Journal of Educational Supervision

Volume 3 | Issue 1 Article 2

2020

The Evolution of Clinical Practice and Supervision in the United States

D. John Mcintyre
Southern Illinois University, johnm@siu.edu

Christie McIntyre
Southern Illinois University, christie.mcintyre@siu.edu

Recommended Citation

Mcintyre, D., & McIntyre, C. (2020). The Evolution of Clinical Practice and Supervision in the United States. *Journal of Educational Supervision, 3* (1). https://doi.org/10.31045/jes.3.1.2

Conceptual

The Evolution of Clinical Practice and Supervision in the United States

Journal of Educational Supervision
5 – 17
Volume 3, Issue 1, 2020
DOI: https://doi.org/10.31045/jes.3.1.2
https://digitalcommons.library.umaine.edu/jes/

D. John McIntyre[1] & Christie McIntyre[1]

Abstract

Clinical practice in teacher education has evolved from an apprenticeship model to one that finds it more intertwined with collaborative arrangements with partnering public schools. We look at how this evolution has had a major impact on the effectiveness of how teachers are prepared in an ever more complex society. We also describe how instructional supervision has been intertwined with clinical practice throughout the decades.

Keywords

clinical practice; supervision

[1] Southern Illinois University Carbondale, Illinois, USA

Corresponding Author:
D. John McIntyre (School of Education, Southern Illinois University Carbondale, Mail Code 4610, Carbondale, Illinois, 62901 USA)
Email: johnm@siu.edu

Introduction

The Oxford Dictionary defines the word 'evolution' as "the gradual development of something, especially from a simple to a more complex form." Thus, the purpose of this article is to trace how clinical practice or field experiences have evolved from the late 1800s to its current state. As we will see, clinical practice was, in the not too distant past, a somewhat simple endeavor which has developed into a more complex and integral component of a teacher preparation program. We will also take a brief glimpse into how the field of supervision evolved and the role it plays in clinical practice.

Where to Begin

The journey to study the evolution of clinical practice could begin with Jean-Baptiste de La Salle. In the 17th century in Europe, education was controlled by the Church. A Catholic priest, de La Salle recognized that children were being taught mostly individually and by teachers who had no pedagogical training. As a result, in 1680, he established the first school dedicated to the training of teachers in Reims, France and established the first pedagogical methods to be used by teachers. In 1900, Jean-Baptiste de La Salle was canonized by Pope Leo XIII and in 1950 Pope Pius XII named him the "Patron of all Teachers of Youth" (Johnson, 1968; Sladky, 2014).

We could also begin in 1823 when Samuel R. Hall, a preacher and teacher, opened Concord Academy in Vermont which become the first training school for teachers to be recognized in the United States. In 1829, he published a book of his lectures on School Keeping that went through ten printings because of its popularity, and in 1830, he organized the American Institute of Instruction, the oldest educational association in the United States ("Samuel Read Hall," n.d.).

That teacher education, let alone clinical practice, in the United States began in the 1800s in a chaotic state is probably a gross understatement. Edelfelt and Raths (1998) pointed out that in 1870 a proposal was made at the Annual Meeting of the American Normal School Association specifying criteria for admission to teacher preparation programs and a two-year course of study in a normal school. The proposal spelled out how many weeks should be devoted to different types of instruction as well as the topics of instruction. Although this proposal may make perfect sense to us today, it was met with "fierce opposition" at the time.

The same is true at this time for supervision. It wasn't until the mid-1800s that supervision began to focus on the improving instruction (Blumberg, 1985). However, supervision, as we know it today, was not yet emphasized as a critical component of clinical practice and was mostly practiced in schools by traveling superintendents who traveled to district schools proselytizing for more effective instructional practices, as they defined them (Marzano, Frontier, & Livingston, 2011).

