DOCUMENT RESUME

ED 336 374 SP 033 290

AUTHOR Pavan, Barbara Nelson
TITLE Determining the Usages of Clinical Supervision.
PUB DATE 6 Apr 91
NOTE 27p.; Paper presented at the Annual Meeting of the American Educational Research Association (Chicago, IL, April 3-7, 1991).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Clinical Supervision (of Teachers); Collegiality; Elementary Secondary Education; Higher Education; *Instructional Improvement; *Questionnaires; *Rating Scales; Supervisory Methods; *Teacher Improvement
IDENTIFIERS *Supervision Practices Questionnaire (Snyder Pavan)

ABSTRACT

Clinical supervision at its best is a collaborative process whereby teacher and observer work together for instructional improvement. The Snyder-Pavan Supervision Practices Questionnaire seeks to obtain a description of the clinical supervision practiced by administrators, supervisors, and teachers. The majority of items are scored five through one for "always" through "never" respectively. The data obtained from the questionnaire are analyzed with descriptive statistics. Five research studies have been conducted in Pennsylvania using the questionnaire with similar results, but further comparisons need to be made. With wider usage, further refinements in the instrument can be made. The instrument provides a tool for diagnosing the level of clinical supervision usage in a school or school district. Data from the instrument would enable the practitioner to determine if further training is needed or desired. Tables provide: an outline of the clinical supervision process; the Snyder-Pavan Clinical Supervision Practices Questionnaire; the questionnaire scoring guide; categories of use; Pavan elements present in "Instructional Improvement through Inquiry"; the concepts of clinical supervision and their respective question clusters; and a comparison of questionnaire items 1-28. (AMH)

Determining the Usages of Clinical Supervision

Barbara Nelson Pavan
Educational Leadership
Temple University 003-00
Philadelphia, PA 19122

Paper Presented at the Annual Meeting of the
American Education Research Association
Chicago, Illinois
April 6, 1991

Determining the Usages of Clinical Supervision

Barbara N. Pavan
Temple University

During the past decade attempts have been made by many school districts to implement variations of c linical supervision. Reports on these programs have been difficult to interpret because no standard s have yet been devised for clinical supervision practice. A diagnostic tool has been developed for examining current levels of clinical supervision practice which may also be used to determine desired levels. Usage of this tool will enable practitioners to review present practices and determine readiness for increasing the level of use. Frameworks for scoring provide data on individual practices, total usage, conceptual and sequential elements. This information places clinical supervision in the practitioner's control, thus empowering many to address local challenges. Clinical supervision is briefly described, then the instrument and its development is presented, followed by a research perspective on current levels of the institutionalization of clinical supervision.

Clinical Supervision: Elements and Concepts

Clinical supervision developed during the 1960's from the pioneering work of Morris Cogan, Robert H. Anderson, Robert Goldhammer and others at the Harvard Graduate School of Education. The cycle or pattern of supervision which evolved from groups of faculty members, students, and classroom teachers interacting in various training projects at Harvard, resulted in two major models of clinical supervision. The two major models are described in Robert Goldhammer's Clinical Supervision: Special Methods for the Supervision of Teachers; originally published in 1969 before

revision by Anderson and Krajewski in 1980, and Morris L. Cogan's Clinical Supervision (1973). Acheson and Gall (1980) developed a third model, designed to train supervisors in clinical supervisory skills and promote its practice. Goldhammer's five stages, Cogan's eight phases and Acheson's and Gall's three stages are presented in Table I along with a different model for the 1990's which revises the terminology. The elements in this model are not essentially different, but the names are meant to stress the idea of Instructional Improvement through Inquiry (III.) Clinical supervision in the 1990's is often a peer inquiry process conducted by mentor teachers, lead teachers, or instructional coaches as often as (or possibly more frequently) principals.

