# TABLE OF CONTENTS

Forward.................................................. Error! Bookmark not defined.
Introduction ................................................................. 7
Professional Readiness for Change and the Change Process 8
The Diagnostic Process.......................................................... 2
  Pre-Diagnosis Considerations for Selecting Data Collection Methods ................................................................. 15
Diagnosis of Professional Performance using Verbatim Data ................................................................................. 19
Diagnosis of Teaching Performance Using Interactive Data 31
Diagnosis of Work Performance Using Anecdotal Data .... 33
  Post Observation Considerations Analysis of Teacher Performance Data .................................................... 44
References ................................................................................. 46

For more information on Clinical Educator Training, contact:

Bureau of Educator Recruitment and Professional Development
Florida Department of Education
325 West Gaines Street, Room 124
Tallahassee, Florida 32399-0400
Forward

The Clinical Educator Program provides quality support for developing professionals in the classroom or other educational environments such as the student services area. The supports offered by this program are critical to retaining educators. Teachers who leave the profession early in their careers do so due to several factors, one of which is lack of support and assistance. Experienced educators have much to offer educators who are new to the profession or those who are working to change their professional practice in some area. The Clinical Educator Program is designed to assist experienced educators as they exercise the very critical task of supporting and mentoring developing professionals in a variety of settings.

The Clinical Educator Training Program is based on two premises:

- Developing Professionals need support when they are trying to change their professional practices;
- Developing Professionals at all levels of development can be involved in professional growth activities included in the formative process model.

The Clinical Educator Training Program is designed to provide training for mentors, peer coaches and clinical supervisors as well as training for the preparation of the program's trainer cadres.

The program design provides training modules that develop clinical skills for the following: identification of performance standards; diagnosis of professional performance; diagnosis of student performance; feedback on performance; preparation and implementation of professional development plans; and reflection.

The modules included in this program include overview of the professional literature concerning each clinical component of the formative process; guided skill practice activities with trainer feedback on critical skills; and resources for providing developing professionals with support for continuing professional growth. All the modules have threaded through them, techniques, skills, and questions, which the Clinical Educator can use to maintain focus upon the Sunshine State Standards, student learning and achievement, curricular alignment, and other school-specific improvement areas.

The following provides brief descriptions for each of the training modules:

**Diagnosis of Developing Professionals' Performance**

Diagnosis forms the basis for professional development. This module presents several types of informal and alternative data collection methods for use with developing professionals in a variety of settings, (i.e., group conferences, parent interviews, Child Study Team meetings). In addition, a systematic approach for selecting appropriate data collection methods and strategies for data analysis are addressed in this training module.
Diagnosis of Student Performance

Just as diagnosis forms the basis for professional development, it also is fundamental to managing the learning and development of the students in the Developing Professional’s class. This module provides knowledge and skills that would enable the Clinical Educator in assisting the Developing Professional analyze standardized test data about his/her students. While not dealing with skills for analyzing informal/teacher made test data, the activities, nonetheless, will provide an orientation to an individualized learning gain/growth perspective that can serve as a foundation for the Developing Professional.

Feedback: Conferring With Developing Professionals About Performance

Within an orientation of attention to the Common Core State Standards, New Generation Sunshine State Standards and student achievement, this module presents basic interpersonal communication skills and systematic conference procedures for use in clinical supervision/coaching cycles. The training format engages participants in skill-practice activities and provides opportunities for trainer feedback on the skill practices. Positive models for conducting conferences and simulations used for skill practices are customized to reflect both the student services setting and the regular classroom setting.

Professional Development Plans: Their Design and Implementation

This session introduces factors to consider when planning, designing, and implementing professional development plans for professionals at all levels of professional development. In addition, skills useful in assessing the impact of those professional development plans on the individual teacher and his/her students are also provided. The Florida Professional Development Protocol Evaluation Standards and the Learning Forward Standards for Professional Learning provide direction for the clinical educator in providing professional learning that increases educator effectiveness and results for all students.

Legal Bases

All school district personnel and instructional personnel who supervise or direct teacher preparation students during field experience courses or internships shall have evidence of Clinical Education training. Additionally, the training provided through this manual satisfies one of the options required of all instructors in postsecondary teacher preparation programs who instruct or supervise field experience courses or internships. The Clinical Educator Training series, developed by the Florida Department of Education, meets the training requirements recommended by the Florida Educator Standards Commission for clinical educator training.

Terms

Several key terms are used throughout the Clinical Educator Training program. While these terms are not new, the terms need to be defined as they relate to our context and purpose.

- formative process
- clinical educator team
- developing professionals
- professional learning
Florida Educator Accomplished Practices (FEAP)
curricular alignment
New Generation Sunshine State Standards
Multi-Tiered System of Supports
Common Core State Standards

The terms are an integral part of the program as these terms define the "players" and describe the context of the professional development process. The following are definitions of terms to be used in conjunction with this training program.

**Formative Process**

The formative process is a cyclical process designed to provide support and assistance in order to facilitate professional growth. This process is viewed as an ongoing process and reciprocal in that the professionals providing and receiving the assistance are working towards professional growth. The components that constitute this process according to the model used in this series are: selecting performance standards, diagnosing professional performance, providing feedback to the professional about performance, planning for the development of professionals, implementing the professional development plan, and reflecting on the process and outcomes.

**Clinical Educator Team (CE)**

The clinical educator team provides the developing professional with support and assistance in initiating and completing programs for professional development. The clinical educator team works with the developing professional as they move through the sequential components of the formative process. Clinical educator teams may include members from one or more of the following settings: university faculty, peer teachers, school administrators, district supervisory personnel, and support team members. Clinical educators may be called mentors, peer teachers, coaches or other depending on the district and university program descriptions.

**Developing Professionals (DP)**

Developing professionals are those professionals who have entered the formative process for professional growth. The term developing professional describes professionals at various professional levels. The professional levels included within this designation are as follows: pre-service professionals and professionals at the entry level, personnel at different performance levels (satisfactory to high-performance) who have chosen to enter the formative process for professional growth, and professionals who have been selected to begin the formative process as they are identified as at-risk in terms of their work performance.

**Professional Learning**

The standards that are reflected in clinical education include language changes to emphasize the responsibility for professional learning among all members of the school community, and this emphasis is in line with language in 1012.98 F.S. Examples are the use of the term professional learning instead of professional development and the term “facilitator” instead of terms such as trainer, designer, provider, or program managers.
Clients

Clients of professionals are quite varied. They include students, parents, and other family members. School administrators, interns, student services professionals or school based therapeutic personnel, and community agents are also quite frequently seen as clients of professionals. In short, anyone the professional is likely to interact with in a professional capacity is viewed as a "client" within school settings.

Florida Educator Accomplished Practices (FEAP)

The Florida Educator Accomplished Practices (FEAPs) are Florida’s core standards for effective educators and provide valuable guidance to Florida’s public school educators and educator preparation programs throughout the state on what educators are expected to know and be able to do. The Educator Accomplished Practices are based upon three (3) foundational principles. Those principles focus on high expectations, knowledge of subject matter, and the standards of the profession. Each effective educator applies the foundational principles through six (6) Educator Accomplished Practices.

Curricular Alignment

A continuing task of all school-based professionals is the alignment of all student/client functions so that all school functions are working toward the school’s personal and instructional goals. While these goals will vary with the school level (elementary, Pre K, middle, high, etc.), school purpose, and school community, the state and community standards, the defined curriculum, the Developing Professionals’ instructional choices, and the assessment – both standardized and informal must be considered as “areas to be aligned” in each classroom.

Next Generation Sunshine State Standards (SSS)

The Next Generation Sunshine State Standards are a set of standards to which all educators, classrooms, schools, and districts are held accountable. It is expected that the Standards “drive” all instruction and student support activities related to instruction in the schools of the state.

Multi-Tiered System of Supports (MTSS)

A Multi-Tiered System of Supports (MTSS) is a term used to describe an evidence-based model of schooling that uses data-based problem-solving to integrate academic and behavioral instruction and intervention. The integrated instruction and intervention is delivered to students in varying intensities (multiple tiers) based on student need. The “need-driven” decision-making process it uses seeks to ensure that district resources reach the appropriate students (schools) at the appropriate levels to accelerate the performance of ALL students to achieve and/or exceed proficiency.

Common Core State Standards

These standards define the knowledge and skills students should have within their K-12 education careers so that they will graduate from high school able to succeed in entry-level, credit-bearing academic college courses and in workforce training programs. The Common Core
State Standards provide a consistent, clear understanding of what students are expected to learn, so teachers and parents know what they need to do to help them. The standards are designed to be robust and relevant to the real world, reflecting the knowledge and skills that our young people need for success in college and careers. With American students fully prepared for the future, our communities will be best positioned to compete successfully in the global economy.

