

Association of Teacher Educators

**The Progress Continuum for the Clinical Experience Standards:
A Tool for Program Reflection, Self-Assessment, and Continuous
Improvement**

**Rebecca West Burns
Kutztown University of Pennsylvania**

**D. John McIntyre
Southern Illinois University, Carbondale**

**David M. Byrd
University of Rhode Island**

Recommended Citation:

Burns, R. W., McIntyre, D. J., & Byrd, D., M. (2024). *The Progress Continuum for the Clinical Experience Standards: A tool for program reflection, self-assessment, and continuous improvement*. Association for Teacher Educators.

The Purpose of the Progress Continuum for Clinical Experiences

The Progress Continuum for Clinical Experiences is a research-based companion document for the Association of Teacher Educator Clinical Experience Standards (3rd Edition). There are 11 standards and 62 indicators.

The Progress Continuum describes, in great detail, what each standard entails. The Continuum uses a four-point scale (beginning, developing, meeting, leading) to describe the levels encompassed within each indicator for every standard.

The intention of The Progress Continuum is one of reflection and self-assessment with the goal of continuous improvement of individual programs to advance the field of teacher education.

The hope is that teams of school- and university-based teacher educators will collectively use the progress continuum to take stock of their current practice and use it to generate innovative ideas, garner essential resources, and influence policy decisions to improve teacher preparation.

As the co-chairs ATE Taskforce on Clinical Standards and as the writing team for these documents, we are indebted to the members of the ATE Taskforce on Clinical Standards, expert reviewers, and doctoral students who supplied valuable insight and feedback in the development of this document. The membership of each of these groups is acknowledged in the Clinical Experience Standards.

Sincerely,

John McIntyre, Southern Illinois University
David Byrd, University of Rhode Island
Rebecca Burns, Kutztown University of Pennsylvania

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 (DEIB). 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	Beginning	Developing	Meeting	Leading
<p><i>1a. Oversight of clinical experiences is a collaborative activity that includes school- and university-based teacher educators and/or administrators.</i></p>	<p>Oversight of clinical experiences is not a collaborative activity. One entity (school or university) oversees the clinical experiences and does not collaborate or seek input from the other.</p>	<p>Oversight of clinical experiences has minimal collaboration. One entity (school or university) predominantly oversees the clinical experiences and seeks occasional input from the other.</p>	<p>Oversight of clinical experiences is collaborative. While administrative responsibilities may be housed at one institution, there is regular and ongoing input and collaboration from both entities.</p>	<p>Oversight of clinical experiences is a shared endeavor with joint boundary-spanning roles, processes, and procedures for successful implementation.</p>
<p><i>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.</i></p>	<p>Decisions concerning clinical experiences are made separately. School-based teacher educators have no input into clinical experiences.</p>	<p>Decisions concerning clinical experiences are predominantly made by university-based teacher educators with school-based teacher educators having limited input and voice.</p>	<p>Decisions concerning clinical experiences are generally made collaboratively with school-based teacher educators have considerable input and voice.</p>	<p>Decisions concerning clinical experiences are made collaboratively with parity in the decision-making process so that school-based teacher educators are equal partners having full input and voice.</p>
<p><i>1c. School- and university-based teacher educators work collaboratively on identifying, addressing, and resolving issues and problems in the clinical experiences, including those involving the concepts of DEIB.</i></p>	<p>School- and university-based teacher educators have begun discussions about procedures for identifying, addressing, and resolving issues and problems.</p>	<p>School- and university-based teacher educators have an identified procedure for identifying, addressing, and resolving issues and problems, but it is not regularly used.</p>	<p>School- and university-based teacher educators have an identified procedure for identifying, addressing, and resolving issues and problems that is regularly used.</p>	<p>School- and university-based teacher educators meet at least once a semester to identify, address, and resolve any issues and to consistently plan for means to improve the clinical experience program.</p>