Table 1 about here

The names for the first four elements: Plan, Observe, Analyze, and Feedback are directly taken from previous works on clinical supervision. The last element, Reflect, is clearly derived from the writing of Donald Schon. This is also the part of the clinical supervision process that is most neglected; and by doing so, supervisors lose an excellent opportunity for enhancing their own professional growth. Supervisors need to reflect on their supervision in exactly the same way they expect teachers to reflect on their teachings using the elements: plan, observe, analyze, feedback, and reflection. For supervisors the process might be called Supervisory Improvement through Inquiry (SII). The elements for a teacher cycle would look like a clinical supervision cycle:

Plan. Proposed lesson is reviewed by the teacher and the observer(s) and a specific focus for the observation is jointly determined.

Observe. Observer collects objective data in the classroom related to the purpose previously determined.

Analyze. Observer reviews and interprets collected data in relation to the plan, pedagogical theory and research.

Feedback. All collected data and analysis shared with teacher so lesson dynamics are understood and future plans may be made.

Reflect. Individual or joint analysis of all elements in the cycle with analysis of supervisor's role.

The elements of clinical supervision detail only a bare bones outline of the procedural aspect of clinical supervision. Without an understanding of the concepts of clinical supervision, the supervisor will use the process in a mechanical, lock-step fashion. Clinical supervision at its best is a collaborative process whereby teacher and observer work together for instructional improvement. The collegial emphasis should be noted in the concepts which Anderson (1986) synthesized after an extensive review of the literature. An abbreviated version of the concepts follows:

Systematic inquiry. Clinical supervision is a direct and deliberate systematic inquiry into classroom instruction conducted in a spirit of hypothesis development and testing.

Improvement of the teaching/learning process. Clinical supervision has the intended outcome of improving the teaching/learning process through modified teacher behavior.

Planned supervision objectives. Planned supervision objectives are developed collaboratively from the teacher's personal growth objectives, the intended outcomes of the curricula and the school and/or system's annual goals.

Objective data. Supervisor determines a method for classroom data collection in order to create as bias free a record of the lesson as possible.

Pattern analysis. The data are analyzed and organized by the supervisor to illustrate patterns of behavior which have been discussed in the preobservation conference, related behaviors that are meaningful to the teacher and pertinent to the teacher's objectives, or critical incidents. Following data analysis the supervisor develops a strategy to construct the most productive possible conference.

Flexible methodology. Although the familiar sequence of clinical supervision consists of five stages: preobservation conference (plan), observation (observe), analysis and strategy (analyze), supervision conference (feedback), and postconference analysis (reflect); the stages are malleable and may be adapted for specific situations. For example, a pre-observation conference may not always be necessary if a prior sequence had already set the stage and/or identified questions to be further explored.

Role delineation. The supervisor and teacher operate as intellectual equals as they collaborate to reach mutually acceptable objectives. However, they have different roles and responsibilities. The supervisor is responsible for planning the direction and objectives of the clinical supervision cycle and developing and maintaining a nurturing, collaborative relationship. The teacher is the owner of the pedagogical questions being examined as well as expert in the immediate classroom situation with expertise relating to the students and their prior curriculum experiences.

The teacher must become an active collaborator and accept responsibility for and make a commitment to his/her own professional growth.

If peer clinical supervision is taking place its success depends upon one of the peers assuming the role and responsibilities of the supervisor.

Trained clinical supervisors. Clinical supervisors need training not only in clinical supervision, but also in such related areas as learning theory, instructional methodology, research on effective teaching and schools, communication skills and organizational change. Skills need to be developed in contract building, observing, data collection, analysis of teaching through data analysis, designing conference and supervision program strategies, and self-analysis.

Productive tension within a nurturing climate. Although the clinical supervisor has the responsibility to initiate the nurturing, collaborative relationship with each individual teacher; the school (and in fact the district as a whole) needs to establish a nurturing, supportive atmosphere. The examination and change of professional behavior coupled with the change to a new teacher/supervisor relationship can produce tension. Tension is a necessary precursor to change. Because cycles of clinical supervision imply long term commitment for the improvement of instruction the productive tension fosters continuous professional growth.

Table 2 about here - 2 complete pages

Instrument

The questionnaire described here was originally developed by Snyder, Johnson, and MacPhail-Wilcox (1982) for use in a study entitled The Implementation of Clinical Supervision. The questionnaire sought to obtain

a description of the clinical supervision practiced by administrators, supervisors and some teachers after they had received training in clinical supervision from the authors. The questionnaire had been piloted on a dozen groups throughout the country and had a Cronback Alpha reliability coefficient of 0.80433.

