THE EFFECTS OF CLINICAL SUPERVISION ON THE SELF-CONCEPT OF STUDENT TEACHERS

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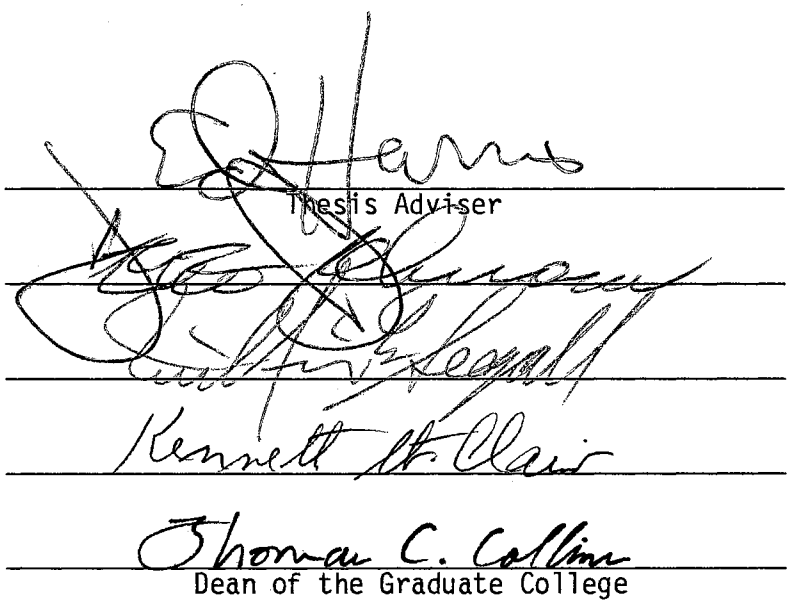

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CHAPTER I

INTRODUCTION

Educators are constantly challenged with the goal of improving the quality of teaching, but educational change comes excruciatingly slow. One way to achieve the goal of changing teacher behavior and restructuring the learning environment for the purpose of increasing the quality of education in the classroom is to increase supervision skills.

Supervision for years has been defined in a variety of ways, often incorrectly. Some confusion exists in the clarity of the difference between supervision and evaluation, both in theory and in practice. While evaluation is just that, simply evaluating performance against a standard supervision encompasses much more. It is a process which facilitates the professional growth of the educator through conferences and observations involving feedback. The goal is to enable the teacher to use that feedback to build confidence within as well as to improve the effectiveness of teaching. While evaluation has, for most, a negative connotation, the goal of supervision, especially clinical supervision, is to implant a positive concept about the process in the mind of the teacher. The success of the supervision process depends largely on the quality of the relationship between the teacher and supervisor.

According to Sergiovanni's (1975) earlier writings, supervision as it is practiced today is based on a combination of three general supervision theories: traditional scientific management, human relations, and neo-scientific management. In the traditional scientific management approach,

teachers are merely extensions of the management. It is an autocratic philosophy whereby teachers carry out the wishes of the administration. Superordinate-subordinate relationships are clearly defined using terms such as accountability, control, and efficiency.

Challenging the traditional scientific management approach is the human relations theory. Its roots come from the democratic administration movement of the 1930's (Sergiovanni, 1975). The theory was based on the concept that the "whole" teacher was more than the sum of the "parts." A successful staff is one in which positive relationships and personal feelings are more important than individual skills and aptitudes.

Neo-scientific management, the newest of the three theories, is somewhat similar to the traditional scientific management approach in that it shares the belief in control, efficiency, and accountability (Sergiovanni, 1982). Many of the objectives of this theory are those which are deliberately absent in the human relations approach, namely performance objectives and rational control mechanisms.

Whatever theory, or combination of theories, is utilized, effective teaching and the resulting improvement in the quality of education depends on competent, motivated, and dedicated teachers, supervisors, and administrators (Acheson and Gall, 1980).

As stated earlier, significant changes in education come about slowly. Sociological and psychological traits must be the goals of any effective change. Increasing teacher salaries, reducing workload, implementing merit pay scales, changing certification standards, or decreasing class size is not the answer to improving the quality of education in the classroom.

A number of studies have been conducted which showed that salary increases, merit pay, and other extrinisic motivational methods are

ineffective (Castaldi, 1987). According to Ruch (1958, p. 7), "Both learning and remembering tend to be better when motivation is intrinsic." One of the avenues for introducing intrinsic motivation to student teachers is through the clinical supervision process.

Clinical supervision provides some answers to improving teacher effectiveness (Glickman, 1985). Clinical supervision is based on several propositions. Mosher and Purpel (1972) concluded that teaching is a complex interaction between the behavior of the teacher, the learner, and of content variables. Clinical supervision operates as if teaching behavior can be understood and controlled, and that instructional improvement may be achieved by changing or modifying certain behaviors. In clinical supervision, human autonomy is of significance, as is self-sufficiency and freedom.

Few studies have been done showing the effects of supervision on classroom teachers. There is a need for further research on the effects of supervision on both classroom teachers and student teachers.

Statement of the Problem

Not enough is known about the effects of clinical supervision on student teachers, especially as it applies to their self-concept. Few certification or degree programs in which the study of supervision is required are mandatory for classroom teachers, who supervise student teachers. Neither is clinical supervision currently practiced regularly by those university professors who supervise student teachers (Beach and Reinhartz, 1989b). During a period of time when prospective teachers are busy formulating their individual teaching styles, values, techniques, and goals, clinical supervision could play an important role.

Although the knowledge of theories of clinical supervision is prevalent in the public school systems, the practice seems scarce (Glickman, 1985). One of the barriers preventing implementation of clinical supervision is that costs exist which administrators are unwilling to pay. These include salary increases, merit pay, release time, etc. The success of clinical supervision is dependent upon the relationship between the teacher and the supervisor. Equally important is the relationship of the student teacher to whomever is willing and able to provide guidance. Who could benefit more from the relationship that a clinical supervision setting builds than a student teacher? How the supervisor is perceived can affect the morale of the student teacher. Self-concept is directly affected by that morale level.

Statement of the Purpose

The purpose of this study was to observe and record the effects of clinical supervision on the self-concept of student teachers. The term "evaluation" has developed a stigma which causes student teachers to feel apprehensive when involved in evaluative procedures. According to Andrew (1970), persons involved with student teaching dislike evaluating student-teacher performance. Supervision provides a more positive connotation for everyone involved, and especially for the student teacher. Therefore, supervision was administered rather than evaluation. This study provides information useful in developing a clinical supervision program as well as insight into the supervision processes. In addition, it was anticipated that the results of this study would facilitate further study into student teaching experiences, clinical supervision, and self-concept.

Significance of the Study

Student teachers are faced with career decisions as early as their sophomore year in college, a time when many of them are wondering whether they are cut out to be teachers. According to Acheson and Gall (1980), student teachers require guidance in seeking permanent positions or advice on additional education. It is a time for many when the future is unclear. An increase in the level of self-concept could relieve, or at least diminish, the level of anxiety caused by the additional responsibilities placed on the student entering their professional semester. The close relationship between the student teacher and the cooperating teacher can help reduce the level of anxiety.

Research Questions

The following research questions were used to guide this study:

1. Does clinical supervision make a difference in the self-concept of student teachers?

2. What factors, other than clinical supervision, make a difference in the self-concept of student teachers?

3. How do student teachers typify the relationship between the student teacher and the cooperating teacher?

4. How do student teachers typify the relationship between the student teacher and the supervision teacher?

5. In the opinion of student teachers, what other relationships are important in the development of the student teacher?

Definition of Terms

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

Clinical Supervision. That phase of instructional supervision which draws its data from firsthand 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 (Goldhammer, Anderson, and Krajewski, 1980).

Cooperating Teacher. The regular classroom teacher in whose classroom and under whose guidance the student teacher works.

Self-Concept. The organized perceptual object of self resulting from past and present self-observation leading to how one perceives oneself (Fitts, 1965).

Student Teacher. Also known as practice or prospective teacher, who is enrolled in the professional semester of the teacher education program and who actually engages in the student teaching laboratory experience.

Student Teaching. The period during which a pre-service teacher participates in guided practice teaching in a natural classroom, under the direction of a classroom teacher, and as part of the university program of teacher education (Stradley, 1968).

Supervising Teacher. The university representative who is responsible for overseeing one or more student teachers.

Time at Task. The amount of time students spend on a particular activity assigned by the teacher (Acheson and Gall, 1980).

Verbal Interaction. Spoken dialogue between student and teacher (Acheson and Gall, 1980).

Movement Chart. Charted movement of students about the room over a specific period of time (Acheson and Gall, 1980).

Assumptions of the Study

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

1. All student teachers answered the Tennessee Self-Concept Test questions accurately and honestly.

2. All teachers, both cooperating and supervising, were certified.

Limitations of the Study

The following limitations of this study should be noted:

1. Student teachers involved in the study were only those in their professional semester of the teacher education program during the spring, 1992 semester at Northwestern Oklahoma State University.

2. Special events or circumstances may have occurred between the pre- and post-test which produced changes in the dependent variable.

3. Pre-test, post-test sensitization was potentially present and could have affected the results.

4. The Hawthorne effect could have affected the results of the study in that all student-teachers realize that they were a part of a study.

5. The findings of this study may not be generalized but may be transferable depending on the similarity between sending and receiving contexts.

Chapter II will introduce the new and related literature and Chapter III will explain the methodology used.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The purpose of this review was to investigate studies and related literature and research involving human relations, student teaching, clinical supervision, and the Tennessee Self-Concept Test (TSCT). Each area will be covered separately and synthesized with the others.

Human Relations

"The field of human relations is concerned with the behavior of individuals in groups as well as the relationships between groups of individuals" (Schmuck, 1974, p. 126). This human interaction is important in achieving both personal and group objectives for all who work in the field of education.

Teachers and administrators deal with people daily, so when they fail in their profession, it is often not because of technical problems, but as a result of poor human-relations skills. The development of human relations, or "people" skills, begins early in life, but unfortunately, there is little or no formal education to develop those skills.

Human relation skills are critical for those who are educators, because so much is at stake. Gorton (1988) stated:

> The future of children's education depends heavily upon a board of education that can make decisions in a controlled, creative, and knowledgeable environment. Likewise, administrators must provide leadership in helping groups interact and be productive

> with a minimal amount of destructive conflict. Teachers must also have these skills to be able to plan the curriculum with colleagues, teach students with widely varying backgrounds, and at the same time serve as the student's role model (p. 141).

The goal is to enable people to achieve a high level of mutual acceptance where they share ideas in an open and trusting environment without the threat of criticism. To be able to achieve this objective, people must have skills in interpersonal communications, group processes, and conflict management. Gorton (1988) listed understanding, listening, and responding with one's own ideas and feelings as important interpersonal communication skills. He stated:

> A knowledge of various group processes and the skill to facilitate them are important human relations skills. Processes that lead to better understanding between individuals and groups and that help them set goals, make decisions, and resolve conflict need to be a part of every administrator's repertoire. Administrators and supervisors need to avoid behaviors that manipulate, create facades, and deal superficially with the feelings of others (p. 142).

Those same human relations skills are important to the student teacher as well. Schmuck (1974), in a study of student teachers in Palo Alto, California, determined that listening, understanding, and responding were all ranked ahead of knowledge of subject matter. Those student teachers who responded to the study consistently ranked interpersonal human relations skills ahead of technical skills.

A study of student teachers by Berenson (1971) showed an increased level of interpersonal communications for those with human relations training. In Berenson's (1967) study of student teachers at the University of Florida, the human relations group evidenced superiority over the control group which had no human relations training. The pre-test, post-test was made of 31 different indexes of teacher competency and pupil training.

In another Florida study of public school teachers, Banks (1981) conducted systematic human relations training for teachers working with inner city students. According to the study which followed teacher training, elementary teachers were unanimous in their evaluation of the learning experience as their best in years.

History of Student Teaching

Student teaching has been used for nearly 400 years. The first example of what is now considered student teaching dates back to the late 1600s. It involved methods of teaching in charity schools in France prior to the Renaissance (Sergiovanni, 1975). Pestallozzi introduced the concept that education begins with the very nature of man. His influence led to the mass establishment of normal schools. The Pestallozian idea was firmly implanted in the United States by Suddon at Oswego, New York, in 1861 (Beach and Reinhartz, 1989a). The so-called "Oswego Movement," which contained a provision for student-teaching, had a significant influence on early teacher education. Even though the concept of the student teaching program began in Europe, it flourished in early normal schools of the United States (Beach and Reinhartz, 1981a).

Dewey (1959) described the learning by doing concept in which student teaching is based:

> The most direct blow at the traditional separation of doing and knowing and at the traditional prestige of purely intellectual studies, however, has been given by the progress of experimental science. If this process has demonstrated anything, it is that there is no such thing as genuine knowledge and fruitful understanding except as the offspring of doing. The analysis and rearrangement of facts which is indispensable to the growth of knowledge and power of explanation and right classification cannot be attained purely mentally; just inside the head. Men have to do something to the things when they wish to find out something; they have to alter conditions. This is the lesson of the laboratory method, and the lesson which all education has to learn (p. 216).

Specific benefits of the student teaching experience are difficult to measure. Though teacher education programs at most universities occupy significant amounts of time and credit hours assigned to the student teaching lab, there remains little concrete evidence to justify the expenditures. The value of the experience is a personal matter. It enables the student teacher to become oriented with an important responsibility, that of a teacher. Although the amount of responsibility a cooperating teacher leaves to the student teacher varies, most student teachers will experience total responsibility in the classroom at least part of the time.

