ELEMENTARY PROGRAM AREA MEETING
February 28, 2018
10:30 A.M. - 12:00 Noon
Room 255
NOTES

PRESENT: Mary Waker, Min Yu, Elsie Babcock, Jim Brown, Lynn Morgan-Bernard, Kate Roberts, Cassie Tacket, Bev Schneider, Jenny Lewis, Michele Kaseta, Christina DiNicolo, Tom Pedroni, Leah Van Belle, Sandy Yarema

10:30 **Review** January 2018 Meeting notes

MARY WAKER- C & I Application for *elementary* Ed specialist

- C & I Ed Specialist Elementary- Do we need doctoral application for specialist?
  - Specialist may not be interested in research (Jim)
  - Students may want additional endorsement as a specialist rather than a second masters, some are testing the waters for a doctoral program
- Are transcripts & personal statement enough to send to program director to make decision?
- Leans toward math/science go those directors, ambiguous go to Kate
- Ed Camp will be on May 5

COURSE BLOCKING

A. Organize Courses in the Course Block Document (Beginning, Middle and End)
Collaborate/decide on clinical experiences in Block 1: Refer to the Data Collection Points Chart

- **Considerations**:

1. Handouts:
   a. Embedded Progression of Assessments (Blue -from Elizabeth)
      i. Courses listed are mutually exclusive by program, students take one of the courses on the list
      ii. Special Ed. & Early childhood take both TED 5780 and TED5790 in different settings
   b. Secondary Blocking of Courses,
   c. Suggested List of common courses for **Elementary** Blocking (Not all of these are data collection points)
      i. Clarify NAMES of numbered courses for reference
      ii. Is anything missing from Block 1?
         1. Jim is adding 2 courses for Art students in the block that do not appear:
            a. Block 1 AED5650 and Block 2 AED 5150
      iii. Students must take some classes in the progression as listed- Mandating which courses are level 1.
         1. These are meant to be foundational, must be taken before they take methods courses
         2. We need to be less concerned with providing what students need "in the moment"; structure will help students more
      iv. Are there courses available that could be used to fill-in by students?
         1. Students do this randomly now, can we make it systematic?
         2. These would need to be from their major/minor concentration
      v. What do we need to do to make the sequence appropriate for learning?
         1. Make a set schedule for full & part-time students
            a. Stack & Block classes for student needs- consider teaching on Fridays
               i. Do more data gathering on what students need
               ii. Can we do a survey of students-needs assessment
                  1. Email question suggestions to Jenny

ELEMENTARY PROGRAM AREA MEETING
February 28, 2018
10:30 A.M. - 12:00 Noon
Room 255

2. Simple: Day or Evening Courses, which day/s?
iii. Ask advising for their actual data- Karin may have this data, Cassie doesn't know how recent
vi. Which courses will have clinical component?

2. SED 5010 if that course is part of Block 1- the **SED program area** recognizes that SED 5010 is a service course that initial cert students take and they have submitted a clinical proposal as a launching pad into a deeper conversation. (EC-H)"
3. **Identify needs** to ensure clinical experiences are in place in FALL 2018 (beginning, middle and end- observation; one on one; small group; and large group)
    a. **SED 5010-Inclusive** Teaching proposal for clinical
        i. Taken by Sp. Ed. majors & gen ed, adding a credit hour
        ii. Theo & Susan want this course to be in a gen. ed. class
        iii. Site observation analysis could be narrowed to answer from the perspective of a specific child
            1. Michele said there is a "portraiture" assignment in SED5010
        iv. Could be a good place to include a "child study" assignment, Jenny doesn't agree this is the best place for an intense study assignment, but needs to happen early- our focus is on teaching but needs to shift to focus on children- how they learn
    b. Case Study is incorporated into BBE 5000- but is more a self-study, laying the framework, but where is the "***child study***"?
    c. TED2250 has hours in a school, does a rich community study, could include rich description of child
        i. Not everybody takes this, what could be alternative
        ii. We could ask if this could be included in EDP
    d. Leah- "I Wonder" framework- teach kids, not content. Relationships are the heart of teaching.
    e. Systematically determine the observation skills we want our students to have, and then focus on specific assignments for different courses as a vehicle for developing them
        i. Move away from "deficit lens" when describing individual traits> Asset & resource lens (Crowley, Carini article)
        ii. Describe all actors first, interpret later
        iii. Looking at the full network (child, teacher, environment, family, curriculum, language, culture, etc.)
        iv. There is a potential for negative skew to observations to damage relationships with our mentor placements, we need to also engage the mentor teachers in how to develop a positive view
        v. What does it mean to make a child visible? Why do we do it?
        vi. Case Study in literacy course was linked to assessment as taught with Dream Keepers
            1. These teachers had a clinical placement
            2. Remember that this course has a necessary focus on details for assessing literacy, more than just socio-cultural observation
        vii. We need to have a clinical placement aligned with Every semester- for all blocks

