A COMPARISON OF PERCEIVED EFFECTIVENESS OF CLINICAL SUPERVISION WITH TRADITIONAL METHODS OF SUPERVISING

By

JOHN R. JONES

Bachelor of Arts in Education
East Central State University
Ada, Oklahoma
1971

Master of Music Education
University of Oklahoma
Norman, Oklahoma
1976

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Thesis Approved:

Kenneth St. Clair
Thesis Adviser

Gerald R. Bass

Peter Gleason

William E Segall

Thomas C. Collins
Dean of the Graduate College

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CHAPTER I

INTRODUCTION

Teachers and teacher educators continuously receive the brunt of criticism. Teachers are said to be mediocre, illiterate, and incompetent. Good teachers are leaving the profession to find work in other professions. Even our prospective teachers are said to be drawn from the lower portion of our college population. Zumwalt (1986) pointed out that our teacher education programs have been declared inadequate and ineffective. In some cases, she stated, they are totally irrelevant, even detrimental, to the careers of people going into the profession. This seems to represent a rather bleak picture of the teaching profession and, even worse, a dismal future. The scene looks very depressing. Can there be excellence in the classroom without first-rate teachers? We can change our curriculum, buy more materials, change the physical environment, and even lengthen the school day, but without good teachers, all the change in the world will not produce the desired effect. It seems imperative that we give teachers a chance to break away from their feelings of isolation and from the threat that so many authorities place on them. Teachers should be allowed the opportunity to update their skills and to analyze those skills as they relate to the teaching process.

These situations and others challenge all supervisors of instruction. The need for better techniques may cause supervisors to incorporate what is known about supervision into a model that can accomplish two goals: remove obstacles for both supervisors and teachers and

promote professional growth and teaching excellence for all teachers. The supervisor may ultimately reshape the "work environment of teachers into one that is conducive to reflective and collective dialogue among staff members" (Glickman, 1984, p. 40). Consequently, a supervisor should master the skills necessary for encouraging dialogue with teachers. The supervisor's express purpose should be to help the teachers act more effectively in the classroom.

As performed for years, supervision has consisted of an array of administrative practices. Most have focused on summative evaluation. Decisions have been made about hiring or continuing a contract, firing, or granting merit awards. Attention seems to have digressed from helping teachers improve instructionally. Perhaps this neglect is because many of these practices have developed from societal pressures rather than from sound theories of supervision. This is indeed unfortunate. It has caused confusion about what good instructional supervision involves, both in theory and practice. Suspicion has existed for years between supervisors and teachers because of these archaic ideas and practices. Have these practices improved instructional behavior? Many in the field would regretfully say "no." Meanwhile, outside the classroom, society has placed many demands on educational leaders today. Sergiovanni and Starratt (1974) indicated that, ". . . people in the schools and on school committees are ready for some quiet and effective improvements" (p. 328). As already asserted, educators are being held accountable. Teachers and supervisors have struggled in this stressful situation long enough. They cannot effectively promote an environment conducive to student learning. Teachers and supervisors must find a way to identify and remove obstacles that inhibit their ability to work together.

Improving the effectiveness of teaching is a central purpose of the supervisory process. Harris (1985) stated that dynamic supervision must be essentially oriented to improved teaching in ways that can be perceived. This statement has strong merit, but instead of being merely perceived, improvement of teaching must show visible signs of progress. Educators may have to break away from the traditional approaches to supervision and find ways that will lead supervision toward improving instruction. Clinical supervision may assist teachers and supervisors in this endeavor.

Clinical supervision is designed to allow colleagueship between supervisor and teacher to develop and mature. This relationship is one in which the researcher has been interested for years. Sullivan (1980) suggested that many practitioners have taken the original idea developed in the 1950's by Morris L. Cogan and the theories of Goldhammer in the 1960's and made a theme and variation. However, a review of the literature, especially over the past 10 years, indicated that some instructional supervisors are moving back to the early practices of Cogan. They are finding that positive developments are happening, teachers are responding, and teacher instructional behavior is improving. Thorlacius (1984) discussed teacher behavior and clinical supervision:

> Clinical supervision is based on several assumptions. One is that teaching is behavior and that the behavior includes the actions of both teachers and pupils. These actions are observable both singly and in interaction. A further assumption is that teaching, as a complex interaction of teaching behavior, learner behavior, and content variables, is patterned, and these patterns can be discerned and analyzed in ways which can bring new insights to teachers about the complexities of their own classroom realities. Instructional improvement can then be achieved by understanding and controlling (i.e., changing or modifying) certain behaviors (p. 2).

Agreeing with Thorlacius is no problem. Ten years of supervising teachers has caused this researcher to believe that there is a better way

of helping teachers improve their behavior characteristics, the life of the teaching-learning process. It is hoped that the current investigation of clinical supervision will provide strong support for improving instructional behavior. As stated earlier, teachers and supervisors must have a relationship of collegiality. Both groups must work on this affinity and develop mutual trust and respect. New attitudes must replace the superordinate-subordinate concept all too often allowed in the past. The supervisor in the clinical relationship has the responsibility of helping all teachers expand their ideas of supervision. Supervisors also must learn how to collect data, develop conferencing skills, work with teachers in analyzing these data, and then help teachers apply them toward improving behavior. The desired result will improve instruction and ultimately foster more student learning. Cogan (1973) explained that the

> . . . relationship between teacher and clinical supervisor is maintained in force as long as they can work together productively as colleagues. It deteriorates significantly or ceases to exist when either assumes an ascendant role or is accorded an ascendant role by the other (p. 68).

Although this statement is significant, it does not mean that teachers and supervisors have similar and equal competencies. Both groups are specialists within their own realms. The supervisors must be highly competent observers, and teachers should be experts in knowledge of curriculum, of their students, and of the students' learning characteristics.

Statement of Purpose

The purpose of this study was to contrast clinical supervision with traditional supervision to determine which has the greater impact on perceived teacher behavior.

Significance of the Study

> The entire field of clinical support of teachers, whether by peers, supervisors, or principals, needs study, particularly because it is by far the largest component of staff development in most districts, and its theoretical structure is attractive to district policy makers. To provide teachers with information about effective teaching behavior and with mirrors reflecting the extent to which their practice includes those behaviors appears eminently sensible (ASCD Yearbook, 1990, p. 30).

Society is placing greater demands on teachers and teaching. Therefore, it is hoped that this study will give principals, teachers, and teacher educators information about the impact clinical supervision may have on modifying teacher behavior. If data analyses proves beneficial to the teaching process, perhaps educators will apply clinical supervision in their work with teachers.

Definition of Terms

For the purposes of this study, the following definitions apply:

Clinical Supervision. Goldhammer (1969) defined this process as:

> . . . that phase of instructional supervision which draws its data from first-hand observation of actual teaching events, and involves face-to-face . . . interaction between the supervisor and the teachers in the analysis of teaching behaviors and activities for instructional improvement (pp. 19-20).

Principal. "A principal shall be any person, other than a district superintendent of schools, having supervisory or administrative authority over any school or school building utilizing two or more teachers" (Oklahoma State Department of Education, 1986, p. 12).

Instructional Behaviors. Actions exemplified by a teacher while in the act of helping students to learn.

Time-on-Task. The amount of time students spend on a particular learning activity, whether assigned by the teacher or not.

Verbal Flow. Spoken dialogue between teacher and student.

Research Question

This study attempted to answer the following research question: Is clinical supervision perceived to impact instructional behavior more than or less than traditional methods of supervision?

Assumptions of the Study

For purposes of this study, the following assumptions were made:

1. All individuals involved in this research study were certified teachers and administrators.

2. All participants conducted the study as outlined.

3. All respondents answered the questionnaires accurately and honestly.

Limitations of the Study

The following are limitations of this study:

1. The collection of data was limited to a small segment of the teaching population in the northern portion of the state of Oklahoma.

2. Special events or circumstances, other than the experimental treatment, may have occurred between measurements of subjects to produce changes in the dependent variable.

CHAPTER II

REVIEW OF LITERATURE

Introduction

The purpose of this review was to investigate several studies and other research pertaining to clinical supervision, with particular attention given to the relationship between clinical supervision and instructional behavior among teachers. Basic to this investigation was a study of the way traditional practices of supervision differed from those of clinical supervision.

In actuality, traditional supervision is not supervision at all. In most cases, its attention focuses upon mandated procedures which administrators must discharge in the formal evaluation of teachers. Usually, it is performed to determine whether or not a teacher meets certain performance criteria. Terms and phrases often heard in this traditional mode are teacher competencies, performance objectives, and assessment. In the traditional approach, the administrator tries to assure that the teacher is meeting a prescribed minimum level of performance. Sometimes performance levels are established by an administrator, a board of education, or the state department of education, but rarely by a teacher. These procedures can be better described as administrative and directive rather than as supervisory and collegial. This brief description of supervision gives credibility to Ryan's (1971) assessment of supervisory practice prior to the time of Goldhammer's (1969) thoughts:

> Traditionally, supervision was carried out by a principal or some authority figure in the school system. Its purposes were to monitor the performance of teachers, occasionally to give new ideas, but generally to keep teachers on their toes (p. 556).

It would seem reasonable, then, that observations of teachers for the purpose of assistance should be distinct from observations on which to base decisions about nonrenewal or renewal of a contract.

Glickman (1990) recommended keeping these tasks separate. Supervision as a function should concern itself only with improvement of classroom instruction, while administration as a function concerns itself with the overall operations of the school, including evaluating teacher performance. One might infer that if administrators spent more time assisting teachers rather than evaluating them, a high quality of instruction could be attained. This would force the supervisor to work with the teacher instead of engaging in the expensive and often painful process of releasing the teacher and hiring a different one. A teacher released from a contract will probably teach somewhere else. Is this exchange really helping the profession? For the most part, the teachers we have now we will have in the years to come. Therefore, it seems logical that we must make improvements by relying on the teachers we have now. Keeping these teachers in effective service as interested and growing professional educators should be a prime focus of supervision.

Few, if any, studies have favored traditional supervision. National surveys of teachers have tended to show that teachers mistrust the supervisory process as traditionally practiced (Blumberg, 1974; Walker, 1976). Clinical supervision might help eliminate some of the problems faced by teachers and administrators. It is built on the assumption that teacher behavior can be improved and that the teacher is the best and most

knowledgeable person to make the necessary effort for improvement. Reavis (1976) reaffirmed this idea:

> Clinical supervision requires that teacher and supervisor attack problems together and rests on the conviction that instruction can only be improved by direct feedback to a teacher on aspects of his or her teaching that are of concern to that teacher (rather than items on an evaluation form or items that are pet concerns of the supervisor only) (p. 360).

Sullivan (1980) suggested that clinical supervision stresses the belief that teaching is a patterned behavior which can be controlled, changed, or modified. In the clinical process, teacher and supervisor work together conferring, analyzing data, and plotting a course for the teacher's instructional behavior improvement.

In the late 1950's, Cogan, the developer of clinical supervision, worked with several Harvard students of education (cited in Sullivan, 1980). Cogan recognized that the supervisory pattern of observing a lesson and then critiquing it for the intern teacher was not helpful. After several years of experimentation and honest evaluation by Cogan and his colleagues, clinical supervision became a reality.

Clinical supervision is significantly different from other approaches to supervision, particularly relating to content. Specifically, clinical supervision involves analysis rather than inspection. For example, one study by Reavis (1977) investigated the verbal exchanges between a supervisor and a teacher as the two contrasted clinical supervision with traditional supervision. His finding was that both supervisor and teacher preferred the clinical model over other forms of supervision. The teachers Reavis interviewed declared that they felt more relaxed and more determined to improve their instruction. At the same time, supervisors felt that they were more beneficial to teachers.

Teacher development, another feature of clinical supervision, was the focus of research conducted by Shuma (1973). This study investigated change effected by a clinical supervisory relationship. Emphasis was placed on teacher and supervisor helping each other. Twelve sequential steps developed by John L. Morgan and David W. Champagne of the University of Pittsburgh were used. The researchers explored their effects upon changes of student perception and teacher growth.

Shuma's (1973) findings indicated that teachers experiencing clinical approaches consistently progressed toward self-supervision and became more of the professionals they desired to be. These same teachers had a more positive attitude about themselves and their profession, increased their ability for self-analysis, and understood themselves better. Basically, their behavior changed. Students as well as teachers saw a definite change in the attitude and behavior of the instructors.

Using clinical supervision, Bell (1987), a professor at Eastern Montana College in Missoula, conducted several studies with reading teachers. Employing a three-step approach, the pre-observation conference, the classroom observation, and the post-observation conference, she found that clinical supervision helps supervisors and teachers promote reading instruction. Its face-to-face interaction meets the needs of many individual teachers. Bell also found that a teacher's morale is high when the instructor's ideas are valued. Teacher and supervisor, she noticed, develop a mutual respect. Even though Bell used a small sampling, her study does give us reason to believe that, since improved morale and respect are positive outcomes, clinical supervision may assist in other areas as well as enhancing specific behavior patterns.

Two earlier studies yielded information about change in actual teaching behavior. Garman (1971) examined two groups of teaching

assistants in college English. One group of five was given a 12-week teaching seminar in conjunction with clinical supervision; another group of five was exposed to only the teaching seminar. Four of the five teaching assistants who reviewed teaching behaviors discussed in the seminars were able to implement the desired behavior, whereas only one of the five who did not receive clinical supervision was able to accomplish the behavior. Some authorities might consider this research design less than ideal because it contrasted clinical supervision with lack of supervision. However, it did add some support for the effectiveness of the clinical model. Skrak (1973) compared the effectiveness of clinical supervision alone to clinical supervision with immediate secondary reinforcement of a preselected behavior. Three intern teachers and two experienced teachers participated in this study. The experiment was conducted in two phases. After the teacher behavior was selected, the supervisor observed five consecutive lessons, giving some reinforcement each time the teacher produced the desired behavior. This constituted the secondary reinforcement process. After this, teacher and supervisor selected another behavior and another five observations took place with no secondary reinforcers. Skrak discussed the value of secondary reinforcement:

> The use of immediate secondary reinforcement during teaching observations in clinical supervision is a valuable tool which can be employed to assist teachers in their development of desirable behavior patterns. However, the use of immediate secondary reinforcement during observation does not guarantee a greater degree of behavioral change than do clinical supervisory procedures which do not employ such immediate feedback. Much depends upon the personality of the teacher, his philosophy of human behavior, his ability to perceive the cues which his teaching environment provide him, and the manner in which he and his supervisor relate (p. 1149-A).

The study cited earlier by Thorlacius (1984) examined changes in supervisory behavior while supervisors used the clinical mode. This

study dealt with 35 supervisor-supervisee groups. Most of these supervisors were teachers; others were principals. The supervisees were student teachers.

The methodology involved the examination of pre-training and post-training videotapes of supervisory conferences. Participants used the Supervisor-Teacher Analogous Categories System (STACS) developed by Thorlacius and a timed Internal Categorical Observation Recorder (TICOR) developed by Rex Wadham at Brigham Young University. With these systems they could record the duration of each category of behavior. They then fed data directly to a computer for analysis. After all the final videotapes for each supervisor were coded, supervisor and teacher combined data to determine total duration in the behavior categories. These following categories were used: Supportive Behavior, Accepts/Uses Other's Ideas, Solicits Information, Solicits Opinion or Suggestions, Provides Solicited Information, Provides Solicited Opinion/Suggestions, Provides Unsolicited Information, Provides Unsolicited Opinion/Suggestions, and Non-Supportive Behavior.

Duration times were then analyzed for variance and were compared. Results indicated that changes in post-training behavior of supervisors were significant beyond the .05 level in six out of nine categories. These changes were all in the directions anticipated and were congruent with the clinical supervision model. Teacher behavior also changed. Four of the nine categories showed statistically significant changes. This study is of import because it re-emphasizes the relationship between teacher and supervisor that Cogan (1973) and others have said is essential. Teacher and supervisor must develop a high level of comraderie if the clinical process is to work.

Clinical supervision should enable educators to more effectively scrutinize instructional behavior. According to Cogan (1973), clinical supervision takes its principal data from the events of the classroom. These data should be compiled through an excellent relationship between supervisor and teacher and should be followed by a good data analysis. These two factors form the basis of the model. The strategies then implemented should improve the overall instruction.

Flanders (1976) emphasized that the ultimate goal of clinical supervision is assisting teachers to modify patterns of instruction. Educators must keep in mind that the research on teaching effectiveness should not be confused with principles of clinical supervision. Goals of clinical supervision are much more modest. It invades the teaching process and stimulates some change in teaching. Then, it shows that a change has taken place, and compares the old and new patterns of instruction. Teachers can gain new insights and reshape their patterns of behavior. The goals have been examined in depth by Warner and Scott (1980) and by Rallis and Bucci (1981), who discussed staff development and the professional aspects of improving teaching performance.

The promising aspects of clinical supervision's viable procedures have been affirmed in many publications. Goldhammer (1969), along with Cogan (1973), spearheaded the concept. The Association for Supervision and Curriculum Development's Supervision in a New Key by Wilhelms (1973); the Association of Teacher Educators' The Teaching Clinic by Olson, Barbour, and Michalak (1971); and the Phi Delta Kappa Fastback Teacher Improvement Through Clinical Supervision by Reavis (1978) are but a few of the publications that suggested the process has merit. Many educators have presented papers suggesting its usefulness. For example, Acheson and Gall (1980) and Goldhammer, Anderson, and Krajewski (1980) have

supported clinical supervision as a technique for improving strategies of individual teachers.

Clinical supervision is also a flexible model. It can be used with only one teacher working with a supervisor or by a group of teachers working in peer teams or with a supervisor. In 1972, Buttery reported that peer clinical supervision does structure systematically the way a small group of peers observes and analyzes lesson content. Further, the process is usually free of domination by any group member, regardless of role responsibility. Buttery's studies also indicated that groups clinically supervised, as opposed to groups supervised in a traditional fashion, have improved instructional behavior significantly. This study has tremendous impact for school principals who usually do most of the supervision. Many principals, because of other responsibilities, find that the time required to supervise teachers in a clinical mode overwhelms them. One way to remedy this dilemma may be to allow students to provide feedback. Krajewski (1976) suggested that this is both desirable and necessary. This researcher agrees with Krajewski, but it must be understood that student knowledge of all the facets of teaching and teacher behavior is often limited.