Helping beginning teachers achieve success is a combined responsibility involving the university as well as the public school system. A support network of college professors, principals, supervisors, and experienced teachers must be willing and able to offer guidance and assistance. Beginning teachers need in-service programs, reduced class loads, favorable schedules, and constant feedback. Regardless of the process chosen, new teachers are at a critical phase in their careers. Ryan (1979) believed that success or failure of a beginning teacher can greatly affect the quality of service in our schools. He explained:

> A teacher's success means that another high-level professional is in the classroom. Boards of education, school administrators, teachers, and college level personnel should all participate in setting standards for the recruitment and selection of education majors, for the supervision and support of beginning teachers, and for the implementation of programs necessary for insuring a quality work force for future generations of school children (p. 91).

Variables Affecting Student Teaching

Listed below are some variables affecting student teaching:

Size of District

Neagley and Evans (1970) indicated that the opportunity to provide a quality educational program for all of its students depends largely on the size of the district. Their research showed that school systems enrolling between 8,000 and 25,000 students in K-12 are ideal. For example:

> A New York study of a uniform test for high school seniors shows a direct relationship between school size and top most achievement in mathematics. The study revealed a significant increase when 12th grade enrollment exceeded 200 students. In addition, schools with senior classes of 400 or more student produced from three to six times their proportionate share of high achievement students (Nye, 1964, p. 66).

In another study, the results were similar: "Of the top 100 scores in the 1964 Regents Examination given to 4,737 Nebraska high school seniors by the University of Nebraska, over half were made by seniors from the state's three largest school systems" (NSSBAB, 1964, p. 17).

And finally, Mayo (1981) reported the results of a six year study of high schools in San Mateo County, California, in which curriculums were examined to determine minimum enrollments necessary to provide comprehensive programs. A reasonable guide to follow indicated that enrollment under 1,000 is undesirable, 1,500 to 2,000 is better, and over 2,000 is better yet.

Neagley and Evans (1966) classified school districts into three distinct categories: small, medium, and large. In the small school district, the entire K-12 student population is less than 2,000. An intermediate school system is defined as one enrolling up to 10,000 in grades K-12, and a large district has an enrollment of over 10,000 students. According to the Committee for Economic Development (1960): "Substantial educational advantages continue to accrue until a school system has 25,000 students. Problems arise when enrollment approaches 75,000 and those districts are advised to consider decentralization" (p. 118).

Human Relations

Regardless of the size of the district, human relations play an important role in the development of the student teacher. In Brown's (1960) handbook entitled: Managing the Classroom: The Teacher's Part in School Administration, he explained the importance of human relations, especially as it relates to the cooperating teacher:

> Whether your experience in student teaching is to be pleasant depends less on the cooperating teacher than on you. To gain his help, you must appear as a responsible person willing to share with your cooperating teacher the burden of responsibility toward his students (p. 16).

Experience With Supervision

Most cooperating teachers have had little guidance relating to student teaching supervision. Many may have never had a student teacher in their classroom. Student teachers must be willing to exchange the mental picture of student teaching as "just another course" with the idea of a job which calls for all of the time, energy, and ability which can be devoted to it.

It is important to remember that no student teaching situation is the same for any two student teachers. In addition, real situations in the classroom are quite different from what most student teachers expect. Each student teaching situation encompasses a different set of personalities critical to the relationships between student teacher, cooperating teacher, supervising teacher, and students.

State Responsibility

Every state has the responsibility for education and for ensuring the public that only properly prepared teachers are allowed to teach according to the federal constitution. In addition, states have the legal authority

to certify and license individuals to teach in the public schools. Certification verifies that an individual has satisfactorily completed the courses, experiences, and other requirements for that specific certificate (Brown, 1960).

Many states have upgraded their requirements for entry into teacher education programs. In doing so, they have upgraded both entry and exit standards. Also, some states have required new teachers to pass competency examinations and increased field experiences and internships.

Issues Related to Teacher Certification

Several important factors are involved in teacher certification programs. For example, most state and nationally normed certification tests are of the sit down and timed variety. Sikula (1985) believed that an over reliance upon such tests may be developing. Improving classroom teaching and teacher effectiveness should involve actual performance in a classroom and evaluation by peers:

> Improving classroom teaching and teacher effectiveness is being simplistically reduced when one assumes that because of passing some standardized test one is able to respond spontaneously and appropriately in an effective manner with real students (Haberman, p. 76).

Another major issue in teacher certification today is whether or not professional education courses and teacher preparation programs are needed at all. Some states, like New Jersey, Virginia, and California, have developed alternative routes to certify teachers. Gorton (1988) explained that these routes allow some teachers to avoid formal teacher preparation courses. Gorton went on to say:

> At a time when national accreditation and state approval procedures are being strengthened to help assure that only competent teachers will be in schools, alternative means of entering teaching have developed to cope with the severe teacher shortages in some areas where not enough fully qualified teachers are available (p. 144).

Cooperating teachers may play the most important role in the success of the student teacher. They enjoy sharing the rewards of the classroom with someone else preparing for the teaching profession. In helping, they are helped. A classroom teacher who agrees to supervise a student teacher may have the most influential responsibility of the entire teacher education program. Research shows that the teaching model established by the cooperating teacher in many cases becomes the pattern followed by the student teacher (Beasley and Henry, 1982). In this relationship between teacher and supervisor, there becomes a bond which is ideally suited for a different approach to supervision: clinical supervision.

Clinical Supervision

Cogan (1973) experimented in the 1950s with a change from traditional supervision at Harvard's School of Education. Realizing that the supervisory process in use pertaining to student teachers was not perceived as helpful, he began to experiment with observations and feedback. Clinical supervision soon began to take form.

It should be noted that clinical supervision differs dramatically from other forms. The emphasis is on the process of supervising rather than evaluating, on analyzing rather than inspecting (Glatthorn, 1984). Reavis (1977) investigated the verbal interaction between supervisor and teacher and found that both groups preferred clinical supervision to the traditional approaches. His research went on to show that clinical supervision had a comforting and relaxing effect on both groups, making it easier to improve instruction.

Although field experiences in teacher education are rapidly expanding, few in-depth studies have been done on the direct effects of supervision, either by the cooperating teacher or the supervising teacher. It is

possible, however, to draw certain conclusions from the research which is available.

Student teachers are consistent in perceiving cooperating teachers as having tremendous influence over their development as professional educators during student teaching. By contrast, student teachers and cooperating teachers frequently report that university supervision is of little importance except as it relates to the administrative dimension of student teaching (Sergiovanni, 1982).

Research is unclear on the amount of preparation needed for those university personnel who supervise student teachers. In many cases, graduate course work, coupled with experience, appear to be considered sufficient.

In 1987, Bell, of Eastern Montana College, conducted a study involving clinical supervision and its effect on morale and respect. The research involved 22 public school reading teachers and employed the three-step approach of a pre-observation conference, classroom observation, and a post-observation conference. Bell discovered that clinical supervision offered a degree of personalization, and since both morals and respect are positive outcomes, clinical supervision could assist in producing another desirable outcome; i.e., improve self-concept (Bell, 1987).

Self-Concept

The idea that a person's behavior is influenced by self-concept is an integral part of American individualistic social philosophy. The power of self-concept influences the subjective inner experiences as sources of individual behavior. Early social psychologists believed that a positive self-concept would lead to constructive, socially preferable behavior, and

conversely, that a negative self-concept would lead to socially inappropriate behavior.

The conception of self is multi-dimensional, with each area representing a unique aspect of self-identity (Bunch, 1977). Measuring self-concept has been hindered by: (1) a lack of uniformity in defining the self-concept constructs resulting from a variety of theoretical positions, and (2) the lack of instruments utilizing identical or similar labels (Bunch, 1977).

There is a general agreement among educators that teachers should have a positive and realistic attitude about themselves and their abilities before they are able to like and respect others. Studies by Berger (1953) have shown a relationship between the way an individual sees himself and the way he sees others. According to Trent (1957), those who accept themselves are more accepting of others. Jersild (1952, 1960, 1965) has been a pioneer in emphasizing the importance of attitudes that teachers hold about themselves. His studies show that self-concept is a necessary factor for teachers to be able to cope with their feelings while becoming more effective in the classroom. Teachers' personal problems often interfere with their effectiveness in teaching, and an understanding of the influence of attitudes and emotions is vital when working with students (Jersild, 1952).

How an individual perceives himself is affected by his human relations with others. In a study at the University of Kentucky (Bills, Vance, and McLean, 1951), 237 college students reported an increase in the perception of self as their relationships with fellow students increased. As they became accepted by others, they better accepted themselves. In other words, as their human relations became more positive, so did their self-concepts.

Combs (1965) indicated that effective teachers can be distinguished from ineffective teachers on the basis of their attitudes about themselves. In fact, Combs' The Professional Education of Teachers (1965) suggests that teacher preparation should be based on a perceptual self-concept approach. Combs' studies indicate that each teacher should view himself with respect, liking, and acceptance. When teachers have essentially favorable attitudes toward themselves, they are in a better position to build positive and realistic self-concepts in their students (Combs, 1965).

Summary

Self-concept, supervision, and human relations all have a bearing on the effectiveness of the student teacher. Research in this review of literature has shown a relationship between human relations and self-concept (Bills, Vance, and McLean, 1951), both of which impact student teaching. In Brown's (1960) handbook (Managing the Classroom: The Teacher's Part in School Administration), he explained the importance of positive human relations between the cooperating teacher, supervising teacher, and student teacher.

Beasley and Henry (1982) showed how a bond develops between those involved in the clinical supervision process, and how vital human relations are to strengthening that bond. Reavis' (1977) research showed that clinical supervision had a relaxing effect on student teachers when the relationship between supervisor and student teacher was a positive one.

The available research seems to indicate that good human relations, especially with those involved in the clinical supervision process, improve the effectiveness of the student teacher.

CHAPTER III

METHODOLOGY

The purpose of the study was to observe and record the effects of clinical supervision on the self-concept of student teachers. This chapter describes the procedures and methods used in the selection and assignment of subjects, the selection and administration of assessment instruments, the procedures used in collecting data, and the analysis of that data.

Population

The population of the study was the student teachers, supervision teachers, and cooperating teachers involved in the secondary student teaching process during the spring semester of 1992 at Northwestern Oklahoma State University (NWOSU). School districts hosting student teachers were primarily small, medium, and large districts in western Oklahoma.

Data for this study were obtained from 20 secondary student teachers in 12 different public school systems. Clinical supervision was supplied to all members of the experimental group by a single researcher. Evaluation and supervision was supplied to the entire group of 20 by 30 different supervising teachers from the university faculty and 32 different cooperating teachers in the public school systems, many of whom had multiple assignments.

Instrumentation

Both quantitative and qualitative data were collected and analyzed during the spring semester of 1992. Quantitative data consisted of a Tennessee Self-Concept Pre-test, which was administered to the student teachers prior to the 12-week student teaching session, and a Tennessee Self-Concept Post-test, which was administered to the same group at the end of the 12-week session. An analysis of variance was used to compare scores.

Qualitative data consisted of data recorded by the researcher during clinical supervision observations and conferences during clinical supervision observations and conferences with student teachers in the experimental group. In addition, five members of the experimental group kept a daily diary of their student teaching experiences. Members of both the control group and experimental group answered a questionnaire immediately following the 12-week session. The questionnaire consisted of 10 questions designed by the researcher and the dissertation adviser to determine how students perceived the following: student teaching, the cooperating teacher, the supervising teacher, clinical supervision, and their own self-concept.

Procedures

The following procedures were conducted in five phases:

Phase One

Permission was obtained from the director of student teaching at NWOSU to study the effects of clinical supervision on those student teachers involved in secondary student teaching during the spring semester

of the 1991-92 school year. Twenty student teachers participated in the 1991-92 spring session in secondary education.

Phase Two

Student teachers were randomly assigned into two groups, with equal numbers of 10 in each group. One group, which received clinical supervision, was called the experimental group. The other group, which received no clinical supervision, was called the control group. The TSCT was administered to both groups on the day prior to the beginning of the 12-week student teaching session.

Phase Three

It was determined collectively by the researcher, the director of student teaching, and the researcher's doctoral committee that clinical supervision provided to the experimental group would consist of verbal flow charts and time-on-task charts. Arrangements were made between the researcher and each member of the experimental group to conduct a clinical supervision observation. These would take place once during the fourth week and again during the eighth week of the 12-week student teaching session. In addition, members of the experimental group were asked to record their daily student teaching experiences in diary form.

Phase Four

The researcher was the sole administrator of clinical supervision to the experimental group. Two schools were visited by the researcher each day (Monday through Friday) on the fourth week and again during the eighth week. Pre- and post-observation conferences were tape recorded and

observations were recorded in written form using clinical supervision techniques.

Phase Five

On the day immediately following the 12-week student teaching session, student teachers in both groups were given the Tennessee Self-Concept Scale (TSCS), and post-test scores for both groups were compared to each other as well as to pre-test scores. Immediately following the post-test, both groups answered a questionnaire, and members of the experimental group who kept diaries submitted those to the researcher. Pre-test scores, post-test scores, clinical supervision observation data, questionnaires, and diaries were all analyzed to determine the effects of the study.

For the purposes of comparing test scores, student teachers were divided into four groups: (1) Experimental Group (pre-test), (2) Experimental Group (post-test), (3) Control Group (pre-test), and (4) Control Group (post-test). An analysis of variance was conducted at the .05 level to determine if significant differences existed between any of the four groups.

In analyzing qualitative data which consisted of questionnaires and diaries, the researcher used both unitizing and categorizing techniques to determine if similarities existed between student teaching experiences. Unitizing involved transferring information onto index cards with similar themes. The categories were then reviewed and examined for overlap and possible relationships among categories.

The Tennessee Self-Concept Test

The TSCT has been a commonly used test since it was developed by

Fitts in 1965. The test measures a multidimensional construct, self-concept. The items of the instrument contribute to one of five subscales referring to an external frame of reference and one of three subscales defining an internal frame. The internal dimensions measure how people perceive themselves, how they feel about the perceived self, and how they perceive how they function. These three areas are also classified as identity, self-satisfaction, and behavior. The external frame of reference is intended to assess how individuals view their bodies, health, sexuality, and appearance; how self is perceived from a moral and ethical perspective; and their sense of adequacy and worth with respect to others (Fitts, 1965).