Pavan revised the questionnaire to identify clinical supervision practices by administrators, supervisors and teachers without biasing answers toward clinical supervision by removing the words "clinical supervision" and inserting "supervision process" or "observation." The revised questionnaire was analyzed for content validity by twelve members of the Council of professors of Instructional Supervision (COPIS).* The revised questionnaire then was pilot tested by Pavan on three different groups: Sixty-two teachers and administrators in the Montgomery County Intermediate Unit, twelve principals in a Lancaster-Lebanon workshop, and twenty-nine members of a Temple University supervision class. Following the check for content validity by the COPIS members and the three pilot studies Pavan again revised the questionnaire by removing some items and revising and restructuring others for the purposes of clarity.

A Statistical Package for the Social Sciences (SPSS) administered on the data from Scott's (1990) study yielded a Cronback Alpha reliability coefficient of .886. This value indicates good internal consistency for the revised questionnaire. The Snyder-Pavan questionnaire consists of 34 statements related to supervision. Statements 1 through 28 are scored on a

*Robert J. Alfonso, Robert H. Anderson, David w. Champagne, Noreen Garman, Carl D. Glickman, Charles Guditus, Robert J. Krajewski, Barbara N. Pavan, Charles Reavis, G. Bradley Seager, Karolyn J. Snyder, and Cheryl Granade Sullivan.

five point scale: Always, Often, Occasionally, Seldom and Never. Because Stogdill's Leadership Behavior Description Questionnaire was to be used in conjunction with the first administration of the supervision practices questionnaire, his descriptors were selected for the scale.

The majority of the items are to be scored five through one for Always through Never respectively. However, seven of the items, 5, 7, 8, 10, 13, 14, and 17, have a negative connotation for clinical supervision so they are to be scored in reverse with Never being five and Always one. The questionnaire also contains three items, 29, 30, and 31, which provide the respondent the opportunity to select multiple answers. Each possible answer has an assigned value, although the maximum value for any one of the three items is five. The final three items on the questionnaire are write-in answers.

The total score for each respondent is obtained by totaling the responses of items 1 to 31. The number represents the degree of usage of clinical supervision practices. Individual item analysis will reveal which practices are in most frequent usage. See Table 3 for scoring guide.

Table 3 about here

The data obtained from the questionnaire are analyzed with descriptive statistics. Usage categories have been established as a percentage of the possible score for the questionnaire which represents the use of clinical supervision. Categories of use as established are found in Table 4.

Table 4 about here

These other frameworks have been devised for data analysis using the Snyder-Pavan Supervision Practices Questionnaire (SPQ). While the item

analysis will reveal specific practices and their degree of usage, the various elements in clinical supervision may be determined by looking at question cluster. These elements are purpose, plan, observe, analyze, feedback, and reflect which were earlier related to the clinical supervision literature. Table 5 indicates the questions related to each element.

Table 5 about here

L. Anderson (1986) synthesized the concepts underlying clinical supervision and analyzed the questionnaire to determine which items related to the various concepts. Table 6 shows his analysis.

Table 6 about here

To obtain an understanding of a person's readiness to use clinical supervision, the instrument may be used with revised directions. The directions for this purpose would read, "Draw a circle around the response that is most representative of what you would like to happen in your school situation."

Research

Five separate studies have been conducted in Pennsylvania utilizing the Snyder - Pavan Supervision Practices Questionnaire. The studies were conducted over different time periods with different populations and different variables. As a group these studies document quite well the rather moderate usage of clinical supervision in the state.

The data for Bennett's (1990) study were collected in the spring of 1983 by Sarah Moore Larch. The assumption that there is a relationship between

the usage of clinical supervision practices by elementary principals and their leadership behaviors was tested. The perceptions of school district superintendents, elementary principals, and elementary school teachers were analyzed to determine the extent to which elementary principals who employ clinical supervision practices demonstrate the leadership behaviors on the LBDQ-12. A state wide random sample excluding Philadelphia and Pittsburgh yielded 623 responses.

