

# STANDARD 2/A.2

CLINICAL PARTNERSHIPS AND PRACTICE

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# SESSION OVERVIEW

- CAEP Initial and Advanced Standards 2/A.2
- Suggested evidence, evidence sufficiency criteria, and additional CAEP resources available.
  - *Content will reference the evidence sufficiency criteria (handouts)*

## CAEP STANDARD 2/A.2

2.1  
A.2.1

- *Partnerships for Clinical Preparation*

2.2

- *Clinical Educators*

2.3  
A.2.2

- *Clinical Experiences*

# EVIDENCE SUFFICIENCY: RESOURCES

## CONSULT:

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- Evidence Sufficiency Criteria
  - Evaluation Criteria for Self-Study Evidence - Standard 2/A.2
  - [CAEP Guidelines for Plans](#) for phase-in plan content
    - F18-S20 **can** present plans with progress data
    - Site visits in F20 and beyond are **not eligible** for phase-in
- Assessment Sufficiency Criteria
  - [CAEP Evaluation Framework for EPP-Created Assessments](#)

# GUIDANCE FOR STANDARD 2/A.2

- Key concepts in standard and components are addressed
- EPP-created assessments meet CAEP assessment sufficiency criteria
- At least three cycles of data that are sequential and most recent available
- Results disaggregated by licensure area (when appropriate)
- Main and additional campuses, on site and online programs (if applicable)
- Phase-In Plans for Standard A.2 meet the criteria for the CAEP Guidelines for Plans and are consistent with the Phase-In Schedule.

## Special for Standard

- No required components

## STANDARD 2: CONTEXT AND PURPOSE

The provider ensures that **effective partnerships** [components 2.1 and 2.2] **and high-quality clinical practice** [component 2.3] are **central to preparation** so that **candidates develop the knowledge, skills, and professional dispositions necessary** to demonstrate positive impact on all P-12 students' learning and development.

## STANDARD 2, GUIDANCE FROM COMPONENT 2.1

Partners **co-construct mutually beneficial** P-12 school and community arrangements, including technology-based collaborations, for clinical preparation and **share responsibility for continuous improvement of candidate preparation**. Partnerships for clinical preparation can follow a range of forms, participants, and functions. They establish mutually agreeable **expectations** for candidate entry, preparation, and exit; ensure that **theory and practice** are **linked**; maintain **coherence** across clinical and academic components of preparation; and **share accountability** for candidate outcomes.

*Consider:* What evidence do I have that would demonstrate mutually beneficial and accountable partnerships in which decision-making is shared?

# EVIDENCE SUFFICIENCY CRITERIA, 2.1

## EVIDENCE A COLLABORATIVE PROCESS IS IN PLACE AND REVIEWED

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- Documentation provided for a shared responsibility model that includes elements of
  - Co-construction of instruments and evaluations
  - Co-construction of criteria for selection of mentor teachers
  - Involvement in on-going decision-making
  - Input into curriculum development
  - EPP and P-12 educators provide descriptive feedback to candidates
  - Opportunities for candidates to observe and implement effective teaching strategies linked to coursework

## STANDARD 2, GUIDANCE FROM COMPONENT 2.2

Partners **co-select, prepare, evaluate, support, and retain high-quality clinical educators**, both provider- and school-based, **who demonstrate a positive impact on candidates' development and P-12 student learning and development**. In collaboration with their partners, providers use multiple indicators and appropriate technology-based applications to establish, maintain, and refine **criteria for selection, professional development, performance evaluation, continuous improvement, and retention of clinical educators** in all clinical placement settings.

*Consider:* What evidence do I have that would demonstrate the depth of partnership around highly effective clinical educators?