Barnes (1990), an elementary teacher, gave this researcher an example of administrators and teachers working together in the district in which he teaches in Toledo, Ohio. This district established a program that allows teachers to work with other teachers. All beginning teachers are under the direct supervision of master teachers. During a specific period of time, the master teachers do no teaching; they merely supervise and observe the new teachers. This is an excellent example of teachers working in the clinical mode and helping each other improve instructional behavior.

Another school district using teachers as clinical supervisors is located in Washington, D.C. Freeman, Palmer, and Ferren (1980) reported that for the past several years teachers there have been trained to serve as clinical supervisors for their peers. Teachers gather data on teaching patterns and teacher behaviors. The reports from this program presented a positive attitude: 89% of the teachers had a more positive attitude toward supervision, 98% expressed an interest in improving instruction, and 94% indicated confidence in the clinical model as an aid to improving teacher behavior.

The most comprehensive review of teacher preferences for consultation was provided by Holdaway and Millikan (1980). In reviewing several studies conducted at the University of Alberta, they found that teachers were more likely to call on colleagues for help than on principals. Further, the teachers valued the advice of colleagues more than the advice of principals. The findings of Holdaway and Millikan are supported by the research conducted by Blumberg (1980), who studied conversation patterns of teachers. The researchers discovered that 64% of the conversations on professional matters were held with colleagues, but only 23% were with professional staff personnel and 7% with the principal. Brophy (1979) pointed out that teachers can learn much about their teaching by receiving feedback on usable data from colleagues concerning classroom activities. He also urged teachers to work together with competent peers.

Many institutions of higher education have used the clinical model when supervising student teachers. Throughout her student teaching supervisory experiences, Gangstead (1983) found that student teachers can accommodate behavioral changes in their teaching. Even though they may be limited, improvements can be made. This researcher suggests that the

student teaching level is the place to begin. If student teachers can improve teaching behavior before entering the field, they can possibly prevent or curtail many problems.

A review of the literature indicated that clinical supervision may have an impact on enhancing teacher behavior. Considering the studies available, one can safely say that no study has found traditional supervision more effective than clinical supervision. It can also be said that the research is still inadequate and the findings are still incomplete, but available information strongly suggests that clinical supervision is a pattern that should be considered by educators.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was to add to the small amount of information available to principals and teachers regarding clinical supervision and its possible impact on teacher instructional behavior. Two groups of participants took part. One group employed traditional supervision methods and the other used the clinical model. Each participating administrator supervised four teachers (two from each mode of supervision), concentrating on gathering data in two areas: student time-on-task and verbal flow between teacher and students. The way these data were gathered were the same for both clinical and traditional supervisory methods. The purpose was to determine whether clinical supervision affected teacher instructional behavior more than did traditional supervision. This chapter describes the procedures and methods used in the selection of the subjects, the selection and administration of the pretest and posttest instruments, the collecting of data, and the data analyses.

Selection of Subjects

Subjects used in this study were from a population of 236 first through twelfth grade teachers and 12 administrators. All participants lived in four communities in the northern part of Oklahoma in an area devoted largely to farming and ranching. The socioeconomic status of the

students attending the schools ranged from the lower to upper level. The combined population of these four communities was approximately 60,000 people.

Fifteen principals were asked for assistance in conducting this study. All had been employed in their districts not less than 10 or more than 25 years. As principals, they had served their districts from 4 to 22 years. At the beginning of the school year, all the principals were to ask their teachers to join the principals in a district-wide study of administrative supervisory practices. From the volunteers, each principal was to choose four teachers to participate in the study. These four teachers were randomly assigned, two to the experimental (clinical) group and two to the control (traditional) group. It was hoped that this would assist in acquiring equal samples. Three high schools, two junior high schools, one middle school, and six elementary schools participated in the project.

Demographics

A demographic instrument (Appendix A), including the following items, was given to each teacher:

1. Years of teaching experience (including the current year).
2. Years with present principal (including the current year).
3. Grade level(s) at which teaching is done.
4. Gender.
5. Age.
6. Number of students in the school.
7. Number of visits to the classroom by the principal during the current school year.

8. Number of conferences teacher and principal have had during the current school year.

Instruments

The "Assessment of Teacher Instrument" (Beach and Reinhartz, 1982) was administered twice to each teacher participating in the study (Appendix A). It was administered first as a pretest during the month of September of the 1990-91 school year. As a posttest, it was administered again during the month of April. The instrument gathered information about teaching behaviors. This instrument can show how teachers interpret their teaching on certain behaviors.

The "Assessment of Teacher Instrument" has 12 items concerning teacher instructional behavior. Each teacher responded to each item using a ranking scale of 1 to 5. A "1" represented the most desirable reaction to a particular behavior, and a "5" the least desirable.

Another instrument, the "Student Assessment Instrument" (Appendix A), developed by Beach and Reinhartz (1982), was administered twice to 299 secondary school students. These students were in grades ranging from the ninth to the twelfth. This instrument was administered the first time as a pretest during the month of September of the 1990-91 school year. The second time it was administered as a posttest during the month of April. The questions asked on this instrument were the same as those on the "Assessment of Teacher Instrument." The "Student Assessment Instrument" allowed pupils to rank their teachers using the same 1-to-5 format. These students were from various classes, representing both the experimental and control groups of teachers. Any changes which occurred regarding numbers of respondents were due to attrition.

These two instruments were developed by Beach and Reinhartz (1982) after consultation with teachers in the field. Beach and Reinhartz also studied the research findings of Walberg, Schiller, and Haertzel (1979), whose subject was effective teaching. Walberg, Schiller, and Haertzel developed a list of more than 70 teaching variables having an impact on learning. Beach and Reinhartz also reviewed studies by Rosenshine and Furst (1971) and Manatt (1981), who identified ascriptive teaching variables that correlate with effective teaching. From these research findings, Beach and Reinhartz designed the "Assessment of Teacher Instrument" and the "Student Assessment Instrument." This research also reported that the variables contained in the two instruments were valid and reliable.

The second instrument used was from "Shinn's Clinical Supervisory Behavior Questionnaire" (SCSBQ) (Appendix A), which was developed by Shinn (1976) during his doctoral study. This instrument was intended to help a teacher describe the actual behavior of a principal as compared to the ideal behavior of a principal, and was administered as a pretest during the month of September. The second time it was administered as a posttest during the month of April. Both test administrations occurred during the 1990-91 school year. The instrument consisted of 32 items denoting clinical supervisory behaviors. Items 1-8 consisted of preobservation conference techniques. Items 9-20 included techniques used during classroom observations. Items 21-32 denoted techniques used during the postobservation conference. Each teacher was asked to respond to the ideal and actual frequency of these behaviors using a five-point Likert scale on each margin of the questionnaire. The scale on the left margin identified the extent to which the teacher's "ideal" principal would engage in that activity. An identical scale on the right identified the

extent to which the teachers believed their present principals were using the technique. Following are the descriptors on the scale and the definitions on the questionnaire: Never (at no time, under no conditions), Seldom (in few instances), Rarely (infrequently), Sometimes (occasionally, once in awhile), Usually (commonly or ordinarily used), and Often (many times).

A prototype of the SCSBQ was submitted to the following people: experienced supervisors, teachers, and professors of education; the coordinator of staff development at the Beaverton, Oregon School District; and the co-developer of a training program. The purpose was to make assessments about the statements, the ease with which they could be understood, and their validity to measure the techniques advocated in the training program.

This prototype was then revised and administered to the staffs of two elementary schools in the Beaverton, Oregon School District. A total of 35 elementary teachers participated. They were asked to point out any item on the questionnaire that was not clear. All identified their questionnaires with the last four digits of their social security numbers. Ten days later, the same teachers were asked to complete the "ideal" portion of the questionnaires and to identify the questionnaires as before. The purpose was to provide data regarding the test-retest reliability of the "ideal" portion of the questionnaire.

Analyses required several steps. Each item was analyzed to locate differences between responses to the first and answers to the second administration of the questionnaire. Comments of the teachers were noted as well. For each of the 44 items, analysis also included correlation of the responses on "ideal" behaviors on the first and second administrations.

Of the original 44 items, 8 were included in the final questionnaire without change, 17 were included with minor revisions, 6 were combined with other items, and 13 were omitted. Five items not on the prototype were added without further field testing. Criteria used for revision, omission, and additions included comments of the teachers from the pilot tests, test-retest correlations, and suggestions from the pilot test group.

Attempts were made to identify reliability coefficients of the SCSBQ through the investigation of previous research in which the instrument was utilized. Further, telephone conversations took place with James Shinn, Personnel Director of the Montgomery County Public Schools, Rockville, Maryland (Shinn, 1976). Shinn stated that reliability coefficients were not available. However, Hamilton (1986) used the SCSBQ with some minor modification. She determined the reliability of the instrument by application of Cronbach's Item Analysis. Reliability coefficients on the order of .95 were reported.

The last instrument used in this study was the "Seating Chart Observation Records" (SCORE) (Acheson and Gall, 1980) (Appendix D). Principals used this instrument to collect data regarding verbal flow and time-on-task. In order for the SCORE instruments to be beneficial, each principal had to observe classes. When the principals were in the classrooms for observation, they would simply sketch a chart showing the position of each pupil's seat and the teacher's desk. The principals would then plot data on the seating charts as activities took place during the observations. These charts permitted large amounts of information to be condensed on one sheet of paper. The charts could also be created as needed to suit the individual teacher's concerns. In the clinical format, these data were used for analysis purposes by the principal and

teacher. In the traditional format, these data were given directly to the teacher after they were collected.

Experimental Design

There were two randomly assigned groups of 24 teachers each. The experimental group received treatment using clinical supervision; the control group did not receive treatment of any kind. Both groups were pretested at the beginning of the study and posttested at the end. The instruments already described were used.

Procedures

The purpose of this study was to add to the apparent short supply of information available to principals and teachers regarding clinical supervision and its possible impact on teacher behavior. Two groups of participants participated. One group employed a traditional supervision method and the other used the clinical model. Each participating administrator supervised four teachers (two from each mode of supervision), concentrating on gathering data in two areas: student time-on-task and verbal flow between teacher and students. These data were collected for both groups. The purpose was to determine whether clinical supervision affected teacher instructional behavior more than did traditional supervision.

During the initial conference in clinical supervision, the teacher and supervisor should share concerns and decide on those behaviors to be observed. Snyder (1981) suggested that at first only a few items should be selected or predetermined for observation. Due to the time frame and to the limited clinical experience of the principals used in the study, the researcher predetermined the behaviors to be observed.

In August of 1990, the researcher telephoned four public school superintendents, asking permission to conduct research in their districts. They wanted more information about the project; therefore, meetings with the researcher were arranged in each superintendent's office. All four school administrators gave a positive response for conducting the study in their districts. After these four meetings, all superintendents contacted their building principals and explained in detail what the study entailed. A general meeting for the researcher and the participating principals was then arranged in each school district. After explaining the study, the researcher scheduled another meeting with each individual principal to further explain the plan. In the initial meeting, 15 principals listened and discussed the project; however, only 12 principals from both elementary and secondary levels participated. Seven principals were men and five were women; all were experienced building administrators.

During the second meeting, each principal was given a packet of material (Appendix E) prepared by the researcher. The packet contained an introductory letter to the principal and directions showing how a principal should present the material to teachers. These directions were given to the principals to lessen the chance of the Hawthorne effect, to assure that all aspects of the study were presented in the same manner to all principals, and that all principals presented the materials to their teachers in the same manner. All of these meetings were conducted during August, prior to the beginning of the new school year. At the second meeting, each principal was instructed on ways of gathering data, on ways of interpreting data, and in conferencing techniques with teachers. The instructions encompassed both clinical and traditional supervisory patterns. Each of the 12 principals was then asked to select four teachers

randomly from among those who had already volunteered for the project. Two teachers would be supervised in the clinical pattern and two in the traditional pattern. Each principal was instructed to tell teachers that the district during that year was working on supervisory techniques with some selected principals. The purpose of the project was to help the principals assist the teachers. The teachers did not know they were part of a study initiated outside the district. It was the intent of this researcher that each teacher should feel no pressure to perform any differently because of involvement in a project. Daily activities were kept as normal as possible.

In the clinical supervision pattern, during the pre-observation conference, the principal informed the teacher that the focus would be on the observations of pupil-teacher verbal flow and of student time-on-task. The observations, analysis and strategy, and post-observation conference focused on these behaviors. In the traditional supervision pattern, the principal, without conferring with the teachers, merely observed the teacher on the two behaviors, and then gave the information to the teacher. In both patterns, principal visits were announced. Principals were instructed to spend approximately 30 minutes on each visit. The first cycle of visits was scheduled to end before the beginning of Christmas vacation. Prior to the first observation, all teachers were handed the "Assessment of Teacher Instrument" (Beach and Reinhartz, 1982). In addition, they were given the SCSBQ (Appendix A). These two instruments were administered to the teachers during the month of September as a pretest, then again during the month of April as a posttest. They were asked to complete these instruments that day and to return them to the principal. Two secondary principals asked to allow some of the students in the observed teachers' classrooms an opportunity to fill out

the "Student Assessment Instrument" for teachers. This instrument was administered to the students during the month of September as a pretest, then again during the month of April as a posttest. It should be noted that no elementary student participated in the student assessments. The elementary school principals felt that their students could not respond adequately to the questionnaire because of their lack of knowledge about teaching behavior.

Only core classes were used in this study. This researcher felt it might be easier to collect data if core classes were used. No special classes, activity classes, or physical education classes participated. Grades observed ranged from first through twelfth. During February and March, the second cycle was conducted using the format followed in the first cycle of observations.

Demographics

When conferring with the principals about the selection and random assignment of teachers, this researcher suggested that they keep the gender of the groups as equal as possible. The premise was that similarity of the groups would add strength to the study and make the results more valuable.

Statistical Analysis

The analysis of variance was the statistical procedure for comparing mean scores of the control and experimental groups. This procedure compared selected pretest and posttest scores. The following scores were compared: pretest control group scores to pretest experimental group scores, pretest experimental group scores to posttest experimental group scores, and posttest control scores to posttest experimental group

scores. Whenever the analysis of variance suggested a significant F-ratio, a multiple comparison test (Tukey's HSD) was administered to determine exactly where the differences occurred. This test analyzes each possible pair of means and determines whether the two are significantly different. Further testing also took place in the study. When initial inspection of the response data indicated the possibility of non-homogeneity of cell variances, Bartlett's Chi Square was used to test this factor. This test was conducted on all questions from each instrument. Even though violations of homogeneity of variance existed on some questions in each assessment instrument, they should not affect the outcome of the analysis of variance. Linton and Gallo (1975) reported good empirical work on the effects of violating the assumptions of normality and homogeneity of variance, and stated that these violations do not impose a threat to a reliable outcome of the analysis of variance. At most, such violations give a slightly erroneous significance level. Although the tabled value may be .05, the actual significance level may range from .06 to .09. Tests have been developed to determine non-normalcy and homogeneity of variance, but many researchers do not recommend them. Many of these tests are less robust than the analysis of variance, and many are themselves more susceptible to distortion than is the ANOVA. Huck, Cormier, and Bounds (1974) stated that experiments have shown that the F-test is valid when group variances are dissimilar, as long as the sample sizes are constant.

CHAPTER IV

PRESENTATION AND ANALYSES OF DATA

The collected data presented in this chapter include both descriptive and inferential statistics. The analysis of variance was the primary statistical procedure used in determining whether differences existed between the control and the experimental groups.

Demographic data presented in Table I indicates the representativeness of the sample population. Analysis showed the following averages among the clinically supervised teachers, who formed the experimental group: years of teaching experience (9.79), years with the present principal (4.66), age of the teachers (33), number of visits by the principal (4.37), and number of conferences with the principal (4.29).

Among the traditionally supervised teachers, or control groups, these averages appeared: years of teaching experience (9.54), years with the present principal (4.51), age of the teachers (36), number of visits by the principal (3.62), and number of conferences with the principal (3).

Results of the random selection showed that each group included 10 male and 14 female teachers. Each principal was urged to achieve a balance in gender. The average school size for both groups was 316 students, and the grade levels taught by both groups were the same: grades one through six (twelve teachers), grades seven through nine (six teachers), and grades 10 through 12 (six teachers). These demographic data

prove that both groups were enough alike at the beginning of the research to make the rest of the study worth reporting.

TABLE I

DEMOGRAPHIC DATA: MEAN SCORES FOR EXPERIMENTAL GROUP AND CONTROL GROUP

	Experimental Group	Control Group
1. Years of teaching experience	9.79	9.54
2. Years with present principal	4.66	4.50
3. Grade level taught	1-12	1-12
4. Gender	Male = 10 Female = 14	Male = 10 Female = 14
5. Age	33.20	36.08
6. School size	316.33	316.33
7. Number of visits by principal	4.37	3.62
8. Number of conferences with principal	4.29	3.0

Analyses of Student Assessment

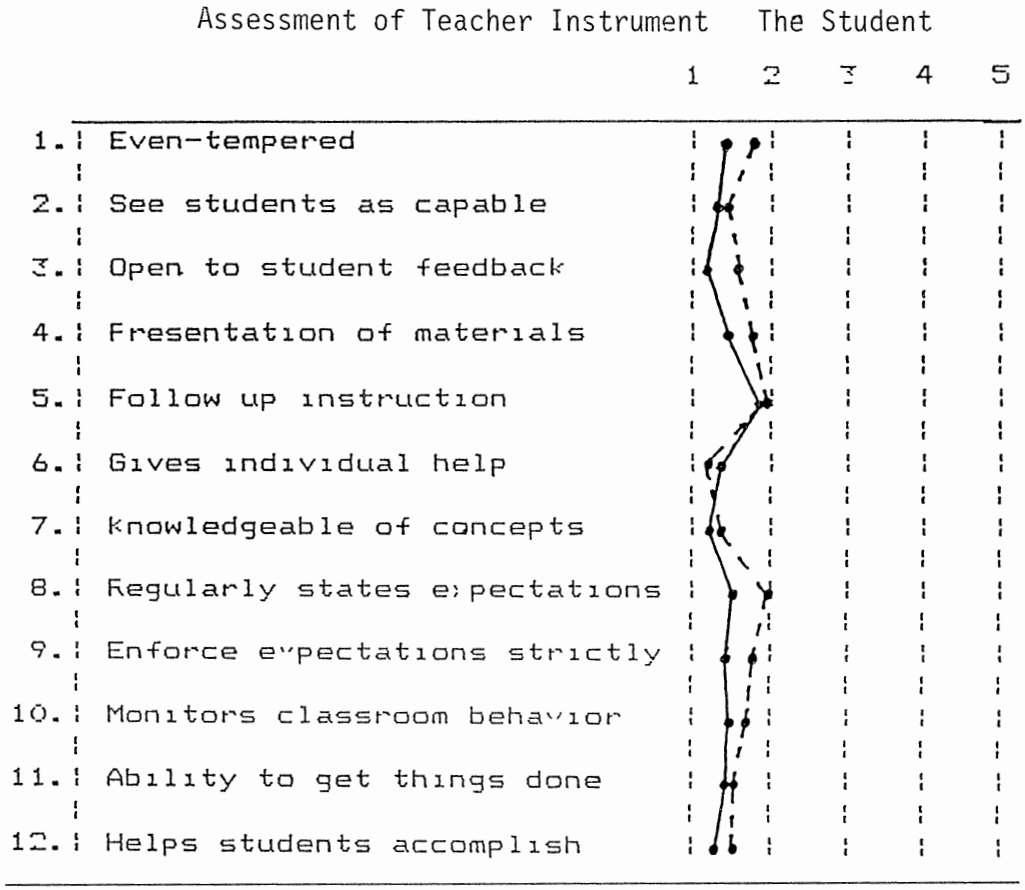
The "Student Assessment Instrument" (Beach and Reinhartz, 1982) was administered to 299 secondary students. Of this total, 128 were students of the secondary teachers from the control group and 171 were students of the secondary teachers from the experimental group. Data were obtained as a pretest from the secondary students during the month of September,

and again at the end of the study as a posttest during the month of April. Students responded to each of the 12 questions on the assessment instrument concerning the way the pupils viewed their teachers' instructional behaviors. Each item had a ranking from 1 to 5. A "1" represented the most desirable reaction to a particular behavior, and a "5" indicated the least desirable. The analysis of variance was the statistical procedure utilized in determining the difference between the control and experimental groups.