We need standards to ensure that all students, no matter where they live, are prepared for success in postsecondary education and the workforce. Common Core standards will help ensure that students are receiving a high quality education consistently, from school to school. Common Core standards will provide a greater opportunity to share experiences and best practices within and across states that will improve our ability to best serve the needs of students.

Standards do not tell teachers how to teach, but they do help teachers figure out the knowledge and skills their students should have so that teachers can build the best lessons and environments for their classrooms. Standards also help students and parents by setting clear and realistic goals for success. Standards are a first step – a key building block – in providing our young people with a high-quality education that will prepare them for success in college and work. Of course, standards are not the only thing that is needed for our children’s success, but they provide an accessible roadmap for our teachers, parents, and students.
INTRODUCTION

The formative process is a complex and dynamic concept. The process provides the means for professional growth and improved quality of professionals. The formative process in preservice and inservice professional education programs involves the active participation of a clinical educator team and developing professionals. The role of the clinical educator team is to serve as a support base for the developing professional as he/she moves through the formative process, working towards professional growth. Serving in this supportive role requires the clinical educator team to establish a climate of trust and begin building a rapport with the developing professional.

The processes of observation, data collection, and analysis provide a means of identifying areas within the clinical practices of the developing professional that need strengthening and a strategy for formulating a plan for study and practice of knowledge and skills to develop those areas. The guidelines for designing professional development plans with the developing professional provide the clinical educator team with a review of the techniques and skills needed to establish a positive relationship with the developing professional, to maintain a professional climate, and to recognize the developing professionals’ readiness for change.

The preparation of the professional development plan is a challenging task for the clinical educator team and the developing professional. Activating the plan calls for changes and change may be threatening to the developing professional. Professional growth, however, should be a goal of every professional throughout his or her career. The professional development plan provides the goals and objectives for professional growth, identifies available resources and provides for the practice of skills and techniques targeted for development or refinement. The plan also makes provisions for giving feedback to the developing professional and for monitoring his or her movement through the formative process.

The goal of the formative process is professional self-evaluation and self-improvement. It is the role of the clinical educator team to assist the developing professional in beginning the process of diagnosis and development, and to assure him or her that the necessary resources will be available in order to follow through with implementing the plan. The strength of the formative process and commitment to professional growth comes from the interplay of all phases of the Clinical Education process. It is critical that the process is used as a part of a complete supervision cycle that includes professional development planning. There is a need for refined procedures, established guidelines, and understanding for all phases in the formative process.

Use of the formative process has meaning and potential for long-term benefit when implemented within a context that responds to and considers what change and a readiness for change is all about. Before dealing directly with the diagnosis process, the clinical educator team must be grounded in their own understanding of change. Some ideas about change will be introduced here; others will be considered in the Professional Development Plan module later in these materials.
PROFESSIONAL READINESS FOR CHANGE AND THE CHANGE PROCESS

Mutual trust must serve as the basis for and permeate the entire process of professional development for the process to be effective. Developing professionals and clinical educator team members must develop mutual trust before progress towards goals can be accomplished. Supervisory behaviors of attending, responding, and facilitating establish a helping relationship in which consensual decision-making can occur.

The role of the clinical educator team requires strong interpersonal communication skills and attention to the standards and parameters within which a school functions. Such skills are needed by the clinical educator team in order to establish a supportive relationship with the developing professional, one, which will enhance the developing professional’s self-esteem and will enable the clinical educator team to carry out the process of the professional development plan.

A communicative atmosphere is established when the clinical educator team attends to the attitudes and behaviors of the developing professional. Clinical educators operationalize these constructs through the genuine and consistent use of communication skills that clarify information and attitudes of the developing professional, express empathy, and provide the developing professional with concrete examples of observed professional behaviors. Influence that originates in trust motivates others to seek, excel and grow. Influence imposed by position and authority often hinders growth for the developing professional.

Professional Development Requires a Commitment to Change

The motives for personal growth evolve from an awareness of need. Recognition of need is one outcome of the diagnostic and analysis phase of the formative process. Sometimes the “needs” are derived from developing professionals’ behavior; other times from the observation/analysis skills of the clinical educator team; and still others by system changes within a school unit, school or district focus. Successful responses to those needs are dependent upon acceptance and commitment to change. Therefore, awareness of change and of what it requires becomes significant for success.

Change is inevitable. Professionals continuously experience new trends and must incorporate new ideas and new skills in their teaching, counseling, and consultation. They are called upon to effect change in students, professionals, parents, and/or classrooms and, at a higher level, are responsible for their own professional development. Sometimes change is driven by internal needs; sometimes through collective action; and other times through organizational mandates. The impetus for that change doesn’t alter the individual’s, once committed, obligation, reaction, and pursuit of change.

The developing professional needs to have the attitude that change is necessary and inevitable if any professional growth is to take place. To fail to adapt to change is to be left behind professionally. Professionals who fail to keep up-to-date with the changes in their discipline fall behind professionally and eventually become relics of the past. Professional development is complicated by the fact that it operates through each professional’s attitudes and perceptions.
The key to effective change through professional development is that professionals remain open to change and that they realize there is always room for change. Another important aspect of change through professional development is that any change in professional behaviors creates a chain reaction-change in one area inevitably affects other areas. For example, improved interviewing skills generally improve professional and client communication and information exchange, as well as creating an improved atmosphere for client change.

Some thoughts about change:

1. Change is a process and not an event;
2. Change with turmoil is unavoidable;
3. Change is personal and complex; and,
4. Significant-change may take a minimum of two to three years.

The following diagram demonstrates that a person's assessment of the impact of a change on his or her life influences how the individual responds to the change.

**A CHANGE MODEL**

Based on the individual's assessment of the change, one of three responses will occur: the individual opposes the change, either overtly or covertly; the individual may comply indifferently with the change; or the individual may commit to making the change.

**Covert Opposition** involves a professional working behind the scenes to undermine the plan for change. A statement such as "If I refuse to do the paperwork, then maybe the administration will not require me to change" or verbally agreeing but purposefully continuing familiar methods are typical responses used when someone covertly opposes a change. **Overt opposition** involves the professional opposing change by expressing his or her opposition openly. "You've got to be kidding! I'd never do it that way!" is an example of overt opposition.

**Indifferent compliance** involves a professional verbally agreeing with the change but not having strong feelings for or against the proposal. It is important to recognize that indifferent compliance does not always imply a negative attitude. It can represent acceptance but without commitment. Statements such as, "It's no big deal" or "Oh, I don't care-whatever you want to do is fine" are some examples of a professional going along with a change but having little or no commitment, either negative or positive. The professional may make a commitment to the
change. Commitment involves a professional agreeing with a change and supporting it openly and strongly. Statements such as "Great idea!" or "That is something I'll get accomplished right away!" are typical responses, which illustrate commitment to the proposed change.

Awareness of need, change, and acceptance evolve naturally toward commitment when realistic outcomes and stages of development are recognized and understood by the clinical educator team and the developing professional.
THE DIAGNOSTIC PROCESS

The Formative Process

The formative process may be viewed as both a concept and a process designed to improve work performance. The central desired outcome from this process is to produce professionally responsible professionals who are committed to self-improvement through help from others and self-correction.

Effective clinical support should provide an opportunity for the professional to:

1. examine, discuss, and delineate their personal and educational philosophies;
2. understand and clarify the demands from “the system” – state standards, parental expectations, student achievement trends, school improvement goals, etc. which the developing professional must accommodate in his/her plans and activities;
3. review plans for job performance;
4. receive objective feedback on their job performance;
5. examine the relationship between their anticipated and actual behavior with clients;
6. examine the relationship between their personal philosophies and other assumptions, theories, and research about effective services; and,
7. develop, implement, and receive support for appropriate changes in both their espoused and practiced beliefs.

In Robert Goldhammer's model of clinical supervision, he describes a "hands on/eyes on" supervisory relationship of mutual trust. According to Goldhammer, "Given close observation, detailed observation data, face-to-face interaction between the supervisor and [developing professional], and an intensity of focus that binds the two together in an intimate professional relationship, the meaning of 'clinical' is pretty well filled out."

Goldhammer identified five stages of the clinical supervision model:

- the pre-observation conference,
- the observation analysis,
- the strategy session,
- the post-conference, and
- the post-conference analysis.

