

## NCTQ's Clinical Practice Framework

### Crosswalk with Expectations for Accreditation (CAEP and AAQEP)

#### Summary

O = no coverage, ◐ = partial coverage, ● = full coverage	CAEP	AAQEP
<b>Focus Area 1: Strong district-prep program partnerships</b>	◐	◐
Governance Structure	✓	X
Shared and independent goals	✓	✓
Frequent check-ins	X	X
<b>Focus Area 2: Student teacher-cooperating teacher matches</b>	◐	○
Instructionally effective cooperating teachers	✓	X
Teacher selection and recruitment process	✓	X
Stipends for cooperating teachers	X	X
Stipends for student teachers	X	X
Support for student teachers of color	X	X
<b>Focus Area 3: Cooperating teacher and program supervisor training</b>	●	○
Training for cooperating teachers and program supervisors on how to effectively mentor adults and give feedback	✓	X
Calibrating on observation instrument	✓	X
Clear expectations for program supervisors	✓	X

O = no coverage, ◐ = partial coverage, ● = full coverage	CAEP	AAQEP
<b>Focus Area 4: Student teacher placement sites</b>	◐	◐
Identification of placement sites, considering future hiring needs	X	✓
Alignment with future teaching position	X	X
School and class characteristics	X	X
Range of settings	✓	✓
<b>Focus Area 5: Student teacher skill development</b>	◐	◐
Field experiences that increase in difficulty and specialization, culminating in full-time student teaching, and are accompanied by frequent feedback	✓	X
Grade-level work and high quality curricula	X	X
Frequent observations with strong observation instruments	X	X
Clearly defined learning outcomes for student teachers	✓	✓
<b>Focus Area 6: Data and outcomes</b>	●	●
Feedback from student teachers	✓	✓
Feedback from cooperating teachers and placement schools	✓	✓
Hiring metrics	✓	✓
Classroom performance metrics	✓	✓
Future learning	X	X

## Focus Area 1: Strong District-Prep Program Partnerships

### Relevant standards

CAEP	AAQEP
<p><b>Component R2.1 Partnerships for Clinical Preparation:</b> “Partners co-construct mutually beneficial P-12 school and community arrangements for clinical preparation and share responsibility for continuous improvement of candidate preparation.”</p>	<p><b>Standard 3: Quality Program Practices</b> lists effective program practices, including “dynamic, mutually beneficial partnerships with stakeholders.”</p> <p><b>Aspect 3(b):</b> “Develops and implements quality clinical experiences, where appropriate, in the context of documented and effective partnerships with P-12 schools and districts.”</p> <p><b>Aspect 4(a):</b> “Engages with local partners and stakeholders to support high-need schools and participates in efforts to reduce disparities in educational outcomes.”</p>

### Evidence required related to this focus area:

CAEP	AAQEP
<p>The provider presents evidence that a collaborative process is in place with P-12 partners. It is reviewed periodically and involves activities such as:</p> <ul style="list-style-type: none"> <li>• Collaborative development, review, or revision of instruments and evaluations</li> <li>• Collaborative development, review, or revision of the structure and content of the clinical activities</li> <li>• Mutual involvement in ongoing decision-making about partnership structure and operations</li> <li>• Agreed upon provisions to ensure diversity of clinical settings</li> <li>• Creation of opportunities for candidates to work with diverse P-12 students who have differing needs</li> </ul> <p>The EPP provides evidence that the P-12 schools and EPPs have both benefited from the partnership.</p> <p>Possible evidence can include:</p>	<p>An explanation of the provider’s partnerships, a list and description of partnerships, and a description of the clinical experiences that result from and are embedded in those partnerships</p> <p>Perspectives from P-12 partners on topics such as:</p> <ul style="list-style-type: none"> <li>• Early field clinical performance ratings.</li> <li>• Final internship or clinical practice placement performance ratings</li> <li>• Performance assessments</li> <li>• Portfolios or teacher work samples</li> </ul> <p>The Quality Review Team that conducts AAQEP’s site visits conducts interviews with P-12 partners/administrators of schools that host clinical placements.</p>

<ul style="list-style-type: none"> <li>• Documentation of collaboration (meeting decisions, agenda topics)</li> <li>• MOUs</li> <li>• Advisory Boards</li> </ul>	
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## Focus Area 2: Student Teacher-Cooperating Teacher Matches

### Relevant standards

CAEP	AAQEP
<p><b>Component R2.2 Clinical Educators:</b>  “Partners <u>co-select</u>, prepare, evaluate, and support high-quality clinical educators, both provider- and school-based, who demonstrate a positive impact on candidates’ development and diverse P-12 student learning and development. “</p>	<p>There are no references to cooperating/ clinical/mentor teachers in the AAQEP standards.</p>

