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A BLUEPRINT FOR TEACHER EMPOWERMENT:
PEER CLINICAL SUPERVISION

A Dissertation Presented

By

VIVIAN THOMAS ARCHER

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

February, 1990

Education

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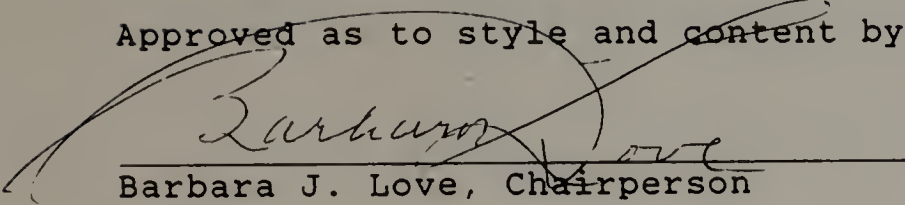
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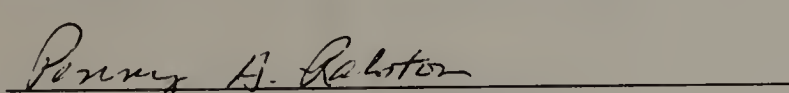
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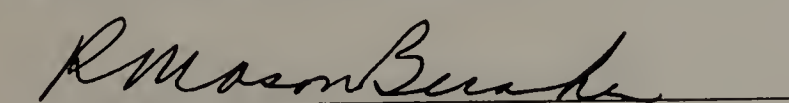
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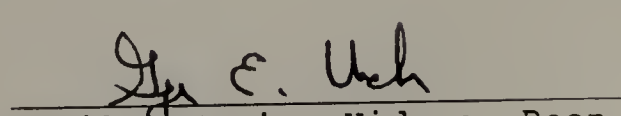
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D E D I C A T I O N

This dissertation is dedicated
to my husband - Carl
my children - Crystal, Carla and David
my mother - Etta M. Thomas
for their support and inspiration
and
to the other very significant
persons in my life who have
supported me in this achievement.

A C K N O W L E D G E M E N T S

To my committee

I am deeply indebted to my mentor and friend, Dr. Barbara J. Love for her patience, guidance and support. She gave constantly of her time and expertise in the development of this dissertation. I am grateful for your insightful guidance in the conceptualization of this study. Your encouragement, warmth and friendship will always be remembered.

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ABSTRACT

A BLUEPRINT FOR TEACHER EMPOWERMENT:
PEER CLINICAL SUPERVISION

FEBRUARY 1990

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Teachers have long struggled to be recognized as professionals and to achieve autonomy. Key obstacles that influenced their perception of powerlessness, such as professional isolation of teaching staff, low teacher participation in decision making, and systems of supervision irrelevant to instructional improvement, were even scrutinized in national reports. The criteria suggested for the selection of a teacher supervision training model was based on a sound theory of education supported by research. It provided teachers the latitude for decision making that was congruous with the professional treatment of inservice teachers and that was acceptable to teachers receiving supervision.

The purpose of this study was to investigate the impact of peer clinical supervision on teacher empowerment. The participants were 21 urban elementary school teachers located in southeast Washington, D.C. They along with their principal volunteered to be trained in clinical supervision using an adaptation of Cogan and Goldhammer's Five-Step Clinical Supervision Model.

Pre- and post program questionnaires, a perceptual inventory, interviews and field notes were used to report the study's findings.

The study concluded that training in peer clinical supervision had a positive impact on teacher empowerment when the results were associated with the six Empowerment Indicators - (1) increased receptivity toward supervision, (2) increased receptivity toward change, (3) decreased feeling of isolation, (4) increased evidence of collegiality, (5) increased participation in the decision-making process at the building level and (6) increased peer classroom observations.

Appendices present an outline of the training model used for this study with sample instruments.

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CHAPTER 1

INTRODUCTION

In recent years, interest in helping teachers assume greater responsibility for improving their own instruction and the instruction of their colleagues has grown. Sparked by the influence of experts such as John I. Goodlad and Theodore Sizer, a second reform movement seeking "empowerment" of local educators has begun (Glickman, 1988). This movement urges that many of the fundamental issues about schools be made as close to the classroom level as possible.

The Governors' Association report "Time for Results" (1988), also made several recommendations for restructuring schools and, at the same time, for empowering teachers. They recommended that decisions be made closer to the classroom; some of the building leadership coming from teachers; management shared by principals and teachers; appropriate professional development and inservice education opportunities that promote collegiality among teachers [with emphasis on observation and coaching in classrooms rather than one-shot workshops outside schools].

The Carnegie Forum Task Force on Teaching as a Profession and the Education Commission of the States Report focused attention on the participation of teachers in school based management. These reports and studies envisioned teachers as more active participants in school

teachers as more active participants in school reform and management. One of the most intriguing features of these proposals was the idea that "teachers must have more power, more authority over what happens in the school" (p.2).

When teachers are recognized as key figures in school-based decision making, they have the ability to shape the conditions and consequences of their work. Bringing teachers into closer contact with one another is a major step to moving them closer to empowerment. This does not mean principals cease being in charge, but more consultation and collaborative deliberation takes place at the local building level between the two groups (Bastion, et al 1985).

The concept of teacher empowerment implies that they [teachers] have the capability to assume greater influence in the decision-making process. Empowerment has a positive impact on their professional image, their commitment to their work, and their feeling of belonging...it helps to eliminate the feeling of isolation (Patterson, Purkey, and Parker, 1986).

Krajewski (1976), Sergiovanni and Starratt (1979) and other researchers have stressed the importance of helping teachers become self-initiating, self-evaluating, self-improving, able to diagnose and solve their own classroom problems, and generally less dependent upon supervisors and administrators. The role of supervisors is altered, but

not diminished. Now they must provide training and model these techniques.

Peer clinical supervision, an adaptation of Cogan's (1973) and Goldhammer's (1969) Clinical Supervision Model, is seen as a possible medium by which teachers develop the instructional insights and supervisory skills necessary for making meaningful changes in their teaching behavior.

Peer clinical supervision, like clinical supervision, was developed in response to the problems faced by supervisors and administrators as they struggled to meet the pre-service and in-service needs of teachers. Cogan (1973), however, had an empathic view of the difficulties experienced teachers would encounter since they would have to unlearn and abandon safe and comfortable ways of teaching while undertaking new, risky, untried patterns of teaching behavior. Sergiovanni and Starratt (1979), Glickman (1981), Joyce and Showers (1983), Garman (1987), and others have pointed out the major elements of a peer supervisor-teacher relationship which will establish and maintain commitment, self-actualization, openness to change, trust, support, and non-evaluative feedback.

Peer clinical supervision works toward the development of professionally responsible and mature teachers who are analytical of their performance, self-directing, and open to assistance (Cogan 1973) from their peers. Its format

for observing classroom instruction, for analysis and feedback affords the classroom teacher a mechanism for providing and receiving support at the local building level. Close observation, detailed observational data, face-to-face interaction between teachers in an intensity of focus binds the two together in an intimate professional relationship (Goldhammer, 1969).

If education is a human enterprise as stated by Dr. Ernest Boyer, president of the Carnegie Foundation for the Advancement of Teaching and former U.S. Commissioner of Education (Landsmann, 1987), and, if our top priority is educational reform, then it is imperative that ways to provide more support, more participation, and more empowerment to teachers are identified. How teachers envision their professional role determines the degree of their effectiveness. Each day they are engaged with supervisors, administrators, and other teachers who either reinforce their confidence or diminish it; who give them a sense of authority or powerlessness.

The future of teaching and empowerment of teachers depend largely on the willingness and ability of the personnel involved to join forces, to learn from and along side each other (Anderson, 1983) in a collegial manner. However, collegiality and empowerment does not just happen. It must be nurtured and developed.

This study is in response to the recent inquiries and concerns by members of the teaching profession for more research and data on peer (clinical) supervision as a means for enhancing collegiality, providing peer support, and more specifically facilitating teacher empowerment at the local building level.

Background of the Problem

With new teachers entering the profession working next to tenured teachers and the limited number of supervisors available to provide instructional support, it has become imperative to identify ways to foster their on-going instructional support and professional development (McFaul, 1984).

This study will address the question: How can peer clinical supervision empower teachers? Based on the theoretical foundation outlined by Robert Goldhammer (1969) and Morris Cogan (1973), the process of clinical supervision will be adapted into a peer (teacher-to-teacher) model.

Although teachers cannot be supervisors per se, their rich potential as a source for the growth of their colleagues has never been adequately tapped (Sergiovanni and Starratt, 1979). Peer clinical supervision could be the key element in building teacher empowerment and teacher-

to-teacher relationships (Smyth, 1986; Maeroff, 1988). Colleagues can provide immediate help, practical suggestions and support in times of difficulty and uncertainty (Alfonso and Goldsberry, 1982; Lortie, 1975). Colleagues also have the value of proximity, immediacy and a first-hand understanding of the situation and/or concern.

An effective approach for providing accessible, on-site support to teachers-by-teachers, peer clinical supervision places the responsibility and authority for instructional improvement in the hands of practicing teachers. Still, before the process of peer clinical supervision can be implemented, the concept must first be accepted by administrators, supervisors, and most definitely, teachers. Not only is it important that teachers are aware of peer clinical supervision concepts, but also that they understand why these programs exist.

When properly construed, peer clinical supervision has the capacity to enhance a true collegial relationship between teachers. Through their awareness and understanding, they can support and implement a peer clinical supervision program. As a result of their continuous utilization of the process, peer clinical supervision can empower teachers through (greater) more active participation in school-based management and curriculum decisions (Garmston, 1986).

Statement of the Problem

The purpose of this study was to investigate the impact of peer clinical supervision on teacher empowerment. The principle research question that guided this study was, "How does peer clinical supervision empower teachers?"

The Empowerment Indicators utilized for this study were:

1. Increased receptivity toward supervision.
2. Increased receptivity toward change.
3. Decreased feelings of isolation.
4. Increased evidence of teachers working together.
5. Increased participation in the decision-making process at the building level.
6. Increased classroom observations among peers.

Delimitations of the Study

Any conclusions or recommendations in this study should be viewed with the following considerations in mind:

1. Data for the study were gathered by using instruments which were self-reporting and involved the perceptions of the subjects rather than direct measures of behavior or conditions.
2. The study population consisted of persons working in an urban public elementary school setting in the District of Columbia, which restricts the generalizability of the study outcomes.

Significance of the Study

Most conventional models of supervision are designed for two purposes: increasing teaching skills and evaluation of teacher performance. The threat of the evaluation function conflicts, in many cases, with skill development and effective behavioral change (Reavis, 1977).

Research suggests that descriptive feedback generated in the context of a collegial relationship may be the most effective means of assisting teachers in improving their teaching behaviors (Goldhammer, 1980; Goldsberry, 1980; Joyce and Showers, 1980). Effective instruction and professional growth flourishes when teachers and administrators/supervisors collaborate.

This study aims to demonstrate how peer clinical supervision enhanced the development of collegial relationships (Goldhammar, 1969; Cogan, 1973; Acheson and Gall, 1987) and teacher empowerment (Maeroff, 1988).

Basic Assumptions

Two basic assumptions guided this study. First, teachers are able to define their own instructional development needs in relation to school improvement and teaching. Second, to reduce isolation, teachers must work with one another.

This study was also guided by the following general assumptions:

1. Teaching is a lonely, isolating profession.
2. Teachers are a key ingredient to school improvement.
3. Teachers are likely to confide in other teachers.
4. Teachers are receptive to teacher initiated change.
5. Teachers with varying levels of performance and experience can learn from each other.
6. Descriptive feedback, given in a supportive manner, can help to improve teaching.
7. Peer clinical supervision enhances teachers classroom performance and collegiality.
8. Empowerment is a process, not a product.
9. Empowered teachers have status, knowledge and access to resources.

Definition of Terms

The following definitions are offered to facilitate the reading and understanding of this study:

Supervision. Assistance and/or observation of a colleague's classroom performance around a predetermined focus to produce specific feedback for that colleague.

Clinical Supervision. Defined by Goldhammer and Cogan to mean a systematic, rational, sequenced, analytic process which allows the teacher and the supervisor to

cooperatively plan, gather data, analyze, and treat the teacher's classroom performance.

Peer Clinical Supervision. A nonevaluative process of involving teachers in the (supervision) support of each other using the clinical supervision model.

Empowerment. The belief one has in his/her ability or capacity to act and assume greater influence in the decision-making process.

Collegiality. Adults talking about the process of teaching and learning; observing each other teaching and providing descriptive feedback; and working together toward the solution of educational concerns.

Coaching. An interaction which occurs between two teachers when one observes the other at work and provides descriptive feedback for the purpose of improving performance.

Organization of the Study

Chapter I contains a general introduction to some of the major educational concerns and a statement of the problem to be addressed in this study. Basic assumptions upon which the study is based, definitions of relevant terms, delimitation, and the significance of the study are also reviewed.

Chapter II comprises a review of selected literature related to clinical supervision, peer supervision and teacher empowerment.

Chapter III describes the design of the study including the methods and procedures used to gather data.

Chapter IV presents the analysis and discussion of the findings for this study.

Chapter V provides a summary/conclusions as well as the investigator's recommendations.

CHAPTER II

REVIEW OF LITERATURE

Introduction

There are numerous definitions for the term "supervision", as well as, many conflicting and/or supporting versions. Each version has a different mission, a different theory, and a different technology.

This review of literature will focus on two of these versions: clinical supervision and peer [clinical] supervision. It will also look at the concept of teacher empowerment and its relationship with clinical supervision/peer clinical supervision.

Clinical Supervision

Few supervision models have received more acclaim in recent years than the clinical supervision model. According to Weller (1971), clinical supervision is considered by many educators to fit the criterion of "best existing practice".

The professional literature on clinical supervision asserts that a primary function of supervisors is to help teachers refine classroom practices through direct observation and conferral. The model incorporates the concepts of collegiality, collaboration, skilled service, and ethical conduct (Garman, 1982). It respects the

integrity and individuality of teachers as the supervisor's role is not to coerce, demand or evaluate, rather to encourage, explore and collaborate. This democratic human resource ethos is generally accepted in the literature as the best supervision approach (McFaul and Cooper, 1984).

