OHIO DEANS COMPACT ON EXCEPTIONAL CHILDREN

APRIL 15, 2013 9:30 AM TO 3:00 PM

University of Dayton School of Education and Allied Professions Grant Center Offices

PRIORITY/FOCUS AREA SYNOPSES

based on common themes/issues identified by small groups during the January 9, 2013 meeting of the Compact

PRIORITY/FOCUS AREA #3 SYNOPSIS:
Developing Partnerships to Facilitate Collaboration Among Systems (e.g., Higher Education, P-12, etc.)

SUMMARY OF ISSUES IDENTIFIED BY COMPACT MEMBERS

At the initial meeting of the Ohio Deans Compact on Exceptional Children, Compact members identified issues (**see sidebar**) related to several focus areas believed to be essential in preparing all educators to better meet the needs of all children.

The focus area of *developing partnerships to facilitate collaboration among systems* was designated as Priority/Focus Area #3. Five issues were identified and discussed by Compact members working in two small groups. The first issue involved identifying pockets of strength – or what Ohio institutions of higher education (IHEs) do well – across the state. The second related issue dealt with identifying existence proofs or exemplars of collaborative models in or involving Ohio IHEs. These include examples of effective collaboration across schools/departments/offices within IHEs, and/or collaborative efforts between IHEs and other entities (e.g., school districts). Issue #3, resulting from much discussion, addressed the need to strengthen clinical preparation through such activities as reframing/rethinking student teaching and field experiences so that they are more robust and focused on developing teacher capacity to work with and support all learners; examining how higher education can support educators, once they are employed, through ongoing development; and exploring options for structured, continuous experiences offered throughout the preparation program and during the initial year of teaching. The fourth issue centered on higher education involvement in or connections to national and state initiatives that have the potential to improve preparation. The final issue was dedicated to identifying effective strategies for supporting undergraduate and graduate students with disabilities during their higher education experience.

DEVELOPING PARTNERSHIPS TO FACILITATE COLLABORATION AMONG SYSTEMS (E.G., HIGHER EDUCATION, P-12, ETC.)

1. Identify **pockets of strength** across various institutions to promote collaboration and shared learning among Ohio IHEs.
2. Identify **existence proofs/exemplars** of IHE collective/cross-departmental approaches, and collaborative partnerships with other entities, the benefits of such approaches, and how they can be effectively implemented at IHEs (consider Goodlad's notion of simultaneous renewal).
3. **Strengthen clinical preparation** to:
   a. *Reframe and strengthen student teaching and field experiences (the difficulty in securing field placement/experience sites was noted);*
   b. *Address the critical need for immersive and extensive fieldwork as a measure of quality in teacher preparation;*
   c. *Develop a higher level of teacher capacity for working with all learners;*
   d. *Generate exemplars of current effective practice in the use of clinical models (e.g., PD schools);*
   e. *Examine the ongoing role of higher education in supporting teachers once they're employed, and districts/schools, to alter/renew their practice to better meet the academic, behavioral, social-emotional, and physical needs of all learners; and*
   f. *Consider models for the development of support systems for teachers (full-year internships, clinical experience from the beginning to the end of teacher preparation programs).*
4. Increase **understanding of the inter-relationship among state and national initiatives** focused on improving the quality of instruction (see OLAC and MYN), and explore the ways in which higher education could work with other potential partners (e.g., ESCs).
5. Support more effectively **higher education students with disabilities** on college campuses.

PRIORITY/FOCUS AREA #3 SYNOPSIS:
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(e.g., Higher Education, P-12, etc.)

DRAFT WHITE PAPER

This initial draft white paper is intended to set the stage for the articulation of the Compact's core beliefs and the identification of associated actions regarding priority/focus area #3: *developing partnerships to facilitate collaboration among systems (e.g., higher education, P-12, etc.)*

FOUNDATION FOR COMPACT DISCUSSION AND DECISION-MAKING

Assumptions underlying issues identified by the Compact are supported by research and authoritative opinion, and include the following:

- All students can learn to higher levels when held to high expectations and provided the necessary services and supports.
- Student learning improves when adults learn, and adult learning is most effectively fostered through peer-to-peer feedback and support that is provided through structured collaborative learning teams.
- Effective implementation of targeted instructional practices is necessary for meaningful improvements in adult professional practice and student learning to be sustained.
- Some instructional practices are more effective than others.
- Effective implementation requires the development of collective capacity of adults at all levels of the system.

