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The attitude of school supervisors in a school district in northeast Puerto Rico toward the evaluation process as related to the clinical supervision process.

Noel Maldonado
University of Massachusetts Amherst

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THE ATTITUDE OF SCHOOL SUPERVISORS IN A SCHOOL DISTRICT

IN NORTHEAST PUERTO RICO TOWARD THE EVALUATION PROCESS

AS RELATED TO THE CLINICAL SUPERVISION PROCESS

A Dissertation Presented

by

NOEL MALDONADO

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

DOCTOR OF EDUCATION

May 1990

Education

THE ATTITUDE OF SCHOOL SUPERVISORS IN A SCHOOL DISTRICT

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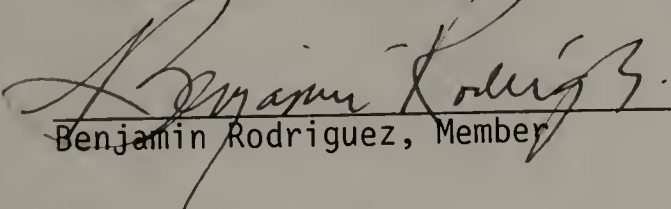
A Dissertation Presented

by

NOEL MALDONADO

Approved as to style and content by:

_____
Luis Fuentes, Chair

_____
Francisco J. Cevallos, Member

_____
Benjamin Rodriguez, Member

_____
Marilyn Haring-Hidore, Dean
School of Education

From the very beginning, they devoted their lives to me. They taught me and guided me along the right path. They made every effort to help me grow in the right direction and, like the potter who takes the fresh clay into his hands and begins to shape it, they created a masterpiece similar to them in all ways. This is dedicated to you who looked after me and who loved me so much. To you, Noel Maldonado and Marta Santiago, I dedicate my long hours of sacrifice in this research work as a homage to my two potters. Thank you for taking such good care of me, for building up my personality, and for loving me so much.

This is also dedicated to the person who, with patience, dedication, and care, helped to polish the student who, today, is presenting his research work--who advised and helped me in everything concerning my professional career, who has always been by my side, who has trusted and supported me in everything I have done. To you, Maria Sanchez, I dedicate my research work. Thank you for being, above all, my best friend. I love you very much.

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Finally, and also very specially, the author wishes to thank Maria Sanchez. You were my motivation and main helper. I am very grateful for your unconditional support.

Thank you all for helping make this research dream become a reality. God bless you all forever.

ABSTRACT

THE ATTITUDE OF SCHOOL SUPERVISORS IN A SCHOOL DISTRICT

IN NORTHEAST PUERTO RICO TOWARD THE EVALUATION PROCESS

AS RELATED TO THE CLINICAL SUPERVISION PROCESS

MAY, 1990

NOEL MALDONADO, B.A., INTERAMERICAN UNIVERSITY OF PUERTO RICO

M.A., INTERAMERICAN UNIVERSITY OF PUERTO RICO

Ed.D., UNIVERSITY OF MASSACHUSETTS

Directed by: Professor Luis Fuentes

The evaluation of the teacher is one of the first steps in the evaluation of the learning process. This evaluation can be of great help to educational systems if it is understood as cooperative and if it is collaboratively planned. It can help to motivate, give satisfaction, reveal a teacher's weak and strong points, make better use of every teacher's potential, and keep open lines of communication and common effort. The modern conception of the word "evaluation" and the necessary data should determine the alternatives that will serve as a guide in making decisions about education.

In this exploratory study, the main objective was to analyze the attitudes of school supervisors from a target public school district in the northeastern part of Puerto Rico toward the evaluation process as related to the clinical supervision process. The target population was 45 school supervisors, of whom 35 responded--25 (71%) female and 10 (28.6%) male. Their ages ranged between 20 and 50 years.

The independent variable in this study was the evaluation process as based on clinical supervision. The dependent variable was the attitude of the school supervisors targeted concerning fairness, flexibility, moral support, efficiency, simplicity, patience, cordiality, autonomy, and self-evaluation.

The general null hypothesis was rejected. This hypothesis claimed that the percentage of supervisors having a positive attitude towards the focus of the clinical supervision process is not significantly higher than theoretically expected. It was expected that only 50% would show a positive attitude.

The design used in this study is descriptive. The objective is to describe what exists with reference to the variations and conditions of a situation. A questionnaire divided into six parts was used, composed primarily of "Yes/No" questions plus an intensity scale following the Likert model. In order to analyze statistically the results of the findings, the average frequency and percentages were used and expressed in tables and figures.

To summarize, the population made up of the school supervisors showed a very positive attitude toward the clinical supervision process since, in each premise, when it is expressed in percentages, more than 80% of the population showed a positive attitude toward the evaluation process as related to clinical supervision.

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OBJECT OF INVESTIGATION

Introduction

In the modern field of education, the method used in the evaluation of the teacher and its acceptance by him or her represents a major problem faced by the supervisor when carrying out his or her work. On many occasions, the methods of evaluation used by supervisors have a negative impact (McGreal, 1983).

There are a few educational systems in existence that believe in the use of evaluation methods that involve following rigorous formal processes but which, in many cases, constitute inadequate measures of this process (Blumberg, 1980). Thus the information collected during the supervision turns out to be little more than superficial data of little or no value such as:

   (a) Formulations expressed by the teacher in and out of
       the classroom environment;

   (b) Information about the number of times that the teacher
       takes part in educational activities;

   (c) The kind of atmosphere in which the class develops;

   (d) The intervention of parents and school personnel;

   (e) Other observations about the teaching quality of the
       person under evaluation.

Certain teachers in our educational system develop a distrust towards this kind of evaluation, allowing it to become the reason why

they often refuse to accept any suggestion coming from the methodology supervisor. This gives rise to a series of conflicts between the supervisor and the teacher (Clay, 1988; Mellado, 1976).

Another source of conflict is found in the unexpected visits to the classroom that takes place from time to time and that can be considered of little evaluative value (Blumberg, 1974; Bartky, 1953). It is also to be taken into account as a major source of problems in the lack of communication between the teacher and the supervisor that would other-wise help to improve the classroom observations. This kind of communi-cation would allow teachers and supervisors to improve the quality of education by reaching agreements that would facilitate the teaching-learning process and building up cordial bonds of friendship through a friendly exchange of ideas (Blumberg, 1974; Weller, 1971).

Borich and Madden (1977) point out that the problem posed by the evaluative process is increased by the fact that most of the supervisors do not accept innovative tendencies, methods, techniques, and strategies into the supervision field.

Needless to say, the continual evaluation of teachers is abso-lutely necessary--whether beginners or experienced, permanent or supply teachers--if we want the teaching-learning process to be improved (Waller, 1971).

An important conclusion to be drawn from all this, therefore, is that the knowledge and application of clinical supervision to this evaluative process is urgent (McGreal, 1983).

Clinical supervision aims at being a realistic process in which the supervisor puts into practice all his or her theoretical knowledge,

becoming capable thereby of evaluating his or her own supervision techniques rationally (Pierce, 1975).

The last step would be the adaptation of this supervision style to the planning and leadership of the supervisors making the process fair, reasonable and flexible, capable of giving professional and moral support thereby promoting efficiency and effectiveness as well as simplicity, patience and cordiality, and finally improving the strategies, techniques, authonomy, self-evaluation, security, and objectives of supervision (Krajewski, 1976; Radde, 1981).

Definition of the Problem

The objective of the present exploratory investigation is to examine the attitudes of school supervisors from the target school district (a public school district in the northeastern part of Puerto Rico) toward the evaluation process as related to the clinical supervision process.

The researcher is determined to analyze this attitude which should have a great influence on the services available to education professionals in the future.

Objectives

A specific series of objectives were established in order to clarify the point of the investigation without digression into irrelevant aspects. Thus, four objectives were set up:

(1) An exhaustive investigation and analysis of the

attitudes of the supervisors from the target

school district towards the process of clinical

supervision;

(2) A measurement of the attitude above mentioned;

(3) A description of the attitude in question;

(4) The establishment of a meaningful relation between

the attitude of the supervisors and the following

variables: fairness, flexibility, moral support,

professional support, efficiency, effectiveness,

simplicity, patience, cordiality, autonomy, self-

evaluation techniques and strategies, security,

and real objectives.

Variables

The independent variable in this study is the evaluation process

as based on clinical supervision. The dependent variable is the atti-

tude of the school supervisors from the target district which will be

analyzed as it related to the variables mentioned above.

Definition of the Terminology

The researcher considered it necessary to define what he believes

are the relevant terms or key words used in this study:

Evaluation Process: The operation of evaluating knowl-

edge in its entirety.

Clinical Supervision: According to Reavis (1978):

"Clinical supervision is a five-step process that

aims at helping the teacher identify and clarify

problems, receive data from the supervisor, and
develop solutions with the aid of the supervisor.
Traditional supervision all too often casts the
supervisor in the role of a superior telling the
teacher what needs to be changed and how to change
it. Clinical supervision tends to produce a self-
directed teacher; traditional supervision tends
to produce an other-directed teacher" (p. 10).

Attitude of School Supervisors: The relevant techniques,
stretegies, and methods used during the supervision
process which will have a personal or professional
orientation depending on the techniques used by the
supervisor.

Operational Definitions of the Variables

Following are operational definitions of the variables in this
study:

Fairness: This term refers to the ability of making fair
judgments demonstrated in the supervision and evalua-
tion process as related to the interaction between
the supervisor and the teacher. In Webster (1976,
p. 628), it is defined as "the maintenance or
administration of what is fair especially by the
impartial adjustment of conflicting claims or the
assignment of merited rewards or punishments."
According to DeMello (1982, p. 50), it is defined as:

"Trato justo de acuerdo con la ley o el honor,
justicia." Velazquez (1974, p. 369) defines it as:
". . . virtud que consiste en dar a cada uno lo que
le pertenece; equidad . . . Razon o derecho."

Flexibility: The ability to give in easily within the
field of supervision, again showing in the interac-
tion between supervisor and teacher when trying to
eradicate or modify any ineffective technique or
strategy. DeMello (1982, p. 174) defines it as:
". . . abierto a cambios y nuevas ideas"; Velazquez
(1974, p. 262) defines it as: ". . . correoso,
docil, ductil, adaptable, conformado"; and Webster
(176, p. 439) defines it as: ". . . Capable of
being flexed. . . . Capable of responding or con-
forming to changing or new situations."

Moral Support: The affectionate support of the super-
visor towards any kind of human action or behavior
related to the evaluation process.

Support: "Ayudar a hacer patente la verdad de
algo; respaldar, probar, apoyar" (DeMello, 1982,
p. 454); ". . . Sostener, v.q. un trato o dialogo.
Asistir, amparar, ayudar. Defender, atestiguar,
probar, demostrar" (Velazquez, 1974, p. 665);
". . . The act or process of supporting; the con-
dition of being supported" (Webster, 1976, p. 1171).

Moral: "Bueno y justo; virtuoso. Espiritu

o entusiasmo demostrado por una persona o grupo

que esta trabajando para lograr un fin moral

o espiritual" (DeMello, 1982, p. 298); "Is the

general attitude or outlook of an individual or a

group toward a specific situation. It influences

and is influenced by such factors as optimism,

confidence, and determination" (World Book

Encyclopedia, 1987, p. 656); ". . . perteneciente

a las buenas costumbres y acciones licitas; etico.

Conforme a la razon, virtuoso, particularmente

casto, pudico, honrado. Que obra segun los

dictados de la razon o del derecho del hombre.

Costumbres, practicas de los deberes de la vida;

conducta, manera de vivir con referencia al bien

y al mal; en especial, honestidad, castidad"

(Velazquez, 1974, p. 429); ". . . Of or relating to

principles of right-hand wrong in behavior . . .

expressing or teaching a conception of right

behavior . . . conforming to a standard of right

behavior" (Webster, 1976, p. 748).

Professional Support: Technical support given by the

supervisor to the teaching process "of, relating

to, or characteristic of a profession engaged in

one of the learned professions characterized by or

conforming to the technical or standard of a pro-

fession . . . participating for, again, or

livelihood in an activity or field of endeavor
often engaged in by amateurs" (Webster, 1976,
p. 919).

Efficiency: The capacity for achieving a specific
effect--if the efficiency of the supervisor is at
the same level as that of the teacher, it will
produce the desired effect. According to DeMello
(1982), it is defined as: "Realizando un efecto
deseado; efectivo; eficaz. En vigor, en vigencia;
en practica" (p. 148). On the other hand,
Velazquez (1974) defines it as: "Actividad,
virtud, influencia" (p. 218).

Simplicity: The ability to represent in a precise and
clear way, according to the level at which the
work is being done, complete and true concepts.

Patience: Tolerance and strength--refers to the ability
of knowing how to wait calmly during the teaching-
learning process as well as during the evaluation
process. According to DeMello (1982), it is defined
as: "Que aguanta o suporta las dificultades,
infortunios, demoras . . . sin quejarse o enojarse;
paciente, tolerante" (p. 337). Velazquez (1974)
defines it as: "Resignacion y tolerancia en los
trabajos . . . constante, perseverante en sus
esfuerzos. Tolerante, tierno y que no se
desalienta al ayudar a otros. Que espera con

calma, tranquilamente . . . sujeto pasivo;
persona o cosa que recibe impresiones externas."
Webster (1976) defines it as: "Capacity, habit or
fact of being patient."

Cordiality: When put into practice, has the effect of
stimulating and motivating an effective interaction
between the supervisor and the teacher. Webster
(1976) defines it as: "The techniques or actions
customarily applied in a specific situation"
(p. 1244); Velazquez (1974): "Manner of using
behavior, conduct . . . pact, agreement. Friendly,
intercourse, conversation, communication" (p. 650);
and Velazquez (1974): "Remedio conformativo"
(p. 158).

Autonomy: "The ability of guiding oneself according to
appropriate rules and laws." Velazquez (1974)
defines it as: "Derecho de gobernarse por si
mismo" (p. 60); Webster (1976): "The quality or
state of being self-governing . . . the right of
self-government . . . self-directing freedom and
especially moral independence" (p. 77).

Self-Evaluation: The method or technique used to
determine the value of what is being performed by
oneself. DeMello (1982) defines it as: "Calcular
o juzgar el valor, valorar, evaluar" (p. 156);
Webster (1976): "To determine or fix the value

of . . . to determine the significance of worth
by careful appraisal and study" (p. 395).

Significance of the Study

The author of this exploratory investigation considers that the attitudes of the school supervisors from the target district are of vital importance in the clinical supervision process. The attitude that the supervisor has will relate to the effectiveness and degree of professional success he or she achieves in his or her work (Alfonso, Firth, & Neville, 1981; Blumberg, 1985; Bowman, 1978; Clay, 1988).

This professional person should create a sense of security and confidence in the evaluation process that will confront needs, conflicts, and negativity between the supervisor and the teacher (Alfonso, Firth, & Neville, 1975). The administrative practices that permeate the whole process of supervision, planning, organization, direction, control, coordination, communication, and evaluation depend on this (Sergiovanni, 1982). That is why the general complaints of administrators, supervisors, and teachers are reflective of the urgency to define the role of the supervisor. The professional cannot continue to be a mere servant if he or she hopes to become an effective agent of change (Appignani, 1981). To reach this objective, we should pay attention to the process of clinical supervision (Anderson, Goldhammer, & Krajewski, 1980).

In this investigation, the attitude of the school supervisors from the target district towards the evaluation process in relation to

clinical supervision will be explored. Through this investigation,
we will observe a realistic perspective which allows supervisors to
evaluate the need for making modifications in their supervision sys-
tems (Tanner & Tanner, 1987).

Thus, this exploratory investigation will bring to supervisors,
administrators, and teachers the opportunity to understand and analyze
the attitudes of the supervisor towards the evaluation process in rela-
tion to clinical supervision. Its aim is to motivate supervisors to
reflect on different attitudes towards supervision (Brannon, 1982) and
to give them the opportunity to answer a questionnaire so that they
will thereby be forced to examine their own attitudes.

C H A P T E R   II
REVIEW OF THE LITERATURE

Historical Background

From its origin, the supervision of teaching activity has developed an autocratic and investigative nature until achieving its present state as a process of democratic character guided by the science and methodology in this field.

To begin with, Table 1 on the following page allows a better understanding of the change that has taken place in the primary functioning and concepts of the supervision process as well as how this process is considered today. This table shows a synthesis of the evolution of the supervision process from the eighteenth century to the present time.

Throughout the eighteenth century, school supervision was considered an investigative process and was carried out by committees made up of citizens who did not have clear knowledge of the work carried out by school teachers and who lacked any kind of professional training related to supervision work. The methodology used was the examination of the use and importance given by the school teachers to the physical facilities and an examination of the usefulness of tests administered to the students by these committees.

The most important duty of the school supervisor in the eighteenth century was confined to an investigative or overseeing task with the purpose of providing the school authorities with reports.

