TEACHER CANDIDATES' EXPERIENCES WITH CLINICAL TEACHING IN
READING INSTRUCTION: A COMPARISON BETWEEN THE PROFESSIONAL
DEVELOPMENT SCHOOL ENVIRONMENT AND THE NON-PROFESSIONAL
DEVELOPMENT SCHOOL ENVIRONMENT

by

Cynthia J Hopper

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Approved by:

_____
Dr. Maryann Mraz

_____
Dr. Brian Kissell

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Dr. Jae Hoon Lim

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Dr. Kelly Anderson

ABSTRACT

CYNTHIA JACKSON HOPPER. Teacher candidates' experiences with clinical teaching in reading instruction: A comparison between the professional development school environment and the non-professional development school environment. (Under the direction of DR. MARYANN MRAZ)

Teacher candidates experience a variety of school settings when enrolled in teacher education methods courses. Candidates report varied experiences when in public school classrooms. This dissertation investigated clinical experiences of teacher candidates when placed in two different environments for clinical teaching. The two environments were a Professional Development School and a non-Professional Development School. The case study was conducted to compare the experiences in each setting. Six candidate experiences were examined and reported. The findings in this dissertation provided a clear divide between the two settings and provided evidence for teacher preparation programs to study clinical placement environments for their teacher candidates.

DEDICATION

After giving this much thought and consideration, I would like to dedicate this work to my late husband, Danny William Hopper. He was always proud of my accomplishments, especially my education. There is no doubt he would be the most proud person if he was here.

I would also like to dedicate this to the family we raised together and to their families. They have been supportive of me in his absence.

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CHAPTER 1: INTRODUCTION

Researchers have described the concept of pre-service clinical experiences as the most powerful influence in teacher education programs (Mule, 2006; Guyton & McIntyre, 1990; Cruickshank & Armaline, 1986; Burant, T. J. & Kirby, D. 2001). For decades, individuals such as Dewey (1965) and Barth (2001), and professional groups such as the Carnegie Forum on Education (1986) and The Holmes Group (1986) have advocated for the essential role of clinical experiences in the preparation of teachers. Clinical experiences are defined as a variety of early and systematic P-12 classroom-based opportunities in which teacher candidates may observe, assist, tutor, instruct, and conduct research (Capraro, M., Capraro, R., & Helfeldt, J., 2010).

Preservice teacher clinical experiences may be defined as a variety of formal, required school activities participated in by students who are enrolled in teacher preparation programs. Among teacher education programs, the types of clinical experiences vary considerably and so does the terminology. Terms used include "clinical work," "clinical experience," "field experience," "practicum," "internship," and "student teaching" to identify a student teaching experience and/ or an experience in schools prior to student teaching (O'Brian, Stoner, Appel, & House, 2007; Gentry, R., 2008). The experiences are intended to take place in collaborative, educational settings to provide candidates with an understanding of the values, cultures and working styles of school

learning communities (The Pennsylvania Department of Education, 2008). The clinical experience itself is valuable because pre-service teachers are able to experience the context of schools and begin to observe the everyday happenings from a teacher's perspective. Early clinical experiences in classrooms are essential to promoting the professional development of pre-service teachers (Rock & Levin, 2002).

In addition, teacher education programs partnering with Professional Development Schools (PDS) that embrace pre-service teachers become powerful sites for fostering candidate growth. Through PDS sites, candidates are provided with opportunities that develop teaching skills in authentic settings creating a venue for literal practice (Mule, 2006; Teitel, 2003). Professional Development Schools are innovative institutions formed through partnerships between universities and P-12 schools. The purpose of professional development schools is to promote student learning – university students as well as P-12 students in the school (Teitel, 2003). Professional development schools have a four-part mission: preparation of new teachers, faculty development, improvement of practice, and student academic growth. PDS partners work together to share responsibility for achieving this mission. In addition to the four part mission, the National Council for the Accreditation of Teacher Education (NCATE) has partnered with practitioners and teacher educators to develop standards for professional development schools. (Teitel, 2003; NCATE, 2001).

Many teacher education programs have begun to ensure that teacher candidates are provided clinical experiences designed for urban schools as public school populations are changing in many communities in America. PDS partnership schools frequently offer these opportunities. The intent of these partnerships is to bridge theory to practice and

provide pre-service teachers with practical, authentic classroom experiences regardless of the school demographics (McKinney, Haberman, Stafford-Johnson, & Robinson, 2008).

According to the Education Commission of the States (2003), there is a need for teacher preparation programs to ensure strong clinical experiences that connect real-life practice with pedagogical coursework. The role of clinical experience serves as an avenue to meet this need and to prepare strong teacher candidates to teach all children (Scheeler, 2007). From this need to strengthen the clinical experience component of teacher preparation, many states and individual teacher education programs are building solid partnerships between universities and districts or individual schools through PDSs. This involves a well-trained P-12 faculty and university faculty collaborating to model authentic strategies used in teacher preparation. Vick (2006) supports this as he reports that pre-service teacher education programs are often too theoretical with insufficient emphasis on real-life teaching experiences for teacher candidates. According to Vick, professional experience in schools must be at the center of initial teacher education.

De Vries and Pieters (2007) discuss the concept of creating a "community of practice" to attempt to bridge the gap between theory and real-life classrooms. A community of practice includes all stakeholders and concentrates on building shared practices. The stakeholders include school's personnel, university teacher education personnel, and teacher candidates working together to ensure quality education for students and candidates. The gap results when there is a difference between theory taught in the college classroom by an educational researcher who is not in schools on a full-time basis and what actually occurs in the classroom when teachers are implementing instructional practices with children (Vick, 2006; De Vries & Pieters 2007) . According

to DeVries and Pieters (2007), this gap also can be attributed to a difference in

expectations and approaches for conducting research. School personnel think teacher

educators/ researchers should communicate with them concerning what is relevant to

research and to teach to candidates. School personnel are more interested in action

research using trial and error with outcomes that are viewed as practical and valid.

Teacher educators tend to look for explanations rather than experiences. In order to

bridge this gap between the university and the schoolhouse, a middle ground may be

necessary. Creating a community of practice seems to be the alternative to bridging the

gap. Professional Development Schools function to help bridge the gap between theory

and practice (Devries & Pieters, 2010; Teitel, 2003; Capraro, et. al, 2010). Working

together to create a community of practice is necessary for an effective Professional

Development School. PDSs and NCATE worked together to develop standards to ensure

an effective PDS. Those standards are:

I. Learning Community – The PDS is a learning-centered community that
supports the integrated learning and development of P-12 students,
candidates, and PDS partners through inquiry-based practice.

II. Accountability & Quality Assurance – PDS partners are accountable to
themselves and to the public for upholding professional standards for
teaching and learning.

III. Collaboration – PDS partners and partner institutions systematically move
from independent to interdependent practice by committing themselves
and committing to each other to engage in joint work focused on
implementing the PDS mission.

IV.   Diversity & Equity – PDS partners and candidates develop and demonstrate knowledge, skills, and dispositions resulting in learning for all P-12 students.

V.   Structures, Resources, and Roles – The PDS partnership uses its authority and resources to articulate its mission and establish governing structures that support the learning and development of P-12 students, candidates, faculty, and other professionals (NCATE, 2001; Teitel, 2003).

One of the critical standards for establishing an effective PDS is that of creating a learning community. The learning community standard is at the heart of the professional development school. This standard represents improved approaches to teaching, learning, and the development of the PDS as an institution to aid teacher preparation while enhancing student achievement. (Teitel, 2003). According to *The Professional Development Schools Handbook* (2003),

> The PDS is a learning-centered community that supports the integrated learning and development of PreK-12 students, teacher candidates, and PDS partners through inquiry-based practice. PDS partners share a common vision of teaching and learning grounded in research and practitioner knowledge. They believe that adults and children learn best in the context of practice. Learning supported by this community results in changes and improvement in individual practice and in the policies and practices of the partnering institutions (Teitel, 2003, p. 120; NCATE, 2001b, p. 11).

Standard III: Collaboration works in conjunction with Standard I: Learning Community. University students engage in genuine collaborative activities that are valuable not only

to their educational process but also to the school partner (Baker & Murray, 2011). Collaboration and development of community work together to build a strong partnership.

Methods courses can become the defining moment in pre-service education (Batchelor, p. 245, 2012). These courses allow teacher candidates to explore, practice, reflect, and engage in conversations that develop skills and provide practical knowledge for the classroom while making connections between theory and practice (Batchelor, 2012). Subject specific methods courses in schools of education focus on teaching pre-service candidates instructional strategies used to teach content (Keeler, 2008). More specifically, teaching reading is not a simple task and requires candidates to possess more than the ability to read and a love of literature (Moats, 2001). According to the National Reading Panel (NRP), teachers must be prepared to effectively instruct the five components of reading: phonemic awareness, phonics, fluency, vocabulary, and comprehension. Teacher candidates who have thorough instruction and a thorough understanding of these five essential components are equipped to teach children to read using instructional strategies and materials that have proven to be effective (National Institute of Child Health and Human Development [NICHD], 2000) .

Federal education initiatives of the last several years have focused attention on reading instruction and have driven the need for teacher candidates to enter their first jobs with a specific set of knowledge and skills that are substantially different from their predecessors (Kindle & Sdhmidt, 2011; Hoffman & Pearson, 2000; Ogle, 2008). Standards for the preparation of reading teachers require that beginning teachers demonstrate their abilities to:

- assess literacy development and engage in thoughtful teaching of reading to meet the needs of individual children in their classrooms

- understand the theoretical and evidence-based foundations of reading and writing processes and instruction.

- use instructional approaches, materials, and an integrated, comprehensive, balanced curriculum to support student learning in reading and writing.

- use a variety of assessment tools and practices to plan and evaluate effective reading and writing instruction

- create and engage their students in literacy practices that develop awareness, understanding, respect, and a valuing of differences in our society.

- create a literate environment that fosters reading and writing by integrating foundational knowledge, instructional practices, approaches and methods, curriculum materials, and the appropriate use of assessments.

- recognize the importance of, demonstrate, and facilitate professional learning and leadership as a career-long effort and responsibility (IRA, 2013)

Teacher candidates should have "command of the underlying disciplinary knowledge base for reading instruction" and a "respectable complement of teaching practices for using this knowledge" (Snow, Griffin, & Burns, 2005, p. 125). Through clinical experiences while enrolled in reading methods courses, candidates can find and show their developing command of the discipline as emerging reading teachers. In so doing, students obtain their core philosophy, decision-making process and thought processes. Candidates are able to begin to establish their presence as a teacher, an important transition away from being simply a student (Kindle & Schmidt, 2011; Gentry, 2008).

Professional Development Schools provide a means for developing teaching skill and practice in context of the classroom. Reading methods classes taught in PDSs provide

candidates the opportunity to see authentic teaching and develop their own teaching skill in context of the classroom (Teitel, 2003).

Statement of the Problem

While there are many factors critical to improving America's primary and secondary schools, strengthening teacher education is an essential part of any strategy likely to make a difference (Crowe, 2011). Improving the quality of teacher education is a vital focus of current education reform, but it is also an enormous challenge with few obvious successes from a host of redesign and reform initiatives over the past three or more decades. The difficulty of obtaining significant and widespread change in the overall quality of teacher education in the United States is behind efforts to combine a carrot-and-stick approach—offering incentives to programs that embark on serious reform efforts as well as stronger accountability mechanisms to push the same programs in the right direction. A recent paper published by the Center for American Progress, "Measuring What Matters," calls for a radical redesign of teacher education program accountability in the United States. It describes the components of an effective accountability system for preparation programs and shows how current policies in all 50 states and the District of Columbia have failed to provide meaningful or relevant accountability for teacher preparation programs (Crowe, 2011; Gentry, 2008; Darling-Hammond, 2006; Kidd, Sanchez, & Thorp, 2008). Our current system for holding U.S. teacher education programs accountable doesn't guarantee program quality or serve the needs of schools and students (Crowe, 2010; Scheeler, 2007; Darling-Hammond, 2006).

Thus, colleges of education are under continued unprecedented scrutiny to produce highly qualified teachers. School administrators are under pressure to ensure that

all of their teachers are highly qualified in the subject areas they teach. Highly qualified teachers work to help students learn at high levels. They acquire complex skills to do this. They must know their subject matter, but also how to organize and teach in ways that ensure that all students progress (Berry, 2002; Darling-Hammond & Young, 2002). An obvious need to prepare teachers at the pre-service level to generalize newly acquired teaching skills across time and settings has been well established (Scheeler, 2007) and supported by the No Child Left Behind (NCLB) legislation to prepare candidates who graduate with highly qualified status to teach (Berry, 2002; Darling-Hammond & Young, 2002; Michelli, 2004). A need exists for coherence and integration among courses and between course work and clinical work in schools that challenges traditional program organizations, staffing, and modes of operation when preparing students to achieve highly qualified status (Darling-Hammond, 2006).

The existing research base for clinical experience appears to be somewhat consistent as the learning that occurs during clinical experiences is highly contextualized and unpredictable. Empirical data on the effects of the differing types of clinical experiences has been characterized as sparse and inconclusive. Clinical experiences and "practice teaching" have been recognized traditions of teacher-training programs dating back to the times of the American Normal School. One should not assume that all clinical experiences will actually help bridge the theory-practice gap and that merely requiring more clinical experience is necessarily better (Capraro, Capraro, & Helfeldt, 2010).

Statement of Purpose

For many years, researchers such as Dewey (1965) and Barth (2001), and professional groups such as the Carnegie Forum on Education (1986) and The Holmes

Group (1986) have advocated for the critical role of clinical experiences in the preparation of teachers (Capraro, Capraro, & Helfedlt, 2010). While there is very little disagreement about the value of clinical experiences when it comes to learning to teach, there are questions about the impact of different types of clinical experiences on teacher candidates (Singh, 2006). The purpose of this study was to examine teacher candidates' clinical experiences in two different contexts within a large urban school district: Professional Development School (PDS) and non-PDS. This study also investigated how the professional learning community in each clinical setting shaped the teacher candidates' clinical experiences.

Literature emphasizes the importance of quality clinical experiences. (Gentry, 2008; O'Brian & et al. 2007). The clinical experience goal is to broaden teacher candidates' education by active involvement within the authentic teaching setting. This should happen in a setting that involves candidates in teamwork and that provides an opportunity for interdisciplinary experiences (Gentry, 2012, 2008; Williams, n.d.). Through quality clinical experiences, teacher candidates strive to find and use their voice as emerging professionals. In so doing students begin to reveal their core philosophy, decision-making process and thought processes. Students begin to establish a presence as a teacher, an important transition away from being simply a student (Gentry, 2012, 2008; Jones, 2008).

Different teacher education programs offer different types of clinical experiences. Some are relatively brief and some last for more than a year. Some are based on close university-school partnerships while in others, the relationship between the placement school and the university is minimal. Some are integrated with the teacher preparation

coursework and others are not (Singh, 2006). Colleges of Education must always search to find the best experiences for preparing teacher candidates (Young, Grant, Montbrian, & Therriault, 2002; Szabo, Scott, & Yellin, 2002; Barnes, 2006). This study provides data that examined the experiences of candidates as they prepared to be effective teachers of reading.

<div align="center">Significance of the Study</div>

Clinical experiences are a necessary component of teacher preparation programs. Research has shown that clinical experiences can and should positively affect the knowledge and skills of general education pre-service teachers (Gentry, R. 2008). Content gained in academic coursework takes new meaning when applied in authentic settings (Allsopp, DeMarie, Alvarez-McHatton, & Doone, 2006; Gentry, 2008). The underlying assumption is that clinical experiences not only provide pre-service teachers with a variety of instructional opportunities, but also enable them to experience the realities of teaching (Hanline, 2010; Applegate, Lasley, 1983; McDonnough & Matkins, 2010).

This study sought to examine clinical experiences for teacher candidates who were enrolled in a reading methods course while studying in an NCATE (National Council for Accreditation of Teacher Education) accredited College of Education. According to NCATE (2010), "both clinical experiences and clinical practice extend the unit's conceptual framework into practice through modeling by clinical faculty and well-designed opportunities to learn through doing. During clinical practice, candidate learning is integrated into the school program and into teaching practice. Candidates observe and are observed by others. They interact with teachers, families of students,

administrators, college or university supervisors, and other interns about their practice regularly and continually.

They reflect on and can justify their own practice (Standard 3)". With this in mind, examining traditional clinical experience opportunities vs. non-traditional clinical experiences will guide and inform current clinical experiences available in Colleges of Education. Teacher candidates need quality experiences in a variety of settings as they grow into future highly qualified educators (Kidd, et al., 2008; O'Brian, et al., 2007; Darling-Hammond 2006). Furthermore, "there is a growing consensus in the United States that putting a quality teacher in every classroom is the key to addressing the challenges of literacy instruction in schools" (p. 3, IRA, 2003). According to Moats (2001), pre-service education programs must be strengthened to include adequate preparation in reading instruction with adequate clinical experiences in reading instruction.

Capraro, Capraro, and Helfeldt (2010) report that clinical experiences are often highly contextualized and inconsistent. Ramsey (2000) claimed that a new vision is needed in teacher education and the professional experience should be at the center of teacher education programs with the goal of better equalizing experiences. In addition, Darling-Hammond (2006) supports this argument that "teacher educators need to work more intently to build on what has been learned about developing stronger models of teacher preparation – including the much stronger relationships with schools that press for mutual transformations of teaching and learning to teach – while resisting the pressures and incentives that lead to the creation of weaker models that ultimately

reinforce dissatisfaction with the outcomes of teacher education and undermine the educational system" (pg 302).

Thus, this study examined candidate experiences with their reading methods clinical experiences in two different settings. One group experienced a non-PDS placement while the other group completed their experience in a Professional Development School placement. The information gathered will be useful in preparing to provide quality clinical experiences for preparing effective teaching professionals in the future.

Theoretical Framework

This study examined reading clinical experiences of college students as they began their professional sequence of coursework. Clinical experiences are intended to foster the blending of critical thinking and social reflection along with the application of technical skills and methodologies learned and acquired during the student's academic career. Bridging the gap between theory and practice does not automatically occur simply as a result of participating in clinical experiences (Barksdale-Ladd & Rose, 1997). The clinical experience goal is to broaden students' education by active involvement with the creative process. This can be accomplished through scaffolding within an experience as candidates collaborate, build community, and construct new meaning for information (Gentry, 2008). The social constructivist perspective provides the theoretical framework in which this can occur. Constructivism is a theory of learning founded on the premise that, by reflecting on our experiences, we construct our own understanding of the world we live in. Each of us generates our own "rules" and "ideas," which we use to make sense of our experiences. Learning, therefore, is the process of adjusting our mental models to

accommodate new experiences (Askew, 2012). Social constructivism emphasizes the importance of culture and context in understanding what occurs in society and constructing knowledge based on this understanding (Derry, 1999; McMahon, 1997). This perspective is closely associated with many contemporary theories, most notably the developmental theories of Vygotsky and Bruner, and Bandura's social cognitive theory (Schunk, 2000).

Vygotsky is most noted for his work in social constructivism. He emphasized the critical importance of culture and the importance of the social context for cognitive development. Vygotsky's zone of proximal development is probably his best-known concept. It argues that students can, with scaffolding help from others, master concepts and ideas that they cannot understand on their own (Chen, 2012). This theoretical lens relates to the clinical experience as candidates are supported by the classroom teacher, classmates, and the course instructor. Clinical experiences can provide this opportunity for scaffolding and putting to use what has been learned in the classroom. The objective for a progressive teacher education program is to have candidates participate in intensive and well-integrated coursework and clinical experiences that provide continuous integration of theory and practice (Gentry, 2008).

Research Questions

For this study, the research questions I investigated were:

1) What shapes pre-service teacher candidates' clinical experiences when placed in two different types of settings: Professional Development School (PDS) and non-PDS?

2) How does the professional community at the PDS site influence the clinical

experience for pre-service teacher candidates?

3) How are the experiences at each site similar and different?

Definition of Terms

Clinical Experiences/Clinical Experiences

These experiences are authentic settings in which pre-service teachers can apply the theory of teaching (O'Brian & et al., 2007). Terms used include clinical work, clinical experience, practicum, internship, and student teaching to identify a student teaching experience and/or an experience in schools prior to student teaching (O'Brian & et al., 2007).

Professional Development Schools

Innovative institutions formed through partnerships between professional education programs and PreK-12 schools. Partners come together to share the responsibility for their mission:

- Preparation of new teachers

- Faculty development

- Inquiry directed at the improvement of practice

- Enhanced student achievement (Teitel, 2003)

Reading Methods

Reading methods courses in colleges of education focus on teaching pre-service teachers instructional strategies used to deliver content (Keeler, 2008). Reading methods courses allow students to explore, practice, reflect, and engage in conversation while moving from theory to practice (Batchelor, 2012).

Social Constructivism

Social or Vygotskian constructivism emphasizes education for social change and reflects a theory that situates the candidate within a sociocultural context. Individual learning development comes from social interactions within which cultural/educational meanings are shared by the group and eventually internalized by the individual (Richardson, 1997, Abdall-Haqq, 1998).

Highly Qualified Teacher

To be considered as a highly qualified, teachers must have: 1) a bachelor's degree, 2) full state certification or licensure, and 3) prove that they know each subject they teach (Ed.gov, 2004).

Summary

This study examined teacher candidates' experiences in their literacy-based clinical experiences as they prepared to become highly qualified classroom teachers. Chapter one introduced the question of quality preparation of teacher candidates as they train to become teachers in the 21st century (Partnership for 21st Century Skills, 2011). This chapter established a foundation for examining clinical experiences in a variety of settings. The theoretical framework of social constructivism is established in Chapter One. Chapter Two will examine and analyze literature that relates to this study.