Figure 1 presents mean scores on the pretest of the control group of teachers compared to the mean scores on the pretest of the experimental group. No significant differences existed between these two groups. Therefore, the responses given by students on this particular group comparison proved that these two groups were not different at the beginning of the study.

Figure 2 presents data from the experimental groups of teachers. It demonstrates the differences between the means of the students' pretest group and those of the students' posttest group. Figure 2 also depicts those questions attaining significance. After analysis, significant differences were obvious. Questions 4, 5, 8, and 9 attained significance. The responses to these questions differed significantly from the pretest and posttest at the .01 level of significance. On question 10, responses differed significantly at the .05 level (see summary tables, Appendix B).

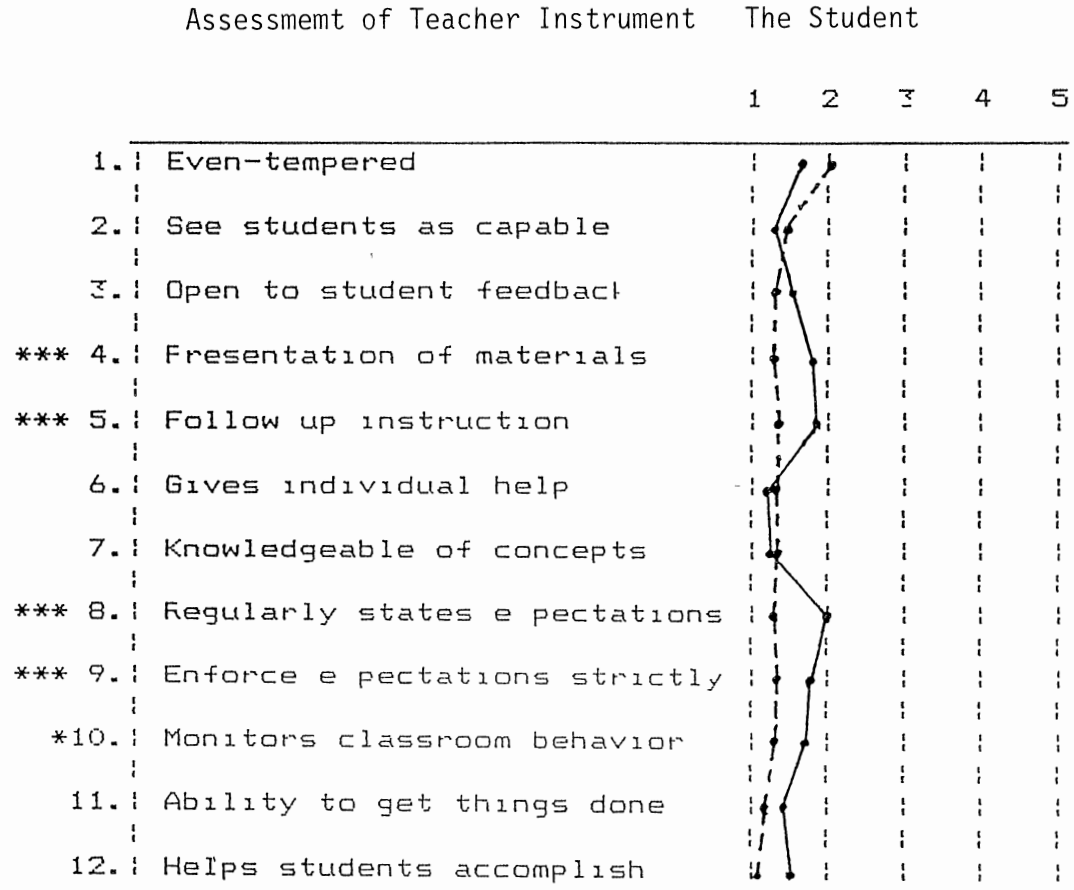
Figure 3 shows mean scores on the posttest of the control group of teachers and mean scores on the posttest of the experimental group. Analysis of variance revealed significant differences at the .01 level. These differences occurred in responses to questions 2 through 12 (see summary tables, Appendix B).



Note Pretest - Control Group ———
Pretest - Experimental Group - - - - -

Source B M Beach and J Reinhartz, "Improving instructional effectiveness A self-assessment procedure," Illinois School Research and Development Journal (1982)

Figure 1. Pretest Group Means of Reported Differences by Students for Control and Experimental Group of Teachers

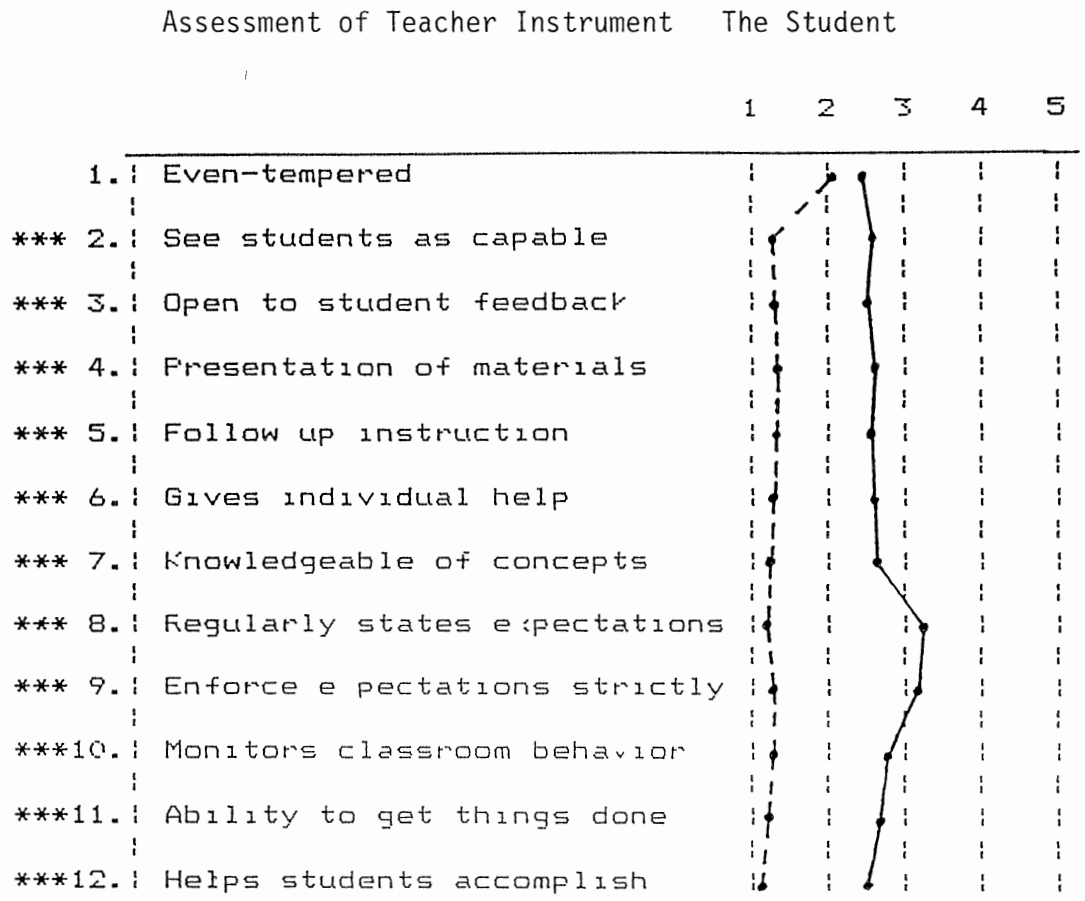


*p < 05
***p < .01

Note Pretest - Experimental Group _____
Posttest - Experimental Group -----

Source B M Beach and J Reinhartz, "Improving instructional effectiveness A self-assessment procedure," Illinois School Research and Development Journal (1982)

Figure 2 Pretest, Posttest Group Means of Reported Differences by Students for Experimental Group of Teachers



***p < 01

Note Posttest - Control Group _____
Posttest - Experimental Group -----

Source B M Beach and J Reinhartz, "Improving instructional effectiveness A self-assessment procedure," Illinois School Research and Development Journal (1982)

Figure 3 Posttest Group Means of Reported Differences by Students for Control and Experimental Group of Teachers

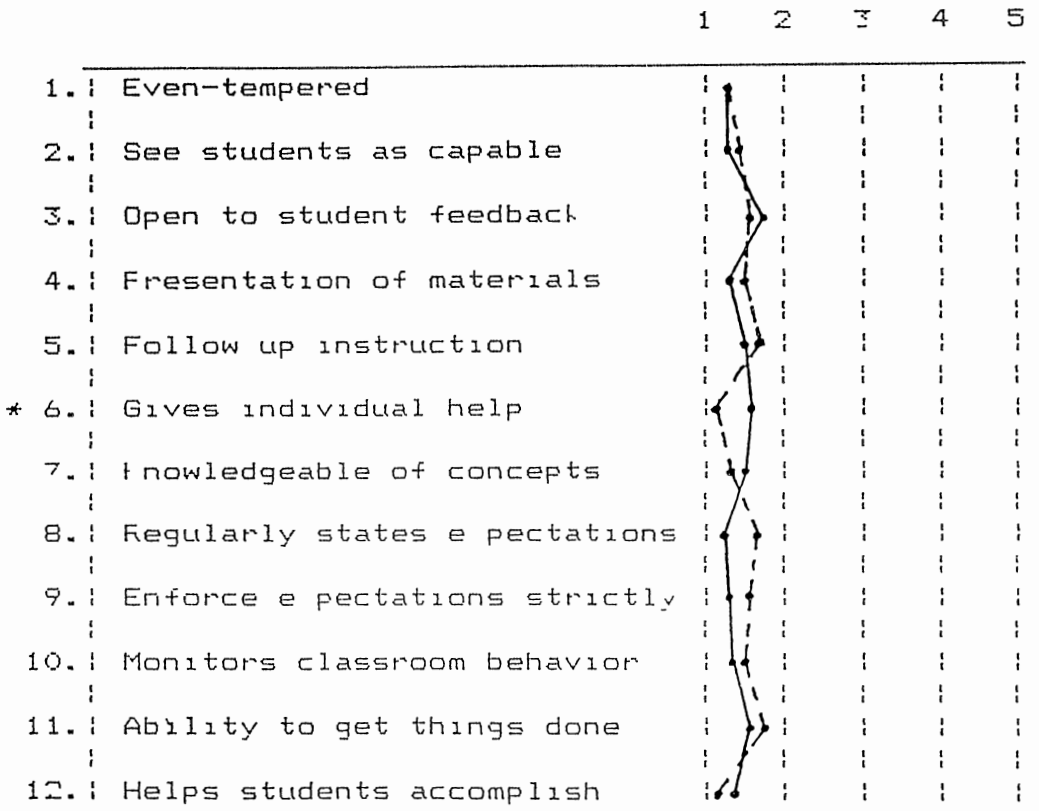
Analyses of Teacher Assessment

The questions on the student assessment were also used on the "Teacher Assessment Instrument." This instrument was administered to 48 teachers. Twenty-four were supervised by their principals using traditional techniques. They were the control group. The other 24 were supervised by their principals using clinical supervision. They made up the experimental group. The instrument was administered to the teachers in the month of September as a pretest, then again in the month of April as a posttest. Teachers used the instrument to assess their own teaching behaviors. Those behaviors were the ones which the teachers exemplified in the classroom, as perceived by themselves.

The instrument had 12 different items concerning teacher instructional behavior. Each teacher responded to each item. All items had a numerical ranking, from 1 to 5. A "1" represented the most desirable reaction to a particular behavior, and a "5" the least desirable reaction. The analysis of variance was the statistical procedure utilized for examining the differences between the traditional and clinical methods used with the teachers. Figure 4 presents the differences between the means of the teachers' pretest from the control group and the means of the pretest from the experimental group. It also depicts those questions which had a significant level of difference. The reply to question #6 (gives individual help) differed significantly at the .05 level of significance (see summary tables, Appendix B).

Figure 5 presents the difference between the means of the teachers' pretest and posttest, both from the experimental group. Question #3 (open to student feedback) was the only question found to have a

Assessment of Teacher Instrument The Teacher



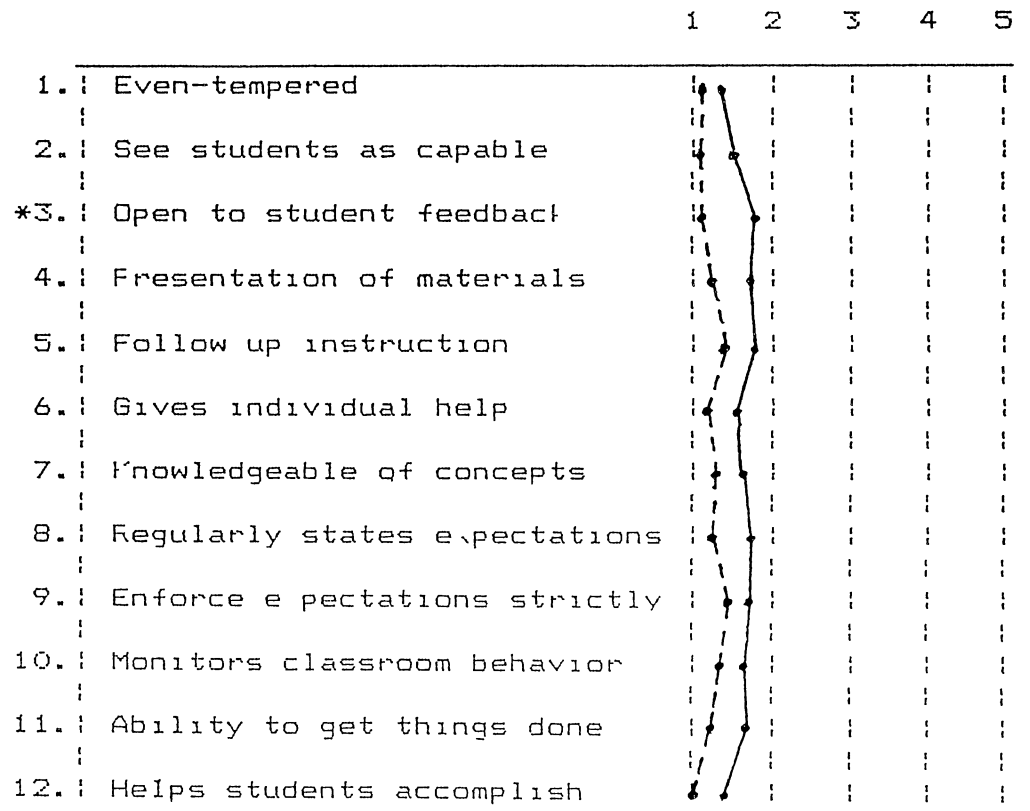
*p < 05

Note Pretest - Control Group _____
Pretest - Experimental Group -----

Source B M. Beach and J Reinhartz, "Improving instructional effectiveness A self-assessment procedure," Illinois School Research and Development Journal (1982).