TABLE 1

THE DEVELOPMENT OF SCHOOL SUPERVISION

SUPERVISION	INSTRUCTIONAL SUPERVISION
	(It has its basis in reason and practical intelligence.)
1960s	Reason: The desired goals are set up as well as an adequate pattern of behavior for the materialization and achievement of those goals. It is a supervision with goals and objectives.
	Practical Intelligence: The activity of all those concerned by the process of implementation and the evaluation of the set goals is shared.
	SUPERVISION AS A SOCIAL AND DEMOCRATIC PROCESS
1940s	It is acknowledged the fact that the teachers have emotions and feelings that can affect any decision they
1930s	may take in the same way that a personal decision can determine the aim.
1920s	SCIENTIFIC SUPERVISION
	It confines itself to finding out "laws" that can be applied to the education process and to how these laws can be applied by the teachers. The investigation and measurement rule over the field of supervision; the teachers confine themselves to applying the findings.
	SUPERVISION BY SPECIALISTS
TURN OF THE CENTURY	The work of specialists is required when new disciplines are introduced into the curriculum. But the supervision process is still a tool of the administration.
BEFORE 1900	ADMINISTRATIVE INSPECTION
	The teachers are considered as instruments that have to be supervised by the administration.

SOURCE: W. H. Lucio and J. D. McNeil, A Synthesis of Thought and Action, 2nd edition (New York: McGraw Hill Book Company, 1969), p. 12.

At the beginning of the nineteenth century, the supervision process began to be carried out by personnel who had some kind of professional training in the field of education. It was during this century that the post of principal of schools or head teacher appeared.

The school with the largest number of teachers generally chose one of their own number to be in charge of the administrative affairs of the school as well as his or her own teaching work.

In spite of all this, the descriptive and prescriptive methodology in the field of supervision still prevailed. This idea has its basis in a philosophy that claimed that supervisors are the only ones who can guide school teachers regarding what they should do and how they should do it. Consequently, school teachers were forced to carry out orders from school supervisors without questioning them, making the supervision process authoritarian and coercive and emphasizing, above all, the practice of negative criticism with the evaluation always conforming to the bias of the supervisor. As a result, antagonism and fear of the figure of the school supervisor developed.

At the end of the century, there was a considerable increase in the number of schools and school registrations, giving rise to an enlargement of the programs. Apart from the resulting enrichment from the implementation of new subjects, such as music, drawing, home education, industrial crafts, and so forth, the problem of a lack of teachers knowledgeable of an innovative methodology that could be applied to the new subjects also appeared. Schools also felt the need to effectively help and guide school teachers so that they would be able to face up to the new changes in the school systems. Thus, the idea of a new kind

of supervision carried out by specialists--relegating the head teacher to the role of facilitator, advisor, and leader who helps his or her colleagues to increase their professional value--began to be seriously considered. In the case of the teachers who teach special subjects, a number of posts of "special supervisor" were created.

The supervision task carried out by school functionaries was confined to the supervision methods used by the school teachers in the teaching process--pointing out mistakes and ways of correcting them. Subsequent visits were dedicated to making sure that all the suggestions and ideas given by the supervisors were put into practice. This antagonistic relationship gave rise to an atmosphere full of tension and conflict between teachers and supervisors that brought constant complaints about this type of supervision together with a latent rebellion against these methods in the United States and Puerto Rico during World War I. Mellado (1976) calls this period of time the "detective epoch." This type of supervision remained in vogue until the third decade of the twentieth century when a different dimension developed in the field of supervision. Referred to as "Scientific Supervision," this new trend had its basis in the concept of "Scientific Handling (Operation)," the foundations of which were laid by Frederick W. Taylor. According to his theory, scientific handling is a philosophy whose patterns have their basis in the principles of scientific investigation, giving rise to better methods for planning and organization and better training for professionals in the use of new methods (Buchele, 1979).

For the first time, the improvement of teaching quality was seen as the main goal of the supervision process. Later on, some educational leaders, under the influence of Taylor's philosophy, proposed the application of scientific handling to educational supervision. Lucio and McNeil (1962), for instance, describe the mission of the school supervisor in the following way:

> The task of the scientific supervisor was to discover educa-
> tion 'laws' and apply them through the labors of the teach-
> ers. Supervisors were to (1) discover the best procedures
> in the performance of particular tasks; and (2) give these
> best methods to the teachers of their guidance. (p. 8)

Another educational aspect of the scientific movement was the proposal by McKean and Mills (1964) who point out that the teacher should cooperate with the supervision basing himself or herself on the following principle or idea:

> Teacher cooperation and participation were sought in deter-
> mining, exploring, and solving problems. This movement
> brought increased respect for the teacher as an individual
> and emphasized teacher perception and involvement as essen-
> tial factors in the work of supervision. (p. 5)

From Oliva's (1984) point of view, the school supervisor has to be responsible for providing the teacher with methodological help without being influenced by his or her own personal criteria.

Scientific supervision is oriented towards the specialization of the supervisor in the science related to the process by which the teacher develops his or her teaching ability. Gwynn (1961) explains that investigations and measurement dominate the field of supervision, giving great importance to the instruments used to evaluate the teaching products and to propose rules. Then it is understood and accepted that the investigations and studies in the field of education contribute to

creating a scientific tone in the processes that show any kind of change in the teaching systems.

The ideas of Lucio and McNeil (1969) and George (1930) show a kind of approach that coincides with one of the main functions of scientific supervision in that it provides the teachers with teaching materials as well as the instructions to apply them to the development of the class.

Some psychologists, like Lumsdaine and Ganes, tried to develop a teaching technique by which the teachers could receive help that would allow them to work in a more effective way in the classroom (Sergiovanni, 1983). This idea has its root in the following line of thought:

> Teachers are expected to make goals and objectives clear enough to students, in order to allocate time for instruction in sufficient and continuing amount to watch the content presented to that which will be measured on tests of achievement, to monitor the performance of pupils, and to keep questions as a low level so that pupils have a high success rate while learning, and to give immediate feedback to the student. (Sergiovanni, 1979, p. 27)

Glatthorn (1984) puts forward a model of teaching that consists of nine steps: diagnosis, specific objectives, anticipated step, perception of the objective, opportunities of learning, pattern, understanding and oriented practice, independent or free practice.

At the beginning of the 1930s--according to Knezevich (1975)--the development of the supervision process began. Educators began to talk about democratic supervision, but it did not boom until some years later. Radde (1981) talks about investigations carried out during that time which show that, although supervisors appeared to be making use of democratic procedures, what they were really doing was using

authoritarian methods but with a soft hand, disguising authoritarianism with humane behavior towards the teachers. Sergiovanni (1963) also refers to this.

Around 1940, the most clearly defined concept of what democratic supervision should be appeared and received beneficial influence from several remarkable sources. The sociological and psychological sciences provided teachers with an enormous number of findings on the child's nature, learning, and teaching. Anthropology and medicine also supplied important data related to human development.

The field of supervision began to give some importance to the kind of human relationships developed among people who live or work together. This led to the field of supervision being considered as a cooperative type of work between supervisor and school teachers which gives rise to the natural stimulation of group dynamics, to the putting into practice of democratic measures when carrying out the work, and the building up of a warm and friendly atmosphere of mutual respect. The teacher's feelings and motives, when carrying out his or her duty, began to be taken into acocunt, giving rise to the transformation of the supervision work into a democratic group process where the main function of the member of the group is leadership oriented towards the improvement of the teaching process.

In this historical account, it is possible to observe how the supervision and teaching tasks are closely related to the main educational ideas of each period and also of previous periods.

Supervisors

Oliva (1984) states:

Considering the veritable army of supervisors on local
and state levels of schooling throughout the country, it
is surprising to find that the role of the supervisor in
education is rather ill-defined. Business and industry are
not troubled by this same malady. The position of commer-
cial or industrial supervisor is highly visible and well
defined in the managerial structure of the organization.
An education supervisor may or may not be a part of the
managerial structure of school systems. Whether they
should be a part of management is, as we will examine
later, a storm center among specialists in supervision.

Responsibilities of educational supervisors are not at all
clear from locality to locality and from state to state.
Indeed, supervisory roles, even within localities, are
often poorly delineated. To compound the problem, the
titles of supervisors are almost as varied as their roles.

To varying degrees, many occupations outside education
utilize the services of supervisors, be they office boss,
telephone supervisor, floor manager, construction foreman,
department-store head, or assembly line supervisor. These
individuals carry out the task of supervision in the
original sense of the Latin word supervideo, to oversee.
They demonstrate techniques, other suggestions, give
orders, evaluate employees' performance, and check on
results.

Supervisors are special service personnel to be found in
the staffs of administrators at the state, local district,
and school building levels. . . . Supervisors are often
referred to as auxiliary personnel or, more simply, staff.
. . . Generalist supervisors whose duties cut across
subject matter lines and grade levels from specialist
supervisors whose responsibilities fall within a subject
area or grade level. (pp. 5-6, 12-13)

Now, both the types of supervisors (Figure 1) and the taxonomy of the

supervisory role (Table 2), according to Esposito, Smith, and Burbach

(1975), will be introduced.

Oliva (1984) summarizes the supervisor into four roles--coordinator,

consultant, group leader, and evaluator:

Assistant Superintendent for Curriculum and Instruction
Director of Elementary Education
Director of Middle Schools
Director of Junior High Schools
Director of Senior High Schools
Director of Community Colleges

Assistant Superintendent for Curriculum and Instruction
General Supervisors
Director of Instruction
Director of Elementary Schools
Director of Middle Schools
Director of Junior High Schools
Director of Senior High Schools
Supervisor of Pupil Personnel Services

Assistant Principal for Curriculum and Instruction
Curriculum Coordinator
Lead Teacher

Team Leaders
Department Heads
Grade Coordinator

Curriculum Consultants
Curriculum Coordinators
Supervisors of Special Programs
Supervisors of Subject Areas

Curriculum Consultants
Curriculum Coordinators
Supervisors of Special Programs
Supervisors of Subject Areas

GENERALISTS

SPECIALISTS

STATE
DISTRICT
SCHOOL

FIGURE 1. TYPES OF SUPERVISORS

SOURCE: J. P. Esposito, G. E. Smith, and H. J. Burbach, "A Delineation of the Supervisory Role," Education, 96 (1), Fall 1975, p. 66.

TABLE 2

TAXONOMY OF THE SUPERVISORY ROLE

Helping Role		Administrative Role	
Factor I Indirect Service to Teachers	Factor IV Direct Service	Factor II Administrator	Factor II Evaluator
Plan and arrange inservice education programs and workshops	Assist in the orientation of new and beginning teachers	Coordinate instructional programs	Plan and arrange inservice education programs and workshops
Participate in inservice programs and workshops	Assist teachers in the location, selection, and interpretation of materials	Assist in the evaluation and appraisal of school programs	Participate in inservice education programs and workshops
Coordinate instructional programs	Visit and observe in the classroom	Routine administrative duties	Assist in the evaluation and appraisal of school programs
Assist in the orientation of new and beginning teachers	Teach demonstration lessons	Participate in the formulation of policy	Arrange intersystem visitations to observe promising practices
Assist teachers in the location, selection, and interpretation of materials	Hold individual conferences with teachers	Engage in public relations	Arrange intrasystem visitations to observe promising practices
		Work with citizen or lay groups	

Continued, next page

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TABLE 2--Continued

| Helping Role | | Administrative Role | |
Factor I Indirect Service to Teachers	Factor IV Direct Service	Factor II Administrator	Factor II Evaluator
Collect and disseminate current curriculum materials		Arrange intersystem visitations to observe promising practices	
Develop curriculum designs and coordinate curriculum improvement efforts			
Assist in the development of curriculum guides and other publications			
Assist textbook selection committees			
Develop and prepare new instructional media			
Assist in the evaluation and appraisal of school programs			

Coordinator. The supervisor serves as a coordinator of programs, groups, materials, and reports. It is the supervisor who acts as a link between programs and people. It is the supervisor who knows of the disparate pieces of the educational process and directs the actions of others to make the pieces blend. As a director of staff development, the supervisor plans, arranges, evaluates, and often conducts inservice programs for teachers.

Consultant. The supervisor serves in a consulting capacity as a specialist in curriculum, instructional methodology, and staff development. In this capacity, he or she renders service to teachers, both on an individual basis and in groups. At times, the supervisor may simply furnish necessary information and suggestions. At other times, he or she helps teachers define, set, and propose goals. The supervisor should be a prime source of help to teachers wishing to improve either their generic or specialized teaching skills.

Group Leader. The supervisor as group leader works continuously to release the potential of groups seeking to improve the curriculum, instruction, or themselves. To perform this role, the supervisor must be knowledgeable about group dynamics and must demonstrate leadership skills. The supervisor assists groups in consensus building, in moving toward group goals, and in perfecting the democratic process. As a group leader, the supervisor seeks out, identifies, and fosters leadership talent from within the group.

Evaluator. As an evaluator, the supervisor provides assistance to teachers in the evaluation of instruction and curriculum. The supervisor helps teachers to find answers to curricular and instructional problems, aids them in identifying research studies which may have a bearing on their problems, and assists them in conducting limited research projects. Additionally, the supervisor helps teachers to evaluate their classroom performance, to assess their own strengths and weaknesses, and to select means of overcoming deficiencies. (pp. 19-20)

Dull (1981) states:

The term 'supervisor' refers to a staff person who is normally assigned full-time responsibility for leadership improvement. . . . The second terminology for supervision work is 'supervisory leader' or 'supervisory personnel.' . . . They include supervisors and staff personnel who do supervisory tasks; for example, principals, superintendents, and departmental heads. (p. 7)

Wiles and Bondi (1980) also comment that

. . . instructional supervisors will further remove them-
selves from the classroom and diminish their ability to
work with teachers to improve instruction. (p. 21)

In general, the term "supervisor" is given to those professionals
whose work focuses on the supervision process. Depending on the super-
visor's exact area of concentration, rank or title, he or she will be
assigned different tasks. It should be noted that, in the educational
system of Puerto Rico, the supervisors are classified as follows:

(1) General Supervisor: Workers in charge of the general

aspects concerning the supervision process in the

educational system;

(2) Leader of the Educational Area: Supervises and is

the leader in this area;

(3) Technician in Curriculum: Works in the preparation

of educational curriculum, in the use of books, class

and study programs, and also teaching materials;

(4) Supervisor of special areas;

(5) Leader of Schools: Supervises and is the head

administrator for one or more schools;

(6) Itinerant Principal: Supervises schools in rural

areas.

These positions constitute part of the Puerto Rican supervision
system. The tasks and responsibilities attached to these offices are
diverse.

Mosher and Purpel (1972), Radde (1981), and Pierce (1975) perceive
the role of the supervisor as consisting primarily of the establishment

of guidelines, goals, and priorities in both the teaching-learning process and the curriculum, as well as serving as advisor to the faculty.

Theoretical Background

Origins of Clinical Supervision

Clinical supervision is the result of the effort made by supervisors, teachers, student teachers, and university supervisors at the end of the 1950s at Harvard University in the Master of Arts in Teaching Program (Cogan, 1973).

According to Wilhelms (1973), the pedagogy students acknowledged their supervisors' success as well as their own constant failure year after year. The main problem was that the student teachers did not really receive any help from the university supervisors in their effort to become competent professionals. This situation led to the putting into practice of some measures that the students considered helpful and useful (Cogan, 1973). Thus, the supervisors began to cooperate with the students by spending more time in the classrooms observing the student teachers and writing down all that happened in the classroom to capture both the verbal and non-verbal interaction between the teacher and the students as well as among the students themselves (Mosher & Purpel, 1972).

Finally, some of these practices began to be turned into a system making people believe that there was a little bit of hope, giving rise to the "cycle of clinical supervision."

Clinical Supervision

Of the wide range of supervision/education models, one of the most commonly used is clinical supervision (Pierce, 1975). Clinical supervision gives a great deal of importance to a straightforward relationship between supervisor and teacher. It also implies the transformation of the supervision process into one of closer, more sincere relationships.

If we think carefully of the word "supervision," we could perceive what the term in itself suggests, that is, to see beyond. The adjective "clinical" could point towards a professional and practical kind of supervision.

Sergiovanni and Staratt (1983) define this kind of supervision as a process that encompasses several different techniques and specific and progressive steps that give help and professional support to both the supervisor and the teacher (p. 324).

Krajewski (1976) defines clinical supervision as a practical and rational model which is used in the implementation, direction, and execution of the supervision and evaluative process.

Moore and Mattaliano (1970) point out that clinical supervision is designed to help the teachers to better understand the process itself and to find out the meaning and importance of their teaching work.

Cogan (1973) states:

> Clinical supervision may therefore be defined as the rationale and practice designed to improve the teacher's performance in the classroom. It takes its principal 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. (p. 9)

According to Moore and Mattaliano (1970), the process of clinical
supervision has the following goal:

. . . to help a teacher expand his or her perceptions
of what it means to be a teacher, through the discovery
of strengths and weaknesses; . . . to assist the teacher
to regularly and systematically examine personal teaching
to see if there is a match between intentions and actions;
and . . . to provide the teacher with a methodology by
which to monitor the effect of bringing about changes to
teaching.

Goldhammer, Anderson, and Krajewski (1980) mention that the super-
visor's task is that of helping and trying to understand the teacher and
his or her teaching task. In other words, the supervisor is envisioned
not only as a facilitator (p. 28) but also as a teacher who will impart
and share his or her knowledge with the person under his or her super-
vision.