The test is made up of 18 item responses for each of the 5 external dimensions and 30 responses for each of the 3 internal dimensions. Gellen and Hoffman (1984) proposed that the TSCS offers reasonable data which suggests that a fairly realistic profile of how persons perceive themselves and how they perceive their own functioning can be ascertained. The widespread use of the TSCS in diverse counseling, educational, clinical, and medical settings has provided an accumulation of evidence for the validity of the scale as a measure of self-concept (Fitts, 1965).

The relationship of the TSCS to hierarchical models of self-concept has been examined by Shavelson and Bolus (1982), who have used the TSCS Total Positive Score as a control measure of general self-concept and have shown its predictable relationships with measures of their model (Fitts, 1965). Runyon (1958) favored a significant difference between TSCS Total Positive Scores and the use of defense mechanisms for both black and white college students.

A widely researched measure, the Internal-External Locus of Control Scale (Rotter, 1966), correlated significantly with the TSCS Total Score

in the study by Martin and Coley (1976). Locus of control refers to the focus of perceived control that individuals feel with respect to the environment and events in their lives. Externality reflects feelings of lack of control--a perception that the environment acts upon the individual more often than the individual controls the environment (Internality). The negative correlations indicate that high self-concept is associated with an internal locus of control (Fitts, 1965).

A number of studies have provided evidence of the reliability of the TSCS scores. For example, using a shortened version of the TSCS with psychiatric patients, Congdon (1958) obtained a reliability coefficient of .88 for the Total Positive Score. Nunnelly (1968) reported a reliability of .91, and more recently, Stanwyck and Garrison (1982) reported a .92 reliability level for the Total Positive Score.

CHAPTER IV

PRESENTATION AND ANALYSES OF DATA

Introduction

The data presented in this chapter, both qualitative and quantitative, were collected and reported descriptively and inferentially. A two-way analysis of variance was used to determine whether differences existed between experimental and control groups, as well as between pre-tests and post-tests.

Results of the random selection showed that the experimental group contained six males and four females, while the control group contained four males and six females. The size of the schools in which the student teachers practiced their professional semesters ranged in each group from small rural to large metropolitan. Grade levels taught were primarily the same for each group (7 through 12). Demographic data (Table I) show that the groups were enough alike at the beginning of the research project to make the study worthwhile.

Comparisons between the control group and the experimental group show that the average size of the schools in each group were similar. The average population of schools in the experimental group was 284 students, compared to 266 for the control group.

The average number of years of experience for supervising teachers of experimental group student teachers was 18.5, compared to 21.1 for the control group. The average number of years of experience for experimental

group cooperating teachers was 16.6, compared to 15.2 for the control group. The average age of the student teachers in the experimental group and the control group was 23.8 and 24.4, respectively (Table I).

TABLE I

DEMOGRAPHIC DATA: MEAN SCORES FOR EXPERIMENTAL GROUP AND CONTROL GROUP

Demographic Data	Experimental Group	Control Group
School population	284	266
Years of experience of supervising teacher	18.5	21.1
Years of experience of cooperating teacher	16.6	15.2
Age	23.8	24.4
Gender	6 male 4 female	6 female 4 male

Analyses of Quantitative Research

The TSCT was administered to all 20 secondary student teachers prior to the beginning of their 12-week student teaching session. Data Group A (Table II) shows that no significant difference existed between the control group and the experimental group at that time. The same 20 students were again tested at the end of the 12-week session using the identical

test. Data Group B (Table III) shows an analysis of variance comparing the test scores of those groups.

TABLE II

DATA GROUP A

Data Analysis

Procedure: Two Sample 1/2 mean-CorRawD

Null Hypothesis tested: mu1 = mu2 Comparing preno and postno

Sample 1:	M =	363.400	Sample 2:	M =	363.200
	SD =	22.813		SD =	25.592
	N =	10		N =	10

Data Analysis
(Analysis of Variance)

Procedure: Descr Analysis

	Pretest	Posttest	
N =	10	10	:N
M =	363.100	359.300	:M
SD =	15.802	20.337	:SD
est SD =	16.656	21.438	:est SD
Md =	362.500	365.500	:Md
Q:	20.000	33.000	:Q
R:	60.000	65.000	:R
Min:	334	322	:Min
Max:	394	387	:Max

TABLE III

DATA GROUP B

Data Analysis

Null Hypothesis tested: mu1 = mu2 Comparing pre-test and post

Sample 1:	M = 363.100	Sample 2: M = 359.300
	SD = 15.802	SD = 20.337
	N = 10	N = 10

Procedure: Two-Way ANOVA

Source Table:

Source	df	Sum of Square	Mean Square	F Ratio	p-value
pre-test	1	10.000	10.000	0.021	0.88657
post-test	1	12.100	12.100	0.025	0.87532
pre x post	1	78.400	78.400	0.162	0.68988
within	36	173443.000	484.528		
Total	39	17543.500			

Findings

Data Groups A and B illustrate the test results as reported in mean scores and analysis variance. Pre-test mean scores of the Total Positive Score on the TSCS were 363.4 for the experimental group and 363.2 for the control group.

Data Group B illustrates how the scores changed in both groups from pre-test to post-test. Post-test mean scores were 363.1 for the experimental group and 359.3 for the control group. Standard deviations were 15.802 for the experimental group and 20.337 for the control group. The p-value for the post-test was .58055 compared to .95958 for the pre-test. The range of scores from the experimental group's pre-test was 60, with a

low score of 334 and a high score of 394. Scores for the control group's pre-test were 322 and 387, respectively, with a range of 65. In the post-test, scores ranged from 329 to 393 in the experimental group and from 325 to 401 in the control group. Respective ranges were 64 and 76.

Figures 1 through 8 present graphed answers of the experimental group's pre-test and post-test. No significant difference existed between the Total Positive Scores of the two groups, although significant differences may exist between specific answers.

Figures 9 through 16 present graphed answers of the control group's pre-test and post-test. Again, although significant differences may exist between specific answers, there was no significant difference between the Total Positive Scores of the two groups.

Analyses of Qualitative Research

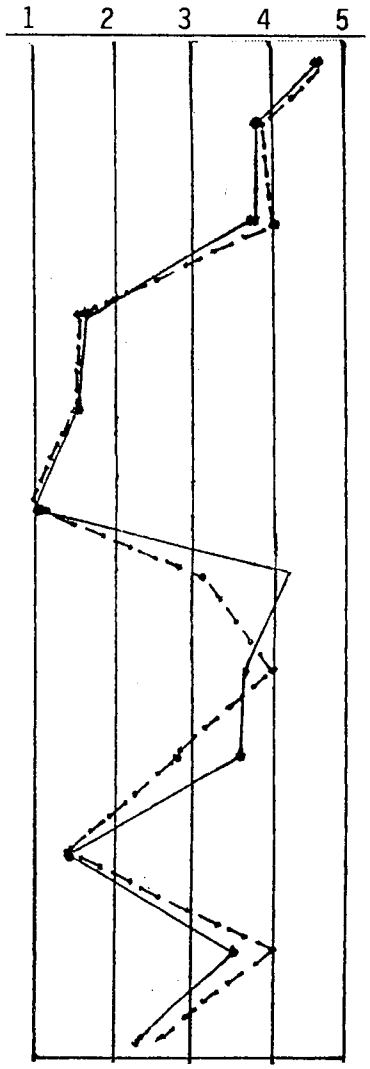
As did Dingwall (1983) in The Protection of Children, the researcher collected data by direct observation, supplemented questionnaires, and daily logs. Dingwall noted that this type of data gathering furnishes a base for inductive generalizations which can be explored in interviews:

> For the ethnographer, it should be noted: interview has a different meaning than for a survey researcher. An interview is a conversation directed toward a specific goal, which may form part of a period of field observation, a 'natural' interview, or may be separated in time or space, an 'informal' interview (p. 28).

In both cases, rather than posing a set of questions, the researcher is exploring a list of topics. Because of this, the researcher's observations, questionnaires, and recordings are closely united. To unitize is to group similar responses or comments into specific headings. The purpose of the collection of data from observations, logs, and questionnaires is to unitize the material into separate but distinct themes of topics.

Tennessee Self-Concept Test

1. I have a healthy body.
2. I like to look nice and neat all the time.
3. I am an attractive person.
4. I am full of aches and pains.
5. I consider myself a sloppy person.
6. I am a sick person.
7. I am neither too fat nor too thin.
8. I am neither too tall nor too short.
9. I like my looks just the way they are.
10. I don't feel as well as I should.
11. I would like to change some parts of my body.
12. I should have more sex appeal.



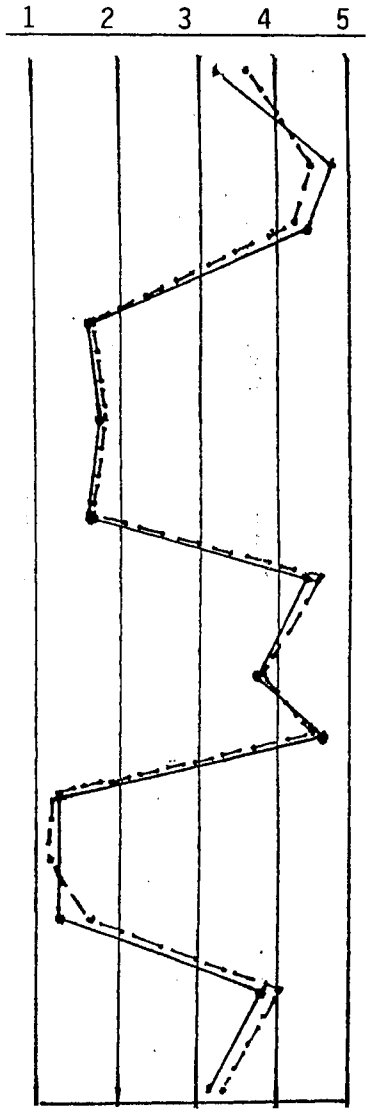
Note: Pre-test - Experimental Group -----
Post-test - Experimental Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 1. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Experimental Group (Questions 1-12)

Tennessee Self-Concept Test

13. I take good care of myself physically.
14. I feel good most of the time.
15. I try to be careful about my appearance.
16. I do poorly in sports and games.
17. I often act like I am "all thumbs."
18. I am a poor sleeper.
19. I am a decent sort of person.
20. I am a religious person.
21. I am an honest person.
22. I am a moral failure.
23. I am a bad person.
24. I am a morally weak person.
25. I am satisfied with my moral behavior.
26. I am as religious as I want to be.



Note: Pre-test - Experimental Group -----
Post-test - Experimental Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 2. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Experimental Group (Questions 13-26)

Tennessee Self-Concept Test

27. I am satisfied with my relationship to God.

28. I wish I could be more trustworthy.

29. I ought to go to church more often

30. I shouldn't tell so many lies.

31. I am true to my religion in my everyday life.

32. I do what is right most of the time.

33. I try to change when I know I'm doing things that are wrong.

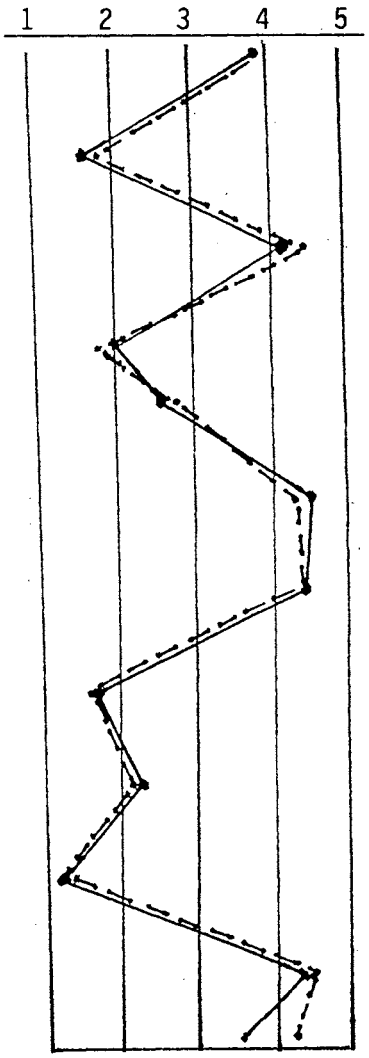
34. I sometimes use unfair means to get ahead.

35. I sometimes do very bad things.

36. I have trouble doing the things that are right.

37. I am a cheerful person.

38. I have a lot of self-control.



Note: Pre-test - Experimental Group -----
Post-test - Experimental Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 3. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Experimental Group (Questions 27-38)

Tennessee Self-Concept Test

39. I am a calm and easy going person.

40. I am a hateful person.

41. I am a nobody.

42. I am losing my mind.

43. I am satisfied to be just what I am.

44. I am as smart as I want to be.

45. I am just as nice as I should be.

46. I am not the person I would like to be.

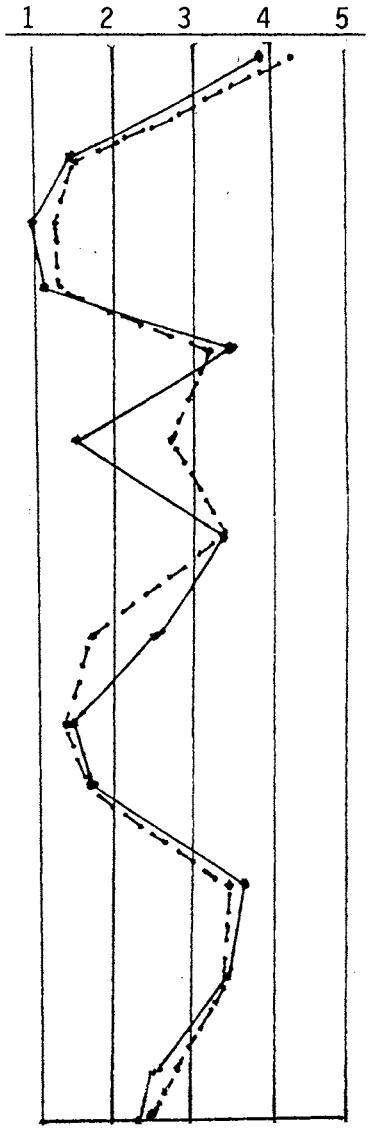
47. I despise myself.