SUGGESTED READING:

Fixsen, D., Blasé, K., Metz, A., & Van Dyke, M. (2013). Statewide implementation of evidence-based programs. *Exceptional Children*, 79(2), pp. 213-230.

Cook, B.G., & Odom, S. L. (2013). Evidence-based practices and implementation science in special education. *Exceptional Children*, 79(2), pp. 135-144.

- Declining budgets in education, coupled with the frequent turnover of district leadership, increase the need for shared leadership structures to sustain core work in teaching and learning.
- Our nation's ability to compete successfully in the global community depends on the meaningful inclusion of all citizens in our educational system, including students with disabilities (USDoE, OSEP, 2010).

SUPPORT FOR IDENTIFIED ISSUES: *WHAT MATTERS MOST*

The National Council for Accreditation of Teacher Education (NCATE, 2010) called for a transformation of teacher education through clinical practice, stating unequivocally that the "nation needs an entire system of excellent programs," rather than a "cottage industry of pathbreaking initiatives." (p. ii) In arguing that the "education of teachers in the United States needs to be turned upside down," NCATE's Blue Ribbon Committee on Clinical Practice focused on more rigorous accountability; strengthening candidate selection and placement; revamping curricula, incentives, and staffing; expanding the knowledge base to identify what works and support continuous improvement; and ***supporting partnerships***.

As one of eight states participating in the *Alliance for Clinical Teacher Preparation*, Ohio is working with NCATE to redesign and significantly improve the quality and consistency of clinical preparation in teacher

education. Ten design principles were identified as part of the *Blue Ribbon* report and are used as anchors in shifting to a new paradigm for educator preparation. At the heart of this shift is the commitment to shared responsibility and decision making for teacher preparation, an overriding focus on student learning, and the deliberate pledge to ensure that all teachers know how to work closely with colleagues, students, and their community.

Shared accountability focused on student learning. The conversion to a new model of teacher preparation characterized by shared responsibility and decision-making requires the redefinition of a number of important components. For example, under the current preparation model, the *client* is commonly understood to be the teacher candidate. Under a transformed system grounded in clinical preparation, the client would continue to be the teacher candidate, but would also include the school districts that will employ them. Similarly, whereas oversight is traditionally the purview of IHEs, under the new model, oversight would be the joint responsibility of the preparation program and the partner school district.

NCATE Blue Ribbon Committee on Clinical Practice
DESIGN PRINCIPLES FOR CLINICALLY BASED PREPARATION

1. Student learning is the focus.
2. Clinical preparation is integrated throughout every facet of teacher education in a dynamic way.
3. A candidate's progress and the elements of a preparation program are continuously judged on the basis of data.
4. Programs prepare teachers who are expert in content and how to teach it and are also innovators, collaborators, and problem solvers.
5. Candidates learn in an interactive professional community.
6. Clinical educators and coaches are rigorously selected and prepared and drawn for both higher education and the P-12 sector.
7. Specific sites are designated and funded to support embedded clinical preparation.
8. Technology applications foster high impact preparation.
9. A powerful R&D agenda and systemic gathering and use of data supports continuous improvement in teacher education.
10. Strategic partnerships are imperative for powerful clinical preparation.

Source: NCATE, 2010, pg. 5-6. From *Transforming teacher education through clinical practice: A national strategy to prepare effective teachers*. Report of the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning.