All of these five stages are involved in the diagnosis of work performance for improvement. Goldhammer summarizes the five stages in the following manner:

"Pre-observation serves largely to set the contract; observation takes place to capture realities of the [interaction]; analysis is intended to make the data intelligible by unearthing logical relationships among them; strategy produces an operational plan for supervision. In essence, the post-analysis serves as clinical supervision's superego - its conscience."
The Nature of Professional Issues

In the process of diagnosing the work performance of a developing professional, the clinical educator must determine the nature and level of the professional issues and concerns that arise during the diagnostic process. This determination may be the result of reflection, a decision by the professionals involved, a discussion with the developing professional, or a variety of other sources. The determination presupposes an ongoing relationship between the clinical educator and the developing professional.

Clinical educators are likely to find one or more of the following seven types of professional issues:

1. **Lack of Knowledge.** This professional is concerned with instructional/clinical issues. He or she is focused on increasing his or her command of the concepts and skills necessary for his/her job.

2. **Lack of Awareness That a Problem Exists.** This developing professional is unable to perceive the problem that the clinical educator and others see in their work performance. This blindness may stem from denial, from lack of insight, from lack of knowledge, or from philosophical differences. Clinical educators cannot help a developing professional solve a problem that he or she doesn't realize exists.

3. **Inability to Solve a Known Problem.** This developing professional is aware that he or she has a problem but either doesn't have the skill to solve it or doesn't know how to apply known skills to the problem. This type of problem is frequently encountered when working with interns and beginning professionals. He or she typically knows a problem exists and wants help solving it.

4. **Inability to See and Use a Variety of Alternatives.** This developing professional has a small set of successful techniques, which are used to manage and work with clients. He or she needs help in expanding the array of solutions and alternatives available to them. A clinical educator, rather than suggesting a solution, would be better served to ask for (or give) five or six options that could be used.

5. **A Professional in a Rut.** While this condition may be more characteristic of more experienced professionals, it can easily happen with beginning professionals as well. This professional has one solution to any clinical or management problem, something that worked the first time it was tried and now is used for whatever is occurring. This situation is particularly difficult when the developing professional is moderately successful at what he or she is doing.

6. **Constantly Revising Goals and Aims.** This professional "jumps every bandwagon" that comes along and, thus, lacks consistency. This is the professional who is often in the clinical educator's office excited about a new idea and wanting to purchase new equipment and materials. The long-term effect of inconsistency is likely to be much more negative than the positive effect of excitement on the part of the professional.

7. **Employee Difficulties not Associated with Performance.** This professional has performance problems that are related to personal problems that are occurring outside the work location, i.e., marital, relationship, or financial problems. These problems have become so acute that they are affecting the professional’s ability to function in his or her job. This professional issue is not addressed by Clinical Educator Training.
In addition, three levels of professional orientation provide highly useful information for diagnosing work performance:

1. **Survival.** A professional at the survival level is interested in the activities of the moment. The focus of attention is the next session, the next meeting, the next day, etc. Attempts to get this professional to deal with long-range goals, aims, objectives, and problems are futile and often inappropriate.

2. **Mastery.** The professional at the mastery level is absorbed in the technical aspects of their work. The focus is on improving work performance (testing, counseling, teaching, or conferencing skills, for example).

3. **Impact.** The impact professional focuses on client outcomes, at whatever cost. The impact professional will do whatever is necessary for his or her clients to grow or succeed. The technical aspects of a problem or skill are only important to the extent that clients benefit.

The clinical educator team must be prepared to respond differently to each of the 10 levels and perspectives listed above. Each different perspective demands a set of behaviors or orientation from the clinical education team that is different from the others. The developing professional who is operating at a survival level needs a very different form of assistance as one “stuck in a rut.” Activities and materials will be shared later in this training that will assist the clinical educator team in these areas.

**Forms of Data Collection**

Within the context of the formative process and characteristics of developing professionals, the diagnostic process uses tools that include performance measurement systems and other methods of data collection through which the clinical educator and the developing professional obtain the data needed for the diagnosis. Accurate diagnosis is based on information, and a variety of data collection methods can be used in the Formative Process as an aid for diagnosis. Data collection methods may be classified into four categories:

a. verbatim data;
b. anecdotal data;
c. interactive data; and
d. formal performance measurement systems.

Information about methods of diagnosing professional performance for improvement using verbatim data, anecdotal data, and interactive data will be presented in later sessions included in the manual.
Using Formal Performance Measurement Systems to Diagnose Professional Performance for Improvement

Besides the formal uses of performance measurement systems, the various instruments which comprise these performance measurement systems can be useful in the diagnosis of professional work performance for improvement.

In beginning to work with a developing professional, if the question really is, "What's the problem?" then the summative instrument from a performance appraisal system can be useful. Used as a screening device the summative instrument can give important clues to areas of professional behavior, which need further diagnosis and improvement.

If you and the developing professional have some idea of what the problem is (e.g., you know the problem is managing student conduct), then the formative instruments which are part of the performance measurement systems can be helpful. For example, a summative instrument will help you and the developing professional pinpoint the particular techniques within the area of management that need development and practice.

You may find that you and the developing professional have been able to pinpoint the problem(s) and the cause(s) or that the developing professional has some specific information he or she wants as feedback. If, for example, you can isolate "professional with-it-ness" as the issue, the broader and more formal performance measurement instruments probably won't give you and the developing professional the data you need. In this case, you will probably decide to use one of the techniques for collecting anecdotal or interactive data, or conclude that verbatim data collection would be most appropriate.
PRE-DIAGNOSIS CONSIDERATIONS FOR SELECTING DATA COLLECTION METHODS

The DEPTH Process

DEPTH is an acronym that has been created to help the clinical educator easily recall the important considerations when working with a developing professional. These five categories of emphasis are not sequential steps that one must follow, but rather, are areas of concern to which the clinical educator must attend in planning and conducting a pre-observation conference. The clinical educator and the developing professional most often select the method for data collection during the pre-observation conference. The letters in DEPTH mean the following:

D  The Developing professional
E  The working Environment
P  The Professional issue
T  The Trust
H  The Helper

The Developing Professional

Prior to the pre-observation conference, the clinical educator reflects upon the developing professional’s current status by asking questions such as the following:

1. What personal and/or professional crises, problems, or successes have occurred, if any, in the last few days?... since the last time you worked with him or her?
2. To what extent is he/she using the Sunshine State Standards as a part of the instructional program?
3. For second year professionals, what feedback, strengths or weaknesses were discovered when analyzing last year’s standardized test data?
4. How aware is he or she of the successes or problems he or she is facing in the work with clients?
5. At what level of professional orientation is he or she in relation to this client?... this professional activity? If a professional development plan exists, is he/she “on schedule” in working on identified needs/goals?
6. How eager is the developing professional to work with you? … to learn?
7. What observation techniques does the developing professional know? Are the data important to the developing professional?
8. What did you do the last time you worked with this professional? What was its effect? Should you follow up, or are you free to pursue other concerns? Should this opportunity be data based or are there other concerns that need attention?
9. Do you have the skills to collect observation data on the areas for which the developing professional will be likely to request help?

The Working Environment

The working environment of the professional - its physical, behavioral, and emotional climate - will influence the data collection techniques that are of use at any given time. A noisy, out-of-control room will not permit the use of video equipment. A crowded space in which the observer will have difficulty moving about or sitting in a particular location may rule out the use of a particular technique. Certain sessions or the needs of individuals may preclude the use of complicated observation tools.

The goal of the clinical educator in the selection of data collection methods is to ensure that both the developing professional and the observer know in advance what the other will be doing. Data collection in itself will not usually make the developing professional nervous; not being comfortable with or aware of the observers intent will produce anxiety.

Environmental variables include the following:
1. physical layout of the room;
2. typical movement or seating patterns;
3. norms concerning interaction with visitors;
4. population density (how crowded or confined is the space);
5. level of behavioral control;
6. comfort of individual(s) with a visitor (i.e., are visitors frequent or rare?);
7. clinical needs of client(s) (i.e., is focus of session extremely sensitive or does the client's needs and/or status preclude observation);
8. other roles played by the clinical educator (e.g., assistant principal for discipline); and,
9. environmental needs of particular instruments (e.g., a need to look at the client(s) from the front).

The Nature of the Professional Issue

Prior to and during the pre-observation conference, the clinical educator needs to keep in mind the professional issue the developing professional is dealing with at the time of this observation. (See "The Nature of the Developing Professional Issues", pages 8-10).

