

*Association of Teacher Educators*

**CLINICAL EXPERIENCE  
STANDARDS** (THIRD EDITION)

### *Vision*

ATE promotes advocacy, equity, leadership, and professionalism for teacher educators in all settings and supports quality education for all learners at all levels.

### *Mission*

ATE, as an individual membership organization, promotes quality teacher education through both exemplary clinical practice and research.

# TABLE OF CONTENTS

Introduction	3
Standards	
1. Collaboration	4
2. Coherence	5
3. Organization of Clinical Experiences	6
4. Quality Placements	7
5. Communications	8
6. Resourcing, Review, and Renewal	9
7. Clinical Educators	10
8. Seminar	11
9. Clinical Coaching and the Formative Assessment of Teaching	12–13
10. Teacher Candidate Evaluation	14
11. Virtual Supervision	15
ATE Task Force on Clinical a Standards (Third Edition)	16–17
References	18

## *Introduction*

Clinical experiences have been identified as “the holy grail” of teacher preparation (Darling-Hammond, 2014). In fact, they are the most important component and should be central when envisioning excellence in teacher education programs (AACTE, 2018; Cuenca, 2012; Darling-Hammond & Bransford, 2005; McIntyre, Byrd, & Foxx, 1996; Zeichner, 2021), so much so that clinical experiences should be at the core of any teacher licensure program (AACTE, 2018; NCATE, 2010).

The inclusion of standards for clinical education in accrediting bodies recognizes the value and importance of these experiences in promoting excellence in teacher preparation programs. As a result, the third edition of the ATE Standards for Clinical Experiences is the most comprehensive description of what clinical experiences should be to date. Most importantly, these standards were designed not to reflect what is, but to articulate what could be. The ATE Standards for Clinical Experiences are intended to challenge teacher educators and teacher preparation programs to do better than the norm. They not only raise the bar for “how to do” clinical experiences, but they also put more emphasis on self-reflection, coherence, diversity, equity, and inclusion as well as continuous improvement. Together, these standards promote excellence in teacher preparation programs, developing the kinds of teachers who can make a difference in the lives of students. These teachers will be ready to meet the challenges of not only today but also tomorrow.

*Standard 1:*

## Collaboration

Collaboration involves school and university partners coming together to engage in joint decision making for shared responsibility of clinical experiences and shared problem-solving for conflict resolution in clinical experiences.

Collaboration should be embedded throughout all aspects of clinical experiences and should embrace the concepts of diversity, equity, inclusion, and belonging. Meetings should occur among and between school-based teacher educators, university-based teacher educators, and school and district leaders. Meetings should also be data-based and solutions-driven.

### *Indicators*

**1a.** Oversight of clinical experiences is a collaborative activity that includes school- and university-based teacher educators and/or administrators.

**1b.** Decisions concerning clinical experiences are made collaboratively with equal input from both school- and university-based teacher educators so that both school- and university-based teacher educators have shared responsibility for clinical experiences.

**1c.** School- and university-based teacher educators work collaboratively on identifying, addressing, and resolving issues and problems in the clinical experiences.

**1d.** There are regular meetings within and across placements sites among school and district partners and school- and university-based teacher educators for continuous improvement of the clinical experiences.

**1e.** Meetings are solutions-driven, using issues and concerns from the clinical experiences as well as data about the clinical experiences to drive conversations.



*Standard 2:*

## Coherence

Coherence ensures that views, perspectives, and philosophies of those engaged in clinical experiences embrace diversity, equity, inclusion, and belonging; aligns research, theory, and practice to ensure clinical experiences are research-based; and connects methods, foundations, and clinical coursework to create meaningful content, tasks, and activities in clinical experiences.

### *Indicators*

**2a.** The clinical experiences are an integral part of the teacher licensure program to prepare profession ready teachers through robust clinical practice.

**2b.** Both school- and university-based teacher educators hold research-based, agreed-upon views and philosophies about teaching and learning that are consistent with practice, implemented consistently, and regularly reflected upon and discussed.