Major Milestones

In the early 20th Century, as Henderson (1918) pointed out, there remained little agreement or consistency about the student teaching experience. He conducted a survey of 45 institutions across the country examining the amount of time required for student teaching – often referred to

as the "teaching course" - as well as coursework required in teaching prior to the student teaching experience. He discovered that students who wished to become teachers received little guidance or advice in the selection of academic and education courses in reference to their future work as teachers. He also discovered that nearly every university required some education courses prior to student teaching, but there was so much variance in what was required that it was impossible to determine any trends. In fact, a student teaching experience could last from six to forty weeks. As a result, he recommended that the "teaching course" or student teaching be placed in a graduate course, thus allowing additional courses in education to occur during the undergraduate sequence. A recommendation that would resurface nearly 70 years later with the report of the Holmes Group, a consortium of Deans and Chief Academic Officers from research universities across the country (Holmes Group, 1986).

William Bennie (1978) asserts that one of the major milestones in the development of clinical experiences occurred in 1920 when a group of teacher educators came together to form the National Association of Supervisors of Student Teaching (NASST). This group had been part of a task force established by the National Society of College Teachers of Education (NSCTE) that had been charged with studying and making recommendations for the improvement of student teaching. When the report was issued and then largely ignored by the parent organization, about 35 members met in Cleveland, Ohio and established the NASST (now known as the Association of Teacher Educators or ATE). Dr. Bennie states that this organization has contributed more to the "full flowering" of field and clinical experiences than any other institution or organization and deserves more recognition than it is given.

In 1921, Dr. A.R. Mead, the first President of NASST, gave the first annual Presidential Address at their inaugural annual conference in Atlantic City, New Jersey. He suggested a list of 23 problems that needed to be addressed through research and deliberation regarding what is now referred to as clinical practice. These included such issues as a) formulation of principles involved in the process of student teaching and closely related work, b) investigation into the status of the supervising teacher, c) intensive study into the traits of high-grade teaching, d) scientific determination upon the effects of student teaching upon pupils taught, e) intensive study of student teaching in and establishment of standards for and plans for student teaching at various grade levels, f) development of type of work necessary to train principals how to do classroom observation, g) development of plans for training college and university teachers, and h) development of plans for demonstration teaching (pre-student teaching). At this same conference, Williams (1921) argued for an observation course to be placed prior to student teaching so that students studying to become teachers would have some experience in and awareness of the realities of a school classroom. Interestingly, many of these same problems identified by Dr. Mead are still being discussed in some form today.

Bennie (1978) also pointed to the development of laboratory schools by major institutions of higher education in the earlier part of the 20th Century as a major milestone in the development of clinical practice. These schools not only provided a controlled environment and optimum facilities for teachers-in-training but also assumed the leadership in developing innovative practices and in conducting research for educational practices. Perhaps the most famous laboratory school was the one established at the University of Chicago by John Dewey. Dewey, who established his school in the late 1880s, viewed a laboratory school as a site for researching

and verifying new educational theories and principles (Tanner, 1997). However, this innovative approach to preparing teachers began to meet its demise in the later 1960's and 1970's. As Van Till (1969) and Hausfather (2001) point out that in addition to the expense of running laboratory schools, they began to be viewed as elite schools that were established mainly for the children of university faculty members. As a result, it was thought that future teachers' experiences in such settings were not reality-based and could be better served in the public schools. In addition, as enrollments in teacher education programs began to increase student teaching assignments moved to the more plentiful public schools.

Struggles and Challenges

The 1930s saw a struggle with finding a relationship between the academic phases of teacher education with the laboratory phases. In 1933, Hughes reported on a research study of programs across the country that found a divorce between the academic and professional training for teachers with the only common element seeming to be the gradual induction or transition as student teachers gained more teaching experience as they proceeded thru student teaching. It does not mention any type of field experience prior to student teaching. The study recommended that student teaching needed to be much more than simply presenting lessons in front of students as there are so many other activities teachers are involved in while at school. Later, Pelk (1937) and Flowers (1937) lamented the gap or lack of a relationship between what was taught on campus and what occurred in the field experiences in the schools during student teaching. This apparent lack of cohesion between the on campus and off campus components of teacher education programs would exist for several decades and, to a certain extent, still exists in some programs today.