### Evidence required related to this focus area:

CAEP	AAQEP
<p>Possible sources of evidence:</p> <ul style="list-style-type: none"> <li>• Criteria for serving as a clinical educator</li> <li>• Job descriptions and expectations for clinical educators</li> </ul>	<p>There are no references to evidence related to student teacher-cooperating teacher matches in the AAQEP accreditation guide.</p> <p>AAQEP requires providers to complete a program quality monitoring process that may include auditing records of a sample of recent completers, including the qualifications of those who worked with them as mentors or supervisors in the field.</p>

## Focus Area 3: Cooperating teacher and program supervisor training

### Relevant standards

CAEP	AAQEP
<p><b>Component R2.2 Clinical Educators:</b>            “Partners co-select, <u>prepare</u>, evaluate, and <u>support</u> high-quality clinical educators, both provider- and school-based, who demonstrate a positive impact on candidates’ development and diverse P-12 student learning and development.”</p>	<p>There are no references to training for cooperating/clinical/mentor teachers or university/program supervisors in the AAQEP standards.</p>

### Evidence required related to this focus area:

CAEP	AAQEP
<p>Evidence documents that clinical educators have the opportunity to receive feedback on their experiences.</p> <p>Evidence documents that the EPP and its P-12 partners participate in the design and delivery of training for clinical educators.</p> <ul style="list-style-type: none"> <li>● Examples of training might include:               <ul style="list-style-type: none"> <li>○ Understanding the roles and responsibilities of clinical educators and of the clinical curriculum</li> <li>○ Use of evaluation instruments, evaluating professional dispositions of candidates,</li> <li>○ Setting specific goals/objectives of the clinical experiences, and</li> <li>○ Providing feedback</li> </ul> </li> </ul> <p>Possible sources of evidence:</p> <ul style="list-style-type: none"> <li>● MOUs</li> <li>● Process documents and training materials for clinical educators</li> <li>● Feedback tools for clinical educators</li> </ul>	<p>There are no references to evidence related to training for cooperating/clinical/mentor teachers or university/program supervisors in the AAQEP accreditation guide.</p>

<ul style="list-style-type: none"> <li>• Criteria for serving as a clinical educator</li> <li>• Job descriptions and expectations for clinical educators</li> <li>• Meeting decisions/active discussions for partnership</li> </ul>	
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## Focus Area 4: Student teacher placement sites

### Relevant standards

CAEP	AAQEP
<p><b>Component R2.3 Clinical Experiences</b> sets expectations related to the program’s responsibility to provide candidates opportunities for clinical experiences of sufficient depth, breadth, diversity, coherence, duration, and modality (e.g., virtual, hybrid, face to face).</p>	<p><b>Aspect 2b</b> sets expectations related to candidates’ engaging in culturally responsive, relevant, sustaining practice in field and clinical placement and learning strategies and practices that will allow them to do so independently and in a variety of cultural and socioeconomic contexts.</p> <p>In its discussion of <b>Aspect 4b</b>, the AAQEP accreditation guide references expectations related to the program working with local partners to “address state and local workforce needs, particularly shortage areas and hard-to-staff schools and positions.”</p>

### Evidence required related to this focus area:

CAEP	AAQEP
<p>Evidence documents that all candidates have active clinical experiences in diverse settings and experiences with diverse P-12 students (which may be in the same or different schools).</p> <p>Evidence documents a sequence of clinical experiences with specific goals that are focused, purposeful, and varied.</p> <p>Attributes (depth, breadth, diversity, coherence, and duration) are linked to</p>	<p><b>Standard 1: Candidate/Completer Performance</b> requires direct measures and evidence of performance in a field/clinical setting appropriate to the program. (AAQEP defines direct measures as measures that “involve observing (or reviewing recordings of) candidate performance in the role for which they are being prepared.”)</p>

<p>student outcomes and candidate performance.</p> <p>Possible sources of evidence:</p> <ul style="list-style-type: none"> <li>● Scope and sequence chart/graphic of clinical experiences</li> <li>● Tracking system of placements/experiences</li> <li>● Portfolio of clinical experiences</li> <li>● Agreed upon provisions in partnership agreements to ensure diversity of clinical settings.</li> </ul>	
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### Focus Area 5: Student teacher skill development

#### Relevant standards

CAEP	AAQEP
<p><b>Component R1.1 The Learner and Learning</b> sets expectations related to candidates' application of knowledge related to the learner and learning at increasing levels of complexity without explicitly referencing clinical practice.</p> <p><b>Component R1.2 Content</b> similarly sets expectations related to candidates' application of content knowledge at increasing levels of complexity without explicitly referencing clinical practice.</p> <p><b>Component R1.3 Instructional Practice</b> sets expectations related to candidates' application of knowledge related to instructional practice at increasing levels of complexity. Evidence connected to clinical practice is noted below.</p> <p><b>Component R2.3 Clinical Experiences</b> sets expectations related to candidates' successful ability to assess impact on student learning using a variety of assessment approaches in more than one clinical setting.</p>	<p><b>Standard 1: Candidate/Completer Performance</b> and its underlying indicators set expectations related to candidates' exhibition of knowledge, skills, and abilities of professional educators along the dimensions of content, learners, culturally responsive practice, assessment of and for student learning, creation and development of positive learning and work environments, and dispositions and behaviors required for successful professional practice.</p>