**2c.** Clinical experiences are aligned with, grounded in, and informed by knowledge from current research, theory, and practice so that they have the potential to enhance the education of PreK-12 students.

**2d.** School- and university-based teacher educators collaborate regularly to align content, tasks, and activities in methods with teacher candidates' experiences in their clinical placements.



### *Standard 3:*

## **Organization of Clinical Experiences**

**Organization of Clinical Experiences involves arranging clinical experiences in such a manner that they meet teacher candidates' developmental needs in learning to teach. It means organizing clinical experiences so that teacher candidates have placements with extended experiences in schools, working with diverse school populations to ensure experience with different age levels, racial and ethnic groups, socioeconomic backgrounds, language and linguistic skills, and abilities and exceptionalities.**

### *Indicators*

**3a.** There is a clearly defined scope and sequence of clinical experiences that are grounded in research, cumulative, and scaffolded to meet the developmental needs of teacher candidates.

**3b.** Clinical experiences provide teacher candidates with the opportunity to experience more than one clinical placement site in schools with at least one clinical experience in a partner or Professional Development School.

**3c.** Teacher candidates have the opportunity to work with diverse school populations (e.g. students of different age levels, diverse racial and ethnic groups, and diverse socioeconomic backgrounds) in clinical experiences.

**3e.** Teacher candidates have experience working with students with varying exceptionalities and English Language Learners in clinical experiences.





### *Standard 4:*

## **Quality Placements**

**Quality Placements mean collaborating to identify, select, and assess partnership schools; having sustained and supportive school leadership as well as a cadre of qualified school-based teacher educators; creating an inclusive and supportive environment that fosters teacher candidate learning in schools; considering teacher candidate needs when placing them in partnership schools, and involving teacher candidates and school-based teacher educators in matching teacher candidates to their assigned classrooms for their clinical experiences.**

### *Indicators*

**4a.** School- and university-based teacher educators collaborate to identify, select, and assess the willingness of partner schools to meet the goals of the ATE Clinical Experience Standards.

**4b.** Partner schools have sustained, supportive school leadership and a cadre of qualified teachers willing to serve as school-based teacher educators for a prolonged period.

**4c.** Clinical experiences occur in a warm, supportive environment that welcomes teacher candidates, considers them members of the staff, and actively engages them in the site's community.

**4d.** Teacher candidate needs are considered when placing teacher candidates in partner schools for all clinical experiences.

**4e.** The matching processes to purposefully place teacher candidates in classrooms include and value those most connected to the clinical experience (e.g. teachers as school-based teacher educators and teacher candidates).

*Standard 5:*

## Communications

Communication recognizes and values the importance of interaction among school-based teacher educators, university-based teacher educators, school and district leaders, and program, college, and university leaders are accessible to all and is inclusive of diverse voices and multiple perspectives. Communications ensure the operations and sustainability of high-quality clinical experiences.

### *Indicators*

**5a.** There is regular communication (e.g., upcoming events, expectations) with teacher candidates from the teacher licensure program, the school, and the school district to ensure teacher candidates are well-informed in order to be engaged participants in both contexts.

**5b.** There is regular and ongoing communication among the teacher licensure program, the school district leaders, and school-based teacher educators to support teacher candidates during clinical experiences.

**5c.** University-based teacher educators (e.g. adjunct clinical educators, methods course faculty, etc.) receive regular communication from the teacher licensure program about relevant and important information (e.g. upcoming deadlines, school events, cross-curricular tasks and assignments, professional learning opportunities, etc.) that they need to support teacher candidates during clinical experiences.

**5d.** There is regular communication with program, department, college, and university leaders (e.g. center directors, provost, etc.) to share significant achievements and to develop understanding of, maintain awareness of, and advocate for high-quality clinical experiences.

**5e.** Regular external communication about key events and activities from clinical experiences (e.g. celebrations, job opportunities, highlights, etc.) are shared through a variety of outlets (e.g. social media, news, etc.) that target various stakeholders (e.g. current participants, alumni, donors, community and business members, etc.).