Figure 4 Pretest Group Means of Reported Differences for Control and Experimental Group of Teachers

Assessment of Teacher Instrument The Teacher



*p < 05

Note Pretest - Experimental Group ——
Posttest - Experimental Group -----

Source B M Beach and J Reinhartz, "Improving instructional effectiveness A self-assessment procedure," Illinois School Research and Development Journal (1982)

Figure 5 Pretest, Posttest Group Means of Reported Differences for Experimental Group of Teachers

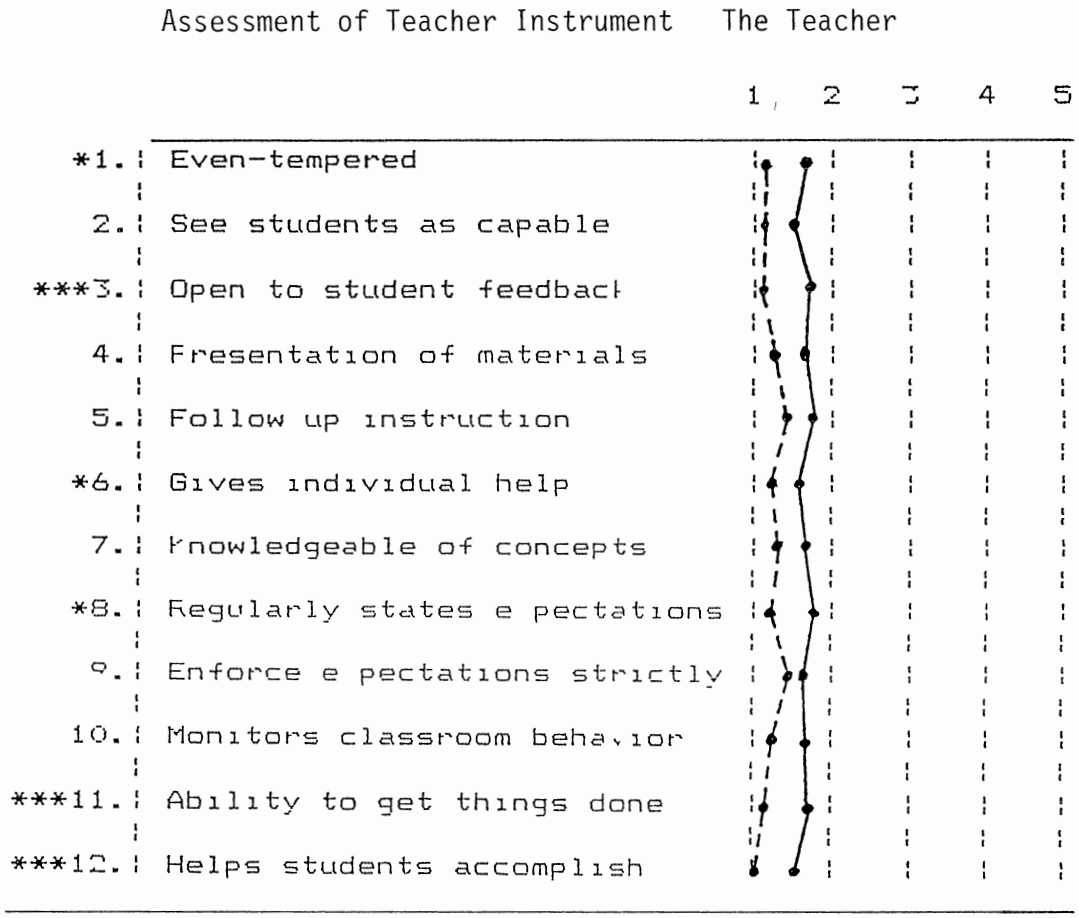
significant difference. This difference was at the .05 level of significance (see summary tables, Appendix B).

Figure 6 shows the difference between the means of the posttest from the control group and the means of the posttest from the experimental group. Many significant differences were found. The reply to question 1 (even-tempered), question 6 (gives individual help), and question 8 (regularly states expectations) were significant at the .05 level. In addition, the responses to question 3 (open to student feedback), question 11 (ability to get things done), and question 12 (help students accomplish) were found to be significant at the .01 level of significance (see summary tables, Appendix B).

Analyses of Clinical Supervisory Behavior Questionnaire

The last instrument used was the SCSBQ (Appendix A). The instrument was intended to help teachers describe their principals' supervisory behavior and to describe their perception of an ideal principal's supervisory behavior. This instrument consists of 32 items denoting clinical supervisory behaviors. A complete description of this instrument was given in Chapter III.

The SCSBQ was administered to 48 teachers. Twenty-four were supervised by their principals using traditional techniques, and 24 were supervised by their principals using clinical supervision. The instrument was administered to the teachers during the month of September as a pretest, then again during the month of April as a posttest. The analysis of variance was the statistical procedure used in determining the differences between the ideal and the actual principal.



*p < 05
***p < .01

Note Posttest - Control Group _____
Posttest - Experimental Group -----

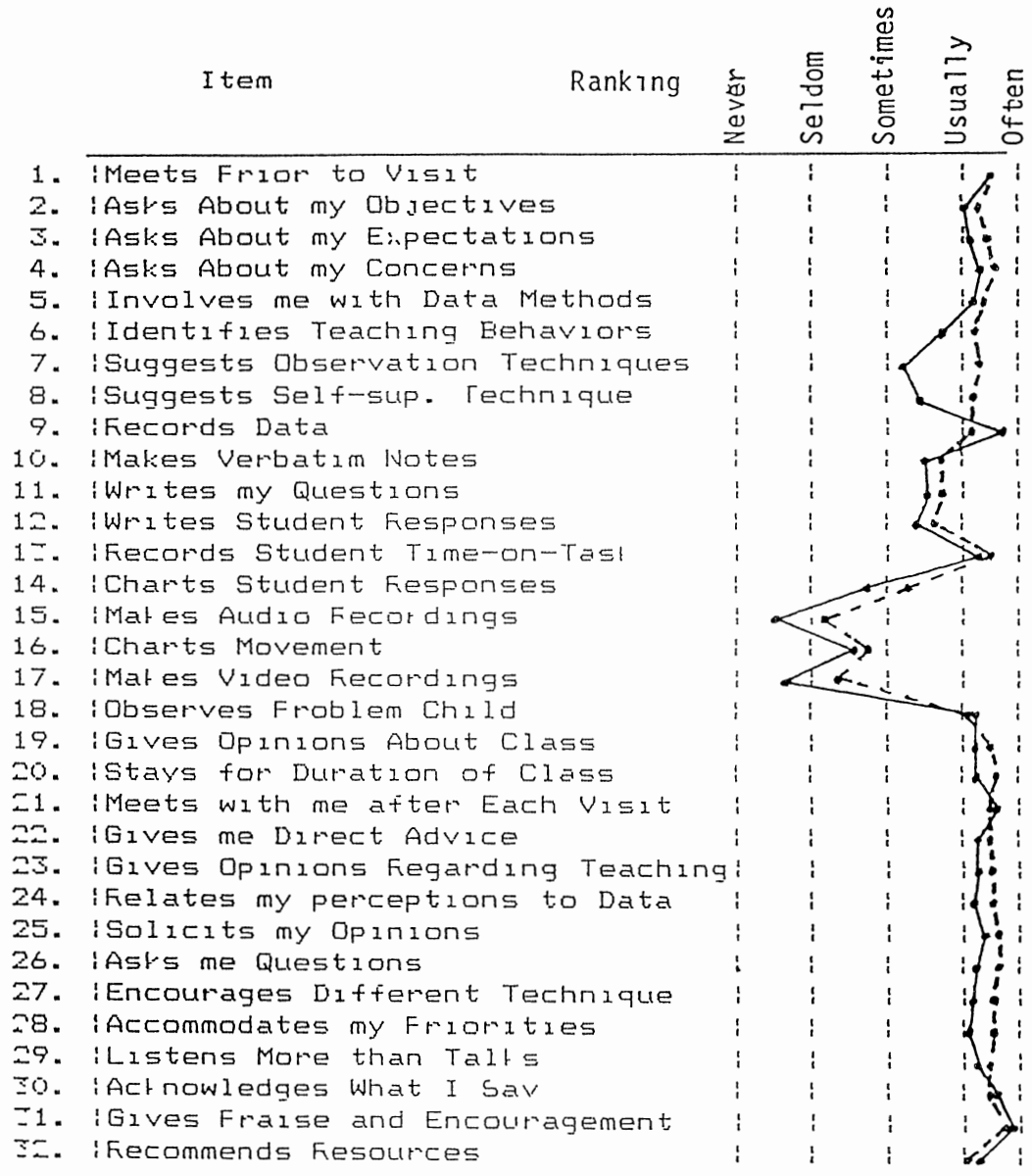
Source B M Beach and J Reinhartz, "Improving instructional effectiveness A self-assessment procedure," Illinois School Research and Development Journal (1982)

Figure 6 Posttest Group Means of Reported Differences for Control and Experimental Group of Teachers

The mean scores of the ideal principal were compared as follows: control and experimental groups, pretest (Figure 7); experimental groups, pretest and posttest (Figure 8); and control and experimental group, posttests (Figure 9). The analysis of variance was the statistical procedure used in analyzing the difference between groups (see summary tables, Appendix B). Questions 8, 9, 15, and 20 had significant F-ratios at the .05 level. Questions 6, 7, 14, 26, and 28 had significant F-ratios at the .01 level. Table II illustrates these significant F-ratios.

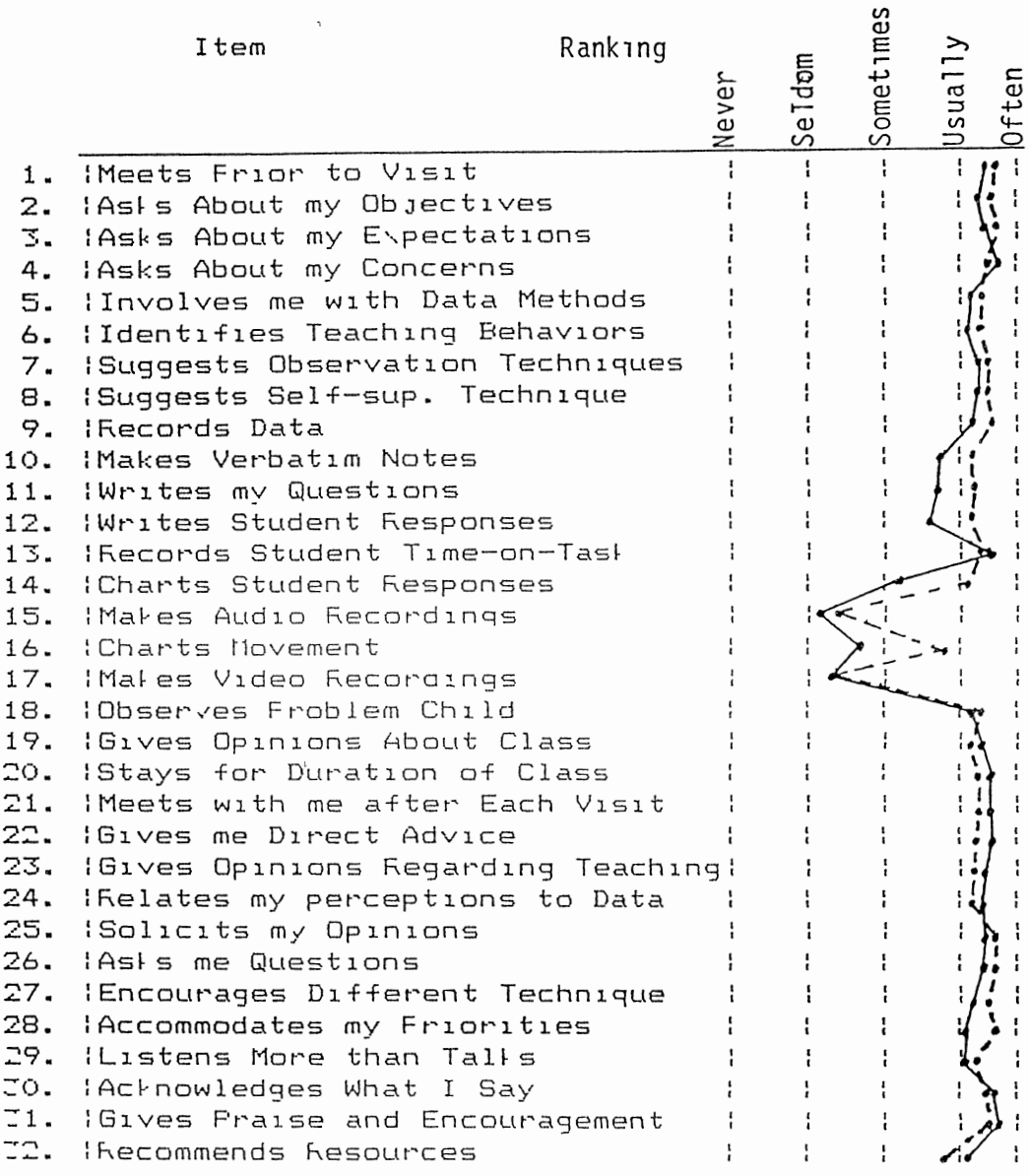
The mean scores of the actual principals were compared as follows: control and experimental groups, pretest (Figure 10); experimental groups, pretest and posttest (Figure 11); and control and experimental groups, posttests (Figure 12). Figure 10 shows that the pretest scores from the control group and the experimental group were similar at the beginning of the study. Figure 11 illustrates that improvements were made by the experimental group after administration of the posttest. This gain in score was visible in 21 of the 32 responses. Figure 12 shows that the greatest differences occurred in comparisons of the mean scores of the posttests from the control group and from the experimental group. Differences existed in 31 of the 32 responses to these questions. The analysis of variance was the statistical procedure utilized in analyzing the difference between groups (see summary tables, Appendix B). Many questions had significant F-ratios. Table III depicts the 24 questions having significant F-ratios at the .05 and .01 levels of significance.

This research has compared traditional supervisory techniques with clinical supervision. It has already been stated that no research has found traditional supervision to impact teacher behavior more than



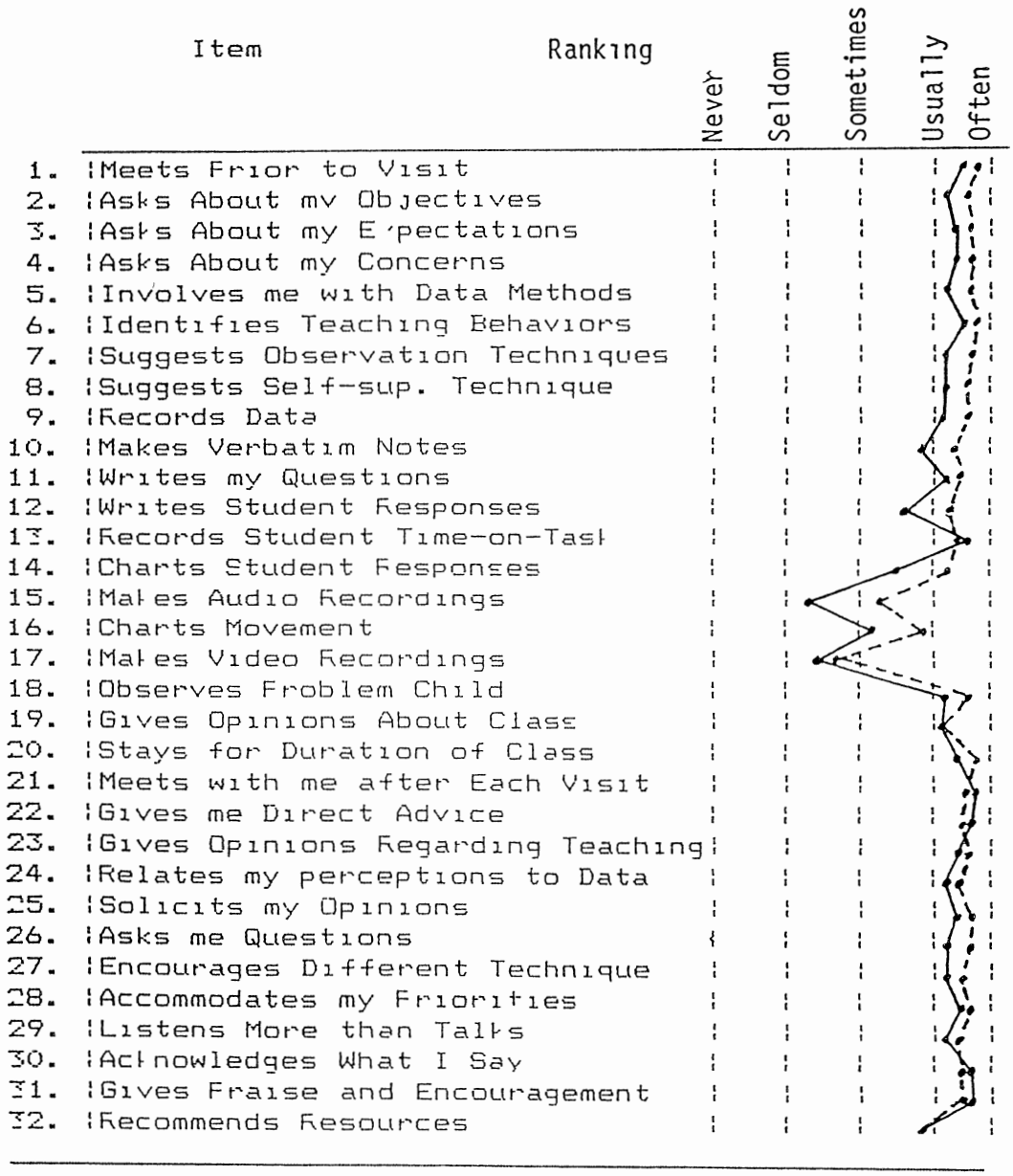
Note Pretest - Control Group _____
Pretest - Experimental Group -----

Figure 7 Pretest Control and Experimental Group Mean Scores for the SCSBQ for "Ideal" Principal



Note Pretest - Experimental Group ———
Posttest - Experimental Group -----

Figure 8 Pretest, Posttest Experimental Group Mean Scores for the SCSBQ for "Ideal" Principal



Note Posttest - Control Group _____
Posttest - Experimental Group -----

Figure 9. Posttest Control and Experimental Group Mean Scores for the SCSBQ for "Ideal" Principal

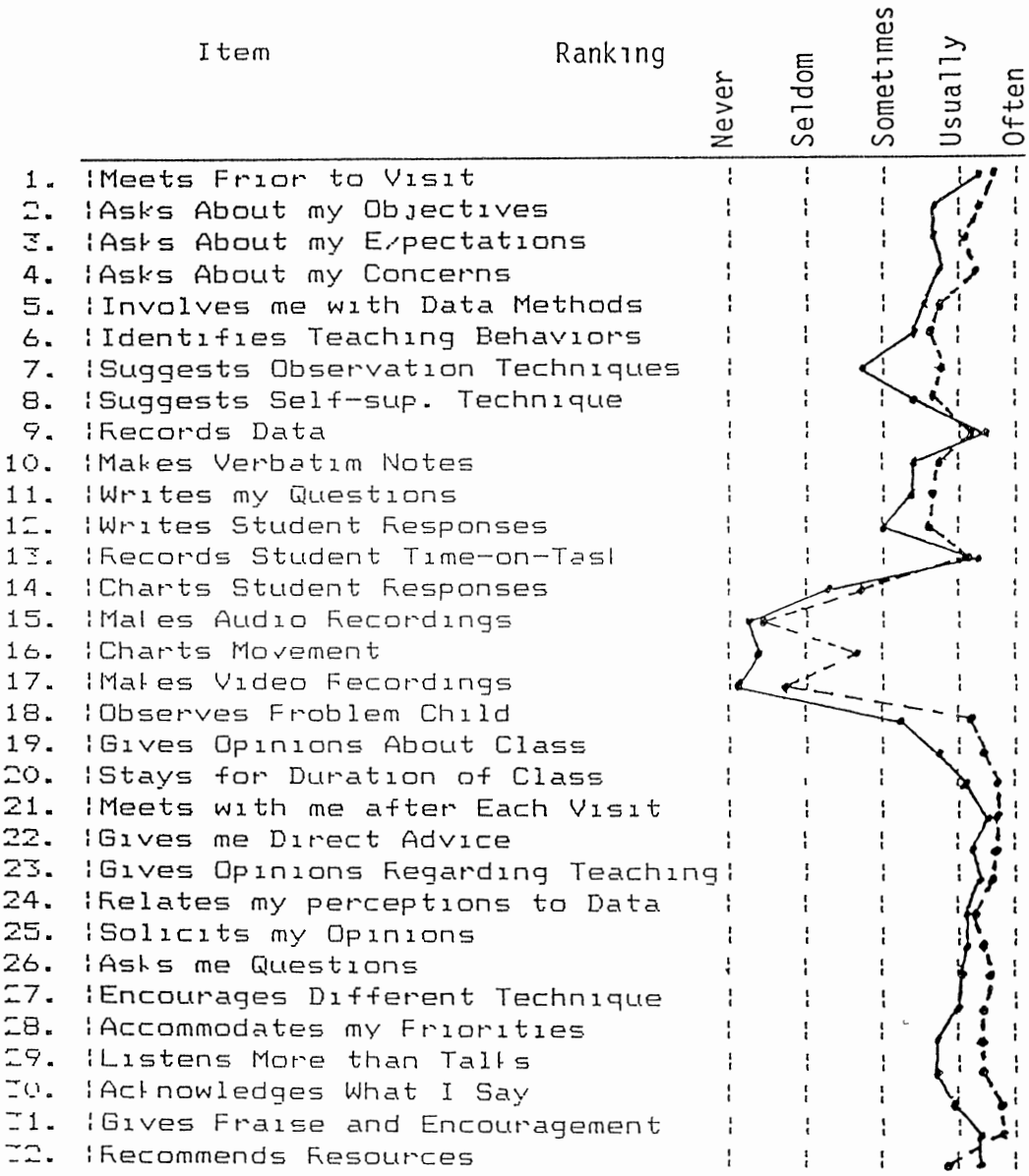
clinical supervision. Therefore, the researcher felt it important to show the pretest, posttest control group scores as perceived by the students. Figure 13 illustrates these mean scores. Students actually described their teachers' behaviors less favorably on the posttest than on the pretest.

