTION AND ANALYSIS

#### Introduction

In chapter three, specifics concerning the design, methods, and focus questions are presented. Additionally the unit of analysis, identification, logic linking the data to the questions, and criteria for interpreting the findings are discussed. This study focused on the experiences of twenty-one teacher and three administrator participants. Of this number, three teacher/administrator pairs were randomly chosen for in-depth investigation.

#### Study Questions

The focus of this study was to examine what facilitating forces and obstacles administrators and teachers experienced when a school district moved from teacher evaluation to clinical supervision. In the change process, were administrators who have been in the evaluator's role able to perform successfully the functions of a supervisor's role? Were the teachers able to assume successfully the leadership role in the clinical supervision process? Were there professional gains and benefits for both teachers and supervisors related to their involvement in a clinical supervision process?

#### Sampling

There were twenty-one participants in the clinical supervision pilot study. The participants were part of the Mountain Valley School District clinical supervision pilot. Each participant was requested to complete three short, written surveys concerning his or

her clinical supervision experience during the pilot. From the group of twenty-one participants three administrators paired with one of the teachers with whom they were conducting rounds of clinical supervision were chosen to participate in three in-depth interviews. The administrators were randomly chosen, one each from the elementary, middle and high school levels. After the administrator's name was randomly chosen, the administrator and the teacher with whom they were working were approached to see if he or she was willing to participate in the study. The MVSD superintendent and the assistant superintendent chose to participate in the clinical supervision pilot study and participated in supervision roles with a teacher from within the pilot group. They have been active in the differentiated supervision process since its inception nearly two years ago.

The superintendent is an ex-officio member of the committee and attends many of the meetings giving valuable input. The assistant superintendent chairs the differentiated supervision committee and is involved in all decisions that the group makes. One of the most important decisions the group made was the decision to implement the clinical supervision pilot in the MVSD. Due to the involvement of both central office administrators in the supervision process, both in their roles as superintendents and out of their traditional roles assuming those as supervisors of teachers, they were interviewed during the data collection process in order to gain their unique perspectives on the clinical supervision process.

The theoretical sampling for this study was based on the total participants involved in the pilot study. Twenty-one teachers and administrators volunteered to be participants in the MVSD clinical supervision study. This was the MVSD initial experience in implementing a supervision model of any type. The rationale for choosing the members of this particular study was to include the entire pilot study group of volunteers and then randomly select participants for participation in the in-depth

interviews. These participants represented the best sample in that they had no prior experience with supervision in the MVSD and the purpose of this study was to examine the initial experience of teachers and administrators with a supervision model.

### Research Design

The research design for reporting the results of the research study is a case study. Merriam (1998) states one of the reasons for conducting a case study is to gain an in-depth understanding of a situation or to discover meaning in a given situation. She goes on to define the case study as “an intensive, holistic descriptive and analysis of a single instance, phenomenon or social unit” (Merriam, 1998, p.27).

Further, defining the type of case study, it is both descriptive and interpretive. A descriptive case study presents the detailed information concerning the area being studied and often this area focuses on an innovative educational program or an area of education where little or no research has been conducted. After the detailed information has been presented, hypotheses are proposed or theories are tested. As in the descriptive case study, interpretive case studies also contain thick and rich descriptions of the area being studied. However, in the interpretive case study, the data are used to support, challenge or illustrate conceptual theories that were arrived at prior to the initial data being gathered. In pursuing this area of case study, the researcher gathers essential information concerning the phenomenon being investigated with the intent to analyze, interpret or theorize about the phenomenon. Interpretive case study models are analytical and inductive in nature with the level of conceptualization and abstraction ranging from constructing relationships among variables to constructing theory (Merriam, 1998).

There are multiple individuals who have experienced clinical supervision that were studied in this research project. Moreover, the case study has phenomenological underpinnings since all of the participants were experiencing the same phenomenon. The

primary phenomenological focus of the study was to gather the perceptions of teachers and administrators stance concerning the process of clinical supervision, focusing primarily on factors that facilitated the process as well as the obstacles to implementing the model. It was the role of the researcher to study how the people experienced the phenomenon while setting aside or bracketing his own preconceived ideas concerning the phenomenon. The purpose of this type of research was for the individuals to describe to the researcher their initial and pragmatic experiences with the clinical supervision process (Cresswell, 1998).

**Plan for Data Collection**

**Table 3.1 Data Collection Activities Matrix (from Creswell, 1998, pp.112-113)**

Tradition of Inquiry	Case Study
What was traditionally studied (site/individual)	I studied teachers and administrators who were part of the clinical supervision pilot study in the Williamsport Area School District.
What were the typical access and rapport issues?	I was a participant in the clinical supervision pilot therefore I had access to all of the members of the pilot study. I was able to make personal contact with the random sample participants once they are chosen due to working in the pilot program.
How did one select sites or individuals to study? (purposeful sampling strategies)	I was able to meet the potential participants in the pilot training sessions. Once the names were randomly chosen I was able to make personal contact with the sampling.
What type of information typically was collected? (forms of data)	Interviews with the participants and short answer written surveys from all of those who participated in the pilot
How was information recorded? (recording information)	I (the researcher) designed an interview protocol (interviews were audiotaped and transcribed), written field notes taken during interviews and written reflections after interviews by the researcher
What were the common data collection issues? (field issues)	Interviewing logistics – when, where, etc.
How was information typically stored?	Interviews were stored on audiotapes in a locked cabinet and also transcribed into hard copy shortly after the interview. There are also computer backup files of all hard copies, field notes and reflections that were password protected.

I, as the researcher, was a participant in the clinical supervision pilot in the Williamsport Area School District. I participated in the clinical supervision pilot as a supervisor, working with two teachers; however, neither of the teachers with whom I worked were participants in the study. The teachers who worked with the assistant superintendent and the superintendent were not eligible participants in the study because they were not paired with an administrator from the elementary, middle or high school

level. All other teachers and administrators were eligible participants in the random sampling of the participant group.

During the initial five days of clinical supervision training with Dr. Gerry Norris, three in September and two in October, I participated and worked with all of the participants in the pilot program. This participation gave me equal access to all of the participants so that when the time came to choose the random sample I had equal access to all of the participants in order to solicit their participation in the study.

According to Merriam (1998), in all types of qualitative research most of the data are collected through interviews. “The most common form of interview is the person-to-person encounter in which one person elicits information from another” (Merriam, 1998, p.71). Each randomly selected participant was asked to participate in three long interviews. Each of the interviews was audiotaped and transcribed soon as after the interview as recommend by Cresswell (1998). Materials from the interviews were stored in computer files as well as printed in hard copy. Additionally, as the primary investigator and interviewer, I made field notes during the interviews and wrote reflective notes immediately following the interviews. The purpose of the notes was to record the researcher’s thoughts, feelings and any other pertinent information concerning the interviews that may have been useful at a later time. Field notes and reflective notes were also stored in computer files and back up hard copies were made for use at a later date for possible coding and analysis. All of the data collected in interviews were kept strictly confidential with all hard copies and tapes locked in a secure cabinet and all computer files were password protected.

Each interview lasted between thirty and sixty minutes in a semi-structured setting. Each interview included a prewritten set of open-ended questions directed to each participant (included in Appendices A, B & C). The questions were very broad concerning the participant’s thoughts and experiences with clinical supervision. The

intent of the broad, open-ended questions was to encourage the participants to freely expound upon his or her beliefs, experiences, and opinions. Unique questions were developed for teachers and administrators as well as a common set of questions asked of both groups. A semi-structured interview protocol was followed for each interview however the structure allowed freedom for the participants to comment upon topics that were not directly addressed in the questions but related to the clinical supervision experience.

The interviews were conducted at three distinct points during the clinical supervision pilot. The first interview was held at the conclusion of the five days of initial training in October, however, before the initial cycle of clinical supervision between supervisor and teacher. The second interview was conducted with the participants midway through the clinical supervision pilot, after they had completed three to four cycles of supervision. The third and final interview took place at the conclusion of the clinical supervision pilot after all cycles of clinical supervision had been completed.

The surveys likewise were administered at three different points during the clinical supervision pilot. The first survey was administered to all participants at the beginning of the first training session, the second at the conclusion of the fifth training day, and the third survey near the conclusion of the pilot study.

### Data Analysis

Data analysis began during the data collection period. A model researcher starts analyzing very early in the process. For him, the option represents an analytic strategy: he needs to analyze as he goes along both to adjust his observation strategies, shifting some emphasis towards those experiences which bear upon the development of his understanding and generally, to exercise control over his emerging ideas by virtually

simultaneous checking or testing of these ideas (Schatzman & Strauss, 1973, cited in Marshall & Rossman, 1990, p.152).

In adhering to the guidelines outlined above, I began to read and make notes concerning the data soon after they were collected. This included writing reflective notes on the interview transcripts and also notes that began to identify categories for data classification and sorting. I used large charts to identify recurring themes in both the interview transcripts and field notes. In order to identify specific recurring themes, I color-coded the verbatim transcripts. I transferred the reoccurring themes from the transcripts to post-it notes that could be attached and moved among the categories on the charts. According to Merriam (1998), it is necessary to identify categories in order to reflect the purpose of the research. These identified categories should be “exhaustive, mutually exclusive, sensitizing and conceptually congruent” (p.184). However, Wolcott (2001) cautions that when sorting and organizing qualitative data, one should start by identifying a few of the broadest categories in order to pay attention to the full context of the study.

Triangulation, as defined by Merriam (1998) can be accomplished by having multiple investigators, making use of multiple methods to confirm the research findings, or use of multiple sources of data. I was the sole researcher in this study and I did not use multiple methods of research. Therefore, triangulation was accomplished by use of multiple sources of data in that data were gathered from three teachers and three administrators at the same three time periods during the pilot study. Data were obtained from the questionnaires distributed to the twenty-one participants in the pilot study at three different meetings during the course of the pilot study (included in Appendices D, E & F). Data were also gathered from notes taken during the group sessions when the twenty-one participants were together discussing their experiences with the clinical supervision process.

### Researcher's Role

As stated previously, I am an assistant principal in the Mountain Valley School District serving on the differentiated supervision committee. I believe the clinical supervision process is a very valuable process in developing teacher leadership in examining and improving classroom instructional practices, therefore producing dramatic positive effects on student learning. During the pursuit of my doctoral degree in curriculum and supervision, I have become extremely involved with research in this area. My involvement in this area has caused me to become quite adamant concerning the need for school districts to have an effective teacher supervision and evaluation process.

Clinical supervision, if practiced effectively, can have a positive impact on the supervision process and the professional development for both teachers and administrators. I believe clinical supervision, if performed properly, can change not only individual teachers and impact their students' learning but have a positive affect on the entire school culture. However, it was necessary for me, in the performance of my role as sole researcher, to adopt a rigorous practice of continual self-reflection concerning the role responsibility I assumed in the study and how I may impact the field of study. LeCompte, Schenoul, Weeks, & Singer (1999) refers to this practice as disciplined subjectivity. Disciplined subjectivity requires the researcher to take into account how his or her preferences, prejudices, biases, and concerns could have a dramatic effect upon or even extremely influence the track or outcomes of the research. I focused solely on the data I collected from the teachers and administrators involved in the research project and the MVSD clinical supervision pilot study. I did not alter my findings based on my personal biases or biases of others who may have tried to influence my research.

Clinical supervision can have a profound impact on teacher professional growth as well as the development of supervision skills in administrators. Administrators and

teachers working together to commonly develop solutions to problematic areas in the classroom could have a dynamic impact on student learning using a supervision tool such as this. This study created the potential to demonstrate the unlimited professional growth teachers can experience when they assume the leadership role for their professional growth in the clinical supervision process. It also provided the venue to demonstrate that there are both potential professional gains and benefits for both teachers and administrators due to being involved in a clinical supervision process. The final result has the potential to benefit all teachers and administrators involved in K-12 education in the Mountain Valley School District. The clinical supervision pilot could possibly become a permanent supervision choice and be made available to all who desire to grow beyond the boundaries of a traditional evaluation model.

#### Standards of Quality / Issues of Verification

Throughout this qualitative research study I focused on both the facilitating forces and obstacles administrators and teachers experience when a school district moves from teacher evaluation to clinical supervision. During the process, I attempted to establish meaning and understanding from the participant's experiences therefore I had to establish validity for my work. Merriam (1998) states that human beings are the primary instrument of data collection and analysis in qualitative research and therefore it is through the researcher's observations and interviews that interpretations of reality are made. Therefore it is important to comprehend that in order to uncover the complexity of human behavior within such a contextual framework the researcher must present a holistic interpretation of what is occurring.

### *Validity*

In order to enhance internal validity, Merriam (1998) suggests six basic strategies (pp 204-205). The first of these, *triangulation* as discussed previously, was accomplished by using multiple sources of data.

*Member checks* involve the researcher taking the data and interpretations of the data back to the sources from which the data originated and asking if the results really capture the participants' story. The in-depth interview participants were given the chapters that record the interview data and asked if the data correctly summarized his or her experience.

*Long-term observation* in this case involved gathering the data over an extended period of time in order to increase the validity of the results. The research of this case study entailed a nine month period of time.

*Participatory or collaborative modes of research* necessitates that the researcher involves the study participants in all phases of the research from the beginning to the end of the study.

*Research biases* need to be clarified including the researcher's personal assumptions, world views, and theoretical orientation if one of the mentioned could possibly affect the results of the research.

This study described the meaning of the clinical supervision process for the participants within the context of the study. However, it did not attempt to claim to generalize these findings to all administrators' and teachers' experiences with clinical supervision.

*Reliability*

Reliability in the social sciences is very problematic simply because human behavior is never static (Merriam, 1998). Therefore, I will not attempt to claim reliability for this study.

Because what is being studied in education is assumed to be in flux, multifaceted, and highly contextual, because information gathered is a function of who gives it and how skilled the researcher is at getting it, and because the emergent design of a qualitative case study precludes a priori control, achieving reliability in the traditional sense is not only fanciful but impossible (Merriam, 1998, p.206).

As the researcher, I was not concerned with statistical reliability but rather with constructing a theory on how things really work. In qualitative works such as this, reliability has a unique and distinct form. Moss (1994) asks “can there be validity without reliability” (p.10)? She answers this question by stating as long as reliability is defined as a consistent relationship among the independent measures then the answer to the question is yes. The researcher has adhered to the intent to generalize without losing the original purpose of the case study and that is to provide in-depth descriptions of the participants’ experiences (Herriott and Firestone, 1985).

Eisenhart and Howe (1992) define validity as “the trustworthiness of inferences drawn from the data” (p.644). In order to achieve this type of validity, the researcher must commit to the understanding that important educational issues are to be the basis for developing the research questions and overall research design. Moreover, the research questions and methods must be correlated, methods must be carefully applied, any prior commitments must be exposed; the value of the results must be adequately weighed against the risks associated with the study, and there must be a balance between the design quality and importance versus the risks wherein the conclusions may be

adequately assessed. These five general standards, according to Eisenhart and Howe, can be used as a valid guide for making valid arguments in qualitative research designs such as the one employed in presenting this study.

By adhering to research design standards such as these, it is my belief as the researcher that the results of this study can be generalized to other settings. In phenomenological tradition, some researchers are not primarily concerned with merely describing the experiences of one or more participants (groups), but rather make an endeavor to make an inference concerning the more general conditions that provide the environment for different experiences to occur (Ercikan & Roth, 2006).

Because the results of this study were based almost entirely on the responses of twenty-one participants and more exclusively six individuals' experiences with clinical supervision, I will not assert that they can be duplicated. However, I ascertain that the findings of this study are dependable. Dependability implies that the results are consistent with the data collected. This was accomplished through the methods previously discussed in this chapter.

### Ethics

As a qualitative researcher, I maintained a complete awareness of my ethical responsibility to my research participants. The research participants were made fully aware of the purpose of the study orally and in writing before asking their consent to participate. The study participants had the opportunity through member checks to view the data in order to ascertain the plausibility of the findings. During the research process, I encouraged the research subjects to offer their comments, suggestions and feedback concerning the research study.

As an administrative participant in the clinical supervision pilot study, I did not attempt to influence the participants in the study. I explained to all subjects at the initial

interview my position is neutral and that I did not in any manner attempt to influence their view pertaining to clinical supervision. My task was to collect, transcribe, analyze, and report the data. I maintained my strong commitment to the research ethics throughout the duration of this study by consciously being aware of any ethical issues that arose and by immediately attempting to resolve the issue in a professionally appropriate manner. Deyhle, Hess, and LeCompte (as cited in Merriam, 1998) state in reference to the researcher; “One is not suddenly faced with ethical decisions when one goes into the field. He or she is faced with behaving in an ethical manner at every moment; doing qualitative research in the simply creates specialized situations with more extensive ramifications that must be examined” (p.218).

My purpose for this case study was to discover and understand both the facilitating forces and obstacles administrators and teachers experienced when a school district moved from teacher evaluation to clinical supervision. This purpose guided the data collection, data analysis, dissemination of the research findings, and ethical practice for the duration of this research study.

## CHAPTER IV

### CONTEXT AND PARTICIPANTS

#### Introduction

Chapter four presents a description of the context of the study and the study participants. The chapter begins with a demographic overview and introduction of the Mountain Valley School District, including the number and description of schools, population, a brief recent history, and a description of the evaluation and supervision process within the district. There will be a discussion of issues that are affecting the school district, including both local and global issues. Following this section, the chapter will present an overview of the twenty-one participants and the six participants of the twenty-one who participated in the three personal interviews that took place over the nine month pilot study conducted during the 2004-2005 school term.

#### Mountain Valley School District

The Mountain Valley School District is one of the eight school districts in River County, a county located in the north-central region of Pennsylvania. The school district is classified as an urban school district. Due to declining enrollment and increased expenditures, the school district has closed three elementary schools within the last eight years, two of which were closed within one year of each other.

The city of Mountain Valley has a population of approximately 35,000, however including the surrounding municipalities and townships that comprise the school district, the total population is estimated at 55,000. The district has a very large student population, approximately 6,200 students at the time of the pilot study, compared to the other seven districts located in the county. The next largest school district within the

county has a population of approximately 2,500 students with smallest school district having a current enrollment of 900 students for the 2006-07 school term. The surrounding counties that border River County do not have any school districts that are classified as an urban school district.

The existing six elementary schools, as well as the three middle schools, operate under a school-choice policy that allows parents to make a request once during the elementary years, grades K-5, and once at the middle school level, grades 6-8, as to which school their child will attend. The district school choice policy was developed prior to the closing of the first elementary school in order to appease a dissatisfied group of district residents who were opposed to the closing of a rural township elementary school that had existed for more than 35 years. Every effort is given to accommodate parents with their first choice, however many receive their second choice due to space availability at a particular school. Once the student assignment is made, a child may not switch schools unless given permission by the superintendent of schools. The school choice policy has created difficulties within the district pertaining to transportation and class size. Many classrooms have unequal student numbers across the elementary and middle levels due to some schools being at maximum student population and others being under-populated in regard to the number of students they can accommodate.

The school-choice policy creates a higher student-to-teacher ratio in many of the classrooms, especially at the middle school level. Teachers are moved between buildings more frequently at the elementary level in order to balance class size. The elementary schools varied in population with the smallest elementary school having had a 2006-07 student population of 259 and the largest a population of 579. The middle school student enrollment ranged from 437 to 490 for the 2006-07 school term. The middle school with the smallest population has more faculty members including two full-time guidance counselors and a full-time IST teacher. The school with the largest enrollment has two

guidance counselors who also teach social studies classes and a part-time IST teacher that is shared with the elementary school having the lowest student population. The middle school with the highest student enrollment has the least physical classroom space in comparison with the two middle schools with lower enrollment. More parents choose the middle school with the higher enrollment due to its rural population and setting. The other two middle schools are within the city limits and have a more urban representative population. The SED (Social-Economically Disadvantaged) population at the rural middle school is 35% of the total enrollment whereas at the city middle schools the percentage of SED students is greater than 65% of the total population.

The district had a student enrollment of 5,954 students at the beginning of the 2004-2005 school year. The student enrollment for the 2006-2007 school year, as of October 1, 2006, was 5,786 students. The October 1, 2006 enrollment figure included 2,462 students at the elementary level, 1,377 at the middle school level and 1,901 at the high school. Comparing the enrollment figures for the 2004 and 2006 fiscal years, there are 166 fewer students enrolled in the district in October 2006 as compared to the enrollment in October 2004.

When the pilot study began in 2004-05, there were 490 teachers within the district that included classroom, itinerant music, art and physical education; guidance counselors, instructional support teachers, librarians, special education, reading teachers and social workers. At present, 21.5 teaching positions have been eliminated across the district leaving 468 teachers on staff for the 2006-2007 school term. The reason given for the reduction in staff was declining student enrollment. The enrollment from the beginning of the 2004 fiscal year to the beginning of the 2006 fiscal year has decreased by 166 students.

There are currently four building level administrators at the high school and also a vocational and technical education supervisor for grades 6-12, six building administrators at the middle school level, and 9 elementary building level administrators. Until the end of the 2005-2006 school term, there were curricular area administrators for secondary areas including English, social studies, math, and science. In addition there were K-12 department area chairs for art, music and physical education. The district also has an elementary and secondary special education coordinator as well as a K-12 supervisor of special education. There were also elementary and middle level curricular supervisors.

The 2005-2006 school term marked the end of the Act 93 three year administrative bargaining agreement. There were seven administrators who retired at the end of this agreement, due in part to the strong indication given by top-level administration that health care benefits would include mandatory co-pay for administrators. Another factor encouraging administrators to retire was retirement health benefits for spouses of administrators would be eliminated under the new Act 93 agreement.

The retirement of the seven administrators, many being department area chairs, resulted in the administrative staff being restructured by the central office administration in order to eliminate department area administrators in English, social studies, math and science as well as the middle school curriculum supervisor position. These positions have been replaced by two supervisors, one who supervises humanities grades 6-12 and the other a supervisor of science and math, grades 6-12. The physical education supervisor's departmental coordination duties have been assumed by a physical education teacher who will be paid a stipend for coordinating the physical education department activities, grades K-12. The art department chair had maintained his department head position, however he died unexpectedly prior to the beginning of the 2006-2007 school

term and his position was eliminated. An art teacher in the district was recruited to the position of lead teacher for the visual arts and is being paid a stipend to coordinate art department activities. The music department chair remains in his current administrative position.

The reduction in administrative staff reduced the number of administrators available to perform evaluation and supervision of teachers by seven full-time administrative/supervisory positions. This reduction in administrative and supervisory staff positions will limit the number of those administrators and supervisors who will have the time available to perform the supervisory role in the clinical supervision process.

School financial problems are not unique to the Mountain Valley School District or even the Commonwealth of Pennsylvania. The issue of school finance, in particular the lack of funds available, is an issue facing all fifty states. Over half of the fifty states have school districts that have experienced school finance lawsuits and the problem continues to increase with legislators questioning what an adequate education costs. Schools must continue to invest more resources in educating students in order to meet the requirements for all students mandated by the *No Child Left Behind Act* of 2002. The availability of adequate financial resources will continue to be the driving force in funding educational initiatives now and in the immediate future. Moreover, school districts, regardless of finances available to fund an adequate student education, will be forced under state and federal mandates to meet achievement goals or *adequate yearly progress (AYP)* for all students (Picus, 2004).

With one school labeled as a failing school and three schools in various stages of warning, the consequences of the NCLB legislation are extremely visible to both teachers and administrators in the MVSD. Schools that fall short of the NCLB adequate yearly progress goals are faced with offering school choice and providing additional educational services. Mountain Valley has already faced these challenges due to individual school

population and/or school subgroup population performance. However, if the district or a school within the district remains in school improvement status for five years, the district or particular school could be restructured or taken over by the state (Guilfoyle, 2006).

The Mountain Valley School District is faced with funding a \$61,000,000 budget in order to provide adequate educational resources for the 2006-2007 school year. This budget directly impacted all educational decisions facing the district including student achievement. Federal and state funding for school districts has increased over the four and one half year time period since *NCLB* became law, however the funding has not been adequate to meet the rising expenses incurred by school districts in order to meet the student achievement requirements mandated by the legislation. This has forced many school districts in the state of Pennsylvania to raise local taxes that has resulted in the wrath of the local taxpayers being levied at local school boards and district level administrators across the Commonwealth (Collins, 2006).

In addition to facing financial challenges, three of the four top level administrators have recently retired including the superintendent of schools who retired on September 29, 2006, the assistant superintendent who retired October 31, 2006, and the human resources director who retired on June 29, 2006. The new superintendent assumed the duties of the office on September 19, 2006. The new human resources director assumed the duties of the position on June 1, 2006 and the assistant superintendent's position remains unfilled at this time. Changes within all the various personnel areas, including top level administration, administrative staff, the teaching staff and support staff, has produced a causal effect of unrest and uncertainty within the district at all levels.

The *No Child Left Behind Act* became federal law on January 8, 2002 with the signature of President George W. Bush. This law has had an effect on schools

nationwide that has been both positive and negative in the manner that it has affected students. Student achievement scores on the PSSA (Pennsylvania System of Student Achievement) have increased statewide in the assessments between 2001 and 2006, in both math and reading. This focus on mandated student achievement scores has caused many districts to focus solely on student achievement in reading, writing and math and basically ignore other subject areas. Many critics of this legislation, mandating established levels of *adequate yearly progress* for all students in three subject areas, have stated these educational mandates will produce a generation of children who can write, read, and perform mathematical computations, but will be void of creativity and lacking in breadth of knowledge (Collins, 2006).

The Mountain Valley Area School District has resisted the movement made by other school districts to a narrowed academic concentration on reading, writing and mathematic computations. The district's overall academic curriculum gives equal emphasis to all areas of education, including humanities, sciences, technology and the arts. The district has been awarded the prestigious *Best 100 Communities for Music Education in America* award for five consecutive years as proof of their commitment to areas other than those tested on the state assessment. The Mountain Valley School District Board of Education, administrators and teachers are committed to educating the entire child and not concentrating educational instruction solely on areas mandated by state and federal legislation.

The Mountain Valley School District is faced with meeting AYP (adequate yearly progress) according to the standards mandated under the federal NCLB (No Child Left Behind) Act of 2002. In order to meet AYP under the NCLB Act, 45% of a school's population had to score at a proficient or advanced level in mathematics and 55% had to score at this level in the reading assessment. The tool for statewide assessment for the 501 school districts in the state of Pennsylvania is the PSSA (Pennsylvania System of

School Assessment). All students in grades 3, 5, 8, and 11 had to score at these levels for the particular school and the district to meet AYP goals. Additionally, all subgroups or disaggregate populations had to score at these percentage levels in order for the school to achieve AYP.

The six elementary schools, three middle schools and the Mountain Valley High School all achieved AYP for the overall student population in grades 3, 5, 8, and 11 in each school. However, in the disaggregate populations or subgroups that include the white, African-American, ECD (Economically Disadvantaged) and IEP students (Individualized Educational Plan or special education), some of the schools did not attain the percentage of students scoring proficient or advanced in order to achieve AYP.

The Lincoln Elementary School is in the first phase of school warning due to ECD and IEP subgroups performance in reading. Lincoln Elementary made all math AYP targets for all groups and achieved the reading targets for the overall population. The other five elementary schools made AYP targets for the overall student population and in all subgroup categories on the 2006 PSSA. The entire population of 3<sup>rd</sup> and 5<sup>th</sup> grade students, overall across the district, achieved the math and reading AYP targets.

The Webster Middle School entered into School Improvement II due to 8<sup>th</sup> grade African-American subgroup performance in math. Due to the same subgroup's negative performance on the 2005 PSSA, Webster entered School Improvement I the previous year. Clay Middle School achieved AYP in the overall 8<sup>th</sup> grade student body and the subgroup population for reading and math. However, during the three previous years, Clay did not meet AYP with one or more disaggregate groups and therefore was given a Failing Schools Rating by the Pennsylvania Department of Education. Successively during the past two years, all students who attended this particular middle school had to be given the opportunity to attend one of the other two middle schools in the district. During the 2005 fiscal year, the students could only choose to attend the River Valley

Middle School due to Webster Middle School being placed in School Warning. Clay will have to meet all AYP targets for two consecutive years in order to be exited from the School Improvement cycle. Overall, the 8<sup>th</sup> grade student population across the Mountain Valley School District met all of the math and reading AYP targets without disaggregating populations out of the total student number.

Overall, the 11<sup>th</sup> grade students at the Mountain High School achieved the Math and Reading AYP targets however, the African-American, and IEP students did not achieve either the math or reading targets in order to meet AYP. Additionally the 11<sup>th</sup> grade ECD subgroup did not achieve the AYP target in reading. The high school has been placed in Corrective Action I by PDE due to the African-American and IEP students' performance in math and the ECD, IEP and African-American subgroup's performance in reading. The career and technical education subgroup met all AYP targets and performed, as a whole, at or above the Mountain Valley High School's performance level on the PSSA.

The Mountain Valley School District met all attendance, test participation and high school graduation rate AYP targets. In summary, the overall district population in 3<sup>rd</sup>, 5<sup>th</sup>, 8<sup>th</sup> and 11<sup>th</sup> grade met or exceeded the 2006 AYP state mandated proficient percentages on the PSSA. It was the disaggregate groups that have caused the warning and failure ratings as disaggregated by the Pennsylvania Department of Education.

### Supervision and Evaluation

The differentiated supervision committee was formed at the end of the 2001-2002 school year. The committee began its' mission to create a differentiated supervision program during the 2003-2004 academic year. Until this point in time, the evaluation system described in Chapter I has existed for more than thirty years. Upon entering the district in 2000, the superintendent was convinced a change was needed in the current

evaluation system. The current form of evaluation, according the superintendent, offered nothing in terms of promoting teacher growth and development. In an interview conducted with the superintendent, the researcher questioned her as to why she was committed to developing and promoting a new evaluation and supervision process in the MVSD. Moreover, she was questioned as to why she was committed to a clinical supervision pilot study. She stated:

I truly believe that you cannot move an organization forward without development of the professionalism in your teaching staff. The heart of the organization, leadership as a....as a superintendent I obviously believe leadership matters, an administrative leadership matters. But...but we have uh...we could be blessed with perfect leadership in terms of administration but without the teachers, who deliver, who are at the heart of the delivery of the instructional process...without the teachers having the opportunity to...teachers need the opportunity to control their work environment. And without them having that opportunity...to self-reflect, and self-correct, and improve and refine their learning...instruction process, it cannot be done from the outside in it has to come from the inside. And...clinical supervision and evaluation allows that...allows that refinement, that improvement of the learning and instruction process to come from within inside them rather than being imposed from the outside in.

In creating the new evaluation and differentiated supervision plan, the committee's primary emphasis was professional development and growth that would be available to all teachers. The following tables provide information regarding the evaluation plans of the Mountain Valley School District. The new Instructional I and Instructional II evaluations are based on *Enhancing Professional Practice*, the work of Charlotte Danielson. The committee based their philosophy on the following statement from Danielson and McGreal (2000).

The traditional approach to teacher evaluation is no longer adequate. One factor fueling the shift has been an expanded understanding of learning, and what constitutes good teaching. Another factor has been the promulgation, by professional organizations and many states and large school districts of content standards for student learning. As these entities specify what students should know and be able to do, school districts have an obligation to ensure that their teachers be able to help students meet the higher standards. This interest in student learning has heightened interest, at all levels, in teacher performance (pp. 7-8).

