

Teaching a Student to Read Through a Screen: Using SKYPE to Facilitate a Field Experience

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ABSTRACT: The Distance Clinical Connecting Candidates and Children (DC4) is an innovative new model for providing a clinical experience in a reading methods course. Pre-service teachers used this model to implement assessments and lessons via SKYPE with local elementary students. I designed this model to provide a clinical experience when faced with university scheduling constraints. Positive outcomes for pre-service teachers involved in the piloting of the DC4 were noted in terms of growth as a teacher, planning and attitudes toward teaching reading. This type of model may hold potential for the inclusion of rural schools into university-public school partnerships involving clinical experiences of pre-service teachers, otherwise made impossible by geographic location.

NAPDS Essentials Addressed: #2/A school-university culture committed to the preparation of future educators that embraces their active engagement in the school community.

Introduction

The importance of clinical experiences for pre-service teachers (referred to as teacher candidates in this article) cannot be underestimated. Clinical experiences allow teacher candidates to practice what they've learned in their university courses and provide them with "real-world" participation in their chosen career (McGlinn, 2003). A Professional Development School (PDS) may be the perfect setting for providing such experiences. Indeed, one of the nine essentials set forth by the National Association for Professional Development Schools is that of, "A school-university culture committed to the preparation of future educators that embraces their active engagement in the school community" (Brindley, Field & Lessen, 2008, p. 11). Sometimes logistical challenges arise when arranging a clinical experience; namely time. University class scheduling can be tough to negotiate. The back-to-back scheduling of classes simply do not allow enough time for teacher candidates to interact with students in a local PDS and return to campus in time for their next class. The purpose of this article is to describe an innovative new model for provision of a clinical experience in the area of reading, developed when I was faced with such a logistical challenge.

History

I began my work as an assistant professor at Francis Marion University during the 2011/2012 school year. I taught an Early Childhood Reading Methods course that met for three hours, one day per week. This large block of time allowed my class to meet at a local PDS where we were given use of an empty classroom. I provided the teacher candidates with thirty minutes travel time to and from the university, leaving the class with two hours each week for lecture and clinical work. I taught the first part of class to my teacher candidates as I typically would on campus. The second part of the class contained the clinical

component. The teacher candidates were each paired with a first or second grade student. The teacher candidates would work in our classroom, conducting an assessment or implementing an individualized lesson plan with their assigned elementary student. I would make my rounds, supporting the dyads. This model was ideal for allowing both traditional university-class instruction as well as real-world practice in the teaching of reading to young children. The only drawback to the model was the time sacrificed to travel.

After teaching this course for two semesters using this model I began teaching an Elementary Reading Methods course. I planned to implement the same type of model with the teacher candidates of the Elementary Education Program as I had with the Early Childhood Education Program. However, I quickly found this would be impossible. The Elementary Reading Methods course was not allotted the same three-hour block, one day per week, as allotted to the Early Childhood version of the course. Instead, the Elementary Reading Methods course was scheduled to meet on Tuesdays and Thursdays from 8:30am-9:45am. This posed a problem when considering a clinical component to the class. Teacher candidates simply would not have enough time to report to a local school, work with a student and return to campus in time for their next class.

Desperate Times Call for Technology

I knew the methods class would be most beneficial to the teacher candidates if they had clinical experience. I looked to the literature on distance education for a possible solution. The literature I found to be the most helpful dealt with technologically-mediated professional development programs for in-service teachers. Strong research evidence highlighted improved reading achievement for students as a result of carefully designed professional development programs delivered

via web-conferencing and other distance-communication applications (Amendum et al., 2011; Ginsberg, Vernon-Feagans, & Amendum, 2010; Gunther, 2012; Vernon-Feagans et al., 2012). I began to imagine how the face-to-face model I was using for my Early Childhood Reading Methods course might translate into a distance version for the Elementary Reading Methods course.

Getting Support From the PDS

I met with the principal, assistant principal, a third grade teacher and the district technology specialist. We discussed goals for children and teacher candidates. We discussed permission forms and hardware. I left the meeting with a promise to draft a plan for a SKYPE clinical experience and return.

I wrote up my plan for implementing this distance clinical. I called it the *Distance Clinical Connecting Candidates with Children* (DC4). The plan was based on my knowledge that the PDS had a class set of iPads. The university had a computer lab with webcams. I wanted to match elementary readers with teacher candidates in a one-on-one format via SKYPE. The plan was:

- 1st Tuesday- University class as usual from 8:30am-9:45 am consisting of lecture, class discussions, introduction to new assessments and teaching methods.
- 1st Thursday- Distance Clinical Day (Assessment) Candidates connect with their elementary students via Skype, one-on-one, administering two assessments. The first assessment would determine reading level, the second a measure of advanced phonics knowledge.
- 2nd Tuesday- Candidates discuss assessment results in class and choose appropriate teaching strategies for their given elementary student.
- Wednesday- Candidates place a text on their student's reading level (printed from Reading A-Z.com) as well as materials for a word-level activity in an envelope in a large box in the School of Education's Main Office. At the end of the day on Wednesday, I deliver the mail to the elementary school.
- 2nd Thursday- Distance Clinical Day (Intervention). Candidates connect with their elementary student via Skype and facilitate the lessons they designed for their students.
- Weekly Reflection for Reading Clinical Experience- Candidates reflect weekly by responding in writing to the same questions asked of the Early Childhood majors after each clinical day. These questions structured reflections to show candidates' knowledge of assessments and interventions in reading, candidates' knowledge of students as developing readers and awareness of themselves as developing reading teachers (see Appendix for reflection questions).

