Introduction

Dear Teacher,

Thank you for considering participating in our study of recent graduates of teacher preparation programs. The study is examining the characteristics of the clinical practice components of teacher preparation programs. Results will be used to describe variation within and across programs and to inform future research that examines the effectiveness of program components.

The following survey contains questions about the program or course of study that you participated in to become certified or licensed to teach (referred to in this survey as "your teacher preparation program"). Your participation is voluntary and you may choose to stop participating at any time. There will be no penalty if you do not participate or choose to withdraw from the study. Per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183, responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific school, district, or individual. We will not provide information that identifies you or your school or district to anyone outside the study team, except as required by law. Any willful disclosure of such information for nonstatistical purposes, without the informed consent of the respondent, is a Class E felony. The online survey takes 20 to 30 minutes to complete.

If at any time before, during, or after the study you have questions about the study, you may contact me at RMC Research Corporation, 633 17th Street, Suite 2100, Denver, CO 80202, (800) 922-3636.

If you have any questions about your rights as a research participant, you may contact Liberty IRB, 1450 S. Woodland Blvd., Deland, FL 32720, (386) 279-4318.

Thank you for your attention and help.

Sincerely,

Stephen Meyer
Principal Investigator

Research and Evaluation Director, REL Central

University of the Virgin Islands
School of Education
Bachelor of Education
Inclusive Early Childhood Education
Fall 2016
STX 1

*By signing your name below, you indicate that you understand the conditions of this study and your agreement to participate.

First Name:	
Last Name:	
Date:	

Section A: Field Experience Characteristics

The following questions focus on the field experiences in your teacher preparation program. By "field experience," we mean activities in which you participated in PreK-12 classrooms and schools (and other settings in which you may have worked with PreK-12 students) as part of your teacher preparation program prior to becoming a classroom teacher. These include activities such as student teaching, observing or assisting in classrooms, tutoring, or conducting research.

Survey of Clinical Practice in Teacher Preparation 1. How many courses did you have to take as part of your program of study toward certification (not including all courses taken for your degree; just those that were specifically required to gain a teaching certificate)? Number of courses 2. Among the courses you took that were required for certification, how many had field experience associated with them (e.g., observation of classroom instruction, tutoring school children)? Number of courses 3. Please estimate the total number of hours (clock hours, not credit hours) that you spent in field experience that were part of your teacher preparation program. Number of hours 4. In how many schools did you have field experience? Number of schools 5. In how many classrooms did you have field experience? Number of classrooms 6. In how many other sites (outside of PreK-12 schools and classrooms) did you have field experience? Number of other sites 7. With which student grade levels did you have field experience? (Choose all that apply) ☐ 6th ☐ Pre-K ☐ 7th ☐ 1st 8th 9th 2nd ☐ 3rd ☐ 10th

☐ 11th

☐ 12th

4th

☐ 5th

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8. During your field experience (thinking about all your experiences in PreK-12 schools
and classrooms as part of your teacher preparation program), how frequently did you
work with the following types of students?

	Never or Almost Never	Rarely	Occasionally	Often	Always or Almost Always	Don't Know
a. Students from varied cultural backgrounds	0	0	0	0	0	0
b. Students with varied levels of socio-economic status	0	0	0	0	0	0
c. Students with varied levels of English proficiency	0	0	0	0	0	0

9. Thinking about the school(s) in which you had field experience, to what extent do you agree or disagree with the following?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
a. You received sufficient support from the school administration.	0	0	0	0	O
b. Adequate resources and materials/ equipment for your classroom were available.	0	O	0	0	O
c. School procedures for student discipline were effective.	0	O	0	0	O
d. The principal was an effective leader.	\circ	0	0	\circ	0
e. Teaching staff were collegial.	0	0	0	0	0
f. I was able to have intellectually rich discussions about teaching and learning with my colleagues.	0	0	0	0	0
g. Parent/family involvement was strong.	0	0	O	O	0

Now, we'd like you to focus on the student teaching aspect of your field experience. By your <u>"student teaching experience,"</u> we mean your placement as a classroom teacher in a PreK-12 school to practice instruction under the supervision of an experienced teacher.