CHAPTER 2: LITERATURE REVIEW

The purpose of this study was to examine teacher candidates' experiences in their clinical assignments while enrolled in a reading methods course at a university located in a large urban city. Half of the candidates completed their clinical experiences in a professional development school while the other half completed clinical requirements in a non-PDS school. More specifically, this chapter will explore literature on clinical experiences and the importance of those experiences in the development of effective teacher candidates. In addition, this chapter will discuss Professional development schools including aspects of the PDS community and the influence of collaboration and community building during the clinical experience. Finally, this chapter will discuss the preparation of pre-service teachers to deliver effective literacy instruction.

Clinical Experiences

School systems across the country seek teachers who are prepared to be effective in the classroom. Additionally, No Child Left Behind (NCLB) (2001) expects school systems to seek teachers who are "highly qualified" and effective in order to have a significant impact on students. According to NCLB, highly qualified teachers are defined as follows:

"To be deemed highly qualified, teachers must have:

1) a bachelor's degree,

2) full state certification or licensure, and

3) prove that they know each subject they teach" (Ed.Gov, 2004). Teacher education programs are expected to prepare teacher candidates to be highly qualified, effective and make an impact on student learning. A key element for their learning is the opportunity to apply what is being learned and to refine it through clinical experiences obtained while still in college coursework (National Research Council, 2000; Darling-Hammond, et al., 2005).

Research supports the notion that teacher candidates who participate in field work throughout their program are better able to understand theory, apply concepts they are learning in their coursework, and support student learning. (Gentry, 2012; Ronfeldt, 2012; Darling-Hammond, 2006; Baumgartner, Koerner, & Rust, 2002). This suggests teacher candidates must be provided solid classroom pedagogy and teaching activities as well as providing them with strong, effective classroom clinical experiences (Gentry, 2012; O'Brian & et al., 2007; Scheeler, 2007; NCATE, 2001). Literature emphasizes the importance of clinical experiences for teacher candidates. As a matter of fact, there is little disagreement about the value of practical experience when learning to teach (Singh, 2006; Latham & Vogt, 2007; Education Commission of the States, 2003; Darling-Hammond & Youngs, 2002; Wilson, Floden, & Ferrini-Mundy, 2001). However, little emphasis is placed on the quality of the field or clinical experiences (Gentry, 2012).

The National Council for Accreditation of Teacher Education's (NCATE) Standard 3 requires teacher education programs to design, implement and evaluate clinical experiences to that ensure teacher candidates develop and demonstrate the knowledge, skills, and dispositions needed to ensure success for all P-12 learners

(NCATE, 2010; Singh, 2006). According to NCATE (2010), clinical experiences must constitute an integral part of teacher education programs, as they are intended to allow teacher candidates to apply and reflect on their content, professional, and pedagogical knowledge (NCATE, 2010; Singh, 2006). Most agree on the importance of clinical experiences however, the Education Commission of the States (ECS, 2003) agrees with NCATE stating research rarely discusses what makes a clinical experience desirable and successful (Singh, 2006).

Clinical experiences were designed to function as a critical bridge between the theoretical aspects of formal teacher training and the practical aspects of teaching. Bridging the gap between theory and practice does not automatically occur simply as a result of participating in clinical experiences (Capraro, et al., 2010). The intent of these experiences is to bridge theory to practice while providing pre-service teachers the practical reality of the demands of teaching and enabling them to practice their craft under the guidance of veteran and master teachers. Zeichner (2006) states that there is a need to situate more teacher preparation outside of the college and university classrooms and into the schools and communities. He emphasizes the need to do more than just send candidates out simply to be in the classroom, but instead to provide meaningful learning experiences as a result of communication between the classroom teacher and the university instructor. As a result, Zeichner further states that teacher candidates need clinical experiences that are as carefully planned and monitored as the course associated with the experience. This is supported by a broad consensus among researchers that high quality and well planned clinical experiences are vital for learning to teach (McKinney, et al., 2008). A model where teacher candidates   complete their coursework and their

clinical experience in an actual school setting is one approach that can provide structure and quality to the experience (Allsopp, et al., 2006).

Research has emphasized the importance of clinical experiences and their importance to and for pre-service teachers. Clinical work consists of critical interactions with experienced professional colleagues and students through observation, teaching, and reflecting (Fazio & Volante, 2011, p. 127) Benefits of clinical experiences within P-12 classrooms prior to graduation are numerous. Through these experiences, pre-service teachers:

- Have the opportunity to observe and participate in classrooms, which may help them to determine if teaching is the appropriate career choice for them

- Have the benefit of interacting with, collaborating with and learning from experienced

  teachers in their chosen clinical

- Can gain experience with students and more of an appreciation for student differences when working with students directly

- Have the opportunity to apply what they have learned in their coursework to "real-world"

  classroom situations and learn to be flexible and more confident while "testing out" this

  knowledge (O'Brian, 2007; Gentry, 2007).

Although there is a broad consensus among researchers that high-quality clinical experiences are vital for learning to teach, the research base is inconclusive on the effectiveness of various clinical internship experiences. As a result, the Education

Commission of the States reported the need for teacher preparation programs to develop strong clinical experiences that unite professional practice and pedagogical coursework (McKinney, et al, 2008; Education Commission, 2003).

Colleges of education have been challenged to determine the types of clinical experiences that enhance the development of effective teachers as defined by No Child Left Behind (NCLB) legislation. Many teacher preparation programs have begun to concentrate their efforts on providing quality opportunities to better prepare teacher candidates, including preparation for success in all schools (McKinney, et al. 2008).

Through clinical experiences, candidates begin to find and use their voice as they emerge into teachers. They begin to develop their philosophy, decision-making process, and thought processes as they progress through these experiences. Candidates begin to develop their teacher presence as they begin to move from the role of student to teacher candidate to professional. According to Gentry (2008), knowledge obtained in the college classroom and skill application come together in well-developed clinical experiences (Ronfeldt, 2012; Fazio & Volante, 2011). .-"The candidate's desire to teach and ability to teach meet" when quality clinicals occur (Gentry, 2008, p. 6). The goal of clinical experiences should be to broaden candidates' education by active involvement with the creative process (Gentry, 2008; O'Brian, 2007).

Further, partnerships between universities and P-12 schools often provide additional opportunities for teacher candidates to encounter quality classroom experiences. On-site teaching opportunities provide for teacher candidates to learn firsthand from classroom teachers and to build more active, supportive learning communities (Wellman & Wold, 2006). Through partnerships, P-12 schools assume

some responsibility for the preparation of pre-service teachers to work in their schools when compared to traditional teacher preparation programs (McKinney, et al, 2008). The key to a successful partnership between universities and P-12 schools is effective communication from campus to classroom and back again. This provides the opportunity to build a community with collaboration for shared responsibility and working together to produce effective new teacher candidates (Heller, Wood, & Shawgo, 2007). Through valuable partnerships, universities and schools can increase collaboration and engage in thoughtful discussions of quality teacher preparation (Wellman & Wold, 2006). Professional Development Schools support partnerships and provide strong programs to provide collaboration, offer professional development for faculties, and support quality experiences for pre-service teachers (Zeichner, 2000; Patterson, Michelli, & Pacheco, 1999; Darling-Hammond, & Bransford, 2005).

<div align="center">Professional Development Schools</div>

The Holmes Group originated the term "professional development school" in the 1986 publications of *Tomorrow's Teachers.* They envisioned partnerships between universities and P-12 schools that provided opportunities for teachers and administrators to influence the development of their profession while, at the same time, providing opportunities for university faculty to increase the relevance of their work (Boyle-Baise & McIntyre, 2008). According to Allsopp, et al, 2006) Professional development schools were established to bridge theory and practice for teacher candidates and to provide a collaborative environment between university, school, and pre-service teachers. Professional development schools are expected to be innovative institutions formed through partnerships between professional education programs and P–12 schools. Their

mission is the professional preparation of candidates, faculty development, inquiry directed at the improvement of practice, and enhanced student learning (Ronfeldt, 2012; NCATE, 2001; Teitel, 2003).

Professional development schools are real schools, often in challenging settings, which have been redesigned and restructured to support their complex mission. PDSs support professional and student learning through the use of an inquiry-oriented approach to teaching. They have distinct characteristics. They provide a learning environment that supports candidate and faculty development within the context of meeting all children's needs (NCATE. 2001; Teitel, 2003). Collaboration becomes an important aspect and occurs through mutual problem solving on issues related to student learning, shared teaching at the university and schools, and cooperative, innovative supervision of teacher candidates (Boyle-Baise & McIntyre, 2008).

PDS partners are guided by a common vision of teaching and learning, which is grounded in research and practitioner knowledge. PDS partners share responsibility for professionals and students. They blend their expertise and resources to meet their shared goals. PDS partners hold themselves accountable, and they are accountable to the public for maintaining high standards for P–12 students, candidates, faculty, and other professionals. In order to accomplish their goals, PDS partners create new roles, responsibilities, and structures; they utilize their resources differently. Finally, PDS partnerships are committed to providing equitable learning opportunities for all, and to preparing candidates and faculty to meet the needs of diverse student populations (NCATE, 2001; Teitel, 2003).

PDSs have distinct characteristics. They are learning environments that support candidates and faculty development within the context of meeting all children's needs. PDS partners are guided by a common vision of teaching and learning, which is grounded in research and practitioner knowledge. PDS partners share responsibility for professionals and students; they blend their expertise and resources to meet their shared goals. In order to accomplish their goals, PDS partners create new roles, responsibilities, and structures; they utilize their resources differently (NCATE, 2001).

In 1996, the National Commission on Teaching and America's Future recommended a bold reinvention of teacher preparation and professional development. This commission was the first to describe professional development schools as places where schools and universities collaborate to engage in simultaneous renewal (Heller, et al., 2007). According to Shroyer, G., Yahnke, S. Bennett, A., & Dunn, C. (2007), there must be a continuous process of educational renewal in which colleges and universities, the traditional producers of teachers, join schools, the recipients of the teachers, as equal partners in the simultaneous renewal of schooling and the education of educators. A PDS is expected to create a partnership between universities and P-12 schools to facilitate this renewal. University faculty and P-12 teachers work together for joint aims as expectations and roles of each become more complex and intertwined than in traditional clinical placements (Book, 1996). PDSs seek to professionalize the teacher, developing a culture of academic expertise through collaboration and through supporting pre-service teachers (Boyle-Baise, & McIntyre, 2008)

In the last twenty years, the PDS has become the most present model for professional interaction between schools and universities. NCATE, the accrediting body

for Colleges of Education, has promoted the PDS model as a "standard bearing institution" and as a "boundary spanning" institution that helps teacher education partners "cross institutional boundaries" to develop new roles and relationships. As teacher educators we attempt to span boundaries between schools and universities and to use those border crossings to re-imagine teaching and teacher preparation (Breault, 2010; Teitel, 2003; NCATE, 2001).

Today, the mission of the PDS includes professional preparation of candidates, faculty development, clinical research, and enhanced student learning. The mission requires partners to collaborate and share responsibility for professional learning and children's learning and to commit and reallocate resources to fulfill the mission (Trachtman, 2007; Levine & Trachtman, 2005).

Powerful claims have been made for the effectiveness of PDSs. NCATE declares unequivocally that PDSs help all students learn and prepare teachers better. In general, it has been reported that PDS graduates feel well prepared and confident and are less likely to experience "culture shock" when they become practicing teachers. The current literature base suggests that pre-service teachers prepared at PDS sites experience longer, more structured clinical experiences, more frequent and sustained supervision and feedback, and more diverse, authentic learning experiences (Ridley, Hurwitz, Hackett, & Knutson, 2005). Zeichner (2006) posits that clinical experiences need to be as carefully planned as any other college or university course and needs to be closely integrated with the rest of the teacher education program. He suggests the use of the Professional development school to achieve this. The PDS can facilitate moving clinical programs away from the traditional model where there is little oversight by the instructor to the

PDS model where school personnel as well as instructors are involved.

Building of professional development school partnerships in teacher education and the efforts that have been made by NCATE have begun to strengthen teacher education practices (Zeichner, 2006). Teacher education programs have been charged to modify and reform their programs to provide support for their teacher candidates (Polly, Frazier, Hopper, Chapman, & Wells, 2012; USDE, 2010). PDS partnerships have the potential to provide the support needed for reform and renewal for the partnership school as well as the teacher education program (Polly, et al., 2012; NAPDS, 2008). John Goodlad (1988) spoke of the "simultaneous renewal" of schools and teacher education programs through PDSs. The simultaneous renewal agenda, as outlined in John Goodlad's *Teachers for Our Nation's Schools* and in his *Educational Renewal: Better Teachers, Better Schools*, is based on the assumption that we will not have better schools without better teachers, but we will not have better teachers without better schools in which teachers can learn, practice, and develop. Professional development schools are intended to be innovative institutions formed through partnerships between P-12 schools and teacher education programs to promote "simultaneous renewal" (Teitel, 2003),

Collaboration and Community

Teacher preparation in the 21st century is marked by strong collaborations between teacher educators and classroom teachers (P21, n.d.; Trilling & Fadel, 2009; Wellman & Wold, 2006). Collaborations are complex interpersonal and inter-organizational undertakings. PDS standards call for "PDS partners to systematically move from independent to interdependent practice by committing themselves and making a commitment to each other to engage in joint work focused on implementing the PDS

mission" (Teitel, p. 10). A PDS school is characterized by the collaboration of a university-based teacher-education program and P-12 partner schools. Through the partnership, building a collegial relationship is critical. A climate of trust is essential for all involved in the partnership. Professional development schools are part of school-university collaboration in which the experience in partnership formation provides a rich background for community building. PDS partnerships can be creative avenues to bridge the gap between theory and practice (Lefever-Davis, Johnson, & Pearman, 2007; Teitel, 2003, Stoddard, 1993).

School-university partners work closely together to benefit all stakeholders. Partners agree to provide support for one another in meeting the needs of all students and teacher candidates as they focus on building learning communities. Professional development school partners work together over time, building relationships and commitment to their shared goals. They develop new strategies, roles, and relationships to support their work. Together, they move to institutionalize their partnership so that it is supported and becomes a part of their institutions' expectations within the community. Through organizational structures of the partnership, a PDS shares its learning community with the college of education or the university partner (NCATE. 2001; Doolittle, Sudeck, & Rattigan, 2008). According to Doolittle, et al. (2008), effective PDS partnerships help schools function as effective learning communities. This results in a learning community for pre-service teachers, university faculty, and classroom teachers (Catapano & Huisman, 2010).

Increasingly, all teacher candidates are expected to know more, have stronger teaching skills, and show deeper understanding of content; they are expected to be able to

demonstrate what they know and are able to do. Stronger teaching skills have been described as:

- Knowledge of learners and how they learn and develop within social contexts

- Conceptions of curriculum content and goals: an understanding of the subject matter and skills to be taught in light of the social purposes of education, and

- An understanding of teaching in light of the content and learners to be taught, as informed by assessment and supported by classroom environments (Wong, Chong, Choy, & Lim, 2012, p.106; Bransford, Darling-Hammond, & LePage, 2005, p. 10).

Bornfreund (2012) states that beginning teachers need to have a deep developmental knowledge of the age group being taught and have a strong content knowledge base. Darling-Hammond (1999) supports this as she indicates that teachers must have knowledge of how children think and behave in order to deliver curriculum with their life experiences in mind.

PDSs are important because they bring programs together for the benefit of P – 12 students as well as teacher candidates. Educators have sought ways for P–12 and professional education to effectively collaborate and work together to the benefit of both sectors. Educators in both schools and universities point to the gap between research and practice, and to the poor articulation between professional preparation and the real world of school reform. P–12 and university educators seek to develop the linkages that allow universities and schools to benefit from the relationship that is created between them (Teitel, 2003).

Students, candidates, and faculty benefit as a result of opportunities to learn in the context of a PDS partnership. PDSs are settings in which new practitioners, P–12 candidates, and university faculty can learn to meet the challenges of 21st century education together, because the expertise and resources of both university and the schools support them (NCATE, 2001).

De Vries and Pieters (2007) state that school communities provide promising collaborative efforts to improve school sites, and renew processes of learning, teaching and researching. They indicate that communities seem to effectively provide opportunities for individuals to meet and interact with others outside their own organizations. Collaboration is a critical characteristic of PDSs. PDS standard III solely embraces collaboration among partners (NCATE, 2001). Collaborative efforts between colleges of education and practicing teachers have helped to build a new teacher workforce. New teachers trained in PDSs are reported to be more capable, well-prepared, and eager to face the challenges of today's classroom (Wellman & Wold, 2006). Supporting this idea, Linda Darling-Hammond (2005) states that "PDSs promise to develop more effective teachers (p. 7)."

In a study conducted comparing preparation of PDS and non-PDS teacher candidates in a university teacher education program, researchers investigated the results of each preparation setting. Both programs produced beginning teachers who were competent in their skills to teach. However, the results indicated PDS-based teacher preparation produced beginning teachers who were "more competent in some aspects of instruction, management, and assessment and are more integrated and student-centered in their thinking about planning, assessment, instruction, management, and reflection (p.

78)." In addition, PDS teacher candidates were more aware of their students and their performance than non-PDS candidates. The non-PDS candidates began their teaching careers focused more on their own performance, plans, and materials (Castle, Fox, & Souder, 2006; Castle, Fox, & Furhman, 2009; Breault & Breault, 2012).

Preparation of Pre-service Teachers in Reading Instruction - Past

Teacher preparation programs prepare teacher candidates to enter their profession ready to teach different content areas, including reading. They link teaching of reading with the demands of teaching in schools. Candidates often need to adjust many of their preconceived notions about reading and literacy education. Excellent teacher preparation programs promote teacher candidates' independent visions of what literacy is, what quality teaching consists of, and what the idea of lifelong professional teacher preparation consists of in order to remain current in the clinical (Wellman, & Wold, 2006).

In the early 1900's, no special training was required for the teaching of reading. Concern grew for teachers to be better prepared in teaching including reading. Beginning in the 1920's, as interest grew to better prepare teachers, teacher educators saw a need to supervise teachers in schools. In the mid to late 1920's, books began to be published in the area of supervision and teaching of reading and college reading courses were offered in preparation of teachers (Smith, 2002).

In the 1950's through the mid-1960's, advances were made in reading methods courses. However, university-based teaching was still not sufficient to prepare future literacy teachers (Smith, 2002). Shulman (1986) encouraged more literacy course work so "teacher candidates will teach effectively once they have acquired subject matter knowledge, become acquainted with models of innovative curriculum, and have practice

using them" (p. 8). The need arose for reading specialists, but strong preparation was not available for the position.

In 1961, a study was conducted that became known as the first Harvard-Carnegie Reading Study. The study became known as the "Torch Lighters". The study had two major purposes: to learn how colleges and universities were preparing teachers of reading and to make recommendations for improving teacher preparation. Twenty-two recommendations resulted from the study (Austin, 1961). In 1974, a follow-up study was conducted and the results indicated that fourteen of the twenty-two recommendations were strongly in effect in teacher education programs surveyed (Morrison & Austin, 1976).

Beginning in the late 1960's, colleges and universities began to offer improved instruction in the area of reading and provided fine tuning with elaboration of instructional methods in reading. In the 1970's, reading instruction was "armed with basals" (p. 428) which brought challenges to pedagogy being taught in the college classroom. During the 1980"s and 1990's, reading instruction began to attract the attention of scholars more than ever before. The impact of their attention was significant in changing the way reading instruction was provided then as well as today (Pearson, 2002).

Changes in teacher education programs have occurred over time. Programs have needed to become innovative in order to teach pre-service teachers to integrate literacy into all subject areas (Smith & Rhodes, 2006). How teacher educators teach reading and literacy methods have now become integrated and connected to the study of all content areas. Redesigned programs now provide more extensive course work and clinical

experiences that are structured to provide applications of current reading research with best practices (Wellman, & Wold, 2006).

<div align="center">Preparation for Effective Reading Instruction - Present</div>

College teacher education programs are currently held accountable for preparing teachers as literacy leaders who can provide quality reading instruction for America's schools (Gentry, 2008). Today, teacher candidates who feel as though they are well-prepared in teaching reading say they are more confident in their ability to teach reading. Teacher educators must inspire emerging teachers to become literacy leaders (McAndrew, 2005). Being literacy leaders means learning to be a model of and motivator for literacy; working with diverse levels of reading and multiple cultures; understanding and using many types of literacy assessment and evaluation; understanding, using, and interpreting educational research; threading literacy instruction throughout content areas; and becoming an innovator for continued literacy improvement. In addition, literacy leaders become resources for others when planning and preparing for reading and literacy instruction (Smith & Rhodes, 2006; Wepner, Strickland, & Feeley, 2008).

Many of the students with whom teacher candidates work need to be shown the relevance of literacy in their lives. They need to see the reason it is important to learn to read and write. Candidates learn how to encourage and engage students to read in all areas and for all purposes. Teacher candidates learn that students must have active engagement with reading materials in order to develop as readers and respond to texts. Literacy methods courses provide teacher candidates with background knowledge, such as recognizing the special needs of students in the classroom. Candidates learn about strategies that will support a diverse group of learners and struggling readers and writers

so that when these candidates begin their careers, students who may have been excluded in the past may be supported through proper instructional scaffolding (Smith & Rhodes, 2006; Moore & Hinchman, 2003; Vacca, Vacca, & Mraz, 2011).