The National Education Association (NEA) and the American Federation of Teachers (AFT) both called for transforming the system of teacher preparation in the US. NEA's Commission on Effective Teachers and Teaching (CETT), for example, advocated for raising the bar for entry into the teaching profession, providing every teacher candidate with one full year of residency under the supervision of a master teacher before becoming fully licensed to practice, and ensuring that each teacher candidate pass a rigorous classroom-based performance assessment at the end of his/her candidacy. NEA President Dennis Van Roekel, stated that "time to collaborate with colleagues, as well as get the feedback and guidance of expert mentors and coaches, is essential." (p. 5)

Similarly, AFT characterized the nation's teacher preparation system as being "at best confusing and at worst a fragmented and bureaucratic tangle of stakeholder groups with varied, sometimes overlapping, responsibilities and blurry accountability lines." (p. 2). Like CETT, the American Federation of Teachers Teacher Preparation Task Force recommended that an entry bar for the profession must include rigorous preparation centered on clinical practice, and that the process of establishing the bar should involve all stakeholders. AFT also advocated for a oversight of the profession to be governed by a single organization to improve coherence and alignment, suggesting that the logical "home" for such work would be the National Board for Professional Teaching Standards (NBPTS).

A July 2011 study by the National Council on Teacher Quality (NCTQ) reviewed and rated 134 student teaching programs across the country (i.e., about one-tenth of the existing programs) using 19 newly identified NCTQ standards, asserting that only about seven percent could be described as "model" programs. Further, 75 percent of the programs reviewed were rated as "weak" or "poor" in terms of five

criteria: duration of teacher placement; role of teacher preparation program in teacher placement; teaching experience of those serving as mentors; mentor's demonstrated capacity to have a positive impact on student learning; and the capacity of the mentor to provide meaningful feedback. NCTQ concluded, "institutions need to substantially improve student teaching within its current structure, primarily by ensuring that smaller cohorts of more qualified teacher candidates are mentored by higher-quality cooperating teachers and aligning their programs with measureable standards…." (p. 4) In contrast to a fundamental push for shared decision-making by IHEs and districts, NCTQ appeared to advocate for the IHE retaining sole decision making over the selection of cooperating teachers. Highly criticized for a lack of transparency, for rating IHEs on available data even when data were incomplete or missing, and for not allowing institutions to opt out of the study, the report was described as a distraction by Sharon Robinson, CEO of the American Association of Colleges for Teacher Education [as quoted in Reviewing (or Trashing?) Student Teaching, *Inside Higher Ed*, July 21, 2011].

While there may be disagreement on the metrics used to evaluate the quality of teacher preparation programs nationwide, there does appear to be strong agreement on the critical importance of clinical preparation. In *Preparing Teachers: Building Evidence for Sound Policy*, The National Research Council (NRC) identified clinical preparation (i.e., field experience) as one of the three "aspects of teacher preparation that are likely to have the highest potential for effects on outcomes for students…" (p. 180) The other two areas were content knowledge and the quality of teacher candidates.

Despite the acknowledgment that clinical preparation is very important and that much of the information needed by teachers for sound instructional decision-making emerges in the context of practice (AACTE, 2010), there is not a great deal of research on what makes it effective (NCATE, 2010). In particular, challenges cited by experienced teachers who rated their preparation as good or excellent, involved dealing with behavioral issues in productive ways, teaching English language learners (ELL), and complexities associated with supporting students with varying developmental levels and/or special needs (AACTE, 2010).

Clinical preparation key to developing shared responsibility for the success of all students. One attribute of an effective teacher is the teacher's willingness and capacity to collaborate with other teachers, administrators, related services providers, parents and family members, and others to support student success. The need for such collaboration is especially important in supporting the success of students with disabilities or other learning challenges that increase their risk for failure. According to the United States Department of Education, Office of Special Education Programs (USDoE, OSEP), almost 30 years of research and experience have demonstrated that the education of children with disabilities can be made more effective by having high expectations and ensuring their participation and progress in the general education curriculum in inclusive settings[1] to the maximum extent possible (IDEA, 2004).