TABLE II

SUMMARY OF ANALYSIS OF VARIANCE ON SIGNIFICANT F-RATIOS FOR IDEAL PRINCIPAL

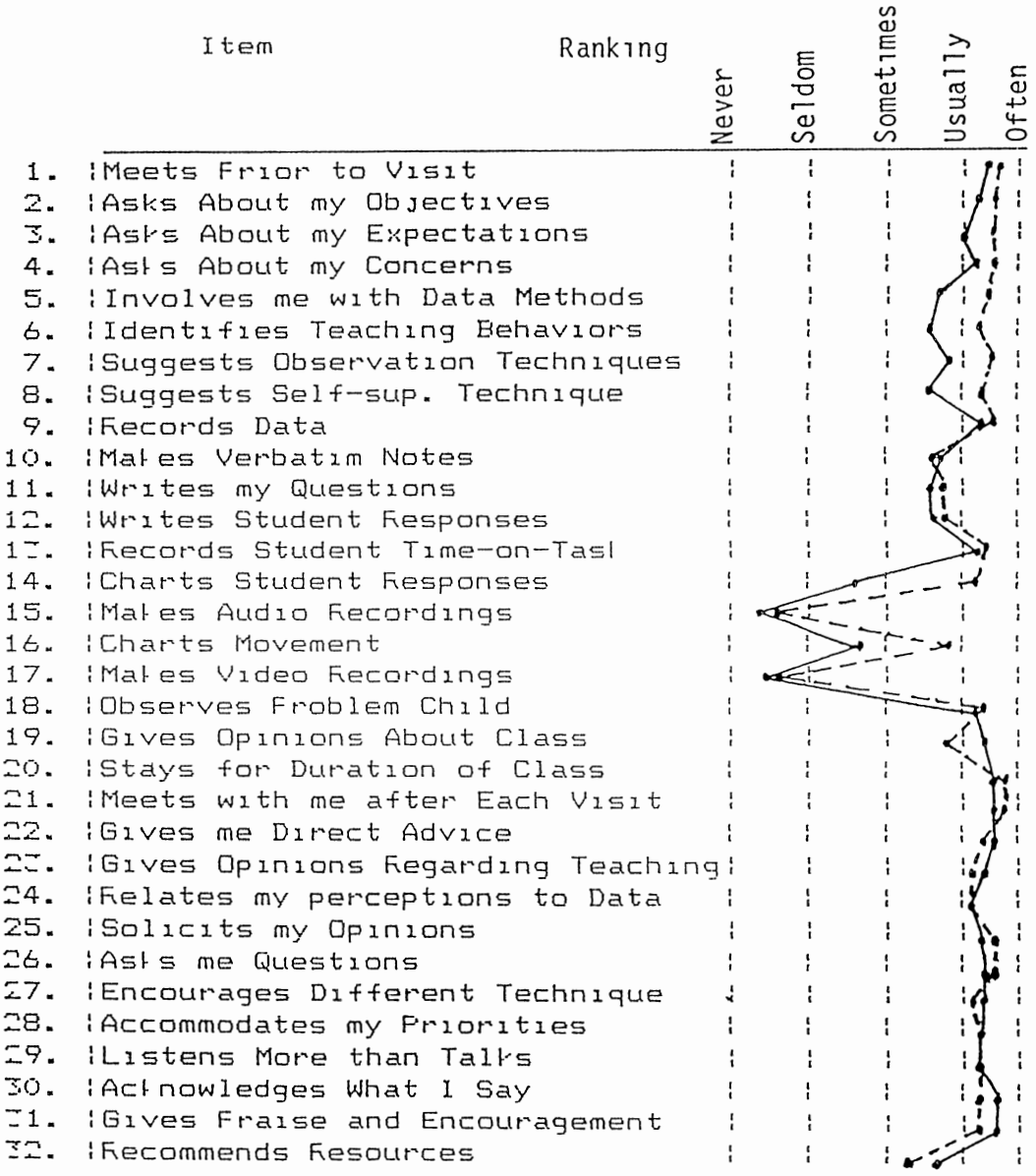
Questions Source	SS	df	MS	F
6 Between Ss	8.99	3	2.99	4.52**
Within Ss	60.22	91	0.66	
7 Between Ss	19.59	3	6.53	6.68**
Within Ss	88.88	91	0.97	
8 Between Ss	9.23	3	3.07	2.67*
Within Ss	104.70	91	1.15	
9 Between Ss	4.24	3	1.41	2.65*
Within Ss	48.55	91	0.53	
14 Between Ss	21.93	3	7.31	4.73**
Within Ss	139.04	90	1.54	
15 Between Ss	7.15	3	2.38	2.53*
Within Ss	85.82	91	0.94	
16 Between Ss	20.69	3	6.89	3.78**
Within Ss	164.15	90	1.82	
20 Between Ss	4.38	3	1.46	3.07*
Within Ss	42.77	90	0.47	
26 Between Ss	3 83	3	1.27	3.84**
Within Ss	29.87	90	0.33	
28 Between Ss	7 31	3	2.43	6.06**
Within Ss	36.18	90	0.40	

*p<.05
**p<.01



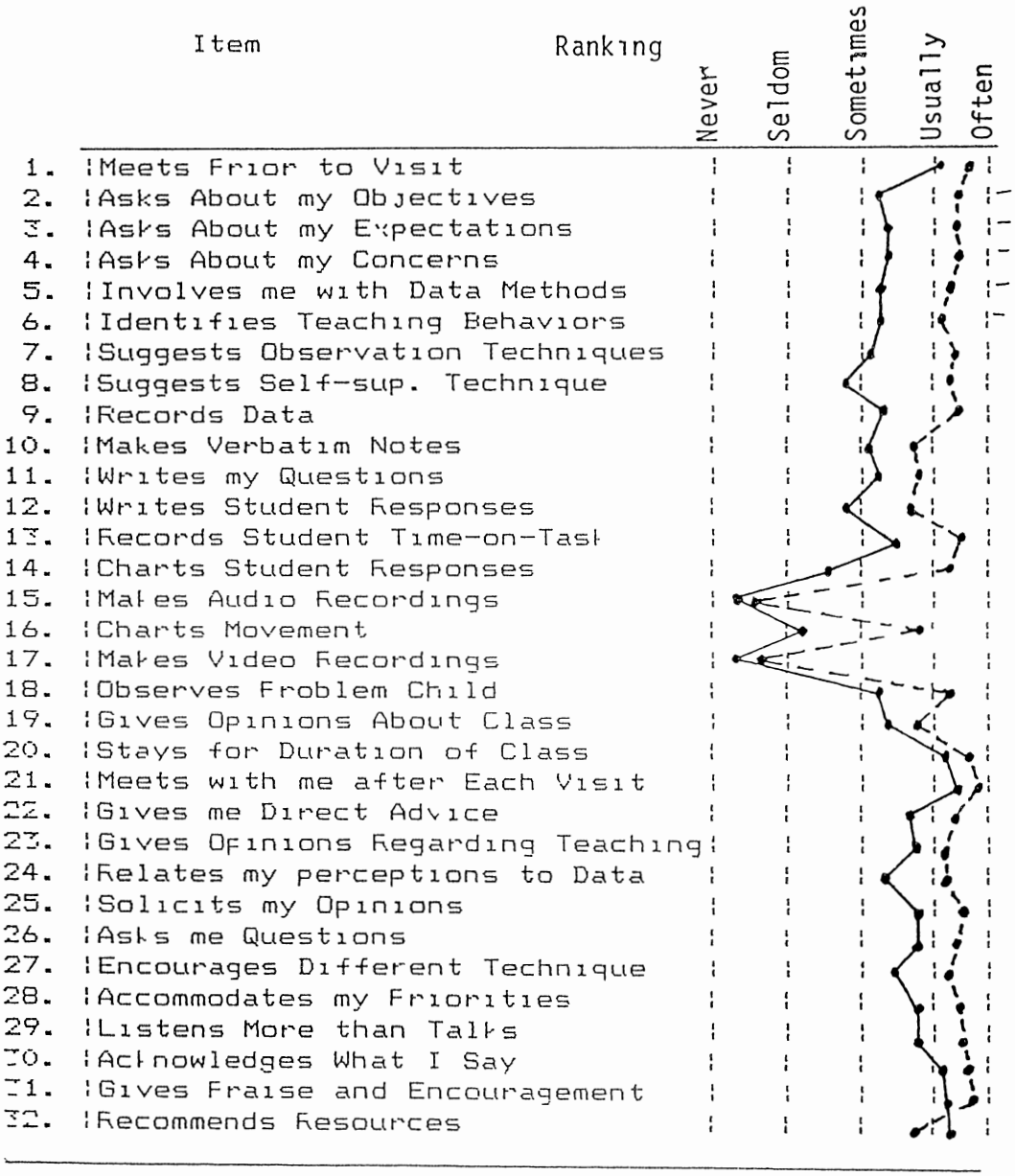
Note Pretest - Control Group ———
Pretest - Experimental Group -----

Figure 10 Pretest Control and Experimental Group Mean Scores for the SCSBQ for "My" Principal



Note Pretest - Experimental Group ———
Posttest - Experimental Group -----

Figure 11 Pretest, Posttest Experimental Group Mean Scores for the SCSBQ for "My" Principal



Note Posttest - Control Group _____
Posttest - Experimental Group -----

Figure 12 Posttest Control and Experimental Group Mean Scores for the SCSBQ for "My" Principal

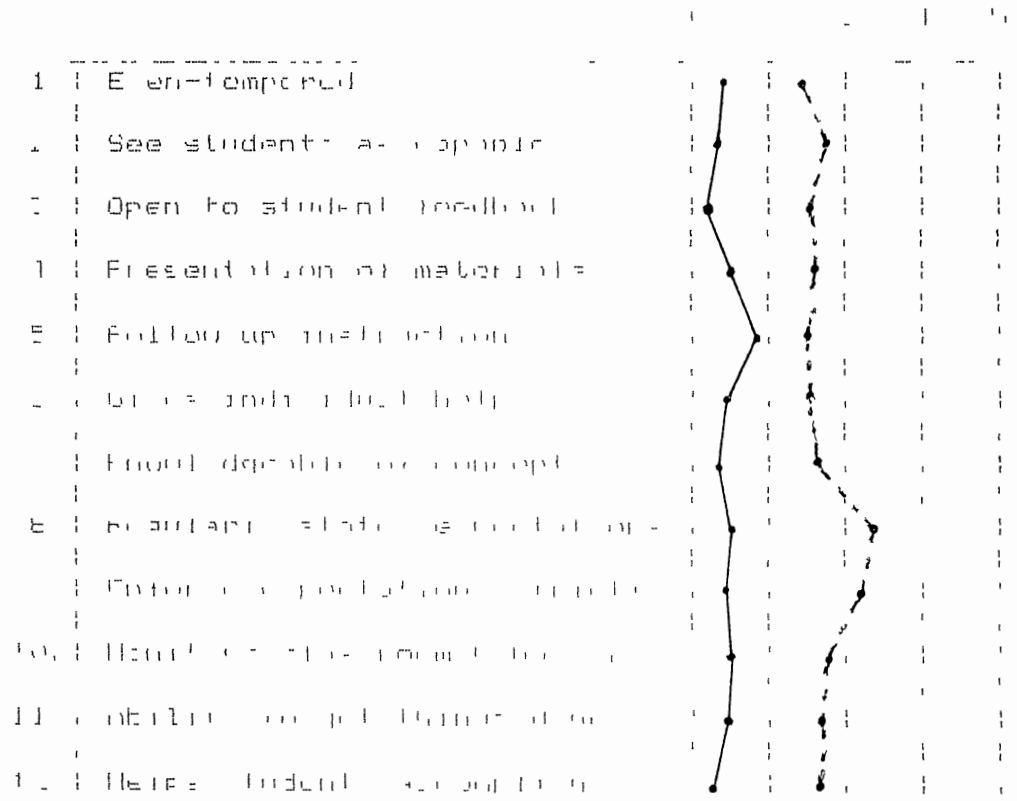
TABLE III

SUMMARY OF ANALYSIS OF VARIANCE ON SIGNIFICANT F-RATIOS FOR ACTUAL PRINCIPAL

Questions Source	SS	df	MS	F
1 Between Ss	3 69	3	1 23	2 71*
Within Ss	41 79	92	0 43	
2 Between Ss	18 20	3	6 09	5 25**
Within Ss	106 70	92	1 15	
7 Between Ss	13 11	3	4 37	3 50*
Within Ss	114 79	92	1 22	
4 Between Ss	11 25	3	3 75	2 91*
Within Ss	117 25	91	1 28	
5 Between Ss	1 81	3	1 60	3 90**
Within Ss	107 40	91	1 18	
6 Between Ss	10 12	3	3 37	2 63*
Within Ss	117 85	92	1 28	
7 Between Ss	47 16	3	14 38	11 39**
Within Ss	116 16	92	1 26	
8 Between Ss	23 87	3	7 95	5 25**
Within Ss	139 75	92	1 51	
12 Between Ss	15 94	3	5 31	4 11**
Within Ss	118 79	92	1 29	
13 Between Ss	9 60	3	3 20	3 10*
Within Ss	93 70	91	1 03	
14 Between Ss	30 19	3	16 87	10 21**
Within Ss	148 25	90	1 64	
16 Between Ss	78 56	3	26 18	17 29**
Within Ss	137 78	91	1 51	
18 Between Ss	23 66	3	7 88	5 51**
Within Ss	128 62	90	1 42	
19 Between Ss	12 12	3	4 04	2 68*
Within Ss	136 83	91	1 50	
20 Between Ss	7 08	3	2 36	3 38*
Within Ss	61 [illegible]	9	0 69	
22 Between Ss	8 7	3	2 79	3 76**
Within Ss	68 25	9	0 74	
23 Between Ss	7 71	3	1 90	2 95*
Within Ss	61 70	[illegible]	0 67	
25 Between Ss	11 11	3	3 70	4 93**
Within Ss	69 12	92	0 75	
26 Between Ss	9 36	3	3 12	5 64**
Within Ss	50 87	9[illegible]	0 55	
27 Between Ss	15 58	3	5 19	5 62**
Within Ss	81 91	92	0 92	
28 Between Ss	11 40	3	3 80	4 74**
Within Ss	72 93	91	0 80	
29 Between Ss	9 58	3	3 19	4 87**
Within Ss	60 25	9[illegible]	0 65	
30 Between Ss	11 08	3	3 69	5 24**
Within Ss	64 75	9[illegible]	0 70	
31 Between Ss	6 49	3	2 16	5 11**
Within Ss	38 49	91	0 42	

*p < .05
**p < .01

Assessment of Teacher Instrument The Student



Note Pretest - Control Group _____
Posttest - Experimental Group -----

Source B M Beach and J Reinhartz, "Improving instructional effectiveness A self-assessment procedure," Illinois School Research and Development Journal (1982).

Figure 13 Pretest, Posttest Control and Experimental Group Means of Reported Differences by Students for Control Group of Teachers

Summary

Data for this study were obtained from 48 public school teachers and 299 secondary school students. Data were gathered from these individuals through the use of clinical and traditional supervision techniques to determine whether clinical supervision impacts teacher instructional behavior.

Statistical techniques utilized for presentation of data were analysis of variance and Tukey's HSD. Figures showed differences in group mean scores, while tables illustrated various levels of significance. Significant differences were recorded in the student and teacher assessments. Significant differences were also recorded in the SCSBQ.

CHAPTER V

DISCUSSION

Introduction

One purpose of this investigation was to add to the minimal information available to principals and teachers concerning clinical supervision and its impact on teacher behavior. This research gathered information from students and teachers regarding an experimental application of clinical and traditional supervision techniques and to determine whether clinical supervision has a differential impact on teacher behavior. If the analyses of the data supports clinical supervision, then educators will be encouraged to apply the method in the professional development of teachers.

In August of 1990, contact was made with superintendents from four Oklahoma school districts. The researcher met with these superintendents to explain the intent of the proposed study. Meetings were also held with several principals from the same districts who were interested in hearing what the study involved. Twelve principals finally agreed to gather data on teacher behavior and to complete the study. Each principal chose four teachers to participate. They were randomly assigned to two groups: two were supervised under clinical supervision, and two others under the traditional approach. The first cycle of supervision was completed prior to Christmas vacation; the second was conducted during the second semester prior to spring break.