The weeks would then continue on, alternating assessments and interventions; creating highly individualized reading sessions for the third grade students. The faculty involved with the clinical agreed on this plan.

The Piloting of the DC4

I worked closely with the third grade classroom teacher to structure six weeks of this distance adventure in reading. She reported excitement on SKYPE days and positive feedback from parents. She reported her own renewed energy for teaching reading. I was glad the elementary students were benefitting. I was curious as to whether or not the teacher candidates of the DC4 were getting as much from the experience as the Early Childhood Education teacher candidates who took part in the face-to-face clinical experiences in reading from previous semesters. The Weekly Reflection for Reading Clinical Experience completed by the candidates of the DC4 had me believing they were indeed benefitting, and doing so in similar ways as the face-to-face candidates. In analyzing Weekly Reflection for Clinical Reading Experience responses from the face-to-face candidates from previous semesters, I found they claimed to be growing as reading teachers. I also found they were making decisions about instruction based on their assessment data and that they were demonstrating a passion to teach reading.

Using these findings as points for comparison, I looked for these very claims and qualities in the reflections of the DC4 candidates. Candidates of the DC4 indeed stated they felt they were becoming stronger teachers during their clinical, citing verbal communication as key. The following quote served as evidence:

I am learning about being a better teacher in general through this project in teaching a student to read through a screen. I find myself telling the student the same thing I would be telling him if I was in person with him. I have clinical hours at a school (for another class), and many times, the (cooperating teacher) has asked if I would read with (a) student in the library. The way I read that specific student is the same way I read with my student via Skype... Teaching via Skype is helping me become a better communicator. If you can teach virtually, that will definitely translate into you teaching (effectively) with an individual sitting right next to you.

Within these reflections I also found evidence of teacher candidates' use of assessment data for sound instructional decision-making:

Kasey understands (her book) if I stop her after reading a (few) pages and ask questions about what she's read so far. (I ask) how (the new reading relates) to what we have talked about already (discovered after using a Retelling Rubric).

And:

I was effective with my intervention because the story was not too hard for Malik to read. The only part of the story he had trouble reading were the characters' names. I selected the right level book for him (based on the Slosson Oral Reading Test).

Lastly, I found evidence of positive attitudes toward the teaching of reading:

(This week) I learned that I love teaching reading. It made me so happy when I saw Sam get excited during the story, or when he was making his words. I loved working with him today, and I'm so excited for next week! Dakota struggles as a reader, but given the appropriately leveled book and time, he can be successful. He was challenged with "Making Words", but could do it with some guidance.

These preliminary findings, based on teacher candidate reflections, demonstrate the model to be worth continuing to develop.

Potential for the DC4

The DC4 is working well with a PDS geographically close to the university. This model holds the potential though, to include rural schools in clinical experiences for teacher candidates. Many times, rural schools are not included in consideration for clinical experiences simply because they are too far from campus. Even with a three-hour block of time, getting candidates to a remote school and back to campus would utilize too much of the time allotted for lecture and clinical. Likewise, teacher candidates do not have the opportunity to work with a full variety of school settings. A model such as the DC4 has the potential to ameliorate that very issue by connecting candidates with rural schools.

In the upcoming semester the DC4 will be piloted in a rural elementary school. Facetime will replace SKYPE as all parties now have iPads. Data will be collected to examine teacher knowledge of the teacher candidates, teacher beliefs and attitudes for teacher candidates as well as the cooperating classroom teacher. While the DC4 will be piloted at a school not typically used for collaboration with the university, this project just may serve as a gateway to a new partnership.

Summary

Teacher candidates can benefit from reading methods courses containing a clinical component. When scheduling and time do not allow for a traditional face-to-face experience, a distance clinical may be the solution. Candidates of face-to-face, as well as distance models, show growth as developing reading teachers. The distance model may also be a solution to the issue of exclusion of rural schools from opportunities to participate in clinical experiences with teacher candidates. ^{SUP}

Appendix

Reflection for Reading Clinical Experience

Teacher Candidate's Name _____
 Student's Name (first name only) _____

Age and Grade of Student _____

Check one:

This week I conducted assessments _____

This week I implemented an intervention/lesson ____

Name of Assessment/s or Intervention/s _____

Briefly describe the assessment/s or intervention/s. In your own words, what are the assessment or intervention procedures?

Were the assessment/s or intervention/s new to you?

If you conducted an assessment, tell what you were hoping to measure or learn about your student as a reader.

If you conducted an intervention, tell the steps you took to choose or design this particular intervention for your student. How did you know this intervention was a match for your student?

How effective were you in conducting the assessment or intervention?

How do you know?

What did you learn about your student as a reader?

What did you learn about yourself as a teacher of reading?

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