# Council for the Accreditation of Educator Preparation (CAEP) STANDARD 2

**Standard 2: Clinical Partnerships and Practice -** The provider ensures that effective partnerships and high-quality clinical practice 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.

## **Partnerships for Clinical Preparation**

**2.1** Partners co-construct mutually beneficial P-12 school and community arrangements for clinical preparation, including technology-based collaborations, 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.

#### **Clinical Educators**

**2.2** Partners co-select, prepare, evaluate, support and retain high quality clinical educators, both EPP 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.

# **Clinical Experiences**

**2.3** The provider works with partners to design clinical experiences of sufficient depth, breadth, 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.

### **Underlying Concepts and Considerations**

This standard addresses three essential interlocking components of strong clinical preparation: (1) provider P-12 partnerships, (2) the clinical educators, and (3) the clinical experiences. While research is not definitive on the relative importance of these three components in producing effective teachers, nor on the specific attributes of each, there is a coalescing of research and practitioner perspectives: close partnerships between educator preparation providers and public school districts, individual schools, and other community organizations can create especially effective environments for clinical experiences. These partnerships should be continuous and should feature shared decision making about crucial aspects of the preparation experiences and of collaboration among all clinical educators. The National Research Council 2010 report on teacher preparation noted that clinical experiences are critically important to teacher preparation, but the research, to date, does not tell us what specific experiences or sequence of experiences are most likely to result in more effective beginning teachers. CAEP's Standard 2 encourages EPPs to (1) be purposeful in and reflective on breadth, depth, duration, coherence and diversity of their clinical experiences; (2) provide opportunities for candidates to practice the application of course knowledge in a variety of instructional settings; and (3) keep a clear focus on candidate experiences that have positive effects on P-12 student learning.