*Standard 6:*

## Resourcing, Review, and Renewal

Resourcing, Review, and Renewal ensures that clinical experiences have the necessary supports to meet state standards for teacher licensure and national guidelines for high-quality, clinically based teacher preparation. It also requires systematically and intentionally gathering data, critically reflecting on those data, assessing progress, setting goals, and continuously improving clinical experiences to support teacher candidate learning.



*Indicators*

- 6a.** Clinical experiences are well-resourced to ensure they meet and have opportunities to exceed state standards for teacher licensure and national guidelines for high-quality, clinically based teacher preparation.
- 6b.** A person or group of persons with knowledge about clinically based teacher education is designated and well compensated for handling logistical responsibilities of and providing vision for clinical experiences.
- 6c.** Clinical experiences are valued in the teacher licensure program having sufficient credit hours to reflect its importance as essential to teacher preparation, the amount of time spent in the field, and the adequate resources to support the clinical experience.
- 6d.** Clinical educators collaboratively develop, review, and evaluate clinical experiences using a data-informed, collaborative process that results in annual goals to drive improvement.
- 6e.** Clinical educators conduct collaborative research, apply it to program improvement, and contribute to the advancement of knowledge and practice.
- 6f.** Clinical experiences are valued in the teacher licensure program having sufficient financial resources to reflect its importance as essential to teacher preparation.

*Standard 7:*

## Clinical Educators

Clinical Educators describes the key role school- and university-based teacher educators play in the clinical preparation of teachers. This standard attends to the knowledge, skills, and dispositions clinical educators need to address diversity, equity, inclusion, and belonging. This standard describes parity in the selection, preparation, and ongoing professional learning of clinical educators.

*Indicators*

**7a.** Roles and functions of all clinical educators in the clinical experiences are clear and communicated.

**7b.** The criteria and the selection process for all clinical educators are collaborative.

**7c.** Clinical educators receive preparation for their role and engage in ongoing professional learning within a community or communities of practice to deepen their knowledge of and skills in teacher education.

**7d.** Clinical educators serve as role models, mentors, and coaches for teacher candidates that is consistent with the teacher licensure program goals.

**7e.** Clinical educators know their assigned partner or Professional Development Schools well to serve as effective liaisons among the school, school district, and the teacher education program.

**7f.** Clinical educators demonstrate pedagogical content knowledge, skills, and dispositions for clinically based teacher education that are congruent with teacher licensure program goals.



*Standard 8:*

## **Seminar**

**Seminars during clinical experiences are designed to establish an environment for support and professional learning. They provide opportunities for ongoing observation and critical reflection about philosophy, theory, challenges faced, and systemic barriers that contribute to or affect student learning.**

*Indicators*

**8a.** Seminar is a weekly meeting between all teacher candidates and their assigned university-based clinical educator.

**8b.** Seminar is taught by the university-based clinical educators who directly work with the teacher candidates in their clinical experiences.

**8c.** Seminar's class size is small enough to allow for a reflective session where teacher candidates have an opportunity to learn about, discuss, and critically reflect upon pertinent classroom and school issues.

*Standard 9:*

## **Clinical Coaching and the Formative Assessment of Teaching**

Clinical Coaching and the Formative Assessment of Teaching serves as the function of supporting teacher candidate learning in the clinical experience. It entails the processes, practices, tasks, and activities necessary to teach about teaching in clinical experiences. Effective clinical coaching uses a variety of tools to engage teacher candidates in data-driven conversations to critically reflect on and inquire into the improvement of their practice. Clinical coaching is developmental, addressing teacher candidates' needs and being responsive to those needs to support their learning. It requires an extensive knowledge base and skill set to effectively support teacher candidate learning. Clinical educators encourage risk taking and experimentation by problematizing teaching. Clinical coaches must have the tools to execute, model, and embody values of diversity, equity, inclusion, and belonging. They regularly meet with their teacher candidates to discuss teaching and to engage them in regular coaching cycles to support them in becoming profession ready. Clinical coaching is a formative process, distinct from teacher candidate evaluation addressed in Standard 10.