Indicators	Beginning	Developing	Meeting	Leading
<p><i>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.</i></p>	<p>No meetings are held among school and district leaders, foundations and methods course instructors, and clinical educators (both school- and university-based) for continuous improvement of clinical experiences.</p>	<p>School and district leaders, foundations and methods course instructors, and clinical educators (both school- and university-based) meet once every few years for continuous improvement of clinical experiences.</p>	<p>School and district leaders, foundations and methods course instructors, and clinical educators (both school- and university-based) meet once a year for continuous improvement of clinical experiences.</p>	<p>School and district leaders, foundations and methods course instructors, and clinical educators (both school- and university-based) meet at least once a semester for continuous improvement of clinical experiences. These groups also have regular meetings within their own groups to prepare for the larger group meetings.</p>
<p><i>1e. Meetings are solutions-driven, using issues and concerns, including the concepts of DEIB, from the clinical experiences as well as data about the clinical experiences to drive conversations.</i></p>	<p>No data or issues are used to organize and conduct meetings on clinical experiences.</p>	<p>Limited data is collected and issues from the clinical experiences are haphazardly gathered in order to direct meetings on clinical experiences.</p>	<p>Meetings are solution-driven, using issues and concerns from the clinical experiences as well as data about the clinical experiences to drive conversations.</p>	<p>Meetings are solution-driven and data-based, using issues, concerns and data from the clinical experiences and the school site to direct meetings.</p>

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	Beginning	Developing	Meeting	Leading
<p><i>2a. The clinical experiences are an integral part of the teacher licensure program to prepare profession ready teachers through robust clinical practice.</i></p>	<p>Clinical experiences are not a part of the teacher licensure program.</p>	<p>Clinical experiences are on the periphery of the teacher licensure curriculum, detached and marginalized from other aspects of the program.</p>	<p>Clinical experiences are an integral part of the teacher licensure curriculum as a necessary component of teacher preparation.</p>	<p>Clinical experiences are centralized in the teacher licensure curriculum as recognized and valued laboratories of practice for learning to teach and understanding teaching and learning more deeply.</p>
<p><i>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 and regularly reflected upon and discussed.</i></p>	<p>School- and university-based teacher educators share agreed-upon views and philosophies about teaching and learning.</p>	<p>School- and university-based teacher educators share agreed-upon, research-based views and philosophies about teaching and learning that are implemented consistently with practice.</p>	<p>School and university-based teacher educators share agreed-upon, research-based views and philosophies about teaching and learning that are consistent with practice, and regularly reflected upon and discussed.</p>	<p>In addition to performing at the Meeting Level of this indicator, school and university-based teacher educators conduct research to further inform the partnership of trends that should be addressed within the program.</p>
<p><i>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.</i></p>	<p>Clinical experiences are not aligned with, grounded in, nor informed by research, theory, and practice. They rely on opinions and/or preferences of prior experiences in teacher preparation.</p>	<p>Clinical experiences are aligned with, grounded in, and informed by research, theory, and practice that are outdated.</p>	<p>Clinical experiences are aligned with, grounded in, and informed by current research, theory, and practice so that they can have the potential to enhance the education of PreK-12 students.</p>	<p>Clinical experiences enhance the education of PreK-12 students given that they are aligned with, grounded in, and informed by current research, theory, and practice.</p>

Indicators	Beginning	Developing	Meeting	Leading
<p><i>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.</i></p>	<p>School- and university-based teacher educators do not collaborate to align content, tasks, and activities in methods with teacher candidates' experiences in their clinical placements.</p>	<p>School- and university-based teacher educators have begun discussions to align content, tasks, and activities in methods with teacher candidates' experiences in their clinical placements.</p>	<p>School- and university-based teacher educators have an identified, collaborative procedure and are working toward aligning content, tasks, and activities in methods coursework with teacher candidates' experiences in their clinical placements.</p>	<p>School- and university-based teacher educators have fully aligned content, tasks, and activities in methods with teacher candidates' experiences in their clinical placements.</p>

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	Beginning	Developing	Meeting	Leading
<i>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.</i>	There is no scope and sequence for clinical experiences.	There is a defined scope and sequence of clinical experiences that build upon each other.	There is a clearly defined scope and sequence of clinical experiences that are grounded in research and cumulative so ensure that teacher candidates assume increased engagement and responsibility.	There is a clearly defined scope and sequence of clinical experiences that are grounded in research, cumulative so ensure that teacher candidates assume increased engagement and responsibility, and scaffolded to meet the development needs of teacher candidates.
<i>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.</i>	Teacher candidates have only one clinical experience in schools.	Teacher candidates have more than one clinical experience in multiple clinical placement sites but not in partner schools.	Teacher candidates have more than one clinical experience in partner or Professional Development Schools.	Teacher candidates have multiple clinical experiences in a partner or Professional Development School with at least one placement full or part-time during methods semester with the same placement during student teaching.
<i>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.</i>	Teacher candidates do not have the opportunity to work with diverse school populations (e.g. different ages, diverse or underrepresented racial and ethnic groups, diverse socioeconomic backgrounds) in clinical experiences.	Teacher candidates have limited opportunity working with diverse school populations working with diverse school populations (e.g. different ages, diverse or underrepresented racial and ethnic groups, diverse socioeconomic backgrounds) in clinical experiences.	Teacher candidates have the opportunity to work with diverse school populations (e.g. different ages, diverse or underrepresented racial and ethnic groups, diverse socioeconomic backgrounds) in clinical experiences.	Teacher candidates have extensive opportunities working with diverse school populations (e.g. different ages, diverse or underrepresented racial and ethnic groups, diverse socioeconomic backgrounds) in clinical experiences.