Evidence required related to this focus area:

CAEP	AAQEP
<p>Evidence demonstrates candidates have developed proficiencies to apply their content and pedagogical knowledge effectively in instruction and other interactions with diverse P-12 students.</p> <p>Evidence shows that candidates have purposefully assessed impact on student learning using both formative and summative assessments in more than one clinical setting (which may be in the same or different schools) and have:</p> <ul style="list-style-type: none"> <li>● Used comparison points or other means to interpret findings</li> <li>● Used the impact data to guide instructional decision-making</li> <li>● Modified instruction based on impact data, and have differentiated instruction</li> </ul> <p>Possible sources of evidences:</p> <ul style="list-style-type: none"> <li>● Assignments or tasks from clinical experiences</li> <li>● Observational measures</li> </ul>	<p>Evidence of Standard 1 must include direct measures of candidate or completer performance in the culminating clinical experience (as appropriate to the program).</p> <p>Evidence for Standard 1 must include multiple measures that provide multiple perspectives on candidate and completer knowledge and ability, including direct performance measures, at least some of which must be associated with actual practice in field or clinical settings. Evidence must include ratings or evaluation by:</p> <ul style="list-style-type: none"> <li>● Program faculty</li> <li>● P-12 partners</li> <li>● Program completers</li> <li>● Completers' employers</li> </ul>



## Focus Area 6: Data and outcomes

### Relevant standards

CAEP	AAQEP
<p><b>Component R4.1 Completer Effectiveness:</b> “The provider demonstrates that program completers: effectively contribute to P-12 student-learning growth AND apply in P-12 classrooms the professional knowledge, skills, and dispositions that the preparation experiences were designed to achieve.”</p> <p><b>Component R4.2 Satisfaction of Employers:</b> “The provider demonstrates employers are satisfied with the completers’ preparation for their assigned responsibilities in working with diverse P-12 students and their families.”</p> <p><b>Component R4.3 Satisfaction of Completers:</b> “The provider demonstrates program completers perceive their preparation as relevant to the responsibilities they encounter on the job, and their preparation was effective.”</p> <p><b>Component R5.3 Stakeholder Involvement:</b> “The provider includes relevant internal (e.g., EPP administrators, faculty, staff, candidates) and external (e.g., alumni, practitioners, school and community partners, employers) stakeholders in program design, evaluation, and continuous improvement processes.”</p>	<p><b>Indicator 3c:</b> “Engages multiple stakeholders, including completers, local educators, schools, and districts, in data collection, analysis, planning, improvement, and innovation.”</p> <p><b>Indicator 3d:</b> “Enacts admission and monitoring processes linked to candidate success as part of a quality assurance system aligned to state requirements and professional standards.”</p> <p><b>Indicator 3e:</b> “Engages in continuous improvement of programs and program components, and investigates opportunities for innovation, through an effective quality assurance system.”</p> <p><b>Indicator 4d:</b> “Investigates available and trustworthy evidence regarding completer placement, effectiveness, and retention in the profession and uses that information to improve programs.”</p>

### Evidence required related to this focus area:

CAEP	AAQEP
<p>Disaggregated data by preparation program, race/ethnicity, and other demographic items show no or few disparities OR disparities are identified and explained, including steps to remedy them.</p> <p>Rationale/methodology for selection of impact measures used.</p>	<p>A description of stakeholder engagement and a summary of its results or outcomes.</p> <p>Documentation of program’s processes for monitoring candidate progress and efforts to analyze data to affirm or refine those processes.</p> <p>Evidence of the program’s ability to manage</p>

<p>Evidence should include three cycles of data and subsequent analyses of the assessment results.</p> <p>Evidence identifies examples of input from stakeholders and uses of that input.</p> <p>Evidence that stakeholder groups include members with a variety of roles and responsibilities.</p> <p>Possible sources of evidence:</p> <ul style="list-style-type: none"> <li>● State-level data of student performance (e.g., student growth measures, value-add measures)</li> <li>● Performance portfolios</li> <li>● State-level data of teacher performance (e.g., teacher evaluations)</li> <li>● Focus groups/interviews <ul style="list-style-type: none"> <li>○ Completers</li> <li>○ P-12 students</li> <li>○ Observers</li> </ul> </li> <li>● Observations of completers</li> <li>● Employer satisfaction surveys</li> <li>● Focus groups or interviews with detailed methodology</li> <li>● Employer satisfaction case study</li> <li>● Completer/alumni satisfaction surveys</li> <li>● State proprietary measure (administered by state entities)</li> </ul>	<p>an effective quality assurance system.</p> <p>State-provided data on program completers' place of employment, survey responses, performance evaluations (e.g., principal ratings), and students' test results can inform providers' quality assurance efforts.</p> <p>In instances where state authorities make no such information available to programs, providers are encouraged to report such data as can be feasibly gathered regarding completer placement and retention</p>
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