# EVIDENCE SUFFICIENCY CRITERIA, 2.2

## EVIDENCE EPP AND P-12 CLINICAL EDUCATORS/ADMINISTRATORS CO-CONSTRUCT CRITERIA FOR CO- SELECTION

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- Clinical educators receive
  - Professional development, resources, and support
  - Are involved in creation of professional development opportunities, the use of evaluation instruments, professional disposition evaluation of candidates, specific goals/objectives of the clinical experience, and providing feedback
  - Data collected are used by EPPs and P-12 clinical educators for modification of selection criteria, future assignments of candidates, and changes in clinical experiences

## STANDARD 2, GUIDANCE FROM COMPONENT 2.3

The provider works with partners to design clinical experiences **of sufficient depth, breadth, diversity, coherence, and duration** to ensure that candidates **demonstrate their developing effectiveness and positive impact on all students'** learning and development. Clinical experiences, including technology-enhanced learning opportunities, are structured to have **multiple performance-based assessments at key points within the program** to demonstrate candidates' development of the knowledge, skills, and professional dispositions, as delineated in Standard 1, that are associated with a positive impact on the learning and development of all P-12 students.

*Consider:* What evidence do I have that clinical experiences develop candidates' Knowledge, Skills, and Dispositions to have a positive impact on P-12 learning?

# EVIDENCE SUFFICIENCY CRITERIA, 2.3

## EVIDENCE ALL CANDIDATES HAVE CLINICAL EXPERIENCES IN DIVERSE SETTINGS

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- Attributes (depth, breadth, diversity, coherence, and duration) are linked to student outcomes and candidate performance documented in Standard 1 and complete performance evidenced in Standard 4
  - Evidence documents a sequence of clinical experiences that are focused, purposeful, and varied with specific goals
  - Clinical experiences include focused teaching experience where specific strategies are practiced
  - Clinical experiences are assessed using performance-based

# Clinical Experience Table

## Course Sample

Course	Clinical Experiences & Associated Description (Observation, Practicum, and/or Internship)	Licensure Areas	Hours	Assessments	Schools
<b>EDU 220</b>  <b>Introduction to Education</b>	This <b>clinical experience</b> exposes candidates in education with seminars and practical experiences designed to increase their knowledge about careers in teaching. The course will include a minimum of 25 hours of observation and participation in the candidate's intended licensure area – in an elementary, middle, or secondary school setting. In addition, five seminars and experiences will be required to further explore the career of teaching and to allow education majors to validate their areas of interest in teaching.	All	25 hours of Observation and Participation	Criminal Record Check  Candidate Performance in Field  Candidate Field Experiences Feedback  Reflection Rubric	<b>High Performing/Low Poverty</b>  North Elementary  South Middle  East High School  West Academy
<b>EDU 320</b>  <b>Child and Adolescent Development Curriculum</b>	This <b>clinical experience</b> is designed to assist candidates to better understand the developmental characteristics of P-12 learners. Throughout the semester, candidates are expected to relate concepts taught in class to those being practiced in the classroom in areas such as cognitive development, learning styles, classroom management, differentiated instruction and 21 <sup>st</sup> century teaching. Candidates reflect in each of these areas and lead classroom discussions based on these experiences	All	25 hours of Observation, Participation, and Direct Teaching	Candidate Performance in Field  Candidate Field Experiences Feedback  Reflection Rubric  Service Learning Survey  Summary and Reflection Events	<b>Low Performing/Diverse</b>  Northeast Jr High  Southwest Montessori  Central High School