In his Spring 1984 survey, L. Anderson (1986) received responds from 179 elementary principals in the six county area surronding Philadelphia. Supervision in elementary schools in districts of different sizes and varying socioeconomic characteristics was examined to determine the use of clinical supervision and the nine concepts of clinical supervision which he had synthesized.

Holodick (1987) interviewed principals in the spring of 1986 and had them complete the CSQ. The major purpose of this study was to discover whether elementary school principals utilizing clinical supervision as a technique within the total scope of supervision modified their clinical supervisory practices after they implemented the process. The subjects of this study were seven practicing elementary school principals from three Northeastern Pennsylvania school districts. These three school districts were the only districts in a three-county area that had a district-wide clinical supervision program implemented for at least three years.

Jamula (1990) compiled data on over four thousand students, 321 teachers, and 12 principals in the spring of 1988 in an urban school district. She studied the relationships between the degree of usage of clinical supervision by the principals and student achievement, SES, school

size, staff development of teachers and principals, and principal experience and gender.

Scott (1990) received replies from 231 principals to his fall 1988 survey in south central Pennsylvania. He compared the degree of use of clinical supervision of principals in elementary, middle/junior high, and senior high schools. Other variables included gender, school district size, expenditure per pupil, and administrative experience and training.

Table 7 about here - 2 pages

An item analysis of items 1-28 for four of these studies is presented in Table 7 Very few differences are noted among the items with each study showing responses in the same range. In fact, only Holodick's data differ from the groups; he reports higher levels of usage of clinical supervision and expectation for teachers to use a specific instructional model. Holodick has sought out districts which used clinical supervision. However, he found that the model being used was that of Madeline Hunter not the clinical supervision model of Goldhammer. The uniform responses across the state probably reflect the influence of Hunter and her trainers in this state. Even the Pennsylvania State Department of Education has endorsed the Hunter model and provided extensive funding for training.

The total mean scores for clinical supervision rise by a few points for each survey from 1983 to 1988, but all the scores hover around the mid point of "often" from 107.17 to 116.16. In the four studies with type of analysis as shown on Table 7, over 80% of the respondents' total scores are in the "often" range. This indicates that the most common response to each supervisory practice was "often". Note that the publication dates are much different from the actual survey dates. All Studies were based on

elementary principals except Scott's whose total mean score for them was 118.29. He found that the lower the school level, the greater the usage of clinical supervision, although the differences were not significant.

Analysis of the data by the concept framework has been performed by Anderson and Bennett with very similar results. Both groups reported very high usage of the concept, teaching/learning improvement. Over 50% of the respondents in each group noted high usage of planned supervision objectives, objective data, pattern analysis, and productive tension within a maturing climate. The need for role delineation and trained clinical supervisors was rated low by over 50% of each group.

All studies except the one by Jamula found that female elementary principals used clinical supervision practices to a greater degree than their male counterparts. Jamula's school district had provided extensive training in a particular model of supervision which probably resulted in the scores being clustered together.

Both Anderson and Scott found a greater usage of clinical supervision practices in larger school districts. While Anderson found per pupil expenditure positively related to usage, Scott did not. Scott found no relationship between administrative experience or supervisory training to clinical supervision usage, while Jamula found a tendency for teachers to indicate that the least experienced principals used more clinical supervision practices than the more experienced administrators.

The common finding that teachers rate their principals less favorably than principals rate themselves was collaborated by both Bennett and Jamula. Teachers reported that principals who had high usage of leadership behaviors also had high usage of clinical supervision practices (Bennett).

As noted in an earlier clinical supervision review by Pavan (1985), it does not seem possible to demonstrate a relationship between clinical supervision and student achievement. Jamula's study of 12 principals has not yielded any statistical relationship.

Conclusions

Five research studies have been conducted in the state of Pennsylvania using the Snyder-Pavan Supervision Practices Questionnaire (SPQ). The results have been surprisingly similar which may be due to the influence of a strong state department of education. Comparison with data collected in other states using the SPQ needs to be made.