48. I wish I didn't give up as easily.

49. I can always take care of myself in any situation.

50. I solve my problems quite easily.

51. I change my mind a lot.



Note: Pre-test - Experimental Group -----
Post-test - Experimental Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 4. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Experimental Group (Questions 39-52)

Tennessee Self-Concept Test

53. I do things without thinking about them first.

54. I try to run away from my problems.

55. I have a family that would always help me in any kind of trouble.

56. I am an important person to my friends and family.

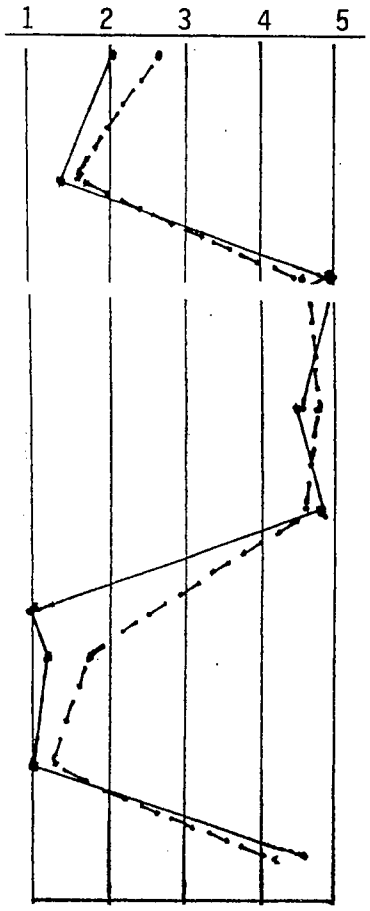
57. I am a member of a happy family.

58. I am not loved by my family.

59. My friends have no confidence in me.

60. I feel that my family doesn't trust me.

61. I am satisfied with my family relationships.



Note: Pre-test - Experimental Group -----
Post-test - Experimental Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 5. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Experimental Group (Questions 53-61)

Tennessee Self-Concept Test

62. I treat my parents as well as I should (use past tense if parents are not living).

63. I understand my family as well as I should.

64. I am too sensitive to things my family says.

65. I should trust my family more.

66. I should love my family more.

67. I try to play fair with my friends and family.

68. I do my share of work at home.

69. I take a real interest in my family.

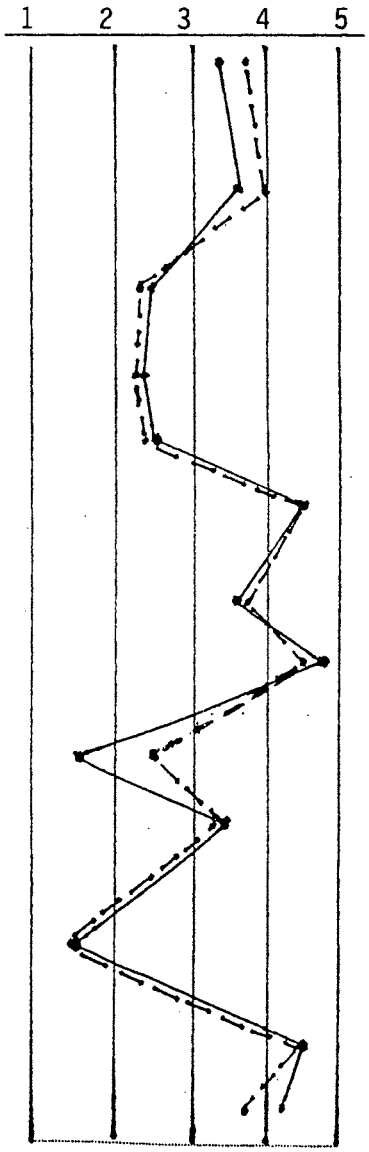
70. I quarrel with my family.

71. I give in to my parents (use past tense if parents are not living).

72. I do not act like my family thinks I should.

73. I am a friendly person.

74. I am popular with women.



Note: Pre-test - Experimental Group -----
Post-test - Experimental Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 6. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Experimental Group (Questions 62-74)

Tennessee Self-Concept Test

75. I am popular with men.

76. I am mad at the whole world.

77. I am not interested in what other people do.

78. I am hard to be friendly with.

79. I am as sociable as I want to be.

80. I am satisfied with the way I treat other people.

81. I try to please others, but I don't overdo it.

82. I should be more polite to others.

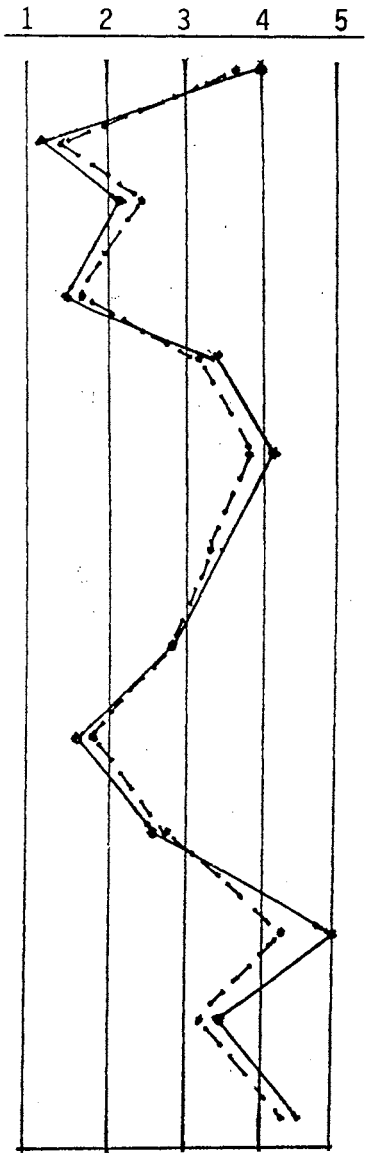
83. I am no good at all from a social standpoint.

84. I ought to get along better with other people.

85. I try to understand the other fellow's point of view.

86. I see good points in all the people I meet.

87. I get along well with other people.



Note: Pre-test - Experimental Group -----
Post-test - Experimental Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 7. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Experimental Group (Questions 75-87)

Tennessee Self-Concept Test

88. I do not feel at ease with other people.

89. I do not forgive others easily.

90. I find it hard to talk with strangers.

91. I do not always tell the truth.

92. Once in awhile I think of things too bad to talk about.

93. I get angry sometimes.

94. Sometimes, when I am not feeling well, I am cross.

95. I do not like everyone I know.

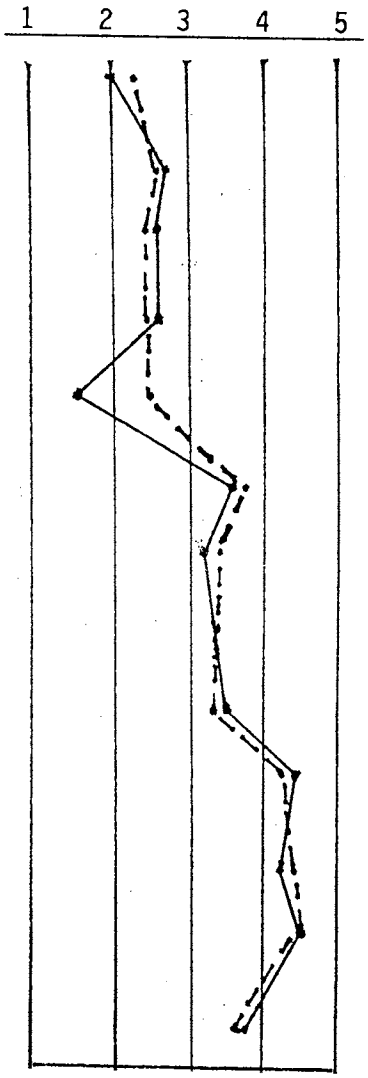
96. I gossip a little at times.

97. Once in awhile, I laugh at a dirty joke.

98. At times I feel like swearing.

99. I would rather win than lose a game.

100. Once in awhile I put off until tomorrow what I ought to do today.



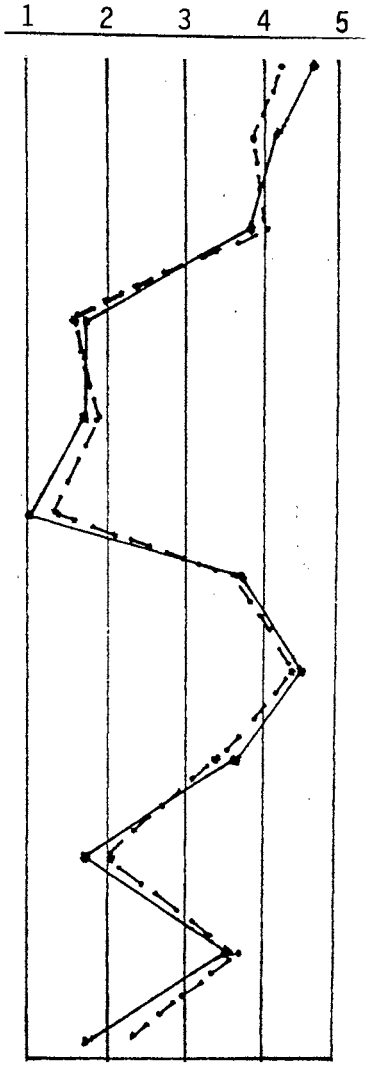
Note: Pre-test - Experimental Group -----
Post-test - Experimental Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 8. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Experimental Group (Questions 88-100)

Tennessee Self-Concept Test

1. I have a healthy body.
2. I like to look nice and neat all the time.
3. I am an attractive person.
4. I am full of aches and pains.
5. I consider myself a sloppy person.
6. I am a sick person.
7. I am neither too fat nor too thin.
8. I am neither too tall nor too short.
9. I like my looks just the way they are.
10. I don't feel as well as I should.
11. I would like to change some parts of my body.
12. I should have more sex appeal.



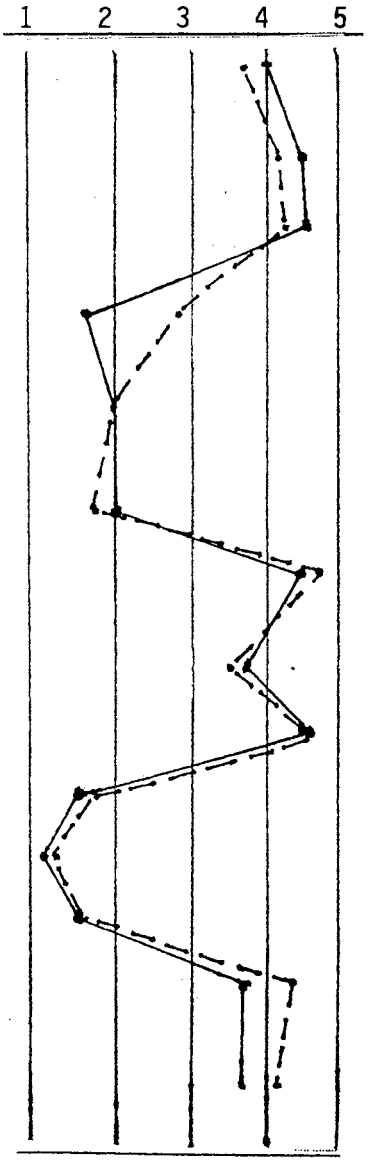
Note: Pre-test - Control Group -----
Post-test - Control Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 9. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Control Group (Questions 1-12)

Tennessee Self-Concept Test

13. I take good care of myself physically.
14. I feel good most of the time.
15. I try to be careful about my appearance.
16. I do poorly in sports and games.
17. I often act like I am "all thumbs."
18. I am a poor sleeper.
19. I am a decent sort of person.
20. I am a religious person.
21. I am an honest person.
22. I am a moral failure.
23. I am a bad person.
24. I am a morally weak person.
25. I am satisfied with my moral behavior.
26. I am as religious as I want to be.



Note: Pre-test - Control Group -----
Post-test - Control Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 10. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Control Group (Questions 13-26)

Tennessee Self-Concept Test

27. I am satisfied with my relationship to God.

28. I wish I could be more trustworthy.

29. I ought to go to church more often

30. I shouldn't tell so many lies.

31. I am true to my religion in my everyday life.

32. I do what is right most of the time.

33. I try to change when I know I'm doing things that are wrong.

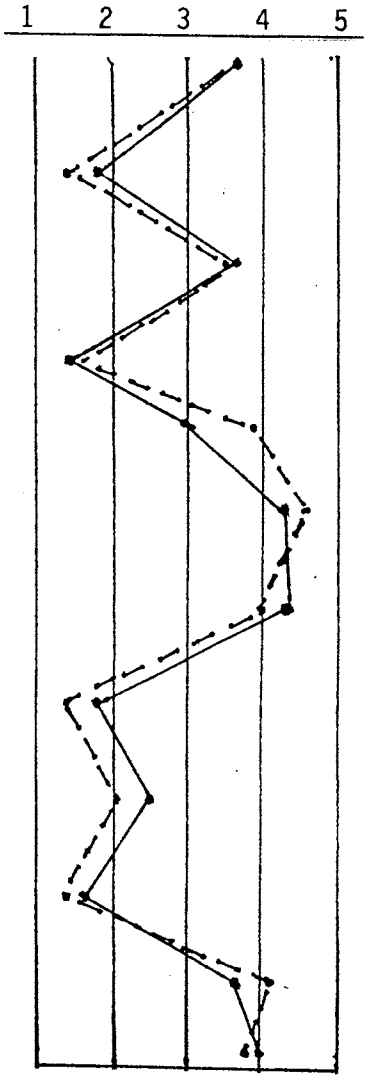
34. I sometimes use unfair means to get ahead.