Issue with sequence: Transfer students, not all students may take courses

Clinical		
Beginning	Middle	End
Sequence 1. BBE 5000 2. SED 5010 3. TED 2250 40- has community	Case Study- 1st semester: ELE 6310 (literacy course) 2nd Semester ELE 6600 (Soc. St.)	TED 5780 TED 5790

ELEMENTARY PROGRAM AREA MEETING
February 28, 2018
10:30 A.M. - 12:00 Noon
Room 255

- Suggestion: We all read Crowley article, and choose one case study assignment
  - We need to look at elements of this assignment so that objectives and goals are institutionalized across course sequence
  - Include into syllabus "boiler-plate" for the courses that have clinical experiences
- Could we design a clinical "Orientation" for each block
  - Kate is nominating Tom to contribute to this because he doesn't have a content area, he is better able to look at general skills and dispositions that we want our students to develop

Reference: Several "bullet points from the CAEP Handbook, Standard 2; the link to the entire handbook is provided as well" EC-H):

- *To examine clinical experiences, providers should ensure that these experiences are deliberate, purposeful, sequential, and assessed using performance-based protocols.*
- *To examine clinical experiences, component 2.3 is asking the provider to consider the relationship between the outcomes and the attributes of the clinical experiences. The question is as follows: What is it about the experiences (that is, depth, breadth, diversity, coherence, and duration) that can be associated with the observed outcomes?*
- *Description of clinical experience goals and operational design along with documentation that clinical experiences are being implemented as described; scope and sequence matrix that charts depth, breath and diversity of clinical experiences; chart of candidate experiences in diverse settings; monitoring of candidate progression and counseling actions; application of technology to enhance instruction; and P-12 learning for all students*

http://caepnet.org/~/media/CAEP%20Accreditation%20Handbook_March%202016.pdf?la=en
CAEP ACCREDITATION HANDBOOK

B. Continue collegial conversation focused on students entering level 2 -
   - Suggestion that text selected has that Student/Community focus discussed to make the connection to our mission
   - Teaching & Learning Connection with Kaplan; Will fit needs of DPSCD for PD for teachers & intern candidates to address classroom climate (MDE);
   - Choice of book- Emdin, Critical Pedagogy?
     - *Chalkbeat* author is Min's neighbor
     - The Source Bookstore- Community, Afro-centered focus

11:55 Next Steps-

- Focus on Technology, require PT Faculty attend at least 1 TED forum
- Students are reporting that Technology class is not providing a sense of *How to use* Technology, in a pedagogical frame.
- Highlight the parts of a syllabus that are non-negotiable for adjuncts
- Ask that TED/Program Coordinators focus on one of these "global" concerns at each of the upcoming meetings

Secondary Education Panel Meeting
October 25, 2017
10:30 – 12:00

Minutes

Attending: Chris Crowley, Elizabeth Corah-Hopkins, Gina DeBlase, Tom Edwards, Barrie Frankel, Jazlin Ebenezer, Sandra Gonzalez, Chavon Jameel, Lori Lucas, Asli Ozgun-Koca, Kurt Troutman

Edwards: TED Forum meeting agenda item: MDE is no longer requiring secondary minor to go with the major for their program area. Without the minor some would still have a 120 credit hour to meet degree requirements and some would be shy of it. As a secondary program do we want (Science, Math, BBE) to eliminate the minor all together.

Ebenezer: integrating clinical experiences into coursework; sequencing of courses (Keep in mind PT or FT students); technology and diversity in the classroom; and how do we translate this into CAEP and quality assurance. CAEP: They are looking at two levels. One level is how are our candidates learning, how effective are they. The second level is the student level, after graduation how are they impacting their students. Breadth and depth of understanding and what do we really do this during clinical experiences. CCSS standards and InTASC Standards: how are we accomplish this.

