Transforming Teacher Education: The California Alliance

Tuesday, February 14, 2011
1:00 pm ~ 2:30 pm
Laguna Room (Second Floor)

Introduction and Opening: Beverly Young

“Transforming Teacher Education Through Clinical Practice” Jim Cibulka

- In an October 2009 press release, United States Secretary of Education, Arne Duncan said: “Today, people can't wait. They are fed up with schools that don't work. They see pockets of success and ask why it doesn't exist everywhere. And there is no reason that it can't.” He also restated President Obama’s belief that “we can't rebuild our economy on the same pile of sand. Similarly, we can't rebuild public education on the same old system of rules and regulations. We have to change the rules, eliminate the excuses and hold ourselves accountable.” We couldn't agree more!

- Secretary Duncan challenged America’s university-based teacher preparation programs to make a “revolutionary change – not evolutionary tinkering.” Well, we heard the Secretary loud and clear and took action.

- As I mentioned earlier, NCATE organized a Blue Ribbon Panel of distinguished educators to create recommendations that would turn teacher education upside down through a robust clinically-based approach to teacher preparation.

- The 10 Guiding Principles for clinically-based teacher preparation are fairly straightforward and to many in this room obvious. The trick will be to get others to embrace and implement the true meaning of the Principles. (They can be found on page 5 and 6 of the Report)

1. Student learning is the focus
2. Clinical preparation is integrated throughout every facet of teacher education in a dynamic way.

3. A candidate’s progress and the elements of a preparation program are continuously judged on the basis of data.

4. Programs prepare teachers who are expert in content and how to teach it and are also innovators, collaborators and problem solvers.

5. Candidates learn in an interactive professional community.

6. Clinical educators and coaches are rigorously selected and prepared. They are drawn from both higher education and P-12.

7. Specific sites are designated and funded to support embedded clinical preparation.

8. Technology applications foster high-impact preparation.


10. Strategic partnerships are imperative for powerful clinical preparation.

What we have…. What we need…

<table>
<thead>
<tr>
<th>Content, theory pedagogy with a dash of clinical experience.</th>
<th>Course work woven into clinical preparation developed by partnerships of providers and P-12</th>
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</thead>
<tbody>
<tr>
<td>Novice teachers with limited skills, knowledge and experience.</td>
<td>Novice teachers with extensive clinical experience who meet needs of LEA.</td>
</tr>
<tr>
<td>Providers are IHEs</td>
<td>Multiple forms of partnerships, including alternative pathways.</td>
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<tr>
<td>Clients are teacher candidates.</td>
<td>Clients who are the candidates and LEAs.</td>
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<tr>
<td>Funded by IHEs, candidates, state and federal funds</td>
<td>Reallocation of resources, fused P-12 and provider funds.</td>
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<tr>
<td>IHE Oversight</td>
<td>Providers, LEAs and clinical faculty</td>
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</tbody>
</table>
Academic faculty with content and pedagogical knowledge; clinical supervision often by untrained graduate students and P-12 faculty

Academic faculty & specially prepared clinical faculty from preparation programs and P-12

Limited provider and school district interaction and separate responsibilities

Joint responsibility for preparation; induction; differentiated staffing; new boundary spanning roles for clinically based programs

Discussion Questions to Ask the Participants:

- How does your teacher education program measure up to the 10 Guiding Principles for Clinically-based teacher preparation?

- What plans are underway at your institution to create a more robust clinically-based teacher education experience?

“The National NCATE Alliance” Shari Francis

To meet the needs of America’s students, especially those in low performing schools, public policy makers and the education community must take collective ownership for recruiting, preparing, and supporting a critical mass of new professional practitioners.

Eight states have agreed to be the founding NCATE Alliance States.

Now we’re going to have a little geography test…

- Originally the NCATE State Alliance was billed as two dimensional, composed of individual “State Alliances for Clinical Teacher Preparation” that are connected to each other through the NCATE National Alliance for Clinical Teacher Preparation. However, as we were thinking about the Alliance, something very important was missing – a Site-based Alliance at the local school or district level.

Organizing a State Alliance

NCATE understands that states have different approaches to creating clinically based teacher preparation programs and improving student learning in high needs schools. Partnerships for clinical preparation of teachers do not need to be “one size fits all.”
• The first task of the State Alliance is to establish an initial “Development Team.”

• Key questions must be addressed early on. Who will be among the organizational leaders to “sit at the table?” How will the “table” be expanded to include all stakeholders and leaders -- within or outside the education community? (Participants to be asked to suggest answers to the questions.)