Reading methods courses help teacher candidates understand, use, and interpret educational research for the purpose of making informed decisions about their classroom instruction. These courses both teach how research can be used to inform instruction and caution beginning teachers to think about the consequences of the actions they take. Reading methods courses provide teacher candidates with opportunities to discuss the nature of the system they are entering and to develop their skills as critical thinkers (Smith and Stock, 2003).

Quality literacy teaching results from a combination of factors, including a careful balance of course work and clinical experience. These factors help candidates understand and apply foundational knowledge during literacy instruction. The union of theory and practice is critical to teaching literacy well; both experiences help teacher candidates apply best-practice principles to teaching situations. Because clinical experiences are a crucial component of teacher education, teacher preparation programs provide in-school experiences for their teacher candidates. Teacher educators search out clinical experiences that provide literacy environments that complement the course work offered in the teacher preparation program. Teacher candidates sometimes return to literacy methods courses from their clinical experience placements and report "I learned more in those 4 weeks than I did in all of my courses. (p. 47)" Teacher educators know the power of spending time in schools, which is why effective teacher preparation programs offer a variety of clinical experiences for teacher candidates (Lenski & Nierstheimer, 2006).

Preparing highly qualified new teachers of reading requires a balance of course work and clinical experiences. The combination of theory and practice intends to produce new teachers who are knowledgeable about content and pedagogy, and are confident in practice. Professional coursework arms teacher candidates with knowledge about the diversity of students at all developmental stages as well as knowledge of what and how to teach. According to Koehler (2011), teachers need to be knowledgeable in three areas:

1. Pedagogical techniques

2. Representation and formulation of concepts

3. Knowledge of:

>Teaching strategies
>
>Learner difficulties
>
>What makes concepts difficult or easy to learn
>
>What students bring to the learning environment (Koehler, 2011;
>
>Shulman, 1986).

The Role of Mentor Teachers in Teacher Preparation

Once knowledge is gained in course work, teacher candidates enter school contexts of clinical experiences where they can learn to teach reading and literacy skills by doing. During clinical experiences, teacher candidates observe mentor teachers, apply their knowledge, test theories, and try out practices in sheltered and supportive environments. To that end, effective teacher preparation programs offer students early and systematic experiences in the clinical of reading that are deemed vital. (Darling-Hammond,1990; Haberman, 1996). During clinical experiences, candidates learn "how to be a teacher rather than simply learning the work of a teacher." (Goodfellow & Sumison, 2000, p. 246) Mentor teachers become key players in providing support and substance to

teaching experiences (Cherian, 2007; Clarke, 2001; Cochran-Smith, 1991; Shulman, 2004). "It is the classroom teacher who, because of the close interaction during the practice of teaching, potentially exerts the greatest influence on the development of a prospective teacher" (Stanulis, 1995, p. 331).

As they spend time in schools watching mentor teachers and trying out ideas, teacher candidates can create a repertoire of strategies that they can use when they have their own classrooms. Further, teacher candidates develop their own theory of literacy learning during these experiences (Lenski & Niersstheimer, 2003).

Learning to teach is a meaning making process that is mediated by time, place, and relationships developed between novices and their mentors (Cherian, 2007). Glenn (2006) states that important aspects of the teacher candidate-mentor teacher relationship are:

Balance of control

Existence of personal relationship

Provision for constructive feedback

Ability to accept differences (p. 118).

Furthermore, written and verbal feedback provided frequently and honestly have been shown to increase instructional effectiveness for teacher candidates (Wilkins, Shin, & Ainsworth, 2009; Birlee & Bullough, 2005).

<div align="center">Summary</div>

Colleges of education are under unprecedented scrutiny to produce highly qualified teachers (Scheeler, 2007). Teacher educators must now justify their role as never before. The argument that teaching is best learned through "practical" experiences

continues to gain ground. Teacher educators must understand that a beginning educator's knowledge about teaching is drawn from many sources including quality clinical experiences (Tellez, 2008). Learning is promoted when knowledge is applied and integrated in the real world (Allsopp, 2006). The enterprise of teacher education must venture out further and further from the university and engage ever more closely with schools in a mutual transformation agenda, with quality experiences provided. It is important to organize prospective teachers' experiences so they can integrate and use their knowledge in skillful ways in the classroom (Darling-Hammond, 2006).

Research on the outcomes of teacher education efforts lends support to the idea that carefully planned clinical experiences can enable pre-service teachers to reinforce, apply, and synthesize concepts they are learning in their coursework (Denton, 1982; Henry, 1983; Darling-Hammond, et al., 2005). Many programs are beginning to provide carefully designed clinical experiences early and throughout their programs. Teacher educators state that teacher candidates see and understand theory and practice differently if they are taking coursework concurrently with clinical work (Darling-Hammond, et al., 2005).

Research in teacher preparation indicates that learning is enhanced through a sense of community (Dinsmore, & Wenger, 2006). Professional partnerships between university faculty and classroom teachers provide a community with a positive learning environment for pre-service teachers to be able to connect what they learned in college courses to real classroom teaching opportunities. These partnerships provide for the exchange of knowledge and generate levels of expertise for all stakeholders (Wellman, & Wold, 2006).

Teacher educators understand that practicing teachers have a profound impact on the teacher candidates who are assigned to them during student teaching. Darling-Hammond (2005) has shown how the relationship between teacher candidates and mentors is most influential in regard to supporting the development of quality teachers. The intention of collaboration is two-fold:

1. To build strong foundations between partner institutions, and to support the development of genuine relationships among teacher educators.

2. To support the development of genuine relationships among teacher educators and elementary/secondary faculty (Teitel, 2000).

Professional development schools can provide that sense of community and collaboration. They were begun as innovative institutions that form partnerships between teacher education programs and P-12 schools. These partnerships have been compared to teaching hospitals – providing professional education through inquiry with a focus on all stakeholders (Teitel, 2003; Book, 1996; Koehnecke, 2001). PDSs are places where teachers need to be collaborative, working with university partners and school peers to create a community of learners (Murray, 1993; NCATE, 2001).

In 2001, the National Council for the Accreditation of Teacher Education (NCATE) introduced standards to define and guide PDSs. NCATE defines a PDS as an environment that supports candidate and faculty development within a common vision of teaching and learning grounded in research, with shared responsibility for teacher preparation, blending their expertise to meet common goals, holding themselves publicly accountable for meeting common goals, and committing themselves to prepare teacher

candidates and faculty to meet the needs of diverse student populations (Boyle-Baise, & McIntyre, 2008. p. 313; NCATE, 2001).

In PDSs, the clinical experiences and the course work are more highly integrated for teacher candidates. Through the partnership, teachers become content experts helping all students learn constructively. This includes pre-service teachers completing clinical experience requirements (Boyle-Baise, & McIntyre, 2008). Quality of the clinical experience improves as a result of collaboration and community within a PDS (Wellman & Wold, 2006; Darling-Hammond, 2005).

As pre-service teachers participate in PDS partnerships to use their newly gained knowledge about teaching, they become adept at using this knowledge to teach literacy skills. Quality literacy teacher preparation programs combine instruction with on-site clinical experiences that integrate course work and build an active learning community (McDermott, Gormley, Rothenberg, & Hammer, 1995). The intention of the PDS is to show improved learning for all while providing collaboration and community (Teitel, 2000; Wellman & Wold, 2006). The collaborative nature of university and school partnerships appears to be instrumental in addressing improvements to literacy teacher education (Teitel, 2000; Wellman & Wold; 2006).

The literature in chapter two has provided support for teacher preparation, especially in the area of reading instruction. Chapter two has illustrated the importance of support through collaboration in PDSs as well as with strong mentor teacher relationships. In addition, the literature has provided support for providing strong, meaningful, and quality clinical experiences for pre-service teacher candidates. Chapter

three will provide research data to show the impact of clinical experiences as perceived

by teacher candidates in PDS and Non-PDS settings.

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CHAPTER 3: METHODOLOGY

This study sought to examine teacher candidates' clinical experiences in two different contexts within a large urban school district: Professional Development School (PDS) and non-PDS. This study also investigated how the professional learning community in each clinical setting shaped the teacher candidates' clinical experiences. Research questions guiding this research were:

1) What shapes pre-service teacher candidates' clinical experiences when placed in two different types of settings: Professional Development School (PDS) and non-PDS?

2) How does the professional community at the PDS site influence the clinical experience for pre-service teacher candidates?

3) How are the experiences at each site similar and different?

This chapter describes the research design, procedures used, and any known limitations of this study.

Research Design

This study utilized a qualitative case study design which sought to examine the clinical experiences of preservice teacher candidates while completing a reading methods course (Hancock & Algozzine, 2011; Glesne, 2006; Ezzy, 2002). Qualitative refers to a way of conducting and conceiving research. In qualitative research, the researcher is the instrument or the tool for designing, collecting, and analyzing research data. Qualitative

research, in contrast to quantitative research, generally does not translate aspects of the world into numbers to be analyzed mathematically. Instead, it analyzes the world through the lenses the researcher brings to bear on the data (Harvard, 2008). This type of research often examines phenomena in the contexts in which they arise through observation and/or the analysis of printed materials (Silverman, 2010). For the purpose of this research, a qualitative case study was conducted.

This research was used to gather information in response to the research questions. According to Creswell (1994), qualitative research uses various methods that are interactive and look at involvement from participants in data collection. It is inquiry-based and relies heavily on interpretation of data. The researcher views the social phenomena being studied in a holistic manner and uses reasoning that is multi-faceted. They seek to understand participants in a social setting and make interpretations based on several types of data collection which could include interviews, observations, and document analysis (Creswell, 1994; Glesne, 2006; Hancock & Algozzine, 2011).

Qualitative research consists of a variety of approaches with the goal of understanding the lived experience of persons who share certain similar characteristics: time, space, and culture (Frankel & Devers, 2000). It focuses on events or relationships and produces strong, authentic descriptions of the chosen topic (Geertz, 1973). According to Ezzy (2002), "qualitative research is done through establishing relationships with people, places, and/or performances" (pg. xii). Qualitative research covers many different activities and situations, uses words that are concerned with meanings and creates hypotheses for study (Hammersley, 1992).

Case Study Design

Case study research is a form of qualitative research used to answer questions that examine a phenomenon and the effects of that phenomenon (Tellis, 1997; Stake, 1995; Glesne, 2006). A case study is expected to look at the possible complexity of a case or a situation. Case studies often grow out of special interest, looking to understand the intricacy of that interest in order to understand the circumstances that surround it (Stake, 1995; Glesne, 2006). Case study, as a research method, is an effective research strategy for answering questions that begin with words such as "how" and "why" (Yin, 2003). It is the method of choice when the data to be collected about a situation will come from multiple resources including people, observation, and records (Yin, 2003; Stake, 1995). Case study methodology is often guided by a framework and is useful to investigate a contemporary phenomenon (Yin, 2003). Eventually the researcher constructs the ideal case using the data to describe phenomenon in the particular setting of interest. The product of case study research is usually a description of the object of interest (Laws & McLeod, 2004).

Qualitative case study is an approach to research that facilitates exploration of a phenomenon within its context using different sources of data collection. This ensures that the issue is not explored through one lens, but rather through different lenses which allows for multiple aspects of the phenomenon to be revealed and understood. There are two key approaches that guide case study methodology; one proposed by Robert Stake (1995) and the second by Robert Yin (2003, 2009). Both seek to ensure that the topic of interest is well explored, and that the essence of the phenomenon is revealed, but the methods that they each employ are quite different and are worthy of discussion (Baxter &

Jack, 2008; Hancock & Algozzine, 2011) According to Stake (1995), case study research

draws from a "naturalistic, holistic, ethnographical, phenomenological, and biographical"

basis (Hancock & Algozzine, 2011, p. 103-104). He classifies case study research as

intrinsic, instrumental, and/or collective (Hancock & Algozzine, 2011). Yin (2009), on

the other hand, views case study research in depth and detail while providing applied and

academic case study examples and sidebars from other research. He reports on

conducting case study research of a contemporary phenomenon within its natural context

using multiple sources of evidence" (Hancock & Algozzine, 2011, p.15; Yin, 2003). He

describes types of case study research as exploratory, explanatory, and descriptive

(Hancock & Algozzine, 2011).

Case study research is characterized by several features. These features serve to

define case study research. They are as follows:

1. Case study research focuses on a representative for a group, an organization, or a

   phenomena. In the case of this study, the phenomenon is the clinical experience

   in different settings: one that is contained within a professional development

   school while the other experience is in a non-PDS school.

2. The research phenomenon is studied in its natural context, bounded by space and

   time. In this study, college students will attend the same course with the same

   instructor. The class and clinical experiences will be bound by the semester dates

   and clinical locations.

3. Case study research is descriptive and is bound in varied sources of information.

   For this case study research, interview data will be examined along with data from

clinical journals and classroom observations conducted by the researcher

throughout the semester.

Case study research displays other characteristics. One such characteristic is the fact that

it tends to be more exploratory than confirmatory. Case study research looks for themes

and categories rather than testing hypotheses (Hancock & Algozzine, 2011). Case study

research was the method chosen for this study because the researcher was seeking to

explore clinical experiences in two settings: a PDS and a non-PDS. This type of research

allowed for this exploration of the settings and the experiences found in each.

In this study, there were two separate case studies: the Professional Development

School case and the non-Professional Development School case. Each environment was

viewed separately prior to being compared for similarities and differences. Within each

separate case, there were three embedded cases which provided a cross case analysis. I

was able to examine the three teacher candidate experiences in the PDS and the three in

the non-PDS. After looking at the experiences separately, I was able to report similarities

and differences of the classroom settings as well as the school settings.

<div align="center">Research Site(s)</div>

This study took place through a small private university in a large urban city in

the southeastern portion of the United States. The university was founded in 1857 and has

approximately two thousand four hundred students. Average class size was fifteen with a

ratio of one faculty member per every fifteen students. Thirty-nine majors were offered

through six schools/colleges. The School of Education prepares candidates in the areas of

K-6th grade, Secondary Education, and Educational Leadership (Master's Program). This

study was conducted through the School of Education. An elementary education methods

course entitled "Teaching Reading and Other Language Arts" provided the foundation for clinical activities. The course was taught on the university campus. There were thirteen students enrolled in the course and this was the only section offered. Preservice teachers enrolled in the course were assigned to two elementary schools in order to complete clinical requirements as outlined by the instructor. Half of the preservice candidates were assigned to a PDS site while the other half were assigned to a non-PDS with a similar population as the PDS. Placements were determined by several factors:

1. Transportation – Many students did not have access to transportation while living on campus. There was a need for some to have a convenient placement location.

2. Previous placements – Typically, students were assigned to different types of schools. These types may have been rural, urban, suburban, Title 1, affluent, or diverse.

Each pre-service candidate was assigned to a clinical teacher to complete the requirements for the class. The clinical teacher was selected by an administrator at the school. No payment was offered for this, but teachers received extra help and support from the candidate. Each clinical teacher received a letter and a description of clinical requirements from the instructor/ researcher.

In addition, I, the researcher, developed a relationship with the PDS. My role at the school was that of PDS liaison. I worked with administration and staff to implement balanced literacy in the school. This was accomplished through providing in-service for the staff and assisting in classrooms during the implementation.

The demographics of the PDS and the non-PDS were very similar. Neither was affluent, nor were they high poverty. The PDS had a higher percentage of free and reduced lunch than the non-PDS, but there was not a great difference. Both schools were located near the university with the non-PDS being within walking distance. Both schools were magnet schools, housing the same program.

<center>Role of the Researcher</center>

As the researcher, I served as the primary investigator for this study. I served in several roles during data collection. I was the course instructor, the data collector, and the clinical supervisor for the reading class. I worked with candidates to assign them to their clinical placements. In addition, I communicated with clinical teachers to ensure they understood what was expected and required of each candidate while in the classroom. As part of the research, I also conducted classroom observations while candidates were completing course requirements.

I realize that with my role of instructor, supervisor, and researcher, there could be a conflict due to my roles and relationships with pre-service candidates and clinical teachers. According to Glesne (2006), researchers must be aware of the advantages and disadvantages of conducting "backyard research" (p. 31). Backyard research is referred to as research conducted with your own institution or group with whom you have a relationship. As stated by Glesne (2006), backyard research could cause ethical and political issues. Glesne also states this research could be extremely valuable because of the ease of data collection. In this research, I exercised care in accessing data. Interview questions were pre-prepared so all candidates received the same questions. An observation protocol was established so the same behaviors and relationships were

documented for each candidate. Journals had guiding questions or statements so candidates had the opportunity to respond to like material. The benefits of having easy access outweigh the potential problems that could occur (Glesne, 2006).

<div align="center">Description of Participants</div>

Participants for this study were predominately juniors in the second semester of their elementary education program. Some participants were at different places in their program with less than three who were in the first semester of their senior year. Students who were not in the second semester of their junior year were out of sequence for their plan of instruction due to a variety of reasons. Some factors included: transferring into the program/university without proper advising or at a late date; the School of Education not requiring a firm sequence of courses; Students registering for courses out of sequence; Courses being full or cancelled due to low enrollment and students deferring to the following semester; along with other varied factors. The majority of the students were approximately twenty years old. The enrollment for the course was thirteen. Only one undergraduate section of the course was offered. For most, this was the first or second semester of education-related courses with clinical experiences.

The majority of the students in the class were female, with only three males enrolled. Backgrounds of participants varied from high socioeconomic to low socioeconomic. Three students were African American while the other ten were Caucasian. Six students were invited to participate in the study with three in the PDS setting and three in the non-PDS setting. Once the candidates agreed to participate, a table was created containing demographic information of candidates. In addition, as part of the initial interview, I had each participant discuss their personal school backgrounds.

Recruitment of participants occurred as we returned to campus after winter break. I collected individual information on the first day of class through a class survey. The survey provided me with information as we began the class. I embedded questions that gave me insight into the educational backgrounds of the candidates, their previous clinical experiences, including the type(s) of schools and populations, and their willingness to participate in a research study. Once I received the surveys, I made appointments with the six that were chosen. I had them come to my office individually for three reasons:

1. To agree (or not) to participate in the study and obtain written consent

2. To explain involvement in the study

3. To participate in an initial interview.

Participants were selected based on class survey responses. According to Merriam (1998), purposeful selection of participants is important to the collection of rich data. Class survey responses provided information for purposeful selection of participants. Ethnicity and gender were not criteria for selection.

<div align="center">Data Collection Methods and Procedures</div>

Data collection occurred over a period of time beginning with the start of the reading course. Selection of participants occurred as the result of a class survey given to everyone in the class on the first day. Once participants were selected, data was collected through interviews, observations, and journal reflections. According to Merriam (1998), multiple sources of data are needed and used to provide a comprehensive study because use of a single source may not be trusted. By using multiple sources, the researcher is able to validate and cross-check data findings. Prior to beginning data collection, I

obtained informed consent from each participant. I also completed the IRB process for permission to conduct research.

Interviews

Two interviews were conducted with each participant. Interviews have been defined as conversations with a purpose (Merriam, 1998). Interviews provided a special kind of information that can only be retrieved through a conversation. Interviews were semi-structured containing a combination of structured and unstructured questions (Merriam, 1998). Each interview lasted approximately 30 minutes. The first interview was used to gather initial information which included demographics and educational background for the participants as well as their expectations of the experience. The interview occurred prior to the beginning of the clinical experience in the school and within the first week of classes. The final interview was conducted as participants completed their clinical requirements. Questions were asked to gather information from the beginning to the end of the semester. Candidates were asked to be reflective about their overall experience.

Interviews were conducted in the researcher's office. Notes were recorded during the interview while the conversation was audiotaped. The audiotape ensured accuracy in recording interview data. Interviews were transcribed and coded to seek themes from participant experiences.

Observations

In addition to interviews, the researcher visited and observed each participant while in the clinical classroom. Each participant was observed formally once and informally an additional time. During the observations, the researcher examined the

actual experience of each participant. An observation protocol was established and used for each observation to ensure consistency across all observations (Hancock & Algozzine, 2011). According to Merriam (1998), an observation is considered to be a valid research tool when it

1. Serves a formulated research purpose

2. Is planned deliberately

3. Is recorded systematically

4. Is subjected to checks and controls for validity and reliability (no pg)

Providing a protocol for observation ensured Merriam's observation criteria. As a trained observer, I was able to provide objective and systematic observations.

<div align="center">Journals</div>

The third and final source of data was gathered from each participant through weekly clinical journal entries during the semester. Participants were asked to complete and email journal entries weekly for a total of five to six entries. This was determined by the students' schedules and number of actual visits. Ten hours of clinical experience were required. Journals contained guided responses as well as open responses with a suggested length of approximately one page. Candidates were asked to reflect on their experience in the classroom as it related to working with the teacher and the students in the classroom. They also responded to questions about their teaching experience in that setting and the type of support they received from the teacher. Support was in the form of lesson plan feedback, ideas for lessons, feedback on the actual teaching experience, and actual acceptance by the team of teachers and the administration. I reviewed student journals and traced their clinical experiences and reflective process. Their journal data was

compared and contrasted with other data listed above (interviews and observations) and used to draw common themes later.

These documents, also referred to as artifacts, provided the researcher with every day events as well as rare events that may have occurred during the clinical experience. Journals became a source of data reflecting the attitudes, beliefs, and views of the classroom experience (Merriam, 1998).

Triangulation of Data

Collection of data from multiple sources provides triangulation of data which supports gathered data and contributes to the trustworthiness and validity of the study (Hancock & Algozzine, 2011; Stake, 1995; Glesne, 2006). Triangulation attempts to relate all pieces of data in an effort to counteract threats to data. For the purpose of this study, triangulation of data was found in the form of interviews, observations, and journals (Glesne, 2006).