As the 1930s concluded, it is clear that the clinical practice or field experience component of a teacher education program was still struggling to find a fit within the entire teacher education program. Those that championed clinical practice realized that in order for future teachers to have an enhanced experience and to more fully develop as teachers, there would have to be more of an alignment between what occurred on campus, academic courses and what occurred in the field during student teaching. There also was the beginning for a call for additional field experiences prior to the student teaching semester. Perhaps what was most interesting, however, was the recommendation by Dr. Florence Stratemeyer (1937) of Teachers College, Columbia University, for differentiated phases of clinical practice based on the future teachers' stages of expertise and knowledge. This recommendation would become even more prevalent in coming years.

One of the major landmarks in the evolution of clinical experiences came in 1945 when the American Association of Teachers Colleges (now referred to as AACTE) commissioned a report on the current status of clinical practice which resulted not only in an accurate snapshot of what was occurring across the United States but also in major recommendations to guide the future of clinical practice, specifically, and teacher education, in general (Bennie, 1978). The report of the commission, *School and Community Laboratory Experiences*, commonly referred to as the Flowers Report named after its chair, John G. Flowers, was released in 1948. The Report, co-chaired by Allan Patterson, Florence Stratemeyer and Margaret Lindsey, delineated the basic principles of laboratory experiences and describes prototype programs with guidelines for

various types of laboratory experiences. Bennie (1978) states that this document is probably the most single significant publication to effect student teaching and field experiences during the first half of the twentieth-century.

The Flowers Report concluded with a series of recommendations for future field and laboratory experiences. These recommendations include:

- Field experiences prior to student teaching must be integrated with all parts of the teacher education program.
- Field experiences, including student teaching, should be based on the individual student's readiness. A student's TEP program is supposed to be individualized. Length of field experience, including student teaching, should be based on a student's readiness and progress.
- Intensive field experiences should be planned for AFTER student teaching. Internships should be part of a 5^{th} year of preparation.
- Assessment of student's progress thru laboratory experiences should be continuous.
- Colleges should control schools or experiences where laboratory experiences are taking place.
- Non-school agencies should/could be part of field experiences.
- There needs to be an emphasis on the skills of the cooperating teacher.
- The involvement of campus instructors in professional laboratory experiences should be included as part of their teaching load.

Many of these recommendations would remain central to the means for improving clinical practice up until and including the present time. This centrality is clear in an important publication in the Journal of Teacher Education by Margaret Lindsey in 1961. The article, *Professional Standards and the Association for Student Teaching*, sought to not only provide an opportunity for Dr. Lindsey to advocate for the need for national standards to guide the development and implementation of clinical practice programs but to also to proclaim the stance of the Association for Student Teaching (now the Association of Teacher Educators) regarding these standards.

Dr. Lindsey made it clear, in what was her Presidential Address at the 1961 conference of the Association for Student Teaching, that she believed for our profession to assume full responsibility for what we do, we must be committed to the following:

1. define its specialized competence so that needed knowledge, skills, attitudes, and values are evident;
2. determine what factors may be relied upon in the continuing selection of its members;
3. determine what kinds of experiences promise to develop the desired competency in individuals; and,
4. describe behavior that demonstrates the desired competency."

She also challenged all teacher educators with the following:

> Perhaps our single most important contribution to the advancement of professional standards is so to behave as though that we are models with whom our students want to identify; that the professional role we assume is a role which, when acquired by a student, ensures his professionally and socially acceptable performance after he has left our program. (p. 491)

Also in 1961, the Association for Student Teaching published *Building Good Relationships; A Major Role of the College Supervisor* (Edwards, 1961). Again, this publication proposed guidelines for how College Supervisors should build positive relationships with the cooperating school, cooperating teacher and field experience student.