Conceptualized by Goldhammer (1969) and Cogan (1973), clinical supervision involves helping teachers before, during, and after teaching. This help is focused around the real teaching setting -- the clinic (classroom) where teachers work with their children. Therefore, the model is termed "clinical" because it deals with the reality of daily school life, not with simulated settings. It illuminates practices in the real world. The "tool skills" of clinical supervision (Goldhammer, 1969) enable teachers and supervisors to deal with descriptive information in an analytical format. Techniques for data collection, observation, and conferences have also been well developed (Acheson and Gall, 1980).

Thus, clinical supervision affirms teachers' individuality while its form suggests a method for collaboration in analyzing teaching behaviors (Lyman, Wilson, Garhart and Heim, 1985). Good and Brophy (1978) and Medwid (1980) viewed active teacher involvement in pedagogical analysis important since researchers documented that teachers are

often unaware of many of their own teaching behaviors. This lack of perception frequently resulted in unwise, self-defeating behavior. The clinical supervision model, with its emphasis on collegial analysis of observational data, seemed to have face validity in teachers' eyes and offered the potential of raising teachers' awareness level.

Goldhammer (1969) and Cogan (1973) both hypothesized the effectiveness of the clinical supervision approach. This approach increased teacher self-supervisory skills, changed teacher behavior in the classroom, and induced new practices by providing for the participation of the teacher in the supervisory process on an equal basis with the supervisor. The supervisor being a peer, an administrator, a program director, etc.

Definition of Clinical Supervision

Even though clinical supervision is meant to suggest a face-to-face relationship between teacher and supervisor (Goldhammer, Anderson, and Krajewski, 1980), the term "clinical" carries for some teachers a negative connotation. Teachers have interpreted the word "clinical" as being a remedy for deficient or unhealthy teaching behavior.

Cogan (1973) defined clinical supervision as "the rationale and practice designed to improve the teacher's classroom performance" (p.9). It takes its principle data

from the events of the classroom. The analysis of these data and the relationship between teacher and supervisor form the basis of the program, procedures, and strategies designed to improve the students' learning by improving the teacher's classroom behavior (Cogan, 1973; Goldhammer, 1969).

Hunter (1985), Weller (1971), Goldhammer, Anderson, and Krajewski (1980), Sergiovanni and Starratt (1979), Knoff (1988), Flanders (1976) and others definition of clinical supervision all evolved around the concept that clinical supervision is "observational" and "collaborative". This means that the supervisor actually observes the teacher's classroom behavior and then discusses the behavior afterwards with the teacher face-to-face.

Goals of Clinical Supervision

The primary goals of clinical supervision are to help teachers improve their instructional performance and professional growth (Acheson and Gall, 1987; Goldhammer, Anderson and Krajewski, 1980; Lyman, Wilson, Garhart and Heim, 1985). The processes for accomplishing these goals were recommended by both Goldhammer (1969) and Acheson and Gall (1987).

Goldhammer's model consisted of five stages:

- (1) preobservation conference
- (2) observation
- (3) analysis and strategy
- (4) postobservation conference
- (5) postconference analysis.

Acheson and Gall recommended accomplishment of these same goals by implementing only three phases:

- (1) planning conference
- (2) classroom observation
- (3) feedback conference.

Little and Bird (1984) stated that observing and being observed, giving and getting feedback about one's work in the classroom "may be among the most powerful tools of improvement".

Benefits of Clinical Supervision

Cognizant of the goals and procedures of clinical supervision, teachers and supervisors who are actively involved in the implementation of clinical supervision will realize these benefits (Loucks-Horsley, Harding, et al, 1987):

- (1) teachers involved in a process that enable them to gain awareness of their classroom behavior, analyze

- and interpret that behavior, and go about improvements in a self-directed, constructive way;
- (2) a sense of trust, understanding, and mutual benefits derived from supervisory relations;
 - (3) constructive classroom observations that feed into collaborative decision making and a teaming of teachers and supervisors;
 - (4) collegial relationships based on shared concerns, vocabulary, and solutions for teaching; and,
 - (5) improved self-analysis skills in those who participate in these reflective activities.

An effective approach for providing accessible support to teachers, clinical supervision has the capacity to enhance a true collegial relationship between and among teachers. As an on-site support to teachers-by-teachers, clinical supervision places the responsibility and authority for instructional improvement in the hands of practicing teachers.

Peer Clinical Supervision

Peer clinical supervision is a human enterprise which seeks to help teachers provide high quality classroom experiences for students (Landsmann, 1987). Personal and professional growth are key. Such growth aspirations are

not likely to be achieved in schools conceived as organizations which hinder rather than help. Such aspirations are not likely to be achieved in schools where growth goals apply only to students. Such aspirations are not likely to be achieved under the shroud of prejudice, whatever its source and whomever its target (Bauer, 1987; Cook, 1985). These were basic themes considered in looking at peer clinical supervision models that stimulate and support teacher empowerment.

Peer involvement in teacher supervision has arisen consistently in various reports on education reform during the past five years. From "A Nation at Risk" in 1983 to "A Nation Prepared: Teachers for the Twenty-First Century" (Carnegie) in 1986, there have been recommendations that teachers assume a greater role in instructional leadership. However, there are deep divisions among and within groups regarding the application of this concept. They all agree though that existing administrative staffs are inadequate to provide effective teacher supervision and an alternative approach should be examined (Thompson, 1978; Simon, 1979; Withall and Wood, 1979; Goldsberry, 1981; Acheson and Gall, 1987; Moffett and Clisby, 1988).

Cummings (1985) viewed the use of fellow teachers to observe, to provide feedback, and to interact with other teachers in a structured fashion as an untapped vehicle for

instructional improvement and teacher empowerment. The fact that teachers share problems with peers that they might hesitate to share with administrators and supervisors had great potential, when linked with clinical supervision. This peer effort, she went on to say, might bridge the gap so often found with sporadic and isolated improvement activities. Teachers' responsibilities to their peers and a chance to improve their own practice are clearly opportunities to enhance their own professional status and to move the profession one step closer to an autonomous state.

Definition of Peer Clinical Supervision

Peer clinical supervision is based on a helping relationship among teaching colleagues. The idea of peer influence and teachers helping other teachers is, of course, not a new one (Alfonso, 1977; Smyth, 1986). The essence of peer clinical supervision in its present context is that the process is an adjunct to a broad-based program of instructional improvement, and that a part of the program be carried out strictly by teachers in a formal and clinical fashion (Maeroff, 1988). Peer clinical supervision is actually clinical supervision only with one's peer in the role of the supervisor. The function of the peer clinical supervision model is to "supplement the

existing supervisory and evaluative practices currently carried on, not to supplant them" (Beck, 1983; McFaul, 1984).

Defined as a systematic, rational, sequenced, analytic process (Hunter, 1985), peer clinical supervision allows teachers to plan cooperatively, gather data, analyze, and improve their classroom behavior. With an emphasis on collegial analysis of observational data, clinical supervision seems to have face validity in teachers' eyes and offers the potential of raising their awareness level (McFaul and Cooper, 1984). Peer clinical supervision's goal is to help teachers capitalize on their strengths, compensate for their weaknesses, and develop their own individual and "best" teaching style (Hunter, 1985; Slavin, 1988).

Goldsberry (1981) noted that "the experiences of systematically observing one's colleagues, analyzing collected data, and structuring and conducting conferences may well contribute as much or more to the professional development of the observer as to the refined practice of the teacher being observed" (p.11).

Wiles and Lovell (1975) defined [peer] clinical supervision as a process for involving teachers in the supervision of each other. It makes it possible to broaden the base of expertise and creativeness that is available as

a source of psychological and technical support. It can reduce the amount of threat and stress that is generated in a relationship that is perceived by the teachers as subordinate to superordinate. Colleagues work together to help each other; and since colleagues that can help each other often work in close proximity, the help is available when it is needed. Teachers can ask each other questions, share materials, and exchange procedures.

Common Characteristics of Peer Clinical Supervision

Programs

Peer clinical supervision takes a number of forms, from the preservice "teaching clinic" (Buttery and Michalak, 1975) to inservice projects, large-scale formal programs and small informal programs. Still, all of these programs have certain common characteristics. Cook (1985) listed them as:

1. Teachers working with each other and visiting each other's classroom for the purpose of mutual planning, observation of instruction, and analysis of teaching/learning behaviors.
2. An ongoing relationship based on the cyclical pattern of clinical supervision.
3. Cycles that included preobservation conference, classroom observation, analysis of data, a post-

conference, and analysis of the process itself.

4. A program based on the concepts, assumptions, and beliefs inherent in peer [clinical] supervision model as well as on the patterns of the clinical supervision model.

Benefits and Obstacles to Peer Clinical Supervision

The application of peer clinical supervision concepts has improved teaching in several areas: understanding teacher and student behavior, monitoring and increasing academic learning time, applying principles of collegiality (Buttram and Wilson, 1987), and removing teacher isolation (Yunk, Woolfork and Spiker, 1988).

The philosophy of peer clinical supervision is based on the concept of an educational community of support; no individual site exists in isolation (Moffett and Clisby, 1988). Additional benefits derived from the implementation of peer clinical supervision reported by Withall and Wood (1979), Joyce and Showers (1983), Hunter (1984), Krajewski (1984, Loucks-Horsley, Harding, et al (1987), and Moffett and Clisby (1988) are:

1. Active staff participation in peer observations, demonstrations, and feedback.
2. Staff input and "buy in" on the allocation of resources, human as well as material.

3. Participatory decision making.
4. Encouragement by administration to take risks because staff knows that failure will not have negative repercussions.
5. Open communication between teachers and supervisors/administrators.
6. Staff acceptance of their role as instructional leaders.
7. Staff focus on instructional pedagogy.
8. Separated from teacher evaluation process.
9. Voluntary participation.
10. Encourages collegiality and a reciprocal relationship between teachers (Knoff, 1980; Buttram and Wilson, 1987).

While peer clinical supervision has many benefits, there are, of course, some obstacles which need to be identified and addressed. S. Smith (1986) and Yunk, Woolfork and Spiker (1988) found that isolation and fragmentation fostered by the traditional school structure were the major obstacles. Other obstacles listed were:

1. Strong potential for producing anxiety, stress, and disappointment.
2. A sense of elation.
3. A misperception of role.
4. Lack of overt administrative support.

5. Frequent separation of program from more formal teacher evaluation programs.
6. Possible isolation or perceived isolation and fragmentation among the faculty (new vs old teachers; allies of the principal or assistant principal vs his/her enemies; primary level teachers vs intermediate teachers, etc.).
7. A hierarchy among teachers imposed by the school.
8. Rivalry often creeps in to a coaching/helping relationship, creating a destructive strain on both parties.
9. Teachers (and some supervisors/administrators) lack the skill necessary to promote independence in the teacher/trainee; frequently they actually foster dependence.
10. Most teachers prefer to work ALONE.

Terence Deal, anthropologist of corporate culture and Ann Lieberman (1986), a university professor, researcher and author, both agree that teachers respond in a positive manner to change and assistance when it is nonevaluative, readily available and modeled by leaders who are consistently professional and collegial. Positive praise spurs hard work, cooperation, sharing and togetherness among teachers across all grade level (Dronka, 1987; Hunter,

1978, 1984). Therefore, support provided by peers could be a powerful strategy for solving pedagogical problems.

This approach also creates a climate of trust, high expectations and collegiality (Franco and Zundel, 1986; Lieberman, 1965; Joyce and Showers, 1985). Teachers say that their fellow teachers are credible and that they can learn from them (Glickman, 1986; Blumberg, 1974; Abramson, 1972).

Peer clinical supervision indicates potential for improving teaching techniques, approaches to teaching models, and the classroom behavior of teachers (Garmston, 1987). Nevertheless, not every teacher will need peer clinical supervision (Knoll 1987) and not every teacher will have the time required for peer support.

Empowerment

Educators and policymakers across the nation suggest that empowerment comes when teachers make decisions that affect how their schools are run (Carnegie Forum, 1987). Sarah Lawrence Lightfoot, professor at Harvard's Graduate School of Education, found that when administrators recognized teachers' "enhancing chain of empowerment" (ASCD, 1987) and the school culture supported teachers' autonomy, a sense of collective responsibility was projected (Little, 1984; Kent, 1986; Dronkon, 1987).

Definition of Empowerment

The term "empowerment" has to do with teachers ability to exercise their craft with confidence and to help shape the way that the job is done (Lieberman, 1986; Hunter, 1984; Maeroff, 1988). By connecting teachers with each other and with their principals, a sense of collegiality, professionalism, and empowerment is developed (Maeroff, 1988; Sickler, 1988; Landsmann, 1987).

Ernest Boyer (Landsmann, 1987) views teachers empowerment when they make decisions that affect how their schools are run. Their empowerment is ensured when they believe their efforts really count, their expertise is valued, and they are provided opportunities to share their ideas and skills.

Fried (1980) said, "the process of empowerment involves a sharing not a delivery, and that means reciprocity ... (p.30). Empowerment, therefore becomes "...less handing down of knowledge...[and more of] a partnership, a mutual sharing of ideas, intuitions, and experiences...." (p.30). It also involves a "critical reassessment of what is worth looking at in teaching (Hargreaves 1985, p.255). Empowering teachers to critically examine the circumstances of their teaching through clinical supervision is, therefore, inextricably linked to enabling them to establish communicative processes so as to see what they are doing,

why, and with what effects. To be empowered, according to Stenhouse (1983) and Misgeld (1975), teachers must be freed from a system of education that denies them the dignity and self-worth to exercise professional judgment.

In conclusion, by definition it is a process and not a product. The root word "power" means to be able; to have the ability or capacity to act. An empowered person then is someone who believes in his/her ability and/or capacity to act and to accomplish a desired goal. The concept of teacher empowerment implies that they [teachers] have the capacity to assume greater influence in the decision-making process. Empowerment has a positive impact on their professional image, their commitment to their work, and their feeling of belonging/contributing to the organization. Empowerment helps to eliminate the feeling of isolation which is common in teaching. Therefore, the acquisition of support, information and resources is the basis by which people and/or organizational units become empowered (Patterson, Purkey and Parker, 1986).

Obstacles to Teacher Empowerment

The first obstacle to teachers sense of empowerment is their reluctance to give up practices that helped them get through the first difficult years of teaching (Maeroff, 1988; Nathan, 1987). Without support and/or guidance, they

often revert to teaching in the traditional manner by which they have had some success.