The basic question to be answered is, "Are data likely to be helpful?" It may be that the issue the developing professional is confronting at the moment is one that needs considerable discussion, not data. It could be that the concern is over a conflict in goals, not in transition behavior. Furthermore, data that would be helpful to allow a professional to become aware of transition behavior may have no utility in helping that professional deal with a professional issue.
As alluded to earlier, the clinical educator has to be able to play several roles in interacting with the developing professional. For this visit, should the clinical educator be a TEACHER, A CONFRONTER, A COUNSELOR, AN ENABLER, OR ???? More information and skill practice will be available in the feedback module to assist with this question.

The Level of Trust

An experienced clinical educator can quickly ascertain a variety of needed improvements in the behavior of a developing professional. However, it is usually inappropriate for the clinical educator to expose the entire laundry list of improvement needs at one time. The relationship that exists between the two must be analyzed and known by the clinical educator. The strength of that relationship, the trust level, will restrict, constrain, or facilitate the sharing of data and conclusions reached from collected data.

Research indicates that when the level of trust is low, i.e., the relationship is weak or new, the clinical educator should provide:

- no data
- only the data that the developing professional requests;
- data that is client or activity centered, rather than professional focused;
- data that is immediately useful;
- data that is positive; and
- data that has a basis in a third party's requirement (e.g., the professional competencies, the items on a summative evaluation form.

The Helping Role

The clinical educator must also look at her or himself to determine what are the data collection methods, which he or she has expertise in and is capable of using at this time. The clinical educator also must examine the traditional roles that other clinical educators have played in this school and district. A radical departure from the established norm must occur gradually with full explanations to those involved.

The clinical educator must also examine the roles that he/she has played with this developing professional in the past. If one has played a teacher role for four years and suddenly shows up in a counselor role, the transition may be difficult. The roles we play are a function of our own personality, our expertise, the situation, and the developing professional's skills and personality. All must be reviewed in the process of determining the helping role for a given problem. In effective pre-observation conferences, the clinical educator must determine:

1. what will be the focus;
2. what the developing professional will be doing;
3. what the client(s) will be doing;
4. what problem or difficulties can be predicted; and,
5. what data collection methods will be used.
These concerns and questions are designed to assist the clinical educator as he/she prepares for the discussion in response to the final question, "What is the best use of my time and skills?" And, as a part of that “What data collection methods will be used?”. At times, the response will be left open to the developing professional; at others, the clinical educator will explain the method to be used. Usually, the effective clinical educator and the developing professional will negotiate the methods to be used during a specific observation using the DEPTH questions and implications as a guide.
Verbatim data are the exact words said by the developing professional and/or client(s) during an activity. Notations of non-verbal behaviors may also be added. Use of electronic methods of data collection (i.e., audio or video recording) can be very helpful in collecting verbatim data, especially for sensitive activities that might preclude an observer's presence.

The value of data collected by electronic means is that the developing professional views, through the eye of the camera and/or the ear of the tape recorder, exactly what the observer (and client(s)) sees and/or hears. Electronic data allow professionals to see and hear many things about their performance of which they may not be consciously aware. Electronic data allow the information to be studied carefully (e.g., played back, frozen). The developing professional and the clinical educator view the data from the same vantage, thus facilitating discussion and joint diagnosis of performance.

Verbatim data gathered through electronic means may be analyzed by anecdotal or interactive methods. Selective verbatim, a technique that will be described in this section, also works well with an electronic data gathering process, or you can devise your own way of organizing the information. For example, if the developing professional has certain speech habits you both want to overcome (such as the habitual use of "okay"), an audiotape of a session could be collected and a record made of the number and placement of "okay's".

The possible disadvantage of using electronic data collection is that reviewing video or audiotapes is very time consuming and behaviors may be overanalyzed. Also, taping may be intrusive.

If verbatim data are collected "live" rather than electronically, the observer must be positioned to hear both the developing professional and client(s).

Script Taping/Total Verbatim

Script taping is described by Madeline Hunter as an essential supervisory tool. She reports script taping as easy to use, requiring only paper and pencil. With this method, cause and effect relations can be examined. Generally, this abbreviated way of recording can be learned in a couple of hours of practice. Script tapes are useful in conferences between the observer and the developing professional because very specific examples from the observation can be given. This can eliminate vague statements and aid in an accurate diagnosis. Another version of "scripting" was suggested in the early works by Goldhammer, Cogan, and others. These trainers recommended that observers record, to the extent possible, everything a developing professional said during a portion of an activity. This technique was called "total verbatim". In actual practice, experienced observers neither use the shorthand of script taping nor catch everything that is said.
Figure 1a shows total verbatim data for an elementary teacher. Figure 1b shows an exact record of a professional and student interchange during a session. Figure 1c shows what this record would look like in script taping.

**Figure 1a**  
**Total Verbatim**

T: Okay, boys and girls, we're ready to start our group now. I need everyone, wait, don't move till I tell everyone what to do. I need everyone to come over to this table to work on our journals. Oh, I like the way that everyone who stayed on the rug, stayed on the rug. You were supposed to wait until I told everyone where to go before you moved. We'll do that next week. I need everyone - no, Michael, you need to do that when you return to class - I need everyone to write a short story or draw a picture in your journal. If you need another chair, Kim, slide one from this table over here. What is it, Katy? Yes, you may sit in any chair. I need everyone to draw a picture that tells about something that makes them feel sad.

S: Mrs. Smith, Mrs. Smith (raising her hand and waving it), I don't have any paper. And I don't like to draw anyway.

**Figure 1b**  
**Exact Record**

Good morning everyone. I'm going to ask some easy questions and some very hard questions. When you have an answer, show me by quietly raising you hand. Who has a pet? (5 students raise their hands). Michael, move over here next to Sally, please. Why do we have pets? (1 student raises his hand and responds) That's right, some people have big dogs to "guard" them. How do dogs do that exactly? (Same child responds.) What is another reason why people have pets?

**Figure 1c**  
**Script Taping**

Gd am I'm ask ver ez, hd ----whn by answr sho me by raz hand who has pet Mikl, mov ovr nxt to Sally. Why do we hav pets That rt. Sum pepl hav big dogs 2 gard How do dgs do tht? Anthr reason why pepl hav pets?
Selective Verbatim

The verbal behavior is often effectively observed by means of the selective verbatim technique, in which the observer records what is actually said within a specific verbal category. If the developing professional is concerned about:

1. questioning, the observer would record the actual questions asked;
2. group management, the observer would record statements made by the developing professional in an attempt to manage student behavior;
3. interview responses, the observer will record remarks relevant to interview questions/responses as they are made in the activity.

In using the selective verbatim process, the observer acts as a sorter, recording those statements which fit the categories identified by the developing professional. This technique can be used by professionals to observe themselves with the help of audiotape recorders. Whether the professional self-observes or an observer records the data, interpretation of the data obtained is left either to the conference which is conducted between the observer and the developing professional or to the information and skills of the professional.

Selective Verbatim Patterns

A variety of verbal behavior patterns may be identified and labeled from data collected through the use of selective verbatim. The following patterns commonly occur in interactions and can be easily identified from a verbatim transcript. This list is far from exhaustive. It simply represents a cross-section of patterns that are commonly identified.

"Professional" Talk

1. Questions;
2. Response to client questions or statements;
3. Directions and assignments; and,
4. General school talk patterns (e.g., verbal mannerisms such as "okay" or "all right", repeated use of phrases or words, self-reference).

Client Talk

1. Responses to questions;
2. Questions;
3. Initiated statements; and,

Professionals' Questions

Research indicates that educators ask at least one question every minute in the average adult-led discussion. It is not unusual for an educator to ask 30-40 questions, only six of which were planned, during the course of a thirty-minute discussion. What do the unplanned questions look like? Many educators have never listened to and systematically analyzed their questions. Selective verbatim enables the observer to record the questions, including all interrogative statements that a professional asks. The data provide the professional with the opportunity to
compare what he or she wanted from clients with what he or she asked for. Interrogative statements are especially interesting because they are phrases, which sound like a question but for which no answer is expected. (In one recent research study, over 50% of educator questions were not meant to be answered. Actually they were praise, criticism, directions, lecture, etc.)

The observer sits anywhere in the room and records the questions and interrogative statements that a professional makes. After a short period of practice, it will be possible for the observer to record all questions in most discussions. Occasionally, the observer will encounter the rapid-fire questioner who asks several questions each minute or the long-winded questioner who asks questions of two-minute duration. In these cases, the observer might decide to tape record the questions for audio analysis or arbitrarily decide to record every other or every third question. With more experience the observer will be able to record verbal flow, interaction patterns, or other closely related data while recording the questions.