35. I sometimes do very bad things.

36. I have trouble doing the things that are right.

37. I am a cheerful person.

38. I have a lot of self-control.



Note: Pre-test - Control Group -----
Post-test - Control Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 11. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Control Group (Questions 27-38)

Tennessee Self-Concept Test

39. I am a calm and easy going person.

40. I am a hateful person.

41. I am a nobody.

42. I am losing my mind.

43. I am satisfied to be just what I am.

44. I am as smart as I want to be.

45. I am just as nice as I should be.

46. I am not the person I would like to be.

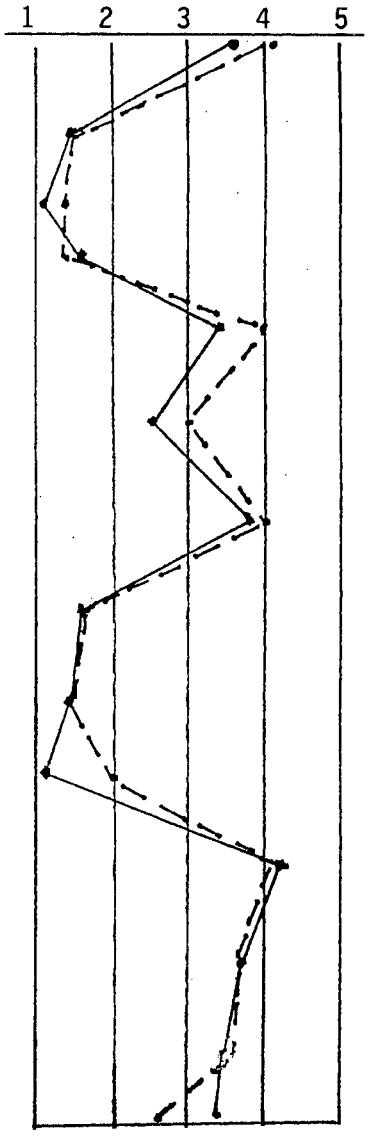
47. I despise myself.

48. I wish I didn't give up as easily.

49. I can always take care of myself in any situation.

50. I solve my problems quite easily.

51. I change my mind a lot.



Note: Pre-test - Control Group -----
Post-test - Control Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 12. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Control Group (Questions 39-52)

Tennessee Self-Concept Test

53. I do things without thinking about them first.

54. I try to run away from my problems.

55. I have a family that would always help me in any kind of trouble.

56. I am an important person to my friends and family.

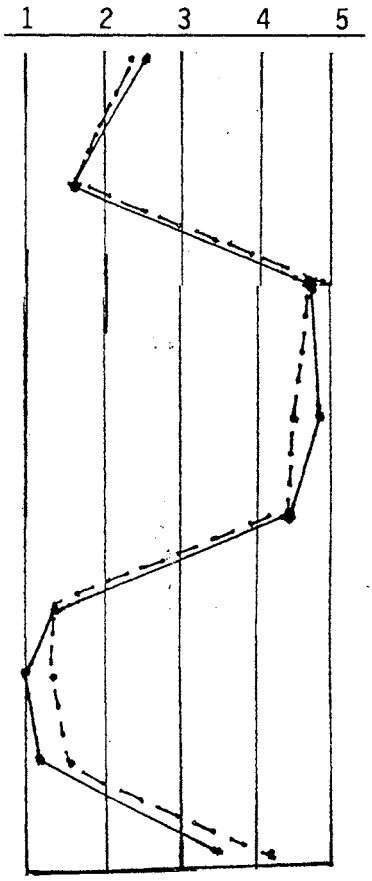
57. I am a member of a happy family.

58. I am not loved by my family.

59. My friends have no confidence in me.

60. I feel that my family doesn't trust me.

61. I am satisfied with my family relationships.



Note: Pre-test - Control Group -----
Post-test - Control Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 13. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Control Group (Questions 53-61)

Tennessee Self-Concept Test

62. I treat my parents as well as I should (use past tense if parents are not living).

63. I understand my family as well as I should.

64. I am too sensitive to things my family says.

65. I should trust my family more.

66. I should love my family more.

67. I try to play fair with my friends and family.

68. I do my share of work at home.

69. I take a real interest in my family.

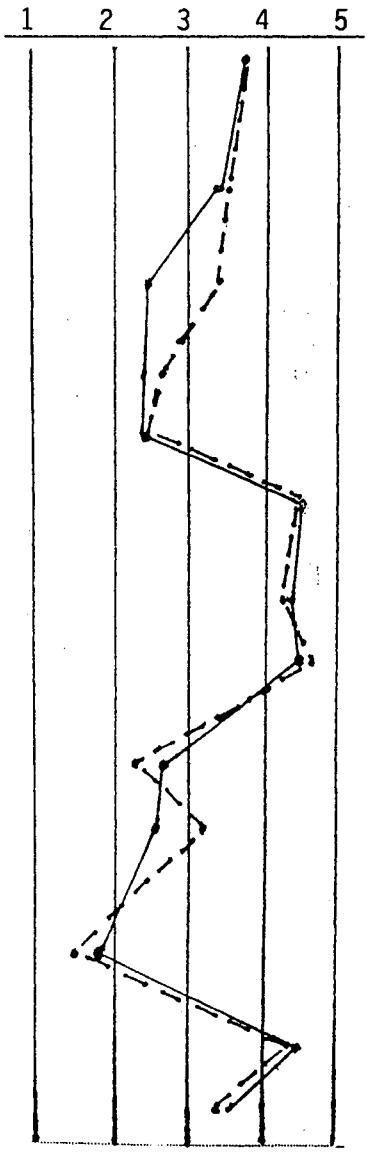
70. I quarrel with my family.

71. I give in to my parents (use past tense if parents are not living).

72. I do not act like my family thinks I should.

73. I am a friendly person.

74. I am popular with women.



Note: Pre-test - Control Group -----
Post-test - Control Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 14. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Control Group (Questions 62-74)

Tennessee Self-Concept Test

75. I am popular with men.

76. I am mad at the whole world.

77. I am not interested in what other people do.

78. I am hard to be friendly with.

79. I am as sociable as I want to be.

80. I am satisfied with the way I treat other people.

81. I try to please others, but I don't overdo it.

82. I should be more polite to others.

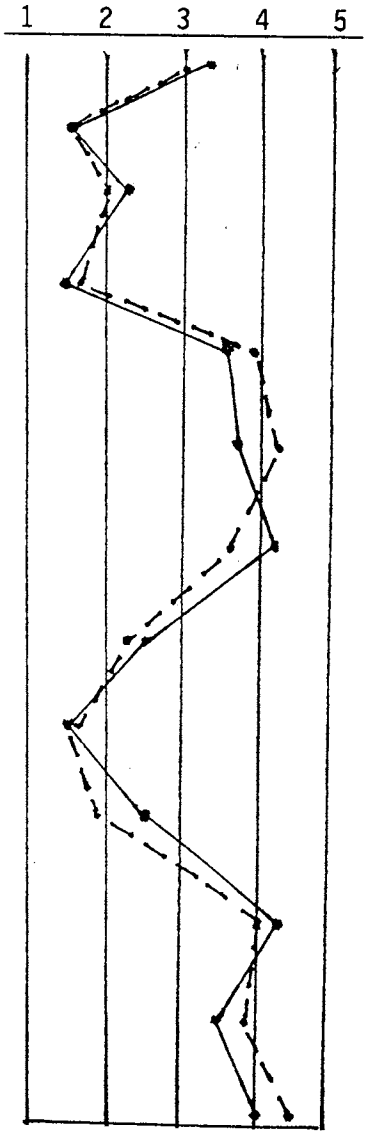
83. I am no good at all from a social standpoint.

84. I ought to get along better with other people.

85. I try to understand the other fellow's point of view.

86. I see good points in all the people I meet.

87. I get along well with other people.



Note: Pre-test - Control Group -----
Post-test - Control Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 15. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Control Group (Questions 75-87)

Tennessee Self-Concept Test

88. I do not feel at ease with other people.

89. I do not forgive others easily.

90. I find it hard to talk with strangers.

91. I do not always tell the truth.

92. Once in awhile I think of things too bad to talk about.

93. I get angry sometimes.

94. Sometimes, when I am not feeling well, I am cross.

95. I do not like everyone I know.

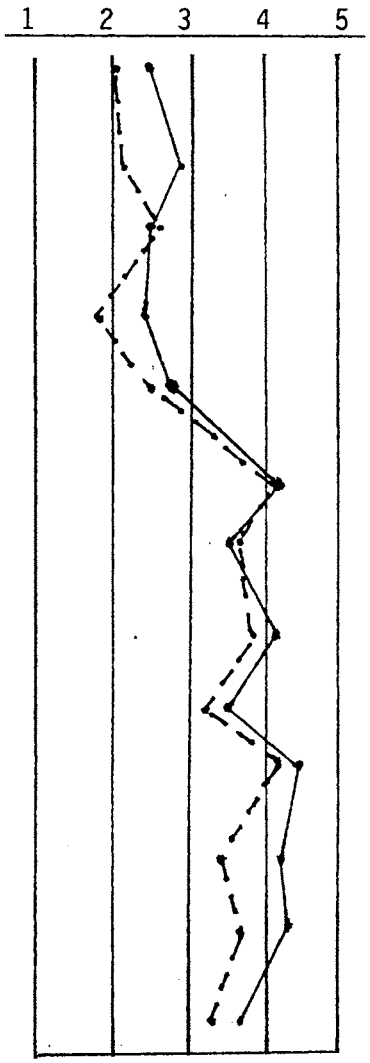
96. I gossip a little at times.

97. Once in awhile, I laugh at a dirty joke.

98. At times I feel like swearing.

99. I would rather win than lose a game.

100. Once in awhile I put off until tomorrow what I ought to do today.



Note: Pre-test - Control Group -----
Post-test - Control Group - - -

Source: Fitts, Tennessee Self-Concept Scale (1965).

Figure 16. Pre-test, Post-test Means of Individual Responses to Test Questions on a Scale of 1-5, Ranging From Completely False (1) to Completely True (5), for the Control Group (Questions 88-100)

To each question of the questionnaire, certain responses emerged repeatedly, forming a heading or unit. The researcher then weighed the significance of each piece of information. Consideration was given to the context in which someone had spoken, the occasion, others present, etc. Specifically, unitizing created themes such as confidence, self-discipline, self-concept, rapport, and classroom control, which emerged repeatedly and consistently in their responses. Certain themes, such as classroom control and self-discipline, seemed to lead to increased levels of rapport and self-concept. In editing the data for publication, the researcher changed all names to numbers and modified personal details in order to preserve the anonymity of those involved. Quotations are reported intact, exactly as they were recorded by the student teachers involved.

Responses to Questionnaires

The following six questions were asked of members of the control group as well as those in the experimental group. Each response was evaluated in detail to determine the level of its significance. Data were analyzed under three separate major headings: questionnaires, diaries or logbooks, and clinical observations.

1. How did your self-concept change during the 12-week period?

In analyzing the students' responses to changes in self-concept during student teaching, it is important to note that no one reported an overall decrease in his/her level of self-concept. In the experimental group, 7 of the 10 members reported an increase in overall self-concept; the other three members felt that it stayed about the same, and no one noted a decrease. Specifically, students noted increases in confidence and self-discipline and felt that both, along with their self-concept,

improved as the semester progressed. Several student teachers felt that their relationships with the students improved as the semester progressed, causing an increase in their levels of confidence and self-discipline. Only five members of the control group reported that their self-concept steadily increased throughout the semester. One member indicated that self-concept remained essentially the same, while two student teachers reported a decrease followed by an increase. Of those who reported a decrease followed by an increase, one listed an improvement in communication skills as the reason. She reported:

> I started to view myself more in terms of how other people perceived my ways of expressing a point. It didn't come naturally like I wanted it to, and my self-concept went down. But, as I improved my communication skills, my self-concept began to increase.

The other student teacher reported a series of ups and downs based on the day-to-day problems involved with teaching. If he/she had a good day, self-concept went up; on bad days, it went down. Confidence was a factor used in differentiating the good days from the bad. As with the experimental group, confidence repeatedly emerged as the characteristic cherished most by student teachers.

2. How important is self-concept in the overall effectiveness of your teaching?

The question here evidently is not whether or not self-concept is important to student teaching, but how important. All student teachers answered either "important" or "very important," with both groups equally divided. Seven members of each group answered "very important," while only three members answered "important." In the experimental group, four of the seven who felt self-concept was "very important" listed the students' perceptions as the reason. All four felt that a student teacher with a low self-concept is easily recognizable by the students, lowering

teaching effectiveness in turn. Confidence and classroom control emerged repeatedly as benefits of a positive self-concept.

Three members of the control group listed the perception of students as critical also. Those who seemed concerned about how they were perceived by students, both in the experimental and the control groups, felt that students easily recognize behavior which is "fake," or not genuine. Their primary concern in the classroom seems to be how well the students receive them. At first glance, it appeared that student teachers wanted to be liked and accepted by the students, but a closer look revealed that it was more of a desire to be recognized as a professional who has a genuine interest in the students. Rapport between students and student teachers emerged as the prominent theme in the answers of both groups.