As the instrument has wider usage, refinements might be made. No changes were contemplated until these five studies were completed, but the response descriptors might be clarified. While the response descriptors for the CSQ have had much use for instruments of this type, one wonders how respondents decide if a given practice should be rated often, occasionally, or seldom. Might the usage of percentages be more helpful than the words? E.g., instead of or along with "always," 100%; often, 75%; occasionally, 50%; seldom, 25%; and never, 0% as more precise response points.

The instrument provides a tool for diagnosing the level of clinical supervision usage in a school or a school district. Data from the instrument would enable the practitioner to determine if further training is needed or desired. Because several analytic frameworks have been devised and results have been indicated, comparisons have been made possible. The intent here is not to prescribe the total usage of clinical supervision, but to enable the practitioner to have base line data as to

present usage. This seems consistent with the assumptions of clinical supervision in which collaborative decisions are made after interpretation of objective data.

Many school districts are encouraging teachers to observe each other's teaching as a way to increase the amount of supervision with the expectation that this will lead to instructional improvement. As has happened so often in the past; teachers are being told to be peer supervisors or peer coaches, but are given little training or guidelines as to how to proceed. The clinical supervision model described here provides a framework to be used by teachers during the coaching process. The SPQ could be used to assess teachers' readiness for clinical supervision prior to staff training in the process. In addition, administrators and supervisors in the district who have been responsible for the supervisory function could be surveyed. The very act of responding to the SPQ brings the elements and concepts to the consciousness of the respondent. The heightened awareness will enhance motivation for this staff development. Completion of the SPQ after training and practice in the schools will indicate progress in the implementation process. In order to remove the discomfort experienced by teachers and administrators as they coach teachers, a structure is needed. Clinical supervision with its emphasis on collaboration and feed back of non-judgmental data provides such a structure.

REFERENCES

Acheson, K. A. & Gall, M. D. (1980). Techniques in the Clinical Supervision of Teachers: Preservice and Inservice Applications. New York: Longman Inc.

Anderson, L. A. (1986). Clinical Supervision concepts and implementation of elementary principals (Doctoral Dissertation, Temple University). Dissertation Abstracts International, 48, 02A.

Bennett, G. T. (1990). Clinical Supervision practices and the leadership behaviors of elementary principals as reported by the principals, their superintendents and teachers. Doctoral Dissertation, Temple University.

Cogan, M. L. (1973). Clinical Supervision. Boston: Houghton Mifflin.

Goldhammer, R. (1969). Clinical Supervision. New York: Holt, Rinehart & Winston.

Goldhammer, R., Anderson, R. H. & Krajewski, R. J. (1980). Clinical Supervision: Special Methods for the Supervision of Teachers. 2nd ed. New York: Holt, Rinehart & Winston.

Holdick, N. A. (1988). Clinical Supervision practices as reported by elementary school principals (Doctoral Dissertation, Temple University). Dissertation Abstracts International, 49, 10A.

Jamula, M. (1990). The relationship between student achievement and the degree to which principals use clinical supervision. (Doctoral Dissertation, Temple University.)

Pavan, B. N. (Fall 1980). Clinical Supervision: Some signs of progress. Texas Tech Journal of Education, 7, 241-251.

Pavan, B. N. (1985). Clinical Supervision: Research in schools utilizing comparative measures. Chicago, IL: American Education Research Association Annual Meeting. (ERIC Document Reproduction Service No. ED 255 516)

Pavan, B. N. (1987). Hunter's clinical supervision and instructional models: Research in school utilizing comparative measures. Washington, D.C.: Council of Professors of Instructional Supervision Meeting. (ERIC Document Reproduction Service No. ED 273 606)

Scott, J. W. (1990). Comparison of clinical supervision practices as implemented by elementary, middle/junior high, and high school principals (Unpublished Doctoral Dissertation, Temple University).

Snyder, K. J., Johnson, W. L. & MacPhail-Wilcox, B. (February 1982). The implementation of clinical supervision. Austin, Texas: Southwest Educational Research Association Annual Meeting. (ERIC Document Reproduction Service No. ED 213 666).