# Clinical Experience Table

## Program Sample

Program	Field Experiences & Associated Hours (Observation and/or Practicum)	Clinical Experiences & Associated Hours (Student Teaching or Internship)	Hours
<b>Initial Undergraduate Program Field Experiences and Clinical Practice</b>			
<b>BS, Elementary Education</b>	<ul style="list-style-type: none"> <li>• EDU 320 - 20 hours of field-based observations</li> <li>• EDU 490 - 40 service learning hours</li> <li>• EDU 552, EDU 553, EDU 554, EDU 555, EDU 556 (Practicum) - 200 hours observation, participation, and direct teaching</li> </ul>	<ul style="list-style-type: none"> <li>• EDU 500 - 400 hours of observation, participation, and direct teaching</li> </ul>	660
<b>BS, Middle School Education</b>	<ul style="list-style-type: none"> <li>• EDU 320 - 20 hours of field-based observation</li> <li>• EDU 490 - 40 service learning hours</li> <li>• EDU 540 (Practicum) - 200 hours of observation, participation, and direct teaching</li> </ul>	<ul style="list-style-type: none"> <li>• EDU 500 - 400 hours of observation, participation, and direct teaching</li> </ul>	660
<b>Advanced Graduate Program Field Experiences and Clinical Practice</b>			
<b>MEd, Secondary Mathematics Education</b>	<ul style="list-style-type: none"> <li>• EDU 552, EDU 553, EDU 554, EDU 555, EDU 556 (Practicum) - 300 hours observation, participation, and direct teaching</li> </ul>	<ul style="list-style-type: none"> <li>• EDU 699 - 600 hours of observation, participation and direct teaching</li> </ul>	900
<b>MEd, English as a Second Language (TESL)</b>	<ul style="list-style-type: none"> <li>• TESL 501 (Practicum) - 250 hours of observation, participation and direct teaching</li> </ul>	<ul style="list-style-type: none"> <li>• EDU 699 - 600 hours of observation, participation and direct teaching</li> </ul>	950

# STANDARD A.2

CLINICAL PARTNERSHIPS AND PRACTICE



Kansas City, Missouri  
March 2018

# EVIDENCE SUFFICIENCY: RESOURCES

## CONSULT:

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- Evidence Sufficiency Criteria
  - Evaluation Criteria for Self-Study Evidence - Standard A.2
  - [CAEP Guidelines for Plans](#) for phase-in plan content
    - F18 –S19 SSRs, **no evidence** for advanced-level standards included in self-study reports
    - F19-S20 **can** present plans for components A.2.1 and/or A.2.
    - **Plan with progress** can be submitted in SSRs until 2021-2023
    - Site visits in F23 and beyond are **not eligible** for phase-in
- Assessment Sufficiency Criteria
  - [CAEP Evaluation Framework for EPP-Created Assessments](#)

## STANDARD A.2: CLINICAL PARTNERSHIPS & PRACTICE

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The provider ensures that **effective partnerships** [component A.2.1] and **high-quality clinical practice** [component A.2.2] are **central to preparation** so that **candidates develop the knowledge, skills, and professional dispositions appropriate** for their professional specialty field.

## STANDARD A.2, GUIDANCE FROM COMPONENT A.2.1

Partners **co-construct mutually beneficial** P-12 school and community arrangements, including technology-based collaborations, for clinical preparation and **shared responsibility** for continuous improvement of candidate preparation. Partnerships for clinical preparation can follow a range of forms, participants, and functions. They establish mutually agreeable expectations for candidate entry, preparation, and exit; ensure that theory and practice are linked; maintain coherence across clinical and academic components of preparation; and share accountability for candidate outcomes.

Consider: What evidence do you have that would demonstrate mutually beneficial and mutually accountable partnerships in which decision-making is shared?

# EVIDENCE SUFFICIENCY CRITERIA, A.2.1

## SUFFICIENT EVIDENCE

- Illustrates specific benefits to provider and P-12 partners
- Outlines the collaborative nature of the relationship
- Documents that effectiveness of the partnership is reviewed at least annually
- Shows that the EPP seeks input from partners to refine criteria for entry/exit to clinical experiences
- Documents partner participation in development and review activities (e.g., for clinical instruments, clinical curriculum, EPP-curriculum)
- Phase-in Plans meet CAEP guidelines and schedule
- Instruments for evaluating partnership (if any) meet CAEP's assessment sufficiency criteria

## STANDARD A.2, GUIDANCE FROM COMPONENT A.2.2

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The provider **works with partners to design varied and developmental clinical settings** which allow opportunities for candidates to **practice applications of content knowledge and skills** emphasized by the courses and other experiences of the advanced preparation program. The **opportunities lead to appropriate culminating experiences in which candidates demonstrate their proficiencies**, through problem-based tasks or research (e.g., qualitative, quantitative, mixed methods, action) that are **characteristic of their professional specialization** as detailed in component A.1.1

## EVIDENCE FOR A.2.2

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- Consider: What evidence do you have that would demonstrate that clinical experiences promote specialty-area specific applications of content knowledge and general skills referenced in Component A.1.1?
  - For example, viewing through a research “lens,” how might a candidate apply a research method to observe, analyze/interpret data, and reach conclusions and/or recommendations through clinical/practical experiences?
    - How might different types of partners (and professional standards) play a role in developing the clinical experience expectations for different specialties?

