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Cooperating Teacher Evaluation of Candidates in Clinical Practice and

Field Experiences

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Abstract

The Investigators hypothesized cooperating teachers' evaluations of candidates in clinical practice and field experiences would possess higher scores than those provided by clinical and education division faculty. However, the reasons for the higher scores proved to be much more complex than originally thought. While it was assumed that teachers needed formal training to fulfill their roles as effective student teacher supervisors, additional attributes needed to be addressed. Cooperating teachers exercised power over their student teachers and field experience students through their evaluations, rewards, distribution of knowledge, vested authority, and charisma. Effective cooperating teachers collaborated rather than dictated, relinquished an appropriate level of control, allowed for personal relationships, shared constructive feedback, and accepted differences. As mentors, cooperating teachers needed to not only help students become effective practitioners they also needed to help them develop as professionals in the field. Recommendations are shared regarding how to remedy the many reasons for inflation of assessment results by cooperating teachers.

Cooperating Teacher Evaluation of Candidates in Clinical Practice and Field Experiences

In academic year 2007-2008 the Teacher Education Unit's assessment system was reinvented, in order to cause the data to inform decisions. The Unit's assessment system consists of eight assessments. Of the eight assessments, three are used across field experiences and clinical practice. Assessment 3 encompasses candidate planning, Assessment 4 measures candidate performance, and Assessment 6 evaluates candidate proficiencies.

During the creation of the new assessment system the investigators hypothesized that cooperating teachers' assessment "scores" of candidates would be higher than those of clinical faculty, Education course instructors, and candidates themselves. The hypothesis resulted from many years of clinical supervision experience on the part of the primary Investigator. The basis for the hypothesis was that clinical faculty lack training in evaluating candidates in field experiences, student teaching, and internships so they inflate evaluation scores.

The literature review revealed the naivete of the investigators' explanation for inflated evaluation scores of field and clinical candidates. Reasons for cooperating teachers providing inflated assessment scores goes far beyond lack of experience in evaluation.

Literature Review

The review of literature provided the Investigators with new ways of understanding the complex nature of cooperating teachers' assessment of clinical and field experience students. As presumed, cooperating teachers do in fact need formal training to fulfill their role as effective student teacher supervisors (Zimpher & Howey, 2005). However, scores provided by cooperating teachers are affected by more than objective clinical supervision.

Cooperating teachers exert power over students supervised. Such power includes rewards, distribution of knowledge, vested authority, and charisma (Anderson, 2007). For

example, cooperating teachers determine how often a student may teach. They also decide what knowledge they will share with the student teacher or field experience student across the experience and when. The amount of authority a student teacher or field experience student is perceived to have with the students is granted by the cooperating teacher. The personal charm and magnetism possessed by both the cooperating teacher and student also impact the power relationship. Teachers, as well as their protégés, may possess a great deal of charisma. Some are capable of using their personal being to communicate with others, rather than through the usual and ordinary communication and persuasion channels.

The extent to which a cooperating teacher wants the intern to emulate them impacts the assessment process and the practice teaching experience. Effective cooperating teachers preparing to mentor future teachers need to reflect on many areas of teaching prior to the clinical experience (Maltas & McCarty-Clair, 2006). Cooperating teachers need to model how best to work with the university supervisor for their intern. They also need to know how to establish a positive relationship with the intern. There should be ongoing discussions about teaching styles that best meet students' needs. A schedule should be established early on and there should be flexibility within it. The cooperating teacher should be careful in how they introduce the intern to the students. Cooperating teachers should also share the reality of the classroom and the larger school. A carefully planned transition should be evident between the cooperating teacher and the intern. The proverbial reins should be handed over to the intern as part of this transition plan. The cooperating teacher and intern should value constant communication and there should be formative and diagnostic feedback provided to the intern along the way. The cooperating teacher should always model expectations of the intern and act upon teachable moments as they occur. Cooperating teachers must reflect on their attitudes and think about what they project to

the intern. Cooperating teachers should model continuous reflective practice to engender an appreciation of it on the part of the intern. The goal should be the best experience possible for both the intern and the cooperating teacher. Also, a cardinal rule is to never criticize the intern in front of the students.

In the day to day clinical experience the cooperating teacher should encourage the intern to reflect on their practice. The cooperating teacher can help the intern in their technical, clinical, personal, and critical reflective processes by entering into discussions and offering suggestions reflective of their own experiences, provide supportive commentary, advice, and insight. Cooperating teachers should guide instructional and participatory strategies, discuss student learning and behavioral issues from individual and group perspectives, validate the importance of thoughtful lesson planning and thorough preparation, and encourage reflection from student and other stakeholder perspectives (Stegman, 2007).