3. What person had the most effect on your student teaching experience?

The cooperating teacher was the overwhelming favorite as the person who student teachers listed as having the most effect on the overall student teaching experience. All 10 members of the experimental group and 7 members of the control group listed the cooperating teacher. Two members of the control group listed the supervising teacher and the other member listed her mother as having the most effect. Current research supports student teachers' perception of the cooperating teacher as most beneficial, as well as their perception of the supervising teacher to be of little or no significance.

Research shows that student teachers consistently perceive cooperating teachers to have great influence on their professional development during student teaching. According to Hersh, Hill, and Leighton (1982):

> A key figure in student teaching placement is the teacher in whose classroom the student teacher will spend time. The basis for the selection of these teachers includes competence in

> teaching, knowledge of subject matter, and willingness to cooperate. Occasionally, substantial teaching experiences, training as a supervisor, or possession of an advanced degree is required (p. 68).

In another study involving similar questionnaires, Manning (1977) found that student teachers consistently rate their cooperating teachers as more influential than university personnel or family members. In another study involving 19 student teachers, cooperating teachers consistently provided encouragement, beneficial evaluations of performance, and information about teaching. Conversely, it is widely held that university supervision is inconsequential to the behavioral outcomes of the student teaching experience. In a review of literature on student teaching, Johnson (1987) noted numerous sources indicating that university supervision has little effect on student teacher behavior. In a research project conducted by Morris (1976) results showed that student teachers who had received regular university supervision achieved higher levels of results in: (1) motivation of students, (2) control in the classroom, (3) subject matter orientation, (4) communication, (5) teaching methods, (6) fairness with students, (7) rapport with principal, (8) views of teaching as a professional, and (9) rapport with students.

There is evidence, however, that the supervising teacher does influence student teaching. McIntyre (1983) reported that the supervising teacher may have as much influence as the cooperating teacher, but methods which were employed to define this influence have been inappropriate and inconsistent.

Although test score data proved insignificant, there were many consistencies in the answers of the questionnaires:

When asked if the level if self-concept changed during the 12-week

session, seven members of the experimental group reported an increase in self-concept, while three reported no change.

Both groups were asked to evaluate the importance of self-concept in the overall effectiveness of teaching. All members of both groups stressed the importance of self-concept. Answers ranged from "important" to "extremely important," or the "single-most important" thing.

The cooperating teacher was rated without exception as the person having the most influence on the student teacher's experience for those students in the experimental group. In the control group, 7 of the 10 members listed the cooperating teacher as having the most influence in their experience. University personnel involved in teacher education should note that 18 of the 20 students questioned reported the supervising teacher as having little or no influence.

Students gave a wide variety of answers when asked what specifically the person listed as most helpful did to help. The most common responses were: listen, suggest, support, and reassure. Answers to this question gave insight into the importance of the relationship between the student teacher and the cooperating teacher.

When students were asked about when the levels of self-concept changed during the session, answers from the experimental group ranged from "the second week" to "the sixth week." Answers from the control group were similar. Both groups indicated a gradual increase.

4. What specifically did that person do to help?

According to student teachers, the person perceived as most helpful in their student teaching experience gave advice, provided guidance, and helped in general. These three themes emerged as the areas listed most often.

In the experimental group, student teachers listed advice as the single most important benefit they received from the cooperating teacher. No one from the control group, however, listed advice as a benefit received. The control group considered providing guidance and reassurance to be far more important than the other benefits. The member of the control group who listed her mother as the person having the most influence also listed providing guidance as the single-most important benefit received. In-depth research into that particular student's background revealed that her mother was currently and has been a classroom teacher for several years.

5. At what point in the 12-week session did you begin to see a change in your level of self-concept?

Although some student teachers noted an immediate change in the level of self-concept, most thought that the greatest change occurred between the third and sixth weeks of student teaching. One member of the experimental group reported a change in the second week of student teaching. Two others noted a change in the third week. Three members noted a change in the sixth week, but the largest number (four) felt that self-concept really began to change during the fourth week. In the control group, three members each listed the third and sixth weeks, while others answered the second week, "almost immediately," and "did not change."

The midpoint in the student teaching lab is the end of the sixth week, and some student teachers had difficult experiences up to that point. For example, some student teachers were given complete control of the classroom almost immediately, while others were not placed entirely on their own until the third or fourth week of student teaching. This factor could affect their perceptions. One member of the experimental group answered:

> My level of self-concept really began to change after spring break. Then I realized that it was more important for me to be respected by my students than liked by them.
>
> [Note: This student teacher's spring break came at the end of the fourth week of student teaching.]

Unfortunately, most student teachers learn this valuable lesson the hard way. Student teachers are quick to learn that classroom management and discipline can be loosened more easily than it can be tightened.

A study conducted by Anderson, Anderson, Mehrens, and Prawat (1988) measured the changes in attitudes of student teachers toward discipline. They established a continuum with rules, enforcement, and punishment on one end and socialization and problem solving on the other. The study attempted to place student teachers somewhere along that continuum. The question arises: Where is the most desirable position on the discipline continuum? Most experts are of the opinion that successful teachers are able to use strategies from all positions along the continuum. In other words, teachers should be able to deal with some situations which warrant a highly authoritarian approach, while other situations may call for a humanistic solution. Kremer (1981) argued that teacher educators should attempt to guide student teachers toward the middle of the continuum.

6. What factors led to the change in your level of self-concept?

Changes in self-concept level for student teachers can be classified into three distinct but separate categories. Approximately one-third of the student teachers questioned listed the ability of the student teacher to see student progress as a major factor leading to an increase in self-concept. Another one-third felt that increased experience in the classroom was important. The other one-third stated that, as they became better at handling disciplinary type problems, they began to gain the

respect of their students, which led to an increased level of self-concept.

The following four additional questions were asked of members of the experimental group only, since members of the control group received no clinical supervision and all four questions deal with the relationship between clinical supervision and teacher effectiveness:

7. Was your self-concept affected by clinical supervision?

Members of the experimental group were evenly split on their perceptions of the effects of clinical supervision on their self-concept. Feelings did not run particularly strong either way, however, as attitudes ranged from "somewhat" to "not particularly." Of the five members who said it did help, two student teachers went on to explain that clinical supervision pointed out a weakness in their methods of which they were previously unaware.

8. If your change in self-concept was not due to clinical supervision, then what other factors affected it?

When asked to list factors leading to changes in self-concept, answers varied so widely that no dominant theme emerged. Members of the experimental group placed great importance on their relationship to students on several occasions, but the perceptions of these relationships varied from feeling comfortable with the students and being able to deal with students, to separating themselves from the students. Other student teachers indicated a need to feel comfortable with the cooperating teacher, the supervising teacher, and the building principal.

Two members of the control group felt that an increase in responsibility added to their self-concepts. Two other student teachers added that positive feedback from students to their levels of self-concept,

while each one enjoyed the feedback from the cooperating teachers and the supervising teacher.

One particular answer, however, stood out among the 20. Student teacher number 16 stated:

> Student responses to my lectures really led to a change in my level of self-concept. To me, they were the real judge of my performance, and their motivation was what I used to judge my performance. In the beginning, this caused my self-concept to go down, but as the class began to develop I saw improvement, which I considered a reflection on me.

9. What aspect of the clinical supervision process seemed most helpful?

It should be pointed out that a goal of the supervisor was to separate supervision from evaluation in the mind of the student teacher. With that in mind, it is important to note that two members of the experimental group noted that an evaluation-free observation enabled them to be more relaxed while teaching. In that a separation of evaluation and supervision is critical for effective clinical supervision, the absence of evaluation by the researcher was stressed at every meeting between researcher/supervisor and student teacher. Three student teachers perceived the verbal flow chart as having the single-most significant impact on their teaching. In each case, the chart showed areas in which the student teacher had neglected a particular area of the classroom. Each student teacher received a detailed report complete with verbal-flow, movement, and at-task charts in each post-observation conference. Two student teachers listed those as being most helpful. Based on the answers, it appears that although clinical supervision was not perceived as being significantly helpful in raising the level of self-concept, it was perceived as beneficial in general as it related to teaching techniques and classroom management.

10. Clinical supervision was provided on two occasions: once at the fourth week and again at the eighth week. In your opinion, for additional studies, would you say that two visit are adequate, more than adequate, or less than adequate, and why?

Although the researcher struggled with the decision dealing with the number of clinical observations per student, 8 of the 10 perceived two as ideal. The other two members felt like one more observation late in the semester would be beneficial.

Summary of Responses to Questionnaires

Responses to the questionnaires indicated that, although the self-concept of the student teachers did not increase significantly, other important qualities seemed to do so. Student teachers consistently noted that clinical supervision was a valuable asset to classroom organization and management which led to an increase in confidence. Nearly all members of the study noted the importance of the cooperating teacher, but the supervising teacher received mixed reviews. Members of both groups placed emphasis on the importance of self-concept, rapport with students, classroom control, and self-discipline. Although many of the student teachers experienced periods of highs and lows, all of them felt that the overall student teaching experience was a positive one.

Summary of Diaries

Student teachers in the experimental group were asked to keep a daily record of experiences in student teaching during the 12-week session. However, only five recorded enough information to be worthwhile to the researcher. The information has been recorded and divided into 12 sections, each containing information recorded for that week by the student

teachers. The following section is a record of the weekly experiences of those five student teachers:

Week One. The first week was for observation of classroom management, structure, and teaching style, and none of the student teachers who kept diaries had been given control of the classroom during the first week. All five student teachers reported that week one seemed to be devoted to becoming familiar with the students' names, seating arrangements, lesson plans and textbooks, and becoming familiar with the cooperating teacher. One student teacher reported:

> Everyone in my first hour class seems eager to learn. My cooperating teacher introduced me to all of them today and I already know most of their names. I really like my cooperating teacher and the way she handles the class.

Week Two. Two of the student teachers were given almost total control of classroom teaching during the second week, but the other three were still in an observation period with some daily responsibilities. Those student teachers who had yet to experience total control aided the cooperating teacher in handing out material, giving individual instruction when students were working on assignments at their desks, and grading papers. For example, one student teacher stated, "I helped give a test today during the second hour, and I had part of the class to myself to give a grammar exercise."

The other two students reported positive experiences, but were somewhat apprehensive about gaining control of the classroom. Both of these student teachers reported earlier that they had an excellent relationship with their cooperating teachers.

Week Three. All five student teachers now have complete responsibility in classroom teaching. This is a significant change from student

teaching 15 to 20 years ago, when the total student teaching responsibility encompassed only six or seven weeks. All five of these student teachers will receive the benefit of a full 10 weeks of student teaching. In that student teachers have previously been assigned numbers corresponding to their test scores, these five student teachers will be referred to as #3, #4, #8, #9, and #10. Numbers 8 and 9 are female and numbers 3, 4, and 10 are male.

Daily logs indicate that gaining total control of the classroom does not come about as easily as was anticipated by student teachers #9 and #10. Student teacher #9 reported that students became unruly, loud, and inattentive, and she did not know how to correct the situation. She reported, "The students behaved terribly during my second hour class. There are too many of them that are not paying attention." Student teacher #10 experienced problems much less severe. He considered it a problem if he had to discipline a student even though he experienced no problems in handling the situation.

Week Four. As student teachers begin to encounter discipline problems in the classroom, they begin to develop strategies for handling those problems. Pre-conceived philosophies of how to handle classroom situations are often not as practical as student teachers had envisioned. They are learning that each situation involving discipline requires a special consideration. For example, student teacher #8 reported:

> Third hour class was a real problem! I told all students to have assignment number two finished by the beginning of class. Two students hadn't finished, even though they'd had all weekend to do it. When I collected their blank answer sheets, they were really mad because I wouldn't let them finish it in class. I gave another boy who had been absent an extra day to finish his work. It may not have seemed fair, but it was!

Student teacher #8 received high ratings from both supervising and cooperating teachers, and her ability to handle the aforementioned situation supports those ratings.

Conversely, a pattern began to develop with student teacher #9 and her struggle with discipline in the classroom. In week four she reported: "My supervising teacher observed me during second hour and the students' behavior was awful. They won't let me relax and trust them to behave. Sophomores always act bored." It is important to note that the first clinical observation took place with all 10 members of the experimental group during the fourth week, and only student teacher #9 still had the cooperating teacher in the classroom during the entire class. All other cooperating teachers either left the room at the beginning of the class or were not present at all.

Week Five. By the end of week five it is apparent that student teacher #8 is more highly skilled in classroom management and has a higher level of organization than does student teacher #9. For example, she says:

> Today went well in all classes. All students remained quiet, and were serious about their class work. The students are responding well and I think they sense how serious I am about trying to help them improve their skills.

The other three student teachers fall between these two on the continuum. Interestingly enough, student teachers #8 and #9, who are on the extremes of the continuum in terms of their perceptions of their classroom experiences, continue to record considerably more information in their daily logs than do the other three student teachers.

Week Six. Week six presents a new problem for student teachers--the absence of large numbers of students from class to attend athletic

contests, stock shows, and speech and drama contests. This problem is more pronounced with student teachers in rural schools. For example, student teacher #8 reported:

> Two baseball players who missed the test on Friday because of a game said they would come in and take it before school today. Neither of them showed up, so instead of a matching-multiple choice test like everyone else took, they took a fill-in-the-blank test. They scored 53% and 58%, which is extremely low for both of them. My goal was to emphasize the importance of keeping their appointment.

Student teacher number eight experienced a similar problem: "Eight people were absent during second hour. I know it's for school business, but it's hard to teach when you know you'll have to go over it again later." Student teachers #3, #4, and #10 reported similar situations in terms of student absences. All five of the student teachers who kept diaries were located in small to medium sized rural schools, which could account for many of their similarities in their experiences.

Week Seven. All five student teachers have now been evaluated at least once by the supervising teacher based on NWOSU's minimum performance criteria. They have become more comfortable in their role as a student teacher and have learned to accept the ups and downs of everyday classroom teaching. Their diaries reflect patterns now indicative of their attitudes.

