



Clinical Practice Work Group Meeting Notes
December 7, 2017 (12:30-3:30)
New York State Education Department
89 Washington Avenue, Albany, NY (Room 217)

Members present in Albany: Christine Ashby, April Bedford, Scott Bischooping, David Cantaffa, Karen DeMoss, Terry Earley, Deborah Greenblatt, Colleen McDonald, Angela Pagano, Deb Shanley, Jennifer Spring

Members present virtually (WebEx): Shandre Alexandre, Deidre Armitage, Nichole Brown, Stephen Danna, Jeremiah Franklin, Amy Guiney, Ileana Infante, Wendy Paterson, Amy Way

NYSED staff present: Laura Glass

1. Overview of the meeting and announcements
 - Co-chair April Bedford reviewed the agenda.
 - The [National Student Teaching and Supervision Conference](#) is being hosted by West Chester University again on May 4-5, 2018. Proposals are being accepted until January 12, 2018.
 - The AACTE Clinical Practice Commission white paper will be officially [released during a press event](#) at the National Press Club in Washington, DC on Wednesday, January 17, 2018. The event will also be transmitted as a webcast and a link will be available at a later date.

2. Review feedback from NYSED on the draft recommendations
 - Laura collected feedback from the Commissioner, Deputy Commissioner John D’Agati, Counsel, and the Office of College and University Evaluation (OCUE) on the draft recommendations. Their feedback is provided below.
 - Foundational and Intermediate Clinical Experiences
 - The number of days (100) should be increased.
 - Structured and unstructured activities should be outlined in guidance.
 - What is the definition of a “community-based educator”?
 - How would some programs that are not located in diverse settings be able to work with ELLs?
 - What does “readiness to advance” look like?
 - Culminating Clinical Experiences
 - Initially thought the number of days (75) was low, but increasing the number of days in foundational and intermediate clinical experiences may address this concern.
 - The accompanying seminar has dropped out.
 - OCUE worried about the lack of flexibility in the 75 full-time, consecutive day requirement.
 - Everyone had concerns about the culminating assessment.
 - Should school-based teacher educators sign-off on teacher candidates as a requirement for passing the culminating clinical experience?
 - All clinical experiences
 - Undergraduate and graduate programs and their clinical experiences, including student teaching, need to be considered.
 - Candidates should see the beginning of the school year.
 - How would some programs that are not located in diverse settings be able to satisfy this requirement?

- The certification regulations do not require additional clinical experiences for a second certificate area, but program registration regulations require them.
 - Candidate support
 - Concern that requiring school-based teacher educators to have three years of teaching experience would lead to a shortage of school-based teacher educators.
 - Why do university-based teacher educators need to be full-time faculty?
 - Partnership agreements need to clearly articulate the roles of the school districts and IHEs, define how the partnership is run, describe the oversight, and outline the professional development of school-based teacher educators.
3. Finalize the draft recommendations for the field to review
- Vision
 - Include the vision with the draft recommendations to the field.
 - Need to include colleges of arts & sciences and community organizations as part of the partnership vision.
 - If the vision is really about P-12 partnership, does it live somewhere in regulations other than program registration requirements?
 - The vision is talking about seamless opportunities to advance and needs to drive recommendations. Partnerships are critical.
 - Partnerships
 - Move the recommendation about partnerships to the top of the proposed regulations. Another member proposed new wording for this recommendation and will send it to Laura.
 - Is partnership “agreement” the right term (e.g., understanding)?
 - School districts currently have agreements with universities. How is this different? Is it more formal? Bigger?
 - The process would start at the central office. Another member said that it would be good if there is some degree of coordination with placements at the district level.
 - It is hard for programs to create so many agreements. Worried about limiting the ability to place teacher candidates. Another member pointed out that districts could have a standard agreement. BOCES could create an agreement for all of the districts in region. Someone would then have to create the agreement. A third member would not want a formatted agreement for all IHEs. Some IHEs are good at partnerships. More we regulate, the less we can innovate.
 - When programs are re-envisioned, it’s not an us-them. Everyone works together.
 - A member finds institutions of higher education (IHEs) the wall from a P-12 perspective. Current regulations say that P-12 and IHEs need to have a relationship, which can be one-sided.
 - A member would be happy if the partnership language is vague and there are really exciting examples in guidance.
 - Foundational and Intermediate Clinical Experiences
 - Replace “supervised” with “facilitated”.
 - Foundational clinical experiences appear to focus on observation. Let’s strike observation out of it. Another member explained that observation was listed to show progression in the clinical experiences. Observation important to becoming a professional. Members suggested replacing this term with meaningful engagement, purposeful guidance, or guided observation with protocol.
 - Need to keep in mind that the regulations cannot cover everything and account for particular faculty members who are not doing what they should be doing.

