



Council for the
Accreditation of
Educator Preparation

Standards 2 (Initial and Advanced)

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Standard 2 - Initial Level

- **Standard 2: Clinical Partnerships and Practice** - *The provider ensures that effective partnerships and high-quality clinical practice are central to preparation so that candidates develop the knowledge, skills, and professional dispositions necessary to demonstrate positive impact on all P-12 students' learning and development.*
- **2. .1 Partners co-construct** mutually beneficial P-12 school and community arrangements for clinical preparation, including **technology-based collaborations**, and **shared responsibility** for continuous improvement of candidate preparation. Partnerships for clinical preparation can follow a range of forms, participants and functions. They establish **mutually agreeable expectations** for candidate entry, preparation and exit; ensure that theory and practice are linked; maintain coherence across clinical and academic components of preparation and share accountability for candidate outcomes.

2.1 Minimal Level of Sufficiency

- All general rules for Standard 2 are met.
- The provider presents evidence that P-12 schools and EPPs have both benefitted from the partnership.
- The provider presents evidence that a collaborative process is in place and is reviewed annually.
- The provider regularly (at least twice a year) seek input from P-12 teachers and/or administrators on candidate preparation, including developing or refining criteria for entry/exit into clinical experiences.
- Providers document a shared responsibility model that includes these components:
 - Co-construction of instruments and evaluations
 - Co-construction of criteria for selection of mentor teachers
 - Involvement in on-going decision-making
 - Input into curriculum development
 - EPP and P-12 educators provide descriptive feedback to candidates
- Opportunities for candidates to observe and implement effective teaching strategies linked to coursework.

Component 2.2

- Component 2.2: Partners **co-select, prepare, evaluate, support and retain** high quality clinical educators, both EPP and school-based, who demonstrate a positive impact on candidates' development and P-12 student learning and development. In collaboration with their partners, providers use multiple indicators and appropriate technology-based applications to establish, maintain and refine criteria for selection, professional development, performance evaluation, continuous improvement and retention of clinical educators in all clinical placement settings.

Minimal Level of Sufficiency – Component 2.2

- All general rules for Standard 2 are met.
- EPP and P-12 clinical educators and/or administrators co-construct criteria for selection of clinical educators and make co-selections.
- School-based clinical educators evaluate EPP-based clinical educators and candidates and share results.
- EPP-based clinical educators and candidates evaluate school-based clinical educators and share results.
- EPPs and P-12 clinical educators use data collected to modify selection criteria, determine future assignments of candidates, and make changes in clinical experiences.
- Supervisory resources and professional development opportunities are available on-line to ensure access to all clinical educators.
- All clinical educators receive professional development and are involved in creating of professional development opportunities on the use of evaluation instruments, evaluating professional dispositions of candidates, setting specific goals/objectives of the clinical experience, and providing feedback.

Component 2.3

- Component 2.3: The provider **works with partners** to design clinical experiences of sufficient depth, breadth, diversity, coherence and duration to ensure that candidates demonstrate their developing effectiveness and positive impact on all students' learning and development. Clinical experiences, including technology-enhanced learning opportunities, are structured to have multiple, performance-based assessments at key points within the program to demonstrate candidates' development of the knowledge, skills and professional dispositions, as delineated in Standard 1, that are associated with a positive impact on the learning and development of all P-12 students.

Minimal Level of Sufficiency – 2.3

- All general rules for the Standard 2 are met.
- Evidence documents that all candidates have active clinical experiences in diverse settings.
- Attributes (depth, breath, diversity, coherence, and duration) are linked to student outcomes and candidate performance. Standard 1 evidence shows that candidate have purposefully assessed impact on student learning using both formative and summative assessments in more than one clinical setting and have:
 - used two comparison points,
 - used the impact data to guide instructional decision-making,
 - modified instruction based on impact data, and
 - have differentiated instruction.