Standardizing Clinical Practice

In spite of Dr. Lindsey advocating for standards to guide clinical practice programs and experiences, they were slow to develop. Instead, in 1970, the Association for Student Teaching (AST) published a series of guidelines designed to guide the profession. It was stated that these guidelines could be considered as statements of *possibilities* for excellence by which teacher preparation programs could meet the demands of modern teaching (Smith, Collier, McGeoch, & Olsen, 1970). These guidelines also were developed to help institutions prepare for the "new" National Council for the Accreditation of Teacher Education (NCATE) (now referred to as the Council for the Accreditation of Educator Preparation) standards.

Although *The Guide to Professional Excellence in Clinical Experiences in Teacher Education* (Smith et al., 1970) was written twenty years after the Flowers Report, it still included guidelines with an emphasis on individualizing clinical practice to meet the needs of each teacher candidate by providing evidence of this individualization including participation in program planning. Suffice it to say, this continued recommendation for educator preparation programs to individualize to meet the needs of teacher candidates has not yet come to fruition. In fact, this would be the final time the proposal to individualize clinical practice and field experience to meet the needs of the individual teacher candidate would surface. One must wonder if the introduction or interpretation of future standards or the pressure of accreditation caused educator preparation programs to become more standardized in order to meet accreditation requirements. It should also be made clear that AST was not advocating for students to have control over the teacher preparation programs. Instead,

> The difference between student involvement and student control should be noted. Professional personnel from colleges, schools, and supporting organizations and agencies must collaborate in shaping and offering professionally sound programs of clinical experiences. Student control of a professional program is not appropriate, but the involvement of students as fully participating members of decision-making teams is indispensable. Guidance of clinical experiences should not be something done to students; rather, it should be done with them. (Smith et al., 1970, p. 32)

Several of the areas that were addressed in the 1970 guidelines, however, were done so for the first time. For example, these guidelines began to place an emphasis on the resources available to support clinical practice programs. As we began to enter the later part of the 20th century, support for higher education began to diminish and budgets began to shrink so that resources that were at one time available to support clinical practice were beginning to disappear. Obviously, this is an even bigger issue in the present.

Other guidelines suggested by the 1970 report were a new emphasis on teacher candidates' ability to critically analyze or reflect upon their teaching practice, the continued recommendation for a post-baccalaureate or induction experience for teacher candidates, the recognition of the importance of the student teaching triad, an emphasis on partnerships when developing clinical practice programs, the need for a clear definition of administrative responsibility, and the need for ongoing evaluation and data collection process for clinical practice programs.

The Evolution of Supervision of Clinical Experiences

The second half of the 20th century also saw a turn in the evolution of supervision that impacted how it was conducted in clinical practice. Collecting quantitative data during the classroom observation to demonstrate classroom behavior/performance began to be the norm for the college supervisor. Instruments, such as the Flanders Interaction Analysis System (Amidon & Flanders, 1963), began to emerge to assist the supervisory process.

In addition, clinical supervision began to emerge as an important force in the area of supervision and was embraced by many clinical practice programs as the approach to be taken when mentoring teacher education candidates in the field. In 1969, Robert Goldhammer proposed a five-stage process in clinical supervision: (1) a pre-observation conference between supervisor and teacher concerning elements of the lesson to be observed; (2) classroom observation; (3) a supervisor's analysis of notes from the observation, and planning for the post-observation conference;(4) a post-observation conference between supervisor and teacher; and (5) a supervisor's analysis of the post-observation conference.

For many of us in teacher education, these stages were reduced to three: the pre-observation conference, the observation, and the post-observation conference. Related to this advancement, the Association for Student Teaching (1968) published *Guiding Student Teaching Experiences* to serve as a resource to college supervisors and supervising teachers (Hilliard & Durrance, 1968). AST (1969) then published *Supervisory Teaching as Individualized Teaching* which recognized the post-observation conference as an important teaching tool in clinical practice (Bebb, Low, & Waterman, 1969). However, this period still did not result in any accepted standards to guide the supervisory process in clinical practice.