- For the students with disabilities and ELL 15-hour requirement, are the 15 hours at the foundational level or intermediate level, which changes the game? Observations of ELLs are doable.
- A member talked with various departments and they suggested between 150-200 hours of clinical experiences. More than 200 hours would be difficult to find placements. Another member shared that her department came up with 200 hours too.
- Need a lot of guidance for programs to fit in 200 hours. Making the credit load fit with the additional clinical experience hours will be a problem.
- What is the empirical evidence to increase from 100 to 200 hours? Remember that not all programs look the same, such as alternative programs for career changers.
- Requiring 200 hours will push IHEs to be innovative. The recommendation was changed from 100 to 200 hours and the students with disabilities and ELL requirement was changed from 15 to 20 hours.
- Need to think about teacher shortages and extra coursework. Another member does not want to lower the bar for shortages. Schools are tired of underprepared teachers because they do not have enough experience. More hours will help teacher candidates figure out earlier if they want to be teacher.
- It's not just more hours, it's different hours.
- Want the work group to make recommendations around quality for all programs. Do not want a two-tier system with alternative programs. Raise the bar for all.
- Want to work with OCUE to see if there can be an abbreviated program re-registration process.
- When would the requirements become effective? Laura said that the group could talk about this and the effective date would be the same date as possible DASA program registration requirement changes.
- How would "readiness to advance work" for residencies where clinical experiences and other program requirements are mixed together throughout the program? Need to bring in residency language into the recommendations. Create a new item for residencies and place residencies immediately after the partnership recommendation, highlighting the goal of moving programs towards residencies.
- Culminating Clinical Experience
 - The number of days was changed to 70 days to account for the school calendar (e.g., spring break). It also splits evenly into two 35-day placements.
 - Placements should match the school year. Teacher candidates need to see the end of the school year. Another member pointed out that programs cannot require placements outside of the university calendar because they cannot require faculty to supervise during that time. Candidate liability is also an issue.
 - Keep 100 hours of clinical experiences and require a full year of student teaching. Another member noted that this idea would eliminate dual certification programs.
 - Not require a full year now, incentivize and develop full year programs, and move towards year-long placements in the future.
 - Programs are not required to have two placements.
 - Delete the statement about what should be included in the placement.
 - The seminar needs to go back in.
 - Delete the culminating clinical assessment based on the NYSED feedback.
 - Look at the multidimensionality of teaching research when developing the guidance.
 - Having the school-based teacher educators sign-off on teacher candidates is problematic. There are too many instances where they say the teacher candidate is good until the end,

- which sets-up the candidate for a grievance. School-based teacher educators should not be involved with the candidates' grade.
- Need to give school-based teacher educators some role. Put into guidance their feedback should be used to guide candidates.
4. Finalize the survey on the draft recommendations
 - The work group did not discuss this item.
 5. Determine the plan for regional meetings about the draft recommendations
 - The work group did not discuss this item.
 6. Review next steps
 - The work group will have additional meetings on January 10, February 15, and March 5.
 - The co-chairs and subcommittee chairs will revise the draft recommendations based on feedback from the meeting. Laura will send the revised draft recommendations at least one week in advance of the January meeting.
 - The work group will finish revising the draft recommendations and survey to the field at the January meeting.