Cogan (1973) defines clinical supervision as:

. . . the rationale and practice designed to improve the
teacher's classroom performance. It takes its principal
data from the events of the classroom. The analysis of
these data and the relationship between teacher and super-
visor form the basis of the program, procedures, and strate-
gies designed to improve the student learning by improving
the teacher's classroom behavior. (p. 9)

Goldhammer, Anderson, and Krajewski (1980) define clinical super-
vision as a kind of supervision that emphasizes the face-to-face rela-
tionship between the supervisor and the teacher.

Reavis (1976) says that the clinical supervision model is one of
the most "in boom" supervision models in the educational field.

In clinical supervision, the supervisor is an observer in the classroom and the information gathered constitutes the basis for subsequent analyses. All this has to be carried out in an atmosphere where close, friendly, and sincere relationships prevail and where the supervisor can perceive anomalies and work with the teacher to restructure them (Wilhelms, 1973).

Through the use of clinical supervision in the classroom, many problems can be observed and effective solutions provided for them since the supervisor is envisioned as a facilitator (Acheson & Gall, 1980).

This kind of supervision requires a professional and realistic perspective as well as a practical type of behavior in which the work carried out by the teacher is vital (Reavis, 1976). The supervisor is considered to be an observer in the classroom and the data gathered are discussed and analyzed with the teacher objectively in order to set up realistic goals (Glatthorn, 1984).

Mosher and Purpel (1972) claim:

> Clinical supervision is one means by which teachers can confront and modify both the content and the practice of teaching. Indeed, it is virtually inseparable from curriculum development activity, both in its theoretical principles and as strategy for involving the teacher in the analysis of its instruction. The most productive way to get teachers to analyze and change how they teach, in the writer's experience, is to involve them in an analysis of what they teach. (pp. 110-111)

Clinical supervision includes the following things according to Blumberg (1974):

> (1) Supervision in groups where the work carried out by the teacher is supervised and evaluated by a group of supervisors;

(2) Groups of teachers supervised by groups of supervisors;

(3) A supervisor supervising only one teacher. (p. 10)

Goldhammer took note of evaluations of the basic model that include group supervision, that is, supervision of an individual teacher by groups of supervisors and groups of teachers by an individual supervisor (Oliva, 1984, p. 490).

In any of the categories mentioned above, the relationship between the supervisor and the teacher is of a more personal quality, although the professional approach between both takes precedence. This type of supervision also gives rise to autonomy (Commager, 1975, p. 11).

Cogan (1973) stresses the importance of the approach between both professionals as essential for the supervision process (p. 62). He also mentions the need for the development of levels of self-evaluation and self-analysis between the teacher and the supervisor (Shane & Weaver, 1976).

Cogan (1975) gives his own definition of what clinical supervision is:

> Clinical supervision is focused upon the improvement of the teacher's classroom instruction. The principal data of clinical supervision include records of classroom events: what the teacher and student do in the classroom during the teaching-learning processes. These data are supplemented by information about the teacher's and student's perceptions, beliefs, attitudes, and knowledge relevant to the instruction. Such information may relate to states and events occurring prior to, during, and following any segment of instruction to be analyzed. The clinical domain is the interaction between a specific teacher or team of teachers and specific students, both as a group and as individuals. Clinical supervision may therefore be defined as the rationale and practice designed to improve the teacher's classroom performance. It takes its principal 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. (pp. 27-28)

Reavis (1976) summarizes the basic goals of clinical supervision
as:

(1) The facilitation provided to impart instruction;

(2) The facilitation in the teacher for his self-
    supervision. (p. 361)

In their book, <u>Clinical Supervision: Special Methods for the
Supervision of Teachers</u>, Goldhammer, Anderson, and Krajewski (1980)
visualize the work of the supervisor as a facilitator (see Figure 2).

Oliva (1984) says:

The supervisor enters the process of clinical supervision
as a knowledgeable helper. He or she brings to the process
skills in pedagogy and personal relations. He or she
knows how to analyze teaching, diagnose difficulties, con-
fer with teachers, and make recommendations to the teacher
for improvement. The supervisor knows sources of informa-
tion and materials, is able to help with assessment of
student performance, and can assist in interpreting applica-
ble research. In addition, the supervisor possesses skills
to help teachers with curriculum development. (p. 494)

Goldhammer (1969) stresses that clinical supervision promotes self-
initiative, self-direction, self-evaluation, and self-supervision.

Some goals of the clinical supervision process are:

(1) To be fair and reasonable;

(2) To be flexible;

(3) To provide moral and professional support;

(4) To promote efficiency and effectiveness;

(5) To develop simplicity, patience, and friendly rela-
    tionships;
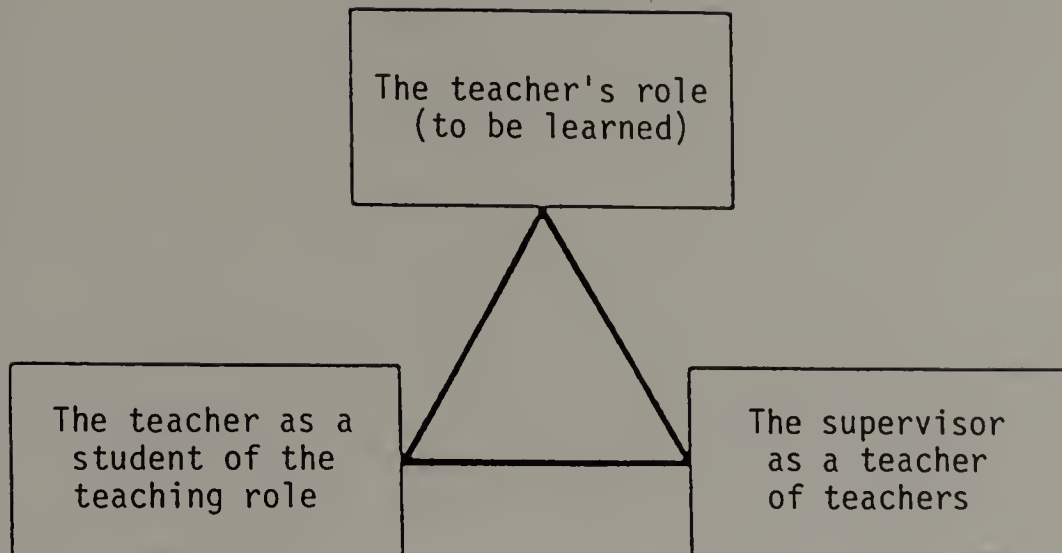
FIGURE 2.   THE SUPERVISOR'S ROLE

(6) To improve the technical part without disregard-

ing the human part;

(7) To put theory into practice;

(8) To promote the idea of autonomy and self-

evaluation both in the teacher and in the super-

visor;

(9) To promote security in what is done with clear

and real objectives;

(10) To promote common interests and the means to

reach them.

Anderson and Krajewski (1980) attribute nine characteristics to

clinical supervision:

(1) It is a technology for improving instruction.

(2) It is a deliberate intervention into the instruc-
tional process.

(3) It is goal-oriented, combining school and personal
growth needs.

(4) It assumes a working relationship between teacher(s)
and supervisor.

(5) It requires mutual trust as reflected in under-
standing, support, and commitment for growth.

(6) It is systematic, yet requires a flexible and con-
tinuously changing methodology.

(7) It creates productive tension for bridging the
real-ideal gap.

(8) It assumes the supervisor knows more about instruc-
tion and learning than the teacher(s).

(9) It requires training for the supervisor. (pp. 26-27)

Garman (1982) points out that the role of the supervisor in the clinical process has to be that of a confidential friend with one of the following characteristics:

(1) Collegiality

(2) Collaboration

(3) Skilled Service

(4) Ethical Conduct (p. 38)

To summarize clinical supervision, we have to say that the supervisor is frank, realistic, and autonomous when he or she has to make decisions. He or she evaluates his or her own supervision techniques and strategies giving the supervising style a fair and professional character. Finally, he or she promotes organization and is organized, promotes planning and plans, promotes leadership and is himself or herself a leader.

Model or Basic Cycle of Clinical Supervision

Weller (1971) gives a brief description of the phases of clinical supervision:

> The basis of clinical supervision is the planning, observation, and analysis cycle. Each teaching session is preceded by a planning conference. The teaching is then observed by the conference participants and subsequently evaluated in an analysis conference which follows soon thereafter. The analysis conference leads naturally to planning for the next lesson. Each element of this cycle is crucial and each builds upon those which precede it. Without planning, the observations are likely to be haphazard or meaningless; the analysis session is prone to problems of vagueness, misunderstandings of intent.

According to Goldhammer (1969), the basic model of clinical supervision is made up of five steps called "structure of sequence of

supervision": (1) Preobservation Conference and Planning or
Preobservation; (2) Observation; (3) Analysis and Strategies;
(4) Conference; (5) Post-Conference.

<u>Preobservation Conference and Planning or Preobservation</u>. In this
first step, face-to-face contact is established between the teacher and
the supervisor, making it more direct, precise and clearer, as well as
clarifying, facilitating, and implementing the goals of both the teacher
and the supervisor.

This is a relaxation phase when the supervisor communicates with
the teacher, lowering his or her anxiety level. It is also during this
phase that the official announcement of the supervisor's visit to the
classroom is made.

A dialogue is established in which the purposes and motives of both
the teacher and the supervisor during the supervision process are dis-
cussed. The process of supervision is introduced to the teacher as a
social one and also as directed toward professional improvement, includ-
ing a discussion about both the existing and upcoming problems that
could affect the supervision process. A clinical relationship between
the supervisor and the teacher is established in which a friendly
dialogue will take place right before the official visit. Finally,
the supervisor informs the teacher about his or her role as a continu-
ously available helper.

Also, the teacher and supervisor clarify the purposes, motives,
and doubts of the teacher. They discuss teaching and visual materials;
educational guidelines and plans, including explanations of predictable
results, instructional problems, teaching materials and strategies; and

short- and long-term objectives. Finally, they examine different ways

of teaching and learning as well as different ways of supervising,

reasons for the supervision, roles to be carried out, techniques and

strategies to offer classes, and the behavior and attitudes of the stu-

dents in the classroom.

Thus, the teacher can get a clearer vision and better understand-

ing of the supervision process and also of the clinical supervision

process apart from the explanation of its steps, phases, and sequences.

Next, the teacher and supervisor follow some steps in the super-

vision process. They reach an agreement as to how the supervision will

be carried out. They also agree on the reasons for supervision, the

decisions about the rules to be established, and the roles of both pro-

fessionals. It is necessary for the teacher not to be disturbed in any

way before being observed. The supervisor has to learn through experi-

ence about the things which are useful to the teacher before the

observation.

Observation. In this phase, the supervisor visits the classroom

and takes down every detail of what happens as well as the methods used.

He or she writes down what he or she hears and sees with the exception

of inferences, comments, or judgments. The primary objective in this

phase is to determine the facts about the lesson given and about the

teaching-learning process so that afterward the teacher and the super-

visor can analyze specific situations or incidents which occurred during

the visit to the classroom. This becomes the basis for the teacher's

self-judgment, self-analysis, independence, and impartiality. It should

be mentioned that this is precisely what most supervisors do not do.

In the clinical supervision field, every inference has to have one or more clear pieces of supporting evidence because this is a pragmatic kind of supervision.

This phase also gives rise to dialogue through which the supervisor can help the teacher, and provides the teacher with the opportunity to understand and discuss with the supervisor the facts about his or her teaching skills.

Analysis and Strategies. This phase helps the supervisor to understand the teaching method used by the teacher--apart from any mistakes in the topic or topics explained--in techniques or in the content of the class. This way, the supervisor will organize and reorganize the data gathered about those aspects observed in the classroom and, later, will be able to discuss such things as objectives, methodology, skills, and evaluation with the teacher. Many tentative inferences are made at this point that will be analyzed in the following phase through the data gathered.

After the dialogue between the supervisor and the teacher, and after a discussion of those aspects observed in the classroom, some strategies to be followed are recommended and decided on. The purpose of this is to talk about positive and negative aspects observed in class in order to make it possible to plan, correct, and improve the teacher's task.

Observation Conference. In this phase, the teacher is given the opportunity to take part in the tentative analysis carried out by the supervisor. The data gathered in the previous phase are used now. A cooperative atmosphere is established in which the proposals and comments

coming from the teacher are seriously considered. Both the supervisor and the teacher reach conclusions about the classroom activities that have been observed as they make plans for future classes. In this phase, the supervisor has the opportunity to get to know the teacher as a professional. Guidance and orientation are provided when needed and a cooperative operational plan is produced.

Post-Conference. This phase is, according to Goldhammer (1969), "the super-ego" or "conscience" of the supervision process. This phase is useful in order to examine the supervision process with the same accuracy and purposes with which the teacher was previously evaluated; i.e., the supervision process is evaluated. Modifications in the supervision activity are planned when needed. Techniques of self-analysis are shown in order to have a "supervision of the supervision." The supervisor has to be willing to be evaluated by other supervisors, by the teacher himself or herself, provided that he or she has shown the capacity for self-evaluation.

Advantages and Disadvantages of the Clinical Supervision Process

Cogan (1973) enlarged the process of clinical supervision with eight steps or phases:

Phase I: Establishing the Teacher-Supervisor Relationship

The first phase of clinical supervision is the period in which the supervisor:

a. establishes the clinical relationship between himself and the teacher;

b. helps the teacher to achieve some general understanding about clinical supervision and a perspective on its sequences; and

c. belongs to induct the teacher into his new role and
    functions in supervision.

These first-phase operations are generally well advanced
before the supervisor enters the teacher's classroom to
observe his teaching.

Phase 2: Planning with the Teacher

The teacher and supervisor together plan a lesson, a series
of lessons, or a unit. Lesson generality is taken to mean
an instructional process oriented by objectives of fairly
limited scope and designed to be accomplished in a span of
time varying from part of a class period to a school day
or two. Plans encompassing more complex objectives and
more extended periods of time are referred to as units.
Whatever the scope of planning, the entire design and each
of its constituent lessons are planned in terms of the
objectives for the students and the teacher. Plans com-
monly include specification of outcomes, anticipated problems
of instruction, materials and strategies of teaching,
processes of learning, and provisions for feedback and evalua-
tion.

Phase 3: Planning the Strategy of Observation

The supervisor plans the objectives, the processes, and the
physical and technical arrangements for the observation and
the collection of data. His functions in the observation
are clearly specified, as are those of other observers if
any are to participate. The teacher joins in the planning
of the observation and takes a role in it as he becomes more
familiar with the processes of clinical supervision.

Phase 4: Observing Instruction

The supervisor observes the instruction in person and/or by
the other observers and other techniques for recording
classroom events.

Phase 5: Analyzing the Teaching-Learning Processes

Following the observation, the teacher and the supervisor
analyze the events of the class. Initially, they usually
perform this task separately. Later in the program, they
may do so together or with other participants. Decisions as

to these procedures are made with careful regard for the teacher's developing competencies in clinical supervision and his needs at the moment.

Phase 6: Planning the Strategy of the Conference

In early stages of working with a teacher, the supervisor alone generally develops the plans, alternatives, and strate-bies for conducting the conference with the teacher. Later on, if it is advisable, the planning for the conference may be carried out by teacher and supervisor together. If this occurs, the planning for the conference may be incorporated into the conference itself.

Phase 7: The Conference

The conference participants are, generally, the supervisor and the teacher. As need and appropriate circumstances arise, other participants may join them. The conference may, on occasion, be conducted by the teacher and others, sometimes without the supervisor.

Phase 8: Renewed Planning

At an appropriate stage in the conference, the teacher and supervisor decide on kinds of change to be sought in the teacher's classroom behavior. At this point, the cyclical nature of the supervisory process asserts itself, and the teacher and supervisor stop the analysis and discussion of the previous lesson to begin planning the next lesson and the changes the teacher will attempt to make in his instruction. The resumption of planning also marks the resumption of the sequences of the cycle. (pp. 10-12)

Advantages. Advantages of the clinical supervision process include:

(1) A mutual relationship of trust and security between the supervisor and the teacher is established.

(2) It is assumed that the supervisor and the teacher grow during the process.

(3) It is a method to achieve a general agreement.

(4) Both the supervisor and the teacher possess enough
background knowledge to legitimize or support their
points of view and to establish or to provide the
setting for the different levels of dialogue.

(5) There are different degrees of freedom and autonomy
within the clinical method both for the teacher and
the supervisor in order to establish the process,
mechanisms, and instruments for the clinical super-
vision and to express ideas and opinions about how
to impose a method for the improvement of the teach-
ing task.

Disadvantages. The clinical supervision process runs the risk of
being misunderstood, misjudged, and, above all, misapplied, since put-
ting it into practice requires that the people involved in the process:

(1) Are ready to fulfill their duty and responsibility
in order to solve the possible problems together;

(2) Have personalities that are adaptable;

(3) Are capable of bringing forward their own contribution
to the common goal of improving the quality of educa-
tion;

(4) Are ready to accept reciprocal critics and recommenda-
tions in an intelligent way and without resentment or
bitterness.

Things to Be Done in the Supervision Process

Following is a list of things to be done in the supervision process:

(1) To establish a healthy relationship with the subordinates, confronting the upcoming problems with a democratic and cooperative perspective.

(2) To enhance (heighten) the responsibility or duty of each individual giving him or her responsibilities in order to improve the teaching process.