As stated earlier, the laboratory schools that had been established in the late 1800's and early 1900's in many Normal Schools began to be closed down in the late 1960's and early 1970's for a number of reasons. To fill their void, Dr. James Collins established a Teacher Center at the University of Maryland which became the prototype for teacher/teaching centers that have become a dominant force in both preservice and inservice education across the country (Bennie, 1978). As Schmeider and Yarger (1974) explained:

> Of all the new concepts in American education today, the teaching center is probably the most widely accepted as having significant promise for improving the quality of instruction in our schools. Its appeal, to a large degree, is buttressed by the fact that it is a movement that has been equally supported by government officials involved in educational reform and the college and school practitioners on the classroom firing line. The beauty of teaching centers is that rather than promoting new "fads" in education, they generally are directed at consolidating the best efforts that educators have been building and wrestling with for many years. In other words, it is one movement in which the accent is on the positive--a welcome and much needed thrust in American education (Schmeider & Yarger, 1978, p. ix).

Teacher/Teaching Centers were designed to bring together preservice and inservice education, theory and practice, curriculum and staff development, and the real world with the ivory tower. The Teacher/Teaching Center concept is an example of what grew out of the 1970 AST guidelines emphasizing strong partnerships in teacher education that stressed true collaboration among universities, schools, government agencies, etc. in the development, governance, and implementation of clinical practice programs that would truly benefit teacher candidates, practicing teachers and the institutions themselves.

For example, the Syracuse University National Teacher Center Study found that fully one-third of the school sites and two-thirds of the university sites analyzed were involved in some form of consortia and that better than one-third of the school sites and half of the university sites reported that some type of broadly representative governance board was established to facilitate decision making for their teaching center (Yarger & Leonard, 1974).

The Creation of Professional Development Schools

In many ways, Teacher Centers/Teaching Centers still thrive today but now under the label of Professional Development Schools. The Holmes Group, comprised of close to 100 research universities with educator preparation programs, organized to address their concerns that teacher preparation programs were not being taken seriously at these research institutions and that many people at these institutions believed that these programs were not capable of living up to their responsibility of preparing effective teachers. In 1986, the Holmes Group published *Tomorrow's Teachers* which proposed among other goals to connect schools of education to P-12 schools and to make schools better places for practicing teachers to work and learn. In many ways, this was simply a continuation of the goals first established by Collins when he created the first Teaching Center at the University of Maryland in the mid-1970s.

Then, in 1990, the Holmes Group established principles to guide the design of a Professional Development School (PDS) and published these in their second book, *Tomorrow's Schools* (1990). These principles included: (1) teaching and learning for understanding; (2) creating a learning community between the higher education institution and the P-12 schools; (3) teaching and learning for understanding for everybody's children; (4) life-long learning by teachers, teacher educators, and administrators; (5) collaborative, thoughtful, long-term inquiry into teaching and learning by school and university faculty working as equal peers; and (6) inventing

a different kind of organizational structure for the school and educator preparation program so profound changes can be made over time.

Later, in 2008, the National Association for Professional Development Schools released a policy statement outlining what they believed to be the nine essentials that define a PDS. These are 1) a comprehensive mission that is broader in its outreach and scope than the mission of any partner and that furthers the education profession and its responsibility to advance equity within schools and, by potential extension, the broader community; 2) a school–university culture committed to the preparation of future educators that embraces their active engagement in the school community; 3) ongoing and reciprocal professional development for all participants guided by need; 4) a shared commitment to innovative and reflective practice by all participants; 5) engagement in and public sharing of the results of deliberate investigations of practice by respective participants; 6) an articulation agreement developed by the respective participants delineating the roles and responsibilities of all involved; 7) a structure that allows all participants a forum for ongoing governance, reflection, and collaboration; 8) work by college/university faculty and P–12 faculty in formal roles across institutional settings; and 9) dedicated and shared resources and formal rewards and recognition structures.