The federal investment in improving the overall quality of special education personnel training and professional development has been extensive with a focus on preparing special educators capable of working as part of a district/school to implement school improvement programs, close achievement gaps between students with disabilities and their peers, and promote access to, and greater participation and progress in the general education curriculum. Now, more than ever, educators are called on to work across longstanding silos traditionally organized around discipline, programmatic function, and/or funding source for the purpose of supporting higher levels of learning for all students and ensuring that each student is college and career ready (CCR) upon graduation.

[1] Inclusive or inclusion means an active commitment to equity for all students so as to maximize the participation of all learners, by making learning opportunities relevant and high-quality (National Institute for Urban School Improvement (NIUSI) Leadscape, 2011).

A discussion of key findings that have implications for clinical preparation follows:

Structures that support inclusive practices. Research shows that developing effective inclusive practices on a school-wide basis includes multi-tiered systems of support (MTSS)[2], practices that support the participation of students with disabilities with their non-disabled peers in academic and extra-curricular activities of the school, school-wide positive behavioral supports (SWPBS), and culturally responsive and universal design for learning principles, hold promise for improving outcomes for students with disabilities. All of these approaches require adults to work together across departmental and positional functions.

All students, including those with significant disabilities, benefit academically, behaviorally, and socially from practices that support inclusion (Copeland & Cosbey, 2009; Jameson, McDonnell, Johnson, Riesen, & Polychronis, 2007; Rea, McLaughlin, & Walther-Thomas, 2002), particularly when such practices are implemented within an MTSS context (Wanzek & Vaughn, 2010). The USDoE, OSEP cites the following as examples of successful practices that support inclusion:

(1) Using collaborative teaching models (Friend, Cook, Hurley-Chamberlain, & Shamberger, 2010);

(2) Providing time for consultation between general and special education teachers (Wallace, Anderson, & Bartholomay, 2002);

(3) Promoting university-school partnerships (Causton-Theoharis, Theoharis, Bull, Cosier, & Dempf-Aldrich, 2011; Kozleski, Pugach, & Yinger, 2002);

(4) Differentiating instruction (Hall, Strangman, & Meyer, 2003); and

(5) Clearly defining roles for support staff to support inclusion (Giangreco, Suter, & Doyle, 2010).

Recent research on school-wide positive behavior supports (SWPBS) indicates the need to apply culturally responsive principles within the context of MTSS and in conjunction with practices that promote inclusion. For example, SWPBS has been shown to reduce the overall number of office discipline referrals in a school, but not for African American students (Skiba, 2012). Culturally responsive principles promote the development and success of all students and can be incorporated in learning environments by communicating high expectations; reshaping the curriculum to reflect all students' experiences; and engaging students in activities that value their background, knowledge, and experiences (Gay, 2000; King, Artiles, & Kozleski, 2010). Applying universal design for learning principles within the context of MTSS in conjunction with practices that promote inclusion can also improve outcomes for students with disabilities (Hehir, 2009; Rose & Gravel, 2010). The key principles of universal design for learning include presenting information and content in various ways, promoting multiple ways in which students can express what they know, and stimulating interest and motivation for learning (Rose & Meyer, 2006).

Collaborative structures that support shared leadership and responsibility for student success. An increasing number of authors and researchers (e.g., DuFour & Marzano, 2011; McNulty & Besser, 2011; Darling-Hammond, L., 2010; Wahlstrom, K., et al., 2010; Wahlstrom, K. & Louis, K., 2008; Leithwood, K., and Jantzi, D., 2008; Schmoker, M., 2006; David, 2008-09; Gallimore, et al., 2009; Seashore Louis, et al., 2010) advocate for the use of team structures to facilitate shared learning for instructional improvement. They note that no single person has all the necessary knowledge, skills, and talents to meet the needs of all children. This finding is reflective of the growing body of evidence in support of teachers working together to inform each other's instructional practice, as well as the importance of stable school-based settings and distributed leadership, using explicit protocols, and having coherent and aligned district policies and practices (Gallimore, et

[2] MTSS refers to a continuum of evidence-based, system-wide practices to support academic and behavioral needs, with frequent data-based monitoring for instructional decision-making (Kansas State Department of Education, 2012).

al., 2009). This shift is evident in the work of the Ohio Leadership Advisory Council, which provides a foundation for the state's improvement process and associated structures.