As stated earlier, student teachers #8 and #9 experienced extremes when recording daily experiences. Student teacher #9 is struggling to maintain control in the classroom, while student teacher #8 is genuinely enjoying every hour of the day and is excited about the future of being a professional educator. The other three student teachers (#3, #4, #10) view their experiences on more of an even keel. They all take what the day brings and are not overly reactive either way, positively or

negatively. This is not to criticize their attitudes, for they may have an advantage in their ability to digest and accommodate the highs and lows associated with teaching and remain focused on the goals and objectives. For example, student teachers #3, #4, and #10 recorded daily experiences during week seven as, "Everything went pretty well," "A good day, everything went okay," and "Okay, not much happened out of the ordinary," respectively.

Week Eight. All student teachers are experiencing at least some problems keeping the students focused. No one had a full five days of school, and the other four days were interrupted with track meets, play practices, and speech contests. In addition, the second of the two clinical observations took place during this week, and a comparison of seating charts showed the additional absences in almost every class. Student teacher #9 stated, "Second hour was awful. Several were absent and the ones who were there were hard to control. I don't know why they are so unruly."

In comparing the first observations to the second ones, no all-inclusive statements can be made comparing either student behavior or student teacher behavior. Although some student teachers experienced more verbal interaction between students during the second observation; others did not. Absences, in many cases, increased during the second observation, but not significantly, and not in all cases. The second observation found all five student teachers who kept diaries spending more time with students at-task and less time lecturing, than during the fourth week observation.

Week Nine. No recordings of significance. All student teachers experience what they considered a good week. They are much more inclined to record negative experiences than positive ones.

Week Ten. The problem of keeping the students focused continues. Student teacher #8 reported:

> All of the kids were exceptionally rowdy today. There is a baseball game this afternoon, a track meet tomorrow, and the prom tomorrow night. It's really hard to keep them focused, but I can't blame them. I know they're excited about the weekend.

Weeks Eleven and Twelve. The final two weeks will be discussed together, as some student teachers have reached the mandatory number of hours by week eleven and have discontinued teaching by week twelve. All student teachers were asked to summarize their experiences on the last page of the log, and the following is a record of those final comments:

> My overall experience was good. I learned a lot under my cooperating teacher. I'm mainly a hands-on type of learner and that coincided with this program. The faculty and I have an excellent relationship and they are really nice people. I know I have gone through one of the most memorable times of my life (Student teacher #3).

> The students in this school system are so used to student teachers that they have learned what they can and can't get away with and that makes it tough. I tried to keep a positive attitude at all times and act like a professional. I would advise future student teachers to go elsewhere, where student teachers don't come in every semester. I really enjoyed student teaching, but I would have liked to have been assigned to a school system like I described (Student teacher #4).

> Overall, I had a great student teaching experience. I enjoyed the high school aged students, though they are challenging at times. It bothers me, though, that students miss so much class in the spring because of athletics. Some of them think that the only reason to come to school is to play sports. The school system should take a close look at this when coaches schedule two or three games or meets per week. Aside from absenteeism, my experience was great, and I'm really looking forward to teaching (Student teacher #8).

Summary of Diary Data

A number of consistencies emerged in diaries of the five student teachers who kept one. All five indicated that the overall experience was a positive one. They also offered suggestions of changes which they felt would improve the experience such as limiting the number of student teachers in a system. Another was critical of the number of absences in the spring due to athletic events, stock shows, and speech contests. All experienced a series of highs and lows based on day-to-day problems and solutions. Recordings indicated that as the student teachers gained experience, they began to feel more comfortable with classroom management. All five student teachers indicated that the cooperating teacher had a major influence in their overall experience in student teaching.

Summary of Quantitative and Qualitative Data

Data for this study were obtained from 20 secondary student teachers in 12 different public school systems. Clinical supervision was supplied to all members of the experimental group by a single researcher. Evaluation and supervision were supplied to the entire group of 20 by 13 different supervising teachers from the university faculty and 32 different cooperating teachers in the public school systems, many of whom had multiple assignments.

Data were gathered by the researcher on three separate occasions: during clinical supervision observations and before and after the 12-week session. The researcher used both clinical and traditional supervisory techniques in gathering data during the observations. An analysis of variance was used to compare test scores. Qualitative data gathered from the student teachers, supervising teachers, and cooperating teachers were

reported in ethnographic form. Statistical results failed to reject the null hypothesis. No significant differences were found between groups.

CHAPTER V

SUMMARY AND FINAL CONCLUSIONS

Introduction

The purpose of this study was to observe and record the effects of clinical supervision on the self-concept of student teachers. Information was gathered through observations, questionnaires, and diaries showing how student teachers perceived the effects of clinical supervision. If the analyses of the data supports clinical supervision, the educators will be encouraged to look to it as a method of effective professional development for future student teachers.

In October of 1991, permission was granted to begin a study using the student teachers at Northwestern Oklahoma State University in secondary education for the spring semester of 1992. The researcher met with the director of student teaching and received a list of student teachers and their public school teaching assignments. Upon receiving a list of secondary student teachers about to enter their professional semester, the researcher randomly assigned all members to two evenly divided groups.

One group, which received no clinical supervision from the researcher, was called the control group. The experimental group received clinical supervision from the researcher on two separate occasions: once during the fourth week of student teaching, and again during the eighth week.

In January of 1992, the researcher met with the director of student teaching to arrange for the administration of the TSCT to both groups prior to engaging in the student teaching period. No information was given to the student teachers other than that some randomly selected student teachers would receive a visit from the researcher in addition to scheduled visits from university supervisors. The tests were administered and scored. Statistical analysis showed that the two groups (control and experimental) were enough alike to validate the research.

During the sixth week of the semester (the second week of student teaching), all members of the experimental group were contacted and both pre-observation conferences and observation number one were arranged. During pre-observation conferences, the researcher explained how verbal flow charts and at-task charts are of benefit to the student teacher. In addition to those charts, the student teacher was encouraged to point out any other areas which would be of help through observation. Pre-observation conferences ranged in length from 15 to 35 minutes. Two weeks later, during the fourth week of student teaching, the researcher conducted 10 observations, one to each member of the experimental group. During the fifth week of student teaching, all data which were recorded and gathered during observations were reported back to each student teacher in a post-observation conference.

The second set of observations was conducted during the eighth week of student teaching, with pre- and post-observation conferences taking place again prior to and immediately following the 10 observations and conferences.

Arrangements were made with the director of student teaching to give the post-test on the day following the last day of student teaching. In addition to the post-test, all student teachers from both the control and

experimental group answered a questionnaire dealing with their experiences over the last 12 weeks. As noted earlier, members of the experimental group were asked to record their student teaching experiences in diary form, and those were collected at this time.

Findings

The findings for the study were the following:

1. Experimental group mean scores on the pre-test compared to control group mean scores on the pre-test:

No significant difference existed between the two group's mean scores on the TSC Pre-test. Pre-test scores allowed the researcher to believe that the two groups were similar at the beginning of the study. The premise was that similarity of groups would add strength to the research and made the results more valuable.

2. Experimental group mean scores on the pre-test compared to the post-test mean scores for the experimental group:

An analysis of variance was used to compare pre-test scores with post-test scores. No significant difference was found between the two groups of scores. These findings supported the original null hypothesis.

3. Control group mean scores on the pre-test compared to control group scores on the post-test:

An analysis of variance was used to compare pre-test scores on the TSC Test to post-test scores. No significant difference existed between the two groups of scores.

4. Experimental group mean scores on the post-test compared to control group mean scores on the post-test:

An analysis of variance was used to compare both group's mean scores on the post-test. No significant difference existed between the scores of the two groups.

Questionnaires

Student teachers' responses to the questionnaires revealed consistencies in their perceptions of the elements constituting student teaching. Student teachers perceived an increase in overall self-concept during the 12-week laboratory experience, although it was not directly attributed to clinical supervision. No one, in fact, perceived an overall decrease in self-concept, although some noted little or no change. A number of distinct themes emerged throughout the semester as foremost in the minds of the student teachers. One such area cherished repeatedly by them was confidence. In a study by Puckett and McClain (1991) concern for self was listed as one of the three major themes emerging as critical to the student teacher. Puckett and McClain wrote:

> They want a successful student teaching experience. To get it, they need personal support from a moderate, middle of the road person, one who is firm but fair. They are willing to expose some degree of their anxiety and insecurity but do not wish to be judged too harshly for it (p. 7).

One of three implications of the Puckett-McClain study is that human relationships are important elements of supervision. The expectations of student teachers for supervision, whether realistic or not, are important starting points in the process of the development of student teachers.

The researcher's goal was to become that aforementioned "middle-of-the-road" person who could capture the confidence of the student teacher as a nonjudgmental supervisor. During each pre-observation conference, the researcher asked to conduct the classroom observation during the class period in which the student teacher was experiencing the most difficulty.

The purpose was twofold: first, it created potential for the greatest amount of improvement in the level of self-concept; secondly, it enabled the researcher to create a more beneficial observation involving clinical supervision. Although all student teachers consented to allow the researcher into their "worst" class, the researcher first worked to create a level of trust and confidence between himself and the student teacher, for effective clinical supervision is based on the strength of that relationship. It is believed that because of the foundation of trust between student teacher and supervisor/researcher, student teachers perceived a benefit from clinical supervision, even though it did not significantly raise their levels of self-concept.

Although all student teachers recognized the importance of self-concept, none indicated a change except when answering direct questions in the questionnaire. The absence of it in the diaries and in the pre- and post-observation conferences seemed to indicate that self-concept is not something of which they were consciously or constantly aware.

On the other hand, the influence of the cooperating teacher is something of which they are constantly and consciously aware. Both diaries and questionnaires indicated that student teachers perceived the cooperating teacher as having the greatest influence in their student teaching.

It cannot be overemphasized that effective clinical supervision is dependent upon the strength of the relationship between supervisor and student teacher. It is not to say, however, that it requires an unusually long time to build such a relationship. For example, the researcher knew and was well acquainted with 5 of the 10 members of the experimental group for which he provided supervision. When the relationship of supervisor/teacher of those in the first five was compared to those in the second five, no significant differences existed. In fact, the two student

teachers who were willing to share the most information with the researcher/supervisor were two who had no previous acquaintance with the researcher.

In gaining the confidence of the student teachers, the researcher concentrated on three specific areas. First, the researcher guaranteed himself to be nonjudgmental and completely evaluation-free during the entire study. Post-observation conferences would be designed only to return completed observation, verbal flow, and at-task charts to the student teacher, along with any other mutually agreed upon information. Secondly, the researcher guaranteed complete confidentiality and anonymity. No information recorded at any time during the semester would be released without the consent of the student teacher involved. Thirdly, the researcher's sole purpose in providing clinical supervision was for the benefit of the student teacher, and this was conveyed early on in the relationship between the two.

Findings supported the information in the review of literature (Chapter II) as they related to the cooperating teachers, the supervising teachers, and self-concept. Student teachers in this study emphasized the importance of the cooperating teachers in their development while perceiving a minimal effect from their supervising teachers, except as related to evaluation. These findings were consistent with those of Brown (1960), Beasley and Henry (1982), and Sergiovanni (1982). Findings related to self-concept neither supported nor denied the studies by Berger (1953), Trent (1957), Jersild (1965), and Combs (1965). Responses to questionnaires and diaries, however, indicated some relationships between student teachers' positive attitudes about themselves and positive attitudes in their classrooms.

Recommendations for Further Research

One recommendation for further research is that this study be repeated, with some variations. Other studies could be conducted with the following modifications:

1. All student teachers could be used, not just those in secondary education.

2. A larger sample size to enhance the validity of the statistical analysis between groups could be chosen.

3. Other observation techniques could be employed, such as a Flanders Interaction Analysis or other SCORE instruments.

4. Someone in the school system could be asked to act as a supervisor, as that would be more likely to occur outside of a laboratory experiment.

5. Entry-year teachers could be used, as opposed to student teachers.

6. An increased length of time and number of cycles of clinical supervision could be undertaken.

7. Cooperating teachers should become knowledgeable in clinical supervision techniques.

8. Supervising teachers should become knowledgeable in clinical supervision techniques.

The design of this study did not allow for the continuous use of clinical supervision; therefore, no conclusions could be drawn with regard to the effects of clinical supervision on self-concept.

Recommendations for Practice

Teacher education programs and university level programs may find

this study applicable to the improvement of student teaching programs. Also, public school superintendents, principals, supervising teachers, and cooperating teachers may find this study beneficial.

Recommendations for Higher Education

Unfortunately, clinical supervision is not a widely understood or practiced concept. The continuation of research and practice is needed. Supervising teachers, cooperating teacher, and student teachers should be exposed to course work involving the clinical supervision process. All members of the teacher education program at the university level should be required to be certified through course work in supervision.

Recommendations to Public School Personnel

In that clinical supervision is of benefit to all teachers, especially less experienced ones, superintendents, principals, and cooperating teachers should become experienced in the techniques of clinical supervision.

Administrators should consider a commitment to clinical supervision by identifying cooperating teachers with the skill to supervise and make the necessary arrangements needed to introduce a program into their schools. A commitment would involve giving teachers designated as master teachers (or supervisors) release time from teaching or additional salary commitments, or both. It is important to note that enhancement of teaching will be done only in the classroom, where the all-important work of teaching and learning is done.

Recommendations for Implementing Clinical Supervision in Schools

1. Use great care in the selection of teachers within the building who will be the supervisor in the clinical process. Begin with a small number and select only experienced teachers who possess a great deal of care and understanding, but who are truly professional educators.