(3) Continual, professional self-evaluation.

(4) To work untiringly as the boss of a staff and not as a domineering, administrative figure.

(5) To keep abreast of the need of changes and to be able to adapt to the new plans or procedures in order to be able to confront those needs.

(6) To take advantage of the staff meetings to arouse the general interest in the educational programs.

(7) To work towards a cooperative analysis of the school problems in an effective and efficient way in order to improve teaching.

(8) To provide the teachers with the opportunity to use new techniques and to observe different good teaching practices.

(9) To acknowledge and reward the individual effort of every teacher.

(10) To exhort the teachers to share their experiences
with other members of the staff.

(11) To stand by the new techniques and materials and
to keep the teachers informed.

(12) To create a professional library and to exhort the
teachers to use it.

(13) To avoid telling any teacher off in the presence
of students or other people.

(14) To praise the teachers openly and to act humbly
when preparing any of them.

(15) To act cautiously with the problems of the people
but dealing with them as if they were their
own.

(16) Not to forget the younger years of their life,
maintaining a jovial attitude.

(17) Not to stop the development of a kind of sensi-
tivity towards the needs of the community while
maintaining faith in people; that faith could
bring the necessary strength for the improvement
of teaching.

(18) The supervisor must develop a correct vision
rather than a devotion so that teaching is
greatly improved. His or her talents should be
used for the benefit of humankind (Douglass E.
Lawson, Ten Commendments for the Humane Principal
in Improving Instruction).

In summation, Chapter II has provided a brief historical account of the origins, steps or phases, advantages, and disadvantages of clinical supervision in the evaluation process.

METHODOLOGY

In this chapter, a wide explanation of the methodological design, the hypotheses used, the type and selection of the sample, and the description and presentation of the instrument used in this exploratory investigation will be provided.

The design used in this study was of the descriptive variety. A descriptive study tries to gather information about the present state of the phenomenon under study. Its purpose is to determine the nature of a situation as it stands at the moment of the investigation. The objective, as taken from Ary, Jacobs, and Rasavieh (1982), is to describe what exists relative to the variations or conditions of a situation (p. 308).

According to the authors mentioned above, the process of descriptive investigation can be synthesized as follows:

(1) Formulation of the problem: As in the experimental investigation, we must start off with a clear statement of the problem. The variables in the study will be identified as well as whether the objective is to understand their natures or their relations.

(2) Identification of the information needed to solve the problem: The researcher enumerates the information that has to be gathered, gives information about the qualitative or quantitative data, and identifies the way in which it is gathered.

(3) Selection of instruments to gather the data:
Questionnaires, interviews, tests, and different
kinds of scales are the most commonly used instru-
ments in a descriptive investigation. If the
researcher used the ones already in existence, their
viability would have to be determined as well as
their validity within the measurement of the varia-
bles of the study and their adequacy to the popula-
tion.

(4) Identification of the population under study and
construction of the required method: The researcher
tries to select a sample that represents the
appropriate population.

(5) Design of the procedure used to obtain the data:
The researcher organizes the plan to be put into
practice in order to obtain the sample and apply the
instruments.

(6) Gathering of data.

(7) Analysis of data.

(8) Preparation of the report.

The statistical tests used were groups of percentages and Chi
Square. These were used to determine if two values were related to each
other or if they were independent (Ander-Egg, 1980), hence also the use
of crossed 2.2 tabulations. This percentage was then used to analyze
the orientation of the majority of the supervisors when answering
different questions about the instrument of measurement. The use of

percentages also helped to determine the orientation of the attitudes of school supervisors toward the evaluation process with regard to clinical supervision.

General Hypothesis

Although this is a descriptive study, the researcher took the liberty of formulating the following hypotheses, taking as an example the theoretical framework constructed by Ary, Jacobs, and Razavieh (1982).

In the following section, the symbol "H 1" stands for positive hypothesis, and the symbol "H 0" stands for negative hypothesis:

H 1: The percentage of supervisors who have a positive attitude toward the focus of the clinical supervision process is considerably higher than it was expected in theory. It was expected that only 50% of the respondents would show a positive attitude.

H 0: The attitude of the supervisors in this study toward the clinical supervision process does not vary according to the variables previously mentioned.

H 1: The clinical supervision process varies according to the professional experience, effectiveness, simplicity, patience, cordiality, academic experience, and everyday performance of the school supervisors.

H O: The clinical supervision process does not vary

according to the professional experience, effec-

tiveness, simplicity, patience, cordiality,

academic experience, and everyday performance of

the school supervisors.

Subjects

The population used was made up of 45 school supervisors of the school areas of the target district. Thirty-five schools were used. They represented the totality of the school supervisors selected according to their availability and disposition. Before selection, the researcher had to apply for the necessary permission to the "Departamento de Instruccion Publica de Puerto Rico," Area of Planification and Educational Development, Division of Investigation and Educational Innovations. The researcher worked with Circular Letter Number 5-85-86 (see Appendix B) to try to get authorization to be able to carry out studies and research in the educational system, in which the title of the study or research, a brief explanation of the problem, the procedure, time, the utility of the study or research for the educational system, and the signature of the chairperson were included. After four weeks, the "Departamento de Instruccion Publica de Puerto Rico" gave its approval to carry out the research study in the target district. In this way, the researcher went through several interviews in order to make this work known.

Instrument

To measure the attitudes of the school supervisors and all the data and information relevant to this study, the researcher prepared a questionnaire. This questionnaire was reviewed and analyzed by several faculty members and graduate students. The questionnaire was made up of six parts. Instructions and information were provided in order to make it easier for the reader to answer the questions according to detailed information about the steps to be followed.

At the beginning of this instrument, the following items were introduced:

The Topic: Clinical Supervision

The People to Whom It Was Directed: A questionnaire

      to be answered by school supervisors according to

      their experiences in the evaluation process of

      Clinical Supervision.

The first section includes the instructions for participants to complete the instrument.

Instructions: Place an "X" in front of the chosen

      answer. Please do not write your name.

The first part of the instrument is called "Profile" and includes the following six questions:

I. <u>PROFILE</u>

   1. Gender:

      _____ Female

      _____ Male

   2. Age:

      _____ 20-49 years

      _____ 50 years or older

   3. Type of school that you belong to:

      _____ Public

      _____ Private

   4. Academic level:

      _____ Bachelor's Degree

      _____ Bachelor's Degree with some Master's credits

      _____ Master's Degree

      _____ Master's Degree with doctoral credits

      _____ Doctoral Degree

   5. Concentration:

      _____ Education

      _____ Education and other areas

   6. Years of experience:

      _____ 1-15 years

      _____ 16 years or more

The second part of the instrument is called "Experience," in which the supervisors answered five "Yes/No" questions related to their experiences in the area of clinical supervision.

II. <u>EXPERIENCE</u>

   7. Do you agree that clinical supervision is an effective process?

      _____ Yes

      _____ No

8. The evaluative method of the teacher and
   the acceptance of this method by him or her
   is a big problem that the supervisor has to
   face when trying to do his or her job.

   _____ Yes

   _____ No

9. Do you think that the school systems develop
   evaluation practices that stick rigidly to
   the formal processes?

   _____ Yes

   _____ No

10. Do you think that there exists a certain
    negative attitude on the part of teachers
    who work in our school system towards the
    trust or mistrust in the evaluation process
    in which they resist to accept, on many
    occasions, suggestions from the supervisor
    about methodology?

    _____ Yes

    _____ No

11. The main problem in the evaluation process
    appears when the supervisors do not have
    knowledge of the methodology and innovations,
    tendencies, modalities, techniques, and
    strategies in the field of supervision.

    _____ Yes

    _____ No

The third and fourth parts appear under the titles of "Perceptions"
and "Reflections" respectively. They include 45 questions designed
following the Likert scale. These two parts were created to provide
the researcher with a clearer view of how the supervisor perceives the
process of clinical supervision.

III. <u>PERCEPTIONS</u>

12. Clinical Supervision is a realistic process in which the supervisor puts into practice all of his or her knowledge.

_____ Agree

_____ Disagree

13. An obvious problem arises with unexpected classroom visits which pick up aspects which are of little value to the evaluation process.

_____ Agree

_____ Disagree

14. We should emphasize the supervision process when looking towards an improvement in the quality of education.

_____ Agree

_____ Disagree

15. It is urgent to make professionals conscious of the knowledge and application of clinical supervision in the evaluation process.

_____ Agree

_____ Disagree

16. The attitude of the supervisors is of vital importance in the clinical supervision process.

_____ Agree

_____ Disagree

IV. <u>REFLECTIONS</u>

17. The attitude that the supervisor has will depend on the effectiveness and professional success of his or her helping mission.

_____ Agree

_____ Disagree

18. The supervisor should create a sense of
    security and confidence in the evaluation
    process in a manner that does away with
    wants, conflicts, and negativity.

    _____ Agree

    _____ Disagree

19. The general complaints of administrators,
    supervisors, and teachers are reflective
    of the urgency to define the role of the
    supervisor.

    _____ Agree

    _____ Disagree

20. The supervisor cannot be a mere servant
    if he or she hopes to become an effective
    agent of change.

    _____ Agree

    _____ Disagree

The fifth part of the instrument was titled "Process" and, in this

part, four "Yes/No" questions were posed. This part was intended to

capture the attitude of the supervisors regarding the different steps

of clinical supervision.

V. PROCESS

The supervision process consists of the following:
(a) preobservation; (b) observation; (c) analysis
and strategies; (d) conferences; and (e) post-
conferences.

21. During the preobservation stage, agreements
    are reached as to the reasons for the
    supervision and as to decisions about rules
    and roles that emerge.

    _____ Yes

    _____ No

22. Through the observation stage, one can determine the facts of the evaluation to discuss and analyze them.

_____ Yes

_____ No

23. Through the discussion, one can redefine the agreement about supervision which is first reached in the preobservation stage.

_____ Yes

_____ No

24. By means of analysis and strategies, one could make of the supervision process something true and less arbitrary or superficial.

_____ Yes

_____ No

The sixth and last part of the instrument was titled "Measurements." In this part, six premises were given and, together with them, scales with which the supervisor could be evaluated from 0 to 10. The larger the number, the larger the premise.

VI. <u>MEASUREMENTS</u>

If you could measure the following aspects on a scale from 0 to 10, how would you rate yourself?

25. I evaluate fairly. 0-1-2-3-4-5-6-7-8-9-10

26. I am flexible. 0-1-2-3-4-5-6-7-8-9-10

27. I provide moral and professional support. 0-1-2-3-4-5-6-7-8-9-10

28. I am patient. 0-1-2-3-4-5-6-7-8-9-10

29. I use techniques and strategies which are effective in the evaluation process. 0-1-2-3-4-5-6-7-8-9-10

30. My supervision
work is effec-
tive.   0-1-2-3-4-5-6-7-8-9-10

Also in this part, words of appreciation were expressed by the

researcher to those who participated in the study: "Thank you for

your cooperation and for thus allowing me to carry out a research work,

the purpose of which is to make people conscious of the importance of

clinical supervision in the evaluation process."

This questionnaire was intended to measure, through the use of

questions, the attitudes of supervisors towards the evaluation process

in clinical supervision. It was translated into Spanish--the

predominant language of the intended population.

Procedure

To bear out the validity of this questionnaire and the future

success of this research work, it should be mentioned that it has been

submitted for inspection to eleven school supervisors who are the

representatives of different school districts. The sample selected

for the investigation did not overlap with these inspectors. Subject

supervisors were selected according to their availability and the

questionnaire was given out randomly. Subjects were also instructed

in how to answer the questionnaire. When the questionnaires were

collected, many comments and verbal opinions regarding the topic were

rescended.

This pilot study has been carried out, using figures and tables,

in which the attitudes, either positive or negative, of the participating

supervisors were reflected. From the validity of the numerical
results obtained in this study, the validity of the questionnaire will
be proved and it will be given out to the selected population.

C H A P T E R   IV

FINDINGS

Discussion and Analysis of the Findings

In this chapter, an explanation of the results obtained in this exploratory research study will be given. The results were computed using the instrument of measurement completed by the subject population.

The questionnaire was submitted to the 45 supervisors who made up the target district. Thirty-five supervisors responded. These 35 individuals are representative of all the supervisors who make up the target district. In this study, the percentages used were rounded to two digits. The variables addressed were gender, age, school department to which the subjects belong, academic level, area of concentration, and years of experience.

Next, another category belonging to the independent variable, called "Experience" will be described. The variables studied here are the following: clinical supervision as a process carried out affectively; the method of evaluation of the teacher and the acceptance of that evaluation; the teachers' negative attitudes toward the evaluation process; and the problem of supervisors not having adequate knowledge about methodology, innovations, tendencies, modalities, techniques, and strategies in the field of supervision.

I. PROFILE

Question 1: Gender. Of the supervisors who answered the question-
naire, 25 were females (71.4%) and 10 were males (28.6%) in this study.
However, it could not be determined with accuracy how many males and
females responded. According to the sample, we can come to the conclu-
sion that there is a larger proportion of female subjects than of male
subjects working as supervisors in the target district. (See Table 3.)

Question 2: Age. The age of the subjects was between 20 and 50
years or older. Twenty-six of the supervisors in the targeted school
district, or 74.3%, were between 20 and 49 years of age. Only 9 sub-
jects, or 25.7%, were 50 years old and older. The conclusion drawn was
that the supervisors of these school districts were relatively young.
(See Table 4.)

Question 3: Type of School That You Belong To. This study
focuses on the public schools since all of the subjects were employed
in that department. (See Table 5.)

Question 4: Academic Level. The academic training of the indi-
viduals working as supervisors in this school district is very high
since only 14.3% of the subjects have a Bachelor's Degree (with some
Master's Degree credits). Eighteen, or 51.4%, have a Master's Degree;
and 11, or 31.4%, of the school supervisors have a Master's Degree with
doctoral credits. Only 1, or 2.9%, had a Doctoral Degree. It can be
pointed out that the training of the subjects working as school super-
visors is very adequate for their jobs. (See Table 6.)

Question 5: Concentration. In this research study, it was found
that all the subjects have their major in Education, which showed that

TABLE 3

DISTRIBUTION OF THE SUBJECTS ACCORDING TO GENDER

1. Gender	Frequency	Percentage
Female	25	71.4%
Male	10	28.6%
	35	100.0%

TABLE 4

DISTRIBUTION OF THE SUBJECTS ACCORDING TO AGE

1. Age	Frequency	Percentage
20-49 Years	26	74.3%
50 Years and Older	9	25.7%
	35	100.0%

TABLE 5

DISTRIBUTION OF THE SUBJECTS ACCORDING TO THE
SCHOOL DEPARTMENT TO WHICH THEY BELONG

3. Type of School That You Belong To	Frequency	Percentage
Public	35	100.0%
Private	0	0.0%
	35	100.0%

TABLE 6

DISTRIBUTION OF SUBJECTS ACCORDING
TO THEIR ACADEMIC TRAINING

4. Academic Level	Frequency	Percentage
Bachelor's Degree	0	0.0%
Bachelor's Degree with Some Master's Credits	5	14.3%
Master's Degree	18	51.4%
Master's Degree with Doctoral Credits	11	31.4%
Doctoral Degree	1	2.9%
	35	100.0%

they were well-prepared in their area. Thus, 11, or 31.4%, of the subjects are Education majors and 24, or 66.6%, are majors in Education and other areas. (See Table 7.)

Question 6: Years of Experience. In general, the results pointed to the fact that most of the subjects in this study have wide experience in the area of supervision, since 26, or 77%, have 16 and even more years of experience in the field of school supervision. (See Table 8.)

II. EXPERIENCE

In order to control other factors, probably related to the dependent variable, the subjects were given five "Yes/No" questions under the heading "Experience". These questions were related to the attitude of the school supervisors toward the evaluation process as related to clinical supervision.

Question 7: Do you agree that clinical supervision is an effective process? With regard to the effectiveness of clinical supervision, 10 subjects, or 28.6%, considered it effective and 25, or 71.4%, considered it ineffective. (See Table 9.)

Question 8: The evaluative method of the teacher and the acceptance of this method by him or her is a big problem that the supervisor has to face when trying to do his or her job. Due to the subjective element present in the concept of clinical supervision, there is an ambivalence between personal criteria and the decisions to be taken when applying these concepts. Of the subjects in the study, 35, or 100%, agreed that the method of evaluation and acceptance of it by

TABLE 7

DISTRIBUTION OF THE SUBJECTS ACCORDING
TO THEIR ACADEMIC CONCENTRATION

5. Academic Concentration	Frequency	Percentage
Education	11	31.4%
Education and Other Areas	24	68.6%
	35	100.0%

TABLE 8

DISTRIBUTION OF THE SUBJECTS ACCORDING
TO THEIR YEARS OF EXPERIENCE

6. Years of Experience	Frequency	Percentage
1-15 Years	8	22.9%
16 Years or More	27	77.1%
	35	100.0%

TABLE 9

EXPERIENCES OF THE SUBJECTS WHICH ARE RELATED
TO THE PROCESS OF CLINICAL SUPERVISION

7. Do you agree that clinical supervision is an effective process?	Frequency	Percentage
Yes	10	28.6%
No	25	71.4%
	35	100.0%

them constitutes one of the greatest challenges for the supervisor.
(See Table 10.)