Sustaining implementation through collective capacity. Fixsen, Blasé, Metz, and Van Dyke (2013) note, "exceptional children will benefit when programs are defined and operationalized; effective implementation supports are available to all teachers and staff; private-policy communication loops are in place to defragment, de-silo, and align education system components with effective practices." (p. 227). Recognizing the need to address fragmentation of the education system, Michael Fullan (2010) proposed the "big ideas" necessary for whole system reform in *All Systems Go*. One such idea is **collective capacity**, which Fullan calls the "hidden resource we fail to understand and cultivate," (p. 4). He notes that with "focused collective capacity building, accountability to a large extent gets internalized in the group and in its individuals," (p. 44). Fullan (2011) further outlines crucial elements for whole system reform, suggesting they be used as criteria for evaluating the effectiveness of a driver or set of drivers (i.e., "policy and strategy levers that have the least and best chance of driving successful reform"). These necessary elements for whole system reform, which are similar to the implementation drivers identified by Blasé, Fixsen, and Duda (2011), include: (1) fostering intrinsic motivation of teachers and students; (2) engaging educators and students in continuous improvement of instruction and learning; (3) inspiring collective or team work; and (4) affecting ***all*** teachers and students ("allness").

RELEVANT FACTS:

- More than 60 percent of students with disabilities are educated in general education settings for 80 percent or more of the school day (USDoE, 2011a).
- Across the states, the population of public school students in special education across the 13 nationally recognized disability categories ranged from less than 10% to 19%. While one way to describe the characteristics of special education students is by their disability category, students within a single category have diverse needs. Most of the 6.5 million special education students (except for a portion with the most significant cognitive disabilities who may fall in such categories as intellectual disabilities, autism, and multiple disabilities) participate in the general state assessment; they do not participate in an alternate assessment based on alternate achievement standards.
- The percentage of students with disabilities scoring at or above proficiency in both reading and math on the National Assessment of Educational Progress has been persistently lower than the percentage of students without disabilities scoring at or above proficiency (USDoE, 2011b), highlighting the significant gaps between the performance of students with and without disabilities.
- In a recent AASA survey of school superintendents, only about half (51%) of the respondents said that they planned to still be a superintendent in 2015, suggesting the likelihood of significant turnover in the next few years (*The American School Superintendent: 2010 Decennial Study*. Arlington, VA: American Association of School Administrators).
- The National Governor's Assoc and National Association of State Budget Officers reported that In fiscal 2012, the primary program areas where many states made mid-year general fund expenditure cuts were K-12 education, higher education, and corrections (The Fiscal Survey of States).

Ohio's work to improve outcomes for students with disabilities and other marginalized learners is supported by a statewide system of support (SSoS) that is both systemic in nature and statewide in scope. This SSoS, designed to provide high-quality support and technical assistance to all districts and their schools, is facilitated through a strong regional infrastructure focused on sustained implementation of a structured process (i.e., the Ohio Improvement Process or OIP) with an embedded set of aligned tools. This process is used by the majority of districts in Ohio to support higher levels of learning for all students, all adults in the system, and the district as a continually improving learning organization. The sense of *allness* described by Fullan can only be cultivated when *all* adults – including general and special education teachers, administrators (central office personnel such as directors of student services, principals, assistant principals), related services personnel, parent/family members, and others – believe that their responsibility, regardless of role or position, is to work together to build each other's capacity to ensure the success of all students. Building the collective capacity of adults across the system requires moving away from structures that perpetuate longstanding isolated practice, and has clear implications for teacher and administrator personnel preparation programs.