The teachers who were members of the differentiated supervision committee insisted that the new evaluation tool must be meaningful for teachers and not an annual, ritualistic, meaningless procedure. The committee used the required PDE 426 and 427, required observation forms for Instructional I teachers, as the guidelines for developing the new district observation form. It was introduced to new Instructional I teachers in August 2004 during teacher induction in-service, and introduced to Instructional II teachers in May 2006 for use in the 2006-2007 school year (Appendix H). The committee also created a new evaluation form to replace the PDE 5501 (DEBE form – Appendix I) to coincide with the new Instructional II observation. This new evaluation form will be used for the first time during the 2006-2007 school term (Appendix J). Table 4.1a provides the time line used for implementing the new observation and evaluation processes for Instructional I and II teachers as well as the date of implementation.

**Table 4.1a - Evaluation**

<b>Instructional I Certificate</b>	<b>Instructional II Certificate</b>	<b>Year of Implementation</b>
Observed – once per semester	Observed – once per year – cycle every 4 years unless chosen as option	2004-2005
Evaluated – once per semester	Evaluated – annually – if in differentiated supervision mode the evaluation is satisfactory	2006-2007

The differentiated supervision options were introduced over a period of four years. The table below lists the available options and the school term that the option became available to staff. Clinical supervision and peer coaching may only be chosen as an option by those who have had the clinical supervision/peer coaching required training.

**Table 4.1b - Differentiated Supervision Options**

<b>Option</b>	<b>Year of Implementation</b>
Walk-Throughs	2004-2005
Clinical Supervision	2004-2005 (pilot study)
Study Groups	2005-2006
Peer Coaching	2005-2006 (training required)
Self-Directed Growth	2006-2007
Action Research	2007-2008

Each of the options was introduced to teachers either by means of special training or professional development in-service before the teacher was permitted to pursue the specific option.

Goal writing was introduced for all Instructional II teachers at the May 2006 Differentiated Supervision Professional Growth In-Service. Goal writing for Instructional I teachers was instituted with the implementation of the new Instructional I observation and evaluation processes in 2004. However, Instructional II teachers had not previously been required to write a professional goal under the former system of evaluation. As of September 2006, all teachers have a professional goal(s) to guide their work in the differentiated supervision or evaluation process for the school year.

The differentiated supervision committee has diligently worked together for four consecutive years. The committee has been committed to making evaluation meaningful for all teachers and encouraging professional development and growth through pursuit of the differentiated supervision options, making these options available to all professional teaching staff.

#### The Study Participants

There were twenty-one teacher and administrator participants in the Mountain Valley School District (MVSD) clinical supervision pilot. All administrators in the

district were given an invitation to participate by the assistant superintendent. Upon acceptance of the invitation, the administrator had to solicit a teacher to participate in the pilot. Some administrators chose to have two teachers participate with them in the clinical supervision pilot therefore there were eight administrators and 13 teacher participants. Table 4.2 contains the supervisory assignment of the administrators and the teaching level of the teachers involved in the pilot.

**Table 4.2 Participants in the WASD Clinical Supervision Pilot**

<b>School District Assignment</b>	<b>Administrators</b>	<b>Teachers</b>
Central Office	2	2 – Elementary 1- Middle School
High School (grades 9-12)	2	3
Middle School (grades 6-8)	2	4
Elementary (grades K-5)	2	3
<b>Total</b>	<b>8</b>	<b>13</b>

#### No Incentive to Participate

The majority of the participants did not fully understand the requirements of implementing and facilitating a clinical supervision model before they agreed to become participants in the clinical supervision pilot study. There were no incentives offered to the participants, however they were told that this was a model that was being considered by the MVSD for future supervision implementation district-wide. Fear of the unknown, a new supervision process, was a motivating factor for some of the participants to agree to take part in the pilot study.

The teachers who participated in the clinical supervision pilot were required to have earned a PDE (Pennsylvania Department of Education) Instructional II certification in their current areas of teaching and earned a satisfactory rating on the PDE 5501 form

of evaluation during the previous school year. The years of educational experience of the administrators involved in the pilot ranged from twenty-six to thirty-four years. The years of educational experience for the teachers ranged from five to thirty years of professional service. All of the administrators and teachers who volunteered to participate in the pilot completed the initial five required days of clinical supervision training.

At the start of the initial day of clinical supervision training, the participants were given the first of three questionnaires to complete (Appendix A). Background information, including the participants' years of experience in education as a teacher or administrator, their concept of evaluation and supervision, why they chose to participate in the pilot, how they anticipated to benefit by being involved, and their personal experience with and thoughts concerning evaluation and supervision, in particular clinical supervision were among the background information areas requested by this questionnaire.

The years of teaching experience within both the teacher and administrator group ranged from four to thirty years. The average number of teaching years of the teacher participants was sixteen years with an equal number of participants having less than fifteen years of teaching experience as well as having more than fifteen years in the profession. The administrative group had an average of fifteen years of teaching experience with more than half the group, five participants, having fifteen years or less of classroom teaching experience and three members of the group having more than fifteen years of classroom experience. There were no administrators who had five or less than five years of classroom teaching experience. In regard to administrative experience, the administrators had an average of sixteen years of administrative experience with the least amount of years being seven, and twenty being the highest number of years serving in an administrative capacity. Table 4.3 provides the years of teaching experience for the

teachers in five year increments and table 4.4 likewise provides the years of teaching experience for the administrators. Table 4.5 provides the years of administrative experience for the administrative participants.

**Table 4.3 Teachers Years of Teaching Experience**

**Teacher Participants**

Years of Teaching Experience	Number of Teachers
1 – 5 years	1
6 – 10 years	5
11 – 15 years	1
16 – 20 years	2
25 – 30 years	4

**Table 4.4 Administrator’s Years of Teaching Experience**

**Administrator Participants**

Years of Teaching Experience	Number of Administrators
6 – 10 years	1
11 – 15 years	4
16 – 20 years	1
21 – 25 years	2

**Table 4.5 – Administrator’s Years of Administrative Experience**

**Administrator Participants**

Years of Administrative Experience	Number of Administrators
6 – 10 years	2
11 – 15 years	1
16 – 20 years	5

On this initial questionnaire, administered at the onset of the first day of training, the participants were asked to respond as to why they chose to participate in the clinical supervision pilot study. A number of the participants gave more than one response to this question. The responses to this question are listed below by participant category. In the instance that the identical response appeared on the individual questionnaires, the repeated number of responses is given at the end of the participant response.

### **Teachers**

- A principal or supervisor requested his or her participation (6 responses)
- Have aspirations to become an administrator (4 responses)
- Participating as a member of the differentiated supervision committee
- Learn how to share with colleagues
- Enhance teaching skills
- Desire for evaluation process in the district to change to supervision

### **Administrators**

- Improve teaching skills in the building in which I am responsible
- Improve teacher effectiveness
- Clinical supervision will be a part of the school district plan and I want to understand it and be a part of it (2 responses)
- Use clinical supervision with teachers in the district
- Become a more skillful supervisor
- Become a leader in the clinical supervision process in leading by example

In addition to stating why the individual participants chose to participate in the study, they were asked what they hoped to gain by their participation in the pilot study. The responses that follow are categorized by teacher and administrator. In the event that there was a repeated response, the number of responses that were identical or similar, are indicated by the numeral at the end of the response.

### **Teachers**

- Learn how to become a better supervisor (2 responses)
- Gain a better and thorough knowledge of clinical supervision (5 responses)
- Help young teachers strengthen their teaching skills
- Get knowledge on effective ways to supervise and evaluate employees
- Develop mentoring ability for working with other teachers
- Get knowledge of how clinical supervision can benefit me as a teacher
- Help me become a more effective classroom instructor
- Get to know others in the district
- Improve my classroom teaching strategies
- Get first-hand knowledge of how teacher supervision will change in the district
- Provide me with a new perspective of my field
- Give me a new perspective of what supervision can be

### **Administrators**

- Learn best instructional practices to use with staff
- Ability to be a better or more skillful supervisor (3 responses)
- To instill continuous, effective change
- Refresh clinical supervision skills and practice (2 responses)
- Practice a different model of support for teachers in their continual growth
- Improve strategies in supervising staff
- Help the district to move in this direction to improve overall supervisory and evaluation processes

The study participants were asked to indicate on the first questionnaire, in their opinion, if teacher evaluation and supervision were the same process or different (Appendix A). Four of the teacher participants indicated teacher evaluation and teacher supervision were one in the same, while nine responded the two processes were different. Starratt (1992) discusses the confusion between supervision and evaluation. He states that in part the reason for the confusion between evaluation and supervision is that “the supervision process as it is experienced by most teachers; it is an evaluation of classroom teaching” (p.14). In select discussions, during the five training sessions, teachers and administrators often used the term supervision in reference to the process of evaluation that was currently being used in the Mountain Valley School District. Teachers referred to the administrator that supervised him or her, and administrators referred to teachers under my supervision. During the initial three days of training, the consultant often made clear distinctions between supervision and evaluation in order to separate the two processes in the participants’ minds. Furthermore, during this initial day of training, the morning session was dedicated to defining and differentiating between the process and purpose of evaluation and supervision.

The following three quotes from the teacher questionnaires are reflective of those expressed by all of the participants:

I view evaluation as a measuring device and supervision as an ongoing tool to increase skills.

Evaluation takes on more of a critical role of the teacher’s performance.  
Supervision is more of a mentor role.

Evaluation is indicative of how good a job I am doing, while supervision helps me get better than I am.

Some of the participants who stated there was a difference between the two processes truly did not understand the difference as indicated by their responses. The following quote is indicative of those responses.

You use evaluation to supervise. Through evaluation you develop a plan for the teacher to succeed in the classroom. Through supervision you monitor the teacher's journey through that plan.

In response to the evaluation/supervision question on the initial questionnaire, all participants in the administrative group indicated that evaluation and supervision were two different processes. If the participant answered the processes were different, he or she was requested to state how the two processes differed from one another. The eight administrative responses to this particular question indicated that this group, as a whole, understood the difference between the processes of supervision and evaluation. The following three quotes are representative of the responses given by the administrative participants.

Teacher supervision is a collaborative process without the link to your job survival. Goals are developed and the supervision end is teacher reflection. Teacher evaluation often is just supervisor reflection, supervisor driven and the end result is of this process can reflect your job status.

Supervision is an ongoing process aimed at improving the skills and knowledge of the person being supervised. While evaluation is a snapshot of where they are at a particular point in time and based on a standard agreed upon ahead of time.

Evaluation is a final process that has been an accumulation of data gathered over time. Supervision is a process that is ongoing which should develop improvement in the teaching process – change should occur over time.

All but two of the participants in the teacher group stated that they had no prior experiences with clinical supervision in response to the final question concerning clinical supervision on the initial questionnaire (Appendix A). The two who were familiar with the process serve on the MVSD differentiated supervision committee and noted they had experience through their work on the committee. Two other participants noted that they had been exposed to supervision through post graduate work but had never been part of a classroom supervisory experience.

Among the participants in the administrative group, two participants noted having no supervision experience, four stated that they had been exposed to supervision in college coursework, and two had practiced supervision. The two participants who had practiced supervision also noted that they had been active participants in a clinical supervision model as a supervisor or a principal. The following quotes are responses that provided further explanation to the supervision knowledge and experience responses provided by two of the participants.

Used at Clay Middle School – extremely time consuming but quite effective – must have time to be effective – was able to build valued professional relationships.

The clinical supervision concept is really a therapeutic model, stating expectations, trust, changing beliefs in education, very interesting incorporation of counseling into education – Great idea! Also the idea that it is teacher-driven, hopefully for growth rather than punitive or out of fear of loss of job, etc. I really like it!

### The Interview Participants

Three administrators, one each from high, middle and elementary school levels, were chosen to participate in the in-depth interviews of the study. The high school and elementary administrators were chosen at random from the two participants at each level. The middle school administrator could not be chosen at random because the researcher was one of the two middle school administrators involved in the pilot and therefore the other participating middle-level administrator was asked to participate in the in-depth interview process. Subsequent to the three administrators' agreement to participate, one of the teachers with whom he or she was working was randomly chosen by the researcher to participate in the three interviews. Each administrator who had agreed to be a part of the in-depth interview portion of the study was working with two teachers in the clinical supervision training. Each randomly selected teacher agreed to participate in the research study interviews. The next section of the paper describes the interview participants,

however, the names and other details about the participants have been changed in order to provide anonymity for the participants.

### The Administrators

#### **Teresa**

Teresa is the high school administrator who was chosen at random to participate in the clinical supervision pilot study. As of the conclusion of the 2005-2006 school term, she has served twelve years as the Director of Career and Technical Education in the Mountain Valley School District. Her total years of administrative experience have been in the Mountain Valley School District. Before coming to the MVSD, she served as a teacher of agricultural education for thirteen years, three years as a Perkins Grant funded learning facilitator for students in a vocational education program, and one year as a teacher educator at the University of Pittsburgh. Her total years of educational experience include twelve years in administration, sixteen years as an educator and one year as a teacher educator in a university.

Upon inquiry as to why she became involved in the clinical supervision pilot, Teresa responded that her involvement was due to her belief that the clinical supervision model would have a positive influence on professional teacher growth and student achievement. Teresa further stated in regard to her involvement in the pilot:

Combined with what we are doing in walk-through training, I think all these things are overdue as far as what we need in this district to further instruction. And I saw this process as a way to include the staff and for them to buy into the process. Once again, going back to my responses about me being a contextual learner, this is contextual learning for teachers. Contextual pedagogy makes sense!

### **Jason**

Jason is a middle school principal at one of the three middle schools in the Mountain Valley School District. He has been a middle school principal in the district for thirteen years and before that was an assistant principal for two years at a middle school in another school district. Before becoming an administrator, he taught elementary music education in the Mountain Valley School District for fifteen years and one year in another school district. His thirty-one years in education include fifteen in administration and sixteen as a music educator. He retired at the conclusion of the 2005-2006 school term.

Jason became involved in the clinical supervision pilot because he firmly believed that the district had to change the evaluation process. It is his belief that administrators need to be committed to helping teachers so that the teachers had the opportunity to become the best that they can be. He was adamant that this was not possible under the existing form of evaluation. He supports his comments by stating:

It seems to me if we are not instructional leaders it won't happen in the classroom. We can depend on the department heads all we want, and everyone always talks about the department heads, but the department heads aren't in the building day after day after day. They're not in the building-based in-services, they're not in the hallways, they're not bopping in and out of classrooms, they're not providing any money for conferences and workshops you may want teachers to go to. If we just want to be managers and count how many paper clips are in your drawer and how many tables and chairs and how much in order they are, then we're not doing our job! Cause that's not what our jobs are all about. It's about helping teachers to be the best teacher they can be. And if they're not then we need to hold them accountable for that. We have had thirty years of the same process and I couldn't stand it any more. I care about the future of this district. I've got six grandchildren coming through this system.

### **Ginny**

Ginny is an elementary principal at one of the six elementary schools in the Mountain Valley School District. At the conclusion of the 2005-2006 school term, she had completed her third year as principal of this particular elementary school. Prior to

coming to the Mountain Valley School District, she had been an elementary principal in another school district for fifteen years and served as a middle school principal for three years. Prior to becoming an administrator, she taught at the elementary level for six years in second and fourth grade and was an elementary guidance counselor, kindergarten through fifth grade, for six years. Her total years of educational experience include eighteen years of elementary administration, three years middle school administration, six years of elementary classroom teaching and six years as an elementary guidance counselor for a total of thirty-three years in education.

Ginny was not exactly sure why she had agreed to be part of the clinical supervision pilot. She was not sure what the process included or what particular direction the district was pursuing in reference to supervision and evaluation. However because of her experience with different supervision and evaluation models in another school district and her personal beliefs, she decided to become involved.

Where in the district I was before I had looked at a couple of different models but they really didn't know in what direction they were heading. So this is right in line with what I believe in. Not the clinical supervision in and of itself with all of the multiple ways to supervise staff. I was familiar with the walk-throughs and we had used palm pilots to do our walk-throughs. But I believe the clinical supervision model is a valuable piece in adding to multiple ways to supervise staff.

### The Teachers

#### **James**

James is a high school vocational education teacher in the family and consumer science area. He has taught for twenty years in this department at the Mountain Valley High School. He retired from his position at the conclusion of the 2005-2006 school term and has relocated out of the greater River Valley area.

James did not have any knowledge of the clinical supervision pilot when he agreed to become a part of it. When he was asked as to why he became involved in the clinical supervision pilot, he stated that he “became involved by default.”

I became involved through default. That’s the God’s honest truth! Theresa had originally approached me and I did not want to go to a number of days out of my classroom because I was already doing some things. So, she got another teacher to go and at the last minute that teacher couldn’t. So she came back to me and said how about doing me a favor. And I said okay and that’s how I became involved. I had no idea about what I was doing. I had done no pre-reading, nothing...that’s how I became involved. I showed up and that’s what happened. So I tried to run and I got pulled back in. I just thought oh no....not something else!

### **Michelle**

Michelle teaches mathematics at one of the three middle schools. She is one of the youngest teachers, in terms of teaching experience, involved in the clinical supervision pilot. As of the conclusion of the 2005-2006 school term, she had been teaching for seven years with all of her middle-school teaching experience being at the current middle school. However, she has taught at different grade levels and teaching assignments due in part because of her dual certification in elementary education and secondary mathematics. She has taught two years as a seventh and eighth grade mathematics teacher, two years as a sixth grade social studies and language arts teacher, and one year as a sixth grade social studies teacher in her current middle school. Prior to this school, she taught out of the state of Pennsylvania for one year in an elementary assignment. During her seven years in education, she has earned a mathematics supervisory certificate and is working toward a K-12 principal certification.

According to Michelle, her involvement was based on her future educational goals and aspirations. During the initial pilot year study, she was in the process of earning a mathematics supervisor and K-12 principal certification. She felt this process would provide a good supervisory background for future administrative employment.

I'll have my supervisor's degree very soon...three more classes and I'll have my administrative degree. That's the direction I'm heading personally. And when she asked me about this, at first I wasn't real sure, because she said I called a few of my friends down to talk to you about this process and ask you if you'd be interested...and again the direction I'm headed individually. I felt this was another step that I could put...you know when I go and interview for positions, administrative positions, supervisor positions. Hey, I've been through this process...this is a pretty neat activity to go through...it's a very process to go through. I could say that I've had the experience already, and again that's no disrespect to some of the administrators that weren't on hand there...I actually feel a little bit better qualified to do this process than some of the absent administrators that were not in those five days of training.

### Steve

Steve teaches first grade at one of the six elementary schools in the MVSD. Steve has been teaching first grade at this particular elementary school for twenty-one years. Prior to this twenty-one year period, Steve substituted both as a daily and a long-term substitute in the district for seven years. At the conclusion of the 2005-2006 school term, Steve transferred to a first grade position at one of the other elementary schools in the district where neither of the administrators are trained in clinical supervision.

When Steve was asked as to why he agreed to be part of the clinical supervision process he replied that he did not want to say "no" to his new principal. Steve stated that when his new principal asked him if he was interested in becoming involved in a new pilot program next year, he stated that he was not going to say "no." The researcher asked if this was the main motivating factor for his involvement and Steve replied "yes" and then provided the following justification.

I didn't really know anything about it but she said "you'll be out for three days and then two days" I kept thinking that's too long for me to be away from my class. But, I'm glad I did it ...but I really didn't know what I was jumping into.

The in-depth interview participants came from a vast array of educational experience and background. However their responses to the question as to why they became involved in the clinical supervision process were very diverse. In reviewing

responses from the supervisors and teachers as to why each one became involved in the clinical supervision pilot study, it is apparent that the supervisors had more information in order to make their decision as compared to the teachers who apparently had only what was told to them by the participating supervisor. In some cases it appears that the pre-information was skeletal due to the lack of knowledge the teacher participants had as to what would be required of them. Two of the teachers agreed to become a part of the study due to administrative request while the third teacher believed it would benefit her future career as a public school administrator.

The supervisors seemed to have a better concept of what the process involved according to their responses to the question. The supervisors were concerned overall as to where the school district was headed in terms of evaluation and supervision and wanted to be a part of the decision-making process. Two of the supervisors stated that they were definitely committed to facilitating teacher growth and wanted to be a part of the professional growth movement in the Mountain Valley School District.

The superintendent and assistant superintendent participated voluntarily as supervisors in the clinical supervision pilot. The superintendent worked with an elementary teacher in the pilot study. When asked why she committed to the pilot study, it was evident to the observer that the superintendent wanted to set an example for all teachers and administrators who were involved in the pilot study.

Because I felt I...I would serve as a role model for the rest of the administrators and the teachers. And of course we...we have to remember...if you're interviewing this superintendent versus another one, you know having been...schooled and having grown up and grown in the Penn State program, that clinical supervision and evaluation, at least it used to be, to get now so much the doctorate but to get a supervisor's certificate, any kind of supervisor's certificate, in my case it was supervisor of special ed., I had to be well-schooled in clinical supervision and evaluation. I mean many of my courses, probably as many they weren't in ed. adm. They were in clinical supervision and evaluation and special ed. So I was well-schooled in it because I had to be well-schooled in it because it was part of my program. And so...even though my tendency would have been to say "Oh gee, well I already know all about it.." No, I felt it was important to

show, to be on stage, and show that....that...that I was willing to put forth the time and the effort.

The assistant superintendent felt it was important for her to participate in the pilot study, not so much to be on stage, but rather to learn the process in order to assist in her supervision and professional work with teachers.

I like to grow and...I like to think of myself as a mentor and somebody who works with people and helps them to....to grow. And I'm the person who deals with people who are not doing well and develop what we used to call remediation plans. And...this was an opportunity for me to...get a bigger bag of tricks...more strategies to help people ...and uh...to learn new things as well. I think it helps me to do my job better. Yeah, it's interesting because I've taken the clinical supervision stuff...I sat down with some IST people and shared with them some of the tools that we used and uh...that was kind of interesting because they have their own tools they use but they're gathering similar kinds of information on children, not on teachers. And so there were techniques that we were using that they could also use in their own jobs. So that was a little piece I hadn't expected (she laughs).

The superintendent and assistant superintendent offered different reasons for being involved in the clinical supervision pilot. However, each was concerned with the professional development and growth potential, not only for the teachers, but the administrators and themselves as well.

## CHAPTER V

### RESULTS

#### Introduction

Chapter five presents and analyzes the data that were collected by means of the methodology described in chapter three. The methodology for the collection of the data included surveys, interviews and researcher field records from training sessions and interviews.

In this chapter, each research question will be presented and then followed by an analysis and discussion based upon the pertinent data collected through surveys, interviews and field records. The researcher has incorporated a significant number of quotes from the surveys, interviews, and group training sessions as part of the discussion. The discussion and analysis portion of each research question includes empirically-based findings that have been triangulated and comparisons made among the sources of data in order to reach data-derived conclusions.

In analyzing the results of the study, by means of thorough examination of the data, the study participants did not experience the clinical supervision innovation as designed by the trainer. There were flaws in the design of the study, particularly in the area of accountability and participant support, which did not allow clinical supervision to be implemented according to the study design. Other obstacles such as commitment of time and personal resources also were obstacles to the full implementation of the innovation. However, as presented in the data, there were benefits in the terms of the acquisition of new skills and roles that the participants referred to as professional gains and benefits as a result of their participation in the pilot study.

### The Research Study Questions

The three questionnaires (Appendices A, B, and C), given to the twenty-one participants in the Mountain Valley School District clinical supervision pilot study, were the primary sources of data. The first questionnaire, given at the beginning of the first day of clinical supervision training, provided the background information for the participants. This background information included the participants' years and roles in education, knowledge of and experience with supervision, knowledge of or prior experience with clinical supervision, information as to why he or she chose to participate in the pilot study and what each hoped to gain by his or her participation. The data that were gathered from this questionnaire were presented in chapter four. The entire pilot study group of twenty-one participants completed the first questionnaire.

The second questionnaire (Appendix B) was given to all participants on March 30, 2005, the sixth and final day of the clinical supervision pilot training. The entire pilot group of thirteen teachers completed the second questionnaire however one of the administrators did not complete it. Because the questionnaires were anonymous, unless one of the participants chose to put his or her name on the questionnaire, there was no way for the researcher to determine who did not return the questionnaire. A memo in the form of a request to complete the questionnaire was sent to all eight administrators. The request asked the administrator to return the questionnaire in inter-district mail if he or she had not completed and returned the questionnaire at the final session on March 30. The missing questionnaire was never returned to the researcher and therefore the data provided came from seven administrators performing supervisory roles as opposed to the entire group of eight administrators.

The third and final questionnaire (Appendix C) was sent to the pilot study participants on May 16, 2005 by intra-district mail. The participants were asked to

complete the questionnaire and return it to the researcher by May 31, 2005. Many of the participants did not do as requested so a memo and second copy of the questionnaire was sent to the participants through intra-district mail on June 1. The second mailing requested the pilot study group to complete and return the final questionnaire if they had not done so prior to this. A number of the participants responded to second request as and a result a total of ten teachers and six supervisors returned the questionnaires wherein the responses were compiled to provide the final data in response to the research questions proposed by the study.

### The Primary Research Question

At the conclusion of the fifth day of training, October 15, 2004, all administrators and teachers were encouraged by Dr. Jerry Norris, trainer, to complete a least six cycles of clinical supervision. At the time the second questionnaire was administered on March 30, 2006, none of the participants had completed the suggested six cycles of clinical supervision. The following tables represent the number of cycles completed by teachers and supervisors. It is noted that five of the eight supervisors were working with two teachers during the pilot study. One of the supervisors did not complete this questionnaire

**Table 5.1 – Clinical Supervision Cycles Completed by Teacher Participants**

Number of Cycles Completed	Number of Teachers
0	3
1	3
2	5
3	1
4	1

**Table 5.2 – Clinical Supervision Cycles Completed by Supervisor Participants**

Number of Cycles Completed	Number of Supervisors
0	2
1	1
2	1
3	1
4	1
5	1

The third and final questionnaire (Appendix C) as stated previously was sent to all participants through internal office district mail on May 16, 2005. Two administrators and three teachers did not return the surveys. According to data compiled from this third questionnaire, the tables below represent the number of cycles completed by the teachers and supervisors during the seven-month period of the pilot study.

**Table 5.3 – Clinical Supervision Cycles Completed by Teacher Participants**

Number of Cycles Completed	Number of Teachers
0	3
1	2
2	3
3	1
4	1

**Table 5.4 – Clinical Supervision Cycles Completed by Supervisor Participants**

Number of Cycles Completed	Number of Supervisors
2	2
3	1
4	1
6	1
7	1

The entire participant group of thirteen teachers responded to the second questionnaire, indicating the group had completed ten cycles of clinical supervision to this point in time, less than one cycle per teacher. Two of the teacher participants stated on the questionnaire that they had completed no cycles of clinical supervision.

On questionnaire three, ten teachers completing the questionnaire, there were three teachers who had performed no cycles of clinical supervision, the same as on questionnaire two. For the ten teacher participants who completed questionnaire three, thirteen cycles of clinical supervision had been completed. This is less than two cycles per participant and far less than the six cycles suggested by the clinical supervision pilot clinician. However if the three teachers who completed no cycles of clinical supervision are removed from the calculation of cycles per teacher, the teachers who participated in clinical supervision cycles completed an average of two cycles per teacher.

The seven supervisors, who completed the second questionnaire, indicated that they had completed a total of fifteen cycles of clinical supervision by March 30, 2005. This data indicated that two and a half cycles of clinical supervision was completed by the six administrators who responded to the questionnaire. One administrator did not complete the second questionnaire. The responses to the third questionnaire demonstrated that six administrators, two administrators not returning this questionnaire, completed twenty-four cycles of clinical supervision. This data indicates an average of four cycles of clinical supervision completed per administrator.

The participation data demonstrates a discrepancy when comparing the average number of cycles completed by the teachers, less than two per teacher, to that of the administrators, averaging four per administrator. However, there were three teachers who completed no clinical supervision cycles therefore if these three teachers are removed from the calculation of cycles per teacher, the average number of cycles per teacher would be two.

Four of the administrators who returned the questionnaires were working with more than one teacher. Two administrators did not return the third questionnaire and one could presume that these were administrators who did not complete any cycles of clinical supervision because three of the teachers reported that they had not completed any supervision cycles. If the number of cycles were to be averaged per teacher/administrator pair, the average number of cycles completed by each pair would be two. When examining the data by teacher/administrator pair, there is a corresponding relationship in the number of cycles of clinical supervision that were completed.

### *Obstacles*

The primary research question posed by this study asks what obstacles do teachers and administrators experience when a school district moves from a teacher evaluation

model to one of clinical supervision? The greatest obstacle, according to the majority of those who participated in the clinical supervision pilot questionnaires, was time.

### Theme 1 – Time As the Primary Obstacle

This obstacle was a prevalent theme among the clinical supervision participants who responded to the questionnaires, participated in the interviews, and the last three training sessions. The time element was indicative of the time required to meet in a collegial manner in order to carry out vital elements of clinical supervision process including but not limited to the time necessary to conduct pre-conferences, gather data, present and analyze data and hold post-conferences in order to adequately analyze, make sense of, and discuss the data.

### Questionnaire Data – Time Theme

In responding to the second questionnaire, the participants noted this obstacle in response to both questions three and six (appendix B). Question three asked the participants to provide concerns that they had with the process. Four of the seven administrators responding to this question stated that time was a concern. Ten of the thirteen teacher's responses echoed this concern in similar form.

The sixth question on questionnaire two asked the participants to list any obstacles they encountered as they worked through the clinical supervision process. Four of the seven supervisors responding to this question listed time in some form as an obstacle in working through the clinical supervision process. Likewise, twelve of the thirteen teacher respondents stated that time was an obstacle in the process.

Table 5.5 provides information as to the specific response that the questionnaire participants gave in response to the concerns they had with the clinical supervision

process as related to the theme of time. The table differentiates between the responses given by the supervisors and teachers.

**Table 5.5 – Obstacle of Time Encountered in the Clinical Supervision Process  
Questionnaire 2 – Question #3**

Concern	Number of Responses	Administrator	Teacher
<b>Time</b>	<b>14</b>	<b>4</b>	<b>10</b>
Time (No explanation)	2	2	4
Difficulty scheduling meetings & observations	2	1	1
Administrator has no time	2	0	2
Where does one find time	2	0	2
Time to schedule cycles	1	1	0
Students need the time that the process requires	1	0	1

Table 5.6 provides information as to the specific responses that the participants gave to question six of questionnaire two in reporting obstacles the participants had encountered. The table delineates between the responses given by the administrators and those of the teachers.

**Table 5.6 – Obstacle of Time Encountered in the Clinical Supervision Process  
Questionnaire 2 – Question #6**

Obstacle	Number of Responses	Administrator	Teacher
<b>Time</b>	<b>16</b>	<b>4</b>	<b>12</b>
Time (No explanation)	4	1	3
Teachers not setting time to complete cycles	1	1	0
Difficulty managing time	1	1	0
Time constraints	1	1	2
Time to schedule cycles	1	0	1
Where is time coming from?	1	0	2
Lack of time to complete cycles	1	0	1
Lack of time to meet	1	0	1
No time to complete observations	1	0	1

Many of the obstacles related to the time theme in the clinical supervision process provided by the participants on questionnaire two, administered in March, were similar or exactly the same as those given by the participants who completed questionnaire three in May. Questions three and six from questionnaire two were identical to questions three and six on questionnaire three. The rationale behind asking the identical questions on two questionnaires was to assist in determining if the concerns and obstacles had changed and also for checking reliability and validity of the information when comparing questionnaire two to questionnaire three.