Indicators	Beginning	Developing	Meeting	Leading
<p><i>Indicator 3d. Teacher candidates have experience working with students with varying exceptionalities and English Language Learners in clinical experiences.</i></p>	<p>Teacher candidates do not have the opportunity to work with students of varying exceptionalities or linguistically diverse students in clinical experiences.</p>	<p>Teacher candidates have limited opportunity to work with students of varying exceptionalities or linguistically diverse students in clinical experiences.</p>	<p>Teacher candidates have the opportunity to work with students of varying exceptionalities and experiences with linguistically diverse students in clinical experiences.</p>	<p>Teacher candidates have extensive opportunities to work with students of both varying exceptionalities and linguistically diverse students in clinical experiences.</p>

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	Beginning	Developing	Meeting	Leading
<p><i>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.</i></p>	<p>There is no collaboration between school- and university-based teacher educators to identify partner schools to serve as quality placement sites.</p>	<p>School- and university-based teacher educators have begun discussions to develop criteria to identify partner schools to serve as quality clinical placement sites.</p>	<p>School- and university-based teacher educators collaborate to identify, select, and assess the continuing willingness of both parties to develop a partnership and to serve as quality clinical placement sites.</p>	<p>School- and university-based teacher educators collaborate by meeting regularly to identify, select, and assess the continuing willingness of partner schools leading toward professional development schools to serve as quality clinical placement sites.</p>
<p><i>4b. Partner schools have sustained, supportive school leadership and a cadre of qualified teachers willing to serve as school-based teacher educators.</i></p>	<p>There is no agreed upon process to identify and sustain a school leadership team as well as a cadre of qualified teachers willing to serve as school-based teacher educators.</p>	<p>A process is being developed to select and sustain a school leadership team as well as qualified teachers to serve as school-based teacher educators in partner schools, but continued turnover exists.</p>	<p>Partner schools have developed a supportive school leadership team and a cadre of qualified teachers willing to serve as school-based teacher educators.</p>	<p>Partner schools consist of a supportive school leadership team and a cadre of qualified teachers serving as school-based teacher educators. The partnership provides regular professional development to continually support these professionals as defined by Nine Essentials of Professional Development Schools (NAPDS, 2021).</p>
<p><i>4c. Clinical experiences occur in a supportive school environment that welcomes teacher candidates, considers them members of the staff, and actively engages them in the site's community.</i></p>	<p>Teacher candidates do not feel comfortable in their clinical placement sites.</p>	<p>Teacher candidates are somewhat comfortable in their clinical placement sites. They are beginning to participate in the site's community.</p>	<p>Teacher candidates feel a part of the school's community in their clinical placement sites. They are actively engaged in the site's community.</p>	<p>Teacher candidates and university-based teacher educators feel a part of the school community in the clinical placement site. Both are actively engaged as full participants in the site's community and are considered members of the staff.</p>

Indicators	Beginning	Developing	Meeting	Leading
<p><i>4d. Teacher candidate needs are considered when placing teacher candidates in partner schools for clinical experiences.</i></p>	<p>Teacher candidate needs are not considered when placing teacher candidates in partner schools.</p>	<p>The distance and lack of transportation a teacher candidate would travel to a placement site are the only criteria considered when placing in partner schools.</p>	<p>Teacher candidate needs, including distance, medical transportation etc., are considered when placing teacher candidates in partner schools.</p>	<p>Clinical educators have a collaborative process (e.g. application, survey, interview) to understand each teacher candidate's needs in order to be placed in partner or Professional Development Schools that best accommodate those needs.</p>
<p><i>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).</i></p>	<p>Teacher candidates are randomly placed in classrooms in partnership sites.</p>	<p>School- and university-based teacher educators are in the beginning stages of developing processes for placing teacher candidates in classrooms in partner schools.</p>	<p>School- and university-based teacher educators have developed processes for purposefully placing teacher candidates in classrooms in partner schools that include and value the voices of those closest to the clinical experience.</p>	<p>School- and university-based teacher educators have developed processes for purposely placing teacher candidates in classrooms in partner or Professional Development Schools that include and value the voices of those closest to the clinical experience. They annually assess that plan as to its effectiveness and revise accordingly.</p>