Question 9: Do you think that the school systems develop
evaluation practices that stick rigidly to the formal processes?
Twenty-three, or 68.7%, of the subjects working as supervisors con-
sidered that, in the school systems, they develop evaluation practices
following the accuracy of formal processes. Twelve, or 34.3%, think
that these practices are not developed. Nevertheless, the lack of
acceptance of the evaluation methods by the teachers does not seem to
support this premise. (See Table 11.)

Question 10: Do you think that there exists a certain negative
attitude on the part of the teachers who work in our school system
towards the trust or mistrust in the evaluation process in which they
resist to accept, on many occasions, suggestions from the supervisor
about methodology? In regards to the negativity of Puerto Rican
teachers towards the evaluation process, 28 of the subjects, or 80%,
admitted to having perceived this negativity; and 7 of them, or 20%,
claimed not to have perceived any kind of negativity. Although the
perception of 80% of the subjects is considerable, it cannot be con-
cluded that this tendency is representative of the whole educational
system since it was observed in one of the school districts which is
not representative of the whole Puerto Rican school system. (See
Table 12.)

Question 11: The main problem in the evaluation process shows
up when the supervisors are not familiar with the methodologies and
innovations, tendencies, techniques, and strategies used in the field

TABLE 10

EXPERIENCES WITH THE METHOD OF EVALUATION OF THE TEACHER
AND ITS ACCEPTANCE BY HIM OR HER

8. The evaluative method of the teacher and the acceptance of this method by him or her is a problem that the supervisor has to face when trying to do his or her job.	Frequency	Percentage
Yes	35	100.0%
No	0	0.0%
	35	100.0%

TABLE 11

EXPERIENCE ABOUT THE DEVELOPMENT OF EVALUATION PRACTICES
FOLLOWING FORMAL PROCESSES

9. Do you think that the school systems develop evaluation practices that stick rigidly to the formal processes?	Frequency	Percentage
Yes	23	65.7%
No	12	34.3%
	35	100.0%

TABLE 12

EXPERIENCE ABOUT THE NEGATIVITY OF THE TEACHERS
TOWARDS THE EVALUATION PROCESS

10. Do you think that there exists a certain negative attitude on the part of the teachers who work in our school system towards the trust or mistrust in the evaluation process in which they resist to accept, on many occasions, suggestions from the supervisor about methodology?	Frequency	Percentage
Yes	28	80.0%
No	7	20.0%
	35	100.0%

of supervision. One hundred percent of the subjects agree that the
problem in the evaluation process shows up when the supervisors do not
have enough knowledge of methodology, innovations, tendencies, modali-
ties, techniques, and strategies in the field of supervision. They
acknowlege the importance of a good training in this field. (See
Table 13.)

III. PERCEPTIONS

The third part of this study focused on gathering the perceptions
of the subjects toward their supervision work in the area of clinical
supervision. With that purpose, five "Yes/No" questions were posed to
be answered according to the criteria of "Agreement" or "Disagreement".

Question 12: Clinical supervision is a realistic process in which
the supervisor puts into practice all of his or her knowledge. Relative
to the concept of practicality of the clinical supervision process, 35,
or 100%, said that it was a realistic process. (See Table 14.)

Question 13: An obvious problem arises with the unexpected class-
room visits which pick up aspects which are of little value to the
evaluation process. Regarding the problem that stems from unexpected
visits to the classroom, 23, or 65.7%, agreed and 12, or 34.3%, dis-
agreed that it was a problem. Although most of the subjects expressed
themselves against its efficacy, it was also observed that this kind of
practice has been accepted, to a certain degree, in the target district.
(See Table 15.)

Question 14: We should emphasize the supervision process when
looking towards an improvement in the quality of education. As to the

TABLE 13

EXPERIENCE ABOUT THE LACK OF KNOWLEDGE OF METHODOLOGY,
INNOVATIONS, TENDENCIES, MODALITIES, TECHNIQUES,
AND STRATEGIES IN THE FIELD OF SUPERVISION

11. The main problem in the evaluation process shows up when the supervisors are not familiar with the methodologies and innovations, tendencies, techniques, and strategies used in the field of supervision.	Frequency	Percentage
Yes	35	100.0%
No	0	0.0%
	35	100.0%

TABLE 14

PERCEPTIONS ABOUT CLINICAL SUPERVISION AS A
REALISTIC PROCESS WHERE THE SUPERVISOR
PUTS INTO PRACTICE ALL OF HIS OR HER
KNOWLEDGE

12. Clinical supervision is a realistic process in which the supervisor puts into practice all of his or her knowledge.	Frequency	Percentage
Agree	35	100.0%
Disagree	0	0.0%
	35	100.0%

TABLE 15

PERCEPTIONS ABOUT UNEXPECTED CLASSROOM VISITS

13. An obvious problem arises with the unexpected classroom visits which pick up observations which are of little value to the evaluation process.	Frequency	Percentage
Agree	23	65.7%
Disagree	12	34.3%
	35	100.0%

question of whether the supervision process should be emphasized in order to improve the quality of education, 35, or 100%, agreed. (See Table 16.)

Question 15: It is urgent to make professionals conscious of the knowledge and application of clinical supervision in the evaluation process. As to the urgency of making people conscious of the knowledge and application of clinical supervision, 24, or 68.6%, agreed that this system should be urgently integrated into the evaluation process and 11, or 31.4%, disagreed. This shows that it is necessary to emphasize this concept in order to improve the supervision processes and their efficiency. (See Table 17.)

Question 16: The attitude of the supervisors is of vital importance in the clinical supervision process. Regarding the importance of the attitude of the supervisors in the clinical supervision process, 100% of the subjects working as supervisors agreed on the importance of this aspect of the supervision process. (See Table 18.)

IV. REFLECTIONS

This part of the study is devoted to determining the concept about supervision which is representative of each of the subjects involved in the study. For this purpose, four questions were designed to be answered by the subjects in terms of "Agreement" or "Disagreement".

Question 17: The attitude that the supervisor has will depend on the effectiveness and professional success in his or her helping mission. As to the idea that the efficacy and professional success

TABLE 16

PERCEPTIONS ABOUT THE IMPROVEMENT
OF THE QUALITY OF EDUCATION

14. We should emphasize the supervision process when looking towards an improvement in the quality of education.	Frequency	Percentage
Agree	35	100.0%
Disagree	0	0.0%
	35	100.0%

TABLE 17

DISTRIBUTION OF PERCEPTIONS ABOUT THE URGENCY TO MAKE
PEOPLE CONSCIOUS OF THE IMPORTANCE OF THE KNOWLEDGE
AND APPLICATION OF CLINICAL SUPERVISION

15. It is urgent to make professionals conscious of the knowledge and application of clinical supervision in the evaluation process.	Frequency	Percentage
Agree	24	68.6%
Disagree	11	31.4%
	35	100.0%

TABLE 18

PERCEPTIONS OF THE SUBJECTS ABOUT THE IMPORTANCE
OF THE ATTITUDE OF THE SUPERVISORS TOWARDS
CLINICAL SUPERVISION

16. The attitude of the supervisors is of vital importance in the clinical supervision process.	Frequency	Percentage
Agree	35	100.0%
Disagree	0	0.0%
	35	100.0%

of the supervisor depends on his or her attitude, 100% of the subjects agreed. (See Table 19.)

Question 18: The supervisor should create a sense of security and confidence in the evaluation process in a manner that does away with wants, conflicts, and negativity. Regarding the question of whether it is the supervisor who creates an atmosphere of security and confidence during the evaluation process, 24, or 68.6%, agreed and 11, or 31.4%, disagreed. (See Table 20.)

Question 19: Do you think that the general complaints of the administrators, supervisors, and teachers are reflective of the urgency to define the role of the supervisor? In reference to the urgency to define the role of the supervisor, expressed by the administrators, supervisors, and teachers who were the subjects of this study, it was found that 35 subjects, or 100%, of the population agreed. (See Table 21.)

Question 20: The supervisor cannot be a mere servant if he or she hopes to become an effective agent of change. The transformation of the supervisor into an effective agent of change was agreed upon by 26 of the subjects, or 74.3%, and disagreed upon by 9, or 25.7%. This role of the supervisor as a mere servant is of little importance as related to the overall behavior of the supervisor. (See Table 22.)

V. PROCESS

The fifth part of the instrument was devoted to uncovering the attitudes of the supervisors toward the most relevant phases of the supervision, observation, analysis and strategies, conferences and

TABLE 19

DISTRIBUTION OF THE SUBJECTS ACCORDING TO
"REFLECTIONS"

17. The attitude that the supervisor has will depend on the effectiveness and professional success in his or her helping mission.	Frequency	Percentage
Agree	35	100.0%
Disagree	0	0.0%
	35	100.0%

TABLE 20

REFLECTIONS: THE SUPERVISOR HAS TO BE THE ONE
WHO HAS TO CREATE AN ATMOSPHERE OF
SAFETY AND CONFIDENCE

18. The supervisor should create a sense of security and confidence in the evaluation process in a manner that does away with wants, conflicts, and negativity.	Frequency	Percentage
Agree	24	68.6%
Disagree	11	31.4%
	35	100.0%

TABLE 21

REFLECTIONS ON THE URGENCY TO DEFINE THE ROLE
OF THE SUPERVISOR

19. Do you think that the general complaints from the administrators, supervisors, and teachers are reflective of the urgency to define the role of the supervisor?	Frequency	Percentage
Agree	35	100.0%
Disagree	0	0.0%
	35	100.0%

TABLE 22

REFLECTIONS ON THE ROLE OF THE SUPERVISOR
AS AN AGENT OF CHANGE

20. The supervisor cannot be a mere servant if he or she hopes to become an effective agent of change.	Frequency	Percentage
Agree	26	74.3%
Disagree	9	25.7%
	35	100.0%

post-conferences. Four "Yes/No" questions were posed in this part of the instrument.

The supervision process consists of the following: (a) pre-observation; (b) observation; (c) analysis and strategies; (d) conferences; and (e) post-conferences.

Question 21: During the preobservation stage, agreements are reached as to the reasons for the supervision and as to decisions about rules and roles that emerge. In the preobservation phase, the intention was to perceive the reasons for supervision, the decisions on some rules, and the roles to be played in the supervision process. All the subjects, or 100%, answered affirmatively, thus agreeing that the preobservation phase is crucial for those aspects of the supervision process. (See Table 23.)

Question 22: Through the observation stage, one can determine the facts of the evaluation to discuss and analyze them. As to the statement that, through observation, the facts of the evaluation process can be determined and discussed, 27 of the subjects, or 77.1%, answered affirmatively and 8, or 22.9%, answered negatively. (See Table 23.)

Question 23: Through the discussion, one can redefine the agreement about supervision which is first reached in the preobservation stage. Concerning the statement that through the conference phase the agreement about supervision reached in the preobservation phase can be redefined, 28, or 80%, answered in the affirmative and 7, or 20%, answered in the negative. (See Table 23.)

TABLE 23

EXPERIENCE OF THE SUBJECTS IN RELATION TO THE
PROCESS OF CLINICAL SUPERVISION

21. During the preobservation stage, agreements are reached as to the reasons for the supervision and decisions about rules and roles that emerge.	Frequency	Percentage
Yes	35	100.0%
No	0	0.0%
	35	100.0%

22. Through the observation stage, one can determine the facts of the evaluation in order to discuss and analyze them.		
Yes	27	77.1%
No	8	22.9%
	35	100.0%

23. Through discussion, one can redefine the agreement about supervision which is first reached in the preobservation stage.		
Yes	28	80.0%
No	7	20.0%
	35	100.0%

24. By means of analysis and strategies, one could make of the supervision process something true and less arbitrary or superficial.		
Yes	25	71.4%
No	10	28.6%
	35	100.0%

Question 24: By means of analysis and strategies, one could make of the supervision process something true and less arbitrary or superficial. In reference to the statement about the possibility of making the supervision process something less arbitrary, 25, or 71.4%, answered "Yes" and 10, or 28.6%, answered "No". (See Table 23.)

VI. MEASUREMENTS

The sixth part of this study focused on scales that measure, in values ranging from 0 to 10, different subjective qualities influencing the supervision process.

Question 25: I evaluate fairly. Regarding the quality of fairness when evaluating, Table 24 and Figure 3 illustrate the reactions observed in terms of values on the scale. It was concluded that, as far as the quality of fairness was concerned, most of the subjects in the study considered themselves fair when evaluating.

Question 26: I am flexible. As to flexibility, Table 25 and Figure 4 illustrate the behavior reflected in terms of the values on the scale.

Question 27: I provide moral and professional support. Concerning the quality of providing moral and professional support, Table 26 and Figure 5 illustrate the behavior observed in terms of values on the scale. These values show that the subjects consider themselves highly qualified in this particular aspect.

Question 28: I am patient. As to patience in the performance of the supervision work, Table 27 and Figure 6 illustrate the behavior

TABLE 24

SCALE ABOUT THE QUALITY OF FAIRNESS
WHEN EVALUATING

25. I evaluate fairly.	Frequency	Percentage
Scale:		
0	0	0.0%
1	0	0.0%
2	0	0.0%
3	0	0.0%
4	0	0.0%
5	0	0.0%
6	0	0.0%
7	1	2.9%
8	8	22.9%
9	13	37.1%
10	13	37.1%
	35	100.0%
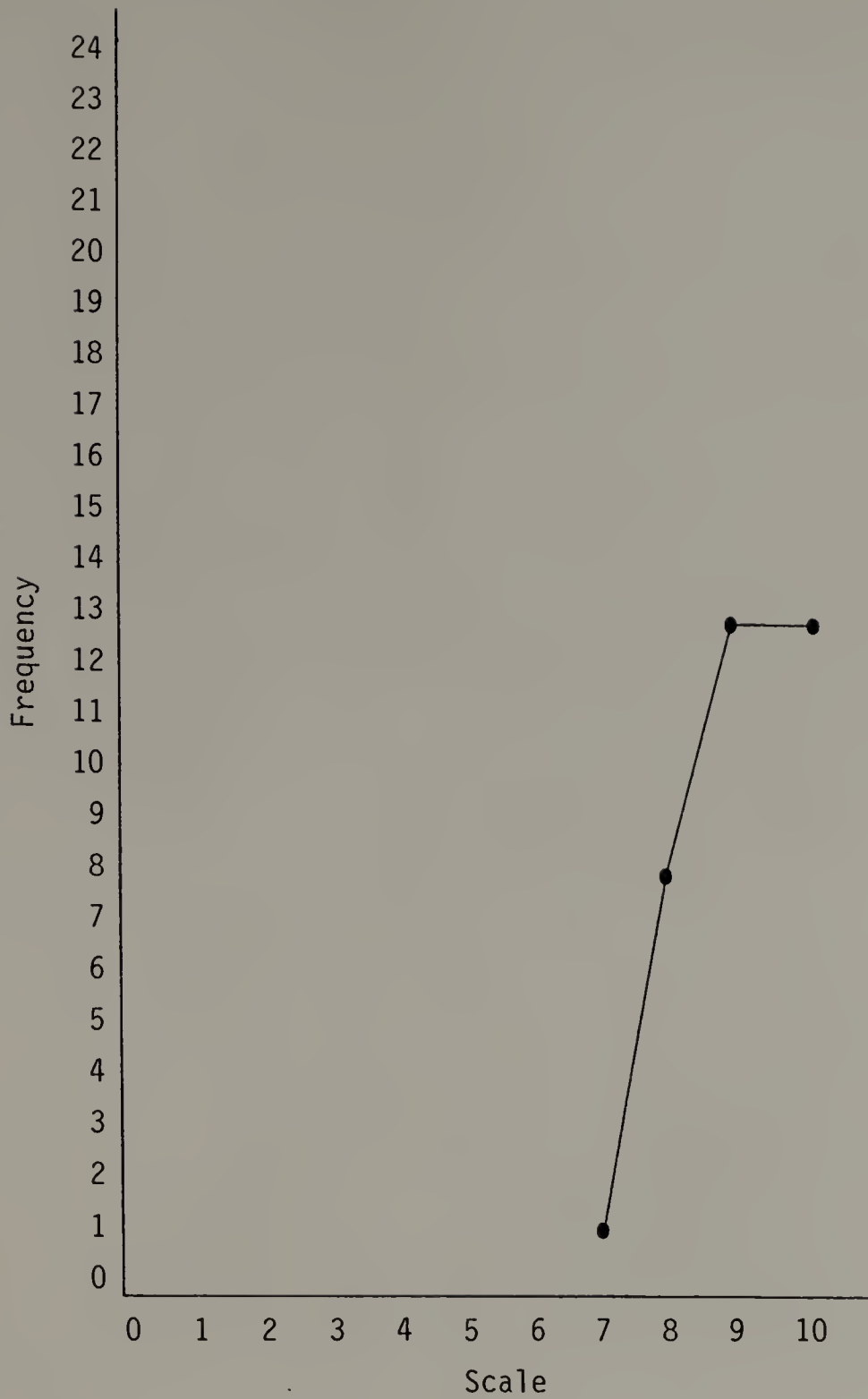
FIGURE 3.   SCALE ABOUT THE QUALITY OF FAIRNESS WHEN
EVALUATING (POPULATION = 35)