Table 5.7 provides information as to the specific response that the participants gave in response to the concerns they had with the clinical supervision process as related to the theme of time on questionnaire three. The table delineates between the responses given by the administrators and those given by the teacher participants.

**Table 5.7 – Concerns with the Clinical Supervision Process  
Questionnaire 3 – Question #3**

Concern	Number of Responses	Administrator	Teacher
<b>Time</b>	<b>8</b>	<b>2</b>	<b>6</b>
Time (No explanation)	2	0	2
Difficulty scheduling meetings & observations	1	1	0
Scheduling is overwhelming	1	0	1
Time not available	1	0	1
Never a good time to do Supervision	1	0	1
Major time constraint	1	0	1
Time to schedule cycles due to student teacher	1	1	0

Table 5.8 provides information as to the specific response(s) that the participants gave in response to question six of questionnaire three in reporting obstacles the

participants had encountered, as they worked through the clinical supervision process, in reference to the time theme. The table delineates between the responses given by the administrators and teachers. Overwhelmingly, time was the primary obstacle to completing the clinical supervision process as notated by both teachers and administrators. Six of the administrator participants and ten of the teacher participants returned this questionnaire. Based on the percentage of surveys returned to the researcher, more than 50% of the participants (10) identified time as a major obstacle in the process. Of those who returned the questionnaires, one teacher and one administrator chose not to respond to this question.

**Table 5.8 – Obstacles Encountered in the Clinical Supervision Process  
Questionnaire 3 – Question #6**

Obstacle	Number of Responses	Administrator	Teacher
<b>Time</b>	<b>11</b>	<b>4</b>	<b>6</b>
Time (No explanation)	1	1	0
Teachers not setting time to complete cycles	1	1	0
Time constraints	2	0	2
Time to schedule cycles	3	1	2
Lack of time to complete cycles	1	1	0
Making time for the process to occur	1	1	0
Time just not there	1	0	1
Principal's schedule too busy	1	0	1

#### In-depth Interview Data – Time Theme

The conclusions derived from the data gained through the in-depth interviews support the data from the questionnaires. Table 5.9 is a summary of the number of cycles of clinical supervision completed by the teacher and supervisor interview participants.

Each of the supervisors that was randomly chosen for the in-depth interview portion of the study was working with two teachers in the pilot study. The following table summarizes the number of cycles each interview participant completed during the entire pilot with any individual. In all but one case, the number of cycles completed by the supervisor is higher than that of the teacher because the supervisor was working with two teachers simultaneously.

**Table 5.9 – Number of Clinical Supervision Cycles Completed by Interview Participants**

<b>Position / Name</b>	<b>Completed Cycles</b>
<b>Teachers</b>	
James	0
Michelle	2
Steve	2
<b>Supervisors</b>	
Ginny	4
Jason	4
Teresa	0

The in-depth interviews identify time as the primary obstacle to the success of the clinical supervision process. The time obstacle included personal schedules that did not allow for the scheduling of observations, writing, review and discussions of the data, and overall review of the process. The issue of time was questioned by select participants during the initial training sessions before any participants were asked to begin the cycles. Teachers and those in supervisor roles were questioning as to where the time would come from in order to complete the cycles of supervision. The trainer encouraged each of the participants to arrange a meeting as soon as possible, supervisor with teacher, in order to determine what block of time would be dedicated to clinical supervision and make the process a priority in all schedules. As demonstrated by the table above and quotes that will follow from the interviews, this did not happen.

Table 5.10 demonstrates the concern that each interview participant held concerning time at each of the three scheduled interviews. If the participant mentioned time as an obstacle in any of the interviews, it is noted by a (√) under the interview number and to the right of the participant's name.

**Table 5.10 – Time as an Obstacle to the Clinical Supervision Process by Interviewee**

<b>Participant Name Position</b>	<b>Interview #1</b>	<b>Interview #2</b>	<b>Interview #3</b>
<b>Teachers</b>			
James	√	√	√
Michelle	√	√	√
Steve	√		√
<b>Supervisors</b>			
Ginny			
Jason	√	√	√
Teresa	√	√	√

Ginny is the only supervisor who did not state time was an obstacle or concern in any of the interviews. However, Steve, the teacher with whom she worked provided the following quote in the third interview session.

I think the time element is the most...I really think to do this, if you're considering working with one or two teachers, that somehow you have to have some time built into it when we're first starting out. Maybe when you get used to doing it, it won't be as time consuming but I think it's just like anything when you're first doing it...people might say it takes fifteen to twenty minutes to do an interview to where you actually sit down and do the process, it might take a little bit longer. And I think if you want to do something right you have to be able to build in that extra time. So I think you have to be able to get people that time element. I participated as one that was going to be observed and I gave my principal...I kinda gave her the direction of things I wanted to look at. Although given the time the we...you know...she had to spend on the building and me having a student teacher...time was the difficult part...getting together and working on that, on the things we wanted to.

In his comment, “the time she had to spend on the building” referred to a two year renovation/construction project that was in the initial year stage when the clinical supervision pilot began. Steve had a student teacher for fourteen weeks and according to him, that was very time consuming and did not allow for the clinical supervision process to occur.

In the first interview, after the espoused platform conference had taken place but before the start of any cycles, Steve had predicted from what he had learned in the training that time could be an obstacle. When asked if he had any concerns with the clinical supervision process, he replied:

The only thing I was worried about...well there was a little concern when we came back from the training, when we were going to fit the time...the time frame. That seemed to be the biggest thing. I think we have to allow that time to be built into the schedule. Especially when we're first starting out doing this...I think over the year we're involved in this, it will get easier to do. But at first I think there has to be time allowed for us to sit down and talk about it.

According to Steve in his final interview, the time he spoke of to sit down and talk never came to fruition. He hoped that it would be possible during the 2005-2006 school year.

Ginny was working with two teachers during the pilot year and had completed two cycles of supervision with each teacher. When asked about her overall thoughts concerning the clinical supervision process she replied:

I will probably talk more about Ben than Steve because we've had a hard time because of Steve having a student teacher but with Ben we've been able to deal with some concerns he had and be able to do some brainstorming together, make some other changes.

According to Ginny the obstacle was that of Steve having an elongated period of time with a student teacher and according to Steve the obstacle was Ginny's schedule with administrative and building construction that created the time obstacle. Both Steve and Ginny agreed upon a common goal and commitment to performing the clinical supervision cycles during the forthcoming academic year. Furthermore, they agreed to

start planning for the process in the summer preceding the start of the 2005-2006 academic year.

Steve and Ginny were not the only teacher/supervisor team faced with the obstacle of time. The only part of the clinical supervision process that James and his supervisor mutually completed was the espoused platform conference. James had predicted from his initial conference that time to perform clinical supervision would be an issue. James was asked if he had any particular concerns with the process after the initial training to which he replied:

No...not really.....except for where are we going to ....the time element. How are we going to get this going? Not because I feel uncomfortable with him but when are we going to do this? Especially right now where there seems to be so much in our area with ordering and doing those right now...it's a little bit mind boggling. Time getting together....that's a big issue.

In the second interview James stated:

I have really not been able to go through the exercise because the supervisor has just been....very, very....busy. He's still excited about it and we plan to implement observations soon.

However soon was not meant to be. In his final interview, James was asked if he felt that his supervisor, Teresa, had fulfilled the role of the clinical supervision supervisor as described in training and the professional materials given to him to read.

He's an advocate of this and he really would desire....that he had not been able to get this done. For whatever reasons, and I don't want to speak for him, that's the situation right now. I certainly don't feel that he made promises he couldn't keep, I just think it's a situation of time availability. So....we have made plans to do this in the fall and that certainly was not the job that was to be done during the pilot. And I guess that's one of my fears, can we get this all in? His time is really in demand!

James' supervisor Teresa had the same concern from the initial interview as well. When asked if he could relate as to what he perceived to be the strengths and concerns with the clinical supervision process, he replied:

Time is a big issue because it is a very time intensive process. I think improving learning, improving classroom environment is an overwhelming positive. The negative...the biggest negative is the time and as I said because I'd like to do

clinical supervision with the entire staff but obviously there's not enough of me to go around to do that.

In the second interview that occurred midway in the pilot, when asked to respond to what are your greatest concerns at this point with the clinical supervision process, Teresa replied:

It still remains time. The amount of time required to do clinical supervision correctly is more time than I originally anticipated. However, weighing the benefits, I still think its an important use of our time.

The time issue confronting Teresa became more apparent in the final interview where she stated that she had not had the time to perform any clinical supervision cycles with James or her other teacher participant. The following comments from the Teresa's final interview affirm a portion of the data taken from the questionnaires concerning the issue of time.

However, as I learned the process, I think I was a little naïve going in. To understand all of the resources of mine that it would take and specifically the time that would be involved. So...I wasn't as effective with our clinical supervision process this past year as I intend to be in the coming year. The most important aspect of clinical supervision is the great promise that it holds for empowering teachers to improve.

Jason, a middle school supervisor, predicted that time would be a concern or obstacle from the onset of the pilot. Twice in the first interview, Jason expressed concern as to where to find the time to complete the cycles of clinical supervision. When asked if he had any concerns concerning the process in the interview that occurred a short time period after the conclusion of the training, however before he and his teachers had began the process, he stated:

My time, it seems everyday...it seems that time is less and less to...just survive. I mean it's just a complete rat race. So finding quality time to do that is my primary concern. I don't even mind the paperwork, gathering the data, the observation, I think it's all great! I think all of it is great! Time is my concern.

Later in the interview, when asked about his overall perception of the clinical supervision process, he stated:

I think it's wonderful! It's been excellent training. It's an excellent process. My only concern is time. And I think that's what happens with a lot of these really good ideas, we give up on them because of time. I see that with so many programs. We want the microwave plan. We want everything done immediately...we want it to happen. We want to go through the drive-in window, bag our own groceries, and at the bank we don't want to wait for someone to wait on us...I'm going to the ATM machine and get it done quick. And I think we do that...we think that can happen in this field too. Cross it off....cross it off my list and get to the next one...it's the same thing. This process is not like that. If it's going to be lasting it's going to have to have leadership that espouses the benefits of it. We have to realize it takes a time commitment.

The time concern was prevalent in Jason's second and third interviews. When asked to comment on what were his greatest concerns with the clinical supervision process, it was evident that the time issue was a great obstacle for him.

Time truly is my greatest concern. Finding the time to supervise...when you have fifty-some staff members in your building who are at such different levels. Either we need to do more clinical supervision and get into peer coaching, because they can do that with themselves...because it demands a lot of time. But as a building principal, there are people...things tugging at you every minute of the day. Round here there's never a down time....there just isn't. There's always something...a phone call or there's someone that's come in or it's a kid problem, or it's come here. Let's do this or it's constant....parents calling. It's just never a down time and so that creates difficulty with time. My greatest concern is time.

Jason's response to the same question in interview three was consistent with the response given in the second interview. By this time he was powerfully advocating for peer coaching between the two teachers with whom he was working in order to alleviate the time issue for him.

Time...finding the time! That's why I think peer coaching will be so much more beneficial. I think if you put the upfront time...as an administrator with a couple really great teachers, then they can...I think...I think the greatest thing that happens is you plant the seeds and they can make it grow. That's our job. And our job is not to keep it growing...our job is to plan the seeds so that those who are directly involved with it will take it on.

One of the teachers with whom Jason partnered in the clinical supervision pilot, Michelle, commented on the issue or obstacle of time during the three in-depth interviews. In commenting upon the strengths and concerns of the program, Michelle viewed the time factor as a negative in the process.

The time factor is certainly a negative. I think it's the biggest negative I have. However, that time factor in the long run's gonna pay off. So that kinda leads to a positive. But right away that is a concern. But right away that is a concern...the time for the pre-conferences and everything, the post-conferences, looking at the data for a few days, that's a lot of time.

At the conclusion of this initial interview, when reflecting upon the entire process that would happen in the near future, Michelle recalled her thoughts from the end of the initial five days of training.

You know I was sitting there thinking this is going to take a lot of time...a lot of effort on my part as a...person being supervised or a person going through the process. And that was a big concern because like I said, I am involved in so many things already at Happy Valley, different planning committees and things, I'm thinkin' do I really have the time to go through with this? But you know in the long run this is going to be beneficial to me...in many ways.

When asked to comment upon her personal concerns with the clinical supervision pilot in the second interview, Michelle chose to direct her thoughts to teachers who would be eligible to become part of this supervision model in the future.

And I think you know this is a lengthy process as far as time commitment. You know the pre-conference, the observation, the post-conference, the data collecting...it is a lengthy process and I don't think all teachers will buy into this. You're gonna have...that's probably true everywhere, but you're gonna have teachers that will say no...this is too much of my time. My time is too valuable and what I'm doing is right and I don't need this data to tell me I need to do something different.

He continued this track of thinking in his third and final interview. Again concerned with his colleagues buy-in to the process in the future, he stated:

Again, I feel that for everybody to buy into this process...and when they realize the amount of time that it will take, I think that's probably the biggest hangup or catch we're gonna have is the time factor and to get everybody on board to buy into it.

In regard to the comments of the entire group of in-depth interview participants, it is evident to the researcher that time, in many diverse forms, was a tremendous obstacle to the performance of the clinical supervision model for both teachers and supervisors.

Two cycles of clinical supervision was the greatest number that any interview supervisor/teacher participant team completed during the year-long pilot study.

When the assistant superintendent was asked what she considered to be the greatest obstacle to the clinical supervision process, she responded emphatically that it was time. She did not hesitate when asked the question by the researcher.

I think the TIME, time is the biggest issue. From the standpoint of actually being involved in clinical supervision...it...it just requires somebody who wants to do it. The administrator who wants to do it and being able to do it in a timely manner so you can get the information back to the teacher and enough time so the teacher can have an opportunity to make changes so they can improve their instruction. So time is the big issue as well.

However, the superintendent did not immediately respond that time was an obstacle to the process. The greatest obstacle according to her was the willingness of the administrators to buy-in and participate in the process.

I think...you know obviously you have to have staff buy-in. You have to have administrative buy-in. I think...I think lack of continued...I really believe but better stated that what I just did. It would be lack of ...it goes back to what Roger (the teacher union president) asked me for when I told him we were doing this...lack of training. Lack of continued...training. Lack of continued training necessary to understand and improve upon the model. I believe we have strong administrative and teacher support. I believe that ...I guess Robert if I had to say I have one concern with it...it would be you know sharing in confidence. I believe that ...I do believe we have some administrators who maybe have been schooled in another method and I'm not saying old or new. Because really it's not... you get...you get so hung up when you say well the older ones. Well you would be considered an older one. And you endorse, support, so I'm gonna say just some who haven't been schooled in it I'm afraid are resistant to it. And so uhm...because they look at it as more work and I actually think we have a percentage of administrators who I'm more worried about that than teachers. So I think the new superintendent is going to have to be very....ah clear about the expectations for administrators. Now again I say it not necessarily the old verses the new because old verses new administrators that would put you in the old category and obviously you're doing your dissertation on it so obviously it's not old verses new. Personalities and styles with some people just uh....won't look outside ...look ahead of the curve....and jump the curve to where you know. We're .....yes, it's always a struggle to change, it's a struggle to change, but if I jump the curve and change and go around the curve what will it get us? Will it get us worse or get us better? Well, I think we know the answer. It will make us better....a better organization, an improved organization. But you can't get even some people to jump the curve to look at that.

The superintendent clarified her remarks as to the administrators to whom she was referring in the preceding comments. She was not necessarily referring to the administrators who were participating in the pilot study.

I think we had really good success with the administrators that were involved. Now we didn't force anybody to be involved so you know...you know the people we had involved became true believers.

### Secondary Obstacles Experienced by the Teachers

The teachers identified obstacles other than the obstacle of time on questionnaires two and three. These obstacles were specific to the individual and not identified by more than one teacher. Specific obstacles identified by the teachers included:

- lack of communication with the supervisor
- poor supervisor who did not honor the spirit of clinical supervision
- a student teacher who demanded time of the teacher
- skepticism of the process demonstrated by the supervisor
- interruptions to the process
- supervisory evaluating rather than performing supervision
- lack of trust in the supervisor

One teacher stated getting other staff members to understand the process was an obstacle, however this was directed toward the future of clinical supervision in the district and not those involved in the pilot study. The obstacles listed above were experienced by individual teachers and administrators whereas the time issue was experienced by more than half of the administrator and teacher participants.

### Secondary Obstacles Experienced by the Supervisors

Obstacles to the clinical supervision process, other than the time element, identified by those who performed the supervisory role given in response to items on questionnaires two and three included:

- personal schedule conflicts (2 responses)
- lack of proper organization in managing the process
- unexpected conflicts
- resistance to clinical supervision by the teacher
- teacher uncomfortable with the process
- teacher refused to be open and learn from the process
- teacher failed to identify an area of study

One of the obstacles given was in the form of a question asking will others be willing to jump on board with the process in the future. However, this response was not relevant to the pilot study. The obstacles presented in this section once again were experienced individually, with the exception of the first response given by two supervisors, whereas the time issue was experienced by more than 50% of the supervisors who responded to the questionnaire.

### Secondary Obstacles Experienced by the In-Depth Interview Supervisor Participants

The in-depth interview teacher and supervisor participants identified other phenomena that they considered to be obstacles to the clinical supervision process other than time. One obstacle that hindered the process, identified by one of the supervisor participants in the in-depth interviews, was the teacher felt intimidated or apprehensive due to the presence of the supervisor in the classroom. This was due in part to many years of participating in the former system of evaluation. Teresa had the following to say

concerning intimidation or apprehension as related to James, one of the teachers with whom she was working during the pilot.

I did not feel that my presence in James' classroom created any anxiety on his part but through the training I found out differently. And whenever a supervisor goes to observe a teacher...you know they feel a certain amount of apprehension and anxiety I guess because they are wondering what are they looking at and that sort of thing. But in my interaction with him subsequent to the training, he has bought into the process as well and understands the purpose of the process of supervision is to improve instruction. And the prerequisite is that he is a satisfactory teacher. Maybe I've been an administrator too long now that someone like James, a veteran teacher, was able to share that she feels somewhat threatened concerning a supervisor's presence in her classroom.

In the final interview, Teresa commented about this situation between her and James again. This time the anxiety and apprehension issue gave way to the development of trust between the supervisor and teacher.

I made the comment earlier, I was surprised that in our training James and I were talking about the fact that when I would come into his classroom and do a formal observation, there was still some anxiety on his part because I was not her supervisor. I thought she was at ease so I didn't notice this. It was an issue of trust. If I made any comment that caused any feelings of anxiety or mistrust whatsoever on his part...he should come to me and talk about it so to make sure that we get to the root of it. I think this has helped in regard because he and I had a conversation at the end of the school year specifically addressing that issue. I felt at ease when he told me that he had put the issue to rest.

James and Teresa did not complete any cycles of clinical supervision. The only part of the model that they completed was the espoused platform conference. However, because of the conversation that took place between them, an issue that had existed for years was eliminated from the professional relationship. What had first appeared to be an obstacle to the process metamorphosed into a professional growth benefit for both teacher and supervisor.

At the conclusion of the 2005-2006 school year, I contacted James to set up an interview whereby to discuss his second year of progress in the clinical supervision pilot. At the beginning of our meeting, I asked James how many cycles of clinical supervision

he had completed during the second year of the pilot. He replied, “We were never able to get the process going.” After pausing briefly, he stated:

Oh Robert, don't be discouraged. You don't understand. The clinical supervision process gave us a common ground to discuss our educational beliefs and expectations. She understands my classroom more than she ever did and I know where she is coming from when she is evaluating my program and students. It was wonderful even though there was not time to do the observations. If I hadn't participated in the clinical supervision process, we never would have come to the understanding that we have developed over the last year. It was wonderful!

The discussions that occurred between James and Teresa were an unexpected benefit to the process that never took place. However, James felt that he had gained tremendous professional benefit by having a platform where he could discuss his ideas and thoughts with his supervisor.

Oh, don't think it was bad. Please don't look that way! It was wonderful! Clinical supervision gave us the opportunity to discuss our feelings and our educational beliefs with each other. I understand better where she is coming from and she now understands my program and my teaching goals for the first time ever.

James never completed any cycles of clinical supervision with his supervisor, Teresa. However, their involvement in the clinical supervision pilot afforded them the opportunity to communicate openly with each other. James stated in the final interview that he and Teresa had never truly openly communicated prior to the clinical supervision experience concerning their roles, expectations and educational practices and beliefs. This secondary benefit to the process as described by Garman (1982) is an element of what she refers to as “genuine participation (p.45).

When people deal with one another honestly, transcending the ritualistic tendencies to “maintain face” or give “temporary lip service,” educational alliances can be established (Garman, 1982, p.45).

James and Theresa truly had developed a relationship that Garman refers to as “genuine participation.” The commitment to the clinical supervision pilot, although completing no

cycles in a two-year time period, afforded them the opportunity to communicate in a manner that the previous 13 years of working together had not provided for them.

I asked James why he felt there was not time to complete the clinical supervision cycles to which he and Teresa had committed the year before, he replied “because of her schedule. Her time is so much in demand that there was just no time to do it.” Once again, time in the form of the supervisor’s schedule was the obstacle. Kierston et al. (2005) found that the number one obstacle to preventing full implementation of a teacher evaluation process among 63 administrators was time. Prioritizing and determining where time will be allocated in the principal’s schedule is one of the most complex elements of the position (Shellard, 2003).

Ginny, an elementary principal stated that an obstacle for her was feeling uncomfortable with a certain part of the clinical supervision process. This area was that of gathering certain types of data.

There are areas that I feel unsure of...but you know I feel comfortable with the process. I look at my role and I feel...I think I know what good teaching looks like. But I want to learn the process as far as where one of them looks at the data...certain types of data I’m not comfortable with gathering certain types of data. There may be areas where if you were to gather certain types of data, you might have questions about how you might gather that certain type of data which might be a particular concern.

This concern or obstacle was revisited in the final interview and Ginny stated that she felt very comfortable gathering the data that she was asked to gather by her two teacher participants. She stated that once she was involved in the process and reviewed her notes, she was able to gather the data and feel comfortable in the process.

Jason, the middle school principal, stated that a teacher must be willing to take a good look at his or herself and be able to build the relationship on facts. However if a teacher could not or was not willing to be critical concerning his or herself, this would be a negative in completing the process.

You actually build on the facts. That's the basis of what you build clinical supervision on. It's pretty black and white. If you want to take a good look at yourself, I think you can see it. I think that's a good and bad point...you have to take a look at yourself and be willing to do that. That is a positive but it also could be a negative to someone who does not feel good about themselves. So I see that as being negative for a negative person. If a person thinks that they're...I find the weakest teachers already think they're doing a great job. By my strong...the strongest teacher are always looking for ways to improve. So that if you think that you already know everything, how do you look at yourself objectively to see how you can improve? It would be difficult! We should all be learners.

Jason stated in the second interview; "the most difficult part for me was not expressing or giving ideas and thoughts but making them think of them." As the researcher, I probed into this statement and discovered that Jason felt that he could not offer his ideas concerning the data or give his opinion as to what was occurring in the data collection.

Upon realization that Jason had misunderstood the portion of the training that dealt with the teacher leading the process as opposed to supervisory control of the process, I explained this misunderstanding to him at the conclusion of the interview session. I explained to Jason that clinical supervision is collegial process that encourages the teacher and supervisor to collegially interpret the data. It seemed apparent to me that Jason understood that he could offer suggestions to the teachers in the conferences after the conversation. However, in the third interview, Jason stated "the toughest part for me was not sharing my opinion." It was clear to me at this point that Jason still did not feel at liberty to be a mutual participant in interpreting, making constructive recommendations and conclusions concerning the data. The training had failed to make the suggestive and interpretive collegial supervisory role clear to Jason.

Jason offered yet another obstacle concerning the process in the second interview. He stated that he felt that one of the teachers with whom he was working was unable to become analytical and self-reflective concerning his teaching.

I don't think Michelle always sees what's there. I need to encourage her to see what's there. Whereas Keri is much better at looking at herself. Michelle is...just...tends to defend herself rather than recognizing what is there and reflecting on it.

In the third interview, Jason was looking to the obstacles that would lie ahead in continuing the clinical supervision process for longer than the pilot year.

Keeping this process going is going to be the tough part. It's not for all administrators. Not all administrators could be supervisors. I don't think all administrators are even...good...observers and evaluators because they don't know what best practices are. And...so...being a trained supervisor is important...I mean you need to know what best practices are.

### Secondary Obstacles Experienced by the In-Depth Interview Teacher Participants

The teachers likewise identified obstacles to the clinical supervision process other than the obstacle of time. One of the interview participants, Michelle, stated in her first interview that she was unclear concerning the research part of the process.

I think I'm comfortable with the observation part itself with coming into the classroom. I'm not real sure how the... I think there's a research part of and paper part where we actually look at the use of research and write papers I believe. I'm not sure about that part yet. We have basically focused on the observation part. I'm not very good...very comfortable about the paper part. I'm not sure yet... I have to do it or see it before I feel comfortable. Does that make sense...I'm a little bit confused about that yet.

This confusion led to further questioning and probing on the part of the researcher. When Michelle reiterated comments that her supervisor had made, I realized that her supervisor had confused clinical supervision with action research, another component of the differentiated supervision model.

There's a research part that Jason was talking to me about...where we get in as a group and we look at different things through research and then try them in our classroom. Like maybe this year when we're not being observed.

In a conversation that followed this initial interview, the researcher was able to make a distinction between the two forms of supervision for Michelle. After discussing this situation, Michelle felt comfortable with the components of the clinical supervision model and felt that she would be able to participate in the process. In the subsequent

interviews, it was evident to the researcher that Michelle was comfortable with performing all parts of the clinical supervision process.

Jason had explained to Michelle in the espoused platform conference that he was to keep his mouth shut and not offer opinions. Michelle brought this up in each of the three interview sessions. When asked about Jason being able to fulfill the role of the clinical supervision supervisor during the second interview, Michelle replied:

You know I know it's been hard for him because he wants to give his two cents and he's good at that. But...he's been very good...he'll smile and I know he's biting his tongue and holdin' back and ...he's definitely letting me drive this process.

The researcher asked for clarification by asking "so basically when you are in your post-conferences looking at the data, he's not offering suggestions?" Michelle replied:

No! I pretty much come up with the suggestions and...and I say there are some things that I see that I can do differently and ...I feel again that he did agree with what I was saying. I don't know if he's supposed to ...give suggestions...I don't know. Is that the process?

At this point in the second interview, as I did with Jason, I stopped and explained that the supervisor could add to the discussion by giving interpretations of the data, suggestions for further data collections, and opinions. Furthermore I explained that the supervisor was not allowed to lead the process under any circumstances, however was permitted to offer suggestions, assist in interpreting data, and initiate discussion. I thought that both Jason and Michelle understood the role of the supervisor as far as data interpretation, offering comment, suggestions and opinion. However, this understanding, that the researcher thought was accomplished at the conclusion of the second interview, was actually never comprehended by either party. In the last interview, Michelle stated the following in regard to Jason's role as a clinical supervisor during the pilot study.

He's a great leader and we have a great rapport, a great relationship with each other. I know it's been very, very hard because he is used to taking charge and saying this is what I need to see...but he has kept his mouth shut. I know that's very hard for him not to give his two cents but I've really enjoyed this process

with him. It's been a good learning experience for both of us...positive learning experience.

Although neither Michelle nor Jason stated in the interview that this misunderstanding was an obstacle, it was clear to the observer that Michelle did not get the input from his supervisor in the process and that was an obstacle to the process being complete in terms communication and interpretation of the data. Jason clearly did not understand the primary goal of the clinical supervisor was to assist teachers in modifying existing teaching practices by helping them select goals for improvement, identifying teaching issues to be addressed and then help the teacher to better understand his or her teaching practice (Sergiovanni and Starratt, 2002). Jason's misunderstanding the supervisory role did not allow for the full collegial analysis of the data and suggestions for improvement inherent in the clinical collegial relationship.

During the first and second interviews, James did not express any factors that could be regarded as obstacles to the process. However, in the third interview, James stated that he had not assumed the leadership role basically due to his supervisor's schedule dictating the process. James had given up by the end of the second interview and at the end of the pilot year had completed no cycles of clinical supervision. In the second interview he had clearly stated that he was leading the process. However in regard to leadership during the last interview, James stated:

No, I do not feel that I have led the process! The only time I felt that I did kinda lead....I'm sorry the term...it's when I did an interview with my supervision and his values...(the espoused platform conference). I felt that I was able to take a leadership role in asking the questions and trying to find out what he saw in getting this process going. So leadership was just me playing my part. I'm not really in charge other than saying this is really positive and I think it would be good because most of my colleagues are older. Her schedule has been in control. Teresa's schedule was an obstacle to completing the clinical supervision process.

In Steve's case, the obstacle concerning the supervisor was the supervisor coming into the room repeatedly. In the first interview, looking ahead to the process that had not begun, Steve stated:

Well, I think I'm comfortable with Ginny coming in...and I think that's a big thing for me too because not all teachers are going to feel...feel comfortable especially if she has to come in three or four times. We're just not used to that. You know, we're used to...okay, we got that one evaluation over with "whew"...I don't have to worry about anyone coming in, looking at me, or watching me teacher for the rest of the year. This is going to take some getting used to.

The second obstacle that Steve identified was having a student teacher. The student teacher demanded a great deal of time and created an obstacle for the supervisor and teacher to work on identifying areas for study.

Because of having a student teacher, we had a hard time deciding what to do in the classroom so I came up with maybe it would be beneficial to look at my schedule, because I have so many kids that come in and out and...I want to make sure I'm using my time properly. I wanted to check to see that I was getting the kids in and out at times where they were able to make up work. That's as far as we got. We haven't met after that so...I don't know if he's waiting when my student teacher leaves or when he's coming in.

Both Ginny and Steve identified Steve's student teacher as an obstacle but there were never any solutions proposed to performing the process with the student teacher present. Steve was waiting for Ginny to come to him because he felt Ginny's schedule was too busy to accommodate clinical supervision due to the remodeling of the school. Ginny was waiting for Steve to approach her so the process was in an indeterminate state because each person was waiting on the other to take the initiative. However, Steve took the initiative to implement many of the clinical supervision strategies with his student teacher and admitted that he had learned from performing the clinical supervision model with the student teacher. Differing from James' case where it was the supervisor's schedule that became the obstacle in the process...it was both Ginny and Steve's schedules that became an obstacle to the clinical supervision pilot. Steve commented on the importance of the supervisor's role in stating:

I think that's really important that we be able to talk with our supervisors and principals to make sure that there's a good outcome of it. I feel there's been a lot of confusion. I think as a supervisor, you really have to take time to willingly listen and uh...I don't know...I think if teachers are in a position where they think...they're hurried up or you know...it's a...real planning type of activity. I mean if you're sitting in a meeting and you're like ah..."alright, alright, alright"

and she says anything else you want to talk about, it's almost like why...why are you doing that?

As was the case with James, Steve did not accept or assume the leadership role in initiating the process. Steve was waiting for Ginny to come to him and initiate the conference and observation. Steve states:

I think this is where I made my mistake...because I really didn't assume the leadership role and I should have. Many times I was....waiting for Ginny to come to me to say do you want to meet for uh....clinical supervision. I think this is probably why we didn't accomplish as much as what we should have this year. I guess I should be the one initiating this, right? And I just think that with everything that Ginny has going on, it was really tough just to find a time to meet. This is why we want to continue next year.