Standard 5:
Communication

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 is accessible to all and is inclusive of diverse voices and multiple perspectives. Communications ensures the operations and sustainability of high-quality clinical experiences.

Indicators	Beginning	Developing	Meeting	Leading
<p><i>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.</i></p>	<p>There is no communication with teacher candidates from the teacher licensure program nor school and school district regarding upcoming events and/or expectations.</p>	<p>There is intermittent communication with teacher candidates from the teacher licensure program and school/school districts regarding events and expectations so that the candidates are not well-informed nor engaged.</p>	<p>The teacher licensure program and school/school district inform teacher candidates of upcoming events and expectations on a timely and regular basis so that the teacher candidates are well-informed and engaged in both contexts.</p>	<p>Teacher candidates are informed on a weekly basis of upcoming events and expectations by the teacher licensure program and school/school district and are expected to participate in and be engaged in events at the school/school district level.</p>
<p><i>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.</i></p>	<p>No communication about clinical experiences exists between and among the teacher licensure program and school district leaders and school-based teacher educators.</p>	<p>There is occasional communication about clinical experiences between and among the teacher licensure program and school district leaders and school-based teacher educators in the form of written communication.</p>	<p>There is regular and ongoing communication about clinical experiences between and among the teacher licensure program and school district leaders and school-based teacher educators in the form of written communication and occasional meetings.</p>	<p>There is regular and ongoing communication about clinical experiences between and among the teacher licensure program and school district leaders and school-based teacher educators in the form of written communication and regularly scheduled meetings.</p>

Indicators	Beginning	Developing	Meeting	Leading
<p><i>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.</i></p>	<p>University-based teacher educators receive no communication from the teacher licensure program.</p>	<p>University-based teacher educators receive communication from the teacher licensure program once a semester.</p>	<p>University-based teacher educators receive communication from the teacher licensure program several times during the semester.</p>	<p>University-based teacher educators receive communication from and provide communication to the teacher licensure program several times during a semester.</p>
<p><i>5e. Regular external communication about key events and activities from clinical experiences (e.g. celebrations, job opportunities, highlights, etc.) are shared through outlets (e.g. social media, news, etc.) that target various stakeholders (e.g. current participants, alumni, donors, community and business members, etc.).</i></p>	<p>There is no external communication about key events and activities from clinical experiences shared with external outlets or stakeholders.</p>	<p>External communication about key events and activities from clinical experiences that is shared with external outlets or stakeholders is rare.</p>	<p>External communication about key events and activities from clinical experiences that is shared with external outlets and various stakeholders occurs at the beginning and conclusion of each semester.</p>	<p>External communication about key events and activities from clinical experiences that is shared with external outlets various stakeholders occurs monthly.</p>

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	Beginning	Developing	Meeting	Leading
<i>6a. Clinical experiences are well-resourced to ensure that they meet and have the opportunity to exceed state standards for teacher licensure and national guidelines for high-quality, clinically based teacher preparation.</i>	The program does not receive enough financial support or resources to adequately meet all clinical experience standards.	The program receives some financial support or resources but not enough to adequately meet all clinical experience standards.	The program receives enough financial support and resources to adequately meet all clinical experiences standards at target.	The program receives additional financial support and resources to reach the "leading" ratings on the continuum for some if not all of the clinical experience standards.
<i>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.</i>	No person has been appointed to direct the logistical responsibilities of the clinical experiences program.	A person with limited knowledge of clinically based teacher education has been appointed to handle logistical responsibilities of the clinical experiences.	A person or group of persons with knowledge about clinically based teacher education is designated and well compensated for handling logistical responsibilities of the clinical experiences and given adequate support to perform the required duties.	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 and given adequate support to perform the required duties as well as achieve the vision.
<i>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.</i>	Clinical experiences are not valued in the teacher licensure program as demonstrated by insufficient credit hours to reflect its importance.	Clinical experiences have sufficient credit hours and teacher candidates spend a significant amount of time in the field. However, the program lacks sufficient resources to reflect its importance as essential to teacher preparation.	Clinical experiences have sufficient credit hours and resources to reflect its importance as being essential to the teacher licensure program. In addition, teacher candidates spend a significant amount of time in the field to reflect the importance of the licensure program.	Clinical experiences have sufficient credit hours and resources as well as teacher candidates spend a significant amount of time in the field to reflect the importance of the licensure program. In addition, clinical experiences are annually assessed to assure adequate resources are being provided to support their programs and staff.