Table 1
The Process of Clinical Supervision

Goldhammer (Stages)	Cogan (Phases)	Acheson & Gall (Phases)	Pavan (Elements)
Pre-Observation Conference	Establish Relationship	Planning	Plan
	Planning with Teacher		
	Planning the Observation		
Observation	Observation	Classroom Observation	Observe
Analysis & Strategy	Analysis Session		Analyze
	Planning Conference Strategy		
Supervisory Conference	Conference Renewed Planning	Feedback Conference	Feedback
Post-Conference Analysis			Reflect
Robert Goldhammer Clinical Supervision. New York: Holt, Rinehart & Winston, 1969. Goldhammer, Anderson, Krajewski Revised ed. 1980.	Morris L. Cogan Clinical Supervision. Boston: Houghton-Mifflin Co., 1973	Acheson, Keith & Gall, Meredith, Techniques in the Clinical Supervision of Teachers. New York: Longman 1980.	Pavan, Barbara Instructional Improvement through Inquiry

Table 2
Snyder-Pavan Clinical Supervision Practices Questionnaire

DRAW A CIRCLE around the response that is most representative of your school situation.

		ALWAYS	OFTEN	OCCASIONALLY	SELDOM	NEVER
1.	Classroom observation is based on the idea that supervision is used to "coach" teachers.	A	B	C	D	E
2.	Conferences are held within 24 hours of the classroom observation.	A	B	C	D	E
3.	Classroom observation is a part of a formal annual plan designed to improve instruction.	A	B	C	D	E
4.	Classroom observation is used to help the teacher become more effective.	A	B	C	D	E
5.	Classroom observation is used only to evaluate teachers.	A	B	C	D	E
6.	Prior to each observation, teachers and observers agree that the data to be collected will be relevant to the teacher's concerns.	A	B	C	D	E
7.	Teachers have little input into the decisions about what will be observed during the supervision process.	A	B	C	D	E
8.	Observations are conducted when the administrator believes they are needed.	A	B	C	D	E
9.	Before classes are observed, the teacher and observer agree upon the specifics of what will be observed in the class.	A	B	C	D	E
10.	Teachers do not know how the observer decided what data to collect during an observation.	A	B	C	D	E
11.	Teachers know what behaviors to expect of the observer during the classroom observation.	A	B	C	D	E
12.	When teachers are observed, the teacher's lesson objectives are the focus for data collection.	A	B	C	D	E
13.	Teachers instruct according to a specific model of good instruction.	A	B	C	D	E
14.	Good instructional standards have been defined by the administrator.	A	B	C	D	E
15.	The post-observation conference includes specific plans for future instruction.	A	B	C	D	E
16.	The observer and teacher discuss "patterns" or "trends" clearly evident in the data during the post-observation conference.	A	B	C	D	E
17.	Observers tell teachers what was good or bad without showing data.	A	B	C	D	E
18.	During the post-observation conference, teachers will see data that indicate what did or did not work well.	A	B	C	D	E
19.	Classroom observation helps teachers to become more effective.	A	B	C	D	E
20.	During an observation, it is obvious to the teacher that the observer's behavior is pre-planned.	A	B	C	D	E
21.	The observer devises a plan for the post-observation conference.	A	B	C	D	E
22.	The observer spends adequate time analyzing the classroom data collected before the post-observation conference is held.	A	B	C	D	E

Table 2 (continued)

		ALWAYS	OFTEN	OCCASIONALLY	SELDOM	NEVER
23.	The teacher and the observer work together productively toward the improvement of instruction.	A	B	C	D	E
24.	Administrators meet to discuss the improvement of the supervision process.	A	B	C	D	E
25.	Administrators and teachers meet to discuss supervision.	A	B	C	D	E
26.	Central office personnel are involved in the classroom observation process.	A	B	C	D	E
27.	The observers critique their own professional behavior in some systematic manner.	A	B	C	D	E
28.	The post-observation conference is video or audio taped so the conferencing process can be analyzed.	A	B	C	D	E

CIRCLE all appropriate responses.