TABLE 25

SCALE ABOUT THE QUALITY OF FLEXIBILITY
WHEN EVALUATING

26. I am flexible.	Frequency	Percentage
Scale:		
0	0	0.0%
1	0	0.0%
2	0	0.0%
3	0	0.0%
4	0	0.0%
5	0	0.0%
6	1	2.9%
7	0	0.0%
8	4	11.4%
9	17	48.6%
10	13	37.1%
	35	100.0%
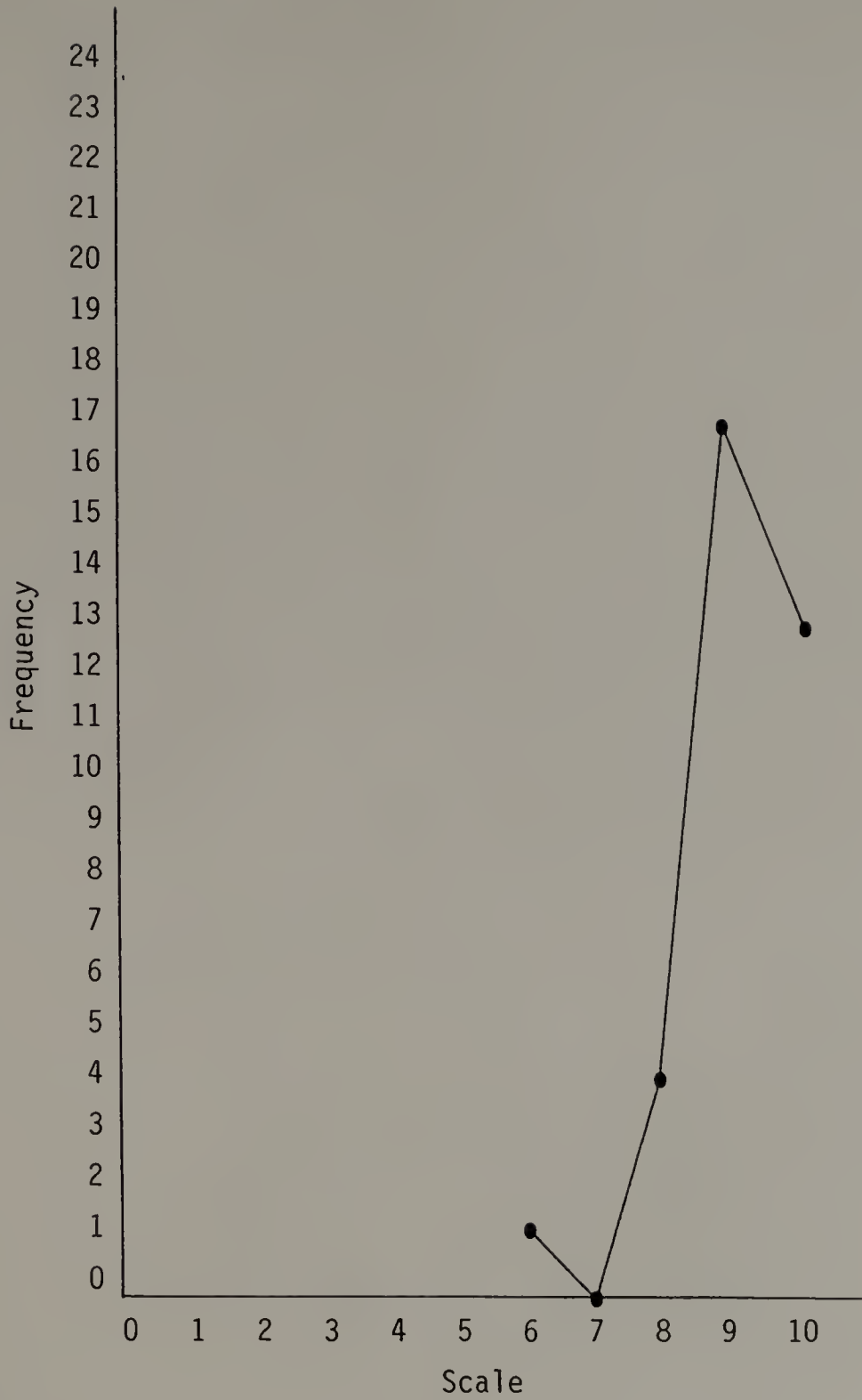
FIGURE 4. SCALE ABOUT THE QUALITY OF FLEXIBILITY
WHEN EVALUATING (POPULATION = 35)

TABLE 26

SCALE ABOUT THE QUALITY OF PROVIDING
MORAL AND PROFESSIONAL SUPPORT

27. I give moral and professional support.	Frequency	Percentage
Scale:		
0	0	0.0%
1	0	0.0%
2	0	0.0%
3	0	0.0%
4	0	0.0%
5	0	0.0%
6	0	0.0%
7	0	0.0%
8	9	25.7%
9	23	65.7%
10	3	8.6%
	35	100.0%
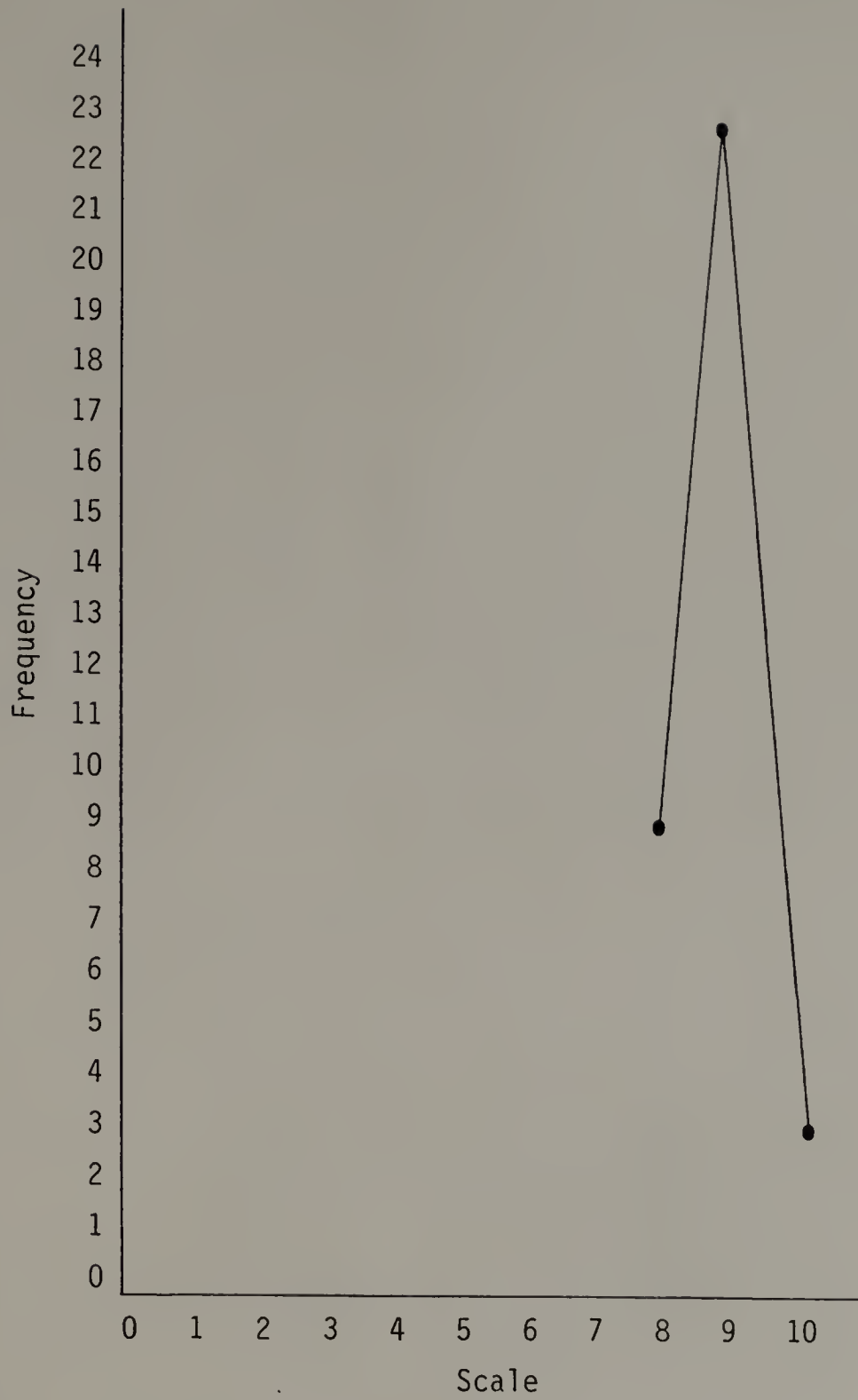
FIGURE 5. SCALE ABOUT THE QUALITY OF PROVIDING
MORAL AND PROFESSIONAL SUPPORT (POPULATION = 35)

TABLE 27

SCALE ABOUT PATIENCE IN THE PERFORMANCE
OF THE SUPERVISION WORK

28. I am patient.	Frequency	Percentage
Scale:		
0	0	0.0%
1	0	0.0%
2	1	2.9%
3	1	2.9%
4	3	8.6%
5	0	0.0%
6	0	0.0%
7	0	0.0%
8	5	14.3%
9	14	40.0%
10	11	31.3%
	35	100.0%
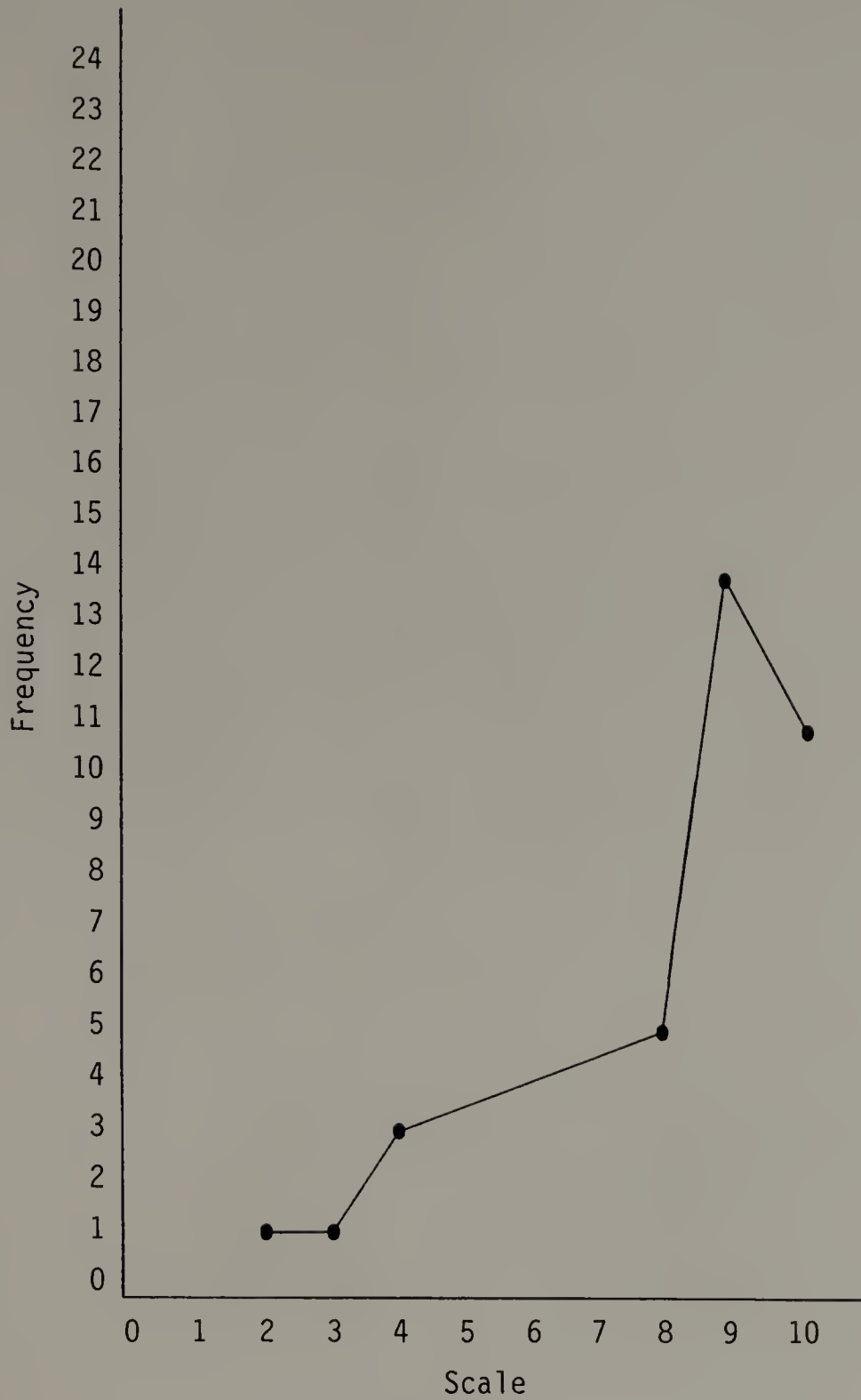
FIGURE 6.   SCALE ABOUT PATIENCE IN THE PERFORMANCE OF
THE SUPERVISION WORK (POPULATION = 35)

shown in the survey. The answers showed highly viable results related to the quality of patience.

Question 29: I use techniques and strategies which are effective in the evaluation process. Relative to the use of effective techniques and strategies during the evaluation process, Table 28 and Figure 7 illustrate the subject reactions. Sixty percent of the subjects considered themselves very capable in the implementation of effective strategies.

Question 30: My supervision work is effective. Concerning the efficacy of the supervision task performed by the subjects in the study, Table 29 and Figure 8 illustrate the results obtained. It was observed that 85.8% of the subjects in the study considered themselves very efficient.

TABLE 28

SCALE ABOUT THE USE OF EFFECTIVE TECHNIQUES AND
STRATEGIES DURING THE EVALUATION PROCESS

29. I use techniques and strategies which are effective in the evaluation process.	Frequency	Percentage
Scale:		
0	0	0.0%
1	0	0.0%
2	0	0.0%
3	0	0.0%
4	0	0.0%
5	0	0.0%
6	0	0.0%
7	1	2.9%
8	8	22.9%
9	5	14.2%
10	21	60.0%
	35	100.0%
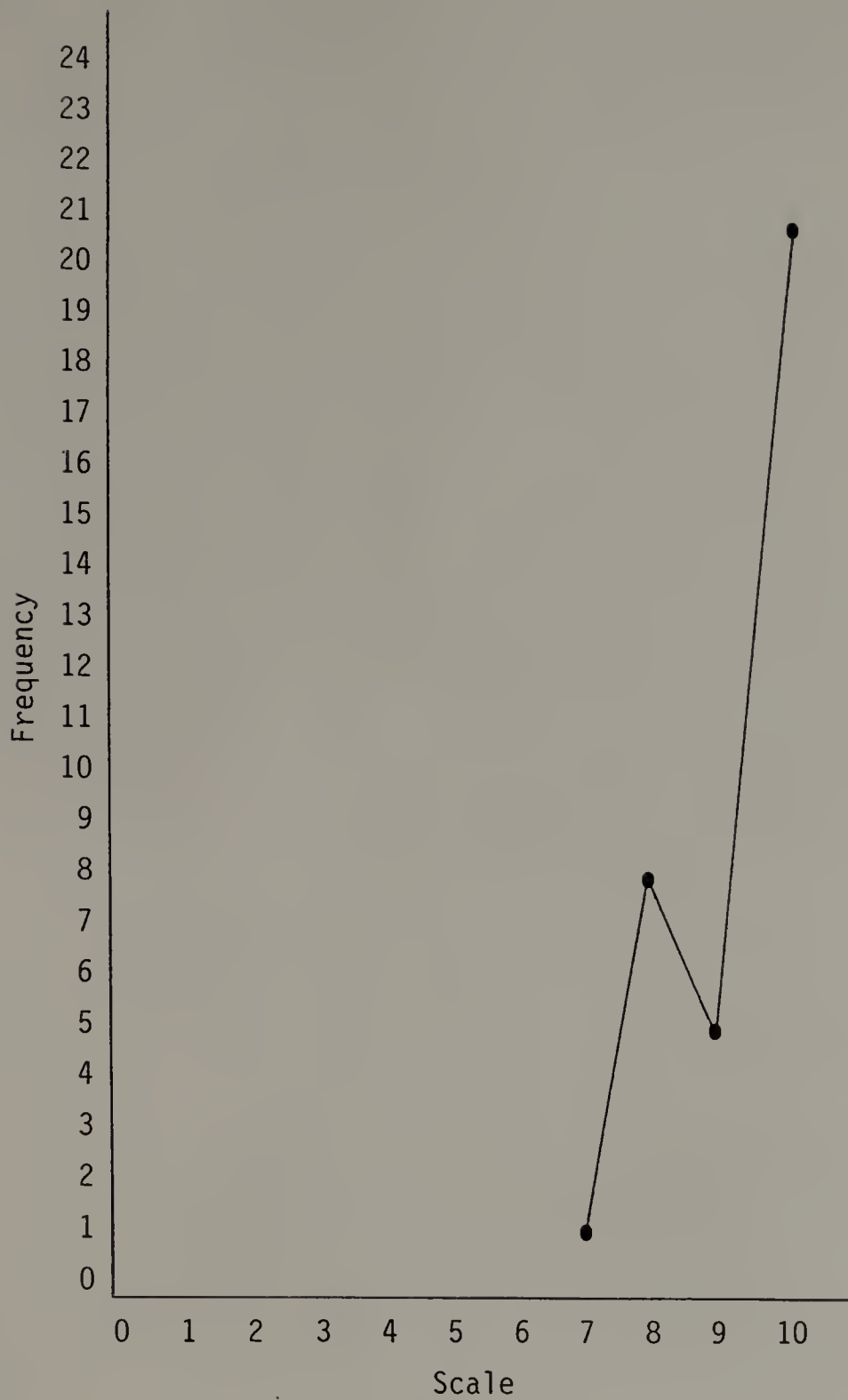
FIGURE 7. SCALE ABOUT THE USE OF EFFECTIVE TECHNIQUES
AND STRATEGIES DURING THE EVALUATION PROCESS
(POPULATION = 35)