10. Did you have student teaching experience?

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\odot	No

Yes

Section A: Field Experience Characteristics

11. Did you have more than one student teaching placement?

O No

Yes (Please specify how many different student teaching placements you have had)

If you have had more than one student teaching placement, please answer the following items based on your experience across placements.

12. Please identify the subject area(s) and grade level(s) you taught in your student teaching experience.

Survey of Clinical Practice in Teacher Preparation **Subject Area(s) Taught** (Choose all that apply) ☐ English/Language Arts Mathematics Science Social studies, history, and/or government World language Special education Art, music, and/or drama Computer science and/or technology Vocational and/or business Health and/or physical education Other (please specify)

Survey of Clinical Practice in Teacher Preparation **Grade Level(s)** (Choose all that apply) ☐ Pre-Kindergarten Kindergarten 2nd ☐ 3rd 4th 5th ☐ 6th ☐ 7th 8th 9th ☐ 10th ☐ 11th ☐ 12th 13. For how many total weeks did your student teaching experience last? (Please exclude any breaks, such as winter or spring break) Number of weeks 14. How many hours per week was your student teaching experience, on average? Number of hours 15. During your student teaching experience, approximately what percentage of time did you spend as a teacher with complete responsibility for classroom instruction? Percentage of time 16. How well did your student teaching experience match your: 1) career teaching plans, and 2) first teaching position in terms of the following? First Teaching Position Career Teaching Plans very well for all responses a. Grade level b. Subject matter c. Student population characteristics (e.g., race/ethnicity, income, academic performance)

Section B: Field Experience Curriculum and Timing

17. During your field experience (again, thinking about all your experiences in PreK-12 schools and classrooms as part of your teacher preparation program), how often did you do the following?

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	Never or Almost Never	Rarely	Occasionally	Often	Always or Almos Always
a. I applied the subject matter knowledge that I learned in my teacher preparation program courses.	O	О	0	0	0
b. I applied the pedagogy that I learned in my teacher preparation program courses.	O	O	O	0	O
c. I tried out strategies and techniques that I learned in my teacher preparation program courses.	O	0	O	0	0
d. I designed daily lessons.	0	0	O	0	0
e. I set up the classroom for daily lessons.	0	0	0	0	0
f. I planned extended blocks of instruction.	0	0	0	0	0
g. I applied my knowledge of state or district curriculum and performance standards.	O	0	O	O	0
h. I applied my knowledge of Common Core State Standards.	O	0	O	O	0
i. I engaged students in test preparation activities to prepare for the state learning assessment (e.g., review of test items, discussion of test-taking strategies).	0	О	O	0	0
j. I used a variety of classroom management strategies.	0	0	0	0	0
k. I developed strategies for managing student misbehavior.	O	О	O	0	0
I. I implemented the schools' protocol(s) to address student discipline.	O	O	O	0	O
m. I used computers in classroom instruction.	0	0	0	0	0
n. I used technology to communicate with parents or community members.	O	O	O	0	O
o. I used technology to communicate with other teachers or administrators at the school.	O	0	O	0	0
p. I used a variety of instructional strategies.	0	0	0	0	0
q. I allowed students to select and/or direct their own activities.	O	O	O	0	O
r. I adapted instruction to meet the unique learning needs of students (e.g., to address special needs, levels of challenge, and interests).	O	O	О	O	O
s. I interacted with parents.	0	0	0	0	0
t. I participated in instructional activities that involved families and/or community members.	O	0	O	0	0
u. I participated in non-instructional activities that involved families and/or community members.	O	О	O	0	0