## *Indicators*

**9a.** Clinical educators use a variety of tools and data to regularly engage teacher candidates in tasks, activities, and conversations that require them to intentionally analyze, continually reflect on, and systematically inquire into their practice.

**9b.** Clinical educators attend to teacher candidates' developmental needs by adjusting their interpersonal approach when working with them to reflect upon and improve their practice.

**9c.** The clinical practice triad of teacher candidate, school-based teacher educator, and university-based teacher educator communicates regularly to support the teacher candidate's clinical experience, problematize teaching and encourage risk taking to improve practice.

**9d.** Clinical educators routinely engage teacher candidates in data-driven coaching cycles of pre-conference, observation, and post-conference to support teacher candidate growth and development.

**9e.** University-based teacher educators spend time in teacher candidates' classrooms, so they know and understand the K-12 students, mentor teacher, and the classroom context.

**9f.** The clinical coaching of teacher candidates serves as a formative assessment of teaching that is distinct from teacher candidate evaluation.

**9g.** Teacher candidates have voice and are recognized as valued participants in the clinical coaching process.

**9h.** Clinical educators have prior experience in and knowledge about supervision and clinical coaching that they apply to their practice consistently.

**9i.** Clinical educators have opportunities to deepen their knowledge and skills in clinical pedagogy.

**9j.** Clinical educators engage teacher candidates in data-driven conversations focused on practice to improve K-12 student learning.

**9k.** Clinical educators place an intentional focus on developing equity-centered teacher candidates through their clinical coaching.

**9l.** Clinical educators co-teach with teacher candidates that supports teacher candidates' developmental needs as well as improves K-12 student learning.

*Standard 10:*

## Teacher Candidate Evaluation

Teacher Candidate Evaluation occurs at multiple levels, is developmentally appropriate, encompasses the responsibilities of being a beginning teacher, includes the voice of the teacher candidate, school-based teacher educator, and university-based teacher educator, aligns with state and national standards, and supports candidate growth over the course of their program and assesses the teacher candidate's dispositions, attitudes, and efficacy for diversity, equity, inclusion, and belonging.



### *Indicators*

10a. The evaluation instruments reflect a continuum that assesses teacher candidates' development of the knowledge, skills, and dispositions in each clinical experience needed to be successful at the next level of clinical experiences and ultimately as a competent beginning teacher.

10b. Teacher candidates, school-based teacher educators, and university-based teacher educators all have voice and input in the evaluation process.

10c. The tool used to evaluate the teacher candidate encompasses the responsibilities of being a teacher while also being developmentally appropriate for teacher candidates.

10d. The evaluation instruments are standardized across clinical experiences and are aligned with accreditation requirements and/or state and national standards.

10e. Clinical educators make evidence-based, summative decisions grounded in multiple sources of data over time about the teacher candidate's progress in the clinical experiences and continuation in the teacher preparation program.

10f. There is a clear process, including documentation and communication, for supporting teacher candidates who struggle in clinical experiences with multiple opportunities for teacher candidates to improve and be successful.

10g. The clinical practice triad of teacher candidate, school-based teacher educator, and university-based teacher educator holds at least two formal evaluation conferences during the clinical experience, one at the midterm and one at the end of the semester, to evaluate the teacher candidate's performance.





*Standard 11:*  
**Virtual Supervision**

**Clinical experiences that incorporate virtual supervision will adhere to best practices in the ethical implementation of virtual supervisory techniques.**

*Indicators*

**11a.** When needed, virtual supervision experiences exist within PK-12 school and college/university partnerships.

**11b.** Provisions are made for stable, sustainable, interactive, synchronous virtual supervision.

**11c.** Video platform-based conferencing (college/university supervisor, cooperating teacher or administrative intern mentor, and candidate) takes place on a consistent basis.