TABLE 29

SCALE ABOUT THE EFFICACY OF THE SUPERVISION TASK

30. My supervision work is effective.	Frequency	Percentage
Scale:		
0	0	0.0%
1	0	0.0%
2	0	0.0%
3	0	0.0%
4	0	0.0%
5	0	0.0%
6	0	0.0%
7	0	0.0%
8	5	14.2%
9	9	25.8%
10	21	60.0%
	35	100.0%
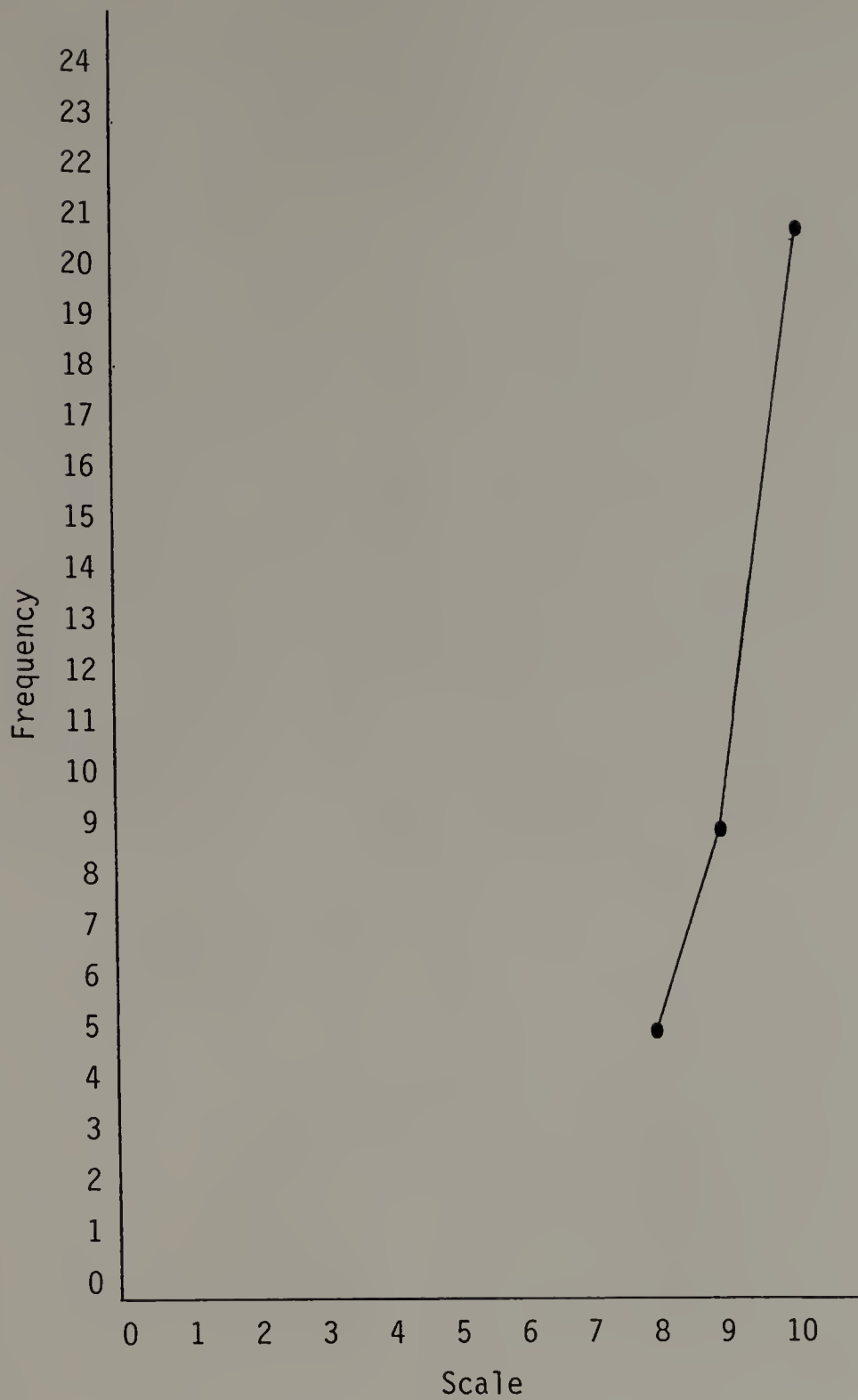
FIGURE 8. SCALE ABOUT THE EFFICACY OF THE SUPERVISION
TASK (POPULATION = 35)

C H A P T E R   V

INTERPRETATION AND RECOMMENDATIONS
FROM THE FINDINGS

In this chapter, an explanation of the results obtained in this research study will be given. The results were computed using the instrument of measurement or questionnaire answered by the population under study.

The questionnaire was given to 45 school supervisors from the target school district of whom 35 responded. In the first part of this section, the data related to the identification of the subjects will be given.

In the analysis of this data, the frequencies and percentages used were always related to the variables. Percentages were rounded to two digits. The variables under study were gender, age, school department to which the subjects belonged, academic training, area of concentration, and years of experience.

Following this, the category referred to as "Experience"--belonging to the independent variable--will be discussed. This category addresses subjects' opinions on the following issues: the effectiveness of clinical supervision; the method of evaluation and its acceptance by the teacher; the negative attitudes of many teachers toward the supervision process; and the adequacy of supervisors' training in methodology, innovations, tendencies, modalities, techniques, and strategies in the field of supervision.

The population used in this study consisted of 35 school super-
intendents who were representative of all the supervisors in the target
school district.

Interpretation and Conclusions
From the Findings

The following interpretations and conclusions stem from the find-
ings of this study:

1. Females represented the larger proportion (3 to 1)
    among the group of supervisors in the target school
    district.

2. The group of supervisors is relatively young
    (younger than 50 years of age).

3. The supervisors are well-qualified for their posi-
    tions and in anything concerning their academic
    training and concentrations.

4. The group of supervisors has appropriate experience
    in the educational system which helps them to deal
    adequately with the different situations in their
    everyday routines.

5. According to previous findings in the clinical
    supervision field, it can be observed that it has
    not been effective.

6. The supervisor has to face various problems when
    doing his or her job because many teachers do not

accept the evaluation methods and have a negative
view of the supervisor.

7. According to the supervisors, the formal processes
of evaluation follow rigorous practices, although
the people under evaluation do not necessarily share
this perception.

8. It was discovered that the teachers have a feeling
of distrust towards the evaluation process and do
not accept the recommendations of supervisors in a
proportion of 4 to 1.

9. The main problem of the evaluation process lies in
the lack of knowledge, on the part of the supervisor,
in his or her concentration area and field of action.

10. The supervisors agree on the fact that clinical
supervision is a process in which the supervisor
puts into practice all his or her skills.

11. Supervisors accept--in a proportion of 2/3--that the
unexpected visits to the classroom constitute a
problem because, in general, only unimportant aspects
and data are gathered.

12. Supervisors consider that it is necessary to empha-
size the process of supervision in order to improve
the quality of education and educational competence.

13. Most supervisors agree that it is necessary both to
apply and to make people conscious of the importance
of clinical supervision.

14. General agreement has been reached regarding the vital importance of the attitude of supervisors towards clinical supervision.

15. The subjects all agreed that the attitude developed by the supervisor is very important for effectiveness and professional success when helping people under supervision.

16. It is generally accepted that the supervisor provides security and confidence during the evaluation process.

17. It has been confirmed that a definition of the role of the supervisor among the professionals in the field of education is needed.

18. It was observed that 3 out of 4 supervisors agree on the fact that the supervisor is an agent of change in the educational process.

19. It was accepted that the preobservation phase is a phase of commitments and agreements.

20. In a proportion of 4 to 1, it was stated that the observation phase is the phase in which the facts about the evaluation process are determined and analyzed through dialogue.

21. Four out of 5 people interviewed said that the conference phase is the one in which the commitment or agreements reached in the preobservation phase are redefined.

22. Most supervisors were of the opinion that, through
the analysis and strategies, a more realistic and
less arbitrary and superficial kind of supervision
can be achieved.

23. The supervisors evaluate themselves on a scale of
0 to 10 in the following way:

   -- Fair when evaluating;

   -- Flexible;

   -- Give moral and professional support;

   -- Eighty-seven percent considered themselves
   patient;

   -- Ninety-seven percent thought that they were
   using effective techniques and strategies;

   -- The supervisor's task is effective overall.

Recommendations

The following recommendations stem from the findings of this
study:

   1. To carry out a study, using the same topic and
   variables used in this one but comparing the
   attitude of the supervisors of several school
   districts within the Puerto Rican educational sys-
   tem.

   2. To carry out a study using the same topic and
   variables as this one but comparing the attitude
   of the school supervisors in different school

areas within the Puerto Rican educational system.

3. To carry out a study, using the same topic and variables, but involving the Puerto Rican public educational system on the whole.

4. To carry out a study, using the same topic and variables, that involves the Puerto Rican private educational system.

5. To carry out an experimental study, using a control group and an experimental group out of a sample of school supervisors from both the public and private educational systems within the Puerto Rican school system so that, this way, the different attitudes can be compared and the efficacy of the supervision process can be measured.

6. The supervisors have to be better prepared regarding clinical supervision so that their experiences can be more effective. At the same time, the teachers have to be properly oriented and informed about the evaluation processes, especially the clinical supervision process, so that they will consider the supervision process as beneficial.

7. It is necessary to improve the teacher's experiences in the evaluation processes in order to improve the relationship between the supervisor and the teacher.

8. The supervisor has to be better informed and
   oriented in everything concerning the technical
   work and the supervision style so that he or she
   can be an effective agent of change in the educa-
   tional process.

9. Classroom visits should be planned with teachers
   so that the task carried out by the supervisor
   becomes more effective and useful. There should
   be an open and frank dialogue between the supervisor
   and the person under supervision.

10. All the people involved in the process should be
    better informed and educated in everything concern-
    ing clinical supervision: its phases, objectives,
    and techniques.

11. A kind of harmony should be achieved in the activity
    of both the supervisor and the subject in the
    processes of clinical supervision.

12. A clear definition of the role of the supervisor
    is urgently needed in order to improve the quality
    of the supervision process. Defining the super-
    visor's role gives more security and validity to
    the aspects under supervision.

13. The supervisor has to be strengthened and supported
    in his or her activity so that he or she can become
    an agent of change in order to improve the teaching-
    learning process in the classroom. The supervisor

has to help create more competent professionals
for the benefit of the educational system.

14. It has been observed that the supervisors have
deep knowledge of the clinical supervision field
but, in applying it, certain conflicts arise
between supervisor and subject. What has to be
changed is the negative view that teachers have
of the supervision process and the role of the
supervisor in the educational system.

15. The supervisors have an appropriate view of their
task although the subjects sometimes view it with
distrust.

In summary, it should be said that one of the main objectives in
the field of education must be to improve the quality as well as the
competence of the professionals in the field so that the attitudes and
views of the supervision process are changed and it begins to be con-
sidered as a process of development for the professionals in the field.
That is why, before putting into practice the processes, methods, and
evaluation techniques, the professionals must be oriented and reoriented
in all the aspects related to the supervision process and the objectives
or goals to be achieved in each phase.

The teacher and supervisor should feel confident and self-assured
in their respective roles within the evaluation process. This is vital
to achieving a higher educational level for the benefit of the students.
Finally, it must also be noted that the supervision process is a helping
process through which both the supervisor and the teacher learn and grow.

This exploratory study offers the opportunity to reflect and meditate more deeply on the attitude of the school supervisors towards the evaluation process as related to clinical supervision.

APPENDICES

APPENDIX A:

SURVEY INSTRUMENT
(ENGLISH AND SPANISH)

UNIVERSITY OF MASSACHUSETTS AT AMHERST
INSTRUCTIONAL LEADERSHIP DIVISION
DEPARTMENT OF EDUCATION

TOPIC: Clinical Supervision (English Translation)

PARTICIPANTS: A questionnaire to be answerd by school supervisors according to their experiences in the evaluation process of Clinical Supervision.

RESEARCHER: Noel Maldonado

This questionnaire is a means of measurement for my investigation which is necessary to obtain my doctoral degree in Education. I will try to capture and measure the attitudes of the supervisors before the evaluation process in relation to clinical supervision.

I ask for your participation in answering this questionnaire as openly as possible. Your answers will be kept confidential and will only be used for this investigation.

I appreciate your cooperation.

                              Sincerely,

                              Noel Maldonado

INSTRUCTIONS:

Place an "X" in front of the chosen response. Please do not write your name.

I. <u>PROFILE</u>

1. Gender:

_____ Female

_____ Male

2. Age:

_____ 20-49 years

_____ 50 years or older

3. Type of school that you belong to:

_____ Public

_____ Private

4. Academic level:

_____ Bachelor's Degree

_____ Bachelor's Degree with some Master's credits

_____ Master's Degree

_____ Master's Degree with doctoral credits

_____ Doctoral Degree

5. Concentration:

_____ Education

_____ Education and other areas

6. Years of experience:

_____ 1-15 years

_____ 16 years or more

II. <u>EXPERIENCE</u>

7. Do you agree that clinical supervision is an effective process?

_____ Yes

_____ No

8. The evaluative method of the teacher and the acceptance of this method by him or her is a big problem that the supervisor has to face when trying to do his or her job.

_____ Yes

_____ No

9. Do you think that the school systems develop evaluation practices that stick rigidly to the formal processes?

_____ Yes

_____ No

10. Do you think that there exists a certain negative attitude on the part of the teachers who work in our school system towards the trust or mistrust in the evaluation process in which they resist to accept, on many occasions, suggestions from the supervisor about methodology?

_____ Yes

_____ No

11. The main problem in the evaluation process shows up when the supervisors are not familiar with the methodologies and innovations, tendencies, techniques, and strategies used in the field of supervision.

_____ Yes

_____ No

III. PERCEPTIONS

12. Clinical supervision is a realistic process in which the supervisor puts into practice all of his or her knowledge.

_____ Agree

_____ Disagree

13. An obvious problem arises with the unexpected classroom visits which pick up aspects which are of little value to the evaluation process.

_____ Agree

_____ Disagree

14. We should emphasize the supervision process when looking towards an improvement in the quality of education.

    _____ Agree

    _____ Disagree

15. It is urgent to make professionals conscious of the knowledge and application of clinical supervision in the evaluation process.

    _____ Agree

    _____ Disagree

16. The attitude of the supervisors is of vital importance in the clinical supervision process.

    _____ Agree

    _____ Disagree

IV. REFLECTIONS

17. The attitude that the supervisor has will depend on the effectiveness and professional success in his or her helping mission.

    _____ Agree

    _____ Disagree

18. The supervisor should create a sense of security and confidence in the evaluation process in a manner that does away with wants, conflicts, and negativity.

    _____ Agree

    _____ Disagree

19. Do you think that the general complaints of the administrators, supervisors, and teachers are reflective of the urgency to define the role of the supervisor?

    _____ Agree

    _____ Disagree

20. The supervisor cannot be a mere servant if he or she hopes to become an effective agent of change.

    _____ Agree

    _____ Disagree

V. PROCESS

The supervision process consists of the following:
(a) preobservation; (b) observation; (c) analysis and
strategies; (d) conferences; and (e) post-conferences.

21. During the preobservation stage, agreements are
reached as to the reasons for the supervision and
as to decisions about rules and roles that emerge.

_____ Yes

_____ No

22. Through the observation stage, one can determine
the facts of the evaluation to discuss and analyze
them.

_____ Yes

_____ No

23. Through the discussion, one can redefine the
agreement about supervision which is first
reached in the preobservation stage.

_____ Yes

_____ No

24. By means of analysis and strategies, one could
make of the supervision process something true
and less arbitrary or superficial.

_____ Yes

_____ No

VI. MEASUREMENTS

If you could measure the following aspects on a scale
from 0 to 10, where would you rate yourself?

25. I evaluate fairly.   0-1-2-3-4-5-6-7-8-9-10

26. I am flexible.   0-1-2-3-4-5-6-7-8-9-10

27. I provide moral and
professional support.   0-1-2-3-4-5-6-7-8-9-10

28. I am patient.   0-1-2-3-4-5-6-7-8-9-10

29. I use techniques and
strategies which are
effective in the
evaluation process.   0-1-2-3-4-5-6-7-8-9-10

30. My supervision work
is effective.   0-1-2-3-4-5-6-7-8-9-10

Thank you for your cooperation and for allowing me to carry out this investigation whose aim is to make the professional conscious of the importance of clinical supervision in the evaluation process.