Hausfather (2001) found that field experiences within a PDS tend to be longer, more structured, and begin earlier than field experiences within a traditional educator preparation program and with teacher candidates often working in cohort groups. In addition, professional development opportunities for both P-12 teachers and university teacher educators in a PDS appear to be more enabling and empowering for the participants.

The Present Day

In addition to the PDS movement, which remains strong today, there were other movements that had an impact on clinical practice in the later 20th century. Earlier it had been stated that one of the concerns expressed by teacher educators throughout the decades had been the disconnect between campus and field and how the programs and content taught in campus courses were not necessarily related to what was being taught or how it was being taught in the P-12 setting. However, McIntyre, Byrd and Foxx (1996) stated that it was becoming evident that theory and practice were finally becoming integrated in educator preparation programs. They claimed that one of the major forces behind this integration was not only the creation of the standards adopted by the National Council for the Accreditation of Teacher Education (1987) but also the requirement for a common conceptual framework designed to unify all aspects of a teacher education program. The purpose of these standards and the conceptual framework was to unify all components of an educator preparation program, including campus courses and field and clinical experiences (McIntyre & Byrd, 1998).

As stated earlier, one must wonder, however, if the standards which began to "standardize" teacher education programs in the 1980s and 1990s also deterred programs from individualizing experiences within clinical practice to meet the needs of each teacher candidate as was the recommendation for more than the first 70 years of the 20th Century. What would a clinical practice program look like if teacher candidates could move through the program at their own

pace, meeting their own individual needs? How effective and efficient would it be to gather data on the effectiveness of such a program and its outcomes?

In 1996, the Association of Teacher Educators released a set of standards that were designed to guide teacher educators in their professional practice. These standards for teacher educators were followed in 2000 by the release of a set of twelve standards that were focused solely on the development and implementation of clinical practice or field experience programs. Prior to this time, various organizations and teacher educators offered guidelines or recommendations for those in the preparation of clinical practice programs. However, Roth (1996) identified setting standards as a way to deal with establishing at least minimum quality among field experience programs. The standards' authors concluded that although there was no disagreement about the importance of clinical practice/field experiences, there was great variability from program to program. The purpose of the standards was to create significant change.

Finally, during the first two decades of the 21st Century, there have continued to be efforts to improve clinical practice especially from the Association of Teacher Educators, National Association for Professional Development Schools, and the American Association of Colleges for Teacher Education. In 2017, the Association of Teacher Educators published two books (Flessner & Lickliter, 2017a; Flessner & Lickliter, 2017b) that focused on outstanding and effective clinical practice programs throughout the United States and offered recommendations for designing and delivering outstanding clinical practice programs. In early 2018, the American Association of Colleges for Teacher Education (2018) put forth a conceptual framework for high quality teacher preparation focused on pedagogy and centered on clinical practice. They also proposed a lexicon of practice designed to have a common understanding of terms related to clinical practice. The recommendations from both groups are remarkably similar and help point the way toward future effective clinical practice programs.

Conclusion

We believe that clinical practice in teacher education will continue to evolve. Given current trends, one can easily predict that partnerships between P-12 school and institutions of higher education will continue to grow and be more prominent in the preparation of future teachers. The field of supervision in teacher education also will continue to evolve but at a slower pace. The need for a recognized set of standards that drive the supervision of not only teacher candidates but also experienced teachers is sorely needed and should help elevate the quality of supervision experienced by both groups. In addition, the growing trend toward virtual supervision must also be addressed to make sure it offers the same quality as face-to-face supervision. In short, the field of clinical practice has greatly evolved to a much better place in teacher education than was the case about a century ago.

References

American Association of Colleges of Teacher Education (2018). *A pivot toward clinical practice, its lexicon, and the renewal of educator preparation: A report of the AACTE Clinical Practice Commission*. Washington, D.C.: AACTE. Retrieved from https://aacte.org/2018/01/aacte-commission-issues-proclamations-for-effective-clinical-educator-preparation/

Amidon, E.J. & Flanders, N.A. (1963). Interaction analysis as a feedback system. In E. J. Amidon and J. B. Hough (Eds.), *Interaction analysis: Theory, research and application* (pp. 121-140). Philadelphia: Addison-Wesley Publishing Company, Inc.