Elizabeth: Chart on Board (Elementary panel thoughts – clinical experience) Clinical experience should be interwoven to the beginning of the students' program (UG, Post-bach, MAT), middle and then end of the program. The clinical experience should change throughout the program. Start with a script and then across time for executing and mentoring for the remainder of their clinical experience. What would be appropriate at the secondary level?

Ebenezer: She has taught at both levels and find that secondary pre-student teachers are more mature so do we need to have observation during the period (planning but not planning and implementing).

Barrie: Active observation vs. passive observation
Edwards: Reflection should be at all three phases

Clinical Experience
Beginning, middle and end (see chart on board)

Active observation in the beginning (not passive)

Tom Edwards - Reflection belongs all the way across (beginning, middle, end). Instructor will need to model what reflection looks like. For example, talking in the beginning of class about what happened in the prior class. How did it go? What decisions did he or she make? Can't expect beginning education teachers to know what reflection is.

Good teacher always observes and reflects

Jazlin – active observation, active reflection. CAEP is looking for quality. We need to look at observation and reflection in an in-depth level.

Sandra – scaffolding and modeling thinking so that the quality of observation and reflection is enhanced. BBE 5000 allows teachers to reflect

Gina – rubric for teachers to follow in terms of the components of the kinds/quality of observation and reflection they should be doing. Maybe this is something they work toward being able to do by the end. How are the beginning, middle, and end observations and reflections qualitative different?

Jazlin - Give evidence and explanation for reflection.

Chris- RLL 6121 maybe a good fit as the beginning course because of the work they do in that class.

What about the middle and end?

Elizabeth – How do we define a clinical experience? It's not a field experience in courses.

Chavon – Students work in observing and reflecting could be part of portfolio so that they see their level of growth.

TED 6020 Computer Applications

Chavon – what about a clinical experience/lab in every methods course? What would it take to get to that place? Is this what we are working toward?

Elizabeth - Would it make sense to talk about a middle piece and then move back and forth between beginning and end?

One of the methods courses has already been chosen as a data collection point for the lesson plan; specific to each area.

Tom - Why would we not want a clinical experience to be part of both methods courses that students take in their program areas?

Chavon - A general clinical experience for all secondary students sometime in the middle.

Asli – what constitutes a clinical experience? A field experience that gets progressively more robust. Active engagement.

Kurt – could have a co-req clinical lab component with most courses.

Elizabeth - It takes time to implement new and different and we are under the clock for collecting data

Asli – in math methods they interview a student solving a mathematical problem and analyze student's thinking. Does that count as a clinical experience? Even if they're not in the classroom? General sense is yes, it does.

Barrie – after-school tutoring experiences;
Gina – for example High Five Literacy Program

Tom – medical model; most powerful part is case conference; they interview individual cases and med students have a discussion. We could replicate that.

Asli – we need a rubric flexible enough to cover all kinds of clinical experiences.
Barry– use Level 1, 2, 3?

We have a wide perimeter in terms of # hours in the classroom we require. State's focus is on depth and breadth

Chavon - Shift pre-student teaching to a middle experience. This would be a lab component to a course(s). If you were a student, what would benefit you most in becoming an effective educator?

Barrie– Instructional coaches move with pre-student and student teachers. Some coaches would need to be in touch with methods instructors to work on the lab component. Not all instructional coaches are tied to a specific content area.

Elizabeth - Need to have the middle data collection in place.

Where across the secondary program should there be a middle clinical experience?

Barrie – the non-traditional classroom setting (e.g., GoGirls) has not prepared students for the student teaching experience.

Asli – without a rubric, we cannot decide what to put (assignments) in what classes. We need to define clinical experience and come up with a rubric.

Chavon – the chart on the board is the beginning of the rubric.

Tom – clinical experience doesn't need to be in a school setting.
Chavon – any clinical experience should involve standing in front of a group to implement a learning strategy

Elizabeth – suggests we come up with next steps and how they will be tackled. We need to jump into the water sooner rather than later. We need a plan to determine a middle data collection point for clinical experience and begin to stitch beginning, middle, end together. Perhaps we need a formal definition of the clinical experience.
Need to stack data collection points under the definition. Then, how does the deepened experience happen across time?

1. Definition of clinical experience; what does it look like for our students – due Nov. 8
2. data collection points for beginning, middle, end
3. assessments
4. rubrics
5. based on 1-4 we need to develop sequencing of courses and full and part time cohorts

We need to start collecting data asap; winter 2018 semester. We need to show 3 cycles of data collection.

Next meeting is November 28 or 29 (coincide with TED meeting) at 10:30 a.m.