Another is the highly bureaucratic administrative structures that often strip teachers of the opportunity to creatively shape their work (Bastion, et al 1985; Maeroff, 1988; Nathan, 1987). Excessive standardization, large classes, fragmented planning periods, excessive paperwork, limited inservice training; inadequate continuing education programs, low pay and low status contribute to teachers' sense of isolation and powerlessness.

According to Lortie (1975), Howey (1981), Lieberman and Miller (1984), Saphier (1985), and Lieberman (1986) the teaching profession is structurally designed to create alienation and isolation. Isolated in their classrooms, they have limited opportunities for contact with other teachers or any other adult during the course of the day (Williams, 1974; Lieberman, 1986; Sarason, 1982; Tye and Tye, 1984). When they do come together, DeSanctis and Blumberg (1979) found that professional talk among teachers usually lasted less than two minutes per day.

A poll of 8,500 teachers conducted by Instructor magazine (Fall, 1986) found that 61 percent have not had opportunities to observe their colleagues teach. Blankenship and Irvine (1985) found that approximately 50 percent of all experienced teachers

have never been observed for purposes of instructional improvement and 76 percent of all teachers have never been observed by another teacher in their own school.

Literature further indicates that teachers rarely work together on schoolwide problems or join with their peers in collaborative endeavors (Sarason, 1982; Maeroff, 1988) such as district committees or projects. Nor do they visit other schools or receive visitors from other schools. There is very little active, ongoing exchange of ideas or practices across schools, between groups of teachers, or between individuals in the same school (Tye and Tye, 1984). Teacher-to-teacher links for mutual assistance in teaching or collaborative school improvement are weak or nonexistent. In general, teachers perceive their awareness of one another to be weak (Instructor, 1986).

Based on an analysis of the Rockefeller Foundation's Collaborative for Humanities and Arts Teaching (CHARTS) Program, Gene I. Maeroff outlined the obstacles faced by teachers in his book The Empowerment of Teachers: Overcoming the Crisis of Confidence (1988). He described teachers isolated in their classroom, their limited opportunities to share and compare ideas, see their colleagues practice their profession (Sarason, 1982), or teach each other new techniques as hindrance to their empowerment. Also hindering their move toward empowerment,

are skeptical principals who are threatened by the idea of sharing power with teachers (Sickler, 1988).

The teachers John Goodlad studied for his work titled A Place Called School: Prospects for the Future (1984) appeared to function autonomously. However, their autonomy was exercised in a context of isolation rather than a "rich professional dialogue about a plethora of challenging educational alternatives" (p.63). Even the classrooms in which teachers spent much of their time appeared to be "symbolic and predicative of their relative isolation" (p.81) from one another.

The third and major obstacle is teachers lack of involvement in local school decision making (Bastion, et al 1985). Decisions about what should be taught, why it should be taught, and how it should be taught are often made without (or with limited) input from the classroom teacher. As a result, teachers have little sense of ownership for their daily work or professional craft (Goodman, 1988).

Duffy and others (1987) stated that because teachers know that they must adhere to procedures established by superiors, they conclude that they are not supposed to be decision makers. They are often encouraged by their administrators or supervisors to become educational technicians who merely coordinate the day's work to ensure that

students "get through the materials" on time. They are judged and evaluated by how smoothly they move their students through the curriculum and on how well they do on standardized tests. As teachers are socialized into these norms, they become passive and "puppets" to administrative mandates and decisions.

Strategies for Empowerment

Although sweeping alterations of the teaching profession will not occur until society as a whole decides it wants a more substantive education for its children, reasonable strategies can be carried out now to empower teachers.

Empowerment, according to the Carnegie Report (1987), involves an increase in autonomy and decision-making power in the areas of curriculum, instruction, and significant involvement in the training of new teachers. To that end, the Carnegie Report recommends reorganizing public schools to pass more power to the teachers, and reforming teacher education programs to include current practitioners. This approach endorses and encourages teachers to take control of their own striving (Smyth, 1985).

To empower teachers, various groups of people must become actively involved. Policy makers, administrators, teacher educators, researchers, and teachers themselves can play a significant role in empowering teachers (Goodman,

1988). Policy makers interested in empowering teachers could propose that "teacher impact statements" be required when educational practices and curriculum are mandated (Frymier, 1987; Goodman, 1988). These statements, a first step in providing this protection (Frymier, 1987) would address to what degree a particular reform proposal would encourage teachers to (1) develop a sense of ownership of the instruction that occurred in their class, (2) increase their commitment to the education of their students, (3) experiment with thoughtful instructional strategies, (4) seriously reflect on the value of what is taught to their students, and (5) become involved in thoughtful dialogue on the goals and practices of the education they provide students (Goodman, 1988).

Goodman (1988) further suggested that teachers work collectively and form support groups to discuss and plan actions to protect their professional autonomy. Since many other coalitions (e.g. nurses, social workers, clerical groups, etc.) are dominated by women, these various groups (organizations) could provide a forum for collaboration. They could also consider becoming involved in their professional organizations and push them in defending their talents and decision-making powers.

School administrators who see the value in promoting teachers decision making can make a significant difference

by helping teachers to become empowered in a responsible manner. They could encourage and allow teachers to propose and try alternative curriculum ideas and teaching approaches in their classrooms. Supportive administrators could also provide teachers release time from teaching to develop original instructional materials, attend workshops and professional conferences, observe peer demonstrations, and share ideas with their colleagues (Goodman, 1988; Garmston, 1987).

Teacher educators play a viable role in the empowerment of teachers. By focusing on questions of how to teach and ignoring underlying questions of why and what to teach, preparation programs have encouraged acquiescence and conformity to the existing managerial role of teachers. Therefore, Goodman (1988) suggests that teacher preparation programs redirect and expand their focus. Coursework, field experiences and seminars are provided that help preservice teachers develop the habit of reflection: help teachers examine the educational, social, and ethical implications and consequences of their endeavors.

Coaching by one's peer is another strategy for empowerment of teachers (Joyce and Showers, 1983, 1988). Consulting with each other, modeling, in addition to providing systematic feedback for the purpose of improving classroom instruction also develops a sense of

collegiality. According to Joyce and Showers (1983, 1988) and Locke (1984) training programs conducted by teachers for teachers are likely to be successful when modeling and practice with feedback are provided.

Benefits of Empowerment

Both Futrell (1986) and Boyer (Landsmann, 1987) believe strongly that classroom teachers are the key to reform and school improvement. Boyer goes on to say that school improvement and effectiveness is the way teachers think about themselves. When teachers are empowered and make decisions that effect how their schools are run, it fosters school improvement. Their desire to succeed and to have their students succeed can and does motivate teachers to adjust, change, and grow (Pinerio, 1982; Little, 1981, 1984; Medley, 1977; Howey, Bents and Carrigan, 1981).

Taking greater regard of teachers and what they have to say means enhancing their role. A change in the position of teachers would set the stage for almost any degree of empowerment desired. Knowledgeable teachers who perform as professionals can improve the education of their students. Once teachers are raised in status, made more competent at their craft, and given entree to the decision-making process, the rest will follow (Maeroff, 1988).

Studies also reveal that supportive conditions such as sensitive leadership in schoolwide decisions tend to be associated with greater teacher enthusiasm, professionalism, and career fulfillment (Goodlad, 1984; Instructor, 1986; ASCD Update, 1988).

Summary

Propelled by reports issued by the California Commission on the Teaching Profession (Sickler, 1988), the National Governors; Association Time for Results: Governors; 1991 Report on Education (Nathan, 1987), the Holmes Group (Murray, 1987) and the Carnegie Task Force on Teaching as a Profession (ASCD; 1987), attention has been drawn to several key "defects" they identified in the typical school structure: school environments that isolated teachers, lack of teacher involvement in the decision-making process, evaluation systems that are irrelevant to instructional improvement, and obstacles to cooperation between teachers and administrators.

These key defects contained the nucleus for disempowering teachers. They supported the barriers that maintained the perception of teaching as an "occupation" rather than a "profession". Therefore, it has become necessary to identify ways to foster the on-going instructional support and professional development of the novice as well as the veteran teacher.

Based upon the same premise as the clinical supervision model described by Cogan (1973) and Goldhammer (1969) almost 20 years ago, peer clinical supervision is a face-to-face relationship between teachers. A relationship which is built on mutual trust and a certain human autonomy which enhances the freedom for teachers to express ideas and opinions about how they can improve their instructional program (Acheson and Gall, 1987; Goldhammer, Anderson and Krajewski, 1980).

Peer clinical supervision is a dynamic process involving much give and take between teachers. As long as this mutual interaction occurs, the relationship will be productive. When participants are actively engaged in peer clinical supervision, they keep each other growing professionally (Loucks-Horsley, et al 1987) and remove the barriers to their empowerment.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this chapter is to describe the design of this study. The chapter describes the design of the study, restatement of the problem, setting, research population, instrumentation, procedures, and data analysis.

Design of the Study

The purpose of this study was to investigate the impact of peer clinical supervision on teacher empowerment. A training program designed to develop skills for empowerment was delivered to a group of teachers in an urban elementary school. Two pre and post program questionnaires, described below, were administered to participants. An interview with each participant and investigator field notes also provided data for this study. Changes in the level of teacher empowerment, using the list of empowerment indicators, were determined from an analysis of participant responses to the pre- and post questionnaires and from data gathered through the interview and investigator field notes.

The single case study action research format was utilized for this study because the research topic was a contemporary phenomena within a real life context (Yin, 1987). The case study format allowed this investigation to

retain the holistic and meaningful characteristics of real life events (Best, 1970).

A number of additional factors influenced the selection of action research for this study. These included:

- (1) It is focused on the immediate application, not on the development of theory.
- (2) Emphasis is placed on a problem, here and now, in a local setting.
- (3) Its purpose is to improve school practices and, at the same time, to improve those who [teachers] try to improve the practices.
- (4) Its findings are evaluated in terms of local applicability, not in terms of universal validity.
- (5) It combines the research function with teacher growth (Best, 1970).

Statement of the Problem

The purpose of this study was to investigate the impact of peer clinical supervision on the empowerment of teachers. The principle research question that guided this study was, "How does peer clinical supervision empower teachers?" The list of teacher Empowerment Indicators included:

1. Increased receptivity toward supervision

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1. Increased receptivity toward supervision

2. Increased receptivity toward change
3. Decrease in feelings of isolation
4. Increased evidence of teachers working together
5. Increased participation in the decision making process at the building level
6. Increased classroom observations among peers

Setting

An urban elementary school located in southeast Washington, DC, that serves approximately 845 students, prekindergarten through sixth grade was the setting for this study. Ninety-nine percent of the school's population was Black with one percent non-Black. Most of the students came from low socio-economic neighborhoods.

The architectural design of the building appeared to be conducive to meaningful teacher-to-teacher interactions. The four-story school consisted of an open-space configuration with classes on both sides of a "commons" area. This design lends itself to team teaching and large and small group activities.

During the previous year, the principal observed each teacher at least twice, holding only a postobservation conference with each observation. Based on the results of these observations, the principal decided if the teacher should receive supervisory support or assistance.

Subjects

The subjects of this study were elementary teachers and their principal. On this staff of thirty-six teachers, twelve were nontenured while twenty-four were tenured. In this group, three were new to teaching and seven were new to their grade level. The opportunity to participate in this peer clinical supervision program was offered to the entire staff; twenty-two volunteered to participate. Of this group, eighteen were female, four were male; all were black. Their teaching assignment ranged from kindergarten through grade six, three subject area specialists, one librarian, and one counselor as shown in Table 1.

Table 1 - Teaching Assignment

Grade Level	No. of Teachers
K	1
1	2
2	2
3	2
4	3
5	2
6	3
Reading Specialist	2
Librarian	1
Counselor	1
Building Resource	1
Substitute Teacher	1
Principal	1

Table 2 shows the mean number of years teaching experience as 14 for this group. Most of the participants are in the middle stage of their teaching career.

Table 2 - Years of Teaching Experience

Years	No. of Teachers
0 - 5	4
6 - 10	3
11 - 15	5
16 - 20	6
21 - 25	2
26 - 30	2

Training Program Description

Peer Clinical Supervision: A Key to Instructional Effectiveness is an inservice training program based upon an adaptation of Goldhammer and Cogan's Model of Clinical Supervision. A peer clinical supervision model was selected for its collegial, collaborative characteristics and its potential for creating a climate conducive to teacher empowerment. The course design was based upon these assumptions:

1. Participants will demonstrate correct application of the peer clinical supervision and coaching skills.
2. Teachers receiving peer support will demonstrate positive effect from the interaction.

Participants received a step-by-step procedural notebook to guide them through the training.

To ensure the meshing of the Empowerment Indicators specified for this investigation with the components of an effective peer clinical supervision course, a series of 12 inservice training sessions/workshops were designed by the study investigator/instructor.

Sessions met on Tuesday from 3:30 to 6:30 PM for 12 consecutive weeks. This allowed the participants time between sessions to practice newly acquired skills/techniques [Acheson and Gall (1987) recommend at least 20 hours of practice in addition to 20 to 30 hours of instruction], review printed materials distributed or notes taken during previous sessions, meet informally with their colleagues to discuss concerns, issues or related events, and complete any assignments given by the instructor.

To meet the diverse needs of the participants, training sessions were multifaceted. For example, workshop sessions combined small group or large group work with lectures and demonstrations; presentations incorporated interactive exercises, visuals, video tapes and/or charts. Printed materials, simulations, role-playing, etc. were also matched to particular learning outcomes.

Each session provided background data or theory necessary for understanding various techniques/concepts being presented; provided opportunities for active

to teacher relationship (increased teacher interactions, decreased teacher isolation). Interpersonal communication and human relation skills were also emphasized during this session.

Sessions IV and V introduced the techniques of classroom observation. A central element of the clinical cycle, the success of this experience would effect the continuation of this process. Teachers would decide whether to permit their peers in their classrooms to conduct observations. Their response would effect their relationship with each other (teachers working together and teacher isolation). Video tapes played an important role in developing participants' repertoire.

Sessions VI and VII were guided by a set of objectives to help participants develop knowledge and skills in using specific techniques in conference with their peers both before and after observing their classroom teaching performance.