# Clinical Experience Table

## Course Sample

Course	Clinical Internships & Associated Description (Observation and/or Implementation)	Program Fields	Hours	Measures	Schools/Districts
EDU 2100:	This <b>supervised practicum</b> in elementary settings, exposes candidates with practical experiences in workplace settings and scenarios to evaluate the connections between coursework and fieldwork	M.Ed., Ed.D.	<b>45 hours</b> of Observation and/or Implementation	-Dispositional/ Professional Responsibility Data  -Problem-based projects, coursework	Internship- <b>Must be Approved</b> by PDS/D during semester of application prior to...
EDU 2900:	This <b>clinical internship</b> in elementary education, is designed for Candidates to appropriately and effectively apply research based instructional learning theory/strategies for their fields of specialization, in P -12	M.Ed., Ed.D.	<b>60 hours</b> of Observation and Implementation	-Problem-based projects, school/district  -Action Research  -Capstones/ Portfolios/ Thesis	Internship- <b>Must be Approved</b> by PDS/D during semester of application prior to...

# Clinical Experience Table

## Program Sample

Program Field	Field Experiences & Associated Hours (Observation)	Clinical Internships & Associated Hours (Implementation)	Hours
M.Ed., Secondary Mathematics Education	<ul style="list-style-type: none"> <li>MEDU 552, EDUM 553, EDUM 554, EDUM 555, EDUM 556 (Practicum) – 200 hours observation</li> </ul>	<ul style="list-style-type: none"> <li>EDU-M 699 – 500 hours of participation and implementation of coursework and fieldwork</li> </ul>	700
M.Ed., English as a Second Language (TESL)	<ul style="list-style-type: none"> <li>TESL 500 (Practicum) – 250 hours of observation and participation</li> </ul>	<ul style="list-style-type: none"> <li>EDU-TESL 699 – 500 hours of participation and implementation of research based instructional learning strategies</li> </ul>	750

# CROSS-CUTTING THEMES

*Embedded in Every Aspect of Educator Preparation*

## Coursework

- *Diversity*
- *Technology*

## Fieldwork

- *Diversity*
- *Technology*

## Interpersonal Interactions

- *Diversity*
- *Technology*

# THEMES OF DIVERSITY AND TECHNOLOGY

## Diversity

### Standard 2

- Clinical experiences prepare candidates to work with all students.

## Technology

### Standard 2

- Technology-enhanced learning opportunities
- Appropriate technology-based applications
- Technology-based collaborations

# THEMES OF DIVERSITY AND TECHNOLOGY

## Diversity

### Standard A.2

- Clinical experiences prepare candidates to fulfill their specialized professional roles to benefit all students.

## Technology

### Standard A.2

- Technology-based collaborations may be included in partnerships

# IN SUMMARY – THE CASE FOR STANDARD 2/A.2

- The EPP:

Provides information from several sources and provides evidence of shared decision-making, collaboration among clinical faculty, and continuous functioning.

- Analyzes data.
- Examines differences and similarities across licensure areas, comparisons over time, and demographical data are examined in relation to clinical experiences, as appropriate
- Interprets and reaches conclusions
- Identifies trends or patterns that suggest need for preparation modification
- Make decisions that are based on the analysis of data
- Takes actions in response to analysis of data described

## STANDARD 2/A.2's CASE

*That a strong collaborative clinical preparation is only as strong as the P-12 partnerships, clinical educators (initial), and the clinical experiences.*

CAEP Standards for Initial/Advanced Programs, Evidence Sufficiency Criteria, *Handout*