. I developed strategies for engaging parents or ommunity members.	0	O	0	O	O
v. I assessed students formally (through tests, etc.).	0	0	0	0	0
. I assessed students informally through daily nonitoring.	0	O	0	0	0
. I designed formative assessments.	0	0	0	0	0
. I used data from formal student assessments to guide ny instruction.	0	O	O	O	0
a. I used data from informal assessments of students to uide my instruction.	О	O	0	O	0
b. I participated in professional development activities ffered at my school.	0	O	0	O	0
c. I participated as a member of an instructional team or iscipline-based department in the school.	0	O	0	0	0
d. I collaborated with another teacher(s) to plan or eliver lessons.	0	О	0	0	O
nstructional schedule of the Pre-K-12 school(s) where I was placed.					
tatements.	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
. I was able to focus on my field experience, without eing distracted by other commitments or expectations ssociated with my teacher preparation program.	0	O	O	O	O
The next questions are about the cooperating cooperating teacher," we refer to the PreK-12 and other field experiences. If you worked will lease respond based on the person with who	g teacher wit 2 school stat th multiple c	th whom you v ff member assi cooperating te	igned to ove achers duri	ersee your stude	ent teaching

19. Please indicate the extent to which you disagree or agree with the following statements about your cooperating teacher.

My Cooperating Teacher . . .

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
a. Had good knowledge of subject area content	0	0	0	0	0
b. Understood goals for student learning	0	0	0	0	0
c. Understood effective instructional strategies	0	0	0	0	0
d. Understood how to accommodate different student learning styles	O	O	0	O	O
e. Effectively managed the classroom	0	0	0	0	0
f. Was regarded as a "master teacher" at the school	0	0	0	0	0
g. Had good communication skills	0	0	0	0	0
h. Modeled good professional practice	0	0	0	0	0
i. Gave me useful feedback	0	0	0	0	0
j. Was an effective mentor to me	0	0	0	0	0
k. Was able to provide needed support	0	0	0	0	0
Was available to answer my questions or address my concerns	0	0	0	O	0
m. Taught in ways that were consistent with what I learned in my courses	O	O	0	O	0

Section D: Supervising Faculty Member Characteristics

The next questions are about the supervising faculty member with whom you worked during your field experience. By "supervising faculty member," we refer to the individual from your teacher preparation program who oversaw your student teaching and other field experiences. If you worked with multiple supervising faculty members during your field experience, please respond based on the person with whom you spent the most time.

20. Please indicate the extent to which you disagree or agree with the following statements about your supervising faculty member.

My Supervising Faculty Member. . .

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
a. Had good knowledge of subject area content	0	0	0	O	0
b. Understood goals for student learning	0	0	0	0	0
c. Understood effective instructional strategies	0	0	0	0	0
d. Understood how to accommodate different student learning styles	O	0	0	O	O
e. Had good communication skills	0	0	0	0	0
f. Modeled good professional practice	0	0	0	\circ	0
g. Gave me useful feedback	0	O	0	0	0
h. Was an effective mentor to me	0	0	0	0	0
i. Was able to provide needed support	O	O	0	0	\circ
j. Was available to answer my questions or address my concerns	O	O	0	O	O

Section E: Collaboration between Your Teacher Preparation Program and PreK-...

The following questions are about the nature of collaboration between your teacher preparation program and the school(s) in which you had your <u>field experience</u> (thinking about all your experiences in PreK-12 schools and classrooms as part of your teacher preparation program).

21. For each of the following activities related to your field experience, please indicate the extent to which they were done exclusively by <u>faculty or staff from your teacher</u> <u>preparation program, by faculty or staff at the school(s) where you were placed, or done jointly.</u>

	Done Exclusively by Teacher Preparation Program Faculty/Staff	Done Exclusively by School Faculty/Staff	Done jointly by Teacher Preparation Program <u>AND</u> School Faculty/Staff	Don't Know
a. Deciding where I would be placed for my field experience	C	O	С	O
b. Selecting my cooperating teacher	O	O	0	O
c. Designing my field experience	O	0	0	O
d. Monitoring my field experience	O	O	0	O
e. Assessing my teaching performance during my field experience	O	0	O	O

22. Please indicate the extent to which you disagree or agree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
a. Expectations for my field experience were effectively communicated by my teacher preparation program to faculty/staff at the PreK-12 school(s) in which I was placed.	O	О	0	О	С
 b. Expertise was shared among faculty/staff from my teacher preparation program and faculty/staff at the PreK-12 school(s) in which I was placed. 	O	0	0	0	0
c. My cooperating teacher and supervising faculty member worked together as a team to support my field experience.	O	0	О	0	0

Section F: Evaluation and Feedback

The following questions are about the communication you had and feedback you received from your cooperating teacher and supervising faculty member during your student teaching experience

23. Thinking about your interactions with your cooperating teacher about issues related to
your teaching practice (e.g., curriculum and instruction, classroom management/behavior,
students, assessment, materials) during your student teaching experience, how often did
each of the following occur?