Indicators	Beginning	Developing	Meeting	Leading
<i>6d. Clinical educators collaboratively develop, review, and evaluate clinical experiences using a data-informed, collaborative process that results in annual goals to drive improvement.</i>	Clinical educators do not collaboratively develop, review, or evaluate the clinical experiences program and practices.	Clinical educators collaboratively review and evaluate clinical experiences but do not use a data-informed process.	Clinical educators, including both university and school-based, use a data-informed process to collaboratively develop, review, and evaluate clinical experiences that result in annual goals to drive improvement.	Clinical educators not only collaboratively develop, review, and evaluate clinical experiences using a data-informed process that results in annual goals to drive improvement but also make public the results of the program evaluation and accompanying annual goals.
<i>6e. Clinical educators conduct collaborative research, apply it to program improvement, and contribute to the advancement of knowledge and practice.</i>	Clinical educators conduct no collaborative research for the purposes of program improvement.	Occasionally, clinical educators conduct collaborative research and apply it to program improvement.	Clinical educators regularly conduct collaborative research, apply it to program improvement, and contribute to the advancement of knowledge by disseminating the research locally as well as at professional meetings.	Clinical educators regularly conduct collaborative research that is driven by shared problems of practice as well as the literature. They apply that research to program improvement and contribute to the advancement of knowledge by disseminating the research locally as well as at professional meetings.
<i>6f. Clinical experiences are valued in the teacher licensure program having sufficient financial resources to reflect its importance as essential to teacher preparation.</i>	30% or less of the income generated by clinical experiences is actually used for clinical experiences	30 to 50% of the income generated by clinical experiences is actually used for clinical experiences	Clinical experiences are valued and have sufficient resources with 50 to 70% of the income generated by clinical experiences being actually used for clinical experiences.	70% or more of the income generated by clinical experiences is actually used for clinical experiences

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	Beginning	Developing	Meeting	Leading
<i>7a. Roles and functions of all clinical educators in the clinical experiences are clear and communicated.</i>	The roles and functions of all clinical educators are not explicated.	The roles and functions of all clinical educators are stated but undefined.	The roles and functions of all clinical educators are clearly defined.	The roles and functions of all clinical educators are clearly defined, regularly reflected upon, and implemented by all involved in clinical experiences.
<i>7b. The criteria and the selection process for clinical educators are collaborative.</i>	The criteria and the selection process for clinical educators are not clearly stated.	The criteria and the selection process for clinical educators involves university teacher educators only.	School- and university-based teacher educators are not only collaboratively involved in developing the criteria for selecting clinical educators but also collaboratively select these educators.	School-based and university teacher educators not only meet this standard but also collaboratively review the criteria and selection process for clinical educators and make revisions based on data and feedback.
<i>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.</i>	Clinical educators receive no preparation for their role nor engage in ongoing professional learning within a community of practice.	Clinical educators receive limited preparation for their role in the clinical preparation program.	Clinical educators receive adequate preparation for their role and engage in ongoing professional learning within a community or communities of practice to deepen their knowledge and skills in teacher education.	Clinical educators receive extensive preparation for their role and engage in ongoing professional learning within a community or communities of practice to deepen their knowledge and skills in teacher education as well as reflecting on their practice as a clinical educator.