Data Analysis

Qualitative research provides a way to conduct and analyze research. In qualitative research, the researcher is the instrument or the tool for designing, collecting, and analyzing research (Biklen & Casella, 2007; Stake, 1995; Glesne, 2006). Qualitative research engages with the complexity of analyzing human participation when looking for meanings and frequently begins during data collection. Analysis is about the representation of social phenomena. Qualitative data analysis is an interpretive task and often begins during data collection (Merriam, 1998; Ezzy, 2002, Hancock & Algozzine, 2011). Analysis is not a simple matter of classifying, categorizing, coding, or collating data at the end of data collection. Analysis proceeds throughout the development of the

qualitative research project which enables the researcher to see and respond to unanticipated issues (Ezzy, 2002; Coffey & Atkinson, 1996). The usual idea is to collate the data into a manageable form and construct a narrative analysis around the data results.

For this study, I conducted a case study analysis of data seeking themes that occurred during collection. I examined data from sources I saw, heard, and read in an attempt to make order and sense of what I would learn. Ezzy (2002) suggests that while analyzing data, the researcher describes, creates explanations, and develops theories about the case. According to Hancock & Algozzine (2011), case study research is a recursive process of summarizing and interpreting data as analysis begins and continues throughout the process.

Interviews were transcribed and themes were sought from each participant's responses. I examined each participant's interviews and first used within-case analysis, treating each case independent of the others. Once that was complete, I used cross-case analysis to seek similarities and differences among participant responses (Merriam, 1998). Audiotaping occurred during the interviews to ensure nothing was omitted. According to Hancock and Algozzine (2011), audiotaping enables the researcher to accurately transcribe for closer comparison of data from other sources.

Data analysis continued as a result of clinical observations. Each participant was observed in the assigned clinical placement classroom on two occasions: one formal observation and the other informal. The researcher examined relationships developed with the teacher candidate at the school site. These relationships included interactions with the classroom teacher, the students, and other school personnel. Preservice teacher candidate lesson preparation and delivery were also included in the analysis.

In addition, clinical journals were used as a source of information for this study. Teacher candidates were provided prompts to guide journal entries. Journals were reviewed and coded to capture emergent and recurring themes in the classroom experiences. Journals provided a systematic approach to interpret the written information. Interpretations were constructed through this data collection (Glesne, 2006). Glesne (2006) states that "coding is a progressive process of sorting and defining scraps of collected data (i.e. observation notes, memos, documents, and notes from relevant literature) that are applicable to your research purpose" (p. 153) and contribute to the interpretive process.

Once data were collected from interviews, observations, and journal entries, a cross-case analysis was conducted. The researcher then built an explanation based on the data analyzed while seeking patterns and themes (Merriam, 1998; Stake, 1995).

Trustworthiness

When using qualitative research, trustworthiness is of crucial importance. Qualitative researchers can develop their trustworthiness by addressing key points of credibility within their study (Gay, Mills, & Airasian, 2006). Trustworthiness of the researcher must be established in order to earn credibility in the field (Glesne, 2006).

For this study, trustworthiness was established through triangulation of data (Glesne, 2006; Stake, 1995). The data collected came from teacher candidate interviews, classroom observations and clinical journals. Using multiple data sources provided data to explain the cases being studied. Consistency and dependability across data collected and analyzed was sought (Merriam, 1998; Glesne, 2006). As the researcher, I attempted to balance my pre-expectation of outcomes from actual final outcomes.

Anticipated Ethical Issues

During research coursework, I learned about the Institutional Review Board (IRB) for conducting research. I completed an online tutorial and a practice application to the IRB. I completed the necessary forms and steps to obtain approval for my research study through my university of study as well as from the university where I currently teach.

Ethical issues must be taken into account when conducting research. One such issue is confidentiality. Participants must feel protected from embarrassment and from stress (Gay, et. al, 2006). In this study, no identifying information is available to anyone except me, the researcher. Pseudonyms were used in the place of real names and locations. All data were locked in the researcher's office. One other ethical issue that may have been anticipated during this study was my role as the researcher and the instructor of the reading methods course. All efforts were made to keep bias out of the research setting. Grades for students included in the study were not affected by the study. Grades were only be affected by the quality of the work as with students who were not involved in the study. Another possible ethical issue could have been the risk of misinterpretation of data. To avoid this, I worked with an independent person to assist with data.

Limitations

A limitation is some part of the study the researcher knows may negatively affect study results but the researcher has no control over these factors. Limitations may vary depending on the research conducted (Gay, et al., 2006).

One limitation for this study was the participation of the clinical teacher with the teacher candidate. All clinical teachers do not accept and support teacher candidates the

same. Some clinical teachers will welcome candidates with open arms and will provide support for their requirements. Other clinical teachers may accept candidates into their classroom, but not provide support or suggestions throughout the experience. Highly qualified teachers were requested for placements, but this does not always occur. Likewise, personalities of teachers and pre-service teachers do not always work together smoothly, creating a dysfunctional working relationship. In an effort to keep this from occurring, I requested specific teachers for pre-service teacher candidates to work with.

Another unexpected limitation was inclement weather. During this study, the area in which the research was conducted experienced an unusually high number of inclement weather days. This resulted in school closing days, early dismissal, and late start days. This interfered with scheduling for candidates who already had full schedules. Schedule changes also made it difficult for the researcher to complete more than one formal observation.

Summary

Using qualitative methodology and case study research, the purpose of this study was to examine the phenomena of six pre-service teacher candidates' clinical experiences in two different contexts: PDS site or a non-PDS site. While being enrolled in a reading methods class, candidates participated in a required clinical experience and reflected on the experience in a variety of ways. The course material was the same for all candidates. Selected pre-service teacher candidates participated in two interviews, were observed two times while in the clinical placement – one formal and the other informal, and completed weekly journal entries. This provided insight into the differences of experiences, if any, between the PDS and the non-PDS site.

Findings from data analysis are discussed in the following chapter. Data was analyzed using coding while seeking themes. Interviews and clinical journals were coded and themes sought throughout the analysis to look for meaning and to seek differences and similarities of the clinical experience for each candidate (Ezzy, 2002). The variable for coding was the clinical experience (Stake, 1995; Ezzy, 2002; Silverman, 2010). Data was analyzed and interpreted based on responses provided by teacher candidates.

The research questions were addressed through all three types of data collection and analysis. Questions one, two, and three were addressed through the interviews, observations, and journal entries. Rich data results were anticipated from the data collection and analysis for this study.

<div align="center">Subjectivity Statement</div>

As the researcher and instructor, I realize and understand the importance of remaining neutral when conducting research and analyzing data. I believe this leads to reliability and trustworthiness in research. Every attempt was made to view data in a subjective manner and report it in like manner. Positive and negative feedback were treated equally as this is valuable information moving forward to improve or change clinical practice. The data may prove that the non-PDS placement is as valuable, welcoming, and collaborative as the PDS placement. In an effort to maintain awareness of ways my subjectivity could be compromised during this study, I monitored my attitudes, values, and beliefs on the topic being researched (Glesne, 2006). Having had prior experience with clinical placements, some that were in a PDS and some that were in a non-PDS, I have some preconceived notions of the expected outcomes of this study. I am an advocate for PDS partnerships. When beginning this study, it was my hope and my

desire to look at both environments without bias. I have attempted to not let my prior

experiences color the interpretation of research results. I have worked to maintain a

critical view of the PDS and non-PDS environments. It is important to me as the

researcher that the research process, the data collected and the data analyzed be presented

through a subjective lens.

CHAPTER 4: ANALYSIS

Overview

The purpose of this study was to examine teacher candidates' clinical experiences in two different contexts within a large urban school district: a Professional Development School (PDS) and a non-Professional Development School (non-PDS). This study investigated how the professional learning community in each clinical setting shaped the teacher candidates' clinical experiences. The two schools were in the same district. One school had a longstanding PDS relationship with the university while the other school had a casual, non-PDS relationship, hosting teacher candidates periodically. Both schools were in close proximity to the university.

The following questions framed this study:

1) What shapes pre-service teacher candidates' clinical experiences when placed in two different types of settings: Professional Development School (PDS) and non-PDS?

2) How does the professional community at the PDS site influence the clinical experience for pre-service teacher candidates?

3) How are the experiences at each site similar and different?

In order to fully answer the research questions, qualitative methods were employed.

Chapter One introduced the study with a description of clinical experiences for pre-service teachers and included a description of Professional Development Schools. Research questions for this study were introduced in Chapter One. Chapter Two reviewed

literature that explored research related to the theme of this study. Literature supporting clinical experiences, Professional Development Schools, and collaboration was presented in Chapter Two. Preparation of pre-service teachers in reading instruction, past and present, is also discussed. Chapter Three explained the research design for the case study and the methodology used in conducting the research. Research sites, description of participants, collection and analysis of data were included in the discussion. Potential ethical issues were also discussed.

In Chapter Four, I describe the settings for pre-service teacher participants for the study as well as the clinical experiences for the pre-service teachers. I explain the themes that emerged from analyzing data collected. I also use my research questions to guide my analysis as I tie the themes to the results. I conclude the chapter with a summary that addresses the candidates' experiences in PDS and non-PDS settings.

<div align="center">Study Description</div>

This study was conducted during spring semester of the teacher candidates' junior year. Clinical experiences began in March and continued through the end of April, totaling approximately six weeks and ten classroom hours. Six teacher candidates participated in the study. Three were assigned to a Professional Development School while the other three were assigned to a non-Professional Development School. Both schools are in close proximity to the university campus and regularly host teacher candidates. There were three females and three males who participated. Two males were African American. The third male was Caucasian. One female was Asian while the other two were Caucasian.

Preparation for clinical experiences began in class with content specific instruction. The class was reading-based with emphasis on reading, language arts, and

writing. Candidates were expected to visit their assigned classroom several times to provide assistance to the teacher and begin to familiarize themselves with the students and the routine in the classroom. After several visits, candidates were assigned the task of teaching three lessons to the whole class or if necessary, to a small group. The lessons were to be literacy-based and were to produce work using the writing process. Candidates could teach their lessons during the literacy block or could integrate their lessons into other content areas as long as the clinical requirements were met. The first lesson plan was submitted in class for instructor feedback, and candidates were expected to present all three lessons to the classroom teacher prior to teaching them. All lessons were later submitted to the instructor accompanied by lesson reflections for evaluation.

Teacher candidates were instructed to contact their clinical teachers to arrange an initial visit to meet and discuss requirements for the class. They were also expected to plan their visits to ensure they met the time and the teaching requirement.

Prior to the start of clinical visits, each candidate was interviewed individually. The first interview was based on prior experiences with clinical assignments. Candidates had been involved in a variety of settings and for a variety of reasons. Most of their prior experiences were based on observations with limited teaching required.

Once clinical visits began, teacher candidates were instructed to submit weekly journal reflections of their experiences. As a class, in addition to written reflections, we discussed the various aspects of the experiences each candidate was having. During written and oral reflections, candidates were encouraged to share in a non-threatening environment with no fear of comments being shared. We were very careful to not use names, but to instead discuss situations. Sharing enabled each teacher candidate to seek

advice while realizing their situations were alike in some ways while being very different in other ways.

Research questions one and three were addressed by all six candidates through journal responses. Question one asked: "What shapes pre-service teacher candidates' clinical experiences when placed in two different types of settings?" Journal prompt two asked candidates to "Describe your initial visit to your clinical placement classroom. What was your initial impression?" All six participants responded with comments that described ways they were received at the school as well as in their classrooms. Their responses communicated clear differences in the two settings. In addition, prompt two addressed research question three, "How are the experiences at each site similar and different?"

The third prompt for students was "Talk about your experience thus far in the classroom. Have you been integrated into the classroom? Do the children respond to you? Have you worked with a small group, an individual, or whole group?" Each of the prompts actually supported all three research questions. Data for research question two was gathered from the PDS responses only. This question asked: "How does the professional community at the PDS site influence the clinical experience for pre-service teacher candidates?"

Each journal writing prompt response from the PDS candidates addressed the setting and the influence of those around them, especially the clinical teacher. Two of the three PDS candidates made reference to others in the building and their feeling of welcome and acceptance.

During clinical experiences, I visited the PDS and non-PDS schools. I was able to observe interactions between candidates and faculty. This included interactions with office staff and others the candidates came in contact with. I was also able to compare my personal interactions with those reported by candidates.

Three pieces of data were collected for this study. The data collected was in the form of interviews conducted prior to the experience and at the end; journals written and submitted throughout the experience; and observations conducted during the experience. This provided for triangulation of data. Triangulation assists with credibility and validity when collecting data as it verifies the similarity of data being gathered (Write.com, 2015; Kulkarni, 2015).

<div align="center">Individual Case Studies</div>

<div align="center">Susan - PDS Candidate 1</div>

Susan was a Caucasian elementary education student. She was at the junior level of her program and had a positive and outgoing personality. She was a cheerleader for the university as well as for fellow students. Susan completed her clinicals for this class at a PDS partner school.

Susan was a goal-driven student who was always open to feedback and new ideas. Her passion for learning and teaching was evident in her coursework and her interactions in the classroom with students. She always exhibited high ethical standards and was committed to becoming an effective teacher. Her professionalism was evident in her behavior in class as well as in the classroom.

During the first interview with Susan, she reflected on prior clinical experiences. She stated that she had been involved with three schools prior to the current course. None

of the three schools were PDS schools. Her experiences ranged from not good at all to pretty good in these schools.

In school number one, which was a Title I school, Susan reported the experience as "not good at all". She stated there was no support and she felt like she was a burden to the teacher. Susan was not in the classroom, but completed requirements in the hallway or in the media center. She had very little communication with the teacher she was assigned to assist. During this clinical, she was a reading tutor and was given a book with a packet of information to follow exactly as presented.

For school number two, Susan reported this as a Title I school and she stated it was "pretty good, with sad situations that were obvious when you were in the classroom." In school number two, she stated that she was told exactly what to do. She tried to do other things to help, but that was not welcomed. Her main responsibility at school number two was to administer reading and spelling tests. Some of these were administered one on one while others were administered in small groups. For this clinical, Susan was able to be in the classroom with the entire class, but she only interacted with a few students each time and the interaction was pre-prescribed.

Lastly, in school number three, Susan reported this as a "good experience" and she was allowed to participate in reading activities. School number three is not a PDS, but is a school that has partnered closely in other ways with the university. She stated everyone at school three was always helpful and friendly. Susan was given the opportunity to read aloud to the class and to confer with students about the books they were reading.

At the end of the first interview, Susan stated that she thought clinicals were "overall a great experience." She continued to state that the interactions with a variety of children "helps us get ready – prepares us." She went on to express that "some of the experiences taught me ways I do not want to be as a teacher."

Once the clinical experiences were complete for the semester, another interview was conducted. This interview related to the experience in the PDS classroom. From her first visit to the school, Susan communicated a feeling of welcome beginning in the office and spreading throughout the school. She was positive in responses to interview questions and when she submitted journal entries. Repeatedly, she commented on how amazing and phenomenal her experience was. Her clinical teacher was "accommodating to my needs and integrated me into the classroom from the beginning."

At the first meeting, Susan stated "the clinical teacher was open to whatever the requirements were." She assured her she could be flexible to ensure Susan met her requirements for the course. The teacher instructed Susan to let her know if there was anything she could do or gather in order to help her with her clinical assignment. The students were excited to have Susan in the classroom. They had many questions for her and the teacher allowed question and answer time. She said she "felt pretty welcomed by all" during her first visit.

During the second visit, Susan was asked to pull small groups. The teacher planned for the groups and had everything ready for her to begin. Susan worked with small groups and she also worked one-on-one with some students. She was able to observe and teach from the beginning which provided experience that made her comfortable when she was ready to begin her teaching.

Susan's clinical experience was in a fifth grade classroom. She had no experience with children this age. During the teaching of her first lesson, she stated that she "zoned out" during the teaching and was sad and embarrassed. Her teacher reassured her and helped her piece things together to end on a positive and successful note. She stated, "My lessons did not always go as planned, but I learned from my experience. I don't think it was easy or hard – just a different learning experience." Susan went on to state she definitely "gained confidence" in herself as a teacher and "welcomed feedback that was positive as well as corrective." Her final words stated, "My experience was pretty swell. I grew a lot. This was by far my favorite clinical!"

Throughout the experience, Susan completed journal entries. Her journals held true to her interview responses. She completed a "pre-visit" journal entry. In this entry, Susan stated she was eager to get started. She wrote, "The reason I entered the teaching profession was to work with children. What better way to practice teaching than actually going out to schools and starting now." She was placed in a PDS school with a fifth grade teacher. Susan stated she had "heard great things" about the teacher she placed with for the semester so her "expectations are high!" She continued to say she was "a little nervous about being in a fifth grade classroom because I have never worked in fifth grade and they are bigger than I am. This will be something new for me, but I'm ready for the challenge." Susan stated she hoped to be able to work closely with her clinical teacher and begin to learn more about teaching in general. Forming relationships with the teacher and the students was described as important to Susan. She closed the pre-visit entry stating, "I can't wait to meet my fifth graders. My expectations are high and I know I

won't be let down. It's going to be a great rest of the semester with a lot of new things to learn and take away from the experience."

In her pre-visit journal entry, Susan was asked to share what her expectations were for the clinical, for her academics, and for her socially. When she responded about her clinical expectations, she stated pros and cons. Among the pros were: she heard this was a great school, was close to campus, and good feedback was generally provided. Her cons were related to the fact she was nervous, she had never been to that school, and she had never been in fifth grade. Related to academics, she hoped for a "better visual" of how students perform in the classroom, especially in reading and writing. Socially, she hoped to form relationships with the students and the clinical teacher.

Following her first visit, Susan reported a positive beginning and a welcome feeling at the school. She stated the office staff was friendly and she was greeted with a smile. In addition, Susan said the secretary told her the teacher was waiting for her. She shared that she "instantly thought this was probably going to go really well." According to Susan, the clinical teacher greeted her and seemed very happy to have her in the room. She stated, "my clinical teacher was great and I left that day feeling excited and eager to get started. Overall, great first impression!"

Susan began her second visit journal entry with "I love my clinical classroom!" She stated her clinical teacher was a "wonderful teacher and a great person to work with." Susan stated, "Every time I come into the classroom, I am greeted with smiles and sometimes with hugs. I have been integrated into the classroom." She indicated her clinical teacher had something prepared for her to do each time she came whether it was working one-on-one or with a small group of students. She commented on two boys who

were known as "trouble makers" in the class. She worked with one of them and commented on his attitude being very negative. Other than that, she closed the second visit reflection saying' "I love my class. I am teaching this week and I can't wait!"

Susan's third reflection began with the repeating concept of a very welcoming environment. She restated the welcome feeling she had when she entered the office. "The secretaries were always nice and friendly and loved sharing conversation with me." She also stated when she saw people in the hallways, they always spoke and said hello. Once in the classroom, she was greeted with hugs, waves, big smiles, and "Hello, Ms. S." Susan stated, "I honestly felt like the classroom was my own and those kids were my students. When I taught my lessons, I felt at ease and I was never nervous." The clinical teacher "did a great job incorporating me into her classroom this semester." Susan stated she was able to work with small groups, one-on-one, and led literacy lessons for the whole literacy class. Her closing comment was, "I enjoyed every hour of my clinical experience and I am so glad I was placed at this school!"

The fourth visit reflection began with the word "amazing!" Susan stated she loved being at the clinical school, loved "her kids", and "loved working with" her clinical teacher. Susan also shared she felt "welcome and always felt my time was being put to good use." She said she never just sat around, but instead, always had something meaningful to do. "Required lessons were taught with ease and the requirements for the class were fulfilled with little to no stress," according to Susan. She ended this journal entry with "I feel this clinical boosted my confidence in my teaching abilities. I was never once nervous to teach in that classroom. Overall, it was a great experience!"

Final Overall Reflection

Susan stated, "After this experience, I actually love teaching literacy." She reported the experience as "phenomenal" and "wonderful." Susan said she felt like she was at home and the classroom was inviting and welcoming. Susan also stated that she had "previously feared fifth grade partly because I am a small person." However, now, she stated her "feelings have drastically changed." She said "students were great and loved when I would teach my lessons. They responded to my questions, were engaged when I would teach, and produced some really great final writing pieces. Susan complimented her clinical teacher and stated she was "wonderful." She also stated her teacher was thoughtful of Susan's time in the classroom and offered advice along with lessons and tools to use in the classroom. Susan was impressed that her clinical teacher changed her schedule to accommodate her lesson prior to the class leaving for a trip that was out of town. Her clinical teacher "wanted to make sure I got all my stuff done on time and most teachers are not willing to be that flexible for a student just completing clinical work."

Again, Susan commented on the friendliness as she entered the school and as she left from each visit. She stated the school "just felt like home to me."

Susan ended her final reflection with, "Overall, my experience was one I will never forget. I loved the students, my clinical teacher, and the school. I would highly recommend my clinical teacher to be placed with another student in the future."

Susan's overall response to interviews and journals was "this was a positive experience." She shared only positive comments and comments about her growth as a teacher. She always felt welcome at the school by office personnel, staff members, her

teacher, and the children. As she stated herself, "The experience was 'phenomenal' and the 'best ever'."

When observing Susan in her clinical classroom, she was greeted positively by her teacher and the students. Both demonstrated they were happy to see her as they waved, smiled and greeted her. She took a few minutes to debrief with the teacher before beginning to work with students. Susan had the opportunity to work with a small group. She was positive and pleasant while working with them. Students responded appropriately to her instruction. They were engaged and eager to please her. The teacher included Susan as one of the teachers when providing instruction to the students. The climate of the classroom was positive and welcoming.