Steve and James clearly did not assume the teacher leadership role in the clinical supervision process. Principals must see the need to be facilitators of collaboration and lead in building a climate where teachers are encouraged to grow professionally and assume responsibility for their professional growth (Leonard and Leonard, 2003). Furthermore, Leithwood (1992, cited in Conley and Goldman, 1994) states that in order for this to occur the administrator must be willing to give up self-centered control-oriented practices in order to encourage and facilitate teacher leadership. The top-down leadership approach does not encourage teacher leadership but rather impedes it (Hart, 1995).

The assistant superintendent was thinking into the future when discussing what she felt would be a great obstacle in determining the future of the clinical supervision process in the district. She made the following comments to the researcher in an interview that was held at the conclusion of the second pilot study year.

There are a limited number of people trained. Training has been a huge problem. Training takes time and I do have a plan for how we can do that so that we will be able to pick people up from now on. I think what happened with the one teacher I worked with who...this will be her third year in clinical...I think she's not going to do clinical this year. I think people may evolve into something else. I think when we did the workshop and I did the workshop with Ginny...and her teachers...Ginny talked about the same thing happening with her and the two teachers she was working with happened with the one teacher

and me and that was this movement into self-directed growth. So I'm wondering if that's going to be a pattern if people are going to be in clinical for a couple of years...and it's automatically going to move the teacher into wanting to do their own research...maybe they would ask for some of that...help from the administrator they had in clinical to help gather information. They are really doing their own research in the end. They might use an administrator to help them gather the research...so I'm wondering if that's going to be a pattern. It didn't happen with everybody that I worked with, but the fact that it worked...that happened with one person I worked with...makes me wonder.

### The Obstacle of Trust

During the first interview sessions, one of the teacher participants stated to me, in regard to the supervisor, "I don't think I could ever trust him." Upon questioning the teacher concerning this remark, the teacher further explained "I could never totally let down my guard and be completely honest with him. I would be afraid of how he could use the information against me." This statement greatly concerned me and so throughout the interviews, I probed concerning the issue of trust and in particular determining if it was an obstacle to the process. In the final interview, this same teacher responded to the probe concerning the issue of trust

He trusts me and I trust him to be supportive and that's nice. I can't say enough about that part. I really feel good about it. It's like having a company where you're all stockholders. It's nice. I really like it. I like to see that because maybe eventually it'll spread to parents. We're all working on the best group of people and we're trying to find ways to work together in our respective roles to help the kids. I like it."

The issue of trust evidently was not an obstacle for this teacher and supervisor by the time the third interview had taken place at the end of the pilot. The teacher stated that they had worked through issues that had previously existed by discussing the issues openly in meetings. As further evidence that the trust relationship had evolved through the process, the supervisor stated in last interview:

If I had made any comment that caused feelings of anxiety or mistrust whatsoever on her part, I asked her to come to me and let's talk about that to make sure that we get to the root of it. I mean if it was an issue that really needed addressed, if

not what were we really trying to do? I think it has helped in that regard because she and I had a conversation at the end of the school year specifically addressing this issue. I felt comfortable when she put the issue to rest.

Of the teachers and supervisors who responded to the three questionnaires, only one teacher listed lack of trust as a concern. This occurred as a response to question six on the third questionnaire (Appendix C) when asked to comment as to obstacles that you have encountered in the process. The teacher responded “lack of trust between administrator and teacher, but I have not encountered this.” However, another teacher in response to question five, concerning facilitating factors of the clinical supervision process, on the same questionnaire responded: “one would be the positive trusting environment teachers feel with most administrators.”

In the in-depth interviews, all of the participants were questioned as to the trust factor in the teacher/supervisor relationship within the clinical supervision pilot. Of the six in-depth interview participants, one supervisor commented on the trust relationship as being any type of obstacle other than the prior incident described previously in this paper. When asked about her overall feelings and perceptions of the clinical supervision process in the second interview, the supervisor replied:

I think this is a varied approach to supervision which has a lot of potential...I think at this point in the observations right now as I look at our work. I also believe that it could be situation where it could be a difficult situation if there was not a lot of trust there. It could be a very difficult situation with staff. It depends upon how the teachers view it but trust is a key factor. I think if a teacher thinks I'm not going to show any area of weakness...I'm not going to let my guard down...then it won't work.

After this comment was made in the interview, I asked the participant if this situation had occurred and he replied “no, I was merely speculating concerning the future of this process.” In the third interview, I probed the trust issue again to determine if it had been an obstacle to completing the clinical supervision process. One supervisor stated that the trusting relationship between her and the teachers with whom she was working was indicative of her building.

Oh, I think all three of us trusted each other. We're very honest with one another...I...have not reason not to trust them and I...don't think they...they were very honest with me. There was no reason not to trust me. And we've...we've had that kind of relationship. We have that relationship...we have that relationship throughout the building...there are...there are...lot's of people who don't always like the decisions that you make but we trust each other. I trust the staff in this building...I trust the staff in this building with my life. These two young women are two good young women. They make foolish decisions from time to time but don't we all? It's part of the growing process. But I trust them.

Another supervisor responded to the probe by stating that trust was essential in the process. In order for the clinical supervision process to be successful, the teacher and administrator have to feel comfortable operating at a predetermined level of trust.

The part of this is that you have to continue to have...be able to work principal to teacher or teacher to teacher...you have to feel comfortable working at a basic trust level. I'd say the trust level with a principal would be...here's an area I don't feel strong in...that I need to look at...without them feeling that oh he's gonna realize that this is the concern area and now he's gonna come back and it's going to be more of an evaluative than you know...a supportive type of relationship.

I asked the supervisor if this had been a problem between him and either of the teachers with whom he had worked, he replied "I hope not." The teacher interview participant with whom he worked never addressed trust as an issue or obstacle to him or to the researcher.

Upon review the data from the interviews, it is apparent that trust was an obstacle for one supervisor and teacher team at the beginning of the relationship. It is also evident from the data that the trust factor was not an obstacle in the other two teacher/supervisor relationships. However, as the year progressed and the mutual discussions became a facilitator in the positive growth of the relationship, a trusting relationship developed between the two participants where the lack of trust was initially an obstacle. The supervisor stated:

I had always felt the trusting relationship was there between us and that was presumptuous of me. I made the comment earlier, I was surprised that in our training he (the teacher) and I were talking about it, when I would come into his classroom to do a formal observation, there was still some anxiety on his part

because I was his supervisor. I didn't realize that because I thought he was always at ease. Having said that, he realized the efforts that I had gone through to make him feel at ease and make him feel more professional in this process. Having gone through the training and having discussions, he now understands the whole process. This has made our relationship stronger and this will make him an even better teacher.

The issue of trust acting as an obstacle to the clinical supervision process was eliminated during the course of the pilot in this particular teacher/supervisor relationship. This obstacle was eliminated due in part to the discussions that were facilitated by the clinical supervision training. At the beginning of a supervisory relationship there need to be parameters and guidelines put in place, through open and honest discussion, as to who controls what, whose needs are being addressed, the purpose of the relationship, and all other aspects of the supervisory relationship (Sergiovanni and Starratt, 2002). If this had occurred between all of the teacher/administrator pairs involved in this study, lack of trust may have never been an issue.

### Time Theme in the Group Sessions

Although the supervisors and teachers identified several obstacles to the clinical supervision process, the commonly agreed upon obstacle was time. Moreover, time was an obstacle in many different forms during the pilot study. This discussion of time being the definitive obstacle was carried over into the sixth and final day of training on March 30, 2005. At this point in the pilot study, the participants should have performed at least three or four cycles of clinical supervision. The greatest number of cycles that had been completed by either a teacher or supervisor was five, and that was by a supervisor who had been working with two teachers. During a discussion at the close of the fifth training session, one of the teacher participants asked "how are we to find the time to do this?" After some discussion among the participants, Dr. Norris stated that "each individual must be committed to the process and make it a priority." During the last training session

on March 30, 2006, a number of issues related to the clinical supervision process were discussed. During the course of the discussion, Dr. Norris asked the group to discuss difficulties with the clinical supervision process that they had encountered. The first difficulty that was raised was the issue of time. The trainer listed the responses on chart paper that were related to dedicating time to perform the clinical supervision process.

Many of the participants commented that it was difficult to find time to meet in order to conduct per-observation conferences, classroom observations and post-observation conferences. Another time obstacle was the rotating day schedule used by the elementary schools. This schedule caused problems for the elementary teachers in that they did not have equal amount of planning time or a consistent planning period time across the five day cycle. Elementary, middle school, and high school teachers stated that there was not enough available free time in order to meet with their supervisors. The teachers stated there was too much to do with the little amount of free time they were allotted on any given school day. Student teachers and preparing for their students for the annual PSSA assessments (Pennsylvania State Student Assessment) required a great deal of time as well.

Also, the teachers stated that they had experienced great frustration in trying to schedule time with their supervisor due to the lack of time in the administrator's schedule. Two teachers commented that when they had scheduled free time, their administrator was not available. One teacher went on to state that the administrator had to make greater efforts to make supervisor time available to her. To this one of the administrators responded that the teacher with whom she was working was unwilling to schedule a meeting time to initiate the process. One administrator commented that unplanned disciplinary situations with students had caused interruptions in the

completing scheduled observations. Another administrator commented that this was also the case in his situation.

At the conclusion of this discussion concerning time among the participants, Dr. Norris asked the question “Is it possible to make clinical supervision a priority and make scheduled observations and conferences a first priority?” Only one administrator responded to this in stating “Sometimes discipline situations cannot wait.” The trainer asked “Is there someone else who could intervene so that you can make the observation a priority?” To this she replied “no”, however this administrator did have an assistant in the building.

There were two suggestions made by the participants in regard to the time issue. One of the teachers suggested that in-service time be used for conferencing. An administrator stated that this was not a feasible suggestion in that in-service time was dedicated to building and district initiatives that involved training time for all teachers and administrators. She went on to explain that many times administrators involved in the clinical supervision process were facilitators or presenters in the building and district-wide in-services. Her suggestion was that the teachers and administrators be given Act 48 credit for time that was dedicated to conferencing that occurred before or after school.

Dr. Norris concluded this part of the discussion with stating “If the clinical supervision process is going to be meaningful, it must be given priority in the schedules of both teachers and administrators. The time committed to supervision must be held sacred by everyone.” In the review of literature, concerning clinical supervision, time was not referenced as an obstacle to the clinical supervision process. However, Nolan, Hawkes & Francis (1993) states “a strong time commitment from both parties seems critical if clinical supervision is to result in significant changes in teacher behavior and thinking” (p.55).

Referencing the data from both questionnaires and interviews, it is apparent to the researcher that the pilot study participants did make an effort to make the supervision process a priority in regard to the issue of time. Time was the commonly agreed upon obstacle by both teacher and supervisor participants on the questionnaires, in the in-depth interviews and in the training session discussions.

### *Facilitating Factors*

#### Questionnaire Data –Facilitating Factors

#### Themes 1 and 2: Collaborative/Collegial Relationship and the Training

In the primary research question, the study equally concentrated upon the facilitating factors in the clinical supervision process as well as the obstacles to the process. The primary research question asked what facilitating factors teachers and administrators experience when a school district moves from a teacher evaluation model to one of clinical supervision.

The facilitating factors of the clinical supervision process were addressed to the participants in questionnaires two and three, as were the obstacles to the process. The fifth question on both questionnaires asked the participants to identify any factors that had facilitated the process of clinical supervision (Appendices B and C).

There were two major facilitating factors of the clinical supervision process provided by analysis of the data from the second and third questionnaires. The two facilitating themes were the collegial and collaborative relationship that was developed between the teacher and the supervisor and the training provided by Dr. Norris.

Questionnaire two asked the participants to list any factors that facilitated the clinical supervision process. Two supervisors and five teachers chose not to respond to this question. Two of the seven supervisors responding to this question listed the

collaborative and collegial relationship as a facilitating factor in working through the clinical supervision process. Likewise, two of the thirteen teacher respondents stated that the collaborative and collegial relationship was a facilitating factor in the process.

Table 5.11 provides information as to the specific response on questionnaire two that the participants gave in response to the facilitating factors they had experienced in the clinical supervision process. The table delineates between the responses given by the administrators and teachers.

**Table 5.11 – Facilitating Factors in the Clinical Supervision Process  
Questionnaire 2**

Facilitating Factor	Number of Responses	Administrator	Teacher
<b>Collaborative/Collegial Relationship</b>	<b>4</b>	<b>2</b>	<b>2</b>
Cooperative relationship	2	2	0
Cooperative relationship with supervisor	2	0	2
<b>The Training</b>	<b>3</b>	<b>1</b>	<b>2</b>
Training (no detail)	1	1	0
Discussion/Readings	1	1	0
Training provided was excellent	1	1	0
Great training	1	1	0

Table 5.12 provides information as to the specific response(s) that the participants gave in response to questionnaire three in reporting facilitating factors the participants had experienced, as they worked through the clinical supervision process. The table delineates between the responses given by the administrators and teachers. The same two facilitating factors, as provided by the data from questionnaire two, were again the prevalent facilitating factors identified by administrators and teachers. The training by Dr. Norris and the collegial and collaborative relationship were the primary facilitating

factors for the clinical supervision process as suggested by both teachers and administrators. Six administrator participants and ten teacher participants returned this questionnaire. Two teachers chose not to respond to this question.

**Table 5.12 – Facilitating Factors in the Clinical Supervision Process  
Questionnaire 3**

Facilitating Factor	Number of Responses	Administrator	Teacher
<b>Collaborative/Collegial Relationship</b>	<b>6</b>	<b>3</b>	<b>3</b>
Mutual respect for and commitment to each other	1	1	0
Collaboration and collegiality with teacher	1	1	0
Supervisor/teacher collegial relationship	1	1	0
Positive/trusting environment teacher with supervisor	1	0	0
Collegial relationship between teacher and supervisor	1	0	1
Supervisor demonstrates genuine interest in teacher	1	0	1
<b>The Training</b>	<b>3</b>	<b>2</b>	<b>1</b>
Training for all	1	1	0
Excellent training provided Gerry Norris	1	1	0
Training provided by Gerry Norris	1	0	1

Other facilitating factors were identified by the teacher participants. These facilitating factors identified by individual teachers included:

- a motivated supervisor
- non-threatening support from the supervisor
- supervisor was an excellent model for clinical supervision
- supervisor's dedication to the process

- collegial dialogue
- easy access to the administrator
- educators who recognize the need for professional growth
- it is ok to fail
- creation of a non-threatening environment
- teachers evaluate what works and what needs changed
- philosophy of a learning experience for both parties
- process is teacher-driven and goal-oriented supervisory process and not evaluation
- open communication
- desire to participate
- desire to improve
- both teachers and administrators willing to commit to the process

Likewise the administrator/supervisor participants identified secondary facilitating factors concerning the clinical supervision process. The facilitating factors identified by individual administrators included:

- teacher willingness to participate
- teacher's desire to grow professionally
- support offered by the Mountain Valley School District
- peer support for the teachers
- mutual understanding of the data
- absence of threat of evaluation
- promotion of risk-taking for the good of instructional practice
- reflection process that requires the supervisor to listen
- teachers arrive at conclusions from the data by reflective process

Although there were many facilitating factors identified by both the individual teacher and supervisor participants, the two commonly agreed upon facilitating factors were the collaborative and collegial relationship and the training.

### In-Depth Interview Data

#### Themes 1 and 2 – Collaborative/Collegial Relationship and the Training

The six participants of the in-depth interviews reaffirmed many of the facilitating factors taken from the second and third questionnaire data. The greatest facilitating factors, according to the interview participants, were the collaborative and collegial relationship between supervisor and teacher and the training that was provided by Dr. Norris. Table 5.13 lists the data as taken from the in-depth interviews concerning these two factors. This data is representative of the three interview sessions and many of the participants indicated the identical facilitators in each interview.

**Table 5.13 – Facilitating Factors in the Clinical Supervision Process  
In-Depth Interview Participants**

Facilitating Factor	Number of Responses	Administrator	Teacher
<b>Collaborative/Collegial Relationship</b>	<b>8</b>	<b>3</b>	<b>5</b>
<b>The Training by Dr. Norris</b>	<b>10</b>	<b>6</b>	<b>4</b>

The following are quotes from the supervisor interviews and researcher's field notes that support the data that the collaborative and collegial relationship was a facilitator of the clinical supervision process.

Teachers working collaboratively with administrators....that's been good. It's been a real positive.

I think this process builds a sense of collegiality too between the supervisor and the professional teacher.

Teachers figuring out for themselves and working collaboratively was a true positive. I think it was positive working with two rather than just one so they could share with one another.

This collaborative format will enable us to have the kind of dialogue we really need to truly improve education, improve classroom management, classroom learning techniques and so forth.

The following quotes are from the teacher interviews and the researcher's field notes that support the proposition that the collaborative and collegial relationship was a facilitating factor in the clinical supervision process.

I am looking forward to the time when Teresa comes in my room and we work on a few things together that I would like to address. I'm really looking forward to that collaborative process.

The strength to this process is that it certainly puts I'll say my supervisor as well as myself as well on a mutual mission together.

I am really looking forward to Jason coming in and sitting with us. And there are some areas that I'm looking forward to maybe correcting on myself...so it's a good way for teachers and supervisors to work together to become better is how I look at it.

We have a great rapport and a great relationship with each other. I know it has been very, very hard because he's used to taking charge and saying this is what I need to see. This is what needs to be done. However it has been fun to work with him side by side as a colleague and sit with him and discuss in depth the way I do things in my classroom. It's been a good learning experience for both of us...a positive learning experience.

The training provided by Dr. Norris was the greatest facilitative factor to the clinical supervision pilot according to the data taken from the in-depth interviews.

Although some of the participants did not specifically state that it was a facilitating factor to the process, all of the interview participants in at least one of the three interviews referred to the training in a positive manner. The following are quotes from the researcher's field notes and interviews with the supervisors concerning the training.

The way Gerry Norris has done the training...I think it's been excellent.

I think the training gave me what I needed to use this process and use it effectively. Understanding all the important elements....understanding how I can work with the teachers and develop the self-reflection that they need to be successful.

I think Gerry Norris has done an excellent job sharing the process with us. I think what we need to do is take what Dr. Norris has shared with us and make it work in this district.

Learning from Gerry Norris was a lot of fun. He had a lot of wisdom that he shared with us. It was really effective.

The training made the process very clear and up front for me.

The following are quotes concerning the facilitative nature of the training from the researcher's field notes and interviews with the teacher participants.

I really liked the training. I thought that Gerry Norris did a wonderful job instructing us. I really enjoyed working with all the people that were there. I think it's good that we had a mix of middle school, elementary and high school administrators and teachers together because I don't think we get to do that very often and we all have different points of view. The training was great!

The training was very beneficial to me. It put everything in perspective and I felt I had a good understanding of the process.

I think with the training, it helped alleviate any of those concerns that I would have had. I think the only concern that I would have...that I see right now is a concern to be able to express to people that maybe haven't been through this training....that this is a really positive thing to do. That it will help us grow as teachers. The training really taught me a lot.

I was worried after the first day of training...wondering why I was here. I felt I would never be able to do this. But after the third day, I felt I truly understood and I would be able to do this. The training was excellent and Dr. Norris made everything very clear to me about the clinical supervision process.

I didn't have a clue at the beginning of the training what we were actually going into so on the first day we actually went into the training, Ben and I were kinda like I wonder what this is, what's it all about? Ben and I were kinda apprehensive at first thinking why were we picked to do this because we didn't have any goals in mind of doing anything with administration. Then as the day progressed...I thought it was really interesting to see so many administrators and teachers really working positively together to come up with some good ideas on how to evaluate your classroom. So when I walked out of the training I was thinking....wow...this is going to be an awesome experience for teachers.

The training that was provided by Dr. Norris was a great facilitator of the clinical supervision pilot. This is evident from the data taken from the surveys and prolifically confirmed by the quotes taken from the teacher and supervisor in-depth interviews. The training followed the prescript for an effective training design as described by Joyce and Showers (2002) that encouraged people to learn new knowledge and skills and then provide for the transfer of the newly acquired knowledge through effective modeling and practice.

There were other factors that were facilitators of the clinical supervision process according to the interview participants. The facilitative factors mentioned by the teachers during the course of the three interviews included the administrators desire to come down to the teacher's level, the trusting relationship, the lack of threat in regard to evaluation, the commonality of educational beliefs, the desire to mutually collaborate, the supervisor's dedication to the process, mutual respect between teacher and supervisor, and the supervisor's interest in the teacher's classroom. The following are quotes taken from the teacher interviews concerning the facilitative factors in the process.

Knowing that the administrators want to come down on our level and actually talk with us about our classrooms...I don't think that's ever something that has happened in all the years that I taught. That someone actually came in and said "let me see what you're doing...what are you working with, or how are your kids, what kind of groups do you have. I don't think anyone has ever done that before. And in an area where you're actually sitting down and talking one on one and discussing students....I am thrilled about this process.

I guess the other thing I kind of mentioned is that you have a lot of people with us saying....some of us are seasoned teachers, some of us might be nervous before an evaluation a little bit...but I'm certain....certainly not threatened and neither are the people that I've talked to about the process anymore. The fear of failing and evaluation is gone. I guess that says that you've got thinking people (meaning teachers) who think about what they do and can explain...have rationale for what they do so they don't feel threatened by evaluations but I think they like the idea of a more collegial experience with their supervisors.

I found we have similar education beliefs (meaning supervisor and teacher). We work together well. What I feel from her in particular is that she knows I respect her position and she respects mine. There is a very good respect between us.

It's (clinical supervision process) growth oriented and you can hear it in my voice as I'm talking. I can think about this and not be worried about it because someone's gonna judge me for it. Rather, somebody's gonna support me and that's exciting!

Furthermore, there were factors that were facilitators of the clinical supervision process according to the supervisor or administrative participants. The facilitative factors mentioned by the administrators during the course of the three interviews included some of the same facilitators mentioned by the teachers but there were those that were unique to the comments made by the supervisors in their interview sessions. Additional clinical supervision process facilitators, identified by the administrators, included working with good teachers, meaningful discussions that guided the process, a mutual understanding of the process, and the willingness of the teachers to learn and practice self-reflection. The following are quotes taken from the supervisor interviews concerning the facilitative factors in the process.

I think strength in the model is you're taking teachers into clinical supervision that you deem as satisfactory, that you know you are doing a good job as a teacher. Going into it understanding is that you're in this project because you are viewed as a satisfactory teacher really helped put a positive light on the process.

We were able to move the process along because of his positive attitude toward the process. The meaningful discussions truly helped to facilitate the process, especially the self-reflective part of the process.

I think having our discussion even prior to the training, by their selection for the clinical supervision training and their participation in it, meant they are satisfactory teachers. And that's assumed going in. So that helped them understand OK this clinical supervision is based on the premise that we are satisfactory teachers and we're going to go to a higher level. This mutual understanding really moved the clinical process along.

She really takes the data to heart and comes to some great conclusions. She is truly able to see herself and make meaningful decisions. Her ability to self-reflect has been a tremendous asset in this experience.

The superintendent and assistant superintendent were also questioned as to what they believed to be facilitating factors in the clinical supervision pilot study. The superintendent gave the following response:

I think a facilitator is....a facilitator is again, a facilitator would be...calling leaders from within the staff. A call for leaders from within...to continue to build...build...on the process.

Unlike the superintendent, the assistant superintendent in response to being questioned as to what she believed facilitated the process, gave several phenomena that she considered to be facilitating factors. The assistant superintendent was more involved with the process in a more hands-on manner thus giving her a different and more in-depth perspective than that of the superintendent. She facilitated the differentiated supervision committee throughout the process and was extensively involved in discussions concerning issues, both positive and negative, with the pilot study.

Well...buy in is the first thing. There has to be some sort of buy in...so having administrators...and...teachers working together to...to...design and to figure out what we want to do is very powerful. Uhm...I think having the superintendent say that she wanted to start this...I don't know that it would have happened if she hadn't done that. So that was the first important piece. But then...the powerful piece of everyone working together and then the plan that I think of...the plan about how do get people to know what we want to do? How do you inform people? And how do we train people? How do we train administrators? I think...I think...the administrative buy in from the administrators that have been around a long time...was more difficult than the buy-in with the younger...the newer administrators, not necessarily younger. And I think the same may be true of teachers...I wasn't involved with all the teachers so I really don't know that. I'm aware of a couple particular teachers who were not interested in taking advantage of options and still just wanted to be observed. But I don't think there was that many people. The enthusiasm of administrators...the enthusiasm of the teachers who actually helped in the development and the uh...the ground floor of the differentiated options is why other teachers are willing to look at it. Also, I think everybody was starved for uh...everybody was starved for an opportunity for professional growth and really frustrated with somebody walking in for ten minutes. Even if somebody came in for an hour and not really getting any feedback that told them anything. They wanted to know stuff. People wanna know...how am I doing? And they wanna know uhm...if it's good or bad. They're very willing to hear that but they wanna hear something and they weren't hearing that. So...uhm...I think the people's hunger helped to facilitate the acceptance and the growth of the program.

The collegial and collaborative relationship between the teacher and supervisor, and the training provided by Dr. Norris were the primary facilitating factors in the clinical supervision pilot. However, in reference to the comments made in the teacher and supervisor in-depth interviews and also the interviews with the two superintendents,

it is evident that there were truly other factors that facilitated the clinical supervision pilot and thus making it more meaningful for the participants.

### The Secondary Research Questions

There were three secondary research questions posed by the study. The first and second of these questions asked specific questions concerning the fulfillment of the clinical supervision roles by the administrators/supervisors and teachers. The first of the secondary questions asked if in the change process, are administrators who have been in the evaluator's role able to perform successfully the functions of a supervisor's role. And the second question addressed the role of the teachers in asking were the teachers able to assume successfully the leadership role in the clinical supervision process.

The third and final of the secondary research questions asked if there were professional gains and benefits for both teachers and supervisors related to involvement in a clinical supervision process. This question was addressed directly on both the second and third questionnaires and in the in-depth interviews.

### *Administrators Assuming the Role of Supervisor*

Sergiovanni and Starrat (2002) state clearly that clinical supervision is not for everyone. Furthermore, the administrator must be willing to accept and perform the role of collegial supervisor and relinquish control of the process to the teacher. The ability of the administrators to successfully assume the role of clinical supervisor was addressed directly in the in-depth interviews. It was not posed as a direct question on the three questionnaires, although the teachers or administrators could have chosen to comment on this issue when asked to express concerns or identify obstacles within the process. All thirteen teacher participants responded to questionnaire two and no one stated anything that would allude to the supervisor not fulfilling his or her role as a clinical supervisor.

However, on questionnaire three, one teacher stated in regard to identifying obstacles to the process, “supervisors who evaluate instead of support.” If this supervisor was performing evaluation, passing judgments instead of collecting and presenting data, then he or she was not successfully performing the role of supervisor in the clinical supervision process. However, this supervisor was most likely not the supervisor of any of the three in-depth interview teacher participants using the data that follows from the interviews as evidence in arriving at this conclusion.

During the first interview, the teacher participants were not asked directly if the administrator, with whom he or she was working, would be able to successfully fulfill the role of the clinical supervision supervisor. However, the teachers could have commented upon this issue when asked if he or she had concerns with the process or comfort level with the process (Appendix D). In the second interview, question ten, all of the teachers were asked the following question: do you feel that your supervisor has been fulfilling the clinical supervisory role during the clinical supervision process and not one of an evaluator (Appendix E)? All of the teacher participants, who had entered into the clinical supervision process at this point, stated that his or her supervisor was successfully fulfilling the role of supervisor and not being evaluative. The following are teacher quotes from the second interviews that support this finding.

Yes! Absolutely! I have not been evaluated at all! Not by him! He’s got a very high ego...he knows who he is and what he does and he respects other people. He’s good that way! He’s not real impressed by the letters behind your name and I know there’s a lot of people who get a lot of letters behind their name...and they had the time and opportunity to do it. I like him...I really do! He’s a person...a good person and I feel he’s growing...supportive...he’s not into power. It’s good he’s not telling me what to do because I’ve got my own mind. He truly has let me lead this process.

Absolutely! You know...I know it’s been hard for him because he wants to give his two cents and he’s good at that. But he’s been very good. He’ll smile and I know she’s...he’s biting his tongue and holdin’ back and he’s definitely allowing me to drive this process.

The third teacher did not wish to comment on this question because he and his supervisor had not entered into the cycles of supervision at the time of the second interview. When asked the question concerning the supervisor's role, he replied "we haven't gotten that far. I'm sorry I can't go further."

In the third interview, the teachers were asked the question in a slightly different format; "Do you feel that your supervisor has been fulfilling the clinical supervisory role during the clinical supervision process and not one of an evaluator? Please elaborate." James, who at this point had not completed any cycles with his supervisor Teresa, responded to the question in the following manner:

She's an advocate. And she really would desire...that she had been able to get this done. For whatever reasons, and I don't want to speak for her, that's the situation right now. I certainly don't feel that she made promises she couldn't keep. I just think it's a situation of time availability. And I guess that is one of my fears...does she really have the time to get his all done. She is really in demand.

Well, I mean as far as Teresa is concerned, is that what you're talking about. (researcher nods yes) I do feel that Teresa has done what she has been trained to do. You know she let me set up what I would like to look at...we didn't get very far with it but I do feel that everything that I took to her I felt I was the one doing the initiating as far as explaining it...what I wanted to look at...how we could fix it. When we were looking at my schedule, what we could do to try to work out different times for the kids to be leaving the room. So I felt that I was looking at...explaining to her what I wanted to do. We did it together so it wasn't her initiating anything, it was me doing most of the initiating so I felt yeah! I think she knows!

The other two teacher participants had not changed their position concerning this question. Both teachers felt that their supervisors had successfully performed the functions of a supervisor's role. The following teacher quote is evidence of this.

I would say absolutely! He's a great leader and we have a great rapport...a great relationship with each other. I know it's been very, very hard because she's used to taking charge and saying this is what I need to see. This is what has to be done! I've really enjoyed this process with him.

The in-depth interview administrator participants, who assumed the clinical supervisory roles, were asked these questions in a different manner. Two questions were

used to probe this role identification in the second interview with the first being “please describe the role you have been taking as a supervisor in the clinical supervision process.” This was followed later in the interview with “has it been difficult for you as an administrator to restrain from passing judgment concerning a lesson or a teacher during data collection or post conference sessions? Please elaborate (Appendix D).” Each of the administrators responded positively to this question in stating that he or she had fulfilled the role of the clinical supervision supervisor and had consciously avoided the evaluator’s role during the pilot study.

In reference to assuming the role of the supervisor in the pilot study, Teresa stated:

I think this came out clearly in our espoused platform where I talked to the teachers and I was surprised to learn, even though I’ve been working with these teachers for a number of years, they still felt some anxiety ...you know...when I fulfilled my role as an evaluator. But I think our training has dispelled any concerns they had that we were going to use the clinical supervision process in a punitive manner. They clearly understood how clinical supervision is one of the tools that we are using in the evaluation process and that the basic premise of clinical supervision is that it is used for a satisfactory teacher, experienced teacher, so that they don’t feel it is punitive. That the idea is to understand and talk about performance and what goes on in the classroom. I have committed myself to this role.

Ginny also referenced the training in the second interview as a tool she used to assist her in assuming the supervisory role. In responding to how she separated herself from the role of an evaluator in the process, she responded:

I think this was made very clear in the training we had. The training that was provided really clarified the expectations that going in unless...unless something out of the ordinary happened, they were satisfactory and that is why they were given the opportunity to participate in this. This is not an issue. And another thing I can say, you know if you had...I think if you got into a situation with questions, the situation would be different...it would be different if they were not good instructors, but they are.