Only required academic classes were used in this study. No special classes, activity classes, or physical education classes were involved. Grades observed ranged from first through twelfth.

Preparation involved extensive review of the literature, analyses of several data-gathering instruments on teacher behavior, and explanation to principals of the techniques of clinical supervision. The literature reviewed included the following areas: student-teacher training in clinical supervision, teacher development, self-supervision, modifying teacher behavior, clinical supervision, peer supervision, and videotaping of classroom instruction. An in-depth discussion of these and of the rationale for the selection of clinical supervision as a means of impacting teacher behavior was discussed in Chapters I and II.

The "Assessment of Teacher and Student Instruments" (Beach and Reinhartz, 1982) used in this study were consistent with other instruments employed by educators in describing teacher behavior. In addition, the SCSBQ (Shinn, 1976) was intended to help teachers describe their actual principal's supervisory behavior as measured against an ideal principal's supervisory behavior. While observing classes, principals used the SCORE (Acheson and Gall, 1987) instrument to gather descriptive data on teachers. Additional information regarding these instruments and their application is found in Chapter III.

This study was based on a sample of 48 teachers from a population of 236 from four public school districts in the northern portion of the state of Oklahoma. Two hundred and ninety-nine secondary students and the 48 teachers responded on the instruments; 12 principals gathered data and supervised teachers.

Final analyses of data from the respondents consisted of both descriptive and inferential statistics. The analysis of variance was the

primary statistical procedure used in determining the differences between mean scores from the two supervision methods. The statistical results were supplied in detail in Chapter IV in narrative and graphic form, and the statistical analysis of variance may be found in Appendix B.

Findings

Student Assessment-Control Group, Experimental Group Pretest Group Mean Scores

No significant differences existed between these two groups. The responses given by students allowed the researcher to believe that both groups were similar at the beginning of this study. The premise was that similarity of the groups would add strength to the study and make the results more valuable.

Student Assessment-Experimental Group Pretest, Posttest Group Mean Scores

A one-way ANOVA was used in analyzing data for each question. Analyses of the group mean scores of the pretest and of the posttest from the experimental group showed significant differences. In 8 of the 12 questions, responses showed that the posttest group mean scores were closer to the desirable reactions for that particular behavior than were the pretest group mean scores. Question 3 (open to feedback), question 11 (ability to get things done), and question 12 (helps students) showed this difference. However, question 10 (monitors classroom behavior) showed a significant difference ($F = 45.75$, $df = 3/293$, $p < .05$). Question 4 (presents materials to promote student learning) showed a significant difference at the .01 level ($F = 28.71$, $df = 3/295$, $p < .01$).

Question 5 (has interesting and appropriate assignments) was significant at the .01 level ($F = 18.90$, $df = 3/295$, $p < .01$). Question 8 (regularly states expectations pertaining to student) was significant ($F = 82.33$, $df = 3/294$, $p < .01$). Finally, question 9 (enforces expectations strictly) displayed a significance at the .01 level ($F = 69.19$, $df = 3/294$, $p < .01$).

The students evidently perceived that the second cycle of clinical supervision impacted teacher behavior in the above areas. Generally, data indicated that the students believed that the performance of the experimental group on the posttest improved significantly on these questions. The results led toward the assumption that clinical supervision enhances teacher instructional behavior.

Student Assessment-Control Group, Experimental Group Posttest Group Mean Scores

Significant differences existed when the posttest group mean scores from the control group were compared to the posttest group mean scores from the experimental group. Questions 2 through 12 were significant at the .01 level. Question 2 (sees students as capable) showed a significant difference ($F = 45.84$, $df = 3/292$, $p < .01$), as did the following: question 3 ($F = 36.45$, $df = 3/293$, $p < .01$), question 4 ($F = 28.71$, $df = 3/295$, $p < .01$), question 5 ($F = 18.90$, $df = 3/295$, $p < .01$), question 6 ($F = 40.35$, $df = 3/294$, $p < .01$), question 7 ($F = 56.49$, $df = 3/293$, $p < .01$), question 8 ($F = 82.33$, $df = 3/294$, $p < .01$), question 9 ($F = 69.19$, $df = 3/294$, $p < .01$), question 10 ($F = 45.75$, $df = 3/293$, $p < .01$), and question 11 ($F = 60.27$, $df = 3/295$, $p < .01$). Question 12 showed a significant difference ($F = 52.30$, $df = 3/295$, $p < .01$).

It seems hard to believe that these particular posttest scores represent the true picture. Krajewski (1976) suggested that student evaluation is necessary, and at times more reliable than peer, personal, and principal supervision. However, it is more realistic to believe that the students scored the teachers too low on the posttest from the control group. These results might suggest that secondary students are not prepared to make valid judgments about teaching behavior. Earlier in this study, the researcher reported that elementary principals felt this to be the case with elementary students. These results might infer that this is true of secondary students as well.

Student Assessment-Pretest, Posttest, Control Group

The results from these scores clearly suggest that the students perceived the teachers to be changing, but not in the desired direction. In the student's opinion, the teaching behaviors exhibited by the teachers actually became worse as the year progressed. There is no indication as to why this occurred, but it does warrant greater investigation.

Teacher Assessment-Control Group, Experimental Group Pretest Group Mean Scores

A significant difference between the pretest group mean scores from the control group and the pretest group mean scores from the experimental group existed only in question 6 (gives individual help). It was significant at the .05 level ($F = 5.81$, $df = 3/92$, $p < .05$). No other responses showed signs of significance, as they were all similar. Therefore, it could be assumed that these groups were similar at the beginning of

the study. This factor adds strength to the study and makes the results worth reporting.

Teacher Assessment-Experimental Group
Pretest, Posttest Group Mean Scores

When comparing pretest group mean scores to posttest group mean scores from the experimental group, all 12 of the questions expressed a gain in score. Question 3 (open to feedback) was the only question with a significant difference ($F = 8.59$, $df = 3/92$, $p < .05$). Most teachers would probably believe that they are open to student feedback, and at the same time, probably see their teaching behavior as good. This particular instrument might verify that attitude, and at the same time, might suggest that improvement can be made in a relatively short period. Scoring on the posttest gives evidence of this possibility.

Teacher Assessment-Control Group, Experimental Group Posttest Group Mean Scores

Significant differences were found when comparing posttest scores of the control group to those of the experimental group. All 12 of the teacher behaviors showed a gain in score when clinical supervision was used. Question 1 (even-tempered, friendly) showed a significant difference ($F = 2.96$, $df = 3/92$, $p < .05$), as did question 6 ($F = 5.81$, $df = 3/92$, $p < .05$), and question 8 ($F = 3.51$, $df = 3/92$, $p < .05$). All were significant at the .05 level.

Question 3 (open to student feedback) was significant at the .01 level ($F = 8.59$, $df = 3/92$, $p < .01$), as were question 11 ($F = 6.52$, $df = 3/92$, $p < .01$) and question 12 ($F = 5.77$, $df = 3/92$, $p < .01$).

No other research has found traditional supervision superior to clinical supervision. These particular posttest scores validate that research. Generally, a comparison of the performances of the experimental and the control groups on the posttest scores would again lead to the belief that clinical supervision impacts teacher behavior more positively than does traditional supervision.

Analysis of Clinical Supervisory Behavior Questionnaire Ideal Principal

When the group mean scores on the SCSBQ ideal principal were analyzed and compared, questions 6, 7, 14, 16, 26, and 28 had significant F-ratios at the .01 level. Questions 8, 9, 15, and 20 all had F-ratios significant at the .05 level. In addition, many other questions expressed a gain in score. Most of these gain in scores appeared in the observation portion of the following: questions 10, 11, 12, 14, 15, and 17. These items showed differences in comparison of the pretest group mean scores from the control group to the same test scores from the experimental group (see Figure 7, Chapter IV). Questions 9, 10, 11, 12, 14, and 16 presented differences when the pretest group mean scores from the experimental group were contrasted to the posttest group mean scores from the experimental group (see Figure 8, Chapter IV). Questions 8, 9, 10, 12, 14, 15, and 16 showed differences when posttest group mean scores from the control group were compared to posttest group mean scores from the experimental group (see Figure 9, Chapter IV). These results indicated that teachers preferred their ideal principal to be proficient in all areas. Even though this judgment may be an unrealistic assumption, these data suggested it to be tenable. At least the evidence suggested

that teachers believe the ideal principal should be able to collect and record usable data.

Analysis of Clinical Supervisory Behavior Questionnaire Actual Principal Control Group, Experimental Group Pretest Group Mean Scores

When the control group's pretest group mean scores were compared to those of the experimental group, both groups' scores were similar (see Figure 10, Chapter IV). This suggested that the two groups were not different at the beginning of the study and, therefore, would add strength to the results of the study.

Analysis of Clinical Supervisory Behavior Questionnaire Actual Principal Experimental Group Pretest, Posttest Group Mean Scores

Contrasting these data from this instrument, before and after the experiment, showed that the responses to 21 of the 32 questions expressed a gain in score (see Figure 11, Chapter IV). One might infer that the teachers had described the behavior of the principals too high on the pretest. Because of former practices in teacher evaluation, most teachers are not afforded the opportunity of describing the behavior of their principals. Traditional supervisory methods do not allow for comparisons of actual and ideal behavior. And when given the opportunity, many a teacher would probably give a supervisor's behavior performance too high a rating. This is due, in part, to the repercussions teachers could receive from negative ratings. The research of Reavis (1976) and others

in the field of supervision verifies this, especially when traditional supervision is used. It is possible that principals were improving, especially in items 1-9. These items would have been discussed during the planning conference under clinical supervision. Improvement also may have occurred in items 14, 15, and 16. These behaviors would be accomplished during the classroom observation phase.

Analysis of Clinical Supervisory Behavior Questionnaire Actual Principal Control Group, Experimental Group Posttest Group Mean Scores

Figure 12 in Chapter IV illustrated the greatest signs of improvement. This instrument analyzed the differences between the control group's posttest mean scores as compared to the posttest mean scores of the experimental group. Data analyses revealed improvement in 31 of the 32 questions. This improvement is important. The experimental group's responses seemed to suggest that the principal was doing a better job of supervision. It might also suggest that principals were assisting teachers in many areas. The researcher believes that these results document that principals can improve in their supervisory techniques, as teachers improve in modifying their teaching behaviors. It seems that this was accomplished, to some extent, in a short period of time.

As one looks at the teachers' responses to the ideal and actual principals' ratings, one thing stands out in both groups. Item 14 (charts students' responses), item 15 (makes audio recordings), item 16 (charts movement), and item 17 (makes video recordings) all had lower ratings. This could be due to many things, but two of those items would require special equipment. Some schools might not have appropriate audio

and video equipment needed to do an adequate job. In some schools, special technicians are needed. It is also noteworthy to add that many teachers might feel threatened by the recording of their classroom performances. Of these four items, principals can definitely improve in two of them without any outside equipment or assistance. Principals can chart student responses and the movement which takes place in all classrooms.

Conclusions

Clinical supervision was designed to enable educators to improve instructional behavior more effectively. According to Cogan (1973), clinical supervision takes its principal data from the events of the classroom. The analyses of these data and the relationship between teacher and supervisor form the basis of the program, procedures, and strategies. Both data and personal interaction are meant to improve the classroom behavior of the teacher. Flanders (1976) stipulated that the goal of clinical supervision is assisting teachers to modify patterns of instruction. Clinical supervision seeks to foster some change in teaching, to show that a change did in fact take place, by comparing the former and new patterns of instruction. These patterns should give the teacher useful insights into the instructional process.

The promising aspects of clinical supervision as a strategy for teacher improvement have been affirmed in numerous publications. Goldhammer (1969) and Cogan (1973) spearheaded the articulation of the process. Other researchers and professional organizations have added impetus to the clinical method. Given the strong development of the theory base for clinical supervision, one might expect to find an accompanying data base. Unfortunately, this is not the case. Sullivan

(1980) noted that the research in this area is still in the developmental stage.

One purpose of this research was to add to the minimal information available to principals and teachers concerning clinical supervision and its impact on teacher behavior. Forty-eight teachers, 12 principals, and 299 secondary students contributed to this study. The assessment instruments indicate that teacher behavior was impacted in several areas. Significant differences were noted on several questions on all instruments. Many questions, though not significant, approached that status. The outcomes favored the clinical treatment.

In summary, the clinical supervision approach appears to have merit. There is reason to conclude that it does impact teacher behavior and that this fact can be perceived by students, teachers, and principals. Another finding from this study was that principals can improve their supervisory skills in the clinical mode. The SCSBQ actual principal instrument suggests this. Principals improved these skills in a short time, and with only a few teachers. One can only imagine what improvements could be made if they supervised all of their teachers clinically.

Implications

Student Assessment

Many of the findings from the data support other findings discussed earlier in Chapter II. Those behaviors showing importance within this study and most frequently mentioned within the literature were the following: presents materials to promote student learning, has interesting and appropriate assignments, regularly states expectations pertaining to conduct, enforces expectations strictly, and monitors classroom behavior.

These behaviors had a higher ranking by students when pretest, posttest group mean scores from the experimental group were compared. The high priority given these behaviors may be attributed to the fact that they directly relate to pupil-teacher interaction and classroom management.

The behaviors suggesting the most difference occurred when the post-test group mean scores from the experimental group were compared with those scores of the control group. According to the responses, the 11 most significant teaching behaviors were the following: perceives students as capable, is open for feedback, presents materials to promote student learning, has interesting and appropriate assignments, gives individual help, is knowledgeable of concepts taught, regularly states expectations, enforces expectations, monitors classroom behavior, has ability to get things done, and helps students accomplish objectives.

Data analysis itself suggests that some change in teaching behavior took place. Clinical supervision seeks to stimulate that change. It seeks to compare the former and new patterns of instruction in ways that will give teachers useful insights into the instructional process. If teachers can see these changes, then maybe students can also. Some authorities consider students inadequate in rating teacher effectiveness. However, Krajewski (1976) recommends student feedback as both desirable and necessary; moreover, continuing research indicates student evaluation of certain aspects of teaching to be more accurate than that done by self, peer, or supervisor. This researcher agrees that student feedback is desirable and necessary, but questions its accuracy as compared to evaluation by self, peer, or supervisor. Student input is desirable and important, but one question comes to mind. Do students possess enough knowledge about teaching to make valid assessments? This researcher thinks they do not know enough about teaching to assess all the behaviors

associated with it. Teachers themselves spend years trying to improve a profession to which they have dedicated their lives. Therefore, the overwhelming responses found in this instrument favoring clinical supervision over traditional supervision may verify this point. On the other hand, the astounding responses might signify that the students hurried through the questions and thus gave unthoughtful answers. Their overwhelming responses favoring clinical supervision may support such an insight.

One behavior shown as not being significant but favoring the direction of significance was that area described as "even-tempered, friendly." Students felt that the clinical model impacted the teacher's mood in a positive fashion. Analyses of these data from the student assessment revealed that a significant amount favored clinical over traditional supervision. However, the brief time span between the pretest and posttest treatments and the brevity of the study may have allowed confounding variables to affect the significant differences favoring clinical supervision. Further research is warranted to support or question these findings.

Teacher Assessment

Many of the positive results found from the student assessment were also found in the teacher assessment. The teaching behaviors appearing as significant were the following: gives individual help, is open to student feedback, is even-tempered, regularly states expectations, has ability to get things done, and helps students accomplish. This study found these behaviors to have the greatest significance when the posttest group mean scores from the control group were contrasted to the posttest group mean scores of the experimental group. The remaining six behaviors

also suggested differences favoring the clinical method. They are these: sees students as capable, presents materials, follows up instructions, is knowledgeable of concepts, enforces expectations strictly, and monitors classroom behavior.

Figure 4 in Chapter IV suggested that the control group and the experimental group were similar at the beginning of the study. However, analyses of the posttest data proved a change had occurred. Changes in teacher behavior seemed apparent (see Figure 6, Chapter IV). Again, clinical supervision was perceived to impact teacher behavior more than did the traditional approach. Acheson and Gall (1980) believed the primary focus of clinical supervision to be professional development. It is teacher-centered, and it is meant to help all teachers improve their instructional performance. These data might imply that teachers and principals stayed within the clinical supervision format. Teacher behavior appeared to be enhanced in 6 of the 12 items. This seems unbelievable because of the short time involved in this study. How much feedback and teacher-principal interaction are necessary to produce positive results? Krajewski's (1976) research found positive results in a year-long study, as did a study by Buttery (1972). Their studies imply that clinical supervision can impact teacher behavior in a short span of time. It may take longer to impact certain behavioral characteristics, but some modifications can occur in a shorter time frame. It is hoped that the positive results from these posttest comparisons were due to principals gathering good data and teachers using these data to make changes. On the other hand, because of the brief time between pretest and posttest treatment, these positive results could develop from other variables. Further research is both appropriate and necessary to either support or reject these findings.

SCSBQ Ideal Principal

This instrument consisted of 32 items denoting clinical supervisory behaviors. Items 1-8 consisted of planning conference techniques. Items 9-20 included techniques used during classroom observation, and items 21-32 denoted techniques used during the post-observation conference. Figures 7, 8, and 9 (Chapter IV) suggested that teachers desire more planning time with their principals, recording of more observational data and an opportunity to review the data with their principals. Of these three phases, the collection of observational data showed the greatest need. It can only be assumed that teachers desired their principals to be in the classroom collecting data for teachers to use in enhancing teaching behavior. When comparing teacher responses, data suggested that teachers prefer the clinical format to the traditional method of supervision. This conclusion would support other research findings. Other research, discussed in Chapter II, also declared that teachers prefer clinical to traditional supervision. No research has found traditional supervision to impact teaching more than does clinical supervision.

The findings of the study may also suggest that teachers want their principals to be able and willing to assist them more. Direct feedback has proven beneficial to the teaching process. By collecting data, principals would help teachers utilize these data for enhancing teacher behavior.

SCSBQ Actual Principal

Supervisory literature clearly suggested that two of the key elements in clinical supervision are to collect data and review the data with teachers. Clearly, the information collected on this instrument

bolsters the concept of clinical supervision. It supports the findings of Shinn (1976) that teachers believe clinical supervision is worthwhile and that it enhances teachers' ability to modify their own teaching behaviors.

In summary, the clinical supervisory approach appears to have merit. It fosters positive communication between principals and teachers, and it has an impact on modifying teaching behavior. Even though clinical supervision has been in use since the 1950's, its practice in the field is still embryonic. Most supervisors lack the skills necessary to analyze teaching behaviors satisfactorily. They need help in learning analytic and feedback techniques.