Each visit/observation to the school resulted in the same response. Susan was welcomed and was integrated into the classroom. When teaching, she was viewed as the teacher. Her clinical teacher shared only positive comments about the work Susan was doing and about her willingness to do whatever was needed in the classroom. Comments such as "no problems or concerns for this student" were stated. In addition, the clinical teacher said Susan had a "positive attitude, was motivated, organized, and optimistic." She did not note any weaknesses, but stated "Susan needed more time in the classroom to get additional practice and to help develop her own personal teaching and classroom management styles."

Each observation, whether formal or informal, rendered similar results. Interactions were positive, beginning in the office. Once in the classroom, positive interactions continued. Students responded respectfully and obviously wanted to please Susan. Her interactions were appropriate and consistent with students and the clinical

teacher. She was well-prepared to teach her lessons and they were successfully implemented.

Overall, Susan and her clinical teacher reported a very positive experience in the PDS environment. No concerns were shared by either one and no concerns or weaknesses were stated. Both Susan and the clinical teacher viewed her experience in the PDS as successful.

<center>Janie – PDS Candidate 2</center>

Janie was a Caucasian junior Elementary Education major. Her personal education was different from the other participants in the study. Janie was homeschooled in grades K-11. For her twelfth grade year, she attended the local community college. She reported that she was glad she was homeschooled and she feels as though that was the best method of education for her.

Janie always exhibited high ethical standards in regard to her coursework and clinicals. She was driven to produce excellent work at all times. Janie was open to feedback and requested it in all settings. She valued input from multiple perspectives. She began college as a nursing major, but after an introduction to education course, she knew her heart and passion was with children. Janie was a team player who was always prepared for all educational settings.

When beginning college, Janie aspired to be a nurse. After being enrolled in a basic education course, she learned she had a love for children and changed her major to elementary education. Janie described herself as "driven academically", always trying to do her best in everything. Her goal is to be a second or fourth grade teacher.

During the initial interview, Janie stated that she "feels reading is the most important thing to learn to do." She said she taught herself to read once she began to learn letters and sounds. Her family emphasized books and reading in the home. They provided options that addressed her interests which she attributes to her love of reading.

Janie reported she had three previous clinical experiences. One was in a Title I school, one in an affluent school, and one was in what she considered to be a "middle of the road" school. She said the latter school was neither affluent nor high in poverty, but had a wide variety of socioeconomic backgrounds and ethnicities.

When asked about her previous clinical experiences, Janie responded they were pretty good. She felt somewhat welcomed in the "middle of the road" school, but not in the Title I school. Janie commented that she had friendly administrators and teachers in the "middle of the road" school. When asked about interactions with teachers and students, she responded it "depends on how bold you are." She further elaborated by stating the more questions she asked and the more clarification she provided, the more she was asked and allowed to do in her clinical placement classrooms, with the exception of the Title I school.

In previous placements, Janie observed and took notes regarding activities she observed. She helped by tutoring children individually. She also sat with students to help as needed. In most of her previous clinical experiences, Janie did as instructed by the clinical teacher with little input herself. While in the "middle of the road" school, Janie worked with reading. She completed three read aloud activities and felt as though they "went well."

As Janie summarized her thoughts about the value of early clinical experiences, she stated she thought these experiences gave education students a huge edge over other students. According to her, clinicals prepare and equip candidates as teachers. She stated, "Clinicals can be annoying, but each of them helps us to be better prepared."

During the final interview, Janie shared her experience in the PDS school she was assigned. She reported that when she was scheduled to meet her clinical teacher, she could not be found. The teacher was not in the classroom and the secretary needed to find her. When they finally met, Janie felt the teacher was a little "cynical" and "negative". The teacher did not appear to be very happy or excited to have Janie in the room. At this point, Janie was doubtful about this placement. However, Janie and the teacher talked about requirements and the teacher's demeanor changed. She was willing to change her schedule to accommodate Janie's needs. The teacher provided materials needed and helped with planning. Prior to beginning to teach her lessons, Janie discovered the children's abilities were "all over the place" and she witnessed things she had learned in coursework.

Janie planned and taught three lessons incorporating the writing process related to literature and a field trip. She took students through the process, making sure each step flowed naturally. Her teaching was whole group and she found some of her instruction to be frustrating. The classroom teacher helped her through the frustrating moments.

One frustration for the semester that Janie mentioned was inclement weather. During this period of time, the children were out of school, had early dismissal, or late start on numerous occasions. This caused frustration and anxiety for Janie when attempting to complete requirements.

Overall, Janie reported she really "lived" planning and teaching. She learned the importance of patience and flexibility as things came up that interrupted her lessons. She said she felt really good about her experience and in the end, she felt welcomed and appreciated. She closed by saying, "I learned A LOT from this clinical."

Janie submitted journal reflections throughout her experience in the PDS school. She was expressive in her responses and in her description of the clinical experience.

Prior to the initial visit, each clinical student was asked to complete a free write assignment responding to the prompt "What are your expectations for your clinical experience for this class? Academically? Professionally? Socially?" Janie began her response saying clinicals are a great way "to prepare us for our future as educators." She shared that she was afraid that "Sometimes I take for granted my clinical experiences and fail to realize how valuable they are to my future as a teacher." She continued by saying she "hoped this experience would be different" and she would view it differently than previous experiences. Academically, Janie said she hoped this experience would help her improve her lesson planning in reading and writing. She stated, "I hope to create lessons around the students and their learning needs." Professionally, Janie shared she hoped this experience would help her know what to expect when she had a class of her own. She said she "hoped to develop strong relationships at the school and to make lasting impressions." Socially, Janie wrote she hoped "this experience will help me become more comfortable in front of a class full of students. I hope with each lesson I teach I will become more and more at ease and confident in my abilities as a teacher."

Janie's initial visit was scheduled and she stated she was "very excited" about being at this particular school. She arrived early for her appointment to meet her clinical

teacher, however her teacher could not be found. The clinical teacher had forgotten about the initial visit with Janie. She stated, "Right then and there, I felt unwelcome." She continued to acknowledge that teachers have "crazy schedules," but she shared that she emailed the teacher to remind her of their appointment. One positive she shared from this situation was the secretary "worked diligently" to find the teacher. The secretary located her and Janie and the teacher made their way to the classroom, twenty minutes after the appointed time. At this point, Janie shared she was frustrated, but was trying to remain optimistic. Janie wrote that after introductions and discussion of requirements for the class, the clinical teacher had many questions and "seemed doubtful" the requirements could be met. Janie left the initial visit "feeling very discouraged and unsure of how the clinical experience would go."

In her second journal reflection, Janie restated her perception of feeling unwelcome in the classroom. However, she stated she "observed in the classroom" and her teacher engaged her to work with the students in the classroom. She shared "the more I interacted with the students, the better my experience became." By her second journal entry, Janie had worked with a variety of students and had even taught one whole-group reading and writing lesson in the classroom. She commented, "The children respond well to me and are excited to have a fresh face in the classroom. They listened well during my first lesson and seemed excited for my next visit." Janie concluded this journal entry stating, "I look forward to spending these next three weeks with them."

Janie's third journal reflection continued to communicate more positive feelings at the school and in the classroom. She began the entry stating "I felt very welcome and at home at the school." She shared, "The office staff and employees in the hallway were

always friendly and spoke." Janie wrote that she felt welcome at the school and in the classroom, but sometimes, did not feel integrated enough with the students. As she wrote this, she followed with a statement, "This got better each time I was there." She summed up her third reflection stating, "Overall, I did feel like this school had a welcoming, positive environment!"

The fourth journal entry began with a positive statement, "I feel like my time in this class has been very beneficial so far." Janie continued by stating she did not feel welcome at first, "but quickly began to feel like part of the class. I developed strong relationships with the students and I also learned many valuable lessons from the clinical teacher." Janie shared that she learned to be flexible and "roll with the punches" and "the need to differentiate instruction." She continued to say that everything in her clinical experience did not go as planned, but she would not change it for anything. She wrote, "I am grateful that I experienced these bumps in the road because I know I will be a better teacher because of the bumps!"

Final Reflection

Janie's overall experience was reported as positive. She felt welcomed by administration and teachers and reported them as "absolutely wonderful." The teacher became comfortable with Janie in the classroom which made her feel more welcome with each visit. The classroom teacher helped "me with planning my lessons by offering suggestions, resources, and handouts." Janie shared that "when I felt discouraged, my clinical teacher encouraged me and told me I was doing a great job."

Janie wrote that she "learned the importance of differentiation through this experience." She experienced a variety of learning levels and needs and worked to meet

them. She stated "This was not at all what I expected. However, I am so glad that I experienced those 'roadblocks' in my lessons. I know they will make me a stronger and more resilient teacher because of them." Flexibility is also something Janie commented on. She said, "No matter how much I plan and prepare, things come up that I will have no control over. I am glad that I learned this lesson now before I have a classroom of my own."

Janie's overall responses through interviews and journals were positive. She did not report a flawless experience, but she did report support and a feeling of being welcome in the school. She was grateful for stumbling blocks and for the support she received as she faced them. Flexibility was a lesson she learned during this experience.

During Janie's observation, I observed positive interaction between her and the clinical teacher. The students were also positive and responded well to her. Janie taught a lesson with a few management distractions, but she addressed them and the clinical teacher supported her in this. Janie had established good rapport with the students and was effective in her lesson delivery. Students were engaged and appeared to enjoy Janie's teaching. As a budding new teacher, she will need to work on time management, but her clinical teacher helped with that in a positive, constructive manner during her lesson. I left the observation with a feeling that Janie was welcome in the classroom.

The clinical teacher reported that Janie was a welcome addition to the classroom. Even with a difficult start, she said her efforts were "positive" and she "enjoyed having her in the classroom." The teacher said "Janie was so open to suggestions."

Steve – PDS Candidate 3

Steve was an African American male teacher candidate. He was a junior elementary education student. He was extremely active in university events and served on the student governing body for the university. Steve worked at the coffee shop on campus and was a resident assistant in his dormitory. Steve had an astute, reserved personality.

As a teacher candidate, Steve had a heart for children, especially children of color and children in poverty. He maintained high ethical standards and sought ways to make a difference in the lives of children. Steve presented himself in a professional manner through his interactions and his dress. He was never afraid to take a risk and always welcomed feedback from others. He was a leader on campus, in class, and in the classroom.

During Steve's first interview, he shared his goal in life is to be happy while doing a variety of things. This includes living a life of "serving". He wants to continue to be a learner. Professionally, he sees himself as a "very driven, futuristic planner." Steve chose education as a path to "helping others become". He wants to teach life skills and how to be a good person. He shared his passion for students of color and his desire to make a difference for them through their education.

Steve elaborated on his philosophy of education. He stated he truly believes everyone can learn, it just requires "figuring out what makes a person tick." The first step to this process, according to Steve, is "building a relationship with each student while building trust and respect for each other. Instruction and learning must be meaningful in order to make a difference."

When asked about prior clinical experiences, Steve stated he had a mixture of clinical assignments. He had an experience in a Title I school, a partner school (not PDS), and a school with a mix of backgrounds. He stated that some of his experiences were better than others. His experience in the Title I school was mostly observing. He mentored two students, but was not otherwise engaged. He reported a "feeling of being disconnected from the teacher and the class."

At the partner school, Steve felt engaged and welcomed by many including administration, teachers, office staff, and the children. The principal approached Steve to ask if he would consider student teaching at her school. In the third school, Steve observed and helped the teacher as requested.

Steve felt his early clinical experiences were invaluable, whether he was engaged or not. He looked for the positives in each. Observing interactions with teachers and students allowed him the opportunity to make notes of strategies that worked with students and strategies that did not. He stated he "took the positives from each experience and noted the things that were not so positive."

In response to Steve's final interview, he reported his first meeting with the teacher was positive. She met him in the front office and walked with him to the classroom. They discussed the expectations for his clinical experience and found a time that would work for both of their schedules. They also talked about what he would teach first.

Steve's first encounter with the students occurred after his meeting with the teacher. The students saw him coming down the hallway and began to wave. He reported a "feeling of energy from the students." When they entered the classroom, the teacher

introduced him and allowed the students to ask questions. Steve found this to be "interesting and a good way to be introduced."

Steve stated he was "accommodated in the teacher's classroom" as she discussed reading and writing levels with him. She provided him with reading materials to tie with his lesson needs. Steve was in the classroom every week during his experience and worked with fantasy reading and writing.

Overall, Steve stated he "felt very comfortable teaching reading and writing in this classroom." He taught lessons in a sequence that made sense to him and he believed made sense to the students. He stated his experience was "very natural". He ended the interview stating he is "excited about teaching as a result of this experience."

Journal entries were submitted each week during the clinical experience. Some of Steve's responses were brief in the beginning of the semester. However, as the semester progressed, so did his reflections. Steve communicated "growth in his personal feelings as a prospective teacher."

Prior to the first visit to the clinical placement, students were asked to respond to the following question: What are your expectations for your clinical experience for this class? Academically? Professionally? Socially? Steve responded to each of the three categories and then discussed his expectations further. Academically, Steve wrote he was eager to "enact lesson plans and see how they go over with kids." He also stated he expected to "understand what it means to teach literacy." Professionally, Steve was eager to "expose myself to another grade level." This school was comprised of a different type of population than he had experienced previously and it was a PDS. Steve expected to "learn about a new type of school." In addition, professionally, he hoped to have the

opportunity to "make grading rubrics and evaluate student performance." Socially, Steve aspired to "get to know another educator" and to learn "what to look for" in a school.

Steve elaborated further regarding his expectations for this clinical experience. He began by stating he was "very excited to begin working with my clinical teacher this semester!" He continued by stating "This is one of the first classes where I have been required to teach whole class lessons." He shared that previous experiences consisted of one-on-one tutoring, small group instruction, and now whole class teaching. Steve wrote, "I've appreciated this gradual process and now I feel more comfortable commanding a classroom." He entered this experience with confidence in his ability to teach whole class. This was evident when he wrote "I feel now even more drawn to instructing the whole class instead of just small groups or read alouds. I'm sure I won't have total autonomy to decide what I'll be teaching, but how I teach it will say a lot to me and my teacher about how comfortable I am. I'm hoping that I'll be able to see the effect that my instruction has on the students, and furthermore, what it means to actually teach reading and language arts."

In his first visit reflection, Steve shared that he arrived at the school a little early and no one was in the room. He waited outside of the room and looked at work displayed in the hallway. As the children returned to the room, Steve stopped what he was doing and smiled at each child as they walked into the classroom. He said, "My clinical teacher introduced me to the class, but also allowed me to introduce myself. I loved the energy from the students." He continued to share "The children were so eager to ask questions and they sat there wide-eyed as they looked at me." Following introductions, he shared the clinical teacher read aloud to the class. After the read aloud, the children switched

classes and he observed his clinical teacher provide oral instructions only to the literacy class. He was "amazed" by the students' response to the instructions provided. His words were "it was a pretty cool activity. They listened and completed the task."

During his second reflection, Steve shared that he had "really enjoyed my clinical experience so far!" This was Steve's first experience working with second grade and he noted "it's interesting to see how they prefer to interact with me compared to the way the older ones interact as I've previously experienced." He continued to say "the kids were definitely different." He attributed this "possibly" to the culture of the school. Steve shared that "the class knows who I am and I've been doing more observing that I have actually been teaching so far. I have been helping out around the classroom in general. The students love interacting with me though, so much so that I think they will respond well to my lessons when I teach." Steve continued to share that he would teach his first lesson during the next week and the topic would be fantasy. His book to read was *Where the Wild Things Are*. He indicated he was looking forward to this "opportunity to teach."

Steve's third reflection began on a positive note. He stated, "My clinical experience has been very beneficial. I have definitely felt at home in the classroom, and because of things I have learned in class as well as help from my clinical teacher, I was able to teach my lesson with ease." He continued to say he did not "feel like a burden at all" when he was in the classroom. Steve also stated "My teacher knew what she was doing, what I was doing, and was great about making time for me to be sure I had everything I needed and that I was prepared to teach! I gained confidence to actually teach!" He shared this was the first time he was able to teach a series of lessons that built on each other. Previous experiences consisted of small group or one-on-one teaching, or

simply observing. He stated with this experience, "I actually feel like a teacher who had to deal with a lot of personalities and even catch students up when they missed."

The fourth reflection began with "I love my experience at this school! I feel at home in the school, the students are diverse and positive, and the school itself seems safe too!" Steve shared that his lessons went well and the students responded well to him as he taught. He also stated "The students were pleasant, curious about me, and ready to learn." Relationships outside of the classroom were also addressed. Steve said, "I had a good relationship with the secretary, and I got to interact with some other teachers. Overall, I love my time at this school." He included grades for each of the following:

Clinical Teacher	A+
Students	A
School	A

Final Reflection

Steve stated this clinical experience was "extremely helpful." He said "even with the times I just observed them, the way that the teacher interacted in the classroom, and even during recess, I learned a lot about the students' personalities." His teacher "helped a little with classroom management ideas" as he taught his lessons. He observed his clinical teacher using positive comments to manage the class. He wrote "This classroom management style took some getting used to because I needed to know students' names in order to give them recognition." Steve said by the second lesson, this was no longer a problem for him. According to Steve, there were" strong personalities and specific students I had to keep an eye on. My clinical teacher was extremely helpful with those students."

Steve read a fantasy story, *Where the Wild Things Are*, to the students and then worked with them to write a fantasy piece using the writing process. He ended his final reflection with the following statement, "It was incredible to watch these little ones go through the writing process. I was very proud of them as I watched their excitement grow. Thank you, Ms. Teacher for this helpful, exciting experience."

During Steve's observations, it was obvious that he was respected as a male teacher in the classroom. The children responded positively to him as he taught. The interaction between him and the clinical teacher was positive and supportive. She was a presence in the classroom and provided positive support for Steve while he taught. Steve appeared to enjoy his teaching and the students and as he stated, he appeared to be "very natural" teaching the children. He provided positive feedback to the children and they responded positively to this. This was a positive and encouraging observation.

The clinical teacher provided positive feedback concerning Steve's performance. She indicated there were "no problems or concerns". She also stated "Steve is enthusiastic about teaching and takes a genuine interest in the needs of all the students. He was well-prepared for his lessons and adapted quickly to our classroom environment."

Wayne – Non-PDS Candidate 1

Wayne was an African American junior elementary education student. He was the baby in his family with four older siblings. Of all children in his family, he viewed himself as the "thinker". He always strives to "develop his intellect." This was often evidenced through his discussions in his courses. Wayne shared he "aspires to pursue a Master's degree and a doctorate in the future." With his educational goals, he would "like

to work in higher education or become a principal or even a school district superintendent."

Wayne presented himself as an intellectual student. He thought about things beyond what was evident. Wayne was inquisitive as always strived to know and understand all he could. Wayne had high ethical standards and welcomed feedback on his performance. He was flexible and was prepared for class and for his clinicals. Wayne was committed to ongoing personal and professional growth as indicated in his desire to become an administrator in the future.

When asked his reasons for choosing education as a career, Wayne responded that "everyone deserves an opportunity to learn and to grow." He continued to state his reason was simple: "Life starts with an education and education provides the opportunity for individuals to 'become' more than they currently are. Education makes the impossible possible."

Wayne's personal schooling experience was described as "a unique experience." He declared himself as a "scholar" in elementary school. When he began middle school, he had an "eclectic view on life" and was somewhat influenced by his peers. In high school, Wayne had teachers who took an interest in him and refueled his interest in education.

During the first interview, Wayne stated he had several clinical experiences in schools he described as "middle of the road." He was never in a Title I school nor was he in an affluent school. During his freshman and sophomore years, his clinicals consisted mostly of observations in classrooms. He did not feel as though he had enough exposure to students and interactions with them. In prior settings, he felt welcomed by the teachers

and felt privileged to have the opportunities to be in the classrooms. Wayne also stated the secretaries in the schools were friendly when he arrived.

Wayne stated that he had no negative critique of his previous clinical experiences. His wish was that he had experienced teaching earlier than he did. Prior to clinicals, he stated he "was operating from theory," but participating in clinical experiences began to allow him to "see how theory relates to students and the classroom."

During the second interview, Wayne discussed his clinical experience in the non-PDS school. At first, he said he felt lost. The teacher was pleasant, but was overwhelmed and had reservations about having a clinical student. After his first meeting with the clinical teacher, Wayne felt better and no longer felt lost. However, once he began to communicate further with his clinical teacher, Wayne began to feel concerned once again. He stated the clinical teacher "was not very accommodating and responses to email were delayed." Wayne did not feel respected in the classroom. He planned one week in advance and emailed lesson information to his clinical teacher. He did not receive feedback prior to teaching which left him hoping his plans were appropriate. In addition to this, he did not feel as though his teacher paid attention to his teaching, thus making it difficult to provide appropriate feedback for his growth. This was his greatest regret from this experience as he felt the "lack of feedback and interaction" impeded his experience.

Prior to teaching, Wayne observed during the Literacy block. He was able to observe fictional poetry being taught. Students were also observed implementing "slight" elements of persuasive writing. He observed very little reading during his time in the classroom.

Overall, Wayne stated he felt as though he grew through his experience in this classroom, He was "disappointed to not receive feedback and to not have strong, constructive feedback from the clinical teacher." However, he felt as though his "relationship with the students blossomed during the experience" and he "developed a positive chemistry with them."