Indicators	Beginning	Developing	Meeting	Leading
<p><i>7d. Clinical educators serve as role models, mentors, and coaches for teacher candidates that is consistent with the teacher licensure program goals.</i></p>	<p>Clinical educators do not see their role as a model, mentor, or coach for teacher candidates.</p>	<p>Clinical educators serve as role models but lack the skills and knowledge to be effective mentors, and coaches for teacher candidates that are consistent with the teacher licensure program goals.</p>	<p>Clinical educators consistently align with the teacher licensure program goals when serving as role models, mentors, and coaches for teacher candidates.</p>	<p>Clinical educators not only serve as role models, mentors, and coaches for teacher candidates that is consistent with the teacher licensure program goals but also continually and systematically inquire into their practice to improve it.</p>
<p><i>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.</i></p>	<p>Clinical educators do not know their assigned schools well and struggle to liaise among the school, school district, and teacher education program.</p>	<p>Clinical educators are beginning to know their assigned schools to serve</p>	<p>Clinical educators know their assigned partner or Professional Development Schools to serve as effective liaisons among the school, school district, and teacher education program.</p>	<p>Clinical educators are recognized as valued and trusted members of the partner or Professional Development School community and the teacher education program, serving as effective liaisons among the school, school district, and the teacher education program.</p>
<p><i>7f. Clinical educators demonstrate pedagogical content knowledge, skills, and dispositions for clinically based teacher education that are congruent with teacher licensure program goals.</i></p>	<p>Clinical educators do not demonstrate pedagogical content knowledge, skills, and dispositions for clinically based teacher education.</p>	<p>Clinical educators inconsistently demonstrate pedagogical content knowledge, skills, and dispositions for clinically based teacher education.</p>	<p>Clinical educators demonstrate pedagogical content knowledge, skills, and dispositions for clinically based teacher education that are congruent with teacher licensure program goals.</p>	<p>Clinical educators not only demonstrate pedagogical content knowledge, skills, and dispositions for clinically based teacher education that are congruent with teacher licensure program goals but also are knowledgeable of standards that guide the field of teacher education and receive consistent professional development to update and improve these skills.</p>

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	Beginning	Developing	Meeting	Leading
<i>8a. Seminar is a weekly meeting between all teacher candidates and their assigned university-based clinical educator.</i>	The program has no seminars for teacher candidates.	Seminars occur during clinical experiences but are not held on a regular basis.	Seminars are held on a weekly basis and conducted by university-based educators.	Seminars are held on a weekly basis and conducted by university-based educators and school-based educators.
<i>8b. Seminar is taught by the university-based clinical educators who directly work with the teacher candidates in their clinical experiences.</i>	Seminar occurs on campus and involves no university-based clinical educators.	Seminar occurs at a clinical placement site and but is not taught by the university-based clinical educators who directly work with the teacher candidates in their clinical experiences.	Seminar occurs at a clinical placement site and is taught by the university-based clinical educators who directly work with the teacher candidates in their clinical experiences.	Seminar occurs at a clinical placement site and is co-taught by university-based and school-based clinical educators who work directly with the teacher candidates in their clinical experiences.
<i>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.</i>	The seminar utilizes a direct teaching approach where teacher candidates do not have an opportunity to learn about, discuss, or reflect upon pertinent classroom and school issues.	Teacher candidates have an opportunity during the seminar to learn about, discuss, and reflect upon classroom and school issues.	Teacher candidates have an opportunity to learn about, discuss, and critically reflect upon pertinent classroom and school issues during the seminar.	Teacher candidates have an opportunity to learn about, discuss and critically reflect upon pertinent classroom and school issues during the seminar as well as take individual or collective action to redress these 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	Beginning	Developing	Meeting	Leading
<i>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.</i>	Teacher candidates are not engaged in tasks, activities, and conversations that require them to analyze, reflect on, and inquire into their own practice.	Clinical educators have selected one tool to encourage teacher candidates to reflect upon their practice.	Clinical educators utilize a variety of tools and data to engage teacher candidates in tasks, activities, and conversations that regularly require them to intentionally analyze, reflect on, and systematically inquire into their own practice.	Clinical educators utilize a variety of tools and data to engage teacher candidates in tasks, activities, and conversations that regularly require them to intentionally analyze, reflect on, and systematically inquire into their own practice and report on their findings from these inquiries.
<i>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.</i>	Clinical educators approach all teacher candidates with the same approach and with no regard to their individual needs and do not encourage them to reflect upon their practice.	Clinical educators approach all teacher candidates with the same approach and with no regard to their individual needs when encouraging them to reflect upon their practice.	The developmental needs of teacher candidates are taken into consideration by clinical educators when working with them to reflect upon and improve their practice.	The developmental needs of teacher candidates are central to coaching by clinical educators when working with them to reflect upon and improve their practice.