Association of Teacher Educators. (1996). *Teacher Educator Standards*. Reston, VA: ATE. Retrieved from https://ate1.wildapricot.org/standards-for-teacher-educators

Association of Teacher Educators. (2000). *Field Experience Standards*. Reston, VA: ATE. Retrieved from https://ate1.wildapricot.org/field-experience-standards

Bebb, A.M., Low, A.F. & Waterman, F.T. (1969). *Supervisory conference as individualized teaching*. Washington, D.C.: The Association for Student Teaching.

Bennie, W. A. (1978). The prologue of the past. *Action in Teacher Education, 1*, 3-8.

Blumberg, A. (1985). Where we came from: Notes on supervision in the 1840's. *Journal of Curriculum and Supervision, 5*(1), 236-243.

Collins, J. F. (1974). The making of a teacher center. *Journal of Teacher Education, 25*, 15-20.

Edelfelt, R.A., & Raths, J.D. (1998). *A brief history of standards in teacher education*. Reston, VA: Association of Teacher Educators. Retrieved from https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=uate20&

Edwards, H. E. (1961). *Building good relationships: A major role of the college supervisor.* Iowa Falls, IA: Association for Student Teaching.

Flessner, R. & Lickliter, D. (2017a). *Case studies of clinical preparation in teacher education: An examination of three teacher preparation partnerships.* Lanham, MD: Rowman and Littlefield Education.

Flessner, R. & Lickliter, D. (2017b). *The power of clinical preparation in teacher education: Embedding teacher preparation within P-12 school contexts*. Lanham, MD: Rowman and Littlefield Education.

Flowers, J. G. (1937). Definition of the problem of integration in teacher training with discussion of the Montclair plan. In J.G. Flowers (Ed.), *Supervisors of student teaching: Integration of the laboratory phases of teacher training with professional and subject matter course* (17th Annual Yearbook, pp. 7- 24). Montclair, NJ: Supervisors of Student Teaching.

Flowers, J. G. (Ed.). (1948). *School and laboratory experiences in teacher education*. Washington, DC: American Association of Teachers Colleges.

Goldhammer. R. (1969). *Clinical supervision*. New York: Holt, Rinehart and Winston, Inc.

Hausfather, S. (2001) Laboratory schools to PDSs: The fall and rise of field experiences in teacher education. *The Educational Forum, 65*(1), 31-39.

Henderson, J. I. (1918). *The distribution of a student teacher's time*. Austin, TX: University of Texas.

Hilliard, P. & Durrance, C.L. (1968). *Guiding student teaching experiences*. Washington, D.C.: Association for Student Teaching.

Holmes Group (1986). *Tomorrow's teachers: A report of the Holmes Group*. East Lansing, MI: Holmes Group.

Holmes Group (1990). *Tomorrow's Schools*. East Lansing, MI: Holmes Group.

Hughes, C. L. (1933). *A partial report of the research committee of the supervisors of student teaching*. Minneapolis, MN: Supervisors of Student Teaching Annual Meeting,

Johnson, J. A. (1968). *A brief history of student teaching*. Dekalb, IL: Creative Educational Materials.

Lindsey, M. (1961). Professional standards and the Association for Student Teaching. *The Journal of Teacher Education, 12*(4), 490-495.

Marzano, R.J., Frontier, T. Livingston, D. (2011). *Effective supervision: Supporting the ART of science and teaching.* Alexandria, VA: Association for Supervision and Curriculum Development.

McIntyre, D.J., Byrd, D.M. & Foxx, S.M. (1996). Field and laboratory experiences. In J. Sikula (Ed.), *Handbook of Research on Teacher Education* (2nd ed., pp. 171-193). New York: Macmillan.