Lists of professional questions have revealed professionals who ask all their questions the same way, starting with the same phrase; or professionals who only ask questions which demand one word answers; or professionals who ask multiple questions every time. Multiple questions are those in which the professional asks three or four questions without giving the student or client an opportunity to respond. In these cases, the first question often relates to the discussion at hand while the last is the question that is answered. Often there is little relationship between the first and the last question in such a series. The same professional probably wonders why the students get off the subject.

Other data might indicate a questioning style that uses short and succinct questions. On the other hand, the data might indicate a questioning style where every question is long, verbose, complex, and demands multiple answers. Whatever characteristics might be found in a list of questions, they are nonetheless the questions which were asked and are simply a reflection of what the professional said during a given discussion. As such, they become persuasive data, which the professional can use in determining the questioning style to be used in subsequent activities.

Analysis of questions might be guided by the following inquiries:

1. How many questions actually required a response?
2. What pattern of questioning was revealed (i.e., repetitious phrases, one-word questions, wordy questions)?
3. What thought levels were demanded in the response?
4. What was the proportion of closed questions to open-ended questions?
5. What if the professional could not use the word "what"?
6. “.....Do you think.....?"
7. What is the relationship between the professional’s intentions and the questions asked?
8. What is the relationship between the objectives for the activity and the questions asked?
8. What is the relationship between vocabulary used and the client's verbal abilities or understanding?
9. Is there a relationship between questions asked and client participation patterns?
10. (The list is increased every time a professional and an observer determine a need to record questions.)

Developing Professional's Responses

Our self-image is shaped largely by the picture of ourselves we see reflected in the words and attitudes of others. One of the most available "mirrors" is the verbal reaction of others to what we say. Since talk is a primary behavior of professionals as they respond to verbal behavior during much of the school day, professionals' response to clients is an important behavior. The second selective verbatim technique is the recording of the initial response of developing professionals to every client comment.

In the scenario in the sample below, the professional asks the question, a student responds, and the professional gives feedback for an incorrect response and calls on John. John responds, the professional repeats the answer, gives additional information and asks for the answer to the next question.

An observer may choose to write out the repetition or merely indicate that repetition is occurring (it is probably better to write out the repetition until the professional accepts this behavior as his own). When a developing professional talks beyond a single phrase, the observer indicates this with a series of dots. When the developing professional ends his or her comments with a question, the observer indicates this with a question mark.

Sample

DP:     ???
S:       -------
DP:     No, it is not that. John?
John:    -----  
DP:    (repeats answer) . . . ???
Marta:   -----  
DP:       OK, first we identify the problem and (repeats answer). . ?
Mary:     -----  
DP:    That's right, like Mary said (repeats answer). . ?
When the observer wants to name what is happening rather than recording the actual behavior, he should do so within parentheses. When several clients (in this example, students) talk between developing professional comments, the observer would show this in the following manner:

DP: Okay, that's right. What else?
S:
S:
S:
DP: Now let's summarize what we know about this ....

Thus, at the end of a discussion, the observer has compiled a record of the manner in which the developing professional responded to clients in a given session. As with all selective verbatim categories, this type of observation can be made by a developing professional of his or her own behavior from an audio recording just as effectively (some would allege even more effectively) as an observer. Again, as in the case of questions, even well trained observers will not be able to record all comments in a rapid-fire drill discussion. The observer must decide to record this type of discussion mechanically, to record only every third response, or to record those that he can.

No ideal pattern of response exists. Each activity, professional, individual, and group will demand different patterns. Each collection of data will have to be analyzed in terms of the desired behaviors of the professionals, the needs of the clients, and the nature of the activity. The role of the clinical educator is to see that the data are analyzed, hypotheses are formed, and future actions are planned and modified as appropriate.

Several questions can be asked by the developing professional about his own behavior or by the clinical educator to stimulate the developing professional's thinking:

- Does a patterned response exist? Does every response start with the same word or phrase? Is the response meaningful or habitual?
- How is verbal praise and “tone of voice” used to encourage responses?
- Where several responses are repeated, is there any consistent reason for them?
- Does a correct answer get one response while an incorrect one gets another?
- Do relevant comments or questions get one response while irrelevant ones get another? Do boys get a different response than girls?
- Are responses by active students treated differently than those of passive students?
- Are most responses: questions? statements? encouragement? value judgments?
- What conclusion can be made across several observations?
- Does the developing professional respond differently to different groups of students?
- Does one type of activity result in different responses than another type?
- Does a particular student usually get a specific category of response?
- How often are names mentioned?
- When value judgments are made, are the criteria given?
When the response is a statement, is the professional using the client's idea or changing the subject?
Could the response have been made without the client(s) having said anything?
Does every client comment result in a professional comment?
Can several clients talk without the professional commenting?
How often is sarcasm used as a response? Is it usually directed to specific individuals or males?

The responses to each of these questions must be followed with "So what?" and a decision whether to act upon the information or gather more data.

**Control Statements**

The primary means many professionals use to control the behavior of their clients, especially students, is through verbal statements. At times, however, the very statements which are meant to control the students have the opposite effect, or the statements have no effect. Recording the statements a developing professional makes in an effort to control or limit client behavior thus provides data, which can become the starting point for behavioral changes.

The observer in the room or the professional using a tape recording simply records all statements made during an activity, which were intended to control or limit the behavior of clients. These may be worded as questions, sarcasm, directions, commands, reprimands, etc. No other comments during the activity are recorded systematically. It is often helpful to record the timing of the statement, any verbal or nonverbal "challenge" or response, and the activity occurring at the time of the statements.

Each collection of data must be analyzed to determine alternative statements or behaviors which might have been more effective, e.g., asking a different question, ignoring behavior, requesting a competing behavior. In some cases, what is not said may be more persuasive than what is said. Audio or video recordings may be necessary in those instances when the developing professional fails to perceive a problem.

**Client Comments**

While most selective verbatim categories focus on professional verbal behaviors, a substantial portion of talk is done by the clients. Thus, at least one category must relate to client comments. Of all the selective verbatim categories, with the exception of professional lecture or statements, this category is most difficult to observe in a group setting or classroom. Most observations of client comments are made from audio recordings. As in other selective verbatim categories, the observer records all comments within the category, noting the pattern of interaction and other relevant information. Activities in which one-word or short-phrase answers predominate can be easily done in the classroom or group setting by an observer. Other categories may include client requests for information, off the subject comments, and indications of feelings, in addition to the predetermined types of student comments.
Many of the questions asked in analyzing questions can be applied to client comments. Attention should be directed also to those clients who are giving patterned responses where these differences exist. (Does discussion cease after a particular client responds? Is one client usually off the subject? Is a particular client able to get the professional off the subject?)

**Miscellaneous Categories**

Selective verbatim, as the name implies, can refer to any aspect of talk, which takes place in a school setting. The clinical educator and developing professional can select any of these categories for observation, dependent only upon the perceived need of the professional.

A few precautions can keep the clinical educator from violating the clinical supervision process. The observer should make every effort to record only value-free categories. The observer should not record "good" questions, or questions of a particular type, or "poor" directions, or "inappropriate" criticism. The observer should record all examples (or a timed sample of examples) of a particular category, the first or last example, or some other agreed upon subgroup. Later, during the post-observation conference, the developing professional and clinical educator can determine the effectiveness of the questions recorded.

**Diagnosing Professional Performance Using Collaborative/Consultative Data**

The data collection methods in this section focus on **Collaborative/Consultative Skills**. The methods presented in this module are derived from Collaboration in the Schools: An Inservice and Preservice Curriculum for Teachers, Support Staff, and Administrators, by J. Frederick West, Lorna Idol, and Glenna Cannon. This curriculum focuses on the development of essential collaborative and consultation skills. The major premise behind the development of this curriculum is that in the past decade, educational trends, and research findings support the need for teachers, administrators, special education teachers, and student services personnel to work in teams to implement programs for the students for whom they share responsibility. The content, performance criteria and evaluation instruments presented in this segment are all derived from the Collaboration in the Schools curriculum.

The curriculum is based on forty-seven (47) collaborative and consultation skills identified as essential for effective teaming and validated by a panel of one hundred (100) experts. This panel included interdisciplinary representation as well as regional representation.

**Collaborative and Consultative skills include the following types of behaviors:**

- Oral Communication
- Interviewing
- Listening and Responding
- Personal Characteristics
- Feedback

**Oral Communication Skills**
Effective **oral communication** exists if a person sends a message to evoke a response, when the receiver interprets the message as the sender intended, and when both parties strive for accuracy in intentions and meaning.