Sessions VIII and IX moved participants formally into the peer coaching role. Again, video tapes were used to introduce the process vividly to the participants. Coaching techniques were viewed, discussed and demonstrated jointly.

Session X focused on the Science and Art of Teaching while incorporating the concept of the "teacher as a

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Session X focused on the Science and Art of Teaching while incorporating the concept of the "teacher as a decision-maker".

Session IX enabled the participants to review and demonstrate various teaching models. Teacher demonstrations were encouraged.

Session XII brought closure to the formal weekly training sessions. At this time, participants developed implementation plans for modeling/coaching the five-stages of the peer clinical supervision model at the local building level.

Data Collection and Analysis

Two pre- and post training questionnaires served as the primary data collection instruments for this study. Participant interviews and investigator field notes also serve as supplementary sources of data.

The Pre-Program Teacher Questionnaire contained information about:

- (1) Teacher's grade level or subject area and years of experience.
- (2) The range of engagement with colleagues in various teaching activities.
- (3) Each teacher's prior familiarity with the key topics covered in the training and use of related techniques.
- (4) Each teacher's current and desired level of peer collaboration with others in the school.

The Post-Program Teacher Questionnaire was designed to obtain participants' assessment of the training program as it related to their role as a peer supervisor/coach. Each question was related to one of the six empowerment indicators previously stated.

Participants were also asked to assess to what extent their participation in the program effected or changed their perception of their colleagues as a source of support, their participation in school-based decisions, their feelings of isolation, their attitude toward supervision and their understanding (knowledge) of the teaching/learning process.

Concepts and Strategies in School Supervision

Perception Inventory was extrapolated from the Organizational Diagnosis Questionnaire (ODQ) developed by Robert C. Preziosi. This modified, adapted opinionnaire was designed to assess the perceptual level of teacher-respondents in the areas of decision making, supervision, relationships, isolationism, classroom observations, and attitude toward change.

Investigator's Field Notes

The investigator's field notes, a descriptive record of this study, describes each step in the implementation

process and covers:

- (1) Program-wide training activities (how standard aspects of the program such as administration of the pre-program questionnaire or the presentation of a training session were carried out).
- (2) Site-specific and training-specific activities (particular activities implemented with a specific group, training activities correlated with specific empowerment indicators).
- (3) School-based developments outside of the training program that have a bearing on its implementation or success (such as involvement of the principal and teachers beyond the standard level provided for in the training, requests from non-participating teachers for training program information, evidence of individual and/or group actions that reflected empowerment behaviors).

Interview

Data were also collected through a structured interview with each participant ranging from 35 to 60 minutes. Questions dealt with the kinds of assistance teachers gave and/or received, from whom or to whom, the place where the assistance occurred, and the type of assistance performed. These questions were closely associated with the six

Procedures for the Study

This study examined peer clinical supervision as a blueprint for teacher empowerment. Participants in this study received an inservice training program based on an adaptation of Cogan and Goldhammer's Five-Step Clinical Supervision Model and Joyce and Shower's Peer Coaching Model.

The program was presented in a self-contained format to enable the training to be administered weekly at the local school site from 3:30 to 6:30 P.M. The program consisted of:

- (1) a workshop format built around simulations, role playing, and practicum activities intended to deliver proficiency in the many skills of clinical supervision,
- (2) learning activities conducted in small groups to insure continual performance feedback from fellow participants and to provide for the building of interpersonal relation skills while practicing the steps of the process, and
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CHAPTER IV

DATA ANALYSIS AND FINDINGS

Introduction

This chapter will present, describe and analyze the data collected for this study. The statement of the problem was to determine how peer clinical supervision could enhance teacher empowerment. The study population consisted of 21 elementary school teachers [although their principal participated in the formal training, data collected from her were not reported] in an urban public school setting located in the District of Columbia. Therefore, the generalizability of this study outcomes are restricted.

The findings are reported according to data collected from three basic sources: (1) pre- and post teacher questionnaires/inventories, (2) structured interviews, and (3) field notes. These instruments were self-reporting and involved the perceptions of the subjects rather than direct measures of behaviors or conditions. The results are reported as aggregated data even though individual responses were tabulated. It was felt that this would be more meaningful and useful to the readers of this study.

Pre-Program Teacher Questionnaire

Baseline data were obtained from the Pre-Program Teacher Questionnaire (Appendix D). This instrument asked participants to respond to statements related to their professional involvement in and knowledge of topics or concepts considered essential to teacher empowerment.

Tables 3.1, 3.2 and 3.3 illustrate the data obtained from this initial questionnaire. Each table indicates a percentage of all responding teachers. A total of 21 teachers responded. Of that number, 15 teachers had over ten years of teaching experiences (See Table 2, pg.41).

Table 3.1 asked participants to indicate the frequency in which they engaged in various activities; such as, observing a colleague teaching (3a) or giving a demonstration lesson for a peer (3b), trading professional ideas (3c) or working with a colleague on instructional issues(3d).

Table 3.1 - Engagement in Collegial Activities

Item	Almost never	Few times a year	Once a mo. or so	Every wk or so	Daily basis
3a	62%	14%	14%	10%	0
b	52%	19%	10%	19%	0
c	43%	14%	24%	19%	0
d	48%	24%	14%	19%	0

*More than half (62%) of all the teachers indicated that they had never observed a colleague teaching (item 3a) or been observed by their peers (52% - item 3b). Only 10%

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indicated that they observed a colleague teaching every week or so. The remaining 28% observed their colleagues a few times a year (14%) or once a month or so (14%). This was closely followed by almost never "work with a colleague on instructional issues" (48%) and "trade professional ideas with peers" (43%); items 3c and 3d respectively on the questionnaire.

Table 3.2 asked the respondents to indicate the degree in which they participated in the following activities at their present school site: select the subjects and/or grade they preferred to teach (3e), make decisions related to school-based issues (3f) or make decisions related to instruction (3g).

Table 3.2 - Involvement in Making Decisions

Item	Never	Occasionally	Always
3e	90%	10%	0
f	48%	38%	14%
g	48%	19%	33%

*A high percentage (90%) of the teachers polled indicated that they never "select the subjects and/or grade" they teach (item 3e). In addition, 48% never "make decisions related to school-based issues" (3f) or "...instruction" (3g).

Table 3.3 represents participating teachers' responses to item #4a-h: familiarity with various topics/concepts essential to peer clinical supervision and teacher

empowerment. These topics/concepts deemed essential were effective conference techniques (4a), observational strategies (4b), data analysis (4c), effective communication skills (4d), characteristics of the adult learner (4e), models of teaching (4f), the 5 stages of clinical supervision (4g) and peer clinical supervision (4h).

Table 3.3 - Topic Familiarity

Item	None	Acquainted	Not sure	Some	Very
4a	33%	29%	24%	14%	0
b	43%	33%	14%	10%	0
c	43%	19%	19%	19%	0
d	14%	29%	19%	29%	10%
e	33%	24%	24%	10%	10%
f	19%	14%	19%	29%	19%
g	33%	24%	24%	19%	0
h	48%	14%	19%	19%	0

*Most teachers (80%-90%) indicated no familiarity and lack of knowledge for applying the techniques and strategies for implementing peer supervision in teaching.

*Only 19% were somewhat familiar with the "5 stages of clinical supervision" (4g) and "peer clinical supervision" (4h).

*Approximately 29% were familiar with and used somewhat "effective communication skills" (4d) and "various models of teaching" (4f).

Based on the findings for this instrument, the investigator revised the training program (Appendix C) to allow for more peer interactions, observations and sharing of successful classroom strategies/techniques. The content of the training program now addressed familiarity with and knowledge of the 5 stages of clinical supervision, peer clinical supervision and the application of these models to their teaching and coaching behavior.

Concepts and Strategies in School Supervision

Perception Inventory

The process of empowerment could not be facilitated through the implementation of peer supervision unless the concepts are accepted by the teachers to be involved. To obtain comprehensive and accurate data on teachers' attitudes and outlook, all participants were preassessed using Concepts and Strategies in School Supervision Perception Inventory (Appendix D). The same perceptual inventory was administered as a post-test.

Based upon Robert C. Preziosi's (1980) Organizational Diagnosis Questionnaire, the Perception Inventory analyzed the participants' perception of their organizational/school unit according to six interrelated variables (Score Sheet - Appendix D). These variables coincide with the major obstacles to empowerment addressed by researchers

(Goodman, 1988; Maeroff, 1988; Martin, 1987; Smyth, 1986; Rothberg, 1986; Sickler, 1988) such as:

1. teacher reluctance to give up practices that helped them get through early years of teaching (change);
2. feelings of isolation;
3. lack of opportunities to observe their peers teach;
4. skeptical principals who fear the loss of authority; and
5. lack of involvement in the decision-making process.

The Inventory is composed of thirty-two statements with seven statements (#3, 6, 10, 17, 22, 30 and 31) designed to elicit a response of Strongly Disagree or Disagree from teachers with a positive attitude toward the variables that support empowerment. The remaining twenty-five statements are designed to elicit a response of Strongly Agree or Agree also indicative of teachers with a positive attitude toward empowerment.

The data that this survey provided were relative to teachers' perceived feelings of isolation, their working relationship with other teachers, and their role in school-based decision making. Lastly, it surveyed teachers' attitude toward supervision/supervisors and the process of change - personal and organizational.

The criteria was the change in the level of participating teachers' perceptions and attitudes related to the 6 variables on the Inventory Score Sheet and the list of Empowerment Indicators. Changes were determined by an analysis of participants responses to the pre-and post surveys. (See Appendix E for a Pre- and Post Item Analysis.)

Tables 4 through 9 illustrate the results of the pre- and post-administration of Concepts and Strategies in School Supervision Perception Inventory. Each table indicates the total number of participant responses for each item associated with one of the distinct categories and related to one of the Empowerment Indicators.

Indicator #1: Increased receptivity toward supervision
Inventory items: 3, 11, 14, 19 and 30

Table 4 - Teacher Attitude Toward
Supervision

	Agree	Undecided	Disagree	Total
Pre	55	13	37	105
Post	56	7	42	105
Total	111	20	79	210
*Chi Square = 20.19				Prob. <.001

Indicator #5: Increased participation in the decision-making process at the building level.
Inventory items: 2, 9, 16, 18, 25, and 27

Table 8 - Teacher Participation in Building Decision-Making

	Agree	Undecided	Disagree	Total
Pre	33	47	46	126
Post	69	29	28	126
Total	102	76	74	252
Chi Square = 19.67				Prob. <.001

Indicator #6: Increased classroom observations among peers.
Inventory items: 5, 17, 21, 22 and 29

Table 9 - Peer Classroom Observations

	Agree	Undecided	Disagree	Total
Pre	35	31	39	105
Post	60	8	37	105
Total	95	39	76	210
Chi Square = 20.19				Prob. <.001

These data were also correlated to the Empowerment Indicators to support the identification of individual and group functioning strengthens and weakness as an empowered body. (See Table 10.)

Although the findings of the pre-test for this instrument indicated a definite lack of teacher involvement in the decision making process and peer observations, there was a strong, positive attitude among the group toward the process of change. This enabled the investigator's

training program to focus on activities designed to effectively engage the participants in activities that would decrease negative attitudes toward the concept of supervision, remove the barriers interfering with collegial relationships and intra-classroom visitations and sowing the seeds for total staff participatory school-based management.

A comparison of pre-test results with the post-test results (Table 10) indicates the growth and change in the participating teachers' attitude toward supervision, peer observations, collegiality and active participation in school-based management.

Table 10 - A Comparison of Pre and Post Test Perception Inventory with the Empowerment Indicators

Indicator	Perception Inventory		Gain/Loss
	Pre	Post	
Receptivity to supervision	11	82	+71
Receptivity to change	66	88	+22
Feelings of isolation	11	65	+54
Working together	36	103	+67
Participation in decisions	-16	30	+46
Peer observations	-18	74	+92

Post Program Teacher Questionnaire

The Post Program Teacher Questionnaire (Appendix D) was administered to participating teachers to assess the extent to which the training program met its major

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*As anticipated, there was a 93% "considerable change" in participants use of techniques to observe and provide feedback to their peers; 7% ranked between "moderate" to "considerable change".

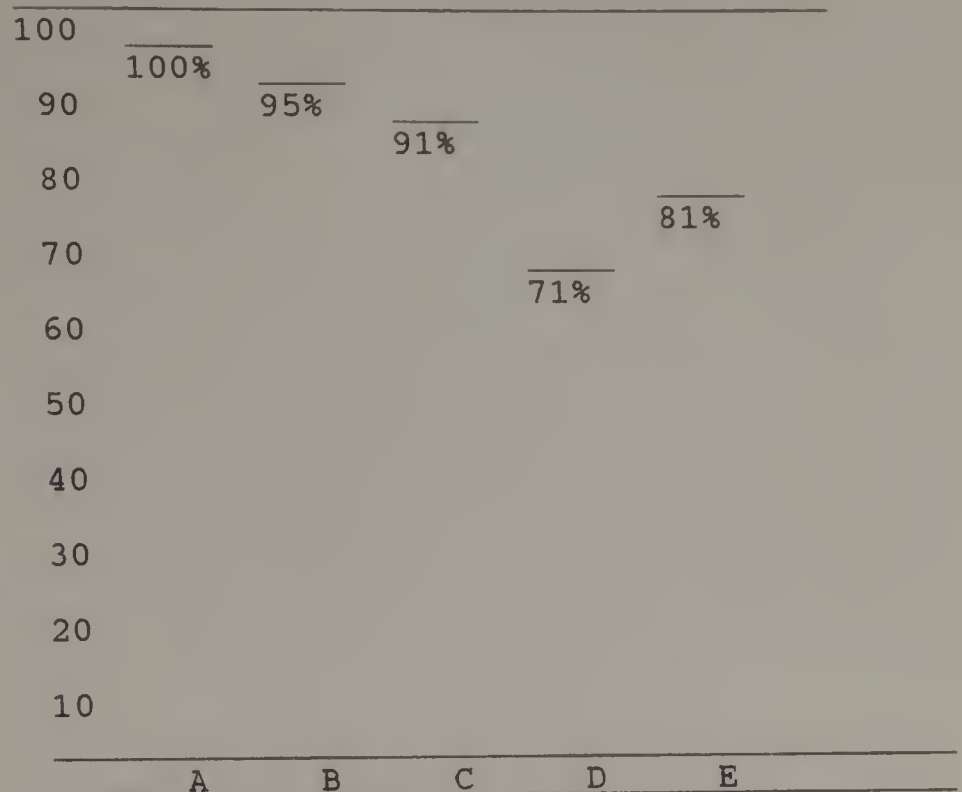
*Sixty-one percent indicated a "moderate change" in their participation in school-based decisions. The remaining 39% assessing themselves at stage 3 - "no change" in perception.