29. Classroom observations are conducted by:

a. principal
b. central office administrator
c. supervisor
d. teacher
e. (other) _____

30. Data gathered during the observation are analyzed within the framework of

a. the teacher's lesson objectives
b. the school's annual goals
c. a formal teaching model
d. the teacher's concerns
e. the observer's perceptions of deficiency needs
f. the teacher's annual goals
g. (other) _____

31. During the observation data are collected by

a. personal note taking
b. systematic note taking
c. using district form
d. audio tapes
e. video tapes
f. check lists
g. graphs and tallies
h. none of the above
i. (other) _____

32. Each tenured teacher is observed _____ time(s) per year.

33. Each non-tenured teacher is observed _____ time(s) per year.

34. What do you call the observation/supervision process used in your school(s)?_____

Table 3
Snyder-Pavan Clinical Supervision Practices Questionnaire
Scoring Guide

	A	B	C	D	E
Items 1, 2, 3, 4 6, 9, 11, 12 15, 16, 18, 19 20, 21, 22, 23 24, 25, 26, 27, 28	5	4	3	2	1
Items 5, 7, 8, 10 13, 14, 17	1	2	3	4	5

29. Classroom observations are conducted by:

a. principal	1	d. teacher	3
b. central office administrator	1	e. (other)_____	
c. supervisor	2	_____	_____

30. Data gathered during the observation are analyzed within the framework of

a. the teacher's lesson objectives	3
b. the school's annual goals	2
c. a formal teaching model	1
d. the teacher's concerns	5
e. the observer's perceptions of deficiency needs	1
f. the teacher's annual goals	4
g. (other)_____ _____	

31. During the observation data are collected by

a. personal note taking	1	f. check lists	2
b. systematic note taking	4	g. graphs and tallies	4
c. using district form	0	h. none of the above	0
d. audio tapes	4	i. (other)_____	_____
e. video tapes	5	_____	

Points for each question (29-31) are to be added for each item circled. No question may receive more than 5 points.

Table 4
Categories of Use
Snyder-Pavan Clinical Supervision Practices Questionnaire

Scott's Total Score and Range		Anderson's Item Range	Label	Category of Use
31 x 5 = 155	125 - 155	4.5 - 5.0	Always	Very High
31 x 4 = 124	94 - 124	3.5 - 4.49	Often	High
31 x 3 = 93	63 - 93	2.5 - 3.49	Occas.	Moderate
31 x 2 = 62	32 - 62	1.5 - 2.49	Seldom	Low
31 x 1 = 31	0 - 31	0 - 1.49	Never	Very Low

Table 5
Instructional Improvement through Inquiry

Pavan Elements	Question Cluster	Range
Purpose	1, 3, 4, 5*, 19	5-25
Plan	6, 7*, 9, 10*, 11	5-25
Observe	8*, 12, 13*, 14*, 20, 26, 29, 31	8-40
Analyze	21, 22, 30	3-15
Feedback	2, 15, 16, 17*, 18, 23	6-30
Reflect	24, 25, 27, 28	4-20
*reverse scoring		31-155

Table 6
The Concepts of Clinical Supervision and Their Respective Question Clusters

Concept	Question Cluster	Range
Systematic Inquiry	1, 8*	2-10
Improvement of the Teaching/Learning Process	3, 4, 19	3-15
Planned Supervision Objectives	6, 7*, 10*	3-15
Objective Data	12, 17*, 18, 31	4-20
Pattern Analysis	13*, 16, 22, 30	4-20
Flexible Methodology	2, 9, 15, 20, 21, 27	6-30
Role Delineation	11, 14*, 26, 29	4-20
Trained Clinical Supervisors	24, 28	2-10
Productive Tension Within a Nurturing Climate	5*, 23, 25	3-15
Total		31-155