Effective oral communication skills that facilitate the consultation process are:

1. Organizing thoughts before the consultation.
2. Listening carefully to the person(s) with whom you are interacting.
3. Using feedback to indicate that you have clearly heard and understood the sender.
4. Avoiding the tendency to give evaluative responses.
5. Paying attention to outside factors that may influence recipients' understanding of what you are saying.
6. Flexibility in listening and responding. The listener needs to be ready and willing to change his or her perception for the sake of effective communication. and,
7. Avoiding jargon.

There are several sources of misunderstanding which result in **communication failures** and cause breakdowns in effective collaboration. These potential breakdowns in collaboration are:

1. The listener is preoccupied and does not listen to what others are saying.
2. The listener is more interested in talking than listening and listens only in an effort to find an opening to get the floor.
3. The listener may have preconceptions that distort the statement to match his or her expectations.
4. The listener is listening only to evaluate and make judgments about the speaker.
5. The listener sometimes does not fully understand the meaning of the words, not from lack of verbal ability but from a lack of understanding situational factors.
6. The listener and/or speaker have a distrust of one another.
7. The language used becomes the barrier (offensive language, language reflecting a poor education, highly technical language, accented language).
8. The connotation of the words, that is the words having different meaning for the listener and the speaker, is not considered.

**Interviewing Skills**

Effective **interviewing skills** require the consultant/counselor to conduct verbal interactions that are purposeful and direct, in which one person takes responsibility for the development of the interactions. Interviewing is used as a means to collect data. It is an essential tool used in all stages of consultation as follows:

- receiving and giving specific information;
- expressing and discovering feelings/emotions;
- planning for future action; and
- problem solving.
Results of an interview are the product of the interaction between the interviewer and respondent. Consultants/counselors need to interview effectively to elicit information, share information, explore problems, and set goals and objectives.

Certain conditions are necessary for conducting successful interviews. These conditions include the following:

- clarity on who can access information and how information will be used;
- assurance of appropriate confidentiality;
- sufficient time for compilation and analysis of results; and,
- clarity on the effects of data findings on intervention actions.

Guidelines for structured interviews that have proven effective are:

- Know why certain questions are being posed.
- Know what will be done with the answers.
- Know which decisions will be affected by answers.
- Ask one simple thing at a time.
- Build and maintain rapport.
- Clarify the overall purpose of the interview.
- Be aware of behaviors that may bias responses.
- Sequence questions to produce the most helpful attitude.
- Use broad/filter/closed questions to focus.
- Use open-ended questions to encourage a variety of ideas. and,
- Use probes to clarify ambiguous responses.

Listening and Responding Skills

Listening and Responding skills facilitate the consultation process. Active listening responses assure the client that they are being understood and can assist speakers in expressing their central concerns. Active listening can facilitate the acceptance and credibility of the consultant. The following six specific active listening and responding skills have been found to be effective in the consultation process.

- Acknowledging
- Reflecting
- Elaborating
- Paraphrasing
- Clarifying
- Summarizing

Acknowledging indicates to speakers that you are listening; that you are interested and that you are not judging. Acknowledging responses are communicated through nonverbal actions (such
as direct eye contact and leaning toward the speaker, responding with feeling,) and simple verbal responses (e.g., "I'm listening, please continue.").

**Reflecting** focuses on the speaker's feelings. Listeners share their perceptions of the speaker's feelings. Reflecting the feeling being expressed is a skill that is appropriate at any time. "You know, it's a funny thing. But when I have to deal with Tawanna's misbehavior in front of the rest of the group, I feel shaky! I know it's silly because only Tawanna provokes that response in me. Why do I do that?" "This reaction puzzles and concerns you."

**Elaborating** is a method of helping the speaker move from less to more. What is presented by speakers may be elaborated on by listeners at a more synthesized level.

**Paraphrasing** is an attempt on the part of the listener to feed back to speakers the essence of what they have said, using the listener's own words and expressions. Paraphrasing conveys to speakers that you are "with them," checks the listener's own perceptions, clarifies comments by repeating what has been said, and entails recognition of the client's feelings.

**Clarifying** is a form of feedback in which listeners ascertain that the message sent is the message received. "Is that about right?" "Do I understand your feelings correctly?"

**Summarizing** pulls together the relevant data and lets it speak for itself. When summarizing use only information presented by speakers and select only relevant data. Summarizing is a method of obtaining closure, and gives movement to the consultation.

**There are four types of listeners/non-listeners:**
1. Passive listeners - give all nonverbal signs of listening.
2. Active listeners - give the nonverbal signs of listening. The listener also reflects back the content of the speaker's message verbally.
3. Passive non-listeners - appear to hear what is being said but are not involved in listening to the feeling expressed.
4. Active non-listeners - talk to each other but not with each other.

**Personal Characteristics**

The ability to relate to others in productive and meaningful ways is a necessity in teaching, counseling, and in consultation interactions. The purpose of the consultation interaction is to bring the consultant and client closer together, to facilitate the growth and development of the relationship, and then to maintain the relationship. Mutual trust is developed through the utilization of caring, respect, empathy, congruency, and open interactions. These personal characteristics facilitate mutuality of purpose and strengthen problem-solving capabilities.
The following are non-verbal behaviors that exhibit qualities of caring, respect, empathy, congruence, and openness in consultation interactions:

- degree of eye contact (direct, with interested facial expression);
- hand and body movements (relaxed posture, leaning forward, gestures that are open and welcoming);
- tone of voice (soft, well-modulated);
- continuities in speech (consider rate, duration, dysfluencies, pauses);
- spatial distance (close but not too close).

Verbal messages must be congruent with non-verbal behaviors for effective consultation interactions. Restating the sender's expressed content and/or feelings indicates that the consultant has been listening and understands the meaning of what is being said. Prefacing restated remarks with "You feel...", "You think...", "It seems to you..." indicates to the speaker that you respect his or her feelings by indicating comprehension. Verbal and nonverbal interactions need to remain open so judgments, approval/disapproval statements, agreements/disagreements can be avoided. To communicate clearly, interaction needs to be free of jargon. Self-disclosures assist in building trust in the relationship. Disclosures of the client should be reciprocated at times by consultant disclosures. Self-disclosure indicates the willingness of the consultant to trust the client. Self-disclosure must be obviously honest, congruent with the problem under discussion and client needs, and expressed in a nonjudgmental manner.

Feedback

To be effective, **feedback** should be based on actively listening to what the other person is saying so that responses can be accurate and objective. Accurate feedback implies caring on the part of the listener and allows for both parties to maintain congruence of information and intent. Feedback provides constructive information to facilitate the speaker's understanding of the effect of their behaviors, the consultant’s/counselor’s understanding of what the speaker is saying and how the speaker's actions are perceived.

To provide constructive feedback, the consultant/counselor needs to focus on:

- statements of behavior,
- descriptions of behaviors in terms of more or less,
- behaviors related to the specific situation under discussion,
- sharing of ideas and information,
- exploration of alternatives,
- the amount of information the receiver can use, and
- what is said.

Feedback that follows these guidelines will result in building rapport with the other person, increased self-disclosure of necessary information, and building of trust critical to effective consultative interactions.
Interactive data provide information about the verbal and nonverbal interactions of the classroom. Recording language and behavior as the teacher interacts with students and the students interact with the teacher and each other provides a written picture of classroom happenings. This "snapshot" of a particular time frame is helpful in giving systematic feedback to teachers and in assisting them to recognize their communication behaviors. Two methods of collecting this useful interactive data are verbal flow and at task.

**Verbal Flow**

It is imperative that teachers be aware of the way they respond both verbally and physically to the students in their classrooms. A verbal flow chart (Figure 2) is one way of determining how classroom procedures inhibit, encourage, or allow students to participate in classroom interactions.

Figure 2 simply reflects the involvement of students in classroom discussion. The form for the chart is a representation of the students' seating pattern. Because of the many forms that seating patterns take in classrooms, it is suggested that the observer not have a standard form but rather create a chart on a blank pad. On the pad, one can record which students are male and female or other characteristics, such as racial differences, ethnic or cultural differences - in short, any characteristics that might differentiate one group of students from another within a single classroom.