Minimal Level of Sufficiency – 2.3

- Evidence documents that both candidates and students have used technology to enhance learning
- Evidence documents that candidates have used technology to track student progress and growth.
- Specific criteria for appropriate use of technology are identified
- Evidence documents a sequence of clinical experiences with specific goals that are focused, purposeful, and varied.
- Clinical experiences include focused teaching experience where specific strategies are practiced.
- Clinical experiences are assessed using performance-based criteria.
- Candidates are assessed throughout the program with data supporting increasing levels of candidate competency.
- Evidence documents the relationship between clinical experiences and coursework (coherence).
- **Required charts are accurately completed.**

Types of Clinical Experiences	Duration for each type of clinical experience		Experiences in Diverse Settings				
	Name of Course and Total # of hours	# of days or wks	Report the % of schools in each of the following categories (Urban/rural; SES – Title 1; Race/Ethnicity)				
			Urban	Rural	Race or Ethnicity	Title 1	ELL
Class Observations							
Individual student observations							
Tutoring							
Small group							
Teacher Aide							
Clinical Practice (Field work)							
Internship/student teaching							
Teacher of Record							
Afterschool programs							

Name and Number of clinical experience (class where it is required or a stand alone clinical experience)	Type of clinical experience from the previous chart	Specific objective(s) for each of the listed clinical experiences	Assessments aligned with objectives for each identified clinical experience	Any required use of technology in the clinical experience
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Breadth, Depth and Coherence of Experiences for EPP wide Clinical Experiences

EDUC 100 – Intro. To Education	Class observations			
EDUC 200 – Reading for the subject area	Individual student tutoring			
EDUC 266 – Working with ELL students	Small group instruction			
EDUC 350 – Field Work	Teacher Aid and whole group instruction			

Name and Number of clinical experience for specific licensure areas (class where it is required or a stand alone clinical experience)	Type of clinical experience specific to the licensure area & # of hours	Specific objective(s) for each of the listed licensure area clinical experiences	Assessments aligned with objectives for each identified licensure area clinical experience	Any required use of technology in the licensure area clinical experience
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Breadth, Depth and Coherence of Experiences for Specialty Licensure Areas Clinical Experiences

Math 320	Class observations			
Early Childhood 422	Individual student tutoring			
Music 112	Small group instruction			
ELEM 488	Teacher Aid and whole group instruction			

Advanced Level – A.2.1

- A.2.1 Partners **co-construct mutually** beneficial P-12 school and community arrangements, including technology-based collaborations, for clinical preparation and shared responsibility for continuous improvement of candidate preparation. Partnerships for clinical preparation can follow a range of forms, participants, and functions. They establish mutually agreeable expectations for candidate entry, preparation, and exit; ensure that theory and practice are linked; maintain coherence across clinical and academic components of preparation; and share accountability for candidate outcomes.