**11d.** Video recordings are readily available for subsequent reflection, formative assessment, and coaching.

**11e.** All aspects of clinical supervision are facilitated virtually: pre-/post-observation meetings, virtual observations, three-way conferencing, and video-based reflections (if applicable\*).

*Note: This standard was created by the ATE Educational Leadership Special Interest Group.*

# ATE Task Force on Clinical Experience Standards

(THIRD EDITION)

## Task Force Co-Chairs

**Dr. D. John McIntyre** is Professor Emeritus at Southern Illinois University Carbondale. He served as a professor, Director of the Teaching Skills Laboratory, Coordinator of Professional Education Experiences, Associate Dean for Academic Affairs, Associate Dean for Teacher Education and School Partnerships and Chair of the Department of Curriculum and Instruction. He has written extensively in the area of teacher education with a focus on clinical experiences and instructional supervision. Dr. McIntyre is a past-president of the Association of Teacher Educators and served as a co-editor of the ATE Teacher Education Yearbook as well as the 3rd edition of the Handbook on Teacher Education with Marilyn Cochran-Smith and Sharon Feiman-Nemser.

**Dr. David Byrd** is a professor at the University of Rhode Island where he served as Director of the School of Education. He has authored over 40 articles, books, and chapters. He is co-author of *Methods for Effective Teaching*, which is in its eighth edition. He has also co-authored chapters in both the Handbook and Research on Teacher Education and the Handbook of Research on Supervision, both published by Macmillan. Dr. Byrd co-edited the Teacher Education Yearbook series and has served on the editorial board for *Action in Teacher Education*. He has secured grants and projects in excess of 15 million dollars to support educator preparation and school improvement.

**Dr. Rebecca West Burns** is the Bill Herrold Endowed Professor and Director of Clinical Practice & Educational Partnerships for the College of Education and Human Services at the University of North Florida. Her community-engaged scholarship is situated within clinically based teacher education where she studies supervision, school-university partnerships, and teacher leadership. She has held several national leadership positions in teacher education and has received national recognition for her exemplary school-university collaboration and her impact on urban education. Her books include *Advancing Supervision in Clinically Based Teacher Education: Advances, Opportunities, and Explorations*; *(Re)Designing Programs: A Vision for Equity-Centered, Clinically Based Teacher Preparation*, the second edition of Carl Glickman's best-selling ASCD book, *Leadership for Learning: How to Bring Out the BEST in Every Teacher*, and *Clinically Based Teacher Education in Action: Cases from Professional Development Schools*.

## Task Force Members

**Dr. Vince O'Neill** is a high school math teacher at Gainesville High School in Prince William County Virginia. He received a doctorate in Curriculum and Instruction from The George Washington University focusing on the impact of Positive Supportive Cultures in high school mathematics classrooms. He spent 5 years as an accreditation director at the Council for the Accreditation of Educator Preparation (CAEP), an organization committed to excellence in educator preparation through accreditation.

**Dr. Paul Paese** received his B.A. and M.Ed. from Bowling Green State University (Ohio) and Ph.D. from Ohio State University. After 5 years in public schools, Dr. Paese started his career in higher education at Southwest Texas State/Texas State University (1980-2008) as Professor/Director of Field Experiences/Associate Dean, Dean Indiana University Kokomo (2008-16) and University of St. Thomas (2016-2022). Dr. Paese also served as President of ATE and WFATE.

**Mrs. Lois Paretti** is the Coordinator of Clinical Field Experiences for the Department of Teaching and Learning at the University of Nevada, Las Vegas. Her responsibilities encompass directing all aspects and functions of the field and clinical experiences leading to elementary and secondary teacher licensure. Passionate about supporting new teachers, she believes that collaboration among schools and colleges is crucial to preparing experienced and effective teachers.