As a result, 100% of the participants plan to follow up on many of the ideas or approaches introduced (item 4) during the training program. Some of the comments given for implementation were (1) the new strategies observed by other teachers would help in their classrooms; (2) to observe colleagues who have effective teaching techniques; (3) to analyze their own lessons; (4) to become more proficient in the clinical supervision process in order to assist other teachers when requested.

Table 11 represents teachers' responses to "in what ways did you personally benefit from this peer interaction" (item 5a-e). The coding is as follows:

- A = Positive attitude toward supervision developed
- B = Better understanding of teaching/learning process
- C = Improved classroom performance
- D = Self-analysis skills developed
- E = Feel less isolated

Table 11 - Personal Benefits From
Peer Interactions

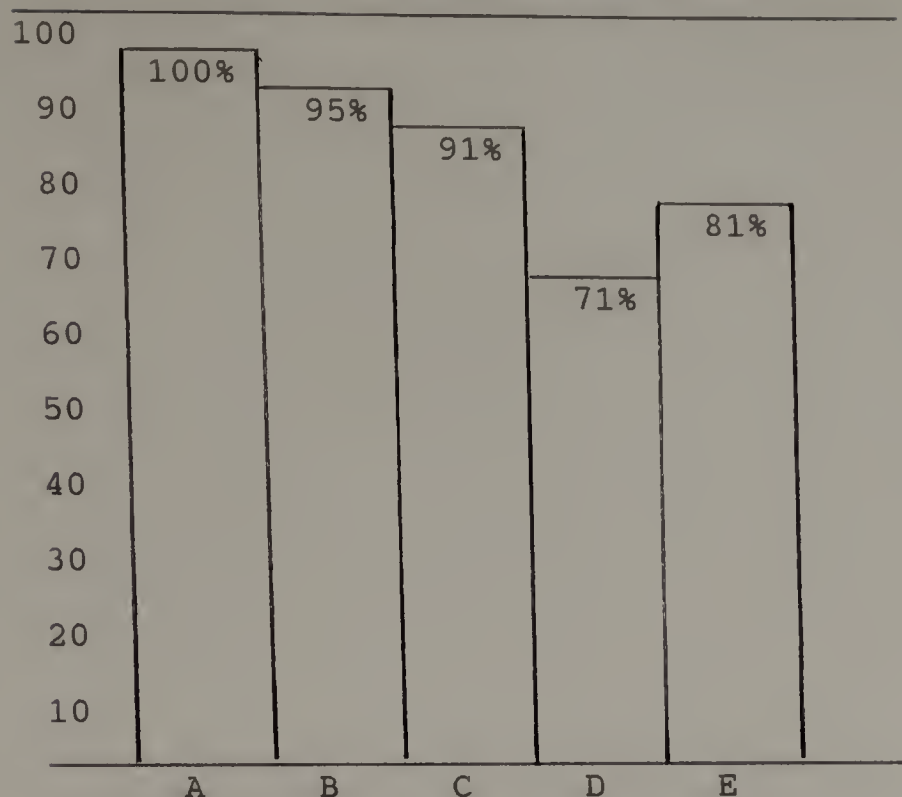


The results presented in Table 11 revealed that teachers trained in peer clinical supervision rated the benefits at 4.0 or higher on a scale of "1" = low and "5" = high, indicating that the impact was highly favorable. Teachers pointed out that they appreciated getting assistance in a manner which was non-threatening and in which they felt "in control". Their sense of being isolated had decreased and their assessment of the benefits of classroom observation had increased.

Other supporting evidence described by teachers are as follows:

- I'm more aware of what I was doing in the classroom.

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Other supporting evidence described by teachers are as follows:

- I'm more aware of what I was doing in the classroom.

...learning the components of the clinical supervision process

...application of what I had learned as I observed my co-worker in the classroom.

Some of the comments related to how the training program could be improved (item 7) were:

...not long enough - should have some type of continuity or on-going process at certain intervals (example, semester workshop)

...not enough opportunities for practical application of the process. I would like to have been able to use several of the observation techniques in a practical manner, then had my performance analyzed by the instructor.

...time did not permit us to explore more concepts through role playing.

...conduct on-site monitoring of the coaching partners.

...you've done all you can do. It's up to us to find the time to share ideas and observe each other.

These responses represent teachers with a positive concept of self, teachers who assume the responsibility for their own professional growth and development, teachers who practice collegiality, teachers who are receptive to

constructive feedback, teachers who are empowered (Hunter,1984; Maeroff,1988; Landsmann,1987; Symth,1986).

Interview

The use of Interview as a data collecting instrument permitted the interviewer to obtain more comprehensive information from individuals who might have been reluctant to put it in writing.

Individual interviews were held with each participant approximately two weeks after their last training session. These face-to-face interactions followed a format resembling an objective questionnaire. The use of both structured and unstructured questions allowed the respondents not only an opportunity to clarify and elaborate on their statements within the parameters of the inquiry, but also freedom to express themselves in their own way.

As the participants responded to each question (Appendix D) the interviewer script taped/recorded verbatim their statements. These statements were then analyzed and consolidated. The following is a summary of the interviewer's findings.

During a typical day most teachers (90%-93%) usually converse with co-workers on their floor and at the same grade level for approximately 10-15 minutes after their

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During a typical day most teachers (90%-93%) usually converse with co-workers on their floor and at the same grade level for approximately 10-15 minutes after their

students are dismissed for the day. These conversations often take place in the teachers' lounge or in their work area.

Conversations that take place in the teachers' lounge tend to be more social than those in their work area which are basically content oriented.

Prior to their training, 80% of the respondents stated that most of the help they received related to classroom teaching came from the building resource teachers for specific content areas (reading, mathematics, science, etc.) and counselor rather than other classroom teachers. As a result, the assistance received was in the area of testing, discipline or obtaining instructional materials for a particular lesson. Occasionally, strategies for presenting or clarifying a specific concept/skill to a group of students were solicited.

However, when they provided help to a colleague it was more focused to the teaching/learning process. Their assistance was in the area of classroom environment, techniques for dealing with inappropriate classroom behavior, effective use of curriculum checklists, guides and assessment tasks, techniques for teaching critical thinking skills and strategies for effective classroom management.

The topics most often discussed when teachers congregated in the lounge or commons area preceding their peer coaching experiences were discipline, lack of parental involvement, students attendance and apathy toward school, early "out" and other forms of complaints. The focus now was geared toward the teaching/learning process. They discussed issues related to departmentalization - its impact on the academic achievement of the intermediate level student; year-round schooling, the extended school day and year; the role teacher expectation plays in student achievement; when and how best to introduce specific concepts into the students learning sequence. Teachers also shared remediation strategies for potential retainees, teaching tips for meaningful and productive lessons, ideas for functional content oriented bulletin boards, homework assignments and class projects.

As indicated by the Pre Program Teacher Questionnaire results on page 53, 62% of the teachers responded that they had never observed their peers teach a lesson nor had they been observed by anyone other than the supervisor or principal. First year teachers or teachers new to the system were the only teachers interviewed who had had at least one opportunity to observe a teacher within the building. Most of their observations while working with a Mentor Teacher were outside of their specific building. Since their participation in the peer clinical

supervision/coaching training, each teacher averaged 5 observations and 3 demonstrations within a 15 week time period.

When asked how helpful and supportive did they (teachers) find the supervisor, principal and teacher colleagues, the consensus of the respondents was that each provided considerable support and were willing to be of assistance. However, it was the responsibility of the individual teacher to seek or request their services. Teachers had to take the initiative.

In addition to the benefits previously reported of peer clinical supervision (Table 7, pg.55), participants responded during the interview that they were now more aware of their own need and desire for instructional support and/or feedback from a nonevaluative point of view; that their peers are a valuable resource to them; that it is healthy and safe to see yourself through someone else's eyes, and lastly, that the intent of supervision, whether by principal, supervisor or peer, is to improve the delivery of instruction to students.

Investigator Field Notes

A descriptive record of this study, the investigator's field notes describe various steps in the implementation process. At this time, only school-based developments

outside of the training program that have a bearing on the successful implementation of this study will be shared.

Before initiating training in peer clinical supervision, a variety of "warm-up" activities were conducted by the investigator with the entire school staff. These activities were comprehensive, emphasizing the goals of peer clinical supervision/peer coaching to improve the quality of classroom instruction and to provide onsite support to teachers-by-teachers. Teachers were also given an opportunity to ask questions about the procedures and requirements regarding the implementation of a peer clinical supervision program.

Following the orientation on peer supervision/coaching, the staff asked the investigator to consider designing a course for them. Of the original 35 staff members requesting the course, 21 teachers and their principal voluntarily enrolled.

There was evidence during the beginning sessions that several of the teachers felt uneasy and/or intimidated by the presence of their rating officer. However, when it became apparent during "warm-up" activities, simulations and group role playing that their principal was there as a student to strengthen her skills and to learn how she could support the successful implementation of this program with them, the climate became more relaxed and discussions more

open. Her presence (principal) soon served as an endorsement to the teachers that she sincerely supported them and the program, that she too wanted to develop and grow professionally, and that they were more than a "staff", they were a "team".

However, the instructor/investigator continuously worked to build staff confidence in the process by:

1. discussing the goals and process openly and honestly with the group,
2. encouraging the teachers to share their feelings and concerns about the program/process. Then by providing information to answer their inquiries. Clarification was provided when asked and as needed.
3. having no "hidden agendas",
4. providing appropriate training to all interested staff members, and
5. providing feedback promptly to all participants.

Each week the groups interaction became more focused as they actively participated in simulations, discussions and practiced their observational, data gathering and feedback skills conscientiously. Brainstorming, sharing of ideas or problems and the chance to "vent" some frustrations to similar situations viewed while studying video taped classroom episodes, not only generated

solutions but a feeling of togetherness. The walls that isolated many of them were beginning to crack and tumble down!

Visits to the building during the school day reflected theory into practice as individuals and teams of 2-3 teachers coached and modeled their newly acquired skills. On various occasions, non-participating teachers solicited information related to the participants' training.

Although the principal participated in all classroom activities and was required to complete all assignments, her responses were not included in any of the data for this particular study. She was also not permitted to participate in any of the team classroom observations. It was felt that her role as a partner in an actual classroom situation would be too stressful for her teacher-partner, plus compromise her role as the rating officer. This position maintained the integrity of the "peer supervisor/coach's" role.

Independence and initiative were demonstrated during the absence of the instructor - a group of participants convened the class and proceeded with the activities as scheduled.

After several weeks of reviewing and discussing numerous national reports on the status of schools,

education and teachers, research literature on the characteristics of effective schools, various models of peer supervision/coaching and exploring both administrators and teachers concerns and expectations related to this whole process, the principal stated to the investigator quite earnestly, "...I have become more conscious of the need to involve all teachers in the decision-making process and to commend them for their achievements."

An examination of teacher personality characteristics using the Myers-Briggs Personality Profile indicated an extreme dependency on the judgment of others by several teachers in the group. Therefore, the investigator incorporated into the program's design supporting strategies such as team building, group facilitation, and interpersonal communication.

Participants had an unrestrained opportunity to select the partner(s) they wished to work with using the coaching model, as well as selecting the issues to be explored. For the collegial relationship(s) to mean what it says, there must also be an overt demonstration of reciprocation. Each partner must have the opportunity to observe the other. Unless this occurs, then peer clinical supervision rapidly becomes a process that is done to certain categories of teachers (Symth, 1986), such as new teachers, weak teachers or inexperienced teachers.

Specific areas emphasized throughout these highly interactive sessions were:

- Cooperative skills....for partner planning
- Trust building activities....for positive interactions
- Classroom observation techniquesfor successful conferencing
- Script taping....for accurate feedback
- Questioning strategies....for reflective analysis
- Peer coaching teams....for school-wide support

Summary of Findings

The findings of this study indicated that peer clinical supervision does enhance teacher empowerment by reducing the obstacles that contribute to their perception of powerlessness. When teachers practice collegiality, are receptive to supervisory support from an administrator, supervisor or fellow teacher, are willing to participate in and accept the responsibility with the building administrator(s) associated with school-base decisions and no longer perceive themselves as "just a teacher" - they possess the characteristics of an empowered staff.

Working in a one building staff situation gave the investigator/instructor the opportunity to respond in a

more timely fashion to both individual and group needs. Also, the onsite support system for participants was stronger.

Teams learned how to minimize preobservation conferencing time and maximize collegial conversation time. They also learned to master the methods that ensured transfer of learning from workshop sessions to their classroom.

The degree of confidence exhibited before, during and after peer classroom observations increased with time and training. Participants that used to rely on the suggestions given during the training sessions now sought ideas from their peers. As they began to feel more comfortable and less threaten with a peer in their classroom, they indicated less anxiety. Teachers' lack of confidence in their own abilities and abilities of their peers were due mainly to years of "isolation" and feelings of "powerlessness".

Several teachers indicated that the process had made them more analytical of their teaching performance. Data shared with their peers during feedback sessions were felt to be more helpful or just as helpful as that received from a "regular" supervisor. All participants felt the experience helped reinforce their feelings that what they were doing was right.

To promote more teacher interaction, teachers made plans to eat lunch together in the teacher's lounge on various floors at least twice per week; to serve coffee and juice each morning; and to have monthly grade level meetings to discuss instructional issues.

Analysis of the total data collected for this study has revealed that clinical supervision as practiced by teachers can improve their perception toward supervision, decrease their feeling of isolation, develop collegiality and eventually increase their participation in the school decision-making process. When a comparison was made between the pre- and post program data and Perception Inventory with the Empowerment Indicators, there was evidence of an increased gain in percentage points in all areas. (See Tables 12.) However, the areas of teacher receptivity toward change and participation in the decision-making process at the building level did not show as much gain as the other areas. The reasons for this occurrence were (1) teachers were already receptive to change and (2) the school year was about to end and there were limited opportunities for teacher input.