Arrows are used to indicate the direction and type of verbiage. The observer should use the learning activity and types of behavior to be observed when developing the key for the verbal flow chart. The following are examples of setting up a key for the verbal flow chart:

- When the teacher initiates a response, an arrow is drawn in the student's box pointing down.
- If a student initiates a response, an arrow is drawn pointing up. If the response is appropriate add a (+) at the end of the arrow and if inappropriate add a (-).
- If the student interacts with another student, a curved arrow is drawn from the student toward the other student. If that student responds, an arrow point is placed at the other end of the curved line. Every interaction between these students is recorded using tally marks on the curved arrow.
- If the verbiage charted is a question, then a (?) is placed at the end of the arrow.
- Additional subscripts and other marks can be used to reflect other categories of responses made by individual students.
- Symbols and categories may be created in response to additional teacher expressed needs.
Figure 2 shows an example of a Verbal Flow Chart.

A single observation of verbal flow in a classroom discussion is insufficient to use as a basis for drastic changes in behavior. There is no reason to be concerned about how a teacher deals with the front of the room as compared to the back of the room if on succeeding days the pattern is reversed. Similarly, there is no reason to be concerned about the difference between the way males are treated as opposed to females if the pattern is reversed on other days; or if, in fact, there is no pattern at all; and we happen to catch one of a continuing series of random treatments.

Figure 2: Verbal Flow Chart
An anecdotal record is a narrative description of everything that happens in a classroom, consultation, or counseling session. Anecdotal records are a concentrated and sustained collection of data that potentially reveals new insights and suggests interpretation and explanations. The observer's attention is focused on the student services professional or educator as a unique individual.

Anecdotal records can be useful in a wide variety of settings. For example, Jean Piaget, the well-known cognitive theorist, used this method to describe the development of his children. His observations, collected over several years, provided him with in-depth case studies upon which he based his theory of learning. Anthropological studies, called ethnographic observations, often use this narrative method when observing a family. This method is also frequently used in the compilation of case studies in the fields of psychiatry and psychology.

Anecdotal recording is referred to as an informal method of observation. Informal methods of observation differ from more formal methods in several ways. The primary difference is in the amount of structure and in the strictness of the rules and procedures. Formal data collection methods are conducted in a highly structured manner with strict rules and guidelines so that they can be used for research studies and formal evaluation. Informal observations of which the anecdotal method is one, involves a less controlled and less elaborate approach to observation.

**Anecdotal records:**

- result from a direct observation (i.e., they rule out anything based on rumors);
- provide a prompt and specific descriptive account of a particular event;
- supply the context for behavior (i.e., they identify setting and situation so that the observer is aware of the preceding situation(s) that had impact on behavior, and they include statements by the student services professional or educator and clients);
- separate inferences and/or interpretations from the objective description; and
- treat either typical or unusual behavior for the individual, with the observer reporting whatever appears noteworthy.

The anecdotal method of collecting data is generally used for recording behaviors that pertain to personality characteristics or areas of adjustment that could be of concern to clinical educators in their work with developing professionals. Criteria for observation can be predetermined by the target behavior.

Concentrated and sustained observation usually will reveal new insights and suggest interpretations and explanations. These records can help focus on the subject as a unique individual.
Anecdotal records provide the following:

- an in-depth description of events;
- a running account that helps to provide insight into an individual's behavior;
- continuous comparisons of an individual's behavior;
- documentation of change; and
- a recording method that needs no special setting, codes, categories, or time frame.

The limitations of anecdotal records this method include:

- compiling is not necessarily easy (quantity and quality can drop off during a long observation);
- bias may affect the choice of events to be recorded;
- improper wording or selection of phrases could lead to faulty interpretation; and
- analysis of what has been recorded may be difficult.

There are a number of ways to collect anecdotal information. These include:

- Diary description. This involves the analysis of products the professional creates for his/her use such as lesson plans, treatment plans, and progress notes.
- Specimen description. This is the analysis of products the professional designs for their students or clients or of work done by the students themselves, including journals, homework, projects, or evaluation or progress reports.
- Shadowing and physical movement. Two direct observation techniques, shadowing and physical movement, are examples of time and event sampling approaches to collecting anecdotal data.

Shadowing

Many students will learn, behave, and respond almost without regard to the behavior of a particular educator. Unfortunately for some student services professionals and teachers, most groups and classrooms have at least one student who does not comply with classroom norms. Shadowing was devised to provide information about these "problem" students.

The observer focuses the attention on observing the activity of one student for whom the teacher wants more information. First, the observer creates an exaggerated version of a normal seating chart, which magnifies the importance of the target student, and diminishes the relationship between him and his neighbors (See Figures 4 and 5 - a box for the target student and x's for the others).
The observer records behaviors (e.g. comments, movements, conduct, demeanor, & reactions) as they occur and change during the lesson. Teacher behaviors and the behaviors of other students as they specifically relate to the target student are also recorded. The observer keeps track of the time, lesson activities, and noticeable patterns of behaviors.

The data generates the questions for analysis.

1. What patterns existed?
   - behaviors exhibited in every class?
   - behaviors exhibited in response to a particular direction or stimulus?
   - behaviors exhibited toward other students?
   - teacher behaviors, which cause positive responses?
   - teacher behaviors, which cause negative responses?
   - contrasts between high at-task activities and low at task activities?
   - contrasts between in-class and out-of-class behavior?
   - patterns visible in the data?

2. What is the relationship between behavior and environment?

3. What questions do the data generate?
   - Could the behavior be improved through more attention, different seating, different neighbors, and different work assignments?
   - Does the targeted student have a particular phrase, posture, movement, or behavior that precedes misbehavior?
   - Does the targeted student have a particular phrase, posture, movement, or behavior that precedes appropriate conduct?
   - Are there observable behaviors elicited by other students or the teacher, which result in the student to be on task?
   - Does the targeted student respond to criticism, attention, being ignored, or peer pressure?
   - What precipitated spontaneous changes in behavior?
   - Is the inattentive student still able to respond to teacher questions and, in other ways, continue to participate in class activities?

4. What specific insights are acquired that the teacher can use in working with the targeted student or with other students?

5. What questions or issues were raised by the experience that need further study by the observer, the teacher, the school?
Figure 4: Shadowing

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:17</td>
<td>Head on desk, examining baseball glove</td>
</tr>
<tr>
<td>1:20</td>
<td>Laughs exaggeratedly at Group Life joke</td>
</tr>
<tr>
<td>1:21</td>
<td>S moves his desk next to him</td>
</tr>
<tr>
<td>1:25</td>
<td>After remark is quiet for 4 minutes, head on desk, examining glove</td>
</tr>
<tr>
<td>1:27</td>
<td>Begins to play with glove</td>
</tr>
<tr>
<td>1:27</td>
<td>Makes side remark to S — &quot;Are you married to your Mother and Father?&quot;</td>
</tr>
<tr>
<td>1:27</td>
<td>Makes a side remark about S's contribution</td>
</tr>
<tr>
<td>1:31</td>
<td>Offers &quot;a group of people living together&quot; as a definition of family</td>
</tr>
<tr>
<td>1:32</td>
<td>Comments quietly to S</td>
</tr>
<tr>
<td>1:32</td>
<td>Cheers with class at mention of Jews</td>
</tr>
<tr>
<td>1:32</td>
<td>Returns to head down, glove on position</td>
</tr>
<tr>
<td>1:38</td>
<td>Talks to girl on his right</td>
</tr>
<tr>
<td>1:40</td>
<td>Jumps up and walks around when S falls</td>
</tr>
<tr>
<td>1:41</td>
<td>Returns to seat, puts on glove, listens</td>
</tr>
<tr>
<td>1:44</td>
<td>Puts glove on head and looks around for reactions</td>
</tr>
<tr>
<td>1:48</td>
<td>Puts glove on hand, head on desk (no one reacted) — sits quietly for roll call</td>
</tr>
<tr>
<td>1:50</td>
<td>Talks to S</td>
</tr>
<tr>
<td>1:52</td>
<td>S comes to him, hits him with a pencil; he complains loudly to anyone listening</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:40</td>
<td>T talks to S</td>
</tr>
<tr>
<td>1:48</td>
<td>&quot;Why don't we do something else?&quot;</td>
</tr>
</tbody>
</table>

**Teacher**
- Discussing divorce rates
- Says, "As I was saying Mr. S" to get his attention & moves S to another seat. Begin group chairperson reports
- Tells Joe not to talk to Mr. S
- Criticizes his talking
- Discussion of pets as family members
- Criticizes him for talking
- "Mr. S please sit down!"
- Begins roll call while a student passes out test papers
Figure 5: Shadowing

The recording of a high school senior during independent study

11

Willy

Ken

Joe

T’s Desk

X student

student movement

talk between students

conference between T and student X

sequential order of conferences

10:45 Sitting quietly
10:46 “Can we sit in groups? I want to write down what he’s getting.”
10:48 Went to pencil sharpener and returns
10:50 Asked Willy for paper and began doodling
10:51 Reprimanded by teacher
10:51 “I can’t see the paper.”
10:51 Asked Ken “what Chapter?” Talked over assignment with Willy
10:54 Began working on assignment (reading but not writing)
10:59 Stopped reading when T came to respond to ??? of Willy
11:00 Return to reading and occasional writing
11:14 “Do you want us to...?”
11:14 Talked to Willy, Complained to T about Willy
11:16 Talked with T
11:23 “I am done with what I am going to do.”
11:28 “Is that in Section 1?”
11:31 Slid over to talk with girl who came late

Joe, turn around and pay attention!
No
(no response)
Don’t you want to get to work, J.

