



Council for the
Accreditation of
Educator Preparation

Partnerships for Practice: CAEP Standard 2 (CAEP 101)

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Rationale

- Collaborative partnerships are a shared endeavor meant to focus on the improvement of student learning and development and on the preparation of teachers for this goal.
- Partners work together to determine not only the values and expectations of program development, implementation, assessment, and continuous improvement, but also the division of responsibilities among the various partnership stakeholders.

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.*

Standard 2, component 2.1 – Effective Partnerships & High Quality Clinical Practice

- 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.

Possible Types of Evidence

- Description of partnerships (e.g., MOU)
 - Evidence that partners collaborate on clinical decisions
 - Opportunities are available for input from partners on such things as clinical practice procedures and policies, assessments, placements, focused teaching opportunities, and other clinical based experiences

Standard 2, component 2.1 – Effective Partnerships & High Quality Clinical Practice

- Possible Types of Evidence
 - Common expectations have been set for candidates
 - Shared responsibility for continuous improvement of preparation program
 - Orientation of clinical educators
 - Field experience handbooks (section(s) specific to component
 - Documentation of stakeholder involvement
 - Candidates participation in professional development through the clinical site
 - Retention of clinical educators

Standard 2, component 2.1 – Effective Partnerships & High Quality Clinical Practice

- They [partners] 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.
- Possible Types of Evidence
 - Process described on how partners are part of the creation of candidate entry, preparation, and exit requirements – How are partners included in the discussions?

Standard 2, component 2.1 – Effective Partnerships & High Quality Clinical Practice

- Possible Types of Evidence
 - Partners are included in discussions and their input is sought on such things as focused teaching experiences, course content, and key assignments.
 - Partner's opinions are sought on incorporating a new theory or approach before it is implemented in a clinical experience.
 - Partner's and EPP share the accountability for candidate's impact on student learning during the clinical experience.
- Evidence in self-study could be a simple description of what is done – verification happens on site

Thinking about 2.1: Partners co-construct mutually beneficial P-12 school and community arrangements (example)

Does not meet minimum criteria

- No specific benefits are identified for the K-12 schools or the EPP.
- No evidence demonstrating a collaborative process
- Evidence is one directional
- Placements are guided by EPP or K-12 school

Meets minimum criteria

- Evidence (MOU, minutes, agendas, community based projects, etc) shows that a collaborative process is in place
- Evidence shows that the K-12 schools and the EPP have benefited from the partnership

Standard 2, component 2.2 – Effective Partnerships & High Quality Clinical Practice

- 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.
 - Possible sources of evidence
 - Clinical educator and clinical placement characterized by co-selection and based on shared criteria
 - Criteria for selection of clinical educators
 - Professional dispositions evaluation
 - Surveys of clinical educators, candidates, employers, and/or human resources

Standard 2, component 2.2 – Effective Partnerships & High Quality Clinical Practice

- Possible Sources of Evidence
 - Performance evaluations (clinical observation instrument)
 - Records of counseling out of clinical educators
 - Clinical educators training/coaching
 - Joint shared curriculum development/design/redesign

Thinking about 2.2 Partners co-select, prepare, evaluate, support, and retain high-quality clinical educators (example)

Does not meet
minimum criteria

- Mentor teachers are assigned by a central office and evaluated by university supervisors and candidates only.

Meets minimum
criteria

- EPP and P-12 educators and/or administrators are involved in the selection of clinical educators.
- Clinical educators evaluate each other and are evaluated by candidates.
- Results are shared with clinical educators and university supervisors.

Standard 2, component 2.3 – Effective Partnerships & High Quality Clinical Practice

- 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.

Standard 2, component 2.3 – Effective Partnerships & High Quality Clinical Practice

- Possible Sources of Evidence
 - Evidence that clinical experiences have “sufficient depth, breath, diversity, coherence, and duration.”
 - Description of clinical experience goals and operational design
 - Documentation that clinical experiences are implemented as described (could be part of 3rd party survey)
 - Scope and sequence matrix is provided that charts depth, breath, and diversity of clinical experience
 - Chart of candidates’ experienced in diversity settings

Thinking about 2.3: The provider works with partners to design clinical experiences of sufficient depth, breadth, diversity, coherence, and duration (example)

Does not meet
minimum criteria

- Mentor teachers are assigned by a central office and evaluated by university supervisors and candidates only.

Meets minimum
criteria

- EPP and P-12 educators and/or administrators are involved in the selection of clinical educators.
- Clinical educators evaluate each other and are evaluated by candidates.
- Results are shared with clinical educators and university supervisors.

Contact Information

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QUESTIONS



Engaged

FEEDBACK

is vital to CAEP.

You will have an opportunity to complete a survey at the end of the conference.

Surveys will be sent via email on Friday, April 10.

We encourage your participation.

Thank you!