Evaluating the implementation and effect of instructional practices. In *Visible Learning* (2009) and *Visible Learning for Teachers* (2012), John Hattie's synthesis of over 800 meta-analyses relating to achievement yields important information on instructional practices shown to have the greatest effect sizes. Hattie (2012) urges educators to evaluate the effects of what they do to make learning visible. Specifically, Hattie states that making learning visible "…refers not to the presence or otherwise of an initiative, *but to the evaluation of its effect*. He notes, "…feedback was most powerful when it is from the *student to the teacher*…When teachers seek, or at least are open to, feedback from students as to what students know, what they understand, where they make

errors, when they have misconceptions, when they are not engaged – then teaching and learning can be synchronized and powerful. Feedback to teachers helps make learning visible." (p. 173)

There is an increasing recognition that to sustain real improvement in teaching and learning, school districts must create the expectations and a culture of inquiry and learning to support effective instructional practice across the district. They must use data collected at the district, school, and classroom level as feedback to the system on the effect of adult professional practice on student learning, and create structured opportunities for teachers and others to learn from each other. Districts and their schools that demonstrate sustained improvement in instructional practice and achievement for all students establish these structures and provide the supports necessary to foster shared leadership and internal or authentic accountability (Elmore, 2006; Reeves, 2011, 2006; Schmoker, 2006). They facilitate professional collaboration and the effective use of relevant data at all levels of the system.

RELEVANT STANDARDS SUPPORTING COMPACT APPROACH

A merger of the National Council for Accreditation of Teacher Education (NCATE) and the Teacher Education Accreditation Council (TEAC), the new Council for Accreditation of Educator Preparation (CAEP) was charged with developing "the next generation of accreditation standards based on evidence, continuous improvement, innovation, and clinical practice" (CAEP, 2013). Draft standards address five areas: (1) content and pedagogical knowledge; (2) clinical partnerships and practice; (3) candidate quality, recruitment, and selectivity; (4) program impact; and (5) provider quality, continuous improvement, and capacity.

CLINICAL PRACTICE AND PARTNERSHIPS – STANDARD 2

The provider ensures that effective partnerships and high quality clinical practice are central to preparation so that candidates develop the knowledge, skills and dispositions necessary to demonstrate positive impact on all P-12 students' learning.

PARTNERSHIPS FOR CLINICAL PREPARATION

2.1 Partners co-construct mutually beneficial P-12 school and community arrangements for clinical preparation, including technology-based collaborations, and share 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.

CLINICAL EDUCATORS

2.2 Partners co-select, prepare, evaluate, support and retain high quality clinical educators who demonstrate a positive impact on candidates' development and P-12 student learning. 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.

CLINICAL EXPERIENCES

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. Clinical experiences, including technology-based applications, are structured to demonstrate candidates' development of the knowledge, skills, and dispositions that are associated with a positive impact on P-12 student learning.

Source: CAEP, 2010.

Standard 2 requires providers to ensure that "effective partnerships and high-quality clinical practice are central to preparation so that candidates develop the knowledge, skills and dispositions necessary to ***demonstrate positive impact on all P-12 students' learning***." (p. 19)

The members of the CAEP's 2010 Panel on clinical preparation and partnerships proposed the following design principles for clinical experiences: (1) a student learning focus, (2) clinical practice that is integrated throughout every facet of preparation in a dynamic way, (3) continuous monitoring and judging of candidate progress on the basis of data, (4) a curriculum and experiences that permit candidates to integrate content and a broad range of effective teaching practices and to become innovators and problem solvers, and an "interactive professional community" with opportunities for collaboration and peer feedback. According to CAEP, the term "partnerships" for clinical practice signifies a collaboration among various entities in which all participating members pursue mutually agreed upon goals for preparation of education professionals. Characteristics of effective partnerships include: mutual trust and respect; sufficient time to develop and strengthen relationships at all levels; shared responsibility and accountability among partners and periodic formative evaluation of activities among partners.