Jason was very specific when asked what he had done to separate the role of the supervisor from that of an evaluator when he responded:

Close my mouth! Just actively listen. It's more of a counseling role...it's more of an...active listening to what they're saying, reflecting that back to them. Clinical supervision is not for everyone. It's not for all teachers and it's not for all administrators. Not all administrators could be supervisors. I don't think all administrators are even...good....observers and evaluators, because they don't know what best practices are. And...so....being a supervisor is important...I mean you need to know what best practices are. You need to understand them. And then you need to actively listen to...the person that you're supervising and help them to...discover, to learn, to grow. And that might mean sharing...not sharing your opinion...but having...you know having them figure it out. Well then maybe I need to do some research or maybe I need to go....you know...so....you need to deal with their feelings when you're actively listening to them.

Moreover, in the second interview the supervisors were asked specifically if it was difficult in their position as an administrator, assuming the role of the supervisor, to refrain from passing judgment concerning a lesson or teacher during the conference sessions or data collection. All of the administrators stated that they did not have any problem in refraining from passing judgment upon the teacher at the time of the second interview. One administrator, Jason indicated that he wanted to or was tempted to make judgments but he did not allow himself to do that. He compared his role in the process to learning how to "play the game."

I don't think it's been difficult...I've wanted to. I don't think difficult would be the word...it hasn't been....it wouldn't be my modus operandi. But we knew straight up what we were supposed to do. I mean we knew what the process was and we followed the process. So you do what the process says to do because you're learning...you're trying to ...to grow and make it better. So you just follow the rules. I mean play the game. I can play the game. I think that's important in life...sometimes you just need to play the game. You don't need to have it your way. And that's what this was...it was a game. We're trying to see if things would get better by playing the game. I think...you know...I think it's very helpful.

Teresa stated that she relied on past experience in working with all types of teachers in order to make them better at what they do. She stated that she relied upon encouragement as opposed to punitive punishment because encouragement provided better results over time. She also relied upon asking the teacher a great deal of questions concerning his or her practice in order to promote reflective thinking.

I'd like to think that as an administrator I've worked diligently and professionally to try to stick to the issue at hand. That certainly applies in this case. I suppose that I've been in administration long enough that I've been exposed to various types of teachers particularly starting out with novice teachers on different issues and trying to guide them in different things. I feel much more comfortable in the role and I'm able to back off and as much as I can...encourage teachers with statements like I can't be successful until you're successful. My success hinges on your success. Not trying to be punitive, what I'm trying to do is make the whole experience better for all of us. How can you be successful? What support can I provide you in order for you to be successful? And I think as we look at the data analysis, and uh...you know as we're doing here in the district, I think it would also be beneficial for us to look at how our students performed or perhaps didn't perform on certain standards on our standardized evaluations and what does that mean in the classroom? What can we look at in the classroom to provide meaning?

Ginny refrained from passing judgment in the clinical supervision setting by focusing on the data. She constantly reminded herself in what direction she needed to focus her thinking.

It has not been difficult for me not to pass judgment. I think the big thing is when you decide upon how you're collecting the information to remember that is what you concentrate on. You have to stay focused on...focused on the data. Stay focused on the data collection that you have to do. I mean like when I first observed Steve in his classroom, I was looking at everything going on in the classroom. Here, you're focusing on the identified areas where you want to gather data in. So its trying...just trying to stick with that...cause there's so many other things that go on in the classroom that you have to stay focused on. When you observe a first year teacher...you are looking for everything. But here...her you are looking for only...for only predetermined areas. You stay focused on those areas.

The in-depth interview supervisor participants were asked to describe their role in the process in the third interview. Furthermore, they were asked if it was difficult for them to relinquish control in terms of leadership to the teacher. The three supervisors unanimously answered these two questions, in terms of the role and also their ability to relinquish leadership of the process to the teacher, they successfully were able to this. Responses from the three supervisors/ administrators describing their role in the process are recorded below. In reference to the supervisor's role in the process, the supervisors agreed it was acting as a facilitator and encourager of the process.

My role has been that of an active listener, to gather data, to be reflective, to encourage, simply the facilitator of the process. Keep my mouth shut, not give opinions, to provide the time to be able to go to the training because that's my job as a supervisor. To ask questions, to offer encouragement, that's my responsibility. I need to keep encouraging them.

I'd say it's probably been...in some respects the facilitator and more than the facilitator. I'm there to facilitate the clinical supervision piece as opposed to being the ...I'm not sure what the word I want...rather than the evaluator, maybe I can say that. And I...I think...and again you have to ...I found myself having to be careful about what I say and how I approach it. You want them to lead the way and actually that's a shift from the way you handle an observation, from what you typically do...a lot of times you go in there and I know myself I've wanted to say here's uh...here's what you can do. So I think...I think that has been something I've had to focus on but in the end let them lead the way. Letting them look for what areas they want to investigate.

My main role in the process started with my...oh did we volunteer to participate? I suppose it would be to first volunteer to participate in the clinical supervision and then recruiting teachers to become involved. Next I had to be the facilitator of the process. I originally had recruited three teachers and at this point I'm glad that all three were not willing to participate because that was also an indication of me not adequately estimating the amount of time that would be involved. I worked with two teachers and even that took more time than I had anticipated. I continued by participating in the training and facilitated the cycles with the teachers I trained.

When questioned concerning their ability to relinquish control of the clinical supervision process to the teachers, the three supervisors responded unanimously that they had successfully done so with little to no difficulty.

No, that's an issue that I think I overcame as an administrator several years ago. And at the time, I didn't know this quote but since then I've learned it. To quote General Patton, you know the greatest general. Patton said "when you want a task accomplished, don't tell somebody how to do it but tell them what you want done and they'll surprise you with their ingenuity in coming up with solutions." And that has been my experience as an administrator working with good professionals. And this clinical supervision is an excellent way to do just that. Empower teachers to develop new ways to raise student achievement. We can't possibly know everything...to lead each teacher by the hand to show them ways to improve. I think this process holds great promise to allow teachers to do a lot of that on their own. Importantly to use data to do it. That would be one of my profound learning experiences to help teachers. Remember how we went through the simulations in the training, how the data didn't always support your feeling of what happened. For me, that's very powerful.

No! They're both leaders. Both of the young women that I gathered data on are both leaders. They're not afraid to do that. They know that I want them to take on that leadership responsibility. It wasn't hard for me to do that ...that's my job.

My job is to...they're both interested in becoming principals some day so this was a great process for them to learn. They're both involved in principal programs. No it wasn't hard at all. My job is not to control people, my job is to encourage people so they can take control of their profession. That's what you want...that's ultimately what you want. You want them to grow to be interdependent with other people and that's what the beauty of this is...is now both Michelle and Kim are interdependent. Not by me, they're not completely dependent; you can't do clinical supervision by yourself so they're interdependent so they look to each other. They're not dependent upon each other but they're interdependent. I think that's the goal of being an administrator.

No! No! I think I have two different teachers that I'm doing this with. One is a really reflective person. He's always looking at....what if or how can I do this better? So I think with him it works very easy because that's how he operates. The other is not as reflective but is used to someone coming in and telling him ...you know....here's what you should be doing. Not that he doesn't think of things on his own, but I'm just saying...I can see the difference between the two of them. One was always asking me what I see while the other is more likely to come up with ideas on his own and presenting them to me. So...so it's been good...I have two very different personalities and I guess the way they look at reflection is different between the two of them. However, they are both able to lead.

In the final interview, the supervisors were also asked to compare the two roles of evaluator, a role that was familiar to each of them, and that of a supervisor, which they had experienced during the pilot project. Additionally each participant was asked to elaborate on the strengths and the weaknesses of the two roles. Each of the supervisor's responses to this question were different yet complemented each other in describing the difference between the supervisory and the evaluative roles. Each supervisor also took a different approach to this question and two of the supervisors alluded to the difference in the roles in other parts of the interview. Because of the difference in the responses and the data that each provides in answering the question, the responses will be presented for each supervisor. Ginny stated:

I'd say it's probably been more the role of the facilitator in the clinical supervision process. I'm there to facilitate the clinical supervision piece as opposed to being the....I'm not sure what word I want...rather than the evaluator. I found myself having to be careful about what I say and how I approach it. You want them to lead the way and actually that's a shift from the way you handle an observation...from what you typically do...a lot of the time you go in there and I know myself I've wanted to say here's...here's what you can do. I think that's something I've had to focus on but in the end let them lead the way. Letting them

look for what areas they want to investigate. There's been a lot more communication in the clinical supervision than uh...your satisfactory teacher in clinical verses your satisfactory teacher in a regular formal. I guess we've sometimes get so used to with the formal observation just that its whim, wham, boom. This is ongoing (clinical supervision). The ongoing part of clinical supervision is good. I think what we've done is right now with the clinical is provide for more follow-up, more feedback...more communication between the teacher and administrator.

Teresa responded to the question in difference of roles by stating:

Clinical supervision is about empowering teachers to develop new ways to raise student achievement. We can't possibly know everything uh...to lead each teacher by the hand to show them ways to improve. I think this process holds great promise to allow teachers to do a lot of that on their own. Importantly, we use data to do it. The evaluation process has always been looked at as punitive; you know carrot and stick approach. It's required and as such any suggestion for improvement is subject to anxiety on the part of the teacher. Whereas clinical supervision on the other hand, it is a forgone conclusion that the teacher is doing satisfactory, equal or above average work. The overriding philosophy for clinical supervision is to become even better. And I firmly believe my personal philosophy is that is that clinical supervision is the ultimate of professional development.

In response to the inquiry as the difference between the evaluative and clinical supervisory roles, Jason at first had difficulty responding to it due to his past experience with supervision and evaluation in his role as principal.

This is a difficult question for me because I've always thought of myself as supervisor. I'm a building principal that believes my major responsibility is that of instructional leader. That's always been my focus as a building administrator. If I'm not constantly encouraging, providing opportunities, reflecting, growing teachers, then I'm not doing my job. So this was not...this was not a completely different experience for me. We can't do the same old, same old. It's a different time, it's a different culture, it's a different environment. We need to use best practices. And this was a best practice. I see myself constantly...when I'm ...when I'm no longer a person that's looking at the best practices that are happening in the classroom, encouraging that, that some take risks; if you fail it's ok then I need to be out of here. I need to get out! You know sometimes what we believe and what we do are two different things. So we have to be mindful of that. If we believe something then we do that.

In examining the data provided by the interview participants, both that of the teachers and the supervisors, it is evident that the supervisors were able to successfully assume and perform the role of clinical supervision supervisor. In light of the fact that

one supervisor and teacher team did not complete any cycles, the teacher clearly stated that his supervisor did carry out the role within the guidelines that were presented concerning the clinical supervisor's role. The training was a definite facilitating factor for the administrator's successfully assuming the supervisory role. Each referred to the training as clearly establishing the boundaries and guidelines for them as supervisors. This is clearly one of the purposes of an effective training model as described by Joyce and Showers (2002).

### *Teachers in the Leadership Role*

The ability or the willingness of the teachers to assume the leadership role was not posed as a direct question on the three questionnaires. The teachers or administrators could have commented concerning this role of teacher leadership when asked to express concerns, obstacles or identify strengths within the clinical supervision process. All teacher participants responded to questionnaire two and six of the eight supervisors responded to this same questionnaire; however no one from either group chose to make a comment concerning the teacher leadership role in either a positive or negative manner. However, on questionnaire three, two teachers commented in response to the strengths of the clinical model, that it is teacher-driven. Another teacher commented that "the teacher decides what works and what doesn't," inferring that the teacher is in the leadership role of decision making. A supervisor, in response to strengths of the process, stated "the teacher leads the process."

However, in response to concerns with the clinical supervision model, a supervisor stated that "teachers were not taking the initiative in the process and therefore not completing their cycles." This would indicate that this supervisor felt that the teacher was not effectively assuming the leadership role in the clinical supervision pilot.

The teacher participants in the in-depth interviews were questioned directly concerning their ability to lead the process in all interviews. In the first interview, the teachers were asked to predict if he or she felt it would be difficult to take control of the supervision process. This interview occurred after the initial five days of training and before the cycles of clinical supervision had commenced. The three teacher participants explained in detail that they could take control and lead the process. However, by the time of the third interview this was not the case. Michelle was the only teacher interview participant who considered herself to be a strong leader throughout the clinical supervision process. Michelle stated in response to this area of inquiry:

Yes, I'm leading the process as understand this whole process. I'm gonna lead it...I'm gonna...this is what I wanna see... this is what I want you to look at, this is the data I want. These are suggestions I have or weaknesses or maybe some strengths, weaknesses...and then it's my job I assume to reach out to my supervisor and say this what I see, what do you see? Or how can we make it better? I see where this is really heading...it's a teacher-led activity.

Michelle stated with confidence in her second and third interviews that she was definitely leading the clinical supervision process. Michelle's supervisor misunderstood the concept of the supervisor not leading the process and stated in his interviews that he felt he could not opinion his mouth to offer either a suggestion, opinion or interpretation of the data. Michelle referred to this misunderstanding in both interviews when asked if she was leading the clinical supervision process.

Yes! Yes! In the pre-conference he asked what do you wanna see...what do you want me to see...or observe in your lesson today obviously as far as the kids so I dictated I would like to make sure the kids are on task. That they're getting the information that I'm passing along to them...obviously that's the data that was handed to me and I could see that. And the post-conference, after I looked at the data, it was a matter of me saying, this is what I see and these are some things I need to do differently. Obviously I know I'm leading that. I know it was very hard for Jason to sit and bite his tongue and not give his two cents...I don't know if he agrees or disagrees with what I said but I definitely led the process.

In the third interview, she continued in much the same demeanor as she did in the second interview concerning if in her opinion she had successfully assumed the clinical supervision leadership role.

Absolutely! I feel cause...I...I lead what I want to see done. This is my opportunity to...to...express or explain to my supervisor what is it that I want to see. And it's not what he wants to see...it's not a...create an absolutely fantastic lesson for him to come and see that day...it's just an average, everyday class that he comes in, observes the things that I've asked him to as far as...are the students on task, ...so that gives me the leadership ability to observe what I want him to observe. And again...I'm looking at this as a supervisor and a teacher because...that's my future to be an administrator.

Steve responded to predicting his role as a leader from the viewpoint of changes he knew that he would like to investigate but needed to ask for the cooperation from his supervisor. He was not as assured as Michelle was in predicting his leadership role in the clinical supervision process.

I don't think it will be only because I think I've had enough experience teaching that I know this curriculum inside and outside, so I know I would like to see some areas of doing things differently and I think that's important...that's important for me. I know where I'd like to make some improvements in some things. No, I don't think it will be too hard especially if I can sit down with Ginny and talk to her about it. I think she'll probably be in agreement with me. So, I would say it won't be too hard.

In the second interview, Steve began speculating about his leadership role and related it more to his relationship with his student teacher. This was because he had only experienced one complete cycle of clinical supervision up to this point in the pilot. He responded to being asked about his ability to take control of the process by stating:

No! I think I know my class! I think I know...I'm not saying that...I'm not saying that it's difficult to take control...I'm thinking that out of the data other things I might not have thought about. I'm not sure...I just assume that will happen 'cause I just know doing it with my stu...doing it with my student teacher other things would come up during the conversation about things we could improve so I'm assuming that will happen with me too.

However, Steve was saying that he was not in control. In his third interview, it became quite clear that Steve was very frustrated because he had not taken control of the process.

I think this is where I made my mistake, because I really didn't assume the leadership and I should have. A lot of times I was waiting for Ginny to come to me to say do you want to meet for clinical supervision? I think that's probably why we didn't accomplish as much as what we should have this year. Although, I know the last time I talked to you and I was thinking about that, yeah I guess I should be the one that's initiating this. So I did go to Ginny and I talked to her, and I said you know after talking with Robert I guess I'm the one that should be initiating meeting with you. And I just think that with everything that Ginny had going on it was just really tough to find a time to meet. So I think that's why we wanted to continue on for next year. I plan on going in in the month of September sometime and saying "ok, let's see what we can look at and sit down and start to do some of this." But...I guess I was just thinking of old times of doing things, waiting for him to come to me and saying "it's time for your evaluation" or whatever so...and that was probably a misunderstanding on my part.

Steve clearly realized by the final interview at the end of the initial year of the pilot study that he had not taken the leadership role in driving the clinical supervision process. However, during the subsequent school year he did successfully assume the teacher leadership role required by this model.

He moved forward with his plan made known to the researcher in the interview at the conclusion of the first pilot year. This plan began with Steve going to Ginny's office in September with a proposal for study. Steve stated to the researcher in a follow-up interview in August 2006 that he had been overwhelmed at the beginning of this school year with the number of special education students being included into his first grade classroom. He originally had intended to study the scheduling of students in his classroom but changed to studying progress reporting for inclusion students in his classroom. The inclusion study was in response to special education inclusion practices mandated by the Pennsylvania Department of Education. He was determined to find a tool for the purpose of communicating student progress to the parents without having to reinvent a new reporting system. The current elementary reporting system is referenced to the grade level anchor standards for reading, writing and math and reported with a 1, 2, 3, 4 number equivalent to below basic, basic, proficient or advanced correlated to performance levels on the Pennsylvania State System of Assessment (PSSA).

Steve did not want to continually score the inclusion students below basic and showing no progress when they actually were making educational growth at their learning ability level. Ginny suggested that Steve should discuss this with his colleagues in grades K, 1 and 2 and attempt to determine a consensus as to how this might be accomplished or determine if there were current practices being used by his colleagues. After extensive discussions with Ginny, Steve developed the survey tools and with the assistance of his colleagues and Ginny, he developed a reporting system based on the present reporting system that includes reporting accommodations.

Although perpetuated under the guise of clinical supervision, this was actually a self-directed growth study, another choice under the differentiated supervision model of the MVSD. It did involve Steve collecting data followed by Steve and Ginny collegially analyzing the data that led to the positive outcome of the process. Although not true clinical supervision because there were no cycles of supervision performed, it was the collegial relationship and the teacher leadership components that drove the process. The proposal was presented to the elementary education supervisor and he is considering introducing the reporting system for use by the teachers within the six elementary schools in the district. It is evident that Steve assumed the leadership initiative, required by the clinical supervision process, in order to develop a reporting system that would benefit his students, their parents, his colleagues, and their students throughout the district.

James was comfortable in predicting in the first interview that he could successfully assume the leadership role in the clinical supervision model. When asked if it would be difficult for him as a teacher to take control of the supervision process, he replied:

No...not in...no, because I've been allowed to control my...my curriculum and I'm ...I mean...I'm in a situation where...I have felt trusted and respected so that people aren't watching over me all the time and I feel very comfortable making decisions and I...in no way do I feel threatened at all, whatsoever. And I think that's because when Things maybe in the past haven't gone perfectly, I felt

supported and encouraged not demeaned...judged harshly so I guess there's a lot of trust that's been for many years here. So I don't feel threatened in the process.

Rather than commenting upon the leadership role, James focused on his comfort with the process and his feelings pertaining to the levels of trust and encouragement. It became more evident to the researcher in the second interview that Jason may not be assuming the leadership role in the clinical supervision process.

I think uh...my supervisor has plans and I uh...I am waiting for his schedule to be more open to doing this, I guess. It's not...I think a matter of finding time to spend together...I've thought of things but uh...there's not been time to really contact and put things in place. He'll be more serious I think.

It was evident to the researcher that James's supervisor was in control of the process. Moreover, it was her schedule and available time that was dictating the leadership in the process. James definitely had areas he wanted to explore in his teaching practice but he was waiting for his supervisor to "be more serious."

In the final interview, James admitted openly that he had not assumed the leadership role in the clinical supervision process. In response to being asked "do you feel that you have assumed the leadership role" he replied:

No, I do not! The only time I feel I assumed the leadership role was when I did an interview with my supervisor and his values... I'm sorry the term. (The researcher stated "the espoused platform conference.") The espoused platform and then I did have the role of the person who was asking the questions and trying to find out what she saw in getting this process going. So leadership was just playing my part. I talked about it to my colleagues and I would say I was an advocate but I'm not really in charge other than saying this is really positive and I think it would be good for them because my colleagues are older. They've been teaching a long time and they were interested.

James informed me at the conclusion of the interview that he and his supervisor were going to engage in the clinical supervision process next school year. Furthermore, they were going to begin their discussions as to what to study during the preceding summer break. However, next year never happened. When I contacted James in May of 2006, the end of the second pilot year, he stated:

No, we haven't done anything. Her schedule just did not allow it. However, we talked like we have never talked before and it was wonderful. She understands where I am coming from and I understand where she is coming from.

Garman (1982) refers to this relationship as a one where the participants develop a common language that allows them to accept and appreciate each others' view of events from a common reference point. The facilitator for the development of this relationship, in this instance, was the clinical supervision pilot. This process facilitated the development of a common language that afforded them the opportunity to come to a mutual understanding of each other, including their role and involvement in the education process, in order that they could perceive the education process in their department and school from an analogous frame of reference.

The supervisors were questioned concerning the teachers' ability to successfully assume the leadership role of the clinical supervision process during the second and third interviews. The three supervisors mutually agreed that the teachers had successfully led the clinical supervision process. During the second interview, the supervisors were asked to comment as to who assumed the responsibility for leading the clinical supervision process (Appendix E). Each of the supervisors stated that the teacher with whom he or she was working, was leading the process. Jason responded to this question by commenting about his role in regard to creating teacher leadership and his ultimate goal as an educational leader in this particular area.

It's my responsibility to be a facilitator so that people can become teacher leaders. I have no problem with doing that whatsoever. That is my ultimate goal. Let people take responsibility and let people take...professionalism and pride in what they do because they want to become better. My goal...my goal is for people to become interdependent. And with the interdependence, to be collegial, not to be dependent upon me; not to be independent of everyone else but to be interdependent. I have no trouble letting go at all. Teachers need to take responsibility for their professional growth...to be risk-takers...to risk sharing with other, to be...to say to someone would you come and watch this or would you come and help me look at this or how would you teach this and...what do you think. That's what a professional does who is in control.

Teresa referred to the discussion held prior to the training and during the training as being facilitators toward creating the teacher-leadership role in the clinical supervision process. In reference to teacher leadership in the clinical supervision process, he stated:

I think it has taken the whole relationship to a different level. It's much more professional, much more positive. They're (the two teachers) productive and geared toward self-improvement. And more importantly, geared toward helping our students to get the most out of their learning experience.

When asked to elaborate upon the above statements, Teresa responded:

I think having our discussions, even prior to the training and during the training, by their selection for the clinical supervision training, and their participation in it, meant that they are satisfactory teachers and leaders. And that's assumed going in. So that helped them understand, ok this clinical supervision is based on the premise that we are satisfactory teachers and we are going to a higher level...a leadership level.

The researcher asked Teresa if she thought it was the discussions that helped them take control of the process and she responded:

Yes! It helped ease their fears with the concept of bearing their souls. You know I think there is a natural reluctance to speak to your supervisor. You know I feel I'm not really as effective with...let's say...leading...leading the class discussion. And I think as a result of this, I don't think there's a fear in making such a statement and taking control.

Ginny was asked what she did in order to facilitate the teacher leadership role during the pilot. She felt basically her role in promoting teacher leadership was not an active role but rather one of passivity. She felt she needed to restrain from giving advice in the post-conferences and allow the teacher to arrive at conclusions, thus taking the leadership role in the process.

I think the only other thing is...sometimes you see things and you have an idea...you have to sort of sit back and be quiet...you have to be patient...give the teacher time to process and uh...to reflect...don't jump in..and let them try to get to it. And if you don't get there, then I'm going to interject what I see. If the person has the information, let them try to arrive at some of the solutions. I have to keep this in mind during the post-conference. Steve and I have to address this.

We really haven't been able to get to this because she's had a student teacher and that has interfered with the process.

The researcher asked for further comment as to what Ginny was implying concerning her role in the post-conference.

Don't jump in with here's an idea. You have to change your role...you have to realize I'm going in with a different role in this. I don't think for me...he has to think for himself. It wasn't difficult (relinquishing leadership) but I just had to keep that in mind in the post-conference.

Ginny chose not to comment upon the teacher leadership role overall. She only commented as to Steve's role in analyzing data and making decisions based upon the data in the post-observation conference. However, in the third interview when asked if it has been difficult to relinquish control in terms of leadership to the teacher with whom you worked, she chose to concentrate on the reflective element of the clinical supervision model.

No! No! I think I have two different teachers that I'm doing this with. Ben is really a reflective person. He's always looking at...what if or how can I do this better? So I think with Ben you know it...it works very easy because that's just how he operates. Steve is more...not as reflective of a person but is more used to somebody coming in and telling them...you know...here's what you should be doing. Not that he doesn't think of things on his own but I'm just saying...I can see the difference between the two of them...because Steve was wanting more to say...well...well...well what do you see? For Ben it's easier for her to...to think about it and come up with some ideas on her own. So that's been good...I mean that...I've seen you know...even though I've got two good teachers, even though they're different personalities and they're...I guess the way they look at reflection is different between the two of them.

Ginny did not directly answer the question as to whether or not the teacher(s) had taken the leadership role in the process so the researcher probed deeper in restating the question. In response to the probing, Ginny stated that the teachers had assumed the leadership role without explanation as to how they had accomplished this. Nevertheless, in the final interview of the initial pilot year, Steve stated that he had definitely not assumed the leadership role because he was waiting for Ginny to initiate the cycles. It was due to this realization that Steve took the initiative during the second year of the pilot

to initiate the process with Ginny. Later in the interview, as part of a response to a question that was not intended to explore teacher leadership, Ginny stated:

I think Steve was somewhat discouraged from going out and on his own, try to think of things. You know and I think that was probably more with Dave (former principal at the school)...having them tow the line pretty much. And you everything was black and white with him (Dave) so he (Steve) was probably more intimidated and did not try some things just because of you know...past leadership.

Jason, in response to the same question as to the difficulty in relinquishing control of the leadership role to the teachers with whom he was working, restated the idea of the interdependence that needs to be present in the clinical supervision relationship. In response to being asked if it was hard for him to relinquish control to the teachers, he emphatically responded:

No! They're both leaders. Both of the young women that I...gathered data on are both leaders. They're not afraid to do that. They know that I want them to take on that leadership responsibility. It wasn't hard for me to do that...that's my job. My job is to...and they're both interested in becoming...principals some day so this was a great process for them to learn. They're both involved in principalship programs. No...it wasn't hard at all. My job is not to control people, my job is to encourage people so they can...they can take control of their profession. That's what you want. Like with your children, you want them to...although they're dependent upon you, you want them to grow up to be interdependent and be..not independent so much as being interdependent with other people and that's what the beauty of this is...is now Michelle and Catrina are interdependent. Not by me, they're not completely dependent; you can't do clinical supervision by yourself so they're interdependent so they look to each other. I think that's the goal of being an administrator.

In response to the final question concerning teacher leadership, Teresa stated that it was not difficult for her to relinquish control of the process, however did not directly comment concerning James' role in leading the process. She chose instead to refer to the wisdom of a past military general.

No, that's an issue I think I overcame as an administrator several years ago. And uh...at the time I didn't know this quote but since I've learned it...to quote Patton, you know the great general, Patton said when you want a task accomplished, don't tell somebody how to do it but tell them what you want done and they'll surprise you with their ingenuity in coming up with solutions. And that has been my experience as an administrator working with good professionals. This clinical supervision is an excellent way to do just that.

In response to further probing after this initial response, Teresa felt that James' did assume the leadership role in the process. James' response in the third interview was that he definitely did not have control of the process but rather the control was dictated by his supervisor's schedule.

In the final supervisor interviews, all of the supervisors stated that the teachers had successfully assumed the leadership role in the clinical supervision process. However James, who had completed no cycles, and Steve who had completed one cycle, ardently stated that they had not led the process. Steve and James referred to the supervisor's schedules creating an obstacle in the process, and both stated that they had not assumed the leadership role in the clinical supervision pilot. In the second year of the pilot, Steve took corrective action and became a leader in facilitating change in his classroom. However, James' never completed a clinical supervision cycle during either the first or second year of the pilot.

In two of the teacher/administrator collegial pairs, the teachers and the administrators felt differently as to the teacher successfully assuming the leadership role. The administrators stated to the researcher that the teachers with whom they had been working successfully assumed the leadership role in the clinical supervision process however, the teachers did not feel they had assumed the leadership role. Teacher leadership is something that must be built and nurtured over time within the school culture, however, before this change process can occur the school leader or administrator must be willing and ready to facilitate the change (Fullan, 2001; Crowther et al., 2002). Transformational leadership, as addressed by Crowther et al. (2002) is a type of leadership where teachers can perform acts of leadership with the school that focus upon development of meaning of or inquiry into educational practice. This type of leadership would greatly encourage the teacher leading within the clinical supervision process.

### *Professional Gains and Benefits for Teachers and Administrators*

The third and final secondary research question probed in order to ascertain if there were professional gains and benefits for both teachers and supervisors related to involvement in a clinical supervision process. This question was indirectly asked of the participants on questionnaire two where the participants were asked to provide any significant benefits as a professional that they had received from participating in the process (Appendix B). In responding to questionnaire three, the participants were asked directly to provide responses as to any professional growth or development that they had experienced through involvement in the clinical supervision process (Appendix C). The researcher probed in-depth as to the professional benefits, growth and or development experienced by the interview participants. Those particular responses will be discussed in detail later in this section of the thesis.

#### Professional Growth Findings from the Questionnaires

Question five of the initial questionnaire (Appendix A) asked the participants to predict, what if anything they hoped to gain from their participation in the clinical supervision pilot project. Although not questioned directly concerning predicted professional growth, development, or benefits; a majority of the participants' responses directly correlated to these areas. The responses from the teachers and administrators are charted separately. The entire participant group completed this questionnaire and also this particular question. Many of the responses directly correspond to the actual professional benefits, growth and development gained by the participants as noted in the responses to questionnaires two and three concerning these professional areas. A majority of teachers and administrators provided multiple responses to this inquiry.

***Predicted Professional Growth, Development and Benefits  
for Teachers Involved in the Clinical Supervision Pilot  
Questionnaire One***

- Gain knowledge of the supervision process (5 responses)
- Gain a thorough understanding of the clinical supervision process (2 responses)
- Learn skills and methods to be part of the clinical supervision process (2 responses)
- Help me become a more effective classroom instructor (2 responses)
- Help me strengthen my teaching skills (5 responses)
- Gain first-hand knowledge of how the teacher supervision process will change
- Learn how to become a better supervisor
- Gain knowledge of effective ways to supervise and evaluate employees

***Professional Predicted Professional Growth, Development and Benefits  
for Administrators Involved in the Clinical Supervision Pilot  
Questionnaire One***

- Gain knowledge of effective ways to supervise and evaluate employees (2 responses)
- Improve strategies and knowledge of how to supervise teachers (4 responses)
- Move in the direction to improve our overall supervision and evaluation processes
- Refresh skills in clinical supervision and gain new skills not gained in prior training
- Ability to be a better thinker and motivator to instill continuous effective change

Questionnaire two (Appendix B) asked each teacher and administrator to respond to the following inquiry: what if any has been a significant benefit for you as a professional due to the clinical supervision process? Thirteen teachers and seven of the eight administrators completed this questionnaire. Among the participants who returned the questionnaire, all administrators responded to the question; however one of the thirteen teachers chose not to respond. The following is a list of the professional benefits given in response to the question by the teachers. Some teachers chose to give more than

one response to this questionnaire item and one teacher was not sure at this point in the process if there were professional benefits for him or her.