(Couldn’t hear response)
(Couldn’t hear)
Do your work!!
If you did your work...
Physical Movement

A second observation technique relies upon the use of student seating patterns and records the physical movements visible during a lesson or other activity. Such movements include both those of the teacher and of the students. There are as many ways to collect these data as there are observers and teachers. Three different versions are used as examples.

Technique #1

An observer sits in an advantageous location in the room and draws a pencil representation of the classroom on his observation pad. Using a legend as seen on the bottom of Figure 6 or a variety of colored pencils, the observer records the movement of the teacher, at-task movement of the students, and inappropriate student traffic. In addition, the observer records which students have conferences with the teacher. Prior to observing, of course, it is necessary to determine which movements the teacher will consider appropriate. Figure 6 is an example of this technique.

Technique #2

This technique, illustrated in Figure 7, is most often used during directed study activities where students are seated individually and pursue work with occasional help from the teacher. Rather than "cluttering up" a seating chart with lines and dashes, the observer merely records the teacher's movements by indicating the sequential nature of the conferences. The first conference after work begins is indicated as (1) 10:57, the second as (2) 10:58, the third as (3) 10:59, etc. The indication is made within the box representing a specific student. An experienced observer will also record in anecdotal form the movements and overt behaviors of students.

Technique #3

This technique is useful when the teacher wants data on classroom traffic but expects a variety of movements on his/her part. Figures 8a and 8b illustrate this technique. In the sample shown, the teacher had four groups "digging through" a pile of newspapers looking for data on the Mid-East Peace Agreement. At intervals a group recorder would report these data to the teacher who was building a "people and events" flow chart on the chalkboard. The observer drew a representation of the room on one pad and recorded the different locations of the teacher each time he changed his behavior -either verbal or non-verbal. On another pad, the observer wrote a brief narrative description of what the teacher said or did as well as the interaction patterns with each small group.
A number of questions can guide the analysis of physical movement data:

- Was an area of the classroom or a specific student systematically ignored as the teacher moved about the classroom?
- Were the students who received most of the teacher's attention given undue recognition?
- Was there a pattern to the movement of either the teacher or students that might be beneficial (i.e., worthy of repetition) or detrimental (i.e., worthy of thwarting)?
- How does teacher activity relate to what the teacher wanted to do or feels he/she should have done?
- How does teacher activity relate to the teacher’s learning goal for the lesson?
- Did the movement contribute to the embedded assessment of student learning?
- How could results have been improved through changes in physical behavior of either the teacher or the student?
- Were these data descriptive of today's behavior only or representative of the usual behavior of this teacher?
Figure 6: Physical Movement
Figure 7: Physical Movement

X = empty desk

Diagnosis of Professional Performance
Figure 8a: Physical Movement

Table Two

11 16 18

Table Three

17 15 8

Table One

6

Table Four

9 3

Blackboard

4 10 13 19 20

1 2 5 12 14
Figure 8b: Physical Movement

1. 9:57 Directed a student who arrived late.
2. 9:57 Re-instructed S\textsubscript{1} as to what Gr. #3 should do.
3. 9:58 Re-instructed S\textsubscript{2} as to what Gr. #4 should do.
4. 9:59 Wrote line-staff diagram on board.
5. 10:02 Surveyed groups to see if they were working.
6. 10:02 Asked Mike if he was taking notes.
7. 10:03 Talked to student who arrived late.
8. 10:04 Clarified Egil Krogh role in Breakup to Gr. #3.
9. 10:05 Circled room and stopped at Gr. #4 to admonish them to go to work.
10. 10:06 Returned to board and continued writing.
11. 10:08 Went to Gr. #2 and got them working together.
12. 10:09 Announced to Class -
   "I want one person to coordinate all the information gathered and bring it to me another keep reading and another write. I want four people - one from each group to come to me. Within 5 minutes, I want a group report up here.

13. 10:10 Returned to board.
14. 10:11 Requested information from Gr. #4 - talked with students from Gr. #4, Gr. #3 Gr. #1.
15. 10:20 Went to Gr. #3 and sought reasons why they're not working. S\textsubscript{19} continues with pictures, S\textsubscript{18} puts head back on the desk, but others return to work.
16. Went to Gr. #2 and admonished S\textsubscript{4} who says, "When I read no one listens." (She was right!) 4 boys continue working, S\textsubscript{4} and S\textsubscript{5} continue other work.
17. 10:23 Went back to Gr. #3 and urged work.
18. 10:23 Went back to Gr. #2, stopped S\textsubscript{5} from other work, she listened.
19. 10:24 Returned to front of room to talk with students from Gr. #1 and Gr. #2 - ignored S\textsubscript{2} when S\textsubscript{8} returns a minute later and interrupts S\textsubscript{6} report (S\textsubscript{5} reads Newsweek while waiting) - 10:29 returned to S\textsubscript{6} report.
20. 10:29 Returned to S\textsubscript{6} report.
POST OBSERVATION CONSIDERATIONS
ANALYSIS OF TEACHER PERFORMANCE DATA

The STEP Process

STEP is a mnemonic device designed to remind the clinical educator of the steps needed to analyze and synthesize the data gathered from an observation. STEP represents the process followed in thinking about the data that have been collected and in organizing the information to present to the developing professional in the most helpful and meaningful manner. The STEP process is as follows:

Select the data;

Think about likely developing professional reactions;

Enumerate acceptable solutions; and,

Plan the conference.

Select

A well-conducted observation usually results in the collection of a large amount of data. Presented as the raw data, the results might be overwhelming and confusing, rather than helpful. Therefore, the data which will be most useful for diagnosis in the particular situation needs to be selected. The clinical educator selects the data or events that are:

- most praiseworthy;
- most related to student achievement;
- most exemplary of use of Standards;
- most typifies an indicator of accomplished practice
- easiest to improve;
- most necessary to improve;
- most in need of immediate action;
- unclear (needs more information);
- most appropriate for long range improvement;
- most in need of encouragement and embellishment;
- most related to recognized essential competencies; and,
- most closely related to the developing professional's expressed needs.
Think

The clinical educator must think through likely developing professional reactions and be prepared to guide discussion in the most productive manner. Will the developing professional be pleased? distressed? defensive? eager? Will the developing professional cooperate in making the conference professional and meaningful, or will the person block effective communication? Thinking about these questions and other possible reactions prepares the clinical educator for the conference, evoking the verbal and nonverbal tools needed to guide the conference in a productive direction and to arrive at a useful diagnosis of the developing professional's performance.

As discussed above, the clinical educator needs to consider the role he/she will need to play in order to accommodate the various needs and predicted reactions of the developing professional.

Enumerate

After preparing for the developing professional's reactions to the data presented, the clinical educator continues the planning/diagnosis process by thinking through possible solutions to the problem or the next steps needed in moving toward a solution or improvement. Acceptable targets or solutions are enumerated.

One of the key elements for facilitating professional growth is that the developing professional is a part of the decision-making process in the solution of problems. However, the clinical educator should take the lead in skillfully guiding the discussion toward targets and solutions that are most appropriate. This process is facilitated if the clinical educator has (at least mentally) enumerated the solutions and/or next steps which he or she finds acceptable.

Again, as alluded to above, the clinical educator needs to consider issues, solutions, questions, etc. related to student achievement, the Sunshine State Standards, the alignment of curriculum, instruction, and assessment as well as specific solutions to immediate classroom needs.

Plan

The last step in the STEP process is to plan the conference. Considerations include the following: set a time convenient for both parties; find a comfortable place where you will not be interrupted and there will be no fears of your conversation being overheard; allow adequate time for the conference, etc. Additional planning includes reviewing the first four steps, collecting and organizing the notes or the clinical educator training components, evidence needed to effectively present the selected data, and having an outline of the direction the conference should take.
REFERENCES


Tennant, M & Pogson, Philip (2002) Learning and Change in the Adult Years: A Developmental Perspective, Jossey-Bass