The principal should be the instructional leader of the school and should set the tone for quality instruction. If teacher and principal can work together to improve instruction, then clinical supervision should ensure success. The SCSBQ actual principal instrument suggests that principals can improve their supervision skills. Comparing the posttest scores from the experimental group to those of the control group gives us some good information. Principals, as well as teachers, can change in a relatively short time. They can improve the way they supervise and assist teachers. By designing effective observation instruments, conducting planning conferences, recording usable data, and working with teachers in interpreting the data, principals can enhance the chances for quality instruction in the classroom.

The findings of this study favor clinical supervision over the traditional method. And a review of the literature finds no research favoring the traditional method. Therefore, it appears safe to say that clinical supervision enhances teacher behavior.

Recommendations for Further Research

Among the recommendations for further research is the suggestion that this study be conducted with a few variations. Similar studies might be conducted with the following changes: (1) a larger sample size of teachers to enhance the validity of the statistical procedures when investigating differences between experimental and control groups, (2) a qualitative study to collect information from teachers stating which method of supervision impacts their teaching more and why, and (3) use of the Oklahoma State Department of Education list of 20 minimum criteria for effective teaching performance as the teaching behaviors to be analyzed. These procedures would surely enhance the prospect of principals being involved in analyzing teaching behaviors far more than the two-day workshop now required by the Oklahoma State Department of Education for administrators who will apply the Oklahoma Minimum Performance Criteria in evaluating teaching performance.

Recommendations for Practice

Recommendations for practice as a result of this study and of a review of the literature are appropriate to universities and colleges, superintendents and school boards, principals, and teachers.

Recommendations for Higher Education

Three primary recommendations are related to this study. First, the continuation of research on clinical supervision is needed. Research regarding this topic and its use by principals and teachers is sparse.

The second recommendation is that more courses in supervision should be required for principals. One course is not sufficient. Clinical

supervision itself requires much training, practice, and knowledge of its basic tenets.

The third recommendation is that colleges of education instruct their student teachers in the clinical supervision process. Professors should also use the method when observing student teachers in the field. This recommendation may also be accomplished by hiring clinical teachers. They are employed for the express purpose of supervising the university's student teachers. They could also add needed information for research in this field.

Recommendations for Superintendents and School Boards

Superintendents and school boards should schedule staff development programs emphasizing clinical supervision for teachers and principals. Professors, other experts, or local teachers and administrators who are familiar with clinical supervision could instruct the sessions.

In addition, principals should be allowed to supervise teachers clinically and be mentors to other principals and teachers. This would necessitate their freedom from routine clerical tasks not associated with teaching, learning, and the supervisory process. The outcome should be improved instruction and improved student learning.

Another recommendation is that boards of education utilize clinical supervision on a small scale. The program might be started with either elementary or secondary teachers. If it proves beneficial, the program could be expanded.

Recommendations for Principals

Building principals should develop clinical supervisory skills and

confer with teachers on a regular basis. Also, principals should learn to instruct their own teachers on ways to supervise each other clinically. More reflective teaching and more peer coaching efforts could result.

Recommendations for Implementing Clinical Supervision in Schools

Supervisors should be thoroughly prepared before they try to use the method. Other recommendations follow:

1. Use a small number of teachers at first. Make sure they understand what is involved. These pilot teachers can either make or break the program.
2. Select and focus on only a few observation items to begin with.
3. Develop a storehouse of data collection instruments.
4. Develop a list of helpful conferencing techniques.
5. After sufficient time, allow teachers to evaluate clinical supervision as a process for enhancing teacher behavior.
6. Enlist other teachers to try clinical supervision. The pilot teachers can become supervisors of the new teachers.

Recommendations for Teachers

Using clinical techniques, teachers should enlist help from principals and other teachers in gathering data on teaching behaviors. They should also help each other interpret the results to enhance teaching. Teachers are also encouraged to videotape their teaching and to use the tapes as part of the feedback conference.

Final Recommendation

As stated earlier, the field of clinical supervision badly needs study. It is a means of providing educators with information about effective teaching behaviors. Analyses and reflection about teaching have the potential to bring about significant reforms in classrooms, to the benefit of all.

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APPENDIXES

APPENDIX A

QUESTIONNAIRE

DEMOGRAPHIC INFORMATION SHEET

Responses to the following will help in interpreting the data
Please check the appropriate space for each category

1. Years of Teaching Experience (including this year)

___1-2 ___3-4 ___5- 6 ___7-8 ___9-10 ___11-20 ___over 20

2 Years with your present principal (including this year)

___1-2 ___3-4 ___5-6 ___7-8 ___9-10 ___11-20 ___over 20

3. Grade Level(s) which you teach

___K ___1 ___2 ___3 ___4 ___5 ___6

___Other (Please specify)

4 Sex ___Female ____Male

5 Age ___Under 25 ___25-29 ___30-34 ___35-39 ___40-44

___45-49 ___50-54 ___55-59 ___60 or over

6 Number of student in your school ___under 200 ___200-299

___300-399 ___400-499 ___500-599 ___600 or over

7 Number of visits to your classroom by your principal during this school year

___0 ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 or more

8 Number of conferences which you and your principal have had during this school year

___0 ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 or more.

TEACHER ASSESSMENT INSTRUMENT

As the teacher conducts instruction in the classroom, does he or she do the following:

1. 1 — 2 — 3 — 4 — 5
   Even-tempered, friendly — Moody, often cross

2. 1 — 2 — 3 — 4 — 5
   Perceive students as capable of accomplishing — See limited, narrowly defined success for students

3. 1 — 2 — 3 — 4 — 5
   Open to student feedback — Does not allow students to express likes and dislikes

4 1 — 2 — 3 — 4 — 5
   Present materials in appropriate ways for student understanding, needs, and abilities — Does not plan instruction relative to student needs and abilities

5 1 — 2 — 3 — 4 — 5
   Follow up instruction with reasonable and interesting assignments — Rarely give assignments, if given, they are worksheets or terms and questions from textbook

6 1 — 2 — 3 — 4 — 5
   Give individual help when students do not understand material — Avoid individual help and rely on students to understand material

7. 1 — 2 — 3 — 4 — 5
   Knowledgeable of concepts taught — Lack adequate preparation for presentation of concepts

8 1 — 2 — 3 — 4 — 5
   Regularly state expectations for classroom conduct — Rarely discuss rules of conduct and expectations for classroom behavior

9. 1 — 2 — 3 — 4 — 5
   Enforce expectations strictly, but fairly — Inconsistent in applying and enforcing rules of conduct

10. 1 — 2 — 3 — 4 — 5
    Monitor classroom behavior closely through movement and nonverbal behavior to manage class — Unaware of many behaviors in classroom and seldom move or use nonverbal behavior in class management

11. 1 — 2 — 3 — 4 — 5
    Have an ability to get things done, complete tasks — Seldom finish a task during an assigned period and seldom get things done on schedule

12 1 — 2 — 3 — 4 — 5
   Help students accomplish objectives and produce achievement in students — Seldom have students accomplish objectives and provide little evidence of student achievement

TEACHER ASSESSMENT INSTRUMENT

(Student)

As the teacher conducts instruction in the classroom, does he or she do the following

1 — 1 2 3 4 5

Even-tempered, friendly — Moody, often cross

2. — 1 2 3 4 5

Perceive students as capable of accomplishing — See limited, narrowly defined success for students

3 — 1 2 3 4 5

Open to student feedback — Does not allow students to express likes and dislikes

4 — 1 2 3 4 5

Present materials in appropriate ways for student understanding, needs, and abilities — Does not plan instruction relative to student needs and abilities

5 — 1 2 3 4 5

Follow up instruction with reasonable and interesting assignments — Rarely give assignments, if given, they are worksheets or terms and questions from textbook

6 — 1 2 3 4 5

Give individual help when students do not understand material — Avoid individual help and rely on students to understand material

7. — 1 2 3 4 5

Knowledgeable of concepts taught — Lack adequate preparation for presentation of concepts

8 — 1 2 3 4 5

Regularly state expectations for classroom conduct — Rarely discuss rules of conduct and expectations for classroom behavior

9 — 1 2 3 4 5

Enforce expectations strictly, but fairly — Inconsistent in applying and enforcing rules of conduct

10. — 1 2 3 4 5

Monitor classroom behavior closely through movement and nonverbal behavior to manage class — Unaware of many behaviors in classroom and seldom move or use nonverbal behavior in class management

11 — 1 2 3 4 5

Have an ability to get things done, complete tasks — Seldom finish a task during an assigned period and seldom get things done on schedule

12 — 1 2 3 4 5

Help students accomplish objectives and produce achievement in students — Seldom have students accomplish objectives and provide little evidence of student achievement

PLEASE READ EACH OF THE FOLLOWING DESCRIPTIONS OF CLASSROOM SUPERVISORY ACTIVITIES AND TECHNIQUES. IN THE LEFT MARGIN CIRCLE THE RESPONSE WHICH MOST NEARLY DESCRIBES THE EXTENT TO WHICH YOU BELIEVE THE IDEAL PRINCIPAL WOULD USE THIS TECHNIQUE IN THE RIGHT MARGIN PLEASE CIRCLE THE RESPONSE WHICH MOST NEARLY DESCRIBES THE EXTENT TO WHICH YOUR PRESENT PRINCIPAL USES THIS TECHNIQUE

THE FOLLOWING ARE DEFINITIONS OF THE RESPONSES

1 = NEVER (at no time, under no conditions)
2 = SELDOM (in few instances, rarely, infrequently)
3 = SOMETIMES (occasionally, once in a while)
4 = USUALLY (commonly or ordinarily used)
5 = OFTEN (many times)

IF THIS PRINCIPAL HAS NEVER SUPERVISED YOU, PLEASE PLACE A CHECK IN THE FOLLOWING BOX ☐

SOCIAL SECURITY NUMBER _____

"IDEAL"			"MY PRINCIPAL"
1 2 3 4 5	1	MEETS WITH ME PRIOR TO VISITING MY CLASS	1 2 3 4 5
1 2 3 4 5	2.	PRIOR TO A VISIT, FINDS OUT WHAT MY LESSON PLAN OBJECTIVES ARE AND WHAT STRATEGIES I PLAN TO USE DURING THE VISIT	1 2 3 4 5
1 2 3 4 5	3	PRIOR TO A VISIT, FINDS OUT WHAT I EXPECT STUDENTS TO BE DOING DURING THE VISIT	1 2 3 4 5
1 2 3 4 5	4	FINDS OUT, PRIOR TO A VISIT, ANY CONCERNS I HAVE AND ANY PROBLEMS I FEEL I AM HAVING	1 2 3 4 5
1 2 3 4 5	5	PRIOR TO A VISIT, INVOLVES ME IN DECIDING WHAT (S)HE WILL OBSERVE AND THE TYPE OF DATA (S)HE WILL COLLECT DURING THE VISIT	1 2 3 4 5
1 2 3 4 5	6.	PRIOR TO A VISIT, HELPS ME TRANSLATE MY CONCERNS INTO SPECIFIC TEACHING BEHAVIORS WHICH CAN BE OBSERVED	1 2 3 4 5
1 2 3 4 5	7	PRIOR TO A VISIT, SUGGESTS A VARIETY OF OBSERVATIONAL TECHNIQUES WHICH (S)HE COULD USE DURING THE VISIT	1 2 3 4 5
1 2 3 4 5	8	SUGGESTS METHODS WHICH I CAN USE TO GATHER MY OWN DATA ABOUT MY TEACHING WITHOUT HELP FROM OTHERS.	1 2 3 4 5
1 2 3 4 5	9	RECORDS SYSTEMATIC DATA DURING THE VISIT FOR LATER ANALYSIS	1 2 3 4 5
1 2 3 4 5	10	MAKES VERBATIM NOTES OF SELECTED PARTS OF WHAT I SAY AND WHAT STUDENTS SAY DURING THE VISIT	1 2 3 4 5
1 2 3 4 5	11	WRITES MY QUESTIONS DURING THE VISIT FOR LATER ANALYSIS	1 2 3 4 5
1 2 3 4 5	12	WRITES STUDENTS' RESPONSES TO MY QUESTIONS FOR ANALYSIS	1 2 3 4 5
1 2 3 4 5	13	RECORDS WHETHER INDIVIDUAL STUDENTS ARE WORKING AT THEIR ASSIGNED TASKS OR NOT	1 2 3 4 5

1 2 3 4 5	14	MAKES A CHART TO SHOW PATTERNS AND AMOUNT OF STUDENT RESPONSE IN CLASS DISCUSSIONS	1 2 3 4 5
1 2 3 4 5	15	MAKES AUDIO RECORDING OF EVERYTHING THAT IS SAID IN CLASS	1 2 3 4 5
1 2 3 4 5	16.	MAKES CHARTS TO SHOW THE PHYSICAL MOVEMENTS OF ME AND/OR MY STUDENTS DURING THE VISIT	1 2 3 4 5
1 2 3 4 5	17	MAKES TELEVISION RECORDINGS OF ME AND/OR MY STUDENTS AS I TEACH	1 2 3 4 5
1 2 3 4 5	18	OBSERVES AND MAKES NOTES ABOUT THE BEHAVIOR OF A SPECIFIC CHILD IF I HAVE IDENTIFIED THAT CHILD AS A "PROBLEM" STUDENT	1 2 3 4 5
1 2 3 4 5	19	RECORDS HIS (HER) SUBJECTIVE FEELINGS ABOUT WHETHER THE CLASS IS GOOD OR BAD	1 2 3 4 5
1 2 3 4 5	20	STAYS FOR AT LEAST THE DURATION OF A COMPLETE ACTIVITY WHEN (S)HE VISITS	1 2 3 4 5
1 2 3 4 5	21	MEETS WITH ME AFTER EACH VISIT TO DISCUSS WHAT (S)HE OBSERVED	1 2 3 4 5
1 2 3 4 5	22	GIVES ME DIRECT ADVICE TO IMPROVE MY TEACHING	1 2 3 4 5
1 2 3 4 5	23	GIVES ME HIS(HER) OPINIONS REGARDING MY TEACHING	1 2 3 4 5
1 2 3 4 5	24.	RELATES MY PERCEPTIONS OF THE CLASS TO THE OBJECTIVE OBSERVATIONAL DATA WHICH (S)HE COLLECTED DURING THE VISIT	1 2 3 4 5
1 2 3 4 5	25	ENCOURAGES ME TO MAKE INFERENCES AND TO EXPRESS MY FEELINGS AND OPINIONS ABOUT OBSERVATIONAL DATA WHICH (S)HE COLLECTED	1 2 3 4 5
1 2 3 4 5	26	ASKS ME QUESTIONS DURING THE CONFERENCE WHICH HELP ME TO CLARIFY MY OPINIONS AND FEELINGS	1 2 3 4 5
1 2 3 4 5	27	ENCOURAGES ME TO CONSIDER ALTERNATIVE TEACHING TECHNIQUES AND EXPLANATIONS OF CLASSROOM EVENTS	1 2 3 4 5
1 2 3 4 5	28	IS WILLING TO MODIFY HIS (HER) OBJECTIVES FOR THE CONFERENCE TO ACCOMODATE MY PRIORITIES	1 2 3 4 5
1 2 3 4 5	29	LISTENS MORE THAN (S)HE TALKS IN A CONFERENCE	1 2 3 4 5
1 2 3 4 5	30	ACKNOWLEDGES WHAT I SAY AND SHOWS ME THAT (S)HE UNDERSTANDS WHAT I AM SAYING	1 2 3 4 5
1 2 3 4 5	31	GIVES PRAISE AND ENCOURAGEMENT FOR SPECIFIC GROWTH IN MY TEACHING SKILLS WHICH WE HAVE OBSERVED	1 2 3 4 5
1 2 3 4 5	32	RECOMMENDS RESOURCES SUCH AS BOOKS AND TRAINING PROGRAMS WHICH DEAL WITH AREAS IN WHICH I WISH TO IMPROVE	1 2 3 4 5

APPENDIX B

STATISTICAL ANALYSES

TABLE IV

SUMMARY OF ANALYSIS OF VARIANCE ON
SIGNIFICANT F-RATIOS FOR
STUDENT ASSESSMENT

Questions Source	SS	df	MS	F
2 Between Ss	89.93	3	29.97	45.84**
Within Ss	190.93	292	0.65	
3 Between Ss	72.97	3	24.32	36.45**
Within Ss	195.49	293	0.66	
4 Between Ss	67.01	3	22.33	28.71**
Within Ss	229.51	295	0.77	
5 Between Ss	46.59	3	15.53	18.90**
Within Ss	242.31	295	0.82	
6 Between Ss	75.55	3	25.18	40.35**
Within Ss	183.46	294	0.62	
7 Between Ss	90.42	3	30.14	56.49**
Within Ss	156.33	293	0.53	
8 Between Ss	178.44	3	59.46	82.33**
Within Ss	212.39	294	0.72	
9 Between Ss	139.42	3	46.47	69.19**
Within Ss	197.46	294	0.67	
10 Between Ss	93.60	3	31.20	45.75**
Within Ss	199.83	293	0.68	
11 Between Ss	102.43	3	34.14	60.27**
Within Ss	167.10	295	0.56	
12 Between Ss	107.04	3	35.68	52.30**
Within Ss	201.25	295	0.68	

**p<.01
* p<.05

TABLE V

SUMMARY OF ANALYSIS OF VARIANCE ON
SIGNIFICANT F-RATIOS FOR
TEACHER ASSESSMENT

Questions	Source	SS	df	MS	F
1	Between Ss	2.61	3	0.87	2.96*
	Within Ss	27.04	92	0.29	
3	Between Ss	8.69	3	2.89	8.59**
	Within Ss	31.04	92	0.33	
6	Between Ss	6.66	3	2.22	4.81*
	Within Ss	35.16	92	0.38	
8	Between Ss	6.36	3	2.12	3.51*
	Within Ss	55.54	92	0.60	
11	Between Ss	5.58	3	1.86	6.52**
	Within Ss	26.25	92	0.28	
12	Between Ss	4.33	3	1.44	5.77**
	Within Ss	23.00	92	0.25	