• What should be the initial tasks to start state’s progression toward the Alliance goals.

• Which partners should be involved in the tasks?

• What challenges can be expected in reaching the Alliance goals? How might the challenges be addressed? (Participants to be asked to suggest answers to the questions.)

• What opportunities might the State Alliance take advantage of? (Participants to be asked to suggest answers to the questions.)

• What roles and responsibilities are unique to the various members of the State Alliance stakeholders and activists?

Each State Alliance should organize its work around several strands:
• A state environmental scan of the current state of the art of clinically-based teacher education and partnerships with school districts; opportunities, challenges and support for the work of the State Alliance;

• An action plan supported and maintained by all members of the State Alliance;

• A timeline for achieving various State Alliance tasks, led by a core of Alliance leaders;

• On-going evaluation and revision of the plan’s tasks and goals;

• An internal communications system for keeping members of the State Alliance informed of the progress, set-backs and revisions to the work of the Alliance.
• An external communications plan that is aligned with the work of the State Alliance tasks and strategically “rolled-out” to keep the message on-going and remembered among the education community, state policy makers, the media, community and business opinion leaders. This includes simple, but direct “messages” used in all forms of communications – speeches by Alliance leaders, social networking posts, written documents, “third party” testimony, etc.

• “Hard and soft” funding sources (i.e., real money as well as in-kind support by affiliated organizations with a stake in clinically-based teacher education).

• An evaluation and data gathering process to be initiated at the very beginning of the State Alliance work and coordinated with other states included in the NCATE National Alliance.

“The California Alliance” Beverly Young
NCATE’s designating California to be among the first eight states that will implement the recommendations of the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning is exceptionally important, appropriate, and timely.

The California Alliance is to be led by CSU Chancellor Reed and Long Beach Unified School District Superintendent Chris Steinhauser—two leaders who are recognized for their remarkable track-records of achievement. The foundations for significant outcomes are fundamentally established through their leadership of the Alliance.

As a demonstration state, we will build on the long history of teacher education excellence as we advance the three areas of the Alliance’s goals:
1) **Collaborative partnerships among schools, districts, and teacher preparation providers:** The signature feature of CSU teacher education is the underpinning in deep P-12/university clinical partnerships. These are aimed at preparing new teachers to advance success among all students and to close achievement gaps, and this will be a primary focus of our partnerships. As a result of these strong features, one-third (seven) CSU campuses have recently received funding through the pioneering federal Teacher Quality Partnership program. They may be
among our Alliance models; several include highly innovative residency designs.

2) Continuing assessment of performance: Significant attention in our teacher education programs is given to preparing new teachers to use data to analyze student needs and modify their teaching practice. This will be another signature of our clinical preparation partnerships, as will be formative and summative assessment of our own programs. In formative assessment, we will build on the important work of our campuses and others in the state in Teacher Performance Assessment. In summative assessment, we will build on the CSU Annual System wide Evaluation of Teacher Preparation, which leads the nation in its designs for surveying graduates and their principals and value-added measurement.

3) Strong state policies to prepare teachers who meet school needs: Preparing the numbers and types of teachers who are trained so that school and district needs are met is our fundamental system wide focus. It is illustrated in our Math and Science Teacher Initiative, which has been instrumental in enabling California’s schools to address unmet needs for fully qualified STEM teachers, and in our attention to addressing the needs of at-risk students. As a policy initiative designed to meet needs across the state, our leadership will be aimed at eliminating structural obstacles to innovations responsive to schools’ needs and at scaling to a state-wide level the lessons from effective demonstration sites.

In summary, our Alliance will be centered on achieving major advances in the three central areas of NCATE’s national effort: (1) clinical partnerships, (2) formative and summative assessment, and (3) systemic reforms that meet school and district needs.

We would now like to ask you for your input on central questions related to these:

1) With respect to clinical preparation partnerships, what are key attributes that have made the P-12/university collaborations in which you have participated especially successful, and how might these best be expanded?
2) With regard to formative and summative assessments associated with teacher preparation, what are some of the most promising strategies with which you have been involved, and how might they be shared with and replicated by others?

3) In designing and targeting teacher preparation to meet school and district needs, what have been your especially successful approaches, and what are some of the critical ingredients for large-scale statewide utilization of them?

Our purpose in the next hour is to have your input – so that we can use it as we design the California Alliance. We look forward to hearing your comments and hope all of you will contribute to the discussion.