Table 12 - Comparison of Empowerment Indicators
with Pre and Post Data Results

*Empowerment			
Indicator	Pre-Program	Post-Program	Change
1	-	100%	-
2	-	-	-
3	-	81%	-
4	52%	82%	30%
5	52%	71%	19%
6	38%	100%	62%

*Empowerment Indicators

1. Increased receptivity toward supervision.
2. Increased receptivity toward change.
3. Decreased feelings of isolation.
4. Increased evidence of teachers working together.
5. Increased participation in the decision-making process at the building level.
6. Increased classroom observation among peers.

In summary, it might be said that teachers are receptive to peer clinical supervision and peer observation teams. It can also be said that this study endorses much of what Maeroff (1988) proclaimed: that when teachers work in an environment where they are treated as professionals with status, knowledge and access to resources/information the inevitable result is empowerment.

CHAPTER V

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction

The purpose of this chapter is to present a summary of the research, draw conclusions based upon the findings and make recommendations with regard to the impact of the Peer Clinical Supervision Training Program on teacher empowerment.

Summary

The problem statement for this study was to examine the impact of peer clinical supervision on teacher empowerment.

The purpose was to examine peer clinical supervision as a model for teacher empowerment. Participants received a 15 week intensive inservice training program based on an adaptation of Cogan and Goldhammer's Five-Step Clinical Supervision Model. Their training was administered weekly at the local school site from 3:30 PM to 6:30 PM. The workshop format included simulations, role playing, demonstrations, readings, discussions and video tapes.

Prior to their training, teachers' perception and/or attitudes were examined to identify which promoted or inhibited empowerment as measured by the Concepts and Strategies in School Supervision Perception Inventory. This provided them an opportunity to analyze their attitudes and perceptions in a nonthreatening environment

in order to become more sensitive to the relationship between themselves and their peers.

The intent of the Peer Clinical Supervision Training Program was to instruct elementary teachers in the usage of the components of Goldhammer and Cogan's Clinical Supervision Model in a teacher-to-teacher relationship. Through the implementation of peer clinical supervision, teachers would reinforce the identified indicators associated with empowerment.

The research study focused on 21 urban public elementary school teachers and their principal in the southeast section of the District of Columbia. They all volunteered to take part in both the training program and the research study.

The instruments selected and used to collect data were the Pre- and Post Teacher Program Questionnaires, Concept and Strategies in School Supervision Perception Inventory, teacher interviews and investigator's field notes. Each of these instruments were reviewed in Chapter III. Each instrument was administered to all participants as a pre and/or post test.

Results from the data collected were reported as aggregated data rather than individual participant responses. The data treatment included the use of total group scores, percentages, means and differences.

The study was designed to answer the question "How does peer clinical supervision empower teachers?". Changes in the level of teacher empowerment using specific empowerment indicators were determined from an analysis of participant responses to data collected from Pre- and Post Program Questionnaires, Concepts and Strategies in School Supervision Perceptual Inventory, individual interviews and investigator's field notes during the study.

The findings indicated that training in peer clinical supervision had a positive impact on teacher empowerment when the test results were associated with the Empowerment Indicators. (See Tables 10, 11, and 12.)

Based on the results, Peer Clinical Supervision Training did impact on the empowerment of the participating teachers and exposed them to a model/blueprint for providing onsite support to teachers by teachers.

Evidence of the benefits and enriching rewards teachers derived from their participation in the training sessions were expressed in their response to the statements that follows:

MY PEER CLINICAL SUPERVISION/PEER COACHING EXPERIENCE
WAS....

- ...quiet, cheerful, tireless.
- ...a true experience. It helped me to be a better me.
- ...meaningful, interesting, enlightening.
- ...interesting, fun.
- ...exciting, interesting, rewarding, non-threatening,
a learning experience.

- ...challenging, friendly
- ...FANTASTIC!!
- ...an unforgettable experience that has inspired and motivated my efforts toward greater heights in interacting with my peers.
- ...harmonious, knowledgeable, creative.
- ...fantastic. I was able to share with my colleagues based on our combined strengths. This brought us closer together as a family unit (inspite of our areas of weakness).
- ...open, easy, stimulating, thought-provoking.
- ...symbolic (mutually beneficial).
- ...enlightening.

MY STRENGTHS AS A PEER COACH ARE....

- ...supportive, cooperation.
- ...non-judgmental, easy to get along with.
- ...the ability to understand the needs of other teachers. Not to be judgmental of other teachers. To respect varies teaching strategies. To be honest about questions that are raised regarding a specific lesson. Easy to communicate with.
- ...my inner ability.
- ...being a good listener, observer, friendly, even tempered.
- ...competent, knowledgeable, friendly, humorous, informative.
- ...objective. I'm non-threatening, understanding, easy to talk to.
- ...I'm never too busy to stop, look, and listen to others. I am very receptive to new ideas and methods.
- ...giving helpful suggestions and making a teacher feel at ease.
- ...letting the teachers I observe relax, smiling, smoothness, pizzazz.
- ...sincerity, honesty, non-judgmental, strong rapport, easy communicator.
- ...patience, sharing information.
- ...few, for at this time I'm quite new.
- ...ability to listen, to be supportive and non-judgmental

I NEED TO STRENGTHEN.....

- ...my management skills.
- ...my listening and my writing skills.
- ...my behavior and attitude.
- ...being more forward in public.

- ...my self-confidence.
- ...attention to detail and generalizing notes.
- ...clerical skills.
- ...my initiating procedures for involving others unfamiliar with peer coaching.
- ...more varied teaching techniques.
- ...details in observing, making effective use of time.
- ...some of my reading lessons so that my students my receive the best of my teaching techniques.
- ...shorthand skills.
- ...stay on the set goal, for I had trouble observing what I was told.

Conclusions

Empowerment, according to the Carnegie Report, involves an increase in teacher autonomy and decision-making power in the area of curriculum and instruction and significant involvement in the training of (new) teachers. To that end, the Carnegie Report recommends reorganizing schools to pass more power on to the teacher.

Like the Carnegie Report, much of the research and literature pertaining to empowerment suggests that when teachers take on roles other than traditional classroom teaching, they need additional sets of skills and knowledge. The literature further suggests that because teachers work in an environment that is relatively isolated, they often perceive themselves as being powerless.

Peer clinical supervision (teachers supporting teachers), an adaptation of Goldhammer and Cogan's Model of

Clinical Supervision, was seen as a way of expanding the person power and expertise available at the local school site and a way for ensuring that teachers had both the autonomy and responsibilities necessary to increase their effectiveness. This approach would also provide teachers with the knowledge and skills deemed essential for successful interactions with their peers. Therefore, it seemed worthy to investigate the impact of peer clinical supervision on teacher empowerment at the local building level.

The first and most important stage of the peer clinical supervision model is the establishment of mutual trust among the participants, especially if the building principal is involved. Only in a relationship of mutual trust is it possible for teachers to establish a frame of reference in which their values, ideals, concepts, feelings and anxieties are understood.

A Peer Clinical Supervision Training Program was conducted for the participating elementary teachers that stressed teacher-to-teacher relationships rather than supervisor-subordinate relationships. The training provided a model which teachers could utilize with their peers in a nonthreatening manner to improve classroom performance. The data of this study demonstrated that the participating teachers did show a more positive attitude in

their working relationship with each other (collegiality) in comparison to pretraining encounters.

Examples of this constructive, positive attitude displayed by teachers trained in peer clinical supervision/peer coaching through their comments to the open-ended statement "Peer Coaching is...:

...a way to help your co-workers by giving of yourself to someone else with no strings attached. It is helpful and enlightening in ways that you don't generally see when being observed. It is non-judgmental and provides constructive criticism without being critical.

...helping teachers to become effective teachers.

...teachers helping other teachers. Supporting each other in new teaching strategies. Being creative and innovative in teaching objectives. Strengthening the thinking process.

...sharing, helping, willing to give new ideas to help others out, supporting each other.

...helping, supporting, becoming aware - observing, writing, communicating, unbiasedness, good listener, friends.

...working together with another teacher in a non-threatening environment where you collaborate with the other teacher to observe one's strengths and weaknesses. Then offer assistance where and when requested.

...caring, sharing ideas, being objective and not subjective.

...a novel approach, helpful, inspiring, non-threatening.

...developing a team and sharing talents. Thereby creating a better whole than just an individual good part.

...A sharing, caring kind of thing, which always lets our people bring their expertise and kindly deeds to help when we're in time of need.

A time of watch, a time of wait.

A time when we won't hesitate to offer our unselfish praise for many things in countless ways.

...getting help from one of your coworkers whom you deem capable....fantastic!!

...eyes and mouths and bodies engaged in thinking, learning, laughing and strategizing the means of celebrating a child and you with positive rainbows.

- ...a wonderful way to bring teachers closer together as a family unit. It also allows us to become stronger as independent teachers.
- ...the only way to grow in my PROFESSION! Each and every technique, new and old, would be made available in a comfortable, nonthreatening atmosphere. It's the only way to go and to grow and grow [a smiling face]."

The use of fellow teachers to observe, to provide feedback and to interact with other teachers is an untapped source for instructional support and school improvement. When linked with clinical supervision, teachers are better equipped to bridge the gap so often found with sporadic and isolated supervisory support. Responsibility to one's peers and a chance to improve their own practice are clearly opportunities to enhance their professional status and to move the profession one step closer to empowerment.

The ultimate aim of this research was to provide data that could be utilized by the District of Columbia Public Schools to determine the feasibility of adapting the Peer Clinical Supervision Training Program as inservice staff development for all teachers and principals in the system.

It is the conclusion of the researcher that continuous training for previous program participants should be provided in order that the empowering manifestations of the process embodied in inquiring reciprocal relationships are not diminished. Extended training would also strengthen

teachers proficiency in the clinical supervision methodology as well as maintain an environment conducive to teacher empowerment.

The researcher's experience during the Peer Clinical Supervision Training Program has renewed her confidence in the success of programs where teachers work together with administrative support in a truly professional, knowledgeable, skillful and collegial atmosphere to improve the status of teaching as a profession and students as learners.

Recommendations

The District of Columbia Public Schools System, like many other school systems, invests thousands of dollars each year in training programs. The specific one which this study focused on was the Peer Clinical Supervision Training Program. The research indicated that the training did impact upon the empowerment of the participating teachers significantly in most areas under investigation. Therefore, based on the research findings, the following recommendations are rendered for consideration:

1. The District of Columbia Public Schools System continue to provide Peer Clinical Supervision Training and extend the training to include all teachers and principals.

2. A reexamination of the program content to determine the feasibility of incorporating Joyce and Weil's Models of Teaching into the Peer Clinical Supervision Training Program.
3. Teachers be released during the work day for training with substitute teacher classroom coverage.

Recommendations for Future Study

1. Replication of the same study with a larger group of teachers from several different schools rather than a staff from one site.
2. A follow-up study to be conducted in 6 months to 1 year to find out how many continue practices of peer clinical supervision.
3. A correlation study of perceptions and attitudes associated with empowerment of the teachers who received the Peer Clinical Supervision Training and teachers who did not receive the training.

Implications for Practice

In order for teacher empowerment efforts to succeed, the following conditions must be met at the local school level (Logana, 1989) with the support and backing of central administration:

1. Administrators belief that teachers can identify and define their own professional development needs and have the potential to grow into expanded roles.
2. Provide teachers with appropriate time, occasions and space for professional work and reflection.
3. Provide teachers with training, follow-up and technical assistance by respected persons, coaching and feedback by credible persons.
4. Access to resources - human, material and monetary for more planning, reflection and development.
5. Teacher and union commitment to empowerment and acceptance of accountability.
6. Encourage and provide opportunities for staff to share their experiences, successes and failures in a safe environment.
7. Encourage staff to work in pairs to study children, issues, topics and to compare and contrast the operation of their school to other schools.
8. Provide time and opportunities for projects that stimulate fresh thoughts - growth and development.
9. Have staff share their observations and findings with others (including new and changed perceptions).

10. Inform teachers of professional opportunities.
11. Disseminate targeted professional and curriculum materials.
12. Seek opinions from staff - collaborate on decisions.
13. Recognize individual and group achievements.
14. Show own learnings in front of staff.
15. Encourage collaboration efforts.
16. Conduct experiments jointly and discuss openly.
17. Share responsibilities.
18. Enable staff to plan and coordinate staff development activities.
19. Be certain staff collegial support and professional assistance are in place.
20. Provide opportunities for staff to take risks and compete without a penalty, reprimand or repercussions of failure. [Positive reinforcement, constructive criticism and regular coaching are essential for success.]

A climate of readiness for full teacher involvement cannot be underestimated. The time and energy spent on developing a receptive environment is imperative. Staff collegiality, open communication and teacher developing and refining their decision-making skills are also essential for their empowerment.

APPENDIX A

CONSENT FORMS

A BLUEPRINT FOR TEACHER EMPOWERMENT:
PEER CLINICAL SUPERVISION

WRITTEN CONSENT FORM

I. INTRODUCTION

I am Vivian T. Archer, a graduate student in the School of Education at the University of Massachusetts, Amherst and in the process of completing the requirements for a doctoral degree in Staff Development/Instructional Leadership. My research for the past one and half years has examined the participation of teachers in peer assistant/coaching programs and in the decision-making process. This research has led me to focus specifically on the participation of elementary teachers in the use of peer clinical supervision. This phase of my research seeks to test the effectiveness of a peer clinical supervision model to empower teachers at the local building level.

II. PARTICIPATION IN THE PROJECT

You are being asked to be a participant in this study. I will conduct a peer clinical supervision course including (a) 12 three hour inservice sessions, and (b) nine hour practicum.

As a participant in this project, you will:

1. Complete the Program Teacher Questionnaire at the beginning and end of the course.
2. Complete the Concepts and Strategies in School Supervision Survey at the beginning and end of the course.

III. PROJECT GOALS

The goal of this project is to test a peer clinical supervision as a model for teacher empowerment. Your responses on the Program Teacher Questionnaire and Concepts and Strategies in School Supervision Survey will be compared at the end of the project to your responses at the beginning of the project. Changes in the level of teacher empowerment, using the indicators of empowerment list, will be determined from an analysis of participant responses to the pre and post questionnaires.