The amount and frequency of feedback provided by the clinical faculty impacts the success of the clinical experience (White, 2008). Feedback is most effective when it focuses on the tasks and the associated learning, confirms for interns that they are on the right track, includes suggestions that scaffold interns to move on, is frequent and given when there is opportunity for the intern to take action, and is in the context of a dialogue about the learning. White's study supported the notion that quality feedback practice draws on a number of factors engaging both the intern and the clinical supervisor in critical reflection. The findings highlighted such things as too much talk from the cooperating teacher limiting the quality of the feedback process for intern. Honesty, on the part of the cooperating teacher and feedback provided, was a key contributor to success. The Intern taking ownership of the teaching and learning also resulted in successful experiences. Additionally, providing a variety of feedback

opportunities enhanced the experience for both student teacher and clinical supervisor, while lack of time to communicate limits the quality of the experience.

Interns expect the cooperating teacher to be available at all times through phone and emails to clarify their queries. Responding to communications from interns in a timely manner shows them that their cooperating teachers are continuously available and this provides needed levels of support. Effective cooperating teachers focus on solving interns' small problems before they become bigger ones.

Some of what clinical faculty provide can be streamlined, while other elements are specific to particular settings. Items and practices that can be used across experiences include pre-prepared questions to ask after each observation session. Such questions provide structure and guidance to the feedback process. Written reflections by student teachers on the feedback they are given are often systematized and worthwhile as well. Honest and direct appraisals of the intern's performance are more helpful than tentative and indirect ones. They are welcomed by interns most when they are delivered with empathy and compassion. Tacit knowledge should be shared by the clinical faculty but such knowledge should be imparted only when there is an assumption the intern takes ownership in what they teach and learn during the professional practice. Timely feedback, as always, plays a part in the intern's success.

For some reason cooperating teachers are reluctant to share negative feedback with the interns they supervise (Gal, 2006). This avoidance of providing negative feedback may be a contributing factor as to why cooperating teachers generally provide clinical assessments with higher scores than university supervisors, faculty, and interns themselves. Conversely, highly effective cooperating teachers show little concern regarding having their student teachers duplicate their practices. They rarely provided solutions for the interns, opting instead to nudge

them toward independent problem solving (Killian & Wilkins, 2009). Highly effective clinical teachers do not find giving negative comments easy, but they have learned to do so. They use these critical reflective skills when needed to enhance clarity when needed. Effective cooperating teachers have interns who experience higher percentages of teaching time. Effective mentors understand that working in pairs as teams yields greater results than acting as turn takers in the teaching.

Most practice teaching placements occur due to matching clinical faculty grade level and subject area with those of the intern. It is equally important to identify mentor qualities most likely to result in a positive working relationship and to place according to this. One could infer the level of success and satisfaction attained by both parties would increase. In addition to recognizing the importance of the cooperating teacher as model educator, it is of equal import to consider the cooperating teacher as a mentor for the student teacher (Glenn, 2006). As mentors, cooperating teachers should aim not only to help students become effective practitioners but help them develop as professionals in the field. Student teachers need to know how to teach, but they also need to know how to reflect on their progress, work effectively with their colleagues, and maintain their passion amidst personal and work-related stresses. Per Glenn, effective cooperating teachers collaborate with interns rather than dictate. They relinquish an appropriate level of control to the intern. They allow for personal relationships, in the spirit of being collegial and kind. Most importantly effective cooperating teachers share constructive feedback with their intern and accept differences between their mentee and them.

To become highly qualified, interns must learn to use the tools of the teaching culture in the particular ways that are embraced by the educational community (Combs, 2009). Beyond the mechanics of teaching, effective cooperating teacher mentors value context and communicate

that successful teaching and learning are not the result of one best way of doing things. The merit of context and its influences is increasingly acknowledged in teaching research, teacher education, and assessment of teaching (Darling-Hammond & Snyder, 2000). Assessment of highly qualified teacher candidates requires the construction of knowledge and diverse practices that are the result of principled actions in different contexts, rather than presuming one set of unvarying behaviors (Delandshere, 1996; Delandshere & Arens, 2003).

The monumental task of helping to prepare tomorrow's educators is daunting and it makes one wonder why teachers would want to participate in such things. However, teachers do in fact receive transformational experiences in their teaching practices through working with interns (Landt, 2004). Cooperating teachers reported thoughtful changes in their practices and how working with interns provides opportunities for professional growth. Schools should make note of this teacher development opportunity and encourage and support classroom teachers hosting field experience and clinical experience candidates. Conjecturally, it will be important to continue to explore the dynamics of the relationships between teacher and intern to identify when teachers transform during the experience(s).