2. Reward those supervising teachers with released class time, merit pay, etc.

3. Begin the process using only one or two techniques.

4. Design an instrument to evaluate the process annually.

5. Enlarge the scope of the program only after a successful pilot study.

With regard to the findings of this study and how they related to the review of literature, the following was reported:

Final Statement

The importance of clinical supervision on all levels of public education cannot be overemphasized. While this study did not show a significant statistical improvement in the level of self-concept of student teachers, it did indicate that clinical supervision was beneficial. The relationship between the cooperating teacher and the student teacher emerged as the most important influence on the development of the student teacher. In that clinical supervision's effectiveness relies on the strength of the relationship between teacher seems to be an ideal supervisor. Under the current structure, the cooperating teacher is the only one with the time to clinically supervise a student teacher as often as is needed.

Hopefully, as more studies are done showing the effectiveness of clinical supervision, administrators will begin to make a commitment to the clinical supervision process.

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APPENDIXES

APPENDIX A

THE TENNESSEE SELF-CONCEPT SCALE

Mark each answer on the score sheet in the block corresponding to the question numbers on the page. Responses are to be marked on the 1-5 scale below.

Responses:	Completely False	Mostly False	Partly False & Partly True	Mostly True	Completely True
	1	2	3	4	5

____ 1. I have a healthy body.

____ 2. I like to be nice and neat all the time.

____ 3. I am an attractive person.

____ 4. I am full of aches and pains.

____ 5. I consider myself a sloppy person.

____ 6. I am a sick person.

____ 7. I am neither too fat nor too thin.

____ 8. I am neither too tall nor too short.

____ 9. I like my looks just the way they are.

____ 10. I don't feel as well as I should.

____ 11. I would like to change some parts of my body.

____ 12. I should have more sex appeal.

____ 13. I take good care of myself physically.

____ 14. I feel good most of the time.

____ 15. I try to be careful about my appearance.

____ 16. I do poorly in sports and games.

____ 17. I often act like I am "all thumbs."

____ 18. I am a poor sleeper.

____ 19. I am a decent sort of person.

____ 20. I am a religious person.

____ 21. I am an honest person.

____ 22. I am a moral failure.

____ 23. I am a bad person.

____ 24. I am a morally weak person.

____ 25. I am satisfied with my moral behavior.

____ 26. I am as religious as I want to be.

____ 27. I am satisfied with my relationship to God.

____ 28. I wish I could be more trustworthy.

____ 29. I ought to go to church more often.

____ 30. I shouldn't tell so many lies.

____ 31. I am true to my religion in my everyday life.

____ 32. I do what is right most of the time.

____ 33. I try to change when I know I'm doing things that are wrong.

____ 34. I sometimes use unfair means to get ahead.

____ 35. I sometimes do very bad things.

____ 36. I have trouble doing the things that are right.

____ 37. I am a cheerful person.

____ 38. I have a lot of self-control.

____ 39. I am a calm and easy going person.

____ 40. I am a hateful person.

____ 41. I am a nobody.

____ 42. I am losing my mind.

____ 43. I am satisfied to be just what I am.

____ 44. I am as smart as I want to be.

____ 45. I am just as nice as I should be.

____ 46. I am not the person I would like to be.

____ 47. I despise myself.

____ 48. I wish I didn't give up as easily.

____ 49. I can always take care of myself in any situation.

____ 50. I solve my problems quite easily.

____ 51. I take the blame for things without getting mad.

____ 52. I change my mind a lot.

____ 53. I do things without thinking about them first.

____ 54. I try to run away from my problems.

____ 55. I have a family that would always help me in any kind of trouble.

____ 56. I am an important person to my friends and family.

____ 57. I am a member of a happy family.

____ 58. I am not loved by my family.

____ 59. My friends have no confidence in me.

____ 60. I feel that my family doesn't trust me.

____ 61. I am satisfied with my family relationships.

____ 62. I treat my parents as well as I should (use past tense if parents are not living.

____ 63. I understand my family as well as I should.

____ 64. I am too sensitive to things my family say.

____ 65. I should trust my family more.

____ 66. I should love my family more.

____ 67. I try to play fair with my friends and family.

____ 68. I do my share of work at home.

____ 69. I take a real interest in my family.

____ 70. I quarrel with my family.

____ 71. I give in to my parents (use past tense if parents are not living).

____ 72. I do not act like my family thinks I should.

____ 73. I am a friendly person.

____ 74. I am popular with women.

____ 75. I am popular with men.

____ 76. I am mad at the whole world.

____ 77. I am not interested in what other people do.

____ 78. I am hard to be friendly with.

____ 79. I am as sociable as I want to be.

____ 80. I am satisfied with the way I treat other people.

____ 81. I try to please others, but I don't overdo it.

____ 82. I should be more polite to others.

____ 83. I am no good at all from a social standpoint.

____ 84. I ought to get along better with other people.

____ 85. I try to understand the other fellow's point of view.

____ 86. I see good points in all the people I meet.

____ 87. I get along well with other people.

____ 88. I do not feel at ease with other people.

____ 89. I do not forgive others easily.

____ 90. I find it hard to talk with strangers.

____ 91. I do not always tell the truth.

____ 92. Once in awhile I think of things too bad to talk about.

____ 93. I get angry sometimes.

____ 94. Sometimes, when I am not feeling well, I am cross.

____ 95. I do not like everyone I know.

____ 96. I gossip a little at times.

____ 97. Once in awhile, I laugh at a dirty joke.

____ 98. At times I feel like swearing.

____ 99. I would rather win than lose a game.

____100. Once in awhile I put off until tomorrow what I ought to do today.

APPENDIX B

QUESTIONNAIRE

Questions Reviewed in Text Taken

From Questionnaire

1. How did your self-concept change during the 12-week student teaching session?

2. How important is self-concept in the overall effectiveness of your teaching?

3. What person had the most effect on your student teaching experience?

4. What specifically did that person do to help?

5. At what point in the 12-week session did you begin to see a change in your level of self-concept?

6. What factors led to the change in your level of self-concept?

7. Was your change in self-concept affected by clinical supervision?

8. If your change in self-concept was not due to clinical supervision, then what other factors affected it?

9. What aspect of the clinical supervision process seemed most helpful?

10. Clinical supervision was provided on two occasions, once at the fourth week and again at the eighth week. In your opinion, for additional studies, would you say that two visits are adequate, more than adequate, or less than adequate, and why?

APPENDIX C

TABLE OF TOTAL POSITIVE SCORES ON THE TENNESSEE SELF-CONCEPT TEST

TABLE IV

TOTAL POSITIVE SCORES ON THE TENNESSEE SELF-CONCEPT TEST

Student No.	Pre-Test	Post-Test
	Experimental Group	
1	375	374
2	360	342
3	355	343
4	349	387
5	365	322
6	394	379
7	365	373
8	378	375
9	356	358
10	334	340
	Control Group	
11	336	325
12	348	343
13	383	389
14	343	358
15	380	392
16	360	339
17	393	401
18	329	335
19	376	381
20	366	369

APPENDIX D

VERBAL FLOW AND AT-TASK CHARTS

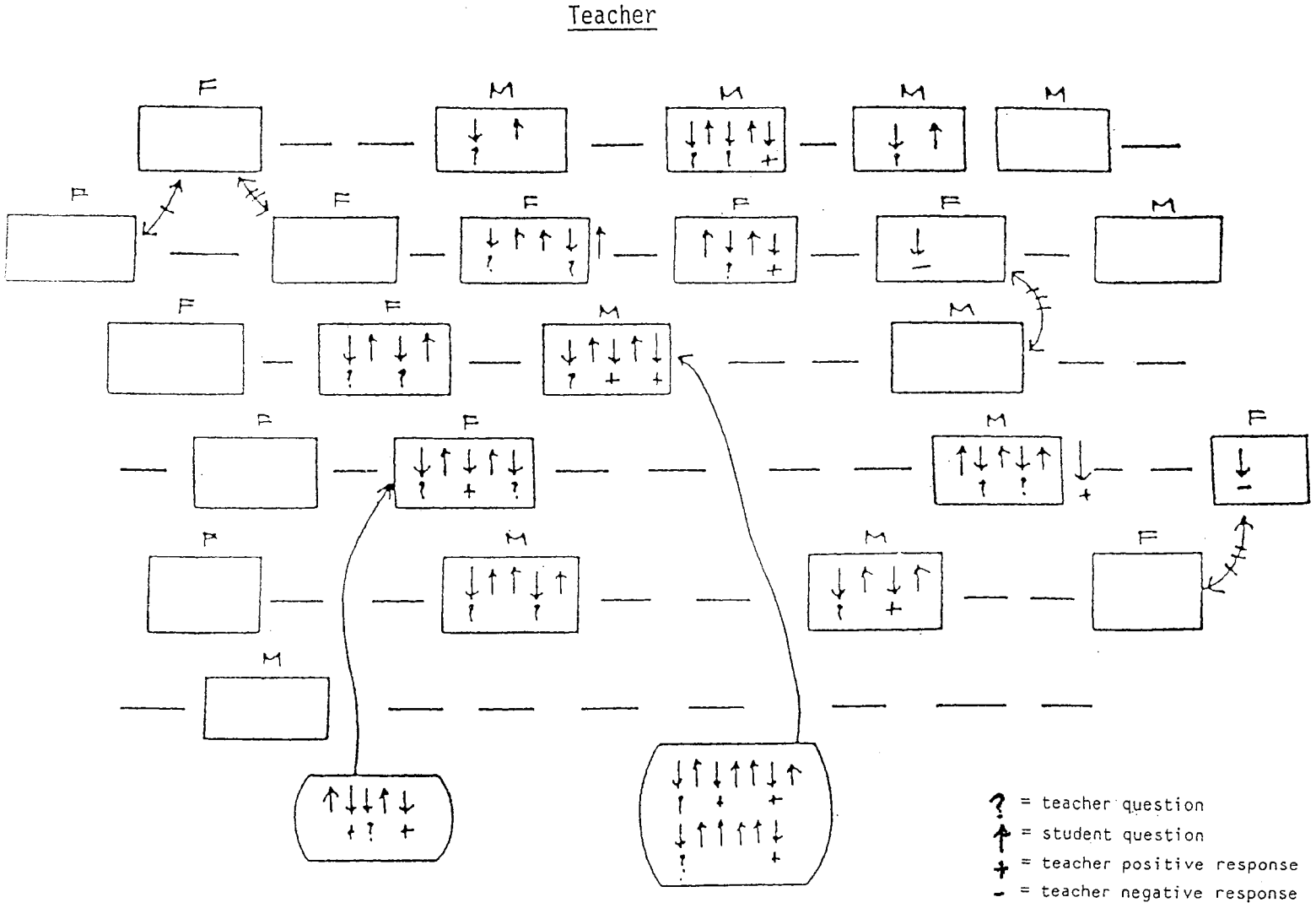
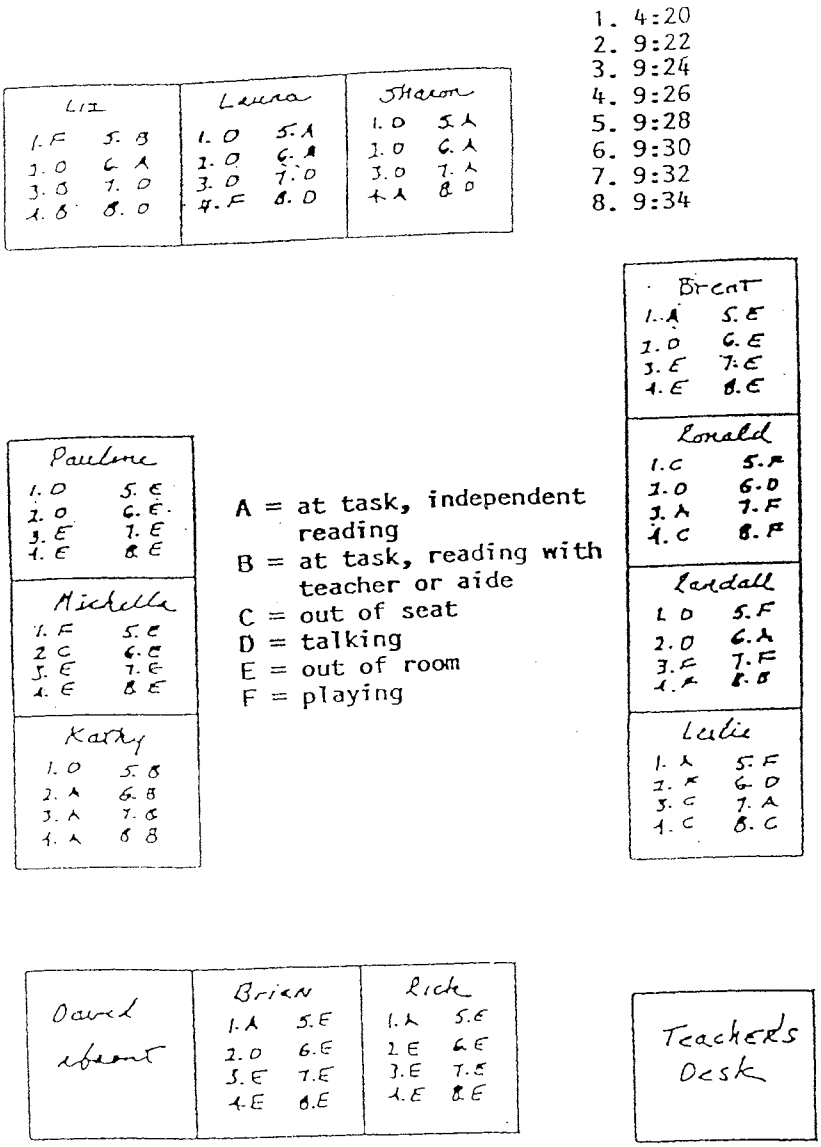


Figure 17. Verbal Flow Chart



BEHAVIOR	1:20	1:22	1:24	1:26	1:28	1:30	1:32	1:34	Total	%
A. At task independent work	4	1	2	2	2	4	2	0	17	18%
B. At task 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 18. At-Task Chart

APPENDIX E

CORRESPONDENCE

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