My goal is to analyze this data for:

- (a) a doctoral dissertation.
- (b) future presentations to faculty, administrators, and policy makers interested in this topic.
- (c) future journal articles.

(d) finally, as a supervisor in the District of Columbia Public Schools, I may use the data for instructional purposes.

IV. CONFIDENTIALITY

In all written and oral presentations in which I may use materials from this project, I will use neither your name, address, school or any data that might identify you as a project participant. It is the intent of the researcher to respect and to maintain your right of privacy. All information for the purpose of preparing the final presentation will be coded to prevent the disclosure of the participants' identity. Data from your questionnaires will be reported as group data.

V. WITHDRAWAL OPTION

While consenting at this time to participate in this project, you may at any time withdraw from the project without reprisal.

VI. ADDITIONAL CONSENT

In signing this form, you are agreeing to the use of the material from the project as indicated in Section III. If I later want to use the material in any way not consistent with what is stated in Section III, I will contact you to get your additional written consent.

VII. FINANCIAL CLAIMS

In signing this form, you are assuring me that you will make no financial claims on me for the use of materials from this project.

VIII. MEDICAL PROVISIONS

Finally, in signing this form, you are thus stating that no medical treatment will be required by you from the University of Massachusetts should injury result from participation in this project.

I _____ have read the above statement and agree to participate in the project under the conditions stated above.

Date _____

Signature of Participant

Vivian T. Archer

A BLUEPRINT FOR TEACHER EMPOWERMENT:
PEER CLINICAL SUPERVISION

WRITTEN CONSENT FORM

I. INTRODUCTION

I am Vivian T. Archer, a graduate student in the School of Education at the University of Massachusetts, Amherst and in the process of completing the requirements for a doctoral degree in Staff Development/Instructional Leadership. My research for the past one and half years has examined the participation of teachers in peer assistant/coaching programs and in the decision-making process. This research has led me to focus specifically on the participation of elementary teachers in the use of peer clinical supervision. This phase of my research seeks to test the effectiveness of a peer clinical supervision model to empower teachers at the local building level.

This phase of my research uses the methodology of phenomenological interviewing to study the impact of a peer clinical supervision program as a model for teacher empowerment.

II. THE INTERVIEWS

You are being asked to be a participant in this study. I will conduct three, one and a half hour interviews with you. The first interview will center around the question of how you interact with your peers on a daily basis. The second interview will focus on your perception of supervision. The final interview will explore your involvement in the local school decision-making process.

These questions will provide the structure for the interviews. My intent in the interview will be to stimulate discussion of your experiences. While I am not seeking specific answers to these questions, they will provide a framework for the recollection and sharing of your experiences.

III. THE INTERVIEW PROCESS

The interviews will be audio taped and later transcribed by me or by a typist (who will be committed, as I am, to confidentiality). My goal is to analyze and compose material from your interviews (you will be one of a group of participants) for:

- (a) a doctoral dissertation.
- (b) future presentations to professional associations and others interested in this topic.
- (c) articles I might write on teacher empowerment or

peer clinical supervision.

(d) finally, as a supervisor in the District of Columbia Public Schools, I may use the data for instructional purposes.

In all written and oral presentations in which I may use material from your interviews, I will use neither your name, names of people close to you, nor the name of other identifying people or organizations. Transcripts will be typed with first initial for your name and other potential identifiers.

IV. WITHDRAWAL OPTION

While consenting at this time to participate in these interviews, you may at any time withdraw from the actual interview process.

V. EXCERPT OPTION

While having consented to participate in the interview process and having done so, you may withdraw your consent to have specific excerpts from your interviews as indicated used in any printed materials or oral presentations if you notify me within thirty days of your final interview.

VI. ADDITIONAL CONSENT

In signing this form, you are agreeing to the use of the material from your interviews as indicated in Section III. If I later want to use material from your interviews in any way not consistent with what is stated in Section III, I will contact you to get your additional written consent.

VII. FINANCIAL CLAIMS

In signing this form, you are assuring me that you will make no claims on me for the use of the materials in your interviews.

VIII. MEDICAL PROVISION

Finally, in signing this form, you are thus stating that no medical treatment will be required by you from the University of Massachusetts should any physical injury result from participating in these interviews.

I, _____ have read the above statement and agree to participate as an interviewee under the conditions stated above.

Date _____

Signature of Participant

Vivian T. Archer

APPENDIX B

A MODEL FOR PEER CLINICAL SUPERVISION

PROPOSED MODEL FOR PEER CLINICAL SUPERVISION

I. Background and Statement of Rationale

II. Goals and Objective

III. Target Audience

IV. Implementation Design

A. Inservice Workshop Sessions

B. Teaching Strategies

C. Practicum(s)

V. Evaluation/Monitoring Procedures

BACKGROUND STATEMENT AND RATIONALE

According to Glickman (1985), Hunter (1984), and Cumming (1985), all teachers need assistance at one time or another; some more than others. At various stages of their professional growth and development, teachers need the skillful assistance of a peer. They (teachers) are seen as the primary source of expertise for improving schools and teaching (Holmes Report 1987; Nathan 1987).

Consequently, the Resident Supervisory Support for Teachers Program (RSST), which began in the District of Columbia Public Schools in 1977, was the result of administrators request for help in providing instructional support to their teachers. RSST, a peer supervision program, was designed to improve classroom instruction by training school-based personnel to use effective clinical supervision techniques.

To date, over 2,000 teachers and administrators from 100 DC Public Schools have participated in this program. However, the implementation of the clinical supervision process emphasized during the training of personnel is not evident.

This paper describes my alternative approach for providing support and assistance to teachers via the RSST Program. This "blueprint for empowering teachers through peer clinical supervision" will be introduced to teachers in participating school(s) as a pilot program.

Goals and Objectives

The ultimate goal of this training model is to provide each participating school(s) with a cadre of peer supervisors to help teachers improve their classroom instruction and to be actively involved in school-based decisions. Participants will be trained in concepts and strategies of peer coaching and supervision with an emphasis on a clinical approach. The clinical approach can be used with teachers of all instructional levels and disciplines to identify and capitalize on their strengths and compensate for their weaknesses.

Additional skills to be included during the training of participants for peer clinical supervision are as follows:

- *interpersonal communication skills
- *human relation skills
- *principles of teaching (Hunter)

*models of teaching (Joyce)

*decision-making processes

The performance objectives for this training model will be:

- (1) Given appropriate inservice training in the use of the clinical supervision process, participants will utilize and implement a peer clinical supervision model at the building level for the purpose of providing instructional support and assistance to other teachers.
- (2) Given appropriate inservice training, participants will practice and apply the basic supervisory techniques of observational conferencing and coaching with with peers.

The expected outcomes of the training program are:

- *lessening of teacher isolation,
- *improved classroom performance,
- *better understanding of the teaching/learning process,
- *more teacher participation in the decision-making process,
- *improved teacher-teacher, teacher-administrator/supervisor relationship (collegiality),

- *development of self-analysis skills,
- *improved (positive) attitude toward instructional supervision and peer clinical supervision,
- *a sense of professionalism,
- *positive administrative and staff support, and
- *more productive collaboration among teachers.

Target Audience

Volunteer elementary teachers from the District of Columbia Public Schools will be the participants. I will strive to have representation from new teachers as well as tenured teachers, men and women, Black and White, classroom teachers and subject area specialists.

IMPLEMENTATION DESIGN

This inservice training program will focus on a model developed from an adaptation of Goldhammer's Five-Step Clinical Supervision Model and Joyce and Showers' Peer Coaching Model.

Inservice Workshop Sessions

The concepts and strategies of this inservice training program for peer clinical supervision will be presented

during 12 three-hour workshop sessions. Nine hours of practicum will also be required of each participant.

The program will be designed in a self-contained format to enable the training to be administered at local school sites. The program's characteristics include:

- (1) a workshop format built around simulations, role-playing and practicum activities intended to deliver proficiency in the many skills of instructional supervision,
- (2) learning activities conducted in small groups to insure continual performance feedback from fellow participants and to provide for the building of interpersonal relation skills while practicing the steps of the process, and
- (3) provision of information about the substance of the process by means of written materials, audio and video tapes.

This peer clinical supervision model is based on a series of workshops designed to develop a cadre of building level personnel (teachers) in the techniques of assisting other teachers. Adaptations of Goldhammer and Cogan's Models of Clinical Supervision which focuses on the

following stages will be included:

- (1) preobservation conference - establishing guidelines and focus of the observation
- (2) classroom observation - collecting factual data through classroom observation
- (3) analysis and strategy - labeling and analyzing data collected
- (4) postobservation conference - sharing results and planning for future observations
- (5) postconference analysis - analyzing support provided. This stage will be eliminated from my model as a separate step since I feel it can be incorporated during postobservation conference.

Teaching Strategies

Each of the above mentioned stages will be introduced to the training participants through:

- *presentation of theory
- *modeling/demonstrations
- *practice under simulated conditions
- *structured feedback
- *coaching for application

Participants will have the following types of experiences during their training period:

- *large group, small group, and individual activities
- *microteaching
- *video taping
- *discussions/sharing periods
- *role playing
- *simulations
- *oral and written reports
- *demonstrations
- *modeling/coaching
- *guided practice

Participants who successfully completes the series of workshop sessions and meet the course requirements will be certified to serve as a peer supervisor.

Practicum(s)

Each participant will be required to either submit a video tape or conduct a demonstration applying the skills/techniques emphasized during the training period. They will model both roles - peer supervisor and recipient of a peer supervisor's services.

EVALUATION AND MONITORING PROCEDURES

Questionnaires, inventories, interviews, evaluation forms, audio tapes, video tapes and field notes will be used to monitor the implementation of this program on a continuous basis. The data obtained will also be used to evaluate and/or monitor the program according to four data collection categories:

- (1) Data from audio or video tapes of each pre-and post-conference, interactions between participants, and problem-solving techniques employed.
- (2) Ethnographic field notes will be analyzed according to major themes, such as role in decision-making process, role of the administrator, organizational climate, and effectiveness of program implementation procedures.
- (3) Data from the structured interviews will focus on the teacher's reaction to peer clinical supervision process. Strengths, weaknesses, constraints, and plans of action will also be discussed.
- (4) Demographic data gathered from a questionnaire will be analyzed to discover relationships, if

any, between age, sex, race, years of experience, choice of partner,, school location, etc.

At the end of each training cycle, participants will be asked to complete an open-ended questionnaire, and a general program evaluation form.

APPENDIX C

COURSE OUTLINE
TRAINING PROGRAM

TITLE OF COURSE: PEER CLINICAL SUPERVISION: A KEY TO
INSTRUCTIONAL EFFECTIVENESS

CREDIT HOURS: 3* DAY(S) OF WEEK: TUESDAY

DATE CLASS BEGINS: FEBRUARY 7, 1989 ENDS: MAY 30, 1989

SITE: MALCOLM X ELEMENTARY SCHOOL

NUMBER OF PARTICIPANTS:

TEACHERS - 19 ADMINISTRATORS - 1
OTHERS - 2 (LIBRARIAN
COUNSELOR)

PROPOSED STAFF:

INSTRUCTOR - VIVIAN T. ARCHER SUPERVISOR

CONSULTANT(S) - DELORES HAMILTON DIRECTOR, RSST
E. LOUISE WHITE DIRECTOR, STAFF DEV.
JAMES AMICK ASST.ASSOC SUPT,CAREER ED

PLANS FOR IN-SERVICE PROGRAM ACTIVITIES

COURSE TITLE: Peer Clinical Supervision: A Key to Instructional Effectiveness

DESCRIPTION OF COURSE: This course explores the research and theory upon which Peer Clinical Supervision is based - Cogan and Goldhammer's Model of Clinical Supervision. Interpersonal communication, observation, data gathering and conferencing skills are taught and modeled. The ultimate goal is to provide participants with the skills to be and/or assist others in being an effective peer coach.

STATEMENT OF SPECIFIC OBJECTIVES: By the end of the course, participants will be able to:

- define related terms.
- describe the theory and components of peer clinical supervision.
- discuss the pros and cons of peer coaching based on research
- demonstrate and apply effective conferencing, observation, data gathering, coaching and teaching techniques.
- identify and apply various teaching models.
- demonstrate positive interpersonal communication skills.
- apply effective coaching strategies with at least one colleague.
- construct and implement an instructional support plan.

TYPES OF EXPERIENCES TO BE PROVIDED FOR PARTICIPANTS:

Classes will consist of active participation by all in:

- Lectures and discussions
- Large and small group activities
- Microteaching
- Video and audio taping
- Simulations/Scenarios
- Role Playing
- Demonstrations
- Modeling and coaching exercises
- Writing exercises/Activity sheets

MATERIALS AND FACILITIES TO BE UTILIZED:

- Training manual/notebooks
- Local building classrooms (all levels and subject areas)
- Video equipment
- Video and audio tapes
- Professional articles
- Reference materials
- Overhead projector/screen
- Transparencies and other visual aides as needed
- Notebooks
- Consultants

EVALUATION DESIGN:

At the close of each session, participants will be required to complete a reaction questionnaire.

Participants will also be required to:

1. attend all class sessions
2. actively participate in classroom activities
3. take a pre- and post-test.
4. complete all in- and out-of-class assignments.
5. submit documentation of their practicum experience.

Practicum Statement: Participants are to share their coaching knowlege with colleagues and work through the process with at least one peer. Following this interaction a typed report is to be submitted. The report/process includes:

- a. conducting a pre-observation conference
- b. observing a lesson
- c. recording factual data on the predetermined area of focus
- d. analyzing data and developing strategies to prepare for post-observation conference
- e. eliciting agreed upon follow-up procedures
- f. conducting the post-observation conference analysis

TENTATIVE SCHEDULE OF EVENTS:

12 Three-hour sessions on Tuesday beginning February 7, 1989 - May 23, 1989 (36 clock hours of instruction and 9 hours of practicum for a total of 45 hours).