*Professional Benefits for Teachers as a Result of the Clinical Supervision Process  
Questionnaire Two*

- Ability to confirm questions I had regarding my classroom
- Opportunity to critically look at my teaching practices and reflect on them
- Enlightened me with a new perspective
- Open communication with my principal
- Learned more about me and my effectiveness as a classroom instructor
- Ability to change
- Data
- Taking a closer look at my teaching
- Non-threatening support from my supervisor
- Freedom to examine problems and concerns
- Personally took a critical look at my teaching and did not have someone do it for me
- Gaining an understanding of my educational and instructional philosophy
- Need more time to decide what will significantly benefit me
- Opportunity to grow with input from supervisor
- Opportunity to clarify my values and beliefs in regard to teaching
- Opportunity to interact and share with other educators

Benefits for the administrators as reported by the seven participants on questionnaire two are reported below. Although seven administrators responded to the questionnaire, there are more than seven benefits listed below due to some administrators providing multiple responses.

*Professional Benefits for Administrators as a Result of the Clinical Supervision Process  
Questionnaire Two*

- Reflection – utilizing data with a professional
- Discussion on pedagogy rather than discipline
- Helpful to learn about the process and hopeful that it will be kept in the future for selected individuals who would opt for this supervision
- Working with staff members to promote growth
- Open communication built with teachers
- Opportunity to think as a supervisor rather than an evaluator
- Ability to have a conversation with teachers concerning their classroom teaching and professional growth and development
- Value of the process to improve learning
- Building professional relationships with teachers as professionals

The benefits experienced by the teachers were significantly different from those experienced by the administrators in the pilot study. However, it is evident that both teachers and administrators experienced benefits that facilitated and can be viewed as professional growth.

Questionnaire three (Appendix C) asked each teacher and administrator to respond to the following question: Have you experienced professional growth or development as a result of being involved with the clinical supervision pilot? The teachers and administrators were then asked to explain their response to this question. Ten of the thirteen teachers and six of the eight administrators completed this questionnaire. All of the administrators and teachers completing the questionnaire responded to this particular question; however one of the thirteen teachers answered the question by stating “I cannot tell at this time.” All of the administrators and nine of the

ten teachers responding to the questionnaire stated that they had experienced professional growth or development. The following is a list of the professional benefits given in response to the question by the teachers. Some teachers chose to give more than one response to this questionnaire item.

***Professional Growth or Development Experienced by Teachers  
Questionnaire Three***

- Even though we never got through any cycles, I learned an enormous amount from our classes (training)
- I grew professionally by discussing my educational beliefs with my principal
- I learned a great deal about self-reflection from the training
- In the one cycle we did it helped me see I needed to change the physical set-up of my classroom
- The data was great
- It has given me in-sight on supervision techniques, issues and problems
- I was able to try out a new evaluation strategy to see if it was effective
- My supervisor, through evaluation strategies, helped to give me a new perspective of an evaluation strategy implementation
- I look at this as a teacher as well as supervisor because that is my next avenue
- I saw my own strengths/needs more clearly. I used parts with student teachers.
- I have developed a rapport with my principal that would have taken me years to develop
- It helped me redesign some worksheet materials and preparatory procedures with my sixth grade projects

Professional growth or development for the administrators as reported by the six administrative participants who responded to questionnaire three are reported below.

Some administrators gave more than one response to the question.

*Professional Growth or Development Experience by Administrators  
Questionnaire Three*

- I have experienced professional growth in learning a productive process for working with good teachers in a way to make them even better
- I learned strategies to gather information/data
- I learned a process of best research practices
- Experiencing the collegiality among teacher and administrator
- Definitely – my professional growth has been strengthened through my collegial work with both teachers
- It has strengthened my supervision skills in concentrating on what the teacher wants to concentrate emphasis upon as opposed to supervisor interest
- I feel the process has made me reflect upon the data gathering process

Upon review of the responses to questionnaire three, it is evident to the researcher that the professional growth and development experienced by the teachers differed from that experienced by the administrators in the pilot study. However, the teachers and the administrators experienced professional growth and professional benefits in multiple forms with many being unique to the individual participant and not eminent among the other participants.

In comparing the responses for the professional growth and development question of questionnaire three to the significant benefit responses of questionnaire two, it is apparent that many of the benefits of questionnaire two were identified as professional growth on questionnaire three. However, the responses on questionnaire three, in many instances, were elaborations of responses given by the participants responding to this area on questionnaire two. The responses to this item on questionnaire three reaffirmed the continuous benefits in terms of professional growth and development experienced throughout the clinical supervision process.

In comparing questionnaire one responses from question five (Appendix A), for which participants were asked to predict what they would gain from the training, to the responses listed as professional gains and benefits on questionnaires two and three; the responses given by the participants on questionnaire one were very general and generic in comparison to the actual benefits experienced by the participants as noted on the later two questionnaires. The responses to professional growth and benefits given as response to question four on questionnaires two and three exhibited more detail and depth as to the professional growth or benefit gained, and in most instances, very unique to the participant.

#### Professional Growth Findings from the Interviews

There is further affirmation of professional growth and development for the participants when examining the responses from the in-depth interviews concerning this issue. In the first interview, teachers were asked to predict benefits for themselves as well as their supervisors by their participation in the clinical supervision pilot. The teachers' responses are listed in separate sections as predicted benefits for themselves as teachers and then predicted benefits for their supervisors. Although the interview participants were asked the specific question during the initial interview as to what were the potential benefits for themselves and their supervisors, many of the responses occurred at different times during the interview in response to other questions.

#### ***Predicted Benefits for Teachers by Teachers Involved in the Clinical Supervision Pilot Interview One***

- I will become a better teacher and my students will benefit
- Way to improve in a specific area – a way for younger teachers to become better (2 responses)

- Way for me to continue learning for myself – a way for me to become a better teacher (2 responses)
- Working together to develop a better teacher – a better way of adapting to change
- Benefit from other people's input without having to worry about where I stand in my job
- To take a real look at personal growth for me as an older teacher
- A secure place for me to take risks – to do some things that I've read about
- A place to do some research on topics I want to investigate in my classroom
- Building good rapport with my principal
- It will give teachers a comfort zone to introduce new curriculum and practices
- It will confirm things I'm doing right or identify things I need to change
- The way the espoused platform conference was conducted, it forced me to see myself as a parent would see me – how will this change what I do

The following is a quote from one of the teachers that reinforces the predicted and actual benefits gained by many of the teacher participants.

For me as a teacher who has been teaching a very long time, I think it (the process) would allow me to again take a look at real personal and professional growth. Rather than just growth of my students meaning it would give me a secure place to take risks. To do some things my supervisor or other colleagues know I've read about or want to expand it without worrying that if it doesn't work, I either fine tune it or try something else. I think this will be a real benefit of this program we have never had before.

A teacher interview participant expressed a hopeful and predicted benefit that had to do with the anticipated collegial relationship between teacher and supervisor that had not existed to this point.

I think that one strength we will have from this is that we will be building a good relationship and rapport with our principals. I think that is really important. And I think that you'll be building trust with the principals also. I really think you have to have that kind of bond in order to be really successful in this process and have a successful school. You have to allow yourself to make a mistake and you

know you are going to be ok. You are learning from those mistakes or that you're learning through a process to introduce new curriculum or introduce new ways of thinking and all the standards and things that have come through. I think this will be a very important part of the process. And it will give the teachers a comfort zone too.

In the final interview, all of the teacher participants expressed how they truly appreciated the fact that they were able to try practices in their classroom knowing that if they failed there were no risks or punitive measures.

***Predicted Benefits for Administrators by Teachers Involved in the Clinical Supervision Pilot Interview One***

- Teachers will become better teachers and makes the supervisor look better
- Take the pressure of the supervisor to always be the expert
- It will get administrators into the classroom and together build relationships with kids
- When teachers have concerns, the administrator will be more understanding from having spent time in the classroom
- Principal will develop a collegial relationship with me

In reference to the predicted benefits the teachers made for the supervisors, one teacher stated:

I think it will take the pressure off her to always be the expert. Some of my friends are in that position and it's not always something they are feeling comfortable with. They don't have enough information about what the teacher does or what's going on or enough dialogue with them (the teachers) to understand why they do the things they (the teachers) do. When they (the administrators) have to make an evaluation, when...sometimes they're misunderstood and I think that's kind of maybe makes the supervisor get back into academics rather than just the guy who comes in, takes a look and gives you a number. They seem to have to be evaluators so much and arbitrators and not really involved in the academia. That's too bad. This will give them the opportunity.

One of the teacher interview participants stated the following in regard to a benefit the administrator would experience by being directly involved in the classroom that would likewise benefit the teacher.

I think building that relationship (the collegial relationship) and really looking into the kids involved in the classroom, will help them to be more in tune to what we are doing and maybe even looking at some of our struggles like when we have concerns or things aren't necessarily running smoothly in the classroom, she'll be more understanding. There is a lot involved to working with kids these days and I'm not talking necessarily about Ginny, because she's pretty good with us, but some principals, and I've worked with several over the years, just kind of push it off and say "deal with it, deal with it." And maybe this process, being involved in the classroom, they'll actually say "wow, you really can't deal with that. That is a real concern and needs to be addressed right away. So some of those (teachers), who deal with those kind of things and just try to get through the year, will be looked at more seriously by the principals. That will be good!

The administrators, in the same manner as the teachers, were asked to predict potential benefits for themselves as well as their teachers due to their participation in the clinical supervision pilot. The responses are separated into two sections with the first section containing the potential benefits for themselves in performing the role of a supervisor in the pilot, and the second section containing the potential benefits predicted for the teachers who were participants in the pilot.

***Predicted Benefits for Administrators by Administrators Involved in the  
Clinical Supervision Pilot  
Interview One***

- Will help me hopefully reflect better learners in the classroom which will hopefully make the building better
- Will be able to teach teachers how to reflect upon their teaching
- Will enable me to be a facilitator of professional growth
- It will give me the opportunity to sit down with teachers as an equal and articulate what my beliefs are about education – an opportunity to dialogue about these things
- It will help me learn a lot more about my teachers – where they are coming from through philosophical discussions and observation

*Predicted Benefits for Teachers by Administrators Involved in the  
Clinical Supervision Pilot  
Interview One*

- Excellent way for teachers to reflect upon their teaching
- Way for teachers to look at themselves objectively – where they are weak and where they need to improve (2 responses)
- Benefit greatly from the self-reflection piece – teachers will be introspective and look within (2 responses)
- Will help teachers become better learners
- Being able to reaffirm with teachers their education beliefs in order to facilitate growth
- Model provides teachers with the opportunity to make decisions about their profession and about them as a person
- Opportunity to benefit our students through the professional development of the teacher – working collaboratively between teachers and administrators to improve the district in student learning
- Will enable me to have the dialogue with teachers that I need to have to improve education, classroom management and classroom learning techniques
- Clinical supervision will help teachers to share openly with the supervisor concerning things they feel uncomfortable with such as feeling threatened in a supervisor/teacher relationship
- Teachers will get more valuable information from this process than the evaluation process because they will be directing the process

One of the personal projected benefits, predicted by an administrator, was also projected to have benefits for the teacher and students, as well as the administrator. At the conclusion of the pilot study, during the final interview, the administrator stated that this predicted benefit, in her opinion, had become a reality with one of the teachers with whom she was working.

My concern has always been how can we best benefit kids to become better learners? So the benefit for me would be in the classroom, hopefully to reflect better learners in the classroom, which will hopefully make the building better. I need to have the ability to empower them (the teachers) and ignite in them the great desire to be the best facilitator of learning that they possibly can be. So a

benefit would be that if it's a better building...I've always been a strong believer if your curriculum and instruction is strong within a building, you'll feel good about it in the building. I know that for a fact. I look at this building and I know that twelve years ago, this was a bad place for kids to come. And I know today that this is a great place for kids to come and I believe our participation in this project will make it better for everyone.

One administrator expressed her desire to become an effective facilitator in order to help the teachers to become facilitators of what occurs in his or her classroom.

I think this process will help me to be a facilitator myself. We talked about teachers being facilitators I would like to see myself in that role as well. To facilitate teachers to understand that they have a stake in what goes on in their classroom and help me manage that. And here to for all of our evaluations and observations, let's face it, they have been punitive...so this is non-punitive so this will enable us to have the kind of dialogue we really need to truly improve education, improve classroom management, classroom learning techniques, and so forth. I hope I can do this.

The administrators/supervisors were equally concerned about the projected benefits for their teachers. One administrator's hope was for teachers to gain new information that would create a desire within them to want to grow professionally.

I think some of the benefits will be...I don't know that they've gained as much information from the previous model as they gained from this. Because I think when you have teachers that I will say are more senior, typically when we do observations for them they probably hear things they have heard before and so and so on. I think with this they will get a lot of new information because they're sort of going to be directing the process and so there is value to that. So I think they have to think a lot harder about what they want out of the observation and how they want to grow out of the observation and this will greatly benefit them in the future.

Benefits of the clinical supervision process were not directly probed in conducting the second interview. However the participants, both teachers and administrators, stated benefits of the process that they had experienced to date when expressing their thoughts and feelings concerning the overall clinical supervision experience. Benefits that the teachers and supervisors had experienced in the months prior to the second interview, mirrored many of the predicted benefits discussed in the initial interview. These benefits are listed in the following section, separated into two categories, teacher and supervisor.

The predicted benefits for both the administrators and teachers, made by the administrators, were in many instances identical to those provided by administrators and teachers alike in providing responses to inquiry concerning professional growth, development and/or benefits during the second and third interviews. An analysis of the data from the second and third interviews is presented in the following sections.

***Benefits of the Clinical Supervision Process Expressed by the Teachers  
Interview Two***

- A neat way to see me improve as a teacher through this process
- A more relaxed setting to be observed in
- I could see myself as a teacher, a facilitator and not doing the work for them (the students). Allowing them to come up with their thoughts about the math process
- I was successful using some of the things I learned in the training with my student teacher and I learned that I don't always need to tell them (the students) what to do – I began reflecting on my own practice and learned I needed to change some things
- I was able to practice clinical supervision as a teacher and as a supervisor with my student teacher – that was really beneficial

***Benefits of the Clinical Supervision Process Expressed by the Supervisors  
Interview Two***

- Both teachers have been working on their principal certificates, so this has helped them as a teacher and as a new administrator too – they can see both sides
- Teachers figuring things out for themselves and collaboratively – it's been great
- This is supervision and not evaluation so it is truly professional development for teachers at it's best
- It has truly been a facilitator of self-reflection that happened through meaningful discussion
- The trusting relationship that we developed really benefited the classroom instruction and the teacher – facilitated by powerful dialogue

The statement made by the supervisor in regard to the last bullet was very powerful in reference to personal professional development and growth.

As we began building a trusting relationship, we talked about what was going on in the classroom. And really when that occurs it is really beneficial to the instruction in the classroom. As they build trust in you and what the purpose of this is, it (the process) gets more involved and more powerful as they realize that this is not so much of an evaluation process but more of a professional growth and development type of situation. The dialogue was really powerful and helped with this situation.

In the course of the third and final interview, the teachers and administrators were not directly questioned concerning professional growth, development and/or benefits gained from their participation in the clinical supervision pilot. However, in each interview, the researcher probed these particular areas with each participant. The responses again are separated into two sections; those given by the teachers and those responses given by the supervisors. Many of these responses, as did in interview two, directly correspond to or match identically the predictions given by the participants in the initial interview.

***Benefits of the Clinical Supervision Process Expressed by the Teachers  
Interview Three***

- The opportunity afforded for the teachers to assess themselves
- The empowerment of the teacher – the lack of fear in being observed in this process
- It has been great building a great relationship with her and discussing in depth the way I do things in my classroom
- It has been a great experience, a positive one – I've learned to look at myself and evaluate myself as a teacher and it has been a good experience for me.
- Having someone support me and not judge me...it's been exciting.
- This has helped trained teachers to help realize that what they're doing is the right way of doing things or help them improve if it's not. It has made me a better teacher

*Benefits of the Clinical Supervision Process Expressed by the Supervisors*  
*Interview Three*

- Teachers can now look at classroom instruction reflectively rather than having someone tell them here's how you do it
- There is a lot more communication with clinical supervision between us – more than in any other process with a satisfactory teacher
- I have learned another strategy for observation in the classroom – it will be valuable in carrying through with the formal observation process as well
- Clinical supervision has helped me to empower teachers to become better teachers and therefore empower the students at a higher level
- The empowerment of the teachers to use self-reflection and other forward-thinking professional development tools
- I learned more about the steps that professionals go through in reference to becoming better
- Clinical supervision allows teachers to learn new tactics that will benefit instruction
- The self-direction of the professional (teacher)
- Teachers working with administrators in a collegial relationship

Upon review of the data from the second and third interviews concerning the professional development, growth, and benefits gained from participation in the clinical supervision process by teachers and administrators, it is evident that most of the responses from both groups apply to the teachers. In the second interview responses, only one response was in regard to a benefit experienced by the administrator. In the third interview, there were five professional development or growth benefits pertaining to the administrators as opposed to ten for the teachers.

The focus of the clinical supervision pilot was directed at the teacher in that the teacher was to take control of their professional growth and development and lead the process. Teacher who can successfully lead are educators who have the ability to make a tremendous impact on schools and in particular student learning (Lieberman, 2004). A

professional learning community that enables teachers to participate in the decision-making process, share in a collegial sense of purpose, share in collaborative work and accept responsibility for the result of their professional work facilitates teacher leadership development (Harris, 2003). This type of leadership empowerment would also facilitate the teacher leadership role in the clinical supervision process.

It is evident to the researcher, from the data collected by way of the interviews; there was professional growth and development for all of the interview participants, teacher and administrator alike. Most of the professional benefits predicted in the initial interviews by both teachers and administrators, were referenced in the second and third interviews as professional growth, development, and/or benefits by the participants, in particular by those who participated in the in-depth interviews.

## CHAPTER VI

### SUMMARY, CONCLUSIONS, AND IMPLICATONS

#### Introduction

This chapter presents an overall summary of the thesis in conjunction with conclusions, implications, and recommendations for further study. Initially, the purpose of the study is reviewed in conjunction with the primary and secondary research questions. Following there will be a discussion that includes the summary of the findings, the implementation of the innovation, facilitating and hindering factors in implementing the innovation, the implications of the study, and recommendations for future research.

#### Purpose of the Study

The purpose of this study was to understand administrators' and teachers' initial experience with a clinical supervision model. Further, the study examined the facilitating factors and obstacles the administrators and teachers experienced as they initially encountered the supervision model, transitioning from the district's existing evaluation model. The previous teacher evaluation model, discussed earlier in the thesis, had been in existence in the school district for more than thirty years, through and including the 2005-2006 school year. The study participants had little to no prior experience with supervision, in this particular instance, the clinical supervision model.

A secondary purpose for the study was to determine if administrators, who had been previously in evaluative roles, were able to successfully assume the supervisory role required by the clinical supervision process. Additionally, the study examined the role of the teacher to determine if the teachers who participated in the study were able to assume the leadership role required by the clinical supervision model. The study also attempted

to determine if there were professional gains and benefits afforded to both teachers and administrators due to their participation in the clinical supervision pilot study.

One primary and three secondary research questions guided this study:

*Primary Research Question*

- What facilitating factors and obstacles do teachers and administrators experience when a school district moves from a teacher evaluation model to one of clinical supervision?

*Secondary Research Questions*

- In the change process, are administrators who have been in the evaluator's role able to perform successfully the functions of a supervisor's role?
- Will the teachers be able to assume successfully the leadership role in the clinical supervision process?
- Are there professional gains and benefits for both teachers and supervisors related to involvement in a clinical supervision process?

The Summary of the Findings

Finding for the Primary Research Question : *What facilitating factors and obstacles do teachers and administrators experience when a district moves from a teacher evaluation model to one of clinical supervision?*

There were both facilitating factors and obstacles experienced by the study participants. There were two primary facilitating factors commonly agreed upon by many of the participants in the study. These primary facilitating factors, identified by both those who responded to the questionnaires and the in-depth interview participants,

were the collegial and collaborative relationship that was developed between the teacher and the supervisor and the clinical supervision training that was provided by the trainer.

In reference to what they refer to as stage I or the beginning of the clinical supervision process, Sergiovanni and Starratt (2002) state that it is the primary responsibility of the supervisor to build and foster a relationship of mutual trust with the participating teacher and to successfully guide them into the role development of the process. In the opinion of the researcher, this relationship building was a highly effective portion of the training and that is why the collegial relationship was identified as a facilitating factor by a majority of the study participants.

According to the data collected by the researcher, a second facilitating factor was the professional training. Several teachers and administrators identified the training as a facilitating factor in both the in-depth interviews and on the surveys. The trainer, Dr. Norris, in developing the training carefully adhered to the components of an effective training model as described by Joyce and Showers (2002), however not all steps of the training model were successfully implemented within the pilot study design; and therefore the pilot failed in terms of the study design.

Dr. Norris carefully identified the rationale behind the method and created an understanding of clinical supervision among the participants which is step one of this process. This was followed by step two, the introduction of the clinical concept through demonstrations, both in live and video format, of all elements of the process and modeling of the conceptual elements. Aligning with the third conceptual training element, the skill was practiced in a simulated setting in order for the participants to gain an in-depth understanding and knowledge of the practice. The fourth step, a system of checks and balance among the participants or between participants and trainer, was not successfully implemented by the trainer.

The fourth concept, as developed by Joyce and Showers, was not effectively addressed. There was no accountability between the collaborative pairs, among the participants, or between collaborative pairs and the trainer. This lack of accountability may have been the reason the requested number of cycles was not completed by the participants. Nonetheless, the training was highly effective in providing an in-depth understanding and practice knowledge considered necessary by the participants in order to successfully implement cycles of clinical supervision.

The superintendent stated that in her opinion the greatest facilitating factor was the calling of leaders from within the organization. Gabriel (2005) refers to areas that are within an administrator's realm that can be used as tools to facilitate leadership within the school. He goes on to state that the climate does not just happen by chance, accident or circumstance, but by the practice of ethical standards, treating those within the organization honestly, fairly and with respect. This practice, according to Gabriel, has the potential to result in a trusting and professional environment that facilitates the development of teacher leadership. However, this is not the case in all of the MVSD buildings and therefore some of the teachers were not able to assume a teacher leadership role. They had no previous experience with teacher leadership and therefore were not able to effectively assume the role in the clinical supervision process. The superintendent was under the assumption that this type of facilitative leadership existed throughout the district.

The assistant superintendent agreed with the teacher and administrator participants in stating that one of the greatest facilitating factors was the collaborative and collegial relationship that was developed during the course of the pilot study. Furthermore, in her opinion, the enthusiasm of the administrators and teachers who desired to be involved in the clinical supervision pilot demonstrated a starvation for professional growth that became a facilitating factor of the supervision process. She

stated, “I think the people’s hunger helped to facilitate the acceptance and the growth of the program.”

Meaningful dialogue, the willingness to meet teachers on level territory, the desire for collaboration, and the presence of open communication are elements of the collaborative and collegial relationship between supervisor and teacher were identified as facilitating factors by the participants in this study. The mutual understanding of the process and the data, the promotion of risk-taking, and the development of teacher self-reflection were identified as essential elements in the pilot training. The identification of these particular elements within the collaborative/collegial relationship by the participants, and the clinical supervision training supports the findings of the study that the collaborative / collegial relationship and the clinical supervision training were the primary facilitating factors for the clinical supervision process pilot study.

The participants in the clinical supervision pilot study did not complete the requested six cycles of supervision required by the study design and therefore the supervision process was not totally implemented in reference to the study design. Time, as noted by the participants, was the primary obstacle to the successful completion of the clinical supervision process. The obstacle of time presented itself in diverse forms, however regardless of the form; it was an obstacle for both administrators serving as supervisors and the teacher participants. In a clinical supervision study, Kent (2001) also found that the greatest obstacle to implementing the clinical supervision process was the time required to perform the process effectively. Clinical supervision is not a process that is meant for all educators. This unique supervisory process demands a great deal of time from both the supervisor and teacher in order to perform it in an effective manner that will affect instructional delivery and student learning (Sergiovanni and Starrat, 2002). This involves the supervisor relinquishing control of the process to the teacher in all areas, including the time required in his or her schedule.

The assistant superintendent, who worked with two teachers in the pilot study, stated that time was the primary problematic issue. Furthermore she noted that clinical supervision model requires somebody who wants to do it. Furthermore, there must be an administrator who wants to participate in the process and perform the process in a timely manner with the teacher. Buchen (2002) states that among the five obstacles that prevent principals from becoming instructional leaders or fulfilling a role of instructional leadership, time is number one obstacle. At times it seems somewhat daunting or impossible for a principal to create time for instructional leadership in an already overwhelming schedule. As was the case in the MVSD, the prioritization of time was not dedicated to instructional leadership in regard to the clinical supervision pilot. Based on the statement by the assistant superintendent, the researcher would question if time was the obstacle or was it the lack of a desire to perform the process on the part of some of the participants?

The questionnaire and in-depth interview participants identified other obstacles that they considered to be a hindrance to the clinical supervision process. These obstacles included the teacher feeling intimidated or evaluated by the supervisor, the teacher failing to take control of the process, teacher/supervisor discomfort with parts of the process, the teacher having a student teacher, misunderstanding of the process, the teacher's inability to be self-reflective, and lack of trust between supervisor and teacher.

The teachers and administrators encountered a variety of obstacles in moving from a traditional model of evaluation to a clinical supervision model. However, the common obstacle for teachers and supervisors was that of time or the desire to dedicate time and personal resources to the supervision process that created the greatest hindrance to the clinical supervision process.

Secondary Question One: *In the change process, are administrators who have been in the evaluator's role able to perform successfully the functions of a supervisor's role?*

This question was explored with the six in-depth interview participants. The responses of the teacher participants indicated the administrative participants had successfully fulfilled the supervisory role required by the clinical supervision process. The teacher participants described their supervisors as supportive and collegial partners throughout the pilot study. Furthermore, the three teacher interview participants stated that the administrators had left their evaluative roles outside of the process, successfully embracing the role of collegial partner and mentor.

The in-depth supervisor/administrator participants indicated that they felt comfortable in the supervisory role and experienced little to no difficulty in fulfilling the supervisory role required by the clinical supervision model as defined in the training. Furthermore, the supervisors as a whole expressed to the researcher that they had committed themselves to the supervisory role and consciously avoided any element of evaluation during their participation in the pilot study. The supervisors described their role as one of facilitator or encourager. When the observer probed concerning the supervisor's comfort with relinquishing the control of the clinical supervision process to the teacher, the supervisors unanimously felt that they had done so with little to no difficulty. The transition from the evaluative to supervisory role opened the line of communication between teacher and supervisor allowing for candid communication between the collegial partners in order to facilitate professional growth and development for the teacher.

Both teachers and administrators agreed that the administrators who were involved in the clinical supervision pilot were able to effectively fulfill a supervisory role and leave their evaluative role out of the process. The researcher attributes this success to the effective training design and the administrators' willingness to innately follow the

clearly defined model as presented in the training. Joyce and Showers (2002) emphatically state that regardless of training design, trainers will have little to no success unless there is a strong leadership that encourages and embraces the implementation of a new skill. In this case, the leadership not only embraced the new skill but encouraged teachers to embrace it as well. The administrators accepted the challenge of putting aside the evaluative role and embraced the supervisory role with a collegial spirit.

Each of the supervisory participants expressed that the process was much more beneficial for the teacher participants than the former evaluation model that had been in place in the district. The supervisor who did not complete any cycles of supervision with her teacher participant felt she had fulfilled the role of supervisor through her willingness to step out of the evaluative role with the teacher participant and continue the pilot project into the second year. Although willing, it is to be noted that this supervisor did not complete any supervision cycles with her teacher participant during the second year of the pilot study. Embracing the spirit of the clinical supervision process is worthless if there is not commitment to carrying through in actively performing the supervisory process.

Secondary Question Two: *Will the teachers be able to assume successfully the leadership role in the clinical supervision process?*

A majority of the teachers and administrators indicated that the teachers were able to lead the clinical supervision process. Data taken from the initial questionnaires and interviews indicated that the teacher and administrative participants had the ability to successfully lead the process. However, the data gathered from the study did not support this proposition. Two of the three in-depth interview participants clearly did not assume the leadership role during the initial pilot study year; however their supervisor counterparts felt they had assumed the leadership role.

This discrepancy, in the researcher's opinion, based on discussions with the participants, was due to the supervisors' comments relating that the teacher had the ability to lead the process but had made a conscious choice not to make the process a priority. However, the teachers explained in great detail that the supervisors' scheduling priorities had prevented them from completing the process, and therefore the clinical supervision process was not a priority in the supervisors' schedule. The teachers were waiting for the supervisor to determine an appropriate time for the supervision process to be initiated. The teachers clearly did not take a leadership role in approaching the supervisor to initiate the clinical supervision process, however the supervisors did not communicate to the teachers that they were waiting for the teachers to take the leadership role in initiating the supervision cycles. However once again the question arises as to if it was actually the physical element of time in teacher or administrative schedules or the lack of desire on the part of the participants to complete the clinical supervision cycles.

The review of literature contained significant information on creating and facilitating a climate of teacher leadership within the school culture (Crowther, Kaagan, Ferguson & Hinn, 2002; Nolan, Hawkes & Francis, 1993; Leithwood, 1992, cited in Conley and Goldman, 1994; Glathorn, 1997; Fullan, 2001; Lieberman & Miller, 2004). The teacher who had taken control of the clinical supervision process, as noted by both teacher and supervisor, taught in a school where teacher leadership was promoted and the facilitation of teacher leadership was an inherent part of the school culture.

The in-depth interview teacher participants who had not successfully assumed the teacher leadership role in the process taught in schools where a climate of teacher leadership had not been previously encouraged or established. This was evidenced by two teacher participants waiting for the administrator/supervisor to establish the timeline for the clinical supervision process. One interview participant stated in his final interview that he had failed in the process because he was operating under the former

building procedures where as a teacher you were to do only what you were directed to do so by the principal. As a teacher, he was not to take the leadership role in any school initiative unless directed by the principal. However, the supervisors were anticipating that the teachers would initiate the time line for the clinical supervision cycles.

Lieberman & Miller (2004) state that teachers can go beyond the technical instructional and managerial roles of teaching in order to experience new roles that include those of scholar, researcher, inventor, or meaning maker. However, in order for this transformation to occur there must be a climate established that recognizes that teachers can be leaders in the educational process and make a tremendous impact on student learning and school culture. The success of the clinical supervision process is dependent upon teachers who are willing to assume the leadership role and responsibility for their professional development and growth. “Leadership cannot be designed; it happens through experience and practice” (Lieberman & Miller, 2004, p. 23).

Secondary Question Three: *Are there professional gains and benefits for both teachers and supervisors related to involvement in a clinical supervision process?*

The professional development experienced during the clinical supervision pilot differed among the teacher and administrator participants; however upon examination of the data it was evident that all but one of the participants experienced professional growth or development.

Comprehensive examination of the data revealed a majority of the responses given by both teachers and administrators focused upon the professional growth and development experienced by the teacher participants. However, the data from the surveys and interviews indicated there was professional development and/or growth experienced by the administrative participants as well. The in-depth interview supervisor participants discussed in detail with the researcher how they had learned new methods for

working with teachers and the value they placed upon these newfound tools for promoting teacher growth in the area of instructional support. The teachers who were interviewed confirmed this by making unsolicited supporting comments of how they benefited from the supervisory practice they experienced with their administrative counterparts. The professional growth benefits for the administrators were not the focus of the participants but researcher field notes clearly indicate that the supervisory professional growth opportunities did occur.