	Never	Less than Once per Month	Once per Month	Twice per Month	Once per Week	2-3 Times per Week	Daily
Your cooperating teacher observed your classroom teaching.	0	0	0	O	0	0	0
 b. You observed your cooperating teacher's classroom teaching. 	0	0	O	0	0	0	0
c. You received written feedback about your teaching from your cooperating teacher.	0	О	0	0	0	0	O
d. You met with your cooperating teacher to discuss your teaching.	O	0	O	O	O	0	O

24. Thinking about your interactions with your <u>supervising faculty member</u> (related to your teaching practice and during your student teaching experience), how often did each of the following occur?

	Never	Less than once per Month	Once per Month	Twice per Month	Once per Week	2-3 Times per Week	Daily
Your supervising faculty member observed your classroom teaching.	0	О	0	O	O	О	0
b. You observed your supervising faculty member 's classroom teaching.	O	0	O	0	0	0	O
c. You received written feedback about your teaching from your supervising faculty member.	0	0	0	O	©	0	O
d. You met with your supervising faculty member to discuss your teaching.	0	0	O	O	0	0	O

^{25.} If you met with your cooperating teacher and/or supervising faculty member to discuss your teaching during your student teaching experience, please indicate the average length of these meetings.

a. Average length of meetings with your cooperating teacher to discuss your teaching.

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0	I did not meet to discuss my teaching
0	Average number of minutes

Survey of Clinical Practice in Teacher Preparation b. Average length of meetings with your supervising faculty member to discuss your teaching. O I did not meet to discuss my teaching Average number of minutes 26. Please indicate which, if any, of the following types of procedures or tools were used during your student teaching experience to document and/or provide feedback about your teaching practice. (Choose all that apply) Professional portfolios Assessments of video-recorded lessons Self-assessment or reflective analysis Assessments by peers in your program Oral feedback provided by your cooperating teacher after your classroom teaching Oral feedback provided by your faculty supervisor after your classroom teaching ☐ Written feedback provided by your cooperating teacher after your classroom teaching Written feedback provided by your faculty supervisor after your classroom teaching Feedback provided by your cooperating teacher or faculty supervisor during or immediately after your teaching 27. We are interested in the extent to which your teacher preparation program evaluates the effectiveness of its field experiences. Please indicate whether or not you were asked to provide feedback about the quality of the following elements. (Choose all that apply) I Was Not Asked to Provide I Was Asked to Provide Feedback Not Applicable Feedback 0 0 0 a. The overall quality of my field experience 0 b. The overall quality of my student teaching experience c. The quality of the school in which I had my student teaching experience. 0 0 d. The quality of my cooperating teacher 0 e. The quality of my supervising faculty member

Survey of Clinical Practice in Teacher Preparation 28. All of the information you provide will be used only for the purposes of the study and will be reported only in summary form along with responses from other participants. We may wish to follow up with you in the future. Would you be willing to allow the research team to contact you? O No Yes **Contact Information** The research team requests your contact information in case we have follow-up questions or to discuss possible participation in future research about teacher preparation programs. REL Central has developed a Teacher Preparation Research Alliance to support research on this topic with the goal of providing information to improve teacher preparation programs. If you are willing to be contacted, please provide the information requested below. Your information will not be shared beyond the research team. First Name Middle Name Last Name Email address Mailing Address Home Phone Number Mobile Phone Number Work Phone Number Employer Name and Location (City, State) **End of Survey** Thank you for completing this survey.