- Session I - Introduction to Clinical Supervision
 Session II - The Clinical Supervision Process
 Session III - Team Building/The Adult Learner
 Session IV - Techniques of Classroom Observation
 Session V - Techniques of Classroom Observation
 (continued)
 Session VI - Techniques of Conferencing
 Session VII - Techniques for Conferencing (Continued)
 Session VIII - Techniques for Coaching
 Session IX - Techniques for Coaching (Continued)
 Session X - The Science and Art of Teaching
 Decision Making Process
 Session XI - Models of Teaching
 Session XII - Putting It Altogether

Session XIII - Follow Up / Evaluation / Recommendations

TENTATIVE SCHEDULE OF EVENTS

- Session I - Introduction to Clinical Supervision
 Overview and objectives of course
 Nature of clinical supervision/peer
 clinical supervision
 Overview of various models
 Direct and indirect styles
- Session II - The Clinical Supervision Process
 Definition
 Goal
 Stages
- Session III - Team Building
 Importance
 Trust building techniques
 Myers-Briggs Inventory
 [understanding your teaching/learning
 style; personality traits; value
 system]
 Interpersonal communication
- Session IV - Techniques of Classroom Observation
 Data gathering techniques
 Areas of focus
 Elements of a lesson
 Teaching styles
 Human relation skills

- Session V - Techniques of Classroom Observation
(continued)
Analysis and strategy stage
- Teaching patterns
- Pattern analysis
- Stages of growth
- Session VI - Techniques for Conferencing
Types of conferences
Preparation for a conference
Does and Don'ts
- Session VII - Techniques for Conferencing (continued)
Viewing of videos
Discussions
Simulations/Feedback
- Session VIII - Techniques for Coaching
Examination of the state of art research
Description of coaching models
How and when to coach
- Session IX - Techniques for Coaching (continued)
Viewing of videos
Group discussions
Role playing/Feedback
- Session X - The Science and Art of Teaching
Discussion of research findings
Video tape/Feedback
- Session XI - Models of Teaching
Theory, reseach and practice
Sources of models
Families of models
Demonstrations/Feedback
- Session XII - Putting It All Together
Developing an implementation plan for
supporting and/or coaching at the
local building level.
Next step procedures
Closure/Evaluation
Skills vs strategies

APPENDIX D

INSTRUMENTS

PEER CLINICAL SUPERVISION

PRE PROGRAM TEACHER QUESTIONNAIRE

1. What grade level/subject do you teach? _____

2. Excluding the current year, how long have you taught?

_____ yrs.

3. How often do you engage in each of the following activities?

Use the scale: 1 = Almost never

2 = A few times a year

3 = Once a month or so

4 = Every week or so

5 = On a daily basis

- a. Observe a colleague's teaching _____
- b. Give a demonstration lesson for your peers _____
- c. Trade professional ideas with peers informally _____
- d. Work with a colleague on instructional issues _____

Use this scale for (e) to (g): 1 = Never

2 = Occasionally

3 = Always

- e. Select the subjects and/or grade you teach _____
- f. Make decisions related to school-based issues _____
- g. Make decisions related to instruction - texts
and supplemental materials _____

4. For each of the topics below, indicate whether you are:

1 = Not familiar with it

2 = Acquainted with it, but not in detail

3 = Familiar with it but not sure how to
apply it in teaching

4 = Familiar with it and use it somewhat
in teaching

5 = Very familiar and accustomed to using
it in teaching

- a. Techniques for effective conferences _____
- b. Observational strategies-gathering factual data _____
- c. Analyzing data: noting teaching patterns _____
- d. Effective communication skills _____
- e. Characteristics of the adult learner _____
- f. Various models of teaching _____
- g. 5 stages of clinical supervision _____
- h. Peer clinical supervision _____

THANK YOU FOR YOUR COOPERATION!

CONCEPTS AND STRATEGIES IN SCHOOL SUPERVISION

PERCEPTION INVENTORY

DIRECTIONS: Please read each of the following statements below and circle the category that best describes your first reaction to each statement: Strong Agreement (S), Agreement (A), Uncertain (U), Disagreement (D) Strong Disagreement (SD).

1. The opportunity for teachers to share instructional ideas/ techniques with each other exists in this school. SA A U D SD
2. Teachers help establish the stated goals of the school. SA A U D SD
3. Supervision is not beneficial to all teachers. SA A U D SD
4. Each teacher in my school has an equal chance to serve as chairperson of a committee. SA A U D SD
5. Peer and/or supervisory observations enhance my instructional performance. SA A U D SD
6. Most teachers choose not to ask for peer help and avoid opportunities to work with others. SA A U D SD
7. This school is not resistant to change. SA A U D SD
8. I prefer talking with another teacher if I have a work related problem. SA A U D SD
9. Staff participation in establishing school policies is equitable. SA A U D SD

10. The majority of teachers would rather not have another teacher visit their classroom or give advice. SA A U D SD
11. The majority of teachers would prefer having a supervisor visit their classroom. SA A U D SD
12. My relation with teachers at my school is friendly as well as professional. SA A U D SD
13. This school has adequate mechanisms for using the skills and abilities all teachers. SA A U D SD
14. Supervisors are supportive of my efforts. SA A U D SD
15. The teachers in this school are receptive to change. SA A U D SD
16. Teachers help determine the instructional priorities for the student population served. SA A U D SD
17. Observation of teaching is not necessary to help teachers. SA A U D SD
18. Teachers in this school have an active role in the decision-making process. SA A U D SD
19. The teachers in this school are receptive to supervision. SA A U D SD
20. I look forward to trying new ideas materials, equipment and/or programs in my classroom. SA A U D SD
21. I take the opportunity to observe other teachers teach. SA A U D SD

22. Effective teachers can not benefit from peer observations. SA A U D SD
23. Occasionally, I like to try innovative ideas in my work environment. SA A U D SD
24. I feel I do not really know my fellow teachers - how they plan, manage, etc. SA A U D SD
25. Teachers help establish school goals and objectives. SA A U D SD
26. This staff has the ability to change. SA A U D SD
27. Opportunities for teacher input in decisions affecting them exists in this school. SA A U D SD
28. Teachers should be willing and receptive to spend their time helping other teachers. SA A U D SD
29. I welcome opportunities to observe and to be observed by my peers. SA A U D SD
30. Supervision is another name for evaluation. SA A U D SD
31. Teachers are not given opportunities to work and plan together regularly. SA A U D SD
32. I feel I can learn from other teachers. SA A U D SD

THANK YOU FOR YOUR COOPERATION

SCORING SHEET

INSTRUCTIONS: Transfer the letters you circled on the questionnaire to the blanks below.

Responses are valued as follows:

SA = +2

SD = -2

A = +1

D = -1

U = 0

DECISION MAKINGSUPERVISIONRELATIONSHIPS

2 _____

3 _____

4 _____

9 _____

11 _____

8 _____

16 _____

14 _____

12 _____

18 _____

19 _____

13 _____

25 _____

30 _____

32 _____

27 _____

Total _____

TOTAL _____

TOTAL _____

ISOLATIONISMCLASSROOM
OBSERVATIONSATTITUDE TOWARD
CHANGE

1 _____

5 _____

7 _____

6 _____

17 _____

15 _____

10 _____

21 _____

20 _____

24 _____

22 _____

23 _____

28 _____

29 _____

26 _____

31 _____

TOTAL _____

TOTAL _____

TOTAL _____

SCHOOL _____

DATE ADMINISTERED _____

PEER CLINICAL SUPERVISION
POST PROGRAM TEACHER QUESTIONNAIRE

NAME (optional): _____

Directions: Please assess the extent to which you think this training met its objectives by circling the appropriate number. Kindly add any comments which you think would help in future planning.

1. To what extent was the information presented helpful in your role as a peer support/supervisor/coach in this project?

1	2	3	4	5
To a limited extent		To a moderate extent		To a great extent

Comments:

2. To what extent were the materials provided to you helpful?

1	2	3	4	5
To a limited extent		To a moderate extent		To a great extent

Comments:

3. Has your participation in this program led to any change in:

- a. Your perception of your teaching colleagues as a useful source of professional information and support?

Greatly decreased 1 2 3 4 5 Greatly increased

- b. Your assessment of the prospects for success in more effective teaching?

Greatly decreased 1 2 3 4 5 Greatly increased

c. The techniques you use to observe and provide feedback to your peers?

No change 1 2 3 4 5 Considerable change

d. Your participation in school-based decisions?

No change 1 2 3 4 5 Considerable change

*(3 = no change in perception)

4. Do you plan to follow up on any of the ideas or approaches introduced in this training program?

___ Yes ___ No. Explain briefly.

5. In what ways did you benefit from your peer interactions? (Please check all that apply.)

___ I developed a more positive attitude toward instructional supervision.

___ I developed a better understanding of the teaching/learning process.

___ I improved my classroom performance.

___ I developed self analysis skills.

___ I feel less isolated in my school environment.

___ Other: _____

6. Which part of the training was most helpful to you?

7. How the program be improved?

PEER CLINICAL SUPERVISION

INTERVIEW GUIDE QUESTIONS

1. During a typical school day, with which teachers do you usually converse?
2. How much time do you usually spend in this conversation?
3. Where do these conversations usually occur?
4. Of this conversation, what portion usually deals with classroom teaching as opposed to social-personal matters?
5. Describe some instances in which you got help from a colleague concerning classroom teaching during the past semester/year.
(probes: type of help, persons from whom help was got, where help took place, when help was got).
6. Describe some instances in which you gave help to a colleague concerning classroom teaching during the past semester/year (probes: types of help, persons to whom help was given, where help took place, when help was given).

7. What topics related to classroom teaching do teachers in this school talk about in the lunchroom or in other places where teachers congregate?

8. How often have you observed a colleague teach or been observed by a colleague while you were teaching this past semester/year?

9. How helpful is each of the following sources in regard to classroom support: supervisor, principal teacher colleague?
Why is each helpful or unhelpful?

10. How has peer clinical supervision benefitted you?

Source for questions: John A. Zahorik. (March 1987)
Teachers' Collegial Interaction: An
Exploratory Study. The Elementary
School Journal. (87) 4: 385-396.

APPENDIX E

CONCEPT AND STRATEGIES IN SCHOOL SUPERVISION
PERCEPTION INVENTORY RESULTS
(PRE AND POST TESTS ITEM ANALYSIS)

CONCEPTS AND STRATEGIES IN SCHOOL SUPERVISION
PERCEPTION INVENTORY RESULTS

Key: A = Agree
U = Undecided
D = Disagree

	PRE %			POST %		
	A	U	DA	A	U	DA
1. The opportunity for teachers to share instructional ideas/ techniques with each other exists in this school.	43	33	24	76	10	14
2. Teachers help establish the stated goals of the school.	38	29	33	48	29	24
3. Supervision is not beneficial to all teachers.	57	0	43	14	5	81
4. Each teacher in my school has an equal chance to serve as chairperson of a committee.	38	29	33	81	5	14
5. Peer and/or supervisory observations enhance my instructional performance.	29	29	43	76	5	19
6. Most teachers choose not to ask for peer help and avoid opportunities to work with others.	24	57	19	24	4	57
7. This school is not resistant to change.	33	52	14	67	24	10
8. I prefer talking with another teacher if I have a work related problem.	38	29	33	95	5	0
9. Staff participation in establishing school policies is equitable.	24	38	38	38	48	14
10. The majority of teachers would rather not have another teacher visit their classroom or give advice.	33	52	14	24	14	62

	PRE %			POST %		
	A	U	DA	A	U	DA
11. The majority of teachers would prefer having a supervisor visit their classroom.	38	19	43	71	10	19
12. My relation with teachers at my school is friendly as well as professional.	57	14	29	90	10	0
13. This school has adequate mechanisms for using the skills and abilities of all teachers.	38	33	29	71	14	14
14. Supervisors are supportive of my efforts.	52	19	29	95	0	5
15. The teachers in this school are receptive to change.	33	43	24	71	24	5
16. Teachers help determine the instructional priorities for the student population served.	29	38	33	57	19	29
17. Observation of teaching is not necessary to provide help to teachers.	14	52	33	33	10	57
18. Teachers in this school have an active role in the decision-making process.	19	33	48	62	10	29
19. The teachers in this school are receptive to supervision.	57	24	19	76	10	14
20. I look forward to trying new ideas, materials, equipment or programs in my classroom.	62	24	14	76	19	5

	PRE %			POST %		
	A	U	DA	A	U	DA
21. I take the opportunity to observe other teachers teach.	33	24	43	67	14	19
22. Effective teachers can not benefit from peer observations.	62	19	19	19	5	76
23. Occasionally, I like to try innovative ideas in my work environment.	62	33	5	100	0	0
24. I feel I do not really know my fellow teachers - how they plan, manage, etc.	71	19	5	24	10	67
25. Teachers help establish school goals and objectives.	19	43	38	57	24	19
26. This staff has the ability to change.	95	5	0	81	5	14
27. Opportunities for teacher input in decisions affecting them exists in this school.	29	43	29	67	10	24
28. Teachers should be willing and receptive to spend their time helping other teachers.	24	33	43	90	5	5
29. I welcome opportunities to observe and to be observed by my peers.	29	24	48	90	5	5
30. Supervision is another name for evaluation.	57	0	43	10	10	81
31. Teachers are not given opportunities to work and plan together regularly.	10	48	43	10	29	62
32. I feel I can learn from other teachers.	62	29	10	95	0	5

SCORING SHEET RESULTS

<u>DECISION MAKING</u>			<u>SUPERVISION</u>			<u>RELATIONSHIPS</u>		
<u>PRE</u>	<u>POST</u>		<u>PRE</u>	<u>POST</u>		<u>PRE</u>	<u>POST</u>	
2	3	2	3	-3	16	4	3	15
9	-4	3	11	-1	9	8	2	22
16	-2	4	14	7	23	12	10	29
18	-9	4	19	11	16	13	5	14
25	-6	7	30	-3	18	32	16	23
27	2	10						
Total	-16	30	TOTAL	11	82	TOTAL	36	103

<u>ISOLATIONISM</u>			<u>CLASSROOM OBSERVATIONS</u>			<u>ATTITUDE TOWARD CHANGE</u>		
<u>PRE</u>	<u>POST</u>		<u>PRE</u>	<u>POST</u>		<u>PRE</u>	<u>POST</u>	
1	7	16	5	-5	13	7	4	12
6	-1	9	17	7	9	15	3	16
10	-5	14	21	0	11	20	16	17
24	24	-10	22	-16	21	23	15	24
28	-2	21	29	-4	20	26	28	19
31	-12	15						
TOTAL	11	65	TOTAL	-18	74	TOTAL	66	88

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