Beyond teaching transformations, cooperating teachers can extend their positive effect on teaching and learning, by mentoring field experience students and clinical practice interns (McNay & Graham, 2007). A teacher's sense of calling to serve civilization through teaching can be renewed through mentoring experiences. Effective cooperating teachers accept the notion of vision as central to their work with interns. More research needs to be performed in the area of mentoring and its affect on intern vision.

Ultimately teacher education units must introspect and evaluate the strength of their assessment courses. Part of the problem cooperating teachers may be having with assessing

interns is the result of not having adequate assessment courses in their teacher education programs. Although contemporary teacher education programs typically include training in assessment, little is applied across classroom practices and student learning (Broadfoot, Osbron, Sharpe, & Planel, 2001). Assessment is about more than marks at various points across the term. It is about the systems set in place that translates into the experiences of the students.

Results

The hypothesis was cooperating teachers would provide higher assessment scores across candidate knowledge (planning), skills (performance), and dispositions. Two terms of data, both aggregated and disaggregated, were studied.

Fall term 2008-2009 disaggregated data revealed school faculty (cooperating teachers) provided higher assessment scores than clinical faculty (CFs), candidates (Cs), or instructors (Is) across planning (#3), performance (#4), and dispositions (#6). Thus, the hypothesis that cooperating teachers provide higher evaluation scores than all others completing such assessments is proved.

| FA 2008-2009 Disaggregated Assessment Data Results | | | | | | | | |
|--|--------------------|----|----|---------|----------|-------|-------|-------|
| Variables | Disaggregated Data | | | | Assessor | | | |
| | #3 | #4 | #6 | Overall | SF | CF | C | I |
| UNIT | | | | | | | | |
| #3 | | | | 88.49 | | | | |
| #3 beginning | | | | | 92.52 | 89.58 | | |
| #3 intermediate | | | | | 88.00 | 84.21 | 61.40 | 90.64 |
| #3 proficient | | | | | 86.14 | 82.88 | | |

| | | | | | | | | |
|-----------------|--|--|--|-------|-------|-------|-------|-------|
| #4 | | | | 90.41 | | | | |
| #4 beginning | | | | | 94.44 | 81.63 | | |
| #4 intermediate | | | | | 88.26 | 83.67 | 75.71 | 94.29 |
| #4 proficient | | | | | 92.68 | 92.65 | | |
| #6 | | | | 90.68 | | | | |
| #6 beginning | | | | | | | 66.22 | 97.04 |
| #6 intermediate | | | | | 96.67 | 92.44 | 89.36 | 90.94 |
| #6 proficient | | | | | 96.67 | 95.69 | 95.35 | |

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| Variables | Aggregated Data | | | | Assessor | | | |
| | #3 | #4 | #6 | Overall | SF | CF | C | I |
| UNIT | | | | | | | | |
| #3 | | | | 89.82 | | | | |
| #3 beginning | | | | | 97.22 | 89.29 | | |
| #3 intermediate | | | | | 93.03 | 84.21 | 61.40 | 90.64 |
| #3 proficient | | | | | 92.58 | 89.93 | | |
| #4 | | | | 92.86 | | | | |
| #4 beginning | | | | | 95.63 | 84.52 | | |
| #4 intermediate | | | | | 93.93 | 86.41 | 79.29 | 94.29 |
| #4 proficient | | | | | 97.42 | 93.95 | | |
| #6 | | | | 94.73 | | | | |
| #6 beginning | | | | | | | 78.38 | 97.04 |
| #6 intermediate | | | | | 98.10 | 92.44 | 93.77 | 90.94 |
| #6 proficient | | | | | 97.78 | 97.57 | 98.22 | |