# POTENTIAL ISSUES: Standard 2/A.2

## *AREAS FOR IMPROVEMENT* MAY BE CITED WHEN:

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- Case:
  - Limited or no convincing evidence in any of the following that partnerships effectively co-select, prepare, evaluate, support or retain clinical faculty
  - An EPP fails to provide evidence, or provides limited evidence, that clinical experiences allow opportunities for the partners and the candidates to employ instructional uses of technology
  - There is no or only limited documentation that clinical experiences provide opportunities for candidates to engage diverse P-12 students

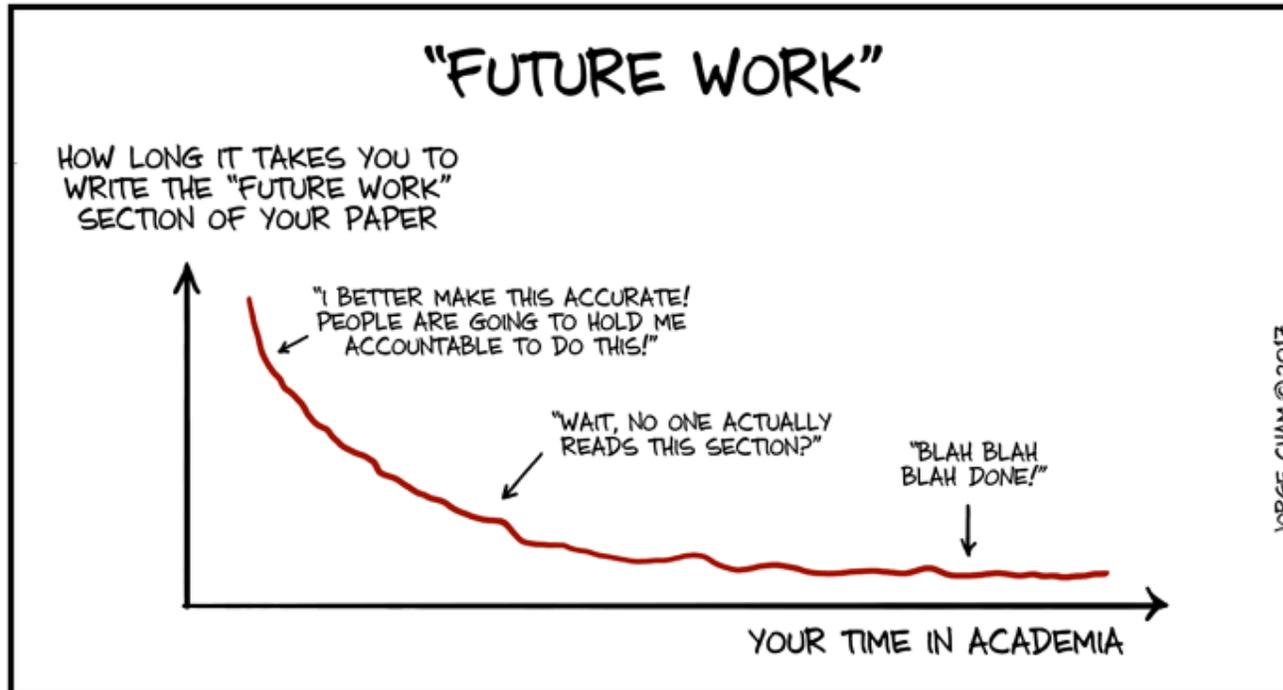
# POTENTIAL ISSUES: Standard 2/A.2

## *STIPULATIONS MAY BE CITED WHEN:*

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- Case:
  - Limited or no substantial evidence that partnerships effectively share decision-making for expectations of candidates, coherence across clinical and academic components, and/or accountability for results
  - Limited or no evidence of monitoring in clinical experiences, of “positive impact on all P-12 students’ learning and development”
  - If there is evidence that clinical experiences provide limited or no opportunities for candidates to practice developing and improving their professional knowledge and skills through application in classroom situations

# Piled Higher and Deeper





TELL US HOW TO IMPROVE FOR YOUR  
NEXT CAEP CON

COMPLETE YOUR  
SESSION  
FEEDBACK