Wayne submitted journal entries regularly during his experience. Many of his journal writings reflected the same sentiments found in his interviews. Prior to his initial visit to his clinical placement, Wayne was asked to reflect on his expectations for this experience, highlighting academic, professional and social expectations. Academically, he stated he wanted "to improve my ability to effectively teach a lesson using reading and writing." He indicated this was not something he had the opportunity to do in previous experiences. Professionally, Wayne aspired to "establish a strong relationship with my clinical teacher." Finally, socially, Wayne hoped to "become more socially competent when interacting with students."

During the initial visit to Wayne's clinical classroom, he stated "I felt a bit out of place. It felt as if I did not belong." When he arrived in the classroom, there were five "potential or already" educators in the room. He soon learned this was an inclusion classroom. Initially, prior to entering the classroom, Wayne had a "feeling of excitement. I was incredibly thrilled." However, he reported "after entering the class for the first visit, I became discouraged after recognizing that I was going to be competing against four other educators for the attention of eleven students." We discussed the possibility of making a change, but Wayne wanted to remain and wanted the experience of an inclusion classroom.

Wayne's second reflection began with "Before this week, I felt really disconnected in my clinical classroom. I felt as if I was a nuisance. I did not feel as if my clinical teacher wanted me in to be in the classroom." He went on to say, "After attending a couple of times, I am able to say I feel a little more connected." He was able to work with a small group of students and he related this "built my confidence and demonstrated to the teacher I was capable and dependable when working with the students."

The next reflection was a little brief. Wayne shared that he was able to teach more and "it seems I have now become closer to both the students and my clinical teacher." He taught a group of four students and he stated "they loved every moment of it." Through this reflection, he did not share his feelings about the relationship with the clinical teacher, but he did talk about his relationship with the students.

Wayne shared through his fourth reflection "Overall, I really enjoyed the classroom environment in my clinical classroom. The classroom was vibrant and colorful." He went on to state "In the beginning of my clinical experience, I did not feel very welcomed. My relationship with my cooperating teacher was not the best and I did not sense that I was connected with the students." He continued to share that after five visits, "my connections with the teacher and the students developed and I felt like being in the classroom actually 'meant' something."

Final Reflection

Wayne's overall, final reflection for this placement communicated mixed feelings. One lesson he learned was "the essential lesson of the profound importance that should be placed on teachers being flexible, open, and understanding if they volunteer to have a clinical student in the classroom." He stated that as the semester progressed, he

had moments of feeling comfortable with his placement. However, he completed his reflection stating that if he was totally honest, in the beginning and toward the end of his placement, he "became frustrated with the lack of communication experienced with the cooperating teacher." He felt this hindered his growth in this experience. He shared that he submitted lesson plans in the designated time, but rarely received feedback from his clinical teacher. Through his frustrations with the clinical experience, Wayne said, "All in all, I enjoyed this opportunity." In his final reflection, he mentioned the friendliness of the office staff by stating" they greeted me with smiles and hellos as I signed in each time I was there." He also shared that he talked with another teacher on the faculty he knew from a previous experience. Other than that, he had very little communication with anyone else.

Wayne's observation was positive on the day I was there. He was able to teach a small group and the clinical teacher only had positive things to say about him. I observed positive interaction between the two of them and I observed positive interaction between Wayne and the children he was working with. Other teachers were in and out of the room. I did not see interaction between Wayne and these individuals even though he was working with students they needed to work with. While the observation was positive, there was not an overwhelming feeling of welcome felt in Wayne's classroom. While teaching, Wayne was upbeat and positive with the children and they responded appropriately to his instruction.

The clinical teacher shared positive comments regarding Wayne's presence in the classroom. She stated "He had thorough lesson plans and he took the time to meet and discuss instruction" with her. The clinical teacher also shared that Wayne was

"enthusiastic and worked well with the children. They were excited for him to come each time. She shared another comment that mirrored some of Wayne's earlier concerns. She stated "I needed more time to review the lessons as my schedule is so busy. I would like to see student work samples to see if they got the lesson or not." When asked about this comment, Wayne responded he emailed lesson plans to his clinical teacher three days in advance. This follows the requirement for lesson plan submission. In addition to this, he shared that she had not communicated this to him. In another conversation with the clinical teacher, she stated the "children were very excited to see him and he was good with the children. I liked his energy and approach to each child." She again reiterated "Though I liked his lessons, I needed more time to look them over as I am 'soooo' busy." Again, Wayne stated he was getting the lessons to her, but she never responded with feedback nor did she share this frustration with him.

<p align="center">Jack – Non-PDS Candidate 2</p>

Jack was a Caucasian junior elementary education student during this study. In addition to his education major, Jack was actively involved with the theatre department and performed in several productions while being a student. He was outgoing and open to change. He believes in taking things as they come.

Jack was probably the most laid back candidate of the six in this study. Jack was a free spirit and believed in the good in all. He set personal goals for himself, but sometimes his goals were a little idealistic. He was open to alternate views, but hung on to his ideas. Jack was professional in his behavior and his dress. He maintained professional relationships with school staff and with students, although he missed a meeting with his clinical teacher. The teacher was not happy with him, but he spent the

remainder of his classroom visits trying to make up for his error. Jack was consistent and was passionate in wanting to work with children. One of his goals was to be able to be employed in a creative arts school so he could easily incorporate his creative, dramatic personality.

During his first interview, Jack stated his personal goals were "to achieve peace in life: to be comfortable with what I am doing and with who I am." His professional goals are to "teach, teach, teach." He is excited to try his new career when he graduates and "to stay open to possibilities."

Jack's philosophy of education is based on Piaget's constructivist theory. He stated he believes in this "whole-heartedly." In Jack's words, "education changes every day. Children change, teachers change, schedules change – everything is in a state of change. Education must be constructed to respond to change and to bring clarity for students."

In regard to his philosophy about reading and reading instruction, he shared that "reading and writing must go hand in hand to create balanced literacy." Jack believes in reading to children and with children. He believes strongly in "the teachable moment with children and capturing that moment with and for them."

When discussing previous clinical experiences, Jack stated he had been in a Title I school, an affluent school, and a school with a mix of both. Some experiences were seen as good while others were not so good. In the affluent school, Jack found a great deal of teacher-directed learning rather than student-directed. He shared that his "experiences in lower grades had been the most positive experiences."

Jack stated his "relationships with clinical teachers had been mixed." Some were very welcoming while others were not. He said "he had worked with a variety of teachers and overall, communication was poor." Jack also found teachers were not willing to be flexible with schedules to accommodate his needs. This made it difficult to complete some requirements in a timely manner.

When asked about his relationship with students in previous clinical experiences, his one word response was "Brilliant!" Jack viewed his connection with students as one of his strengths. He was always accepting of whatever diversity was found in his settings and he thrived on this. "Being with the students" was what he loved. One of his favorite clinical experiences was in a partner (non-PDS) school while conducting an interactive read aloud. He developed activities for students to "put their heads together" and work together. Students complied and the results were "amazing."

Jack shared that his previous clinical experiences, whether positive or not, were beneficial. They taught him about the importance of communication. The experiences also helped him learn more about effective planning, time management, and consistency. Unfortunately, he stated that "the lack of communication and time with the clinical teachers contributed to him learning what he did not want to do as a teacher." He felt he could have been more effective with better communication and access to resources.

During the second interview, Jack stated his" initial visit with the teacher was brief, perhaps fifteen minutes." They talked and he felt she was very welcoming. He described the first meeting as a "breath of fresh air." The clinical teacher assured him he would be able to complete his requirements in her class. He shared he was not able to

attend during the literacy block, but he was free during the social studies time. Again, she assured him he could meet the reading and writing requirements through social studies.

Jack was able to observe in the classroom for a brief time. He was able to see the way his clinical teacher taught literacy. He described book boxes were available for students. In addition, there were five stations set up that were based on Daily 5.

Jack reported that he began promptly with his clinical experience and began to make arrangements quickly. He went through a "personal emotional crisis and missed a meeting that had been arranged with the clinical teacher." Jack said "this created a setback in their relationship, but they reconciled and made the best of the situation." Due to the setback, Jack had difficulty fulfilling the requirements for hours in the classroom, but he made it work.

Overall, Jack felt the experience was" beneficial and important" to him as a student. He reported the teacher did not actually observe him teaching and he felt "there were negative feelings after the missed meeting." Even though he worked to make up for the situation, he did not feel as though the situation was ever fully reconciled. Through the negative events, he looked for the positive and found it with the students he worked with.

Through journal reflections, more detail is seen regarding Jack's overall experience for this class. He journaled and shared his feelings whether positive or negative. Prior to his initial visit to the clinical classroom, Jack shared some of his expectations for this experience, including his academic, professional, and social expectations. He began on a positive note stating "this experience will undoubtedly be one that will really provide opportunity for growth and constructive feedback. My main

goal is to begin viewing subject matter and instruction through the eyes of elementary students, not through what I feel they might believe." Academically, he shared, "My focus lies in grasping and understanding the reading/writing process. I hope to achieve this empathetically so I can plan and teach lessons to cater to their levels of development and understanding." Professionally, Jack shared additional comments. "There are multiple aspects of instruction I plan to enhance. My lessons in general could use a bit more flow and coherence to dispose of awkward times that sometimes arise during the lesson." Socially, Jack stated he wanted to "begin crafting relationships with both students and teachers/staff."

Jack began his initial visit journal reflection stating he "expected things to be very smooth between us (the clinical teacher and Jack.)." As they met and talked, he soon discovered "her schedule and class availability were incompatible with my schedule." The two of them discussed this and agreed it would be "difficult regarding achieving the goals and requirements established in the course syllabus." However, she told him she was there to help him and was "here to help in any way she can." They determined Jack would be able to come to the classroom during her social studies instruction time and they would make plans for him to integrate reading and writing into social studies. At this point, Jack stated, "I feel genuinely worried about my success and I feel like I'm almost stranded at sea with no assistance. Just hoping for the best." We discussed his concern and frustration, but he wanted to try to make this work.

Jack began his second clinical reflection as follows: "My clinical experience has been nothing short of dreadful so far." He went on to qualify this statement with "I met her, then observed a class taught by a substitute. Then, I failed to recall a meeting we had

planned. Needless to say, she is not happy and I have not heard back from her." At this point, he was unsure of the future and was waiting for a response from her before he could proceed. Jack stated that he knew he was partly responsible for the situation and he had waited too long to begin so finding a new placement would be difficult if this did not work out.

The third reflection Jack shared was a little more positive in some areas. He stated the "school is a great place. Teachers and administrators have been friendly and I feel comfortable in the school." When speaking of the classroom, Jack said "the class is somewhat timid. I think the direct discipline, almost classical style from her has created a suppressed yet well-managed group of students." Jack continued to share he "felt like baggage in the observations because her instruction did not really provide any opportunities to help the students or to work with them in small groups." Overall, Jack stated "I think this semester has been negative in the eyes of my clinical teacher, but really has been a constructive, self-awakening experience for me so far."

Through Jack's fourth reflection, conflicting perceptions of the experience could still be seen and felt. He began the reflection saying "By the end of my experience, I actually feel like I got something out of it. Before, I was in a very bad spot but I tried my best to climb out. I felt like I was welcomed, but that I had no opportunity to show what I had to offer." Jack reported that he was not observed by his clinical teacher throughout his time in the classroom. At one point during his instruction, he stated, "My clinical teacher stood and yelled at students. This was sad to see because this was my lesson and they were working fine for me. My style was just different from hers."

Jack closed this reflection stating, "Never underestimate the power of a clinical teacher. More importantly, never underestimate the power of oneself."

Final Reflection

Overall, Jack loved teaching the second grade. He enjoyed his time with the students, but was disappointed with the differences in management styles. The teacher stated she "was impressed with his lessons on paper, but she did not observe him implementing them." He stated his "spirit was revived with her comments on the written lessons, but I was discouraged with the overall experience."

He shared that "without a doubt, this sequence of lessons has been the most successful of my clinical experiences. Overall, having the opportunity to plan and teach three lessons that build off of each other was a great experience and encouraged a lot of creativity in my planning."

Jack's observation was a positive experience for me. While there, the teacher spoke with me about his talent with lesson planning. She did talk about the time he missed his meeting with her and this set a negative tone. However, while observing, I saw positive interactions between the two of them. The students responded positively to Jack and even responded with a positive excitement. Jack reported later that the environment changed once I left the room and some of the positive interactions ceased.

The clinical teacher reported Jack was nice, friendly, and a gentleman." She also stated his "lessons were appropriate for the students and related to the social studies content I was teaching." The teacher further commented on Jack's lack of communication, his planning and submitting plans to her, and his consistency with

students in the classroom." She stated "He has a lot of potential, but he needs to prioritize himself and his teaching."

<p style="text-align:center">Nancy – Non-PDS Candidate 3</p>

Nancy was a junior in her elementary education program. She is of Asian descent and one of her goals is to teach in Korea once she graduates. She shared that she "has always loved working with children and teaching them new things." Nancy attended what she referred to as a "normal" elementary school, magnet middle school, and early college at the community college for her high school experience.

Nancy was a hard working teacher candidate. She was serious about her assignments and tasks that accompanied. She had a high ethical standard and a high work ethic. Nancy prepared for all classroom visits and sought assistance when needed. She was collaborative in class and in the classroom. Her dress and behavior were professional and she demonstrated initiative when working with classroom teachers. Nancy welcomed feedback from peers, professors and from clinical teachers.

When discussing her philosophy of education and reading, Nancy combined her response. She stated "the students must come first. Teachers must recognize that every student is different and teaching must be adapted to meet the varying needs in the classroom." She sees planning as a critical part of educating, but receiving feedback on planning is equally as important.

Nancy's initial clinical experiences mostly involved observations. She completed prior clinicals in two Title I schools and one affluent school. Her best experience was at the affluent school. The teacher was open to having her in the classroom and allowed her to interact with the students. One of the Title I schools was not described as a positive

experience at all. She shared she did not interact with students and she did "whatever was dictated" to her to do. In the other Title I school, she was a math tutor. She was not in the classroom and her involvement was not consistent.

The response to the value of the clinical experience was they are helpful to see how what is being learned in coursework is being applied in the classroom. Nancy said this made it all real. However, in previous clinicals, she had limited exposure to the classroom.

During the second interview, Nancy talked about her clinical experience during the semester. She was not in a PDS school. Nancy felt that her clinical teacher was "really nice to work with and she was open to the requirements". She shared that the first time she was in the classroom, the teacher asked if she would help a small group of students. This was a "positive beginning" in Nancy's mind.

Nancy only observed the teacher reading to the class. This was not an interactive read aloud. The teacher was simply reading aloud.

Nancy's schedule was not compatible with the clinical teacher's class schedule. She could only attend during the math block and the teacher did not offer to make any changes based on this. Nancy wrote a math lesson and added literature to the lesson. This was followed by Nancy asking students to write an explanation of what they did and to explain their responses. She found this to be very difficult for students. The teacher actually wanted students to write number sentences rather than writing responses to explain. Classroom management was difficult under the circumstances, but Nancy felt she improved throughout the experience.

Overall, Nancy felt the experience was "challenging and difficult, but also helpful in the area of differentiating instruction." This was necessary because she was working with math. She was able to take a few students and work on their reading, writing, and math.

Nancy submitted journal entries weekly during her clinical experience. Prior to contacting her clinical teacher and visiting the school, she responded to the first journal prompt asking What are your expectations for your clinical experience for this class? Academically? Professionally? Socially? Academically, she stated it was "important to complete all of the required hours for the clinical." She explained the challenge was due to an unusual number of snow days, delays, and early dismissals. Nancy went on to elaborate that another expectation for herself was "to have assignments planned and prepared in a timely fashion." She shared this was "my first time working with students directly, other than observing, so I am quite nervous." Socially, Nancy wanted to "build her confidence in a classroom setting." She continued to state she felt like "these clinicals will boost my confidence overall as I get more comfortable in a consistent classroom over the course of a semester." Professionally, Nancy said she expected to "learn lots of different strategies for teaching reading, language arts, and hopefully techniques like Writer's Workshop. I expect to pick up strategies that I can use in my future classroom." She closed this reflection stating she wanted to fulfill an expectation of her professors: "being presentable, professional, on time, and respectful because not long from now, I will be applying for my own teaching position. My attitude and presentation can make or break my future search and potential acceptances."

Following Nancy's initial visit, she reflected that she was a bit overwhelmed for several reasons. She said she was initially overwhelmed because she was going to a new school for her. In addition, at her initial visit, she locked her keys in her car which she described as "stressful." As she entered the school and signed in at the office, once again, Nancy stated she was "overwhelmed by the size of the school and how far away my clinical teacher's classroom was."

Nancy was relieved as she "found the correct hallway and my clinical teacher met me halfway down the hall since the office called to her room and let her know I had arrived. This helped me relax because I did not get lost!" Nancy explained she and her clinical teacher sat down to discuss what would be required for the course saying "My clinical teacher really made me feel comfortable because she understood how awkward initial meetings can be and she told me not to worry. She said she knew the drill so just go ahead and talk. That really set me at ease and I could go over the course requirements and forms with no problems."

Nancy shared one thing that was a concern for her as she left the initial visit. She said, "I will only be able to observe and teach during the students' math period. I mentioned this to my clinical teacher and she assured me that we could work literacy into math lessons and she would allow me to work with a small group for my comfort." Initially, Nancy said she "felt really good about everything until I started brainstorming my lessons. I started to worry because I want my lessons to focus more on literacy not math, but I don't know how to go about doing just that." Overall, Nancy communicated she felt comfortable and encouraged about her placement, but she was concerned about being able to complete her literacy requirements during math.

In the second reflection, Nancy shared that she had "been to the classroom two times and had observed and assisted with students." She reflected "I have to say this has been one of my BEST placements yet. Nancy explained the math block "usually began by going over homework. Nancy was given a higher level group to review math homework when she was in the classroom. After checking homework, Nancy was given two struggling students to work with. She said she "found they both knew exactly what they needed to do with me prompting them." At this point, Nancy stated she had not "worked with all of the students but so far, I haven't had any negative responses from the students.

Nancy's third reflection continued to describe "a positive and welcoming experience from the clinical teacher and her students." She continued to reflect on her involvement with math, rarely mentioning literacy. In this reflection, she talked about her relationship with the students as "friendly, but nothing extraordinary." Nancy commented that she felt like she "had a good relationship with the clinical teacher and the students, but I didn't really interact with anyone else in the school other than a brief 'hello/ goodbye' to the secretary when I came in or left."

In Nancy's fourth reflection, she wrote "My overall experience in clinicals was wonderful. I felt welcome in the classroom and I attribute that to my active role in the classroom." She also shared, "I didn't feel like a burden because I was always given a task to do that made me feel like I was important and helping." Nancy talked about "gaining confidence in working with students academically and in classroom management." She stated, "I could finally see concepts I've been taught come to life and be applied in a real-world situation." Nancy's main concern with the clinical experience

was "not seeing reading and writing" nor was she having a true opportunity to "integrate reading and writing as assigned."

Final Reflection

Nancy reported that her overall "experience in this classroom was great." The clinical teacher wanted to be helpful. She was flexible in inviting Nancy to come anytime she could and she would be "welcomed into the classroom." She was able to work with students any time she came to the school. Nancy was able to observe and work within a setting that provided a great example of differentiation.

Again, overall, while Nancy reported the experience to be a great one, she said it was not helpful for the course. She "did not have the opportunity to observe reading or writing." Nancy found it difficult to teach her lessons and she did not feel as though they went well. The clinical teacher asked Nancy to "hold remedial tutoring sessions for some of the math standards that students struggled with and suggested adding a literacy component." Nancy shared that she thought "this would be difficult because I struggle with creating one subject lessons as it is." She agreed to attempt to do this and found "it was as difficult as I thought." She reported her first lesson "did not go so well. Students were so into the activity that they did not follow my directions." During her second lesson, she ran out of time. During the third lesson, she stated the "students responded to a writing prompt that was math related." She felt as though she "grew tremendously in the areas of classroom management and differentiation, but not in reading, writing, or language arts." She expected to be able to use the experience to fully meet her requirements for the class, but this ended up being a difficult task. She closed her final reflection with the following statement: "Overall, the experience was invaluable and I

learned different classroom management techniques from just observing, and also was

given leadership opportunities and I really felt like part of the class through this clinical.

It was well worth it for me as a developing teacher, even though it might not have been

the most reading and language arts based placement."

Nancy's observation was interesting. As she reported, everyone was friendly and

seemed to be glad she was there. However, when in the classroom, I observed her

teaching math, as she reported. I spoke with the clinical teacher about this and she

assured me Nancy would be able to meet her requirements and she would ensure this.

The interactions between the clinical teacher and the students were positive. Nancy

worked with a small group while I was observing. Children were respectful and the

clinical teacher ensured appropriate behavior as well as on task behavior throughout the

observation.

The clinical teacher was encouraging and shared complimentary statements

concerning Nancy's performance. She stated that Nancy was "eager to learn and asked

questions as necessary for success." She also complimented Nancy's willingness to do

whatever she was asked to do during her clinical experience.

<center>Observations</center>

Due to a number of issues such as unusual weather, late start school days and

early release days due to weather as well as illnesses, I was able to only observe in each

setting one official time. I was in and out of the schools on numerous occasions, but only

completed formal observations in each classroom one time. During the PDS observation,

I observed each teacher candidate in the office setting. Each candidate was welcomed

with a smile and a greeting from an office staff member. In the non-PDS, candidates were

welcomed in a variety of ways, but usually in a positive manner. The classroom observations were enlightening, but everyone tends to be on their best behavior when someone else is watching.