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| SP 2008-2009 Disaggregated Data Results | | | | | | | | | | |
|---|---------|------|----------|-----|-------|-----|-------|-----|-------|----|
| Variables | Overall | | Assessor | | | | | | | |
| | | | SF | | CF | | C | | I | |
| | Mean% | N | Mean% | N | Mean% | N | Mean% | N | Mean% | N |
| UNIT | | | | | | | | | | |
| #3 | 83.45 | 341 | 86.84 | 210 | 79.02 | 125 | | | 58.33 | 6 |
| #3 beginning | 84.05 | 48 | 93.62 | 24 | 79.86 | 18 | | | 58.33 | 6 |
| #3 intermediate | 89.75 | 143 | 90.99 | 111 | 85.57 | 32 | | | | |
| #3 proficient | 78.91 | 150 | 81.03 | 75 | 76.79 | 75 | | | | |
| #4 | 89.26 | 341 | 91.36 | 208 | 86.22 | 129 | | | 91.07 | 4 |
| #4 beginning | 89.87 | 49 | 96.13 | 24 | 85.37 | 21 | | | 91.07 | 4 |
| #4 intermediate | 90.37 | 141 | 91.77 | 108 | 85.80 | 33 | | | | |
| #4 proficient | 88.40 | 151 | 90.34 | 76 | 86.43 | 75 | | | | |
| #6 | 93.50 | 393 | 97.04 | 94 | 94.86 | 70 | 93.97 | 173 | 84.40 | 56 |
| #6 beginning | 87.99 | 111 | 98.89 | 4 | 96.30 | 3 | 91.60 | 68 | 79.26 | 36 |
| #6 intermediate | 94.24 | 99 | 96.27 | 31 | 85.93 | 3 | 93.53 | 46 | 93.95 | 19 |
| #6 proficient | 96.47 | 182 | 97.33 | 59 | 95.17 | 63 | 97.00 | 60 | | |
| Overall | | 1074 | 90.64 | 512 | 85.26 | 323 | 93.97 | 174 | 82.63 | 65 |

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| SP 2008-2009 Aggregated Data Results | | | | | | | | | | |
|--------------------------------------|---------|-----|----------|-----|--------|-----|--------|-----|--------|----|
| Variables | Overall | | Assessor | | | | | | | |
| | | | SF | | CF | | C | | I | |
| | Mean % | N | Mean % | N | Mean % | N | Mean % | N | Mean % | N |
| UNIT | | | | | | | | | | |
| #3 | 84.34 | 145 | 91.09 | 67 | 83.02 | 72 | | | 63.75 | 5 |
| #3 beginning | 86.27 | 28 | 97.81 | 10 | 86.06 | 13 | | | 63.75 | 5 |
| #3 intermediate | 90.66 | 51 | 95.22 | 26 | 86.32 | 25 | | | | |
| #3 proficient | 83.84 | 66 | 86.99 | 30 | 80.54 | 34 | | | | |
| #4 | 92 | 145 | 94.85 | 68 | 89.46 | 72 | | | 91.07 | 4 |
| #4 beginning | 89.95 | 27 | 97.86 | 10 | 88.39 | 11 | | | 91.07 | 4 |
| #4 intermediate | 91.85 | 54 | 97.67 | 27 | 85.71 | 26 | | | | |
| #4 proficient | 92.57 | 64 | 93.03 | 31 | 92.13 | 33 | | | | |
| #6 | 94.12 | 253 | 98.55 | 55 | 95.16 | 39 | 96.52 | 104 | 84.60 | 55 |
| #6 beginning | 88.02 | 84 | 98.89 | 4 | 96.30 | 3 | 94.31 | 41 | 79.26 | 36 |
| #6 intermediate | 95.91 | 69 | 98.20 | 21 | 85.93 | 3 | 96.46 | 27 | 94.07 | 18 |
| #6 proficient | 97.98 | 101 | 98.74 | 30 | 96.09 | 33 | 99.07 | 36 | | |
| Overall | | 544 | 94.64 | 190 | 88.22 | 183 | 96.42 | 106 | 83.63 | 65 |

In all cases cooperating teachers provided assessments with scores greater than clinical faculty, candidates, and instructors.

Summary and Recommendations

The hypothesis that cooperating teachers would provide greater assessment scores across all Unit knowledge, skills, and dispositions when compared with clinical faculty, candidates, and instructors was validated. Cooperating teachers did in fact provide higher assessment scores across all programs, courses, and locations.

The reason for the inflated scores is much more complicated than originally thought. It was assumed that the reason for the inflated scores was only due to lack of training and experience in clinical supervision. Beyond the lack of training and experience problems, many cooperating teachers have problems with being honest with their interns. Some also use the assessment instruments as symbols of power with their interns.

Effective cooperating teachers get to the point where they can be honest with their interns and they provide formative and diagnostic feedback in meaningful ways. So, in addition to the need for providing clinical training for the cooperating teachers, teacher education Units should encourage cooperating teachers to be honest with their interns and also share with them the other reasons why cooperating teachers inflate assessment scores. Training, and knowledge of the other reasons why cooperating teachers inflates scores, should help reduce inflated scores and provide a more realistic picture of the intern's clinical performance.

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