**p < .01
* p < .05

TABLE VI

SUMMARY OF ANALYSIS OF VARIANCE ON
SIGNIFICANT F-RATIOS FOR
IDEAL PRINCIPAL

Questions	Source	SS	df	MS	F
6	Between Ss	8.99	3	2.99	4.52**
	Within Ss	60.22	91	0.66	
7	Between Ss	19.59	3	6.53	6.68**
	Within Ss	88.88	91	0.97	
8	Between Ss	9.23	3	3.07	2.67*
	Within Ss	104.70	91	1.15	
9	Between Ss	4.24	3	1.41	2.65*
	Within Ss	48.55	91	0.53	
14	Between Ss	21.93	3	7.31	4.73**
	Within Ss	139.04	90	1.54	
15	Between Ss	7.15	3	2.38	2.53*
	Within Ss	85.82	91	0.94	
16	Between Ss	20.69	3	6.89	3.76**
	Within Ss	164.15	90	1.82	
20	Between Ss	4.38	3	1.46	3.07*
	Within Ss	42.73	90	0.47	
26	Between Ss	3.81	3	1.27	3.84**
	Within Ss	29.87	90	0.33	
28	Between Ss	7.31	3	2.43	6.06**
	Within Ss	36.18	90	0.40	

*p<.05
**P<.01

TABLE VII

SUMMARY OF ANALYSIS OF VARIANCE ON SIGNIFICANT F-RATIOS FOR ACTUAL PRINCIPAL (.05)

Questions Source	SS	df	MS	F
1 Between Ss	3.69	3	1.23	2.71*
Within Ss	41.79	92	0.454	
3 Between Ss	13.11	3	4.37	3.30*
Within Ss	121.79	92	1.32	
4 Between Ss	11.25	3	3.75	2.91*
Within Ss	117.22	91	1.28	
6 Between Ss	10.12	3	3.37	2.63*
Within Ss	117.83	92	1.28	
13 Between Ss	9.60	3	3.20	3.10*
Within Ss	93.70	91	1.02	
19 Between Ss	12.12	3	4.04	2.68*
Within Ss	136.82	91	1.50	
20 Between Ss	7.08	3	2.36	3.38*
Within Ss	64.25	92	0.69	
27 Between Ss	5.94	3	1.98	2.95*
Within Ss	61.70	92	0.67	

*p .05

TABLE VIII

SUMMARY OF ANALYSIS OF VARIANCE ON SIGNIFICANT F-RATIOS FOR ACTUAL PRINCIPAL (.01)

Questions Source	SS	df	MS	F
2 Between Ss	18.28	3	6.09	5.25**
Within Ss	106.70	92	1.15	
5 Between Ss	13.81	3	4.60	3.90**
Within Ss	107.40	91	1.18	
7 Between Ss	43.16	3	14.38	11.39**
Within Ss	116.16	92	1.26	
8 Between Ss	23.87	3	7.95	5.23**
Within Ss	139.75	92	1.51	
12 Between Ss	15.94	3	5.31	4.11**
Within Ss	118.79	92	1.29	
14 Between Ss	50.49	3	16.83	10.21**
Within Ss	148.23	90	1.64	
16 Between Ss	78.56	3	26.18	17.29**
Within Ss	137.78	91	1.51	
18 Between Ss	23.66	3	7.88	5.51**
Within Ss	128.67	90	1.42	
22 Between Ss	8.37	3	2.79	3.76**
Within Ss	68.25	92	0.74	
25 Between Ss	11.11	3	3.70	4.93**
Within Ss	69.12	92	0.75	
26 Between Ss	9.36	3	3.12	5.64**
Within Ss	50.87	92	0.55	
27 Between Ss	15.58	3	5.19	5.62**
Within Ss	84.91	92	0.92	
28 Between Ss	11.40	3	3.80	4.74**
Within Ss	72.95	91	0.80	
29 Between Ss	9.58	3	3.19	4.87**
Within Ss	60.25	92	0.65	
30 Between Ss	11.08	3	3.69	5.24**
Within Ss	64.75	92	0.70	
31 Between Ss	6.49	3	2.16	5.11**
Within Ss	38.49	91	0.42	

**p < .01

APPENDIX C

CORRESPONDENCE

Montgomery County Public Schools

850 Hungerford Drive Rockville Maryland 20850 1747
Telephone 279-3361

August 1, 1990

Mr John Jones
816 4th Street
Alva, Oklahoma 73717

Dear Mr Jones

I am enclosing a copy of the section of my dissertation describing the development of the questionnaire the presentation and analysis of the data and the questionnaire instrument

I hope you find this helpful as you carry out your research Please let me know if I can assist you in any other way

Sincerely yours,

James I Shinn
Director of Personnel Services

JLS bjj

August 27, 1990

Illinois ASCD
College of Education
Illinois State University
Normal, Illinois

Dear Sir

I wish to request permission to use the instruments found in the following book Supervision Focus on Instruction by Don Michael Beach and Judy Reinhartz, (copyright 1989)

1 Assessment of Teacher Instrument Figure 8 6
p 169

2 Assessment of Teacher Instrument Figure 8 8
p 171

I would like to duplicate 200 copies of the instrument found on page 171 and 150 copies of the instrument found on page 169 These instruments will be used to gather information for my doctoral dissertation I plan on conducting this research beginning on September 1, 1990

Your earliest reply would be greatly appreciated

Respectfully,

John Jones

John Jones
309 Church
Alva, OK 73717

July 19, 1990

Harper & Row Publishers, Inc
10 East 53rd Street
New York, New York

ATTN: Marilyn Small

I wish to request permission to use the instruments found in the following book. Supervision Focus on Instruction by Don M. Beach and Judy Reinhartz, (copyright 1989)

1. Assessment of Teacher Instrument Figure 8.6 p. 169.

2. Assessment of Teacher Instrument Figure 8 8 p. 171.

I would like to duplicate 200 copies of the instrument found on page 171 and 150 copies of the instrument found on page 169 These instruments will be used to gather information for my doctorial dissertation. I plan on conducting this research beginning on September 1, 1990

Your earliest reply would be greatly appreciated

Respectfully,

John Jones
816 4th Street
Alva, Oklahoma 73717

Harper Collins Publishers

August 2 1990

John Jones
816 4th Street
Alva Oklahoma 73717

Dear Mr Jones

Thank you for the enclosed letter requesting permission to reprint two figures from SUPERVISION FOCUS ON INSTRUCTION by Don Michael Beach and Judy Reinhartz

The figures you would like to use are not original to our publication and we are not authorized to grant permission for their use As noted below each figure they were taken from the **Illinois School Research and Development Journal #19.** Please contact them to obtain permission to reprint these figures

Thank you for checking with us

Sincerely

Carol Schreiber
Copyright & Permissions

January 10, 1991

Dear Principal:

This is the last phase of my study. I ask you to supervise the same teachers as you did in phase one of the study but this time, gather data on time-on-task. I am enclosing another example of what the instrument might look like, but you are urged to make your own.

Again, thank you very much for your time and patience.

Respectfully,

John Jones
309 Church
Alva, Oklahoma 73717

Enclosure

July 30, 1990

Dear Superintendent

As you recall from our phone conversation, I am completing my doctoral studies at Oklahoma State University. I would like to conduct a study in your school district with as many of your school administrators and teachers as possible. My study involves supervising teachers. I would need to find some principals who would be willing to supervise two teachers using clinical supervision and two teachers using the traditional approach. It should not take more than a few hours of training for your principals plus the supervision time.

I will call you in one week regarding your decision.

Respectfully,

John Jones
309 Church
Alva, Oklahoma 73717

APPENDIX D

VERBAL FLOW AND TIME-ON-TASK CHARTS

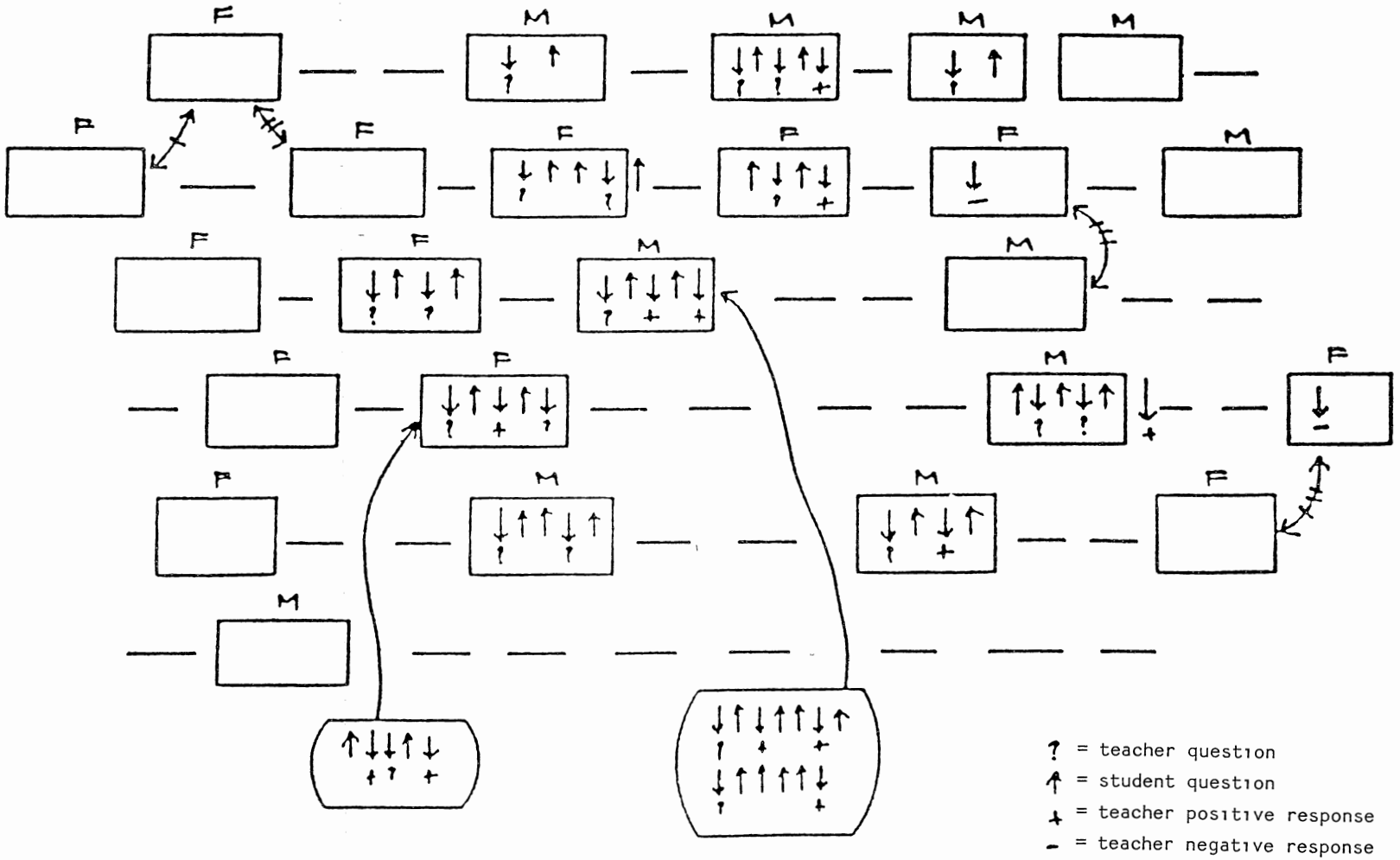
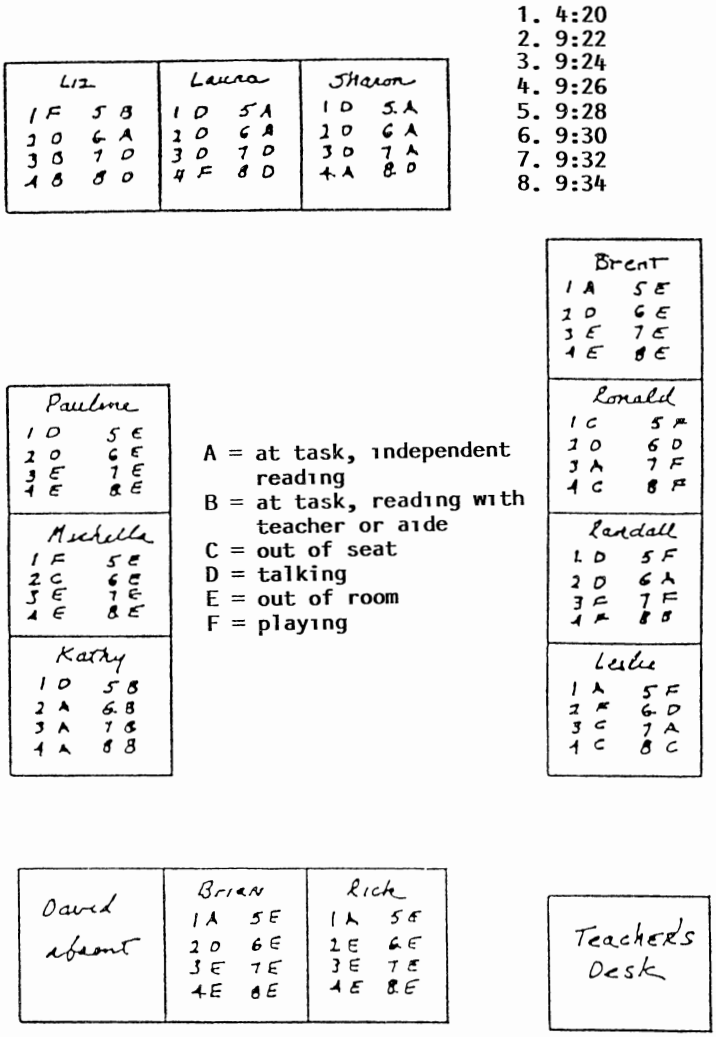


Figure 14. Verbal Flow Chart



BEHAVIOR	9:20	9:22	9:24	9:26	9:28	9:30	9:32	9:34	Total	%
A At task independent	4	1	2	2	2	4	2	0	17	18%
B At task reading with teacher or aide	0	0	1	1	2	1	1	2	8	8%
C Out of seat	1	1	1	2	0	0	0	1	6	6%
D Talking	5	8	2	0	0	2	2	3	22	23%
E Out of room	0	1	5	5	5	5	5	5	31	32%
F Playing	2	1	1	2	3	0	2	1	12	13%

Figure 15. Summary of At-Task Data

APPENDIX E

PRINCIPAL'S PACKET

Researcher's Opening Comments to Principals

I would like to conduct a study with you and some of your teachers. Basically, I would like for you to observe teachers using the clinical supervision model and observe teachers using the traditional approach. I would ask you to gather data using two instruments. I will provide the instruments and use the gathered data in determining the results. I will need for you to visit with your teachers and provide me with a list, then I will select them randomly for you.

You will need to conduct one cycle with your teachers during the months of October and November, then again during the months of February and March. If you can assist me in this project, please let me know as soon as possible.

Principal's Comments to All Teachers

I would like to conduct a study with you. This study will involve us working together using various techniques. It is hoped, by conducting this study, that I will improve my abilities and will be better equipped to assist you as you teach your classes. This study will involve me visiting your classes. I will be asking you to fill out a few simple forms for me. No part of this study will become a part of your personnel file and all information will be kept confidential.

I would like to have you volunteer for this study, but not all volunteers will be selected because of the time involved. Therefore, if anyone wishes to help in this study, please let me know today or as soon as possible.

Clinical Supervision Definition/Format

Clinical Supervision: Robert Goldhammer

That phase of instructional supervision which draws its data from first-hand observation of actual teaching events, and involves face-to-face interaction between the supervisor and the teacher in the analysis of teaching behaviors and activities for instructional improvement.

Clinical Format

A. Planning Conference

1. The purpose of this conference is to set the stage for the observation.

2. This is time for building trust with the teacher. When possible, this conference should be somewhere other than the principal's office.

3. Be positive and ask the teacher about his/her concerns or interest areas.

4. Shift the conference to instruction, and what methods used by the teacher seem to be the most effective.

5. Focus on observational behavior (verbal flow and time-on-task) and instruments that will be used for observation and pretest and posttest instruments.

6. Share a copy of all instruments with the teacher.

7. After reviewing the instruments, you and the teacher will need to agree on a convenient time for observation of instruction.

B. Classroom Observation

1. Review instrument prior to observation.

2. Avoid negative facial expressions and refrain from writing furiously.

3. After the observation and after the students have been dismissed, you might provide some positive feedback to the teacher, not so much about your data, but it should be enough to relax the teacher and reinforce positive teaching behaviors.

4. Set a time and location for feedback conference.

C. Feedback Conference

1. Review data prior to feedback conference and have it in some type of order.

2. Review the data together, encouraging the teacher to make his or her own inferences about teaching effectiveness.

3. Keep conference on a positive note. It is critical that the focus of the conference be on recorded data, and not on data from your memory.

4. Once both have analyzed and interpreted the data, decisions should be made regarding changes in future instruction. Caution: Do not try to change everything all at once. Focus on behaviors that need to be changed first.

5. In concluding the conference, you should review the positive aspects of the observation, as well as one or two suggestions for improvement. You and the teacher should agree on the role each is to play in implementing the suggestions for improvement.

6. Use this conference to plan for the next observation.

D. Set Time for the Next Observation

VITA 2

John R. Jones

Candidate for the Degree of

Doctor of Education

Thesis: A COMPARISON OF PERCEIVED EFFECTIVENESS OF CLINICAL SUPERVISION WITH TRADITIONAL METHODS OF SUPERVISING

Major Field: Educational Administration

Biographical:

Personal Data: Born in Shawnee, Oklahoma, February 22, 1949, the son of Mr. and Mrs. Kenneth R. Jones.

Education: Graduated from Shawnee High School, Shawnee, Oklahoma, in May, 1967; received Bachelor of Arts in Education degree from East Central State University in May, 1971; received Master of Music Education degree from Oklahoma University in July, 1976; completed requirements for the Doctor of Education degree at Oklahoma State University in May, 1992.

Professional Experience: Vocal Music Teacher (7-12), Cushing Public Schools, Cushing, Oklahoma, 1971-76; Vocal Music Teacher (K-12), Purcell Public Schools, Purcell, Oklahoma, 1976-80; High School Principal, Noble Public Schools, Noble, Oklahoma, 1980-86; High School Principal, Alva Public Schools, Alva, Oklahoma, 1986-87; Assistant Professor of Education, Alva, Oklahoma, 1987-88; Vice-President for Student Affairs, Northwestern Oklahoma State University, Alva, Oklahoma, 1988 to present.

Professional Organizations: National Community Education Association (NCEA); Oklahoma College Personnel Association (OCFA); Higher Education Alumni Council of Oklahoma (HEACO); Chief Student Affairs Officers' Council (CSAOC); Association for Supervision and Curriculum Development (ASCD); Phi Delta Kappa.