<div align="center">Analysis</div>

Themes

Theme identification is one of the most important tasks in qualitative data analysis. It is also described as the most mysterious task. Themes come from the data collected and from the investigator's prior theoretical understanding of the phenomenon. Several things are involved with analyzing qualitative data:

1) discovering themes and subthemes,

2) narrowing themes to a manageable few.

3) linking themes to the phenomena being studied (Ryan & Bernard, 2003). During data collection for this study, four themes emerged: acceptance, flexibility, quality of experience, and growth as a teacher candidate. These themes were obtained through data obtained with interviews, journals, and observations. Themes of acceptance and flexibility related to all three research questions. Candidates discussed their experiences of acceptance in the school and flexibility, or lack thereof, with their clinical teachers in each setting. The quality of the experience and the growth of each candidate emerged through interviews and journal entries. Research question one was evident related to all four themes, especially quality and growth.

The PDS had a relationship with the researcher and with the university. This relationship had been established over several years and the two institutions worked closely to develop a strong balanced literacy program in the P-12 school. Each had a

vested interest in the needs of all involved. The non-PDS, on the other hand, had no relationship with the university other than hosting clinical students and student teachers on occasion. Professors had not worked closely with the staff and the reading program was not tailored for the two institutions to work collaboratively. The non-PDS was not a poor school, there was simply no relationship between the two and no vested interest.

In the beginning of this study, teacher candidates were interviewed about their previous clinical experiences. Each week, they journaled about the experience for that week. At the end of the experience, each candidate was interviewed again. In addition, observations were conducted at each school. Pulling this data together and analyzing allowed for the triangulation of results to ensure a more thorough understanding of the results.

The first theme that emerged was that of acceptance. Each candidate made reference to the way(s) they were greeted at schools and in classrooms. They also discussed the relationship with the classroom teacher. Susan (PDS) discussed in the interview and in her journal entries that she was welcomed in the front office by the secretaries and the teacher also warmly welcomed her to the classroom. She was given opportunities to do things in the classroom from the first day. She ended with the statement "By far, my favorite!" and "Phenomenal!" Janie was at the same school and had a similar experience. Her first meeting with her teacher was not as smooth because the teacher forgot she was coming. However, the secretary located her and they had a chance to talk. She stated she felt welcome at the school and everyone was positive in helping her succeed. Janie also stated she had a few "bumps" in the road, but she grew from them and she and her teacher grew closer as a result. Steve was also at this PDS and

he only had positive comments to share about the entire experience. He was welcomed in the office and then by his teacher. He was introduced to the class and then asked to tell them a little about himself. Steve said he loved his experience and felt at home from the beginning. He stated he never felt like a burden and his teacher always checked to make sure he had everything he needed for his lessons.

The theme of acceptance was a little different in the non-PDS schools. Wayne said he felt a "little out of place" and as if he did not belong in his particular setting. He did not find the teacher to very accommodating and communication was a concern throughout. He stated that he felt frustrated with his situation in the beginning and in the end of the experience. Not until the fifth visit did he begin to feel acceptance in the classroom. Jack commented in his interview that his experience started out well with a brief meeting with the teacher, but learned during their discussion that schedules were incompatible and he would only be able to attend during her social studies block. Following the initial visit, he stated he was genuinely concerned about his placement and his success there. Nancy had a little different situation. She was overwhelmed at the school, but felt welcomed by her teacher. She stated the teacher was open and nice. The teacher put her to work immediately, working with students. Nancy shared that her overall experience was good, but did not help her meet the requirements for the course in the manner she would have liked.

Another theme that emerged through the experiences of the six teacher candidates was the theme of flexibility. Susan spoke of her teacher's willingness to be flexible in order to meet her course requirements. This was discussed in her initial visit at the school. The candidate felt as though her needs were accommodated throughout the

experience. Her teacher rearranged her class schedule in order for the candidate to complete her clinical assignment. Janie commented in her final interview that her teacher "flipped" her schedule for her lesson needs. She said she learned a lot about patience and flexibility. Steve stated that his teacher made time for him and always made sure he had everything he needed to be successful. His comments alluded to the fact that his situation went smoothly throughout. He never had to change his time to teach and his teacher did not need to switch anything for him to be able to teach.

In the non-PDS experience, flexibility was not as obvious as in the previous three scenarios. Wayne began by saying he felt lost and out of place in the classroom. He commented in his journal that he learned of the "profound importance" that should be placed on teachers to be more flexible. He felt frustrated at the teacher's lack of communication, lack of flexibility, and not paying attention to what he was teaching. Jack shared that his teacher told him it would be difficult to achieve the clinical goals in her classroom. He was only able to be in the classroom during the teacher's social studies block. Instead of working with him to make adjustments, she told him he would have to make it work during social studies. Nancy was happy with her placement overall. However, she could only attend during her teacher's math block. The teacher tried to help her mesh the requirements with math, but the candidate found this to be difficult and lacked flexibility.

The third theme, perceived quality of experience, varied across the schools. Susan viewed her experience as amazing and phenomenal. She commented on the support she received, even when she stumbled. She felt that her time there was put to good use as she was incorporated into the classroom. She was given the opportunity to teach and

feedback was provided. Susan said she gained confidence in herself as a teacher through this experience. Janie shared that she had an overall positive experience in her classroom. She felt the situation was very beneficial to her as a teacher candidate. Her teacher helped with planning, resources, suggestions, and handouts for lessons. Not everything went as planned, but she said she would not change the "bumps" in the road because they made her stronger and more resilient. Steve loved his experience and said his experience helped him with classroom management. He gained confidence in his teaching and his teacher was there to make sure he had the things he needed. He stated he liked having the opportunity to teach lessons in a sequence, having one build on the other.

Candidates in the non-PDS school had some similar experiences, but some questioned the quality of the experience. Wayne felt out of place and disconnected. He stated he did not feel that his teacher wanted him in her classroom and she did not pay attention to his teaching. He also talked of no feedback on lesson plans or lessons. This led Wayne to question the quality of his instruction since he did not receive any feedback. Jack was concerned about his success after the initial visit. The teacher provided little feedback except that he would have trouble fulfilling his requirements in her classroom. He said his teacher provided positive feedback for his lesson plans, but never watched him teach. Thus, he did not receive actual teaching feedback from her. The cooperating teacher did shout at the children during one lesson, but according to Jack, she was not paying attention to the lesson and did not realize the noise level was appropriate for what he was doing. He was discouraged by this feedback. Nancy felt her experience was good, but it did not meet the needs for the course. While she had a positive experience, the quality as measured by clinical requirements was not evident.

The fourth theme seen through the data collected was teacher candidate growth. Susan stated that after this experience, she actually loved teaching literacy. Prior to this experience, she saw herself as a math teacher. Her confidence was boosted and she no longer feared teaching older students. This clinical was in a fifth grade classroom. She stated that she definitely gained confidence in herself as a teacher and she grew a lot. Janie shared that she learned a lot about the importance of planning. She stated this was a learning experience that taught her patience and flexibility as a teacher. Overall, she said she "learned a lot!" During her experience, Janie faced some roadblocks such as weather and scheduling along with lessons not going as planned. She reported she was grateful for these "bumps in the road" because they made her grow stronger as an educator. Steve only shared positive growth from his experience during his clinical. Classroom management was the main area in which he felt he grew. He said he gained confidence to teach and actually began to feel like a teacher.

Wayne reported a rather negative experience overall. He shared some positives that occurred, but the lessons he learned were tied to things he did not want to do as a teacher. He received very little feedback from his teacher and was frustrated throughout the semester. Wayne stated that he grew through the experience and some of his beliefs about teaching evolved but did not develop as a teacher in the manner he had hoped. Jack shared that his experience was overall a bad experience, but through it he found acceptance with the students. Since his teacher did not observe him teaching, she was only able to provide feedback on submitted lesson plans. He finished the semester very discouraged about that setting and was unsure of how his growth was viewed. Nancy had an overall great experience. She was just not able to complete the requirements as stated

in the syllabus. She felt as though she learned about differentiation in this class and improved in classroom management strategies. Nancy reported growth in teaching skills, but not in the subject area of the course.

<div align="center">Data Linked to Research Questions</div>

What shapes pre-service teacher candidates' clinical experiences when placed in two different types of settings: Professional Development School (PDS) and non-PDS?

The National Council for Accreditation of Teacher Education (NCATE) Blue Ribbon Report (2010) states that while poverty and family have great effect on student performance, research over time indicates that no in-school intervention has a greater impact on student learning than an effective teacher. Darling-Hammond (2010) stated there is considerable evidence that teacher education can be quite powerful and the influence of teacher expertise can be quite large (p. 39). According to the NCATE (NCATE, 2010), teacher education programs must look at preparation that is strongly grounded in clinical experiences while interweaving academic content in order to produce effective teachers for our nation's children. The shift must move from emphasis on academic preparation and "loosely linked" (p.8) clinical experiences. Learning to practice with expert guidance is essential for candidates becoming great teachers of students with a wide array of needs. Many teacher education programs make this possible through PDS partnerships (Darling-Hammond, 2010).

In this study, six students were placed in clinical experiences: three at a PDS site and the other three at a non-PDS site. Upon analyzing data and seeking themes through the analysis each candidate addressed four things throughout. Those four things were:

1. a feeling of acceptance as a preservice teacher learning skills from the classroom
   teacher

2. flexibility in meeting the requirement needs for each candidate,

3. the quality of the experience and

4. the growth each candidate felt as a result of the experience.

After analyzing the data, it was clear that the atmosphere in the PDS setting helped to

shape the clinical experience in a positive manner. Each candidate felt welcome from the

time they entered the building. None of the candidates felt as though they were burdens to

their teachers and they communicated the feeling that the teacher was there to support

their growth. This set the groundwork for positive interactions and for the feeling of

success.

Prior to this clinical coursework, I worked closely with the administration at the

school to help them begin to implement balanced literacy in their school. After meeting

with administrators and the literacy facilitator, we mapped out a plan to train the faculty

in the areas of balanced literacy. In conjunction with the literacy facilitator, we presented

training for the teachers. Through this experience, we were able to ensure the faculty was

in compliance with their district and they were teaching literacy components that were

being taught at the university. Training through the partnership provided continuity for all

stakeholders and enabled candidates to encounter familiar content and teaching methods.

The atmosphere in the non-PDS was different. Teacher candidates felt fine with

the school, but not as welcome in the classroom. Two of the three reported frustration and

lack of communication. The third candidate felt welcome in her setting, but was unhappy

that there was not flexibility to help her achieve her requirements. This experience shaped a more negative response from candidates.

Thus, data indicated the clinical experience in the PDS was shaped by a very accepting and welcoming environment in which each candidate felt accomplished. However, the experiences for the three candidates in the non-PDS was shaped by a less welcoming environment and at times, a feeling of inadequacy.

How does the professional community at the PDS site influence the clinical experience for pre-service teacher candidates?

According to Darling-Hammond (2010), in a PDS-University Partnership, school teams that include school site members and university faculty work together to provide support for one another. Classrooms are sites for clinical experiences and for student teaching. Through communication and working hand-in-hand, regular communication occurs and teachers are open to candidate needs. Pre-service candidates are able to learn in all parts of the school. NCATE (2010) states that teacher education programs must work in close partnership with school districts to redesign teacher preparation programs to better serve candidates and the students in classrooms. The PDS partnership serves to facilitate this bond between the university and the public school.

The PDS site the three candidates were in has had a longstanding relationship with the university. University faculty was at the site on a regular basis, delivering professional development and working with administration and facilitators to foster growth in identified areas. Through this relationship, teachers were eager to have students in their classrooms to teach and to assist. Teachers were in close contact with faculty and faculty reciprocated. Pre-service teacher candidates were always welcomed in the PDS.

The professional community consisting of the university and the school site influenced the pre-service teacher candidates in a positive and supportive manner. Communication was strong throughout the experience due to the relationship.

How are the experiences at each site similar and different?

The Blue Ribbon Panel examined a variety of clinical experiences and found that clinical preparation is often poorly defined and inadequately supported. In many cases, clinical practice remains the most ad hoc part of teacher education in many programs. They also report in some programs, a teacher candidate can spend time in a professional development school, teaching regularly with an expert teacher and mentor, providing support and feedback with consistency (NCATE, 2010).

Upon analyzing the similarities and differences between the experiences in this study, the aforementioned is clearly seen. For the three candidates at the PDS site, each reported an overwhelming feeling of welcome from the office to the administration, the teacher, the students, and in some cases, other teachers in the school. Each felt accepted and like they were part of the school and classroom. In the non-PDS, two candidates did not feel welcomed by their teachers. They both reported frustration and felt they were in the way rather than an integral part of the class. The third candidate felt welcomed into the classroom, but not accommodated by her teacher.

Again, each PDS candidate spoke of the flexibility they were afforded by their clinical teachers. Some teachers changed their schedules to accommodate the requirements and the schedules of the candidates. Teachers provided feedback and offered additional support as needed. In the non-PDS, teachers accepted the role of clinical teacher for the candidate, but two of the teachers did not observe the candidates

teach at all and the third candidate was unable to teach the content required for the clinical because she could only come to the school during the math block. No offer was made in either of the experiences to change the schedule or to accommodate the candidate. Feedback was provided for lessons prepared in two of the classes. The third received feedback as he was preparing to teach without time to make changes that were suggested. In class, we discussed the situations and attempted to problem solve with the non-PDS candidates. Suggestions and feedback were provided to each candidate to assist in improving each experience. Regardless of what they tried, their situations did not change greatly. Each non-PDS candidate commented on some positive occurrences before the clinical was completed, but each continued to respond that the experience was not the best overall for our class purpose.

The quality of the clinical experiences varied between the PDS and non-PDS schools. As previously stated, each candidate in the PDS had positive things to report. Each felt validated and important in the process of clinical teaching. They used comments such as:

- phenomenal,
- I can't wait to go back,
- felt like I was at home,
- let me lead the class
- experience was wonderful
- learned to be flexible and "roll with the punches"
- learned importance of differentiation
- helped with classroom management

- gained confidence to actually teach – felt like a teacher

The PDS candidates boasted of their experience throughout the semester. Each one was eager to return the following week.

In the data for the non-PDS candidates, quality of the experience was quite different than that from the PDS candidates. Wayne and Jack stated they were not observed by their classroom teachers so there was no feedback on their teaching ability. Wayne felt like he was a burden in the classroom rather than a help. He left unsure of how he performed. Jack was also frustrated because he did not receive feedback from his teacher. There was very little communication for either of these young men in their situations. Nancy reported some positives in her experience, but continued to comment that she was not able to have a quality experience because she was teaching during the scheduled math time.

Each pre-service candidate addressed growth as an educator. The PDS candidates provided positive comments and examples of their growth with comments such as:

- definitely gained confidence in myself

- great learning experience

- no longer fear older children

- boosted my confidence

- strengthened classroom management

- better with planning

The feedback from each PDS candidate was positive and strong when describing their growth. Each candidate left the experience feeling stronger and better prepared than with previous clinical experiences.

The non-PDS candidates all reported growth through their experiences. However, their growth was different from that in the PDS. Wayne stated that he learned some valuable lessons on the importance of teachers being flexible, open, and understanding. He did not feel he had this for his experience. Jack was discouraged during most of his experience. He learned to never underestimate himself in the classroom or underestimate the influence, whether positive or negative, of a clinical teacher. Nancy indicated she grew in classroom management and she gained confidence in working with students.

Summary

The case study participants consisted of six students who were juniors in an elementary education program at a university in a large urban city. They were enrolled in a reading, writing, and language arts course. Three participants were male; two African American and one Caucasian. The other three participants were female; two were Caucasian and the third was Asian. The findings through interviews, journal writing, and observations provided a picture of the clinical teacher candidates' perceptions of their experiences during clinical experiences.

After analyzing the data, four themes were evident in each clinical experience. The data provided clear evidence that the three candidates who were assigned to the PDS were satisfied with their placements and felt valued in the school and the classroom. All three reported positive occurrences in the classrooms. Even if they had uncertainties or if lessons did not go as planned, they still felt supported and felt as if they grew. All three began with positive comments and ended with positive comments. They communicated feelings of success and growth through the experience.

The data also provided clear evidence that the candidates placed in the non-PDS were not as satisfied with their experiences as their PDS classmates. Their comments indicated they did not feel supported in their placements and they did not feel their clinical needs were accommodated. All three were disappointed with the overall experience. They shared a few positives, but the overall experience was not. Several factors contributed to this:

- Jack made a positive first impression, but then missed a meeting with his teacher. He could only come during social studies and she had him integrate reading with the social studies. She also did not observe him when he taught.

- Wayne did not feel welcome from the start. He felt like a burden to his teacher and the two did not communicate well. The teacher even commented that she was busy and this was more than she thought it would be.

- Nancy was pleased with her relationships in her classroom, but she had a difficult time integrating reading into math. She tried, but never felt the lessons were well-implemented. She worked with small groups and did not receive feedback from her teacher and her teacher was not able to observe her as she taught.

Overall, the data shows a link between a positive and effective clinical placement in a PDS site as opposed to a non-PDS site. According to Darling-Hammond (2006), there is growing evidence of the power of clinical experiences in a PDS. She suggests that candidates who graduate from teacher preparation programs who partner with PDSs feel more knowledgeable and better prepared to teach. She further states "Many schools of education are moving toward preparing all of their prospective teachers in PDS settings both because they can more systematically prepare prospective teachers to learn

to teach in professional learning communities and because such work is a key to changing

schools so they become more productive environments for the learning of all students and

teachers" (p. 11).

Table: Data Collection

	Interview Length (approx. mins)		Interview # of Words		Pre Journal	Journal (Initial Visit)	Journal	Journal	Journal	Final Reflective Journal	Observation	Observation Extended Notes
	1st	Last	1st	Last	Feb 17	Mar 12	Mar 24	Mar 31	Mar 31	Apr 24		
						Number of Words						
Susan	25	30	1084	586	278	135	143	149	99	532	Mar 27 12:45 (30 mins)	Observation notes were recorded for each classroom visit. These were written into more legible notes following the formal observation. In addition to the formal observation, one other informal observation was conducted for each candidate. Notes were recorded for informal observations and then analyzed and added to observation data. Each clinical teacher was given the opportunity to provide additional comments to the researcher.
Jamie	34	30	1112	607	271	215	121	137	162	693	Mar 26 10:10 (30 mins)	
Steve	28	25	912	504	278	266	172	145	175	876	Mar 27 3:00 (30 mins)	
Wayne	23	20	717	347	219	88	73	68	145	107	Mar 25 3:00 (30 mins)	
Jack	30	28	1147	568	239	144	79	141	84	584	Apr 28 2:30 (30 mins)	
Nancy	25	22	922	579	277	281	264	267	152	844	Mar 31 9:00 (30 mins)	

CHAPTER 5: DISCUSSION AND IMPLICATIONS

Overview

Chapter five presents a summary of the study on teacher candidates' experiences with clinical teaching in reading instruction: a comparison between the professional development school environment and the non-professional development school environment. Conclusions are drawn from the data presented in Chapter four. This chapter provides a discussion of the implications based on the data and recommendations for future research in the area of clinical experiences for teacher candidates.

Pre-service clinical experiences for teacher candidates have been noted as the most powerful influence in teacher education programs (Mule, 2006; Guyton & McIntyre, 1990; Cruickshank & Armaline, 1986; Burant, T. J. & Kirby, D., 2001). Clinical experiences are intended to take place in collaborative, educational settings to provide teacher candidates with an understanding of the culture and values of school communities (The Pennsylvania Department of Education, 2008).

Research indicates that teacher education programs that partner with Professional Development Schools provide powerful sites for fostering candidate growth. Candidates are provided with opportunities that develop and strengthen skills in the classroom setting, creating authentic experiences (Mule, 2006; Teitel, 2003). The purpose of the professional development school is to foster student growth: the P-12 student as well as the university teacher candidate (Teitel, 2003). Professional development schools

function to create learning communities of practice to help bridge the gap between theory and actual classroom practice (Devries & Pieters, 2010; Teitel, 2003; Capraro, et al, 2010).

Strengthening teacher education programs is a critical factor in improving America's primary and secondary education. Improving the quality of teacher education is an enormous challenge (Crowe, 2011). Colleges of education are under continuous scrutiny to produce highly qualified teachers. A need exists to integrate courses and theory into clinical experiences to ensure proper preparation of teacher candidates in order to achieve highly qualified status (Darling-Hammond, 2006). One must not assume all clinical experiences provide quality interaction for teacher candidates. Requiring more clinical experiences is not necessarily better. Instead quality of the experience is the stronger factor (Capraro, et al., 2010).

Literature emphasizes the importance of the quality of clinical experiences (Gentry, 2008; O'Brian & et al., 2007). The goal of clinical experiences is to strengthen teacher candidates' education through active involvement in an authentic teaching setting (Gentry, 2012, 2008; Williams, n.d.). Clinical experiences are a necessary component for teacher preparation programs. These experiences should positively affect the knowledge and skills of pre-service teachers (Gentry, 2008).

This study was designed to examine teacher candidates' clinical teaching in reading instruction. This was accomplished through two varied types of experiences: a Professional Development School and a non-Professional Development School. The data gathered from the two settings help to inform practice in a teacher education program. The following questions guided this study:

1) What shapes pre-service teacher candidates' clinical experiences when placed in two different types of settings: Professional Development School (PDS) and non-PDS?

2) How does the professional community at the PDS site influence the clinical experience for pre-service teacher candidates?

3) How are the experiences at each site similar and different?