Minimal Level of Sufficiency – A.2.1

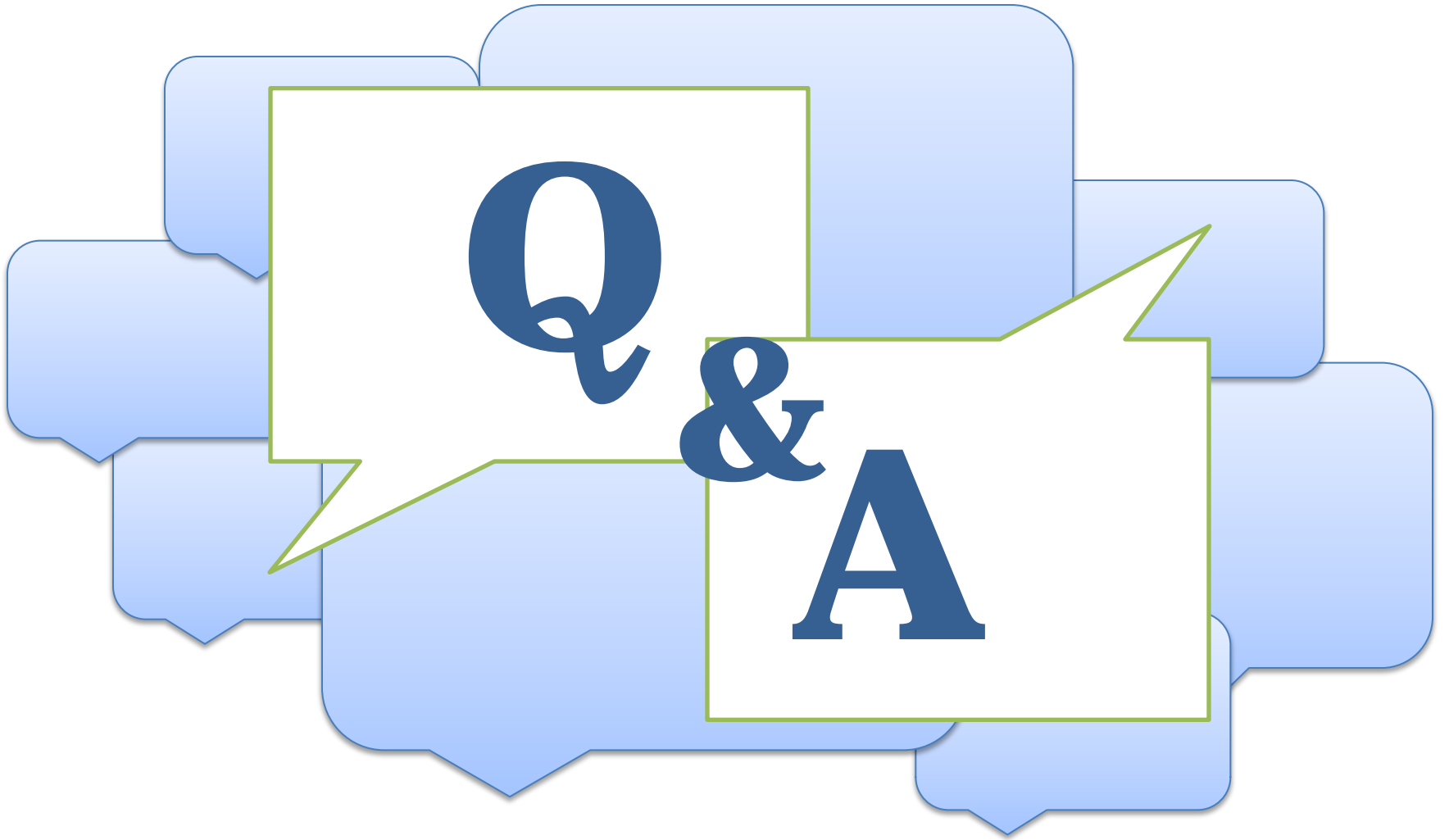
- All general rules for the Standard 2 are met.
- The provider presents evidence that P-12 schools and EPPs have both benefitted from the partnership.
- The provider presents evidence that a collaborative process is in place and is reviewed annually.
- The provider regularly seeks input from P-12 educators with professional responsibilities relevant to the specialty fields for which candidates are being prepared, including developing or refining criteria for entry/exit into clinical experiences.
- Providers document a shared responsibility model that includes these components:
 - Co-construction of instruments and evaluations
 - Evidence of co-constructed clinical experiences
 - Involvement in on-going decision-making
 - Input into curriculum development
 - EPP supervisor and/or P-12 educators provide descriptive feedback to candidates
- Opportunities for candidates to observe and implement appropriate and effective strategies for their fields of specialization.

Advanced Level Standards – A.2.2

- **A.2.2** *The provider **works with partners** to design varied and developmental clinical settings which allow opportunities for candidates to practice applications of content knowledge and skills emphasized by the courses and other experiences of the advanced preparation program. The opportunities lead to appropriate culminating experiences in which candidates demonstrate their proficiencies, through problem-based tasks or research (e.g., qualitative, quantitative, mixed methods, action) that are characteristic of their professional specialization as detailed in component A.1.1*

Minimal Level of Sufficiency – A.2.2

- All general rules for the Standard 2 are met.
- Evidence documents that all candidates have active clinical experiences.
- Particular attributes of varied and developmental clinical settings are investigated in relation to candidate outcomes.
- Investigations employ both formative and summative assessments in more than one clinical setting and have:
 - used two comparison points,
 - used the results to guide preparation decision-making,
 - modified instruction and clinical experiences based on results.
- Evidence documents that candidates have used technology in applications appropriate to their field of specialization
- Evidence documents a sequence of clinical experiences with specific goals that are focused, purposeful, and varied.
- Clinical experiences are assessed using performance-based criteria.
- Evidence documents the relationship between clinical experiences and coursework (coherence).



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