The focus of the literature reviewed in Chapter II concentrated upon the professional growth of the teacher. According to Acheson and Gall (1987), an alternative name for clinical supervision would be "teacher-centered supervision" in order that there are no misunderstandings as to the emphasis of or who should be in control of the clinical process. In regard to this study, it is evident that the emphasis was the professional growth and development of the teacher. Although, some did not complete the process as intended or moreover complete any cycles of supervision, the teacher participants indicated that the process led to professional understanding and consideration regarding the professional needs of the teacher. This understanding and consideration of teacher professional needs, although not an intended outcome of the clinical supervision process, was viewed as a tremendous professional outcome by both teachers and supervisors. The pilot study had facilitated a new venue of communication that had not previously been viewed or considered as necessary or required under the previous evaluation model.

### Implementation of the Supervision Process

The guiding question in this section would be, was the innovation, clinical supervision, successfully implemented? As defined by the RPLIM model (Thompson, 1997), an effective model for school improvement incorporates consideration for *Readiness, Planning, Learning, Implementation, and Maintenance or Monitoring*.

(RPLIM). The pilot study model or design did effectively incorporate parts of RPLIM model but not the entire model in or of itself. The readiness, implementation and maintenance or monitoring pieces were weak or non-existent.

Readiness, as defined by Thompson (1997) is a determination pertaining to whether or not the particular group of stakeholders in a particular school or system is ready for growth. This stage is commonly overlooked by many who lead in the implementation of school change or improvement. The leaders often rush into a new program or innovation without giving consideration to the school climate, participant skills, individual or group relationships, or values of the school or organization. In order to address readiness under this model, there needs to be an established set of common goals or a shared vision to guide the process. In the case of this study, there was neither. Many of the participants committed to the process without knowledge of the innovation or the commitment required in the implementation of the innovation.

The implementation piece refers to what happens after the training in the RPLIM model. The participants practicing the innovation on site requires systematic implementation which could include site visits to work sites by workshop leaders or innovation experts, support resources such release time for individuals to support or be supported, or planned coaching or peer observation cycles. The design of the clinical supervision pilot study did not plan nor provide for on-site implementation after the conclusion of the pilot study training. The collegial pairs were expected to self-monitor and complete the requested number of cycles.

Maintenance or monitoring is the commitment to incessantly seeking out improvements in the new practice or innovation so that the practice does not become stagnant. According to Thompson (1997) this can be accomplished through regular supervision of the stake holders by school leaders, implementing a practice of peer coaching wherein there is a practice of consultation or support among the participants, or

gathering data to ensure that implementation of the innovation or new practice is succeeding as planned in the model design. This piece of the RPLIM model did not exist within the clinical supervision pilot design.

However, the clinical supervision pilot design was effective in providing for the planning and learning pieces of the model. There was a specific practice, clinical supervision, which was the focus for the improvement in teacher professional growth and development. The design also included specific activities that guided the staff development in order to provide for detailed staff training in the model through introducing and developing new teaching practices, supervision practices, and behaviors. In regard to the learning piece of the RPLIM model (Thompson, 1997), the participants demonstrated that they were willing and able to learn the new skills and practices required by the clinical supervision innovation. Not only did the participants have the appropriate in-service time provided for skill acquisition, they study participants had the opportunity to practice the new roles and behaviors with appropriate, concise, and timely feedback provided by the trainer. The planning and learning pieces of the model were effectively designed and implemented thus demonstrated by the professional growth and development noted by a majority of the participants who participated in the study.

The trainer asked the participants to complete a minimum of six cycles of clinical supervision. None of the participants completed the required cycles therefore the implementation of the innovation, clinical supervision, was not successfully implemented in terms of cycle completion. The trainer justified the six cycles of supervision in that he stated research demonstrated that the initial two to three cycles were for the teachers and supervisors to become familiar with the process and developing the collegial relationship required by the process. The fourth, fifth, and sixth cycles are where the clinical supervision process is actually implemented and changes made to the instructional

process or classroom environment as a direct result of the process according the research literature cited by the trainer.

Several of the collegial pairs completed multiple cycles of supervision and found the process to be beneficial. In consulting with two of the collegial pairs in the in-depth interviews, both the administrator and teacher agreed that the teacher had made significant changes that affected the teaching and learning environment in the classroom. One collegial pair had completed three cycles of supervision and the teacher stated that she had come to realization that she was dominating the student/teacher conversation in her classroom during informal assessment. This actualization came about during the post-conference held after the initial cycle upon review and discussion of the data. During the subsequent two cycles, the teacher concentrated on making changes to facilitate student-centered informal assessment. Both teacher and administrator felt the changes were significant and facilitated student-centered assessment.

One of the teachers where I participated as the supervisor completed four cycles of clinical supervision. From the beginning of the initial cycle, the teacher wanted to concentrate upon teacher instruction verses recorded teacher instruction delivered through a computer. After the initial post-conference, upon reviewing, discussing and self-reflecting upon the data, the teacher implemented change in the both sets of instruction. By the fourth conference, it became evident to the teacher that the students who were part of the re-teaching by means of computerized recorded instruction were making significant learning gains while the teacher was working on other parts of the instructional unit with a different group of students. In both of the instances, the process did not require three cycles of supervision for the participants to become familiar with the process. Significant gains were made by both teachers in terms of professional growth in less than the required six cycles.

One of the collegial pairs involved in the in-depth interviews represented one of the three pairs who did not complete any cycles of clinical supervision. In this case, there would appear to be complete failure of the innovation. However, as recorded in chapter five, James felt he had made a significant professional gain by means of participation in the espoused platform conference with Theresa. James and Theresa came to a deeper understanding of their views and beliefs concerning education, more specifically teacher educational practice and student achievement. From this initial conference came avenues for other discussions concerning James' classroom and what he was trying to accomplish in his daily instruction and Theresa assisting to support James in his endeavors as an administrator.

The aforementioned case scenarios are a representation of all of the study participants, including those who did not complete any cycles of clinical supervision to those who completed multiple cycles but none completing the required six cycles. Was it necessary for the participants to complete the required six cycles in order to experience professional gain or benefit? Based on the recommendation of the participants, the clinical supervision pilot study was continued for a second year. These cases represent many positive outcomes derived from the individuals' participation in the clinical supervision pilot study although the exact implementation of the innovation as presented by the trainer was accomplished.

In this case, what would be an appropriate definition of success? How is the success or failure of the innovation implementation to be determined given the wide and diverse range of the participants' experiences? In order to answer this question, it may be appropriate to apply Roger's (1995) model on diffusion of innovations. This model acknowledges that the impact of an innovation is not uniform in nature in that the individuals within organization, and even the organization as a whole, adopt innovations

at different time intervals. In addition, many of the individuals within the organization assume different roles in the adoption process.

The various roles within the diffusion of innovation theory, according to Baldwin (1998), include adopters and innovators, who accept the innovation early in the process; and those who are not so willing to adopt or accept the innovation referred to as laggards and opinion leaders. The laggards and the opinion leaders may become change agents later in the process when compared to those who are adopters and innovators. In this study there were those who accepted the process immediately and ran with it, although not completing the six cycles, embraced the spirit of the innovation, clinical supervision. However, there were those who were more skeptical, assuming the role of the laggard or opinion leader, who were slow to complete or never completed the full implementation of the innovation. Those who were the laggards and opinion leaders did not resist or condemn the innovation but rather spoke in favor of it, however never successfully implemented the innovation. Nevertheless, the adoption of educational innovations is often characterized by a slow and cautious adoption process that allows the participants to cautiously explore and experience the possible advantages or disadvantages to implementing the innovation. In this particular study, the nine-month time period may have not been adequate time for those who were more skeptical of the process to fully accept and implement the clinical supervision process. The timeliness of the innovation adoption is often determined by individual perception as to what appears to be the apparent advantages of adopting the innovation (Zaritsky, Kelly, Flowers, Rogers & O'Neill, 2003). Roger's complete intraorganizational model of diffusion includes five steps; agenda setting, matching an innovation to the set agenda, redefining or restructuring, clarifying, and making it routine (Frank, Zhao & Borman, 2004). Hubbard, Huang, and Mulvey (2003) define the stages of the diffusion model as knowledge, persuasion, decision, implementation and confirmation. The nine-month pilot study

period was not an adequate period of time for the clinical supervision process to be accepted, implemented, confirmed and/or adopted by all of the participants in reference to Roger's intraorganizational model of diffusion. Moreover, some of the participants who did not experience the entire clinical innovation as a whole during the first year of the pilot study, did experience the implementation and confirmation of the innovation during the second year of the pilot study.

### Facilitating and Hindering Factors To Successful Implementation of Clinical Supervision

This section will attempt to answer the question as to what factors facilitated or hindered the implementation of the innovation. The primary hinderance or obstacle given by the participants was time. However, was the actual physical constraint of time the primary obstacle?

The issue of time as presented by the participants is complicated to some degree by other issues such as the initial commitment to the process by the participants. It was a blind commitment with most of the participants not realizing what successful performance of a clinical supervision model entailed. Teachers stated that they agreed to participate after being approached by their administrator, in some cases they were approached several times before agreeing to participate. This was the primary reason for committing to participate in the pilot study as noted by some of the study participants. Many of the administrators knew there was something different on the horizon concerning teacher evaluation so their participation was guaranteeing them input concerning the adoption of this supervision practice by the MVSD. Administrators expressed the opinion that they did not want to have an evaluation system that was controlled by teachers and therefore became involved to assure the district was not going to adopt a supervision system that would remove the evaluation control held by administrators to this point in time.

In regard to administrator schedule, I participated as a supervisor with two teachers in the clinical supervision pilot study. In a subsequent section of this chapter is a chart that records the entire time I spent in performing the clinical supervision process with the two teachers. I performed 3 cycles with one teacher and 4 cycles with the other and the total time spent in the clinical supervision process with both teachers was 11 hours and 52 minutes. This is less than 2 administrative days available in the 245-day administrative calendar work year or the 188-day teacher work year. Again, this scenario would indicate that time may not be the issue but other factors complicating the completion of the process.

Some of the other factors hindering the process on the part of the teachers and the administrators may have been other initiatives being pursued by central administration. Data driven decision making had become a district priority in terms of teachers and administrators using PVAAS (Pennsylvania Value Added Assessment System) and PSSA data to drive instruction. The year the pilot study was initiated was the same year the superintendent volunteered the district to be one of the initial districts to participate in PVASS. This participation involved creating district and building based data teams, mandatory training for administrators and team participants who in turn had to train teachers. The Pennsylvania answer to remediation required under NCLB created an EAP (Educational Assistance Program) funded by state and federal grant monies. This involved hiring coordinators and teachers to provide instruction after-school for those students who did not score proficient or advanced on the PSSA. Again, demands were placed on teacher and administrative schedules who had committed to the clinical supervision pilot study. These were two of the district initiatives from among others, including the seven-year strategic plan, that required time from teacher and administrator schedules. However, more time was demanded of the administrators due to their leadership in the initiatives.

### Implications of the Research

The implications resulting from the research data will be presented in two sections. The first section will discuss implications for supervision in general. The second section will discuss specific implications as related to the Mountain Valley School District.

#### Implications for Supervision in General

This study has implications for the implementation of supervisory practice. First and foremost, in order for a new supervision process to be successful, regardless of the process being clinical supervision, peer coaching, or another context, the groundwork must be laid with careful planning and time allotted to prepare those involved. One cannot, within a short period of time, move from an evaluation process that is top-down driven to a supervision process that is teacher-driven without a strong plan for implementation over time. A climate for teacher leadership and collaboration must be established prior to the successful introduction and implementation of the supervision process. In reference to implementation of a peer coaching environment, that resembles in structure the clinical supervision process, Robbins (2004) states:

Peer coaching efforts that have failed were initiated in cultures with strong norms of isolation and little trust among colleagues. No groundwork to prepare staff had been done (p.26).

It is the responsibility of the school leader, innately the principal, to promote and lead in developing a school climate or culture where teacher leadership and collaboration among professionals is the norm. This climate is imperative if a supervision process is to be implemented and then flourish. Fulton (2003) states, "Leaders have a responsibility to invest in the development of organizational members, to take the chance that they will learn, and to create environments where people will take risks, tackle the difficult

problems, and be supported in this endeavor” (p.86). Supervision, in particular clinical supervision, promotes teachers taking risks, taking the opportunity to tackle difficult problems, and knowing they are supported even if they fail in their attempt to improve the educational process.

Supervision requires time dedicated to this process in the administrator’s schedule if it is to be implemented successfully. A multitude of new job responsibilities are being added to the principal’s plate with few to none being removed. If supervision is to be effective, the principal must take an active role in promoting and participating in the supervisory process. Williams (cited in Shellard, 2003) states that the principal must identify ways that time could be better used to support the ongoing improvement of teaching and learning. Principals must find ways to allocate time that is already in their schedules in order to participate and promote supervisory practices. This is made possible by principals delegating responsibilities to those who have been empowered as leaders within the school community, thus focusing on collaborative leadership. This allows the principal to use the time that has now become available in his or her daily schedule to concentrate on areas such as improved teaching that ultimately leads to improved student achievement (Shellard, 2003). Central to this shift in leadership is the concept that teachers are leaders who are educators and can make a tremendous impact and difference within schools and upon student learning (Lieberman, 2004). The promotion and establishment of this type of leadership is essential to the success of the clinical supervision process or any supervisory practice.

Finally, Joyce and Showers (2002) emphatically state that there are implications based upon research that must be a part of any staff development initiative, supervision or other practice, which includes a model for a complete training design. First, the training participants must have adequate opportunities to develop the skill within the training setting that they can eventually transfer to and practice within the classroom setting.

Second, if the skill to be acquired in the training is new to the participants, the training will have to be more extensive than if the purpose was to refresh a previously acquired skill. Finally, if the goal of the training is for the participants to transfer the newly acquired skill to the classroom, then a support structure must be developed and established within the training and school environment that allows for the participants to work in collaborative relationships to solve implementation problems as they occur.

Based on the data formulated from this study, the time and schedule requirements of a supervision initiative should be made known to the participants before they commit to involvement or participation in a supervision model. In preparation for the implementation of a clinical supervision model, the participants should have a complete understanding of the purpose, the level of involvement, and the required time commitment. Many of the teacher participants in this study were invited by the administrators to join this pilot study and were unaware as to what the commitment to the pilot study entailed until it was presented at the training. However, the clinical supervision process could be studied in detail in reference to time in order to determine if the supervision process could be effectively accomplished in less time.

The design for the training in this study was poor. Foremost, the groundwork to prepare the teaching staff had not been introduced in any format and therefore the teachers went into the pilot as a blind person, not knowing the process or expectations. Many supervision processes initially fail because the proper groundwork is not done in order to prepare the staff (Robbins, 2004). Although a majority of the participants indicated the training was a facilitating factor, the design did not provide for checks and balances during the course of the pilot.

The clinical supervision training in and of itself was a strength and a major facilitating factor of the study; however there was not an accountability measure for the participants built into the study design. None of the participants achieved the six cycles

of clinical supervision required by the study design. Moreover, once the fifth day of training was complete in mid-October, there was no contact between the trainer and the participants until the end of March, except for two e-mail reminders. There was a definitive need for ongoing accountability measure built into the training design that required the trainer to coach the administrator/teacher pairs throughout the process; or as an alternative, create a check and balance system where teacher/administrator pairs teamed with another teacher/administrator pair in order to watch each other and provide an accountability measure throughout the training and pilot study (Joyce and Showers, 2002).

In this particular study, the training design provided for appropriate skill development and more than adequate practice by the participants, however did not provide a structure for solving implementation problems as they arose during the course of the pilot study. The failure to plan for transfer of the skill resulted in an incomplete training design that did not provide for participants to question or solve implementation problems once the formal training sessions ended. There was a prevailing need for a system of checks and balances in order to try to assure that all the participants completed the suggested number of cycles or for some any cycles during the course of the study. Based on the results of this study, when planning to implement a supervision practice such as clinical supervision or any new practice in a school or school district, there needs to be an accountability or support structure built into the training design to ensure implementation of the supervisory process. Furthermore, the participants should be educated as to what the commitment entails before making a commitment to participate in the clinical supervision model. It is imperative that in order for the implementation of any educational innovation, supervision model or other, the participants must be fully informed as to the required commitment and the scope of the innovation to be implemented.

### Recommendations and Implications for the Mountain Valley School District

The final question posed to all twenty-one participants was would you recommend that the Mountain Valley School District offer clinical supervision to other teachers and administrators as a supervision option and to please explain your answer. The six administrators and ten teachers who responded to this questionnaire unanimously stated that the MVSD should continue to offer clinical supervision as a differentiated supervision option. Furthermore, two of the six administrators and five of the ten teachers began their response with “absolutely.” The reasons were varied as to why the process should continue but all responses were deemed important by the researcher as to the future of this supervision model in the district.

#### **Reasons Given by Administrators for Continuing Clinical Supervision in the MVSD**

- The process has the potential to change instructional delivery in the MVSD
- Allows teachers to choose a venue for improving classroom instruction and practice
- Allows teachers to work collegially with supervisors to benefit instructional practice and student learning
- The process promotes professional development and growth
- All teachers will benefit from learning these techniques
- The process provides great opportunity for growth for a non-proficient teacher
- The great potential for improving teaching and learning

#### **Reasons Given by Teachers for Continuing Clinical Supervision in the MVSD**

- A process that can help teachers no matter how long they have been teaching

- It is an alternative for anyone comfortable with themselves and the supervisor that is far more valuable than standard evaluation
- A worthwhile opportunity for any teacher
- The process allows teachers to analyze themselves
- The process has made me more confident in my teaching
- A great way to improve instruction in a non-threatening environment
- The professional growth opportunity is limitless
- All teachers can benefit by studying areas in their teaching
- Promotes great professional growth for teachers and administrators
- Allows teacher to be self-reflective and work in partnership with administrators

Some of the reasons listed above reference the professional development and growth benefits for administrators, however the majority pertain to the teacher participants. For these professional benefits alone, many that address improvement for instructional delivery and student achievement, the MVSD should search for avenues to promote clinical supervision for all teachers. Many of the reasons listed above were taken into account and addressed by the differentiated supervision committee before making the decision toward the conclusion of the initial pilot study year to continue it for a second year. The second year of the pilot study was offered to those who participated in the initial training. Four administrators as well as nine of the teachers agreed to participate in clinical supervision or peer coaching during the second year. One of the administrators promoted the process of peer coaching and provided training so teachers could carry it out successfully. One of the administrators and four of the teachers, who initially committed to the second year of clinical supervision or peer coaching, did not complete any cycles during the second pilot study year.

The district agreed to offer training in June 2006 for administrators and teachers who had not been previously trained so they could perform clinical supervision during the 2006-2007 school year. The training was canceled due to lack of interest. A recommendation for the Mountain Valley School District would be to offer informational sessions to teachers through professional development venues in order to generate interest in the clinical supervision process. The district should also provide a time for training that would be held during the school year as was the pilot training. This seemed to be the general concern of teachers who were not willing to commit to training during summer vacation. They had an interest in being trained to participate in clinical supervision but expressed conflicts in their personal schedule in relation to the summer training dates.

Clinical supervision has not been introduced to administrators as a whole except by way of district newsletters that are sent to all MVSD teachers and administrators. If clinical supervision is to be successful in the Mountain Valley Area School District it must have administrator buy-in and commitment. During the interview with the superintendent, she stated that the number one obstacle to the implementation of clinical supervision in the district was going to be administrative buy-in. She was not referring to the administrators who had voluntarily agreed to be part of the clinical supervision pilot but rather those who seemed to have no interest in the clinical supervision process. The superintendent referred to the role of the new superintendent in regard to administrator training by stating:

I think the new superintendent is going to have to be very clear about the expectations for administrators. It's always a struggle to change but if I jump the curve and change and go around the curve, where will it get us? It will make us better...a better organization, an improved organization.

The new superintendent may want to consider requiring all administrators, who supervise or evaluate teachers, to be trained in clinical supervision. The rationale for

requiring this for all supervising and evaluating administrators would be the tremendous professional growth opportunities for teacher who would be willing to participate in the process. It would also provide a new tool for administrators to use in promoting teacher professional growth and student achievement. Taking into account the fact that none of the supervisor/teacher pairs completed six cycles of clinical supervision, the data gathered supported professional growth was experienced by a majority of the participants. The Monument and Queentown School Districts' supervision and evaluation plans require all administrators to be trained in clinical supervision. The Monument administrators are required to annually participate with a group of teachers in the clinical supervision process. The rationale supporting this requirement is the tremendous teacher growth that has been experienced in the district as noted by teachers and administration. Should the Mountain Valley School District require all administrators who supervise and evaluate teachers to be trained in clinical supervision and practice it annually with teachers?

If the MVSD is to going to continue to offer clinical supervision as a differentiated supervision option, those who are responsible for the implementation must be creative in overcoming the obstacle of time in order to complete the process. Time was of particular concern to the administrators assuming the role of supervisors during the pilot study. It was due to the obstacle of time in the supervisors' or teachers' schedule that three teachers and two supervisors did not complete any cycles of clinical supervision. This data was gathered from the final questionnaire. The questionnaires wherein teachers or supervisors reported no cycles of clinical supervision had been completed; time was listed as the main obstacle in completing the process. One of the in-depth interview teacher participants directly stated that is was due to the lack of time in his supervisor's schedule for initiating the process that he did not complete any cycles of clinical supervision over a two-year time period. The obstacle of time in the

administrator's schedule may not be a physical time issue but rather an issue of commitment to the process.

At the end of the third day of training, there was a serious discussion of where the time was to be found to complete the requested cycles of clinical supervision. As an outcome of this discussion, the researcher kept an accurate account of the minutes of involvement with each of the two teachers with whom he worked. Table 6.1 offers a detailed account of the minutes spent by the researcher completing the elements of clinical supervision process with each teacher.

**Table 6.1 - Time Spent Engaging in Clinical Supervision With Two Teachers**

<b>Clinical Supervision Element</b>	<b>Teacher #1</b>	<b>Teacher #2</b>
Espoused Platform Conf.	35 minutes	37 minutes
Pre-Conferences	3 conf. - 72 minutes	4 conf. -58 minutes
Observations	3 observ. – 135 minutes	4 observ. – 180 minutes
Data Compilation	3 compilations – 46 minutes	4 compilations – 38 minutes
Post-Conferences	3 post-conf. – 54 minutes	3 post-conf. – 74 minutes
<b>Total Time</b>	<b>342 minutes (5 hrs. 7 min.)</b>	<b>387 minutes (6hrs. 45 min.)</b>

In regard to the two teachers completing three and four cycles of clinical supervision respectfully, the researcher continually reminded the teacher participants to schedule time for the cycles either by written or verbal communication. In this instance, it was the teachers who did not choose to schedule time with the supervisor. However, in regard to required time on the part of the supervisor, the tabulation for the total time spent with each teacher equates to less than one administrative day per teacher over a period of eight months. Is this time requirement asking too much of administrators if the clinical supervision process has the potential to improve classroom instruction and student achievement? Elliott Eisner (2002) states that the ideal school would have a principal who would dedicate one third of his or her time to be spent in the classroom. The time the researcher spent in performing clinical supervision amounted to less than two days of

the 245 days available in the administrative schedule during the 2004-2005 fiscal year. Graseck (2005) states that if schools were to allocate an equitable amount of money on staffing classrooms and administration as what they spend on technology, the time problem could be adequately addressed and schools would be dramatically changed.

The researcher would propose that the Mountain Valley School District conduct clinical supervision training for willing teacher and administrator participants who have not been previously trained. During the course of the training, the researcher proposes that there be a time line established for the completion of the espoused platform conference and each required cycle of clinical supervision. At each point in the established timeline, the participants would provide an update to the designated trainer as to what has been accomplished in terms of clinical supervision cycles. During the training, suggestions for overcoming the obstacle of time would be discussed with all participants. Furthermore, teachers would demonstrate an understanding that it is their responsibility to schedule the conferences and observations with their supervisor.

In the final training session on March 30, 2005, the teachers and administrators gave several suggestions as to how to alleviate the obstacle of time. Periods or windows of opportunity could be built into the school and teacher schedule for performing clinical supervision, create time in the supervisor schedules limited to the performance of supervision, in-service time that could be made available for conferencing, offer Act 48 hours for time spent in pre- and post-conferences and the use of half day substitute teachers for the completion of clinical supervision cycles. The trainer again asked the question, "Can supervision time be held sacred in both the schedules of administrators and teachers?" There seemed to be a common consensus among the participants that this was possible. Is it really possible with so many district initiatives facing both teachers and administrators? The pilot study occurred when there were seven additional supervisory administrators in the district and currently there are less supervisors available

to perform clinical supervision. In order for change to occur in the educational mainstream, evaluation and supervision must be streamlined so the principal has more time to spend in the classroom as an instructional leader, thus offering supervisory feedback that allows the teacher to use this feedback for implementing self-reflection concerning student learning and instructional practice (Marshall, 2005).

The researcher would suggest that it would be beneficial for the Mountain Valley School District to provide professional development on teacher leadership. Two of the teachers who participated in the in-depth interviews did not feel comfortable going to their administrator in order to initiate the clinical supervision process. This occurred in two schools where the administrators have exerted control over the educational process with little to no input from the teachers.

Conversely, the in-depth teacher participant who felt comfortable with leading the supervision process was part of a school community where teacher leadership had been professionally developed and was viewed as a cultural norm by the principal. A culture of teacher leadership can be and must be developed within a school (Hargreaves & Fink 2003). Transformational leadership can dramatically change the culture of the school and allow teachers to perform acts of leadership that center upon the development of meaning, inquire into new educational practices or develop plans of action without being in a formal leadership role. Could a concentration on transformational leadership change the school culture of the MVSD to the point it would allow for the adoption and implementation of a seamless clinical supervision model, performed in a collegial manner by teachers and administrators?

Since the inception of the *No Child Left Behind Act of 2002*, schools and school districts are being held more accountable for student achievement than any prior period in the history of public education. “A growing body of research confirms what educators know. The skills and knowledge of teachers and support professionals are the greatest

determination of how well students learn” (Weaver, 2006). How can the MVSD afford not to train administrators as supervisors and have them committed to the supervision of teachers if the research confirms that those closest to the students have the greatest affect on student achievement? In light of the research concerning teacher affect on student achievement, it is suggested that the new top level administration of the MVSD, namely the superintendent and assistant superintendent, mandate that all administrators be trained as clinical supervision supervisors. Moreover, that a plan be formalized for this training to occur no later than the 2007-2008 school year.

One of the teacher participants in the in-depth interviews stated that he found the clinical supervision process to be a very therapeutic model, stating expectations, facilitating trust, and changing educational beliefs. He found the model a strength in that it was teacher-driven, concentrated on teacher growth rather than punishment, and found it a positive change for the district. However, he concluded his comments with a question; “Will we really be able to be collaborative for positive change for the education of students?”

Given the results of this study, it would be the recommendation of the researcher for the MVSD to invest the time and both the financial and personnel resources into the revitalization of the clinical supervision model. The researcher would use the professional development and professional growth experiences of the participants who participated in the clinical supervision process as a basis for this recommendation. Although the model, as presented in the pilot study design was not successful, there were successful outcomes as a result of the teachers’ and administrators’ initial experience with supervision. The model can be restructured in terms of the number of required cycles, mainstreaming the cycles with less time requirement for the participants, and commitment by informed participants to the clinical supervision model. “Clinical

supervision is not a warmed-over ritual. It represents a dramatically different form of professional development for both teacher and supervisor” (Garman, 1986, p.150).

### Recommendations for Future Research

This study attempted to present a descriptive analysis of a school district moving from an evaluation model to one of clinical supervision. This district had only experienced evaluation to this point, evaluation which many of the teachers referred to in the training, questionnaires, and in-depth interviews as “meaningless evaluation.” However the study is an account of one particular school district’s initial encounter with a supervision model. This study could serve as a guide for future research in other districts who have known only teacher evaluation and have no prior experience with supervision.

A future research project could use the design of this study as a basis for creating a future study but modifying the present or creating new research questions to be addressed by the research. The major emphasis of this study was to record and analyze twenty-one teachers’ and administrators’ initial experience with a supervision model. Rather than studying the evaluation to supervision process through surveys and interviews, it would be recommended by the researcher to study the process in-depth as it occurs. This would involve concentration on the inception and development of the process as it unfolds rather than concentration on the experiences of a limited number of participants who participated in the process.

A second recommendation for future research would be to design a similar pilot study that would include all of the essential elements of a comprehensive training design including a system of checks and balances built into the design. This essential element would be described as process that would provide for accountability checks between supervisory pairs or between the trainer (facilitator) and the clinical supervision partners (Joyce and Showers, 2002).

The major obstacle to implementation of the process cited by the participants of this study was time. Given this obstacle, a third area of future research could concentrate on propositions directed toward alleviating the obstacle of time. The basis for propositions in this new study could be suggestions made by the research participants in this study for addressing the lack of time in completing the process. Furthermore, to reduce the time commitment required by the clinical supervision process without losing the essence or spirit of the clinical supervision model. This might be accomplished by studying the clinical supervision process in school districts such as the Monument and Queentown Area School Districts where the clinical supervision process is working and ample time is allocated for both teachers and administrators to successfully implement the process.

Another direction for the research would be to study strategies for creating time in administrative and teacher schedules in order to successfully complete all elements of the clinical supervision process.

The data from this research study suggested that the issue of lack of time for implementing and completing cycles of the clinical supervision model was greater for administrators than teachers. A future research study might focus on how principals or administrators successfully dedicate time for meaningful supervision. Furthermore, the proposed study design might concentrate on the study of principals' and administrators' schedules in school districts where they are successfully performing clinical supervision or supervision of any type and then determine how the time dedicated or set aside for supervision.

The Queentown and Monument School Districts have effectual clinical supervision models that have been successful in promoting supervisory practice that effectively involves commitment from both administrators and teachers. It would be practical to study one or both of these school districts in order to determine how the

administrators make time for the supervision process to be effective. Furthermore, to determine the exact time requirements and how the administrators schedule the time needed for the supervisory process.

Finally, a subsequent study might examine if there are practices that could be implemented to effectively reduce the time required by the clinical supervision process for both administrators and teachers. The emphasis of the study would be to examine successful practices for reducing the time commitment to the clinical supervision process without losing the unique essence of the process.

The suggestions for further study and research suggested in this section clearly demonstrate there is a need for further study in the area of implementing clinical supervision or any supervisory practice in a district where supervision has not been previously practiced. However, it was evident to the researcher there were significant professional gains and benefits for those who embraced the clinical supervision process and therefore the implementation of supervision in school districts who have not experienced the supervision process is a valuable investment of resources and time. Robert Goldhammer (1969), one of the founders of clinical supervision, offers encouragement for those who face the daunting challenge of moving an organization toward meaningful supervision.

While we cannot make promises that are as large as our dreams, we can proclaim those dreams and let ourselves be guided by them.

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**Appendix A**

**Clinical Supervision Pilot Study  
Questionnaire #1**



**Appendix B**  
**Clinical Supervision Pilot Study**  
**Questionnaire #2**



**Appendix C**

**Clinical Supervision Pilot Study  
Questionnaire #3**

**Clinical Supervision Questionnaire #3**

TEACHER or ADMINISTRATOR

Circle One

1. How many cycles of clinical supervision did you complete? \_\_\_\_\_
  
2. Please describe what you feel are the major strengths of the clinical supervision process.
  
3. What if any concerns do you have with the clinical supervision process?
  
4. Have you experienced professional growth or development as a result of being involved with the clinical supervision pilot? Please explain your answer briefly.
  