Indicators	Beginning	Developing	Meeting	Leading
<p><i>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.</i></p>	<p>The clinical practice triad does not communicate regularly in order to support the teacher candidate's progress.</p>	<p>The clinical practice triad communicates at mid-term and at the conclusion of the clinical experience to assess the teacher candidate's progress.</p>	<p>The clinical practice triad communicates regularly to support the teacher candidate's clinical experience, to problematize teaching, and to encourage risk taking to improve practice.</p>	<p>The clinical practice triad communicates weekly to establish a teacher candidate-driven professional development plan and assess progress through risk taking and reflection to improve practice.</p>
<p><i>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.</i></p>	<p>Clinical educators do not routinely engage teacher candidates a pre-conference, observation, and post-conference to support teacher candidate growth and development.</p>	<p>Clinical educators engage teacher candidates in a pre-conference, observation, and post-conference but the clinical coaching cycle is not driven by data.</p>	<p>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.</p>	<p>Clinical educators routinely engage teacher candidates in data-driven coaching of pre-conference, observation, and post-conference to support teacher candidate growth and development. The data is then utilized by the teacher education program to determine its strengths and areas of growth for program improvement.</p>
<p><i>9e. University-based teacher educators spend time in teacher candidates' classrooms so that they know and understand the K-12 students, mentor teacher, and the classroom context.</i></p>	<p>University-based teacher educators spend little time in teacher candidates' classrooms so that they are not familiar with the K-12 students, the mentor teacher, and the classroom context.</p>	<p>University-based teacher educators spend time on a semi-weekly basis in teacher candidates' classrooms so that they know and understand the K-12 students, the mentor teacher, and the classroom context.</p>	<p>University-based teacher educators spend time on a weekly basis in each teacher candidate's classrooms so that they know and understand the K-12 students, the mentor teacher, and the classroom context.</p>	<p>University-based teacher educators spend time on a weekly basis in each teacher candidate's classroom so that they know and understand the K-12 students, the mentor teacher, and the classroom context, and they develop relationships as colleagues with the faculty and administrators at the school.</p>
<p><i>9f. The clinical coaching of teacher candidates serves as a formative assessment of teaching that is distinct from teacher candidate evaluation.</i></p>	<p>The clinical coaching of teacher candidates does not serve as a formative assessment process that emphasizes growth throughout the clinical experience.</p>	<p>The clinical coaching of teacher candidates occasionally serves as a formative assessment by focusing on the growth of the teacher candidate but is often conflated with evaluating the teacher candidate's performance.</p>	<p>The clinical coaching of teacher candidates throughout the semester serves as a formative assessment of teaching that emphasizes teacher growth which is distinct from the teacher candidate evaluation process.</p>	<p>The clinical coaching of teacher candidates throughout the semester serves as a formative assessment of teaching that emphasizes teacher growth. This process involves including the teacher candidates in assessing their own growth and providing that data during the supervisory process throughout the clinical experience.</p>

Indicators	Beginning	Developing	Meeting	Leading
<i>9g. Teacher candidates have voice and are recognized as valued participants in the clinical coaching process.</i>	Teacher candidates have no voice in the clinical coaching process.	Teacher candidates are only asked for their input occasionally during the clinical coaching process.	Teacher candidates have input and are recognized as valued participants in the clinical coaching process.	Teacher candidates are recognized and valued participants. They are supported in taking leadership of their own development to drive the clinical coaching process.
<i>9h. Clinical educators have prior experience in and knowledge about supervision and clinical coaching that they apply to their practice consistently.</i>	Clinical educators have little to no prior experience in nor preparation for clinical coaching and have no knowledge about supervision and clinical coaching.	Clinical educators have prior experience in and some knowledge about supervision and clinical coaching, but they do not apply it consistently to practice.	Clinical educators have experience and knowledge in supervision and clinical coaching that they apply to their practice consistently.	Clinical educators have extensive experience and knowledge in supervision and clinical coaching and apply those in their practice consistently. They take initiative to study their own practice and deepen their knowledge and understanding of supervision and clinical coaching.
<i>9i. Clinical educators have opportunities to deepen their knowledge and skills in clinical pedagogy.</i>	Clinical educators have no professional learning opportunities to deepen their knowledge and skills in clinical pedagogy.	Clinical educators have limited opportunities for professional learning to deepen their knowledge and skills in clinical pedagogy.	Clinical educators have professional learning opportunities and take advantage of those opportunities to deepen their knowledge and skills in clinical pedagogy.	Clinical educators participate on a regular basis in professional learning opportunities to deepen and apply their knowledge and skills in clinical pedagogy.
<i>9j. Clinical educators engage teacher candidates in data-driven conversations focused on practice to improve K-12 student learning.</i>	Clinical educators' conversations with teacher candidates are not data-driven.	Clinical educators' conversations periodically utilize data with teacher candidates to improve their practice but do not link it to K-12 student learning.	Clinical educators engage teacher candidates in data-driven conversations focused on their practice and linked to improving K-12 student learning.	Clinical educators engage teacher candidates in data-driven conversations focused on their practice and linked to improving K-12 student learning. Teacher candidates are encouraged to collect their own data to determine their impact on K-12 student learning.