Chapter four discussed methodology used for this study. Six teacher candidates were included in the data collection: three were assigned to a Professional Development School and three were assigned to a non-Professional Development School. Interviews were conducted prior to the beginning of the clinical experience and again at the end of the experience. In addition, each candidate completed five journal entries. The journals were completed each week beginning with a pre-visit entry. I was able to formally observe each candidate one time followed by informal observations as opportunities were available. Data were coded and four major themes emerged. The themes were: acceptance at the school and in the classroom; flexibility of the clinical teacher working with each candidate; overall quality of the experience; and perceived teacher candidate growth. This chapter also tied the data collected to the research questions presented in chapter one.

Chapter five discusses the implications of the findings based on the data analysis in Chapter four. This chapter begins with a summary of the findings followed by the impact of the results of this study. I will also explore possibilities for future research.

Findings

The primary focus of this study was to examine teacher candidate clinical

experiences who were enrolled in a reading methods course. This study examined

candidate experiences with their reading methods clinical experiences in two different

settings. One group experienced a non-PDS placement while the other group completed

their experience in a Professional Development School placement.

When analyzing the data for this study, four central themes continued to surface.

Themes can be described as concepts that run through all or most of the pertinent data

gathered (Amos, 2015; Ely, et al., 1991). The themes that surfaced were acceptance,

flexibility, quality, and growth. These findings provided meaningful units for the data

collected (Hatch, 2002).

Acceptance

Acceptance was the first finding that emerged when analyzing data for this study.

Acceptance has been defined as the act of taking or receiving something offered. It is also

defined as favorable reception; approval; favor (Dictionary.com, 2016). The latter

meaning is evident in this study. Each candidate shared feelings of acceptance or not

through their data. All three candidates in the PDS shared feelings of acceptance. They

commented on feeling welcome from the time they entered the school until they left.

Their teachers embraced their requirements and ensured they were met. The teachers

introduced the candidates to staff and to students and integrated them into the classroom.

On the other hand, in the non-PDS, candidates shared mixed messages about acceptance.

Wayne felt like a burden throughout most of his experience. He experienced a few

glimmers of acceptance, but overall, felt like he was in the way. Jack felt welcome in the

beginning, with reservation. After missing a meeting with his clinical teacher, he never

felt totally welcome in the classroom again. He felt the children welcomed him and

accepted him, but not the clinical teacher. Nancy felt welcome by her teacher, but her teacher did not ensure her clinical needs were met. She also did not talk about her relationship with the students.

Flexibility

The theme of flexibility corresponded somewhat with the theme of acceptance. The candidates who felt the greatest acceptance also found the greatest amount of flexibility.

Flexibility is defined as susceptible of modification or adaptation; adaptable: willing or disposed to yield; pliable (Dictionary.com, 2016). For the purpose of this study, adaptable or willing to yield describes flexibility. In the PDS school, all three candidates reported their clinical teacher was flexible and adjusted their schedule as needed to meet the needs of the candidates. Each on ensured the candidates were able to meet the requirements for the course and they were able to meet the requirements during literacy, even if that meant the clinical teacher needed to change the schedule. The candidates worked with whole class and small group instruction during their experience and they all reported positive experiences. The three candidates in the non-PDS had very different experiences. Wayne only worked with a small group and he had little to no feedback or direction from his teacher. She told him she was too busy. Jack's clinical teacher could only have him teach during social studies and did not offer any adjustments to her schedule. She actually told him he would have a difficult time fulfilling his requirements. Nancy could only go to her clinical classroom during math. Her teacher did not offer to make adjustments and suggested she integrate literacy into math. She did not

offer support or suggestions to do this and left Nancy to find the way to accomplish the

requirements.

Quality

Quality of the clinical experience also emerged as a primary theme of this study.

The quality of the experiences varied as perceived by each candidate. Quality is defined

as an essential or distinctive characteristic; superiority; excellence (Dictionary.com,

2016). Again, the candidates in the PDS school reported a higher level of quality in their

experience than did the non-PDS candidates. The PDS candidates reported excellence

and used terms such as "awesome" and "a great learning experience". They reported a

high level of support from their clinical teachers which contributed to their perception of

high quality. The non-PDS candidates reported an overall lack of support for their needs

and for their requirements. They referred to their clinical as a learning experience, but did

not report it as positive. All three candidates in the non-PDS reported a lack of support

and a lack of feedback from their clinical teachers. They all discussed the fact that their

teachers did not observe them teaching and one did not give lesson plan feedback.

Growth

Growth in teaching was the fourth and final theme that emerged from the data

collected. Growth can be defined as: stage of development; or development from a

simpler to a more complex stage (Dictionary.com, 2016). Candidates in both settings

reported growth as educators, but the reported growth was different for each. Candidates

in the PDS reported strong growth in teaching. They each felt stronger in one or more

areas. Some of the areas they reported were: classroom management, planning, teaching

to whole group, and differentiation. They also reported a new feeling of strength in

teaching reading. The non-PDS candidates reported growth in the ways they do not want to be as a teacher. One did report growth in classroom management, but not in teaching reading. All three of the non-PDS candidates discussed a lack of feedback which contributed to their lack of confidence in their growth as related to the course.

<div align="center">Themes Related to Research Questions</div>

These themes aid in forming the response to the first research question: What shapes pre-service teacher candidates' clinical experiences when placed in two different types of settings? The same four themes were evident in all six candidate experiences although they were seen through different lenses.

The first finding was in the theme of acceptance. The candidates in the PDS placements communicated a strong sense of acceptance at the school and in the classroom. Each candidate referred to the flexibility found in their individual settings. Susan stated her teacher "rearranged her schedule to accommodate me." Another candidate stated she "learned the importance of flexibility" from her clinical teacher. She also made references to learning to "roll with the punches." Clinical teachers worked with them to accommodate their requirements and to ensure their needs were being met. The candidates used comments like "Best clinical experience ever!", "Phenomenal," Awesome!" when discussing the overall quality of the clinical experience. Janie reported an "overall positive experience." In addition, each candidate referred to growth as "Wonderful! I actually love teaching literacy now." Another stated she "initially feared fifth grade but my feelings have changed drastically!" Janie commented that she grew in the areas of classroom management and differentiation and learned many valuable lessons. Steve also talked about his growth in the area of classroom management and

stated he "actually felt like a teacher."

The candidates in the non-PDS also provided feedback related to the same themes, but they shared responses that were not as positive as the PDS candidates. Only one of these three candidates communicated a feeling of acceptance in her classroom. Nancy felt her teacher was glad to have her in the classroom and wanted her to be successful. The down side to this was Nancy was never really able to complete her literacy requirements in the manner they were intended. She struggled to complete the requirements. Wayne felt out of place and disconnected in his classroom. While this improved a little during the experience, he stated he did not feel his clinical teacher wanted him in the classroom. Jack stated he was very discouraged about being in his clinical classroom and he felt his teacher viewed the semester as negative. Neither of the three in the non PDS-school felt the clinical teacher was flexible in working with them and their assigned needs. They all shared negative comments surrounding the quality. Jack and Wayne both referred to their disappointment in the way their clinical experiences were handled throughout the weeks they were there. Both stated their clinical teachers were not the best to work with. Nancy felt she had a good experience and liked her teacher, but she was not able to fulfill all requirements while there.

Thus, in answer to the first research question, based on this study data, acceptance and flexibility were strong positive factors in the PDS, but not reported as strongly in the non-PDS. Overall quality and perceived growth for the PDS candidates was positive in their data sharing. The non-PDS candidates expressed disappointment in the quality of their experiences overall. They did report growth, but from the occurrences they perceived as negative. The contrast between the two settings was obvious and supports

the case for added partnerships between universities and clinical schools.

The second research question addresses the professional community at the PDS site and how the community influences pre-service teacher candidates. Again, the four themes are seen through the responses from the candidates. According to NCATE (2001), Professional Development Schools are characterized as learning environments that support teacher candidates and faculty development while working to better meet the needs of the P-12 students. Current literature suggests that pre-service teachers who are prepared at PDS sites experience more structured clinical experiences with more frequent and sustained supervision and feedback with more diverse, authentic learning experiences (Ridley, et al., 2005). Linda Darling-Hammond (2005) states that "PDSs promise to develop more effective teachers (p. 7)." The three candidates in the PDS clearly expressed their feelings of accomplishment and comfort in each of their settings. They shared ways the clinical teacher supported them and helped them be successful while completing requirements. All three of them also commented that others in the school were friendly and conversed with them when the opportunity presented itself. This included office staff, administrators, and other teachers in the hallway and on their grade level teams. Each candidate reported an overall positive experience and they felt supported by all stakeholders. Each one felt accepted in the classroom and in the school; felt the clinical teacher was flexible in meeting the requirements and supportive to ensure success; felt the overall experience was positive and accommodating to their needs; and all three reported growth as teachers in the classroom. The responses support the literature on the influence of the PDS for the pre-service teacher candidate. Wellman and Wold (2006) reported that new teachers trained in PDSs ae generally reported to be more

capable, well-prepared, and eager to face whatever challenges they find in the classroom.

The third research question asks for a comparison of the two types of sites. The question states: How are the experiences at each site similar and different? Again, this can be answered through the themes and responses from candidates. Susan, Janie, and Steve expressed a feeling of acceptance in all areas of their experiences. Relationships with the clinical teachers were positive and supportive. Each one commented on the acceptance in the office and with the children, as well as with other faculty members. In the non-PDS, Nancy felt welcomed and accepted by her clinical teacher, but her teaching needs were not accommodated. Jack and Wayne struggled with the relationships with their clinical teachers, never feeling fully accepted by them. None of these three reported relationships with others in the school, except Wayne. He made a reference to talking with a teacher he had observed previously.

The theme of flexibility was also different for the two school types. Each candidate in the PDS shared their teachers were willing to work with them and willing to make schedule changes as needed to fulfill the course requirements. Neither of the three PDS candidates worried about fulfilling the course requirements. Their teachers arranged their schedules so the candidates were able to teach their reading and writing lessons. On the other hand, the non-PDS candidates did not report flexibility from their clinical teachers. Nancy could only be at the school during math and rather than accommodating her reading requirements, the teacher suggested she integrate reading with math. However, the teacher did not offer suggestions for accomplishing this and asked her to do math activities with the children. Wayne was asked to work with a small group of children and was not provided feedback on lesson plans and was not offered any type of

assistance. Jack was able to be in the classroom during social studies. The teacher did not provide assistance for him nor did she observe as he worked with the children. Jack communicated that he wasn't sure she paid attention while he taught, but "yelled" at the children when she thought they were too loud.

Overall growth and quality of experience differed between the PDS and the non-PDS. As has been stated throughout, the PDS candidates reported positive experiences that helped them grow toward preparing to become teachers. Each talked about areas in which they grew, such as differentiation and classroom management, and they reported highly quality experiences while teaching reading and working with their clinical teachers. The teachers provided support, feedback, and materials to each of them and encouraged them along the way. In the non-PDS, Nancy reported that she grew in classroom management, but she clearly stated she did not feel strong growth in teaching reading and writing. Wayne and Jack felt alright about what they taught, although they stated they did not receive feedback and they did not feel like their clinical teachers observed as they taught. Both Wayne and Jack were ready for the experience to end.

Thus, there appeared to be a range in the overall experiences of the candidates. The PDS candidates reported positive involvement in all three cases. The professional community at the PDS was strong and teachers worked to ensure positive engagement with the candidates. The school as a whole maintained a close working relationship with the university which facilitated a positive and helpful experience. Professional development schools such as this are real schools which have been redesigned and restructured to support a complex mission. They are designed to provide a learning environment that supports candidate and faculty development within the context of

meeting the needs of all children (NCATE, 2001).

The non-PDS candidates did not report such positive experiences. They did not express any connection or support in their endeavors. Research has emphasized the importance of clinical experiences for pre-service teacher candidates (Fazio & Volante, 2011). There is a broad consensus among researchers that high-quality clinical experiences are vital to candidates and their success in learning to teach. However, the research base is inconclusive on the effectiveness of various experiences (McKinney, et al., 2008; Education Commission, 2003). Often, the clinical side of teacher education has been referred to as fairly haphazard, depending on the "idiosyncrasies of loosely selected placements" with little guidance about what happens in them and little connection to university work (Darling-Hammond, 2009, p. 11; Zeichner, 2010). This may provide a disconnect between the university campus and school-based clinical components of programs. A continuing problem in traditional college and university sponsored teacher preparation programs has been the lack of a connection that binds campus-based learning to field experiences. Research has clearly shown that field experiences are vital components for teacher learning and need to be treated as such. (Zeichner, 2010, 1996).

In this study, there is a clear divide of experience between the PDS and the non-PDS. Teacher candidates reported positive outcomes in the PDS. Janie spoke of "bumps in the road", but was grateful for them and still provided positive remarks about her experience. The non-PDS candidates reported negative feelings from their clinical teachers, lack of feedback, and difficulty teaching to the requirements for the reading course. Research states that PDS partners share in the responsibility for professionals and students. They work together for common goals and communicate about needs for P-12

students, teachers, and teacher candidates. Through the partnership, each participant

holds the other(s) accountable for maintaining high standards and for growth (NCATE,

2001; Teitel, 2003). This is evident through the PDS partnership school.

<div align="center">Implications for Practice</div>

This study presented data from pre-service teacher candidates placed in a PDS

and in a non-PDS. Once the data was collected and analyzed, a clear divide between the

two settings was evident. Based on the data, there is clear evidence that candidates in the

PDS partnership school had a more positive experience than their non-PDS counterparts.

This speaks to the importance of creating partnerships between P-12 schools and

university teacher preparation programs. Teacher preparation programs in the 21st century

must collaborate with P-12 school partners to ensure all stakeholders are equipped to

meet each other's needs (P21, n.d.; Trilling & Fadel, 2009; Wellman & Wold, 2006). In

the PDS, school-university partners work closely together to provide support for one

another to meet the needs of students, teachers, and teacher candidates. They work

together to build relationships and commitment to shared goals. Together, they develop

strategies and relationships to support their work and to become a part of each other's

community (NCATE. 2001; Doolittle, et al. 2008).

The primary purpose of this study was to compare the environments at the PDS

and the non-PDS, especially as they relate to reading instruction. The PDS was vested in

the needs of the university and course requirements. The university was involved with

reading and writing training at the PDS site. We had a shared vision and we worked to

accomplish strength in teaching reading and writing. In the non-PDS, a partnership had

not been established and the teachers were not vested in the teacher candidates or the

university focus and vision. This resulted in a lack of flexibility. The teachers allowed the students to be in their classrooms, but did not make the effort to support the teacher candidates in their course requirements.

The implication for teacher preparation programs and P-12 schools is partnerships provide the opportunity for authentic clinical experiences for teacher candidates that tend to be more effective than traditional clinicals. Through the partnership, the teachers, professors, and teacher candidates collaborate to secure a shared vision and shared goals. Working together creates a collaborative environment in which all participants benefit. Teacher preparation programs could benefit from developing partnerships with P-12 schools and working together for the benefit of all. Through the partnerships, criteria and assignments can be developed to meet the needs of the P-12 students as well as the needs of the teacher candidate. All stakeholders could benefit and the result could be positive for all.

Another implication for practice lies in the disposition of the participants. Each candidate in this study exhibited similar dispositions in their coursework and in their classroom interactions. Perhaps if there was a variety of dispositions represented, the results may have been different.

Implications for Research

This case study examined clinical teaching experiences in two different settings in an effort to compare the experiences especially as they related to reading instruction. The study focused on the experiences of each candidate through interviews, journals, and observations. There were only six participants in this study and we only examined reading instruction. Future research may involve more participants to gain a broader data

base and a stronger comparison. In addition, other areas of the program could benefit by being added to the study.

Reading instruction was the vehicle for this study. However, other components of balanced literacy would be important to add to a study with the university and the P-12 partner working together to ensure quality. Depending on the components to be taught and the grade levels to be involved, more than one partner school may be needed.

I would be interested in seeing schools of education develop several strong PDS partnerships with P-12 schools, perhaps each with a different focus. I feel it would be interesting to see the outcome if candidates are assigned to a variety of school types, each with a partnership that supports all stakeholders.

Additional research may be needed to select quality partnership schools with philosophies similar to that of the teacher preparation program. This would include preliminary meetings, observations, and discussions to ensure visions and missions match.

One other implication for future research lies with the clinical teachers. Additional research to examine their views of the clinical students could be valuable. Interviews with teachers in both settings would be interesting to analyze and could add a new perspective to the research.

Through this research, I have seen and experienced the value of a partnership with teachers, administrators, and teacher education faculty. Communicating values and needs is an important aspect that leads to success.

Concluding Remarks

Having been a teacher preparation faculty member for many years, I have known

that clinical experience placements can make a difference in what the teacher candidate learns and feels about teaching in the classroom. Over the years, I have seen many positive interactions and some that were not. The quality varies by the school and by the teacher. I have witnessed firsthand candidates who have been in partnership schools and have had positive experiences. If there was a problem with the placement, we could usually make changes. However, until completing this research and collecting the data, I never realized what a contrast there was between a partner school and a non-partner school. This suggests to me that teacher education faculty needs to take a stronger interest in where candidates are placed and ensure clear communication with the school. Authentic classroom experience is essential for teacher candidates to be successful and to maintain their desire to teach. The data for this study shows a true difference in the experiences found in the PDS partner school and the non-PDS school. The data provides strong support for teacher education programs to partner with the schools in which teacher candidates are placed. While this would not always guarantee positive and effective placements, data indicates the placements would be more thoughtful and connected to teacher education program needs as well as the needs of the students in the P-12 school.

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APPENDIX A: FIRST INTERVIEW PROTOCOL

Researcher's Introduction: *Thank you for agreeing to talk with me about your clinical experience that is linked to our class. This study is part of my dissertation with the Graduate School at UNC Charlotte. I'd like to ask you some questions about your clinical expectations for the semester. There are no right or wrong answers; I am just interested in finding out more about what you think. This interview should take 30 - 45 minutes. With your permission, I am going to tape record our conversation for accuracy. No one will hear the recording except me. After I transcribe our conversation, I will destroy the recording and your responses will remain confidential and anonymous. If at any point you would like to stop the recording, please tell me and we'll stop. Do you have any questions before we begin?*

Rapport Building Questions:

- Please tell me a little about yourself.

- Tell me about your personal and professional goals.

- Tell me about your reasons for choosing education as a career.

- What is your philosophy of education?

- What is your philosophy about reading and reading instruction?

Questions to address the research questions

1: What shapes pre-service teacher candidates' clinical experiences when placed in two

different types of settings: Professional Development School (PDS) and non-PDS?

2: How are the experiences at each site similar and different?

- Tell me about your previous experiences with clinicals.

- What are the types of schools in which you have completed clinicals?

- Tell me what you remember about your previous clinicals.

    o Relationship/Interaction with teacher?

    o Relationship/Interaction with students?

    o Relationship/Interaction with others in the school

- o Tell me about your activities at each school.
- Talk about things you have done in your previous clinicals.
- Tell me about your involvement with reading and literacy teaching experiences in previous clinicals.
- What value to your learning as a teacher candidate do you believe you gain from participating in clinical experiences?

Possible Follow-up Questions:

- Tell me more about that.
- Can you give some examples?
- Why do you feel / think that?
- What might a typical reading or writing lesson look like in your classroom?
- Can you tell me more about that?
- Why do you think so?

Concluding Question:

- Is there anything else you would like to share with me?

Thank you for participating in this interview. As we move forward in the semester, there will be another interview at the mid-point and then again at the end of the semester.

Second (Final) Interview

Thank you again for agreeing to talk with me about your clinical experience. I have a few questions to ask regarding tour clinical experience for our class.

Questions to address the research questions:

1: What shapes pre-service teacher candidates' clinical experiences when placed in two different types of settings: Professional Development School (PDS) and non-PDS?

2: How are the experiences at each site similar and different?

- Tell me about the first visit to your clinical classroom. What do you remember about the first meeting with the teacher? The first meeting with the students?

- Talk about how you were "welcomed" into the classroom. How were you accommodated in the classroom?

- What did you observe in the classroom that was discussed in our class? Language arts related? Writing related? Reading related?

- Describe how you completed requirements during your clinical experience.

- How simple/difficult was it for you to complete your requirements? Please elaborate.

- Overall, how do you feel you have grown or changed as a teacher candidate as a result of this clinical experience?

Possible Follow-up Questions:

- Tell me more about that

- Can you give some examples?

- Why do you feel/think that?

- What might a typical reading or writing lesson look like in your classroom?

- Can you tell me more about that?

- Why do you think so?

Concluding Question:

- Is there anything you would like to share with me?

Thank you for participating in this interview.

APPENDIX B: OBSERVATION PROTOCOL

Teacher Candidate _____   Date_____

Other adults present (position titles only)_____

Class/ Subject_____   Grade_____

Site of Observation_____

Observation start time_____   End time_____

Grouping of Students_____whole group _____small group _____individual

Other _____

_____

Objective(s): How will the teacher candidate interact with others during the observation?
_____

_____

Time	Observation Notes	Researcher Notes
	.	.

The protocol for Observations 2 and 3 will be developed based on observation 1 in conjunction with interview responses and journal entries.

APPENDIX C: INITIAL JOURNAL PROMPTS

1st prompt — What are your expectations for your clinical experience for this class?

Academically? Socially?

2nd prompt — Describe your initial visit to your clinical placement classroom. What was your initial impression?

3rd prompt — Talk about your experience thus far in the classroom. Have you been integrated into the classroom? Do the children respond to you? Have you worked with a small group or an individual?

4th prompt — Discuss the classroom environment and the school environment. Do you feel welcome in the classroom? What about in the school? Do you have interaction with anyone in the school outside of your classroom?

After reading responses for each week, subsequent prompts will reflect prior journal responses, observations, and interview responses.