McIntyre, D.J. & Byrd, D.M. (1998). Supervision in teacher education. In G. Firth & E. Pajak (Eds.), *Handbook of Research on School Supervision* (pp. 409-427). New York: Macmillan.

Mead, A.R. (1921). *Suggestive list of problems in observation, demonstration teaching and student teaching that should engage the attention of the society.* President's Annual Address presented at the annual conference of the National Association of Directors of Student Teaching, Atlantic City, NJ.

National Association for Professional Development Schools. (2008). *What it means to be a professional development school: A statement by the Executive Council and Board of Directors of the National Association for Professional Development Schools*. Retrieved from https://napds.org/wp-content/uploads/2014/10/Nine-Essentials.pdf

National Council for the Accreditation of Teacher Education (1987). *NCATE standards, procedures, and policies for the professional education units for the preparation of professional school personnel at basic and advanced levels.* Washington D.C. Retrieved from http://www.ncate.org/~/media/Files/caep/accreditation-resources/ncate-standards-2008.pdf?la=en

Peik, W. E. (1937). Integration of the preservice curriculum for teaching separate and intensive professional courses. In J.G. Flowers (ed.), *Supervisors of student teaching: Integration of the laboratory phases of teacher training with professional and subject matter courses*. (17th Annual Yearbook, pp. 25 - 35). Montclair, NJ: Supervisors of Student Teaching.

Roth, R. (1996). Standards for certification, licensure, and accreditation. In J. Sikula, T. J. Buttery, & E. Guyton, (Eds.), *Handbook of research on teacher education* (2nd ed., pp. 242-278). New York: Macmillan.

Samuel Read Hall. (n.d.). Retrieved from oldstonehousemuseum.org/hall-bio/

Schmeider, A. & Yarger, S.J. (1974). *Teaching centers: Toward the state of the scene.* Washington, D.C.: American Association of Colleges of Teacher Education and ERIC Clearinghouse on Teacher Education.

Sladky, J. F. X. (2014). Jean Baptiste de la Salle: Educator and saint. *Crisis Magazine*. Retrieved from https://www.crisismagazine.com/2014/jean-baptise-de-la-salle-educator-and-saint.

Smith, F. B., Collier, R.E., McGeoch, D. M., Olsen, H. C. (1970). *A guide to professional excellent in clinical experiences in teacher education*. Washington, D.C.: Association for Student Teaching.

Stratemeyer, F. (1937). Reactions to the papers of Dr. Flowers and Dr. Peik. In J.G. Flowers (Ed.), *Supervisors of student teaching: Integration of the laboratory phases of teacher training with professional and subject matter courses. 17th Annual Yearbook*. (pp. 36 – 40). Montclair, NJ: Supervisors of Student Teaching.

Tanner, L. N. (1997). *Dewey 's laboratory school: Lessons for today.* New York: Teachers College Press.

Van Til, W. (1969). *The laboratory school: Its rise and fall*. Terre Haute, IN: Indiana State University and Laboratory Schools Administration.

Williams, E.F. (1921). *Observation courses as a prerequisite to student teaching*. Paper presented at the annual conference of the National Association of Directors of Student Teaching, Atlantic City, NJ.

Yarger, S.J. and Leonard, A.J. (1974). *A descriptive study of the teacher center movement in American education*. Sponsored by the U. S. Office of Education Teacher Corps and the Office of Career Education. Syracuse, NY: Syracuse Teacher Center Project.

Author Biographies

D. John McIntyre is professor emeritus and senior visiting professor in curriculum studies at Southern Illinois University Carbondale. His teaching and research interests include teacher education programs, curriculum studies, clinical practice and instructional supervision. One of his most recent publications is *The need for character and values in a democratic educational system*（2018) in Teacher Education and Practice.

Christie McIntyre is associate professor in the School of Education at Southern Illinois University Carbondale. Her teaching and research interests include early childhood and elementary education, and issues in teacher education. Most recently, she was President of the Association of Teacher Educators (2019-2020)