*reverse scoring

L. Anderson (1986)

Table 7
Comparison of Items 1-28

Year of Survey	Bennett Study 1983	Anderson Study 1984	Holodick Study 1986	Scott Study 1988
1. Classroom observation is based on the idea that supervision is used to "coach" teachers.	Often 3.82	Occas. 3.42	Often 4.14	Often 4.21
2. Conferences are held within 24 hours of the classroom observation.	Often 3.79	Often 3.84	Often 4.0	Often 3.97
3. Classroom observation is part of a formal annual plan designed to improve instruction.	Always 4.61	Always 4.72	Always 4.71	Always 4.64
4. Classroom observation is used to help teacher become more effective.	Always 4.61	Always 4.65	Always 4.71	Always 4.69
*5. Classroom observation is used only to evaluate teachers.	Occas. 3.40	Occas. 3.37	Occas. 3.14	Occas. 3.51
6. Prior to each observation, teachers and observers agree that the data to be collected will be relevant to the teacher's concerns.	Occas. 3.27	Occas. 3.22	Occas. 3.26	Occas. 3.22
*7. Teachers have little input into the decisions about what will be observed during the supervision process.	Occas. 3.10	Occas. 3.37	Occas. 3.57	Occas. 3.33
*8. Observations are conducted when the administrator believes they are needed.	Occas. 3.10	Occas. 2.58	Occas. 3.42	Occas. 2.72
9. Before classes are observed, the teacher and observer agree upon the specifics of what will be observed in the class.	Occas. 2.87	Occas. 3.16	Occas. 3.42	Occas. 3.07

Table 7 (continued)

Year of Survey	Bennett Study 1983	Anderson Study 1984	Holodick Study 1986	Scott Study 1988
*10. Teachers do not know how the observer decided what data to collect during an observation.	Seldom 3.69	Seldom 3.90	Seldom 4.00	Seldom 3.72
11. Teachers know what behaviors to expect of the observer during the classroom observation.	Often 4.40	Often 4.35	Always 4.71	Often 4.40
12. When teachers are observed, the teacher's lesson objectives are the focus for data collection.	Often 3.99	Often 4.15	Often 4.42	Often 4.09
*13. Teachers instruct according to a specific model of good instruction.	Often 2.36	Often 2.36	Always 1.42	Often 2.22
*14. Good instructional standards have been defined by the administrator.	Often 2.08	Often 1.80	Always 1.41	Often 1.85
15. The post-observation conference includes specific plans for future instruction.	Often 3.99	Often 4.02	Often 4.0	Often 4.14
16. The observer and teacher discuss "patterns" or "trends" clearly evident in the data during the post-observation conference.	Often 3.92	Often 4.08	Often 4.14	Often 4.09
*17. Observers tell teachers what was good or bad without showing data.	Seldom 3.90	Seldom 4.02	Seldom 4.42	Seldom 3.86
18. During the post-observation conference, teachers will see data that indicate what did or did not work well.	Often 4.15	Often 4.23	Often 4.42	Often 4.09
19. Classroom observation helps teachers to become more effective.	Often 3.99	Often 4.06	Often 4.0	Often 4.11

Table 7 (continued)

Year of Survey		Bennett Study 1983	Anderson Study 1984	Holodick Study 1986	Scott Study 1988
20.	During an observation, it is obvious to the teacher that the observer's behavior is pre-planned.	Occas. 3.07	Occas. 3.49	Often 3.71	Occas. 3.46
21.	The observer devises a plan for the post-observation conference.	Often 4.08	Often 4.27	Often 4.28	Often 4.27
22.	The observer spends adequate time analyzing the classroom data collected before the post-observation conference is held.	Often 4.07	Often 4.34	Always 4.85	Often 4.23
23.	The teacher and the observer work together productively toward the improvement of instruction.	Often 4.33	Often 4.28	Often 4.28	Often 4.33
24.	Administrators meet to discuss the improvement of the supervision process.	Often 3.62	Often 3.70	Often 3.71	Often 3.74
25.	Administrators and teachers meet to discuss supervision.	Occas. 3.16	Occas. 3.34	Occas. 3.14	Occas. 3.32
26.	Central office personnel are involved in the classroom observation process.	Occas. 2.52	Occas. 2.75.	Occas. 3.00	Occas. 2.88
27.	The observers critique their own professional behavior in some systematic manner.	Occas. 3.06	Occas. 3.10	Occas. 3.42	Occas. 3.23
28.	The post-observation conference is video or audio taped so the conferencing process can be analyzed.	Never 1.24	Never 1.27	Seldom 1.85	Seldom 1.50

*reversed scored statement