5. What do you consider to be facilitating factors in the clinical supervision process?
  
6. What would you consider to be obstacles to the process that you have encountered?
  
7. Would you recommend that the WASD offer clinical supervision to other teachers and administrators as a supervision option? Please explain your answer.

**Appendix D**

**Clinical Supervision Pilot Study  
Interview #1 Questions**

**Clinical Supervision Interview Questions**  
**Interview # 1**

1. I would like you to tell me your thoughts and feelings about clinical supervision so far.
2. What do you feel are the strengths?
3. What are your concerns?
4. Can you please talk a little bit about any potential benefits that you believe the process will have for you? For your supervisor (teacher)?
5. How comfortable are you feeling right now about your ability to carry out the process in terms of your knowledge and skills? Are there particular areas where you are concerned or particular areas where you feel very comfortable?
6. (Supervisor) – How do you anticipate that this process will be different from what you have been doing with teachers previously in terms of supervision?
7. (Supervisor) – How do you as a supervisor plan to help a teacher become analytical concerning his or her teaching performance?
8. (Teacher) – Do you think it will be difficult for you as a teacher to take control of the supervision process? Please explain.
9. Tell me about your reactions to the espoused platform conference. (Benefits from the espoused platform conference.) (Benefits to discussing educational beliefs.)
10. Can you please talk about why you decided to become involved in the clinical supervision pilot and what you hope to gain from it? (Goals for clinical supervision process)
11. What is your overall perception and feeling concerning the clinical supervision process at this point in the process?

## **Appendix E**

### **Clinical Supervision Pilot Study Interview #2 Questions**

**Clinical Supervision Interview Questions**  
**Interview # 2**

1. Could you tell me your thoughts and feelings concerning the clinical supervision process that you have experienced to this point?
  
2. Could you share one or more of the clinical supervision experiences that you have been a part of so far?
  
3. What are your greatest concerns related to the supervision process at this point?
  
4. What are the strengths of the supervision process that you have experienced to this point?
  
5. (Teacher) Please describe your role you have been taking in the clinical supervision process.
  
6. (Supervisor) Please describe the role you have been taking as a supervisor in the clinical supervision process.
  
7. (Supervisor) Who has assumed responsibility for leading the clinical supervision process?
  
8. (Supervisor) How have you as the supervisor assisted the teacher in becoming analytical concerning his or her teaching performance?
  
9. (Teacher) Who has assumed responsibility for leading the clinical supervision process? Please explain.
  
10. (Teacher) Do you feel that your supervisor has been fulfilling the clinical supervisory role during the clinical supervision process and not one of an evaluator? Please elaborate.
  
11. (Supervisor) Has it been difficult for you as an administrator to restrain from passing judgment concerning a lesson or a teacher during data collection or post conference sessions? Please elaborate.

12. (Teacher) What is your goal for the time remaining in the clinical supervision process? Please explain.

13. (Supervisor) What would be your goal in terms of your supervisory role for the time remaining in the clinical supervision process?

## **Appendix F**

### **Clinical Supervision Pilot Study Interview #3 Questions**

**Clinical Supervision Interview Questions**  
**Interview # 3**

1. Could you tell me your thoughts and feelings concerning the clinical supervision process that you have experienced?
  
2. Could you share what you would consider to be a memorable experience from your overall clinical supervision experience?
  
3. What would you consider to be your greatest concerns with the clinical supervision process overall?
  
4. What would you consider to be the overall strengths of the clinical supervision process?
  
5. (Teacher) Would you please describe your overall role in the clinical supervision process? Please explain.
  
6. (Supervisor) As a supervisor, would you please explain what your role has been in this process? Could you please explain this?
  
7. (Supervisor) During the clinical supervision process, has it been difficult for you to relinquish control in terms of leadership to the teacher with whom you have been working? Why or why not?
  
8. (Supervisor) Do you feel that the teacher with whom you have been working has been able to become analytical concerning his or her teaching? If this has occurred, what have you done if anything to facilitate this behavior?
  
9. (Teacher) In terms of leadership of the clinical supervision process, do you feel that you have assumed the leadership role? Please describe the type of leadership you experienced. Was this different from what you have experienced as a professional in terms of your professional growth and development in the past? Please explain.
  
10. (Teacher) In working with your supervisor, do you feel that he or she has fulfilled the role of the clinical supervision supervisor as described to you in the training and professional material you have read? Please explain your relationship. (In terms of supervision verses evaluation)

11. (Supervisor) You have completed an entire year as a supervisor as compared to an evaluator. Please compare the two roles and elaborate on the strengths and weaknesses of each role as you see it in terms of working with Instructional II satisfactory teachers.

12. Have you benefited from participating in the WASD clinical supervision pilot? Please elaborate.

13. Should the WASD continue to offer clinical supervision to the administrators and teachers of the district? Please elaborate.

**Appendix G**

**Mountain Valley School District  
Observation Form – Replaced July 2006**

**FORM A1**

**KEY SYMBOLS**

- \_\_+\_ Specific condition was in effective evidence
- \_\_-\_ Specific condition was not in evidence, and needed
- \_\_0\_ Specific condition evident but needs improvement
- \_\_\_ Does not apply

**FORMAL CLASSROOM OBSERVATION**

Teacher \_\_\_\_\_

Observer \_\_\_\_\_

Subject \_\_\_\_\_

Initial

School \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Time of observation \_\_\_\_\_ to \_\_\_\_\_

Activity \_\_\_\_\_

Evaluation (check one) Satisfactory  Minimally Acceptable  Unsatisfactory

<p><b>PREPARATION</b></p> <p>___ 1. Knows students</p> <p>___ 2. Selects material carefully and organizes well to meet the individual needs of the learner (classwork and homework)</p> <p>___ 3. Maintains written plans</p> <p>___ 4. Shows mastery of subject or area of service</p>	
<p><b>CLASSROOM MANAGEMENT</b></p> <p>___ 5. Promotes individual and group behavior acceptable for the type of activity</p> <p>___ 6. Provides for the safety and comfort of students</p> <p>___ 7. Promotes efficient use of time, materials, and facilities</p> <p>___ 8. Monitors pace and frequency of interaction</p> <p>___ 9. Displays products of student activities</p>	
<p><b>Communication</b></p> <p>___ 10. Is effective in speech, diction and voice inflection</p> <p>___ 11. Practices the art of good questioning techniques</p> <p>___ 12. Attempts to involve most students in discussion and/or activities</p> <p>___ 13. Gives directions clearly so that student response indicates understanding</p> <p>___ 14. Maintains a classroom rapport which encourages open communication</p> <p>___ 15. Commends effort and gives praise</p> <p>___ 16. Shares the enjoyment of humorous situations with students</p> <p>___ 17. Creates an atmosphere of mutual respect</p> <p>___ 18. Uses standard oral and written language English</p> <p>___ 19. Uses vocabulary that tends to expand the student's vocabulary</p> <p>___ 20. Meets pupils in a friendly and sympathetic manner</p>	
<p><b>PLANNING AND PREPARATION</b></p> <p>21. Follows and carries out a logical progression of instructional methods including:</p> <p>___ A Planning</p> <p>___ B Motivation</p> <p>___ C Learning activities</p> <p>___ D Summary</p> <p>___ E Evaluation</p> <p>___ 22 Uses different activities for different abilities</p> <p>___ 23 Uses a variety of materials</p> <p>___ 24 Achieves objects or purposes of lesson</p>	
<p><b>EVALUTATION</b></p> <p>___ 25. Utilizes a systematic plan and a variety of techniques for continuous evaluation</p> <p>___ 26. Keeps accurate complete records of the evaluation of pupils' progress</p>	
<p><b>PUPILS' REACTIONS</b></p> <p>___ 27. Demonstrate work/study habits</p> <p>___ 28. Evidence communication skills</p> <p>___ 29. Exhibit behaviors conducive to learning</p> <p>___ 30. Participate in learning activities</p>	

**Appendix H**

**Mountain Valley School District  
Instruction I / II Observation Form  
Adopted July 2006**

Teacher/Position: \_\_\_\_\_ School \_\_\_\_ Year \_\_\_\_ Semester: one \_\_\_\_ two \_\_\_\_  
**Semi-Annual Employee Evaluation Form**  
**Induction & Instructional I Professional Employees**

Key: NO=Not Observed BB=Below Basic B=Basic P=Proficient A=Advanced

<b>Category I: Planning /Preparation:</b>	NO	BB	B	P	A	Notes
<b>1. In-depth and thorough knowledge of content and pedagogy</b>						
1.a. Knowledge of Content						
1.b. Knowledge of Prerequisite Relationships						
1.c. Knowledge of Content-Related Pedagogy						
<b>2. In-depth and thorough knowledge of Pennsylvania’s Academic Standards</b>						
<b>3. In-depth and thorough knowledge of students and how to use this knowledge to inform instruction</b>						
3.a. Knowledge of Characteristics of Age Group						
3.b. Knowledge of Students’ Varied Approaches to Learning						
3.c. Knowledge of Students’ Skills and Knowledge						
3.d. Knowledge of Students’ Interests and Cultural Heritage						
<b>4. Clear and appropriate instructional goals that reflect content standards and high expectations for students</b>						
4.a. Value						
4.b. Clarity						
4.c. Suitability for Diverse Students						
4.d. Balance						
<b>5. Thorough awareness of resources, materials, and technology available through the school or district or professional organizations</b>						
5.a. Resources for Teaching						
5.b. Resources for Students						
<b>6. Appropriate and coherent instructional design in which plans for all elements are completely aligned with the instructional goals, have a clear sequence, and include adaptations for individual student needs</b>						
6.a. Learning Activities						
6.b. Instructional Materials and Resources						
6.c. Instructional Groups						
6.d. Lesson and Unit Structure						
<b>7. Appropriate and clear assessments of student learning completely aligned to the instructional goals, and adapted as required for student needs</b>						
7.a. Congruence with Instructional Goals						
7.b. Criteria and Standards						
7.c. Use for Planning						
<b>Totals*</b>						Out of a possible 21 performance demonstrations
*Totals apply only to Instructional I Observations.						

Routing: Original to Human Resources & Copies to: Teacher, Principal, Program Supervisor

Teacher/Position: \_\_\_\_\_ School \_\_\_\_ Year \_\_\_\_ Semester: one \_\_\_\_ two \_\_\_\_  
**Semi-Annual Employee Evaluation Form**  
**Induction & Instructional I Professional Employees**

Key: NO=Not Observed      BB=Below Basic      B=Basic      P=Proficient      A=Advanced

Category II: Classroom Environment	NO	BB	B	P	A	Notes
<b>1. High and clear expectations for student achievement in a challenging and dynamic learning environment with value placed on high quality student work</b>						
1.a. Importance of the Content						
1.b. Student Pride in Work						
1.c. Expectations for Learning and Achievement						
<b>2. Significant attention to equitable learning opportunities for students</b>						
<b>3. Appropriate and highly respectful interactions between teacher and students and among students</b>						
3.a. Teacher Interaction with Students						
3.b. Student Interaction						
<b>4. Highly effective classroom routines and procedures resulting in effective use of instructional time</b>						
4.a. Management of Instructional Groups						
4.b. Management of Transitions						
4.c. Management of Materials and Supplies						
4.d. Performance of Non-instructional Duties (NA if not possible)						
4.e. Supervision of Volunteers and Para-professionals (NA if not possible)						
<b>5. Clear standards of conduct and highly effective and preventive management of student behavior</b>						
5.a. Expectations						
5.b. Monitoring of Student Behavior						
5.c. Response to Student Misbehavior						
<b>6. Safe and skillful organization of physical space, to the extent it is under the control of the teacher, that provides accessibility to learning and to the use of resources, materials, and technology</b>						
6.a. Safety and Arrangement of Furniture						
6.b. Accessibility to Learning and Use of Physical Resources						
<b>Totals*</b>						out of a possible 16 or 15 or 14 performance demonstrations
*Totals apply only to Instructional I Observations.						

Routing: Original to Human Resources & Copies to: Teacher, Principal, Program Supervisor

Teacher/Position: \_\_\_\_\_ School \_\_\_\_ Year \_\_\_\_ Semester: one \_\_\_\_ two \_\_\_\_  
**Semi-Annual Employee Evaluation Form**  
**Induction & Instructional I Professional Employees**

Key: NO=Not Observed      BB=Below Basic      B=Basic      P=Proficient      A=Advanced

Category III: Instructional Delivery:	NO	BB	B	P	A	Notes
<b>1. Clear and appropriate communication of procedures and high-quality explanations of the content</b>						
1.a. Directions and Procedures						
1.b. Oral and Written Language						
<b>2. Highly effective use of different levels of questioning and discussion strategies that encourage most, if not all, students to participate</b>						
2.a. Quality of Questions						
2.b. Discussion Techniques						
2.c. Student Participation						
<b>3. High-level engagement of students in learning and appropriate pacing of instruction</b>						
3.a. Representation of Content						
3.b. Activities and Assignments						
3.c. Grouping of Students						
3.d. Instructional Materials and Resources						
3.e. Structure and Pacing						
<b>4. Equitable, accurate, and constructive feedback to students on their learning</b>						
4.a. Quality: Accurate, Substantive, Constructive, and Specific						
4.b. Timeliness						
<b>5. Informed and appropriate use of formal and informal assessments to meet learning goals and to monitor student learning</b>						
<b>6. High degree of flexibility and responsiveness in meeting the learning needs of students</b>						
6.a. Lesson Adjustment						
6.b. Response to Students						
6.c. Persistence						
<b>Totals*</b>						out of a possible 16 performance demonstrations
*Totals apply only to Instructional I Observations.						

COMMENTS:

SIGNATURES \_\_\_\_\_  
Professional Employee                      Evaluator                      Date of Conference

Teacher/Position: \_\_\_\_\_ School \_\_\_\_ Year \_\_\_\_ Semester: one \_\_\_\_ two \_\_\_\_  
**Semi-Annual Employee Evaluation Form**

**This is a data collection page for the purposes of future evaluation.  
 It is not necessarily part of the formal observation and does not involve totaling each BB, B, P, and A column.**

<b>Category IV: Professionalism:</b>	<b>BB</b>	<b>B</b>	<b>P</b>	<b>A</b>	
<b>1. Efficient and effective system for maintaining accurate and complete records consistent with school or district guidelines</b>					
1.a. Student Completion of Assignments					
1.b. Student Progress in Learning					
1.c. Non-instructional Records					
<b>2. Effective communication with families regarding student needs and development</b>					
2.a. Information About the Instructional Program					
2.b. Information About Individual Students					
2.c. Engagement of Families in the Instructional Program					
<b>3. Frequent participation in professional development opportunities, consistent application of new learning in the classroom, and sharing of learning with colleagues</b>					
3.a. Enhancement of Content Knowledge and Pedagogical Skill					
3.b. Service to the Profession					
<b>4. Full commitment to professional standards</b>					
<b>5. Full and active compliance with school and district policies</b>					
<b>6. Perceptive reflection on teaching and learning and use of reflection in future instruction planning</b>					
6.a. Accuracy					
6.b. Use in Future Teaching					
<b>7. Full knowledge of Professional Code of Conduct</b>					

**Induction & Instructional I Professional Employees**

**Appendix I**

**Mountain Valley School District  
Instruction I Evaluation Form  
Adopted July 2004**



Teacher/Position: \_\_\_\_\_ School \_\_\_\_ Year \_\_\_\_ Semester: one \_\_\_\_ two \_\_\_\_  
**Semi-Annual Employee Evaluation Form**  
**Induction & Instructional I Professional Employees**

<b>Category I: Planning /Preparation:</b>	BB	B	P	A	Date/Source(s) of Evidence
<b>1. In-depth and thorough knowledge of content and pedagogy</b>					
1.a. Knowledge of Content					
1.b. Knowledge of Prerequisite Relationships					
1.c. Knowledge of Content-Related Pedagogy					
<b>2. In-depth and thorough knowledge of Pennsylvania’s Academic Standards</b>					
<b>3. In-depth and thorough knowledge of students and how to use this knowledge to inform instruction</b>					
3.a. Knowledge of Characteristics of Age Group					
3.b. Knowledge of Students’ Varied Approaches to Learning					
3.c. Knowledge of Students’ Skills and Knowledge					
3.d. Knowledge of Students’ Interests and Cultural Heritage					
<b>4. Clear and appropriate instructional goals that reflect content standards and high expectations for students</b>					
4.a. Value					
4.b. Clarity					
4.c. Suitability for Diverse Students					
4.d. Balance					
<b>5. Thorough awareness of resources, materials, and technology available through the school or district or professional organizations</b>					
5.a. Resources for Teaching					
5.b. Resources for Students					
<b>6. Appropriate and coherent instructional design in which plans for all elements are completely aligned with the instructional goals, have a clear sequence, and include adaptations for individual student needs</b>					
6.a. Learning Activities					
6.b. Instructional Materials and Resources					
6.c. Instructional Groups					
6.d. Lesson and Unit Structure					
<b>7. Appropriate and clear assessments of student learning completely aligned to the instructional goals, and adapted as required for student needs</b>					
7.a. Congruence with Instructional Goals					
7.b. Criteria and Standards					
7.c. Use for Planning					
<b>Totals</b>					out of a possible 21 performance demonstrations

Key: BB=Below Basic B=Basic P=Proficient A=Advanced

Sources of Evidence (use letter to identify in chart above, include dates, types/titles & numbers):

- A = Lesson/Unit Plans
- B = Resources/Materials/Technology
- C = Assessment Materials
- D = Information About Students
- E = Teacher Conferences/Interviews
- F = Classroom Observations
- G = Teacher Resource Documents
- H = Other

Teacher/Position: \_\_\_\_\_ School \_\_\_\_ Year \_\_\_\_ Semester: one \_\_\_\_ two \_\_\_\_  
**Semi-Annual Employee Evaluation Form**  
**Induction & Instructional I Professional Employees**

Key: BB=Below Basic B=Basic P=Proficient A=Advanced

Category II: Classroom Environment	BB	B	P	A	Date/Source(s) of Evidence
<b>1. High and clear expectations for student achievement in a challenging and dynamic learning environment with value placed on high quality student work</b>					
1.a. Importance of the Content					
1.b. Student Pride in Work					
1.c. Expectations for Learning and Achievement					
<b>2. Significant attention to equitable learning opportunities for students</b>					
<b>3. Appropriate and highly respectful interactions between teacher and students and among students</b>					
3.a. Teacher Interaction with Students					
3.b. Student Interaction					
<b>4. Highly effective classroom routines and procedures resulting in effective use of instructional time</b>					
4.a. Management of Instructional Groups					
4.b. Management of Transitions					
4.c. Management of Materials and Supplies					
4.d. Performance of Non-instructional Duties (NA if not possible)					
4.e. Supervision of Volunteers and Para-professionals (NA if not possible)					
<b>5. Clear standards of conduct and highly effective and preventive management of student behavior</b>					
5.a. Expectations					
5.b. Monitoring of Student Behavior					
5.c. Response to Student Misbehavior					
<b>6. Safe and skillful organization of physical space, to the extent it is under the control of the teacher, that provides accessibility to learning and to the use of resources, materials, and technology</b>					
6.a. Safety and Arrangement of Furniture					
6.b. Accessibility to Learning and Use of Physical Resources					
<b>Totals</b>					out of a possible 16 or 15 or 14 performance demonstrations

Sources of Evidence (use letter to identify in chart above, include dates, types/titles & numbers):

A = Lesson/Unit Plans B = Resources/Materials/Technology C = Assessment Materials

D = Information About Students E = Teacher Conferences/Interviews

F = Classroom Observations G = Teacher Resource Documents H = Other

**SEMI-ANNUAL INDUCTION/INSTRUCTIONAL I TEACHER EVALUATIONS**

Directions: Examine all sources of evidence provided by the teacher and bear in mind the aspects of teaching for each of the four categories used in this form. Refer to the rubric language, checking the appropriate aspects of teaching, and indicating the sources of evidence used to determine the evaluation of the results in each category.

Finally, assign an overall evaluation of performance, sign the form and gain the signature of the employee.

Forward the signed form for the Superintendent's signature.

Teacher/Position: \_\_\_\_\_ School \_\_\_\_ Year \_\_\_\_ Semester: one \_\_\_\_ two \_\_\_\_

**Semi-Annual Employee Evaluation Form  
Induction & Instructional I Professional Employees**

<b>Category III: Instructional Delivery:</b>	<b>BB</b>	<b>B</b>	<b>P</b>	<b>A</b>	<b>Date/Source(s) of Evidence</b>
<b>1. Clear and appropriate communication of procedures and high-quality explanations of the content</b>					
1.a. Directions and Procedures					
1.b. Oral and Written Language					
<b>2. Highly effective use of different levels of questioning and discussion strategies that encourage most, if not all, students to participate</b>					
2.a. Quality of Questions					
2.b. Discussion Techniques					
2.c. Student Participation					
<b>3. High-level engagement of students in learning and appropriate pacing of instruction</b>					
3.a. Representation of Content					
3.b. Activities and Assignments					
3.c. Grouping of Students					
3.d. Instructional Materials and Resources					
3.e. Structure and Pacing					
<b>4. Equitable, accurate, and constructive feedback to students on their learning</b>					
4.a. Quality: Accurate, Substantive, Constructive, and Specific					
4.b. Timeliness					
<b>5. Informed and appropriate use of formal and informal assessments to meet learning goals and to monitor student learning</b>					
<b>6. High degree of flexibility and responsiveness in meeting the learning needs of students</b>					
6.a. Lesson Adjustment					
6.b. Response to Students					
6.c. Persistence					
<b>Totals</b>					out of a possible 16 performance demonstrations

Key: BB=Below Basic    B=Basic    P=Proficient    A=Advanced

Sources of Evidence (use letter to identify in chart above, include dates, types/titles & numbers):

A = Lesson/Unit Plans    B = Resources/Materials/Technology    C = Assessment Materials

D = Information About Students    E = Teacher Conferences/Interviews

F = Classroom Observations    G = Teacher Resource Documents    H = Other

Teacher/Position: \_\_\_\_\_ School \_\_\_\_ Year \_\_\_\_ Semester: one \_\_\_\_ two \_\_\_\_  
**Semi-Annual Employee Evaluation Form**  
**Induction & Instructional I Professional Employees**

Key: BB=Below Basic B=Basic P=Proficient A=Advanced

<b>Category IV: Professionalism:</b>	BB	B	P	A	Date/Source(s) of Evidence
<b>1. Efficient and effective system for maintaining accurate and complete records consistent with school or district guidelines</b>					
1.a. Student Completion of Assignments					
1.b. Student Progress in Learning					
1.c. Non-instructional Records					
<b>2. Effective communication with families regarding student needs and development</b>					
formation About the Instructional Program					
2.b. Information About Individual Students					
2.c. Engagement of Families in the Instructional Program					
<b>3. Frequent participation in professional development opportunities, consistent application of new learning in the classroom, and sharing of learning with colleagues</b>					
3.a. Enhancement of Content Knowledge and Pedagogical Skill					
3.b. Service to the Profession					
<b>4. Full commitment to professional standards</b>					
<b>5. Full and active compliance with school and district policies</b>					
<b>6. Perceptive reflection on teaching and learning and use of reflection in future instruction planning</b>					
6.a. Accuracy					
6.b. Use in Future Teaching					
<b>7. Full knowledge of Professional Code of Conduct</b>					
<b>Totals</b>					out of a possible 13 performance demonstrations
<b>Category I Total</b>					
<b>Category II Total</b>					
<b>Category III Total</b>					
<b>Category IV Total</b>					
<b>Total</b>					out of a possible 66 or 65 or 64 performance demonstrations

Sources of Evidence (use letter to identify in chart above, include dates, types/titles & numbers):

A = Lesson/Unit Plans B = Resources/Materials/Technology C = Assessment Materials

D = Information About Students E = Teacher Conferences/Interviews

F = Classroom Observations G = Teacher Resource Documents H = Other

Routing:

- Originals to Human Resources & Teacher
- Copies to: Principal, Program Supervisor

Professional Employee's Signature: \_\_\_\_\_

(I acknowledge that I have read the report and that I have been given an opportunity to discuss it with the rater. My signature does not necessarily mean that I agree with the performance evaluation.)

Signature of Evaluator: \_\_\_\_\_ SATISFACTORY \_\_\_\_\_

Interview/Conference Date \_\_\_\_\_ UNSATISFACTORY \_\_\_\_\_

**Rating Worksheet**

**Total Category I, II, III, IV:**

\_\_\_\_\_ out of a possible 66/65/64\* performance demonstrations are identified as basic, proficient and/or advanced.

\_\_\_\_\_ out of a possible 66/65/64\* performance demonstrations are identified as proficient and/or advanced. For tenure this number must be equal to or more than 33.

\_\_\_\_\_ out of a possible 66/65/64\* performance demonstrations are identified as advanced.

\_\_\_\_\_ out of a possible 66/65/64\* performance demonstrations are identified as below basic.

\*If the total number (66/65/64) of performance demonstrations (pd) change from one evaluation to another, consider the following: 1) If the pd number goes up, the total pd number required for satisfactory may remain equal to the previous evaluation; 2) If the pd number goes down, the total pd number required for satisfactory must go up unless the pd item not evaluated was rated basic in the previous evaluation - in that instance, then the total pd number required for satisfactory may remain equal to the previous evaluation.

**Satisfactory:**

1. Service of employee sufficiently acceptable to justify continuation of employment.
2. Growth is evident from previous evaluation.

**Unsatisfactory:**

1. Improvement is essential to justify continuance in service.
2. No growth or negative growth is evident in the below basic rating total. (The number of performance demonstrations rated as below basic remain equal to the rating in the previous semester or the number of below basic performance demonstrations has increased from the previous semester.)
3. An unsatisfactory rating will place the teacher into FOCUSED ASSISTANCE. An unsatisfactory rating shall be substantiated by anecdotal records and discussed with the employee.
4. Two consecutive unsatisfactory ratings would support a dismissal on the grounds of incompetence. No unsatisfactory rating shall be valid unless approved by the district Superintendent. An unsatisfactory rating shall be substantiated by anecdotal records and discussed with the employee. Note that consecutive evaluations must occur at least 4 months apart.

**Rating: Instructional I Teacher:** Year \_\_\_\_\_ Semester \_\_\_one\_\_\_two\_\_\_

I certify that the above-named teacher for the period beginning \_\_\_\_\_ (month/day/year) and ending \_\_\_\_\_ has received a rating of (month/day/year)

\_\_\_\_\_ SATISFACTORY/UNSATISFACTORY \_\_\_\_\_

Date \_\_\_\_\_ District Superintendent \_\_\_\_\_

**NOTE: If this evaluation results in application for tenure, the evaluation must reflect at least 50% proficient/advanced ratings. In addition, application for tenure may not be approved if there are any below basic ratings.**

**Appendix J**

**Mountain Valley School District  
Instruction II Evaluation Form  
Adopted July 2006**



## STANDARDS FOR USE OF INSTRUCTIONAL II PROFESSIONAL EMPLOYEE RATING FORM EMPLOYEE DEFINITIONS

The term *Instructional II professional employee* shall include those who are certificated as teachers, the selection of whom is on the basis of merit as determined by eligibility lists.

### DESIGNATED RATER

Rating shall be done by or under the supervision of the superintendent of schools or, if so directed by him/her, the same may be done by an assistant superintendent, a supervisor, or a principal, who has supervision over the work of the professional employee who is being rated. NO unsatisfactory rating shall be valid unless approved by the district superintendent.

### MAINTENANCE OF RATING RECORDS

It shall be the duty of the board of school directors to cause to be established a permanent record system containing ratings for each professional employee within the district and copies of all his/her ratings for the year shall be transmitted to the employee upon his/her request; or if any rating during the year is unsatisfactory, copy of same shall be transmitted to the professional employee concerned. No employee shall be dismissed unless such rating records have been kept on file by the board of school directors.

### GENERAL RATING

1. Designated rater shall use this rating card for each and every official Instructional II professional employee rating.
2. The designated rater will place his/her signature in the block provided.
3. Professional employees shall be rated a minimum of once each year.
4. Due consideration shall be given in the rating process to the following factors: professional assignment, intellectual level of students and learning/behavioral problems which might affect professional performance and factors over which the professional has control.
5. Using the descriptors listed in each category on the card, the rater will attach a numerical value to the employee's performance in each of the four categories: Planning/Preparation, Classroom Environment, Instructional Delivery and Professionalism – to a maximum numerical value of 20 points per category. The aggregate numerical value will not exceed 80 points when adding the four categories.
6. The final numerical rating for each category will appear in the designated block at the top of each category column. The total numerical score of the four categories shall be placed in the rating box.
7. Descriptors in each category shall not be weighted. The objective is to substantiate the numerical score with anecdotal records using the descriptors simply as guides.
8. A Satisfactory or Needs Improvement indicates the service of employee sufficiently acceptable to justify continuation of employment.
9. A needs improvement or unsatisfactory rating shall be substantiated by anecdotal records and discussed with the employee.
10. A copy of the rating shall be provided to employee upon request.

### DETAILED APPRAISAL FOR UNSATISFACTORY RATING

1. Wherever an unsatisfactory rating is given, each such recorded rating must be stated and the specific circumstances supported by anecdotal records. The records must include specific details of evidence likely to be important in the event the services of an employee are to be discontinued.
2. Two consecutive unsatisfactory ratings of a professional employee are necessary to support a dismissal on the grounds of incompetency.

## Robert L. Williams

Home:  
766 West Line Road  
Linden, PA 17744  
(570) 398-4260

## VITA

Work:  
Williamsport Area School District  
Lycoming Valley Middle School  
1825 Hays Lane  
Williamsport, PA 17701  
(570) 494-1700 fax – (570) 494-1706  
rwilliam@wasd.org

### EDUCATION

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#### **The Pennsylvania State University, University Park, Pennsylvania**

*Doctor of Philosophy in Curriculum and Instruction - May 2007*

#### **The Pennsylvania State University, University Park, Pennsylvania**

*Superintendent Letter of Eligibility – January 2004*

*Secondary Principal Certification – August 2001*

*Elementary Principal Certification – June 1996*

#### **The Pennsylvania State University, University Park, Pennsylvania**

*Master of Education in Music Education – August 1984*

Specialization: Vocal Performance and Choral Conducting

#### **Milligan College, Johnson City, Tennessee**

*Bachelor of Arts in Music Education and Vocal Performance – May 1980*

Major: Music Education and Vocal Performance

### PROFESSIONAL APPOINTMENTS

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**Assistant Principal** July 1999 – present  
Lycoming Valley Middle School  
Williamsport Area School District, Williamsport, Pennsylvania

**General Music Teacher** August 1998 – July 1999  
**Choral Director / Band Director**  
Jersey Shore Junior High School  
Jersey Shore Area School District, Jersey Shore, Pennsylvania

**General Music Teacher** June 1996 – August 1998  
**Choral Director**  
Montgomery Area Middle / High School  
Montgomery Area School District, Montgomery, Pennsylvania

**General Music Teacher** August 1984 – June 1996  
**Choral Director**  
Montgomery Elementary Schools  
Montgomery Area School District, Montgomery, Pennsylvania

**General Music Teacher** August 1980 – June 1984  
**Choral Director**  
Jersey Shore Area Elementary Schools  
Jersey Shore School District, Jersey Shore, Pennsylvania