PREPARING ALL EDUCATORS TO ADVANCE THE LEARNING OF ALL STUDENTS

In *Preparing General Education Teachers to Improve Outcomes for Students with Disabilities*, Blanton, Pugach, and Florian (2011) ask, "what should the role of special education teachers be in an educational system that is focused on making sure that every child learns and is ready for college or a career?" (p. 18). They challenge assumptions about the content and organizational structure of preservice preparation and describe challenges associated with teacher education program and licensure structures. In proposing a vision for the future – *one where all educators are ready, willing, and able to meet the needs of all learners in today's diverse classrooms* – the authors contend that "Preparation programs must equip teachers with the essential skills to counteract the effects of the "silos" by which schools are organized and students are separated." (p. 12)

Among the skills needed by teachers to support the learning of all students is the ability to work collaboratively and as part of a team.

> *"When general educators take primary responsibility for the learning of their students, they should do so as a part of a professional learning community alongside their special education colleagues…These models can include co-teaching, in which general and special education teachers share responsibility for instruction, as well as creating instructional teams in middle and high schools in which the special education teacher is a permanent member of the team of subject specialist teachers." (Blanton, Pugach, & Florian, 2011, p. 16).*

A Vision for the Future

1. All teachers are prepared to act on the belief that all students, including students with disabilities, belong in general education classrooms.
2. All teachers are prepared to teach all students, including students with disabilities, as capable learners who are entitled to high-quality instruction and access to challenging content that fully prepares them for careers and postsecondary education.
3. All teacher candidates complete their initial preparation with the knowledge and skills necessary to successfully enter the profession and meet the instructional needs of students with disabilities.
4. State and federal policy invest in high-quality teacher preparation for all candidates, while assuring that every new teacher is qualified with demonstrated skill to educate students with disabilities.
5. All providers of teacher education embrace preparation for diverse learners as a core component of their mission, prioritizing it, strengthening it, and funding it accordingly.

Prepared for AACTE and NCLD by Linda P. Blanton, Marleen C. Pugach, and Lani Florian, April 2011. Available for download at www.aacte.org.

For all students to learn at higher levels, and to effectively respond to the CAEP standards, preparation grounded in clinical practice must be structured in ways that provide both general and special education teacher candidates with "**shared base of professional knowledge for teaching that is anchored in the general education curriculum**." (p. 16). Despite this need, the majority of teacher preparation programs in general and special education can be categorized as discrete (i.e., separate, often unrelated programs), a model that "tends to perpetuate the false separation between general and special education." (p. 20). Consider the following:

- Seventeen (17) states require individuals preparing to become a special education teacher (*AKA intervention specialist*) to hold a general education license first;
- Only 20 percent of preservice programs require courses or coursework to prepare teachers to work with English Language Learners (ELL);
- Requiring a single course in special education is the most prevalent approach to providing coursework in special education for students preparing to become general education teachers (i.e., 73% of elementary teacher education programs and 67% of secondary teacher education programs have this requirement);
- In the *2010 MetLife Survey of the American Teacher*, 91 percent of respondents reported that strengthening programs and resources to help diverse learners who have greater needs should be a priority;
- In the same survey, 65 percent of respondents cited increased time for collaboration as something that would have a major impact on their ability to address the learning needs of individual students;

The authors call for a "simultaneous reframing" of the roles of both general and special education teachers offering such recommendations to (1) support the development of innovative teacher preparation programs that bring together teacher educators in the curriculum areas, multicultural education, bilingual education, teaching English learners, and special education into active working teams to frame a truly inclusive teacher education agenda, and (2) form a cadre of dually certified teachers from the ranks of NBPTS-certified general and special education teachers who can provide instruction in general education classrooms and serve as models for novice teachers. The authors describe two alternatives – integrated and merged – to the discrete model of preparation, examples of which are included as part of Compact Synopses for Areas 1 and 2.