**Dr. Tara Plachowski** spent the last 22 years as an educator across the PK20 spectrum. Currently, she serves as the Director of Teaching and Learning at Parker School on the Island of Hawai'i, as a Cohort Coordinator for the University of Hawai'i, Mānoa's Master of Teaching in Education program, and as a research consultant for Embracing Equity. Her research interests are teacher diversity, critical race studies in education, critical research methodology, mentoring, inclusive pedagogy, and school climate.

**Dr. Kathryn Will** is an associate professor of literacy at the University of Maine Farmington. Her research focuses on the ways in which all stakeholders within education develop their understandings of child centered teaching and learning through collaborative engagement of inquiry.

**Dr. Rachel Wolkenhauer** is an associate professor of teacher education at The Pennsylvania State University. Her research examines the design and implementation of teacher education programs that promote practitioner inquiry stance, particularly within school-university partnerships.

## Expert Reviewers

**Dr. Raven Robinson-Wilson** is an Assistant Professor of Teacher Education – Foundations and Clinical Practice at the University of North Florida. Dr. Robinson-Wilson's research investigates teacher education, equity, and motivation with an intersectional focus on teacher candidates' and in-service teachers' beliefs and practices. She has presented at regional, national, and international conferences, with publications in academic journals and book series.

**Dr. René Roselle** is the Chair of the Department of Teacher Education at Sacred Heart University in Fairfield, Connecticut. Her scholarship focuses on clinical preparation models and school-university partnerships. René began her career as a high school special education teacher. In her current role she enjoys collaborating with university and school-based teacher educators in a residency-based teacher education.

**Dr. Drew Polly** is a professor in the Elementary Education program at the University of North Carolina at Charlotte. His work focuses on supporting teachers' and teacher candidates' use of learner-centered pedagogies in mathematics classrooms.

**Dr. Jim Nolan**, Professor Emeritus from Penn State University, served as the Hermanowicz Professor of Teacher Education and the Co-Coordinator of the Penn State - State College Elementary Professional Development School Partnership. In addition, he was the Penn State Director of Clinical Experiences from 1992 to 1995 and from 2008 to 2012.

**Dr. Stacey Leftwich** is the Executive Director for the Office of Educator Support and Partnerships at Rowan University. Her office provides support to programs and initiatives related to education preparation as well as P-12 partnerships. Dr. Leftwich's research interests include teacher preparation as it relates to professional development schools with an antiracism, social justice and equity lens.

**Dr. Dwayne Ray Cormier** explores the relationship between educators' beliefs, practices, and student interactions impacted by sociocultural gaps. He studies how sociocultural gaps impact cultural competence, teacher-student relationships, and school culture. Through educational design research, he develops tools to assess and codify educators' sociocultural gaps using high-tech and no-tech methods.

**Dr. Diane Yendol-Hoppey** has served in a variety of leadership roles to improve teacher education. Diane's research focuses on teacher learning across the career span, the development

of partnerships, enhanced job-embedded professional learning, and teacher leadership. Diane has been the recipient of multiple USDOE grants, co-authored 10 books, and published in a variety of teacher education journals.

**Dr. Brandon Butler** is an associate professor of social studies and teacher education at Old Dominion University in Norfolk, Virginia. His research interest is in understanding how teacher educators, both emerging and experienced, learn the work of teacher education, with particular focus on university supervision, pedagogy of teacher education, and the teaching and learning of self-study research methods.

**Dr. Jennifer Snow** serves as Professor in Curriculum, Instruction, and Foundational Studies at Boise State University. She served as Interim Dean (2019-2022) and Associate Dean for Teacher Education (2014-2019), leading all accreditation and program approval processes and clinical partnerships. Recent scholarship has focused on the development of teacher educators and innovative clinical field experience structures for liaisons (university faculty supporting school partnerships and teacher candidates).

**Dr. Janna Dresden** is Clinical Professor Emerita from the University of Georgia and adjunct faculty at George Mason University. She spent 14 years as a classroom teacher and 11 years as Director of the Office of School Engagement at UGA. She is co-editor of *The Cambridge Handbook of School-University Partnerships* and her scholarship focuses on clinical practices, research processes, partnerships and teacher agency.

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