UNIVERSITY DE MASSACHUSETTS AT AMHERST
DIVISION INSTRUCTIONAL LEADERSHIP
DEPARTAMENTO DE EDUCATION

TEMA: Supervision Clinica (Spanish)

PARTICIPANTES: Cuestionario para ser contestado por Supervisores
de acuerdo a sus experiencias en el proceso evaluativo en la Supervision
Clinica.

INVESTIGADOR: Noel Maldonado

Este cuestionario es instrumento de medicion en mi investigacion, como
requisito de obtencion al Grado de Doctor en Educacion. En el mismo
se propone captar y medir las actitudes de los supervisores ante
el proceso evaluativo con relacion a la Supervision Clinica.

Por esto pido su participacion voluntaria, asi como su sinceridad
al contestar el mismo. Su participacion sera confidencial, y solo
se utilizara con fines de estudios.

Agradezco su colaboracion.

Sinceramente,

Noel Maldonado

INSTRUCCIONES:

Haga una marca de cotejo "X" frente a la respuesta deseada. No escriba su nombre.

I. PERFIL

1. Genero:

_____ Femenino

_____ Masculino

2. Edad:

_____ 20-49 anos

_____ 50 anos o mas

3. Departamento de escuela al que pertenece:

_____ Publica

_____ Privada

4. Nivel academico:

_____ Bachillerato

_____ Bachillerato con creditos en Maestria

_____ Maestria

_____ Maestria con creditos Doctorales

_____ Doctorado

5. Concentracion:

_____ Educacion

_____ Educacion y otras areas

6. Anos de experiencia:

_____ 1-15 anos

_____ 16 anos o mas

II. EXPERIENCIAS

7. Considera usted que la Supervision Clinica es un proceso llevado a cabo efectivamente?

_____ Si

_____ No

8. El metodo de evaluacion del maestro y la aceptacion de este por parte del mismo, es uno de los grandes problemas que confronta el supervisor al realizar su labor supervisiva.

_____ Si

_____ No

9. Considera usted que en los sistemas escolares se desarrollan practicas evaluativas siguiendo el rigor de los procesos formales?

_____ Si

_____ No

10. Considera usted que existe una cierta negatividad por parte de los maestros que ejercen en nuestro sistema educativo hacia la desconfianza del proceso evaluativo; por lo que se niegan en muchas ocasiones a aceptar sugerencias sobre metodologia por parte del supervisor?

_____ Si

_____ No

11. El problema mayor en el proceso evaluativo se refleja cuando los supervisores desconocen metodologia e innovaciones, tendencias, modalidades, tecnicas y estrategias en el campo de la supervision.

_____ Si

_____ No

III. PERCEPCIONES

12. La Supervision Clinica es un proceso realista donde el supervisor pone en practica todos sus conocimientos.

_____ De acuerdo

_____ Desacuerdo

13. Una problematica existente se refleja en visitas relampagos que suelen hacerse a las salas de clases; las cuales recogen aspectos de poca valoracion evaluativa.

_____ De acuerdo

_____ Desacuerdo

14. Debemos enfatizar mas en el proceso supervisivo
    en miras del mejoramiento de la calidad
    y competencia educativa.

    _____ De acuerdo

    _____ Desacuerdo

15. Es urgente concientizar el conocimiento
    y aplicacion de la Supervision Clinica en el
    proceso evaluativo.

    _____ De acuerdo

    _____ Desacuerdo

16. La actitud de los supervisores es de vital
    importancia en el proceso de la Supervision Clinica.

    _____ De acuerdo

    _____ Desacuerdo

IV. <u>REFLEXION</u>

17. De la actitud que asuma el supervisor dependera
    la efectividad y el exito profsional en su mision
    de ayuda.

    _____ De acuerdo

    _____ Desacuerdo

18. El supervisor ha de ser el ente que sirva para
    crear seguridad y confianza en el proceso
    evaluativo de manera tal que rompa con la carencia,
    conflictos y negatividad.

    _____ De acuerdo

    _____ Desacuerdo

19. Considera usted que el clamor general
    de administradores, supervisores y maestros
    reflejan la urgencia de definir el rol
    del supervisor?

    _____ De acuerdo

    _____ Desacuerdo

20. El supervisor puede ser tan solo mero servidor
    si espera convertirse en un agente efectivo de cambio.

    _____ De acuerdo

    _____ Desacuerdo

V. PROCESO

Al llevar a cabo la Supervision Clinica se utilizan
las siguientes etapas: (a) preobservacion; (b) observa-
cion; (c) analisis y estrategias; (d) conferencias; y
(e) post-conferencias.

21. A traves de la preobservacion se esteblecen acuerdos
en torno a razones de la supervision, decisiones
sobre algunas reglas y roles a desempenarse.

_____ Si

_____ No

22. A traves de la observacion se podra determinar
las realidades de la evaluacion para dialogar
en torno a ellas, ademas de analizarias.

_____ Si

_____ No

23. Es a traves de la conferencia que se puede
redefinir el convenio o acuerdo de supervision
que se hace en la preobservacion.

_____ Si

_____ No

24. Se podria lograr mediante analisis y estrategias
hacer de la supervision algo veraz, menos
arbitraria o superficial.

_____ Si

_____ No

VI. ESCALAS

Si hubiese una escala que mida los siguientes aspectos,
en que numero se ubicaria del cero al diez?

25. Soy justo al evaluar.   0-1-2-3-4-5-6-7-8-9-10

26. Soy flexible al evaluar.   0-1-2-3-4-5-6-7-8-9-10

27. Brindo apoyo moral
y profesional.   0-1-2-3-4-5-6-7-8-9-10

28. Soy paciente.   0-1-2-3-4-5-6-7-8-9-10

29. Utilizo tecnicas y
estrategias que sean
efectivas en el proceso
supervisivo.   0-1-2-3-4-5-6-7-8-9-10

30. Es efectiva mi labor
    supervisiva.   0-1-2-3-4-5-6-7-8-9-10

Gracias a su colaboracion y por permitir llevar a cabo una
investigacion cuya mision es concientizar la importancia de la
Supervision Clinica en el proceso evaluativo.

APPENDIX B:

CARTA CIRCULAR NUMERO 5-85-86

ESTADO LIBRE ASOCIADO DE PUERTO RICO

DEPARTAMENTO DE INSTRUCCIÓN PÚBLICA

HATO REY, PUERTO RICO

OFICINA DE LA
SECRETARIA DE INSTRUCCION PUBLICA

29 de agosto de 1985

CARTA CIRCULAR NUM. 5-85-86

A   :   Subsecretario, Secretarios Auxiliares,
                  Directores de Programas o Divisiones,
                  Directores Regionales, Supervisores Generales,
                  Superintendentes de Escuelas, Directores de
                  Escuelas, Decanos de Colegios de Pedagogia y
                  Directores de Agencias Gubernamentales

Asunto: :   PROCEDIMIENTO PARA RADICAR LA SOLICITUD DE
                  ESTUDIOS E INVESTIGACIONES EN EL SISTEMA EDUCATIVO

Senoras y Senores:

El Departamento de Instruccion Publica recibe continuamente solici-
tudes individuales, de las instituciones universitarias y las agencias
gubernamentales, para llevar a cabo estudios e investigaciones,
relacionadas con el Sistema Educativo, en los distritos escolares,
regiones educativas, y la Oficina Central.

Para facilitar el tramite de estas solicitudes, establecemos
las siguientes directrices:

1.   Toda persona interesada en efectuar un estudio,
     o investigacion, en torno al Sistema Educativo, debe
     llenar el formulario: Solicitud de autorizacion para
     llevar a cabo estudios e investigaciones en el Sistema
     Educativo.

2.   La solicitud debe radicarse, por lo menos, con cuatro
     (4) semanas de anticipacion a la fecha en que
     se iniciara el estudio, o investigacion, en la
     Division de Investigacion e Innovaciones Educativas,
     Area de Planificacion y Desarrollo Educativo;
     Oficina 504, Edificio Rivera, Avenida Teniente Cesar
     Gonzalez, Esq., Calle Calaf, Hato Rey, Puerto Rico
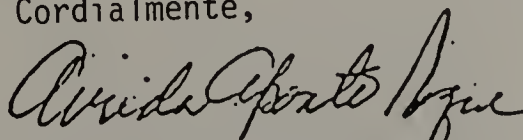   00919.

CARTA CIRCULAR NUM. 5-85-86
29 de agosto de 1985
Pagina 2

3. Toda solicitud debe cumplir con los siguientes
    requisitos para ser authorizada:

    -- El estudio, o investigacion, debe responder
       a un problema previamente identificado en el
       Sistema.

    -- El estudio, o investigacion, debe atender
       un problema no estudiado anteriormente; a menos
       que se determine que el estudio, o investigacion,
       original carece de relevancia actual, o se intente
       validar los resultados de un estudio,
       o investigacion realizado.

    -- El estudio, o investigacion, debe incluir
       un resumen de la propuesta final y los
       instrumentos a utilizarse.

    -- La solicitud de estudio, o investigacion, debe
       tener el visto bueno del asesor, consejero,
       director, o jefe inmediato del solicitante
       y firmada por este ultimo en la parte inferior.

4. El formulario de solicitud de estudio, o investigacion,
    esta disponible en las Oficinas de: los Directores
    Regionales, Superintendentes de Escuelas, Division
    de Investigacion e Innovaciones Educativas,
    del Departamento de Instruccion Publica, y en la
    Oficina de los Decanos de los Colegios de Pedagogia
    de las universidades y colegios.

Una vez que la solicitud se haya recibido en la Division
de Investigacion e Innovaciones Educativas, se analizara debidamente
y se le dara curso a tono con el procedimiento establecido.

Esta Carta Circular deroga la Carta Circular Num. 1-83-84,
del 1 de julio de 1983 y cualquier otra directriz que este en conflicto,
en su totalidad o en parte, con las disposiciones aqui establecidas.

Cordialmente,

Awilda Aponte Roque
Secretaria de Instruccion Publica

Estado Libre Asociado de Puerto Rico
Departamento de Instrucción Pública
Area de Planificación y Desarrollo Educativo
División de Investigación e Innovaciones Educativas

SOLICITUD DE AUTORIZACION PARA LLEVAR A CABO
ESTUDIOS E INVESTIGACIONES EN EL SISTEMA EDUCATIVO

7 de junio de 198 9

1. Título del estudio, o investigación: ¿ Cuál es la actitud de los Supervisores escolare del Distrito de Toa Baja, hacia el proceso evaluativo en relación a la Supervisión Clínica

2. Breve explicación sobre el problema: Existen diferentes actitudes, concepciones y opiniones sobre la Supervisión entre los Supervisores, Administradores y Maestros.

3. Explique el procedimiento (distrito, escuelas, muestra e instrumentos a utilizar)
Distrito Escolar Toa Baja: Se escogerá muestra. Supervisores, directores y administradores. "Cuestionario"

4. Indique el tiempo que le tomará realizar el estudio, o investigación:
Aproximadamente 10 meses.

5. Importancia y utilidad del estudio, o investigación, para el Sistema Educativo:
Se pretende motivar a supervisores, administradores y maestros para que reflexionen sobre las actitudes de La Supervisión mediante la utilización de Supervisión Clínica

6. Nombre del Solicitante: NOEL MALDONADO

7. Lugar donde trabaja, o estudia: Universidad de Massachusetts / Amherst

8. Dirección postal permanente: P.O.BOX 108 Sabana Seca, Puerto Rico 00749

9. Dirección residencial permanente: Calle Progreso #260 Sabana Seca, P. R.

10. Teléfono: +(809) 795-6389   (413) 546-1495
(809) 784-0551
Residencia   Trabajo   Colegio, o Universidad

Massachusetts (9/9/89)

Firma del Consejero, Auspiciador, o
Jefe Inmediato del Solicitante

Yo, _____, me comprometo entregar a la
Firma del Solicitante

División de Investigación e Innovaciones Educativas, una copia del INFORME FINAL DEL ESTUDIO, O INVESTIGACION, que realice en el Sistema Educativo.

Recibida por: Director, División de
Investigación e Innovaciones Educativas

APPENDIX C:

SOLICITUD DE AUTORIZACION PARA LLEVAR A CABO
ESTUDIOS E INVESTIGACIONES EN EL SISTEMA
EDUCATIVO

APPENDIX D:

MEMORANDO DE HECTOR J. TORRES VILLANUEVA -
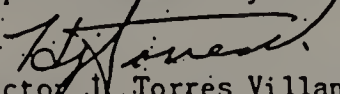SRA. LEIDA V. CINTRON DE RIVAS
(27 de junio de 1989)

ESTADO LIBRE ASOCIADO DE PUERTO RICO

DEPARTAMENTO DE INSTRUCCIÓN PÚBLICA

HATO REY, PUERTO RICO

Area de Planificación
y Desarrollo Educativo

27 de junio de 1989

M E M O R A N D O

Sra. Leida V. Cintrón de Rivas, Directora
Región Educativa de Bayamón,
Superintendentes y Directores de Escuela

Héctor J. Torres Villanueva
Secretario Auxiliar, Interino
Area de Planificación y
Desarrollo Educativo

AUTORIZACION PARA LLEVAR A CABO ESTUDIOS EN EL SISTEMA EDUCATIVO

El señor Noel Maldonado, quien cursa estudios conducentes al grado de doctor
en la Universidad de Massachusetts, en Amherst, realizará un estudio sobre
el siguiente tema: La actitud de los supervisores escolares hacia el proceso
evaluativo con relación a la supervisión clínica, en los distritos escolares
de Toa Baja I y II.

Revisamos la propuesta de su estudio y le hemos autorizado a llevarlo
a cabo. Visitará las escuelas de los distritos escolares antes mencionado
a partir del 21 de agosto de 1989 con el propósito de administrar un
cuestionario a una muestra seleccionada de supervisores, directores y
administradores. Estas visitas serán coordinadas con el Director Regional,
Superintendentes y Directores de Escuela.

Esperamos se le brinde al señor Maldonado la colaboración necesaria
para que pueda realizar su estudio.

El Departamento de Instrucción Pública no se solidariza necesariamente
con las opiniones, o preferencias, que pudieran surgir por razón del estudio.

Se incluye, para su información, copia de la solicitud de autorización que
nos sometió el señor Maldonado.

Anejos

APPENDIX E:

DEPARTAMENTO DE INSTRUCCION PUBLICA,
ESCUELA MARIA LIBERTAD GOMEZ,
LEVITTOWN, TOA BAJA II
(8 de agosto de 1989)

DEPARTAMENTO DE INSTRUCCION PUBLICA
ESCUELA MARIA LIBERTAD GOMEZ
Levittown - Toa Baja II
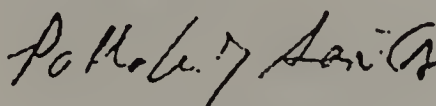
8 de agosto de 1989

Estimados companeros:

Por este medio les estoy haciendo llegar un cuestionario preparado
por el Sr. Noel Maldonado como parte de un estudio que esta realizando
para completar sus requisitos para la Tesis del grado de Doctor en
Educacion.

Ya el Sr. Maldonado tiene la autorizacion del Sr. Hector Jose
Torres Villanueva, Secretario Auxiliar Interino del Area
de Planificacion y Desarrollo Educativo del Departamento de Instruccion
Publica con fecha del 27 de junio de 1989. De la cual se le dejo una
copia al Sr. Jose A. Ortiz Ortiz y al Sr. Carmelo Ortiz Montes, Suptes.
de Escuelas de los Distritos Toa Baja I y II.

Espero la cooperacion de todos para que contesten los cuestionarios
lo antes posible y melos hagan llegar a traves de la Unidad
de Planificacion y Evaluacion del Distrito Escolar. Esta funcion
la estoy realizando como Asesor y Consultor de la Tesis del Sr. Noel
Maldonado en Puerto Rico ya que el realizara estudios en Estados
Unidos.

Muchas gracias por su cooperacion y pronta atencion.

Atentamente,

Sr. Pablo Ortiz Santos
Director de Escuela
Maria Libertad Gomez
(Tel. 784-0125)

APPENDIX F:

GOBIERNO MUNICIPAL,
TOA BAJA, PUERTO RICO

Gobierno Municipal
Apartado 2359
Toa Baja, Puerto Rico 00759
Tels.: 794-1135 - 794-2690

Oficina de Cultura y Turismo

Sr. Pablo Ortiz
Paseo Cuco 3421
Levittown,oa Baja, P.R.

Estimado Sr. Ortiz,

Reciba un saludo cordial de parte de nuestro Alcalde,
Hon. Víctor M. Soto Santiago, al cual uno el mío propio.

Adjunto le envío la información que amablemente
solicitara usted.

Espero que esta información le sea de utilidad en
sus propósitos.

Sin nada más en particular a que referirme, quedo
de usted

Cordialmente,

Carlos Mercado Cabrera
Funcionario Ejecutivo III
Oficina Asuntos Culturales,
Turismo, Juveniles y
Orientacion Vocacional

CMC/lrf
Anejo

NOVENA CIUDAD DE PUERTO RICO

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