EXAMPLES OF PARTNERSHIP MODELS

Ohio University

The Gladys W. and David H. Patton College of Education houses a *Center for Professional Development School (PDS) Partnerships* to foster partnerships between higher education faculty and area school districts, including Alexander Local Schools, Athens City Schools, Federal-Hocking Local Schools, Logan Hocking Schools, Southern Local Schools in Perry County, and Trimble Local Schools. The Center facilitates active PDS partnerships for teacher preparation and professional development that serve to recruit prospective teachers, and support practicing teachers in the areas of early childhood education, middle childhood education, adolescent-to-young adult education, and special education. Examples of PDS efforts follow:

CARE Partnership Program (for middle childhood, adolescent-to-young adult, and multi-age education majors) CARE begins in the fall of candidates' sophomore year and uses a cohort model to support participants as they complete their course of study and provide immediate and continuous clinical experiences in partnership schools. CARE provides opportunities to learn apply theoretical concepts learned through coursework in real-time practice. Candidates explore the nature of the child as a learner and how social, emotional, and economical factors impact teaching and learning in classrooms. Understanding that children have different learning styles, cohort participants explore how to use creative and active strategies that allow children to experience various educative processes, as well as multiple ways to construct knowledge. In addition, various methods that promise to provide a more authentic and holistic assessment of children's learning are explored. Candidates experience strategies for creating a sense of classroom community that do not revolve around punishment or marginalization. Instead, they are supported in investigating how their own pedagogy can create inclusive and meaningful environments for every child.
Source: http://www.cehs.ohio.edu/centers-partnerships/centers/partnerships/index.htm

Reading Fellows Program at Alexander (RFPA)
This clinical teaching partnership between OU and the Alexander Local Schools place OU education graduate reading fellows in the school district to provide reading intervention support to children below grade-level proficiency in reading. Fellows are licensed teachers pursuing master's degrees in reading education or special education. In this yearlong clinical model, fellows work alongside classroom teachers to diagnose reading problems, deliver instruction, engage in progress monitoring, and use targeted intervention strategies to support to address learner needs. Each fellow works with an assigned grade-level team of teachers (e.g., teacher-based team), collaborating in the design and delivery of instruction and gaining confidence as a "peer-professional" in their assigned school. The use of team meetings is a central strategy for implementing shared instructional practices and differentiated supports to address individual student needs.
Source: AACTE. (2010). *Reforming teacher preparation: The critical component*. Washington, DC: Author.

University of Colorado

Begun in 2000, general and special education faculty from this urban-serving university redesigned their licensure program to merge general and special education professional learning. Special education content, formerly addressed through stand-along courses, was infused throughout a set of core courses, performance-based assessments, and internship experiences in Professional Development Schools (PDS). The merged program strengthened the PDS model of teacher preparation, which encompasses 23 urban PDSs in six metropolitan school districts. Each PDS supports 12 to 15 general and special education teacher candidates who complete a series of

four internships in a PDS. Candidates seeking dual licensure complete five internships (three in general education and two in special education). All candidates work closely with various experienced "clinical" teachers and are provided opportunities to collaborate in the design and delivery of instruction, and the assessment of student learning.

Source: Gutierrez, C., & Sobel, D. (2011). Building capacity for a merged general and special teacher preparation program in professional development schools: One partnership's journey toward more inclusive practice. In Nath, J.L., Guadarrama, I.N., & Ramsy, J. (Eds.), *Investigating university-school partnerships*. Information Age Publishing.

INCENTIVIZING EFFECTIVE PREPARATION MODELS IN OHIO

I. In developing and implementing a request for application (RFA) process to incentivize the development of educator preparation programs that prepare all educators to more effectively support higher levels of learning for all children, the Compact's work will involve:

   1. Identifying and agreeing on foundational/core beliefs;

   2. Identifying **funding priorities** related to priority/focus area #3: *developing partnerships to facilitate collaboration among systems (e.g., higher education, P-12, etc.)*, which will include absolute priorities and may include competitive priorities;

   3. Identifying additional information that may be needed for decision-making purposes.

II. In planning for and hosting a Fall/Winter 2013-2014 conference for higher education faculty and other interested parties, the Compact's work will involve identifying **conference priorities** related to priority/focus area #3: *developing partnerships to facilitate collaboration among systems (e.g., higher education, P-12, etc.)*; and additional information that may be needed for decision-making purposes.

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