Indicators	Beginning	Developing	Meeting	Leading
<p><i>9k. Clinical educators place an intentional focus on developing equity-centered teacher candidates through their clinical coaching.</i></p>	<p>Clinical educators do not place a focus on developing equity-centered teacher candidates through their clinical coaching.</p>	<p>Clinical educators occasionally draw attention to equity in the classroom during their clinical coaching.</p>	<p>Clinical educators are intentionally and frequently placing an emphasis on developing equity-centered teacher candidates through their clinical coaching.</p>	<p>Clinical educators are intentionally and consistently placing an emphasis on developing equity-centered teacher candidates that result in more equitable educational outcomes for K-12 learners.</p>
<p><i>9l. Clinical educators co-teach with teacher candidates that supports teacher candidates' developmental needs as well as improves K-12 student learning.</i></p>	<p>Clinical educators and teacher candidates do not co-teach in the classroom.</p>	<p>Only school-based teacher educators and teacher candidates co-teach infrequently in the classroom.</p>	<p>School-based teacher educators and teacher candidates co-teach regularly in the classroom and debrief to reflect upon and analyze their lesson to improve the teacher candidate's performance.</p>	<p>Clinical educators, both school- and university-based, co-teach with each other and teacher candidates to support the teacher candidate's performance, meet K-12 student needs and improve K-12 student learning.</p>
<p><i>9i. Clinical educators have opportunities to deepen their knowledge and skills in clinical pedagogy.</i></p>	<p>Clinical educators have no professional learning opportunities to deepen their knowledge and skills in clinical pedagogy.</p>	<p>Clinical educators have limited opportunities for professional learning to deepen their knowledge and skills in clinical pedagogy.</p>	<p>Clinical educators have professional learning opportunities and take advantage of those opportunities to deepen their knowledge and skills in clinical pedagogy.</p>	<p>Clinical educators participate on a regular basis in professional learning opportunities to deepen and apply their knowledge and skills in clinical pedagogy.</p>

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	Beginning	Developing	Meeting	Leading
<p><i>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.</i></p>	<p>The evaluation instruments do not reflect a continuum that assesses the knowledge, skills, and dispositions necessary for teacher candidate development in each level of clinical experience.</p>	<p>The evaluation instruments reflect a continuum that assesses the knowledge, skills, and dispositions at each level of their clinical experience but are not consistently developmentally appropriate to ensure the teacher candidate is successful at the next level of clinical experiences.</p>	<p>The evaluation instruments reflect a continuum that assesses the knowledge, skills, and dispositions at each level of their clinical experience that are consistently developmentally appropriate to ensure the teacher candidate is successful at the next level of clinical experiences and ultimately as a competent beginning teacher.</p>	<p>The evaluation instruments reflect a continuum that assesses the knowledge, skills, and dispositions at each level of their clinical experience that are consistently developmentally appropriate to ensure the teacher candidate is successful at the next level of clinical experiences and ultimately as a competent beginning teacher. The evaluation instruments are assessed on regular intervals (e.g., admission, movement to final practicum and program completion) to ensure expectations meet current standards and expectations of the teaching profession.</p>
<p><i>10b. Teacher candidates, school-based teacher educators, and university-based teacher educators all have voice and input in the evaluation process.</i></p>	<p>The university-based teacher educator has the only input in the evaluation process.</p>	<p>The school-based teacher educator and university-based teacher educator have the only input in the evaluation process</p>	<p>Teacher candidates, school-based teacher educators, and university-based teacher educators all have voice in the evaluation process.</p>	<p>Teacher candidates, school-based teacher educators, and university-based teacher educators all have an equal voice and input in the evaluation process.</p>

Indicators	Beginning	Developing	Meeting	Leading
<i>10c. The tool used to evaluate the teacher candidate encompasses the responsibilities of being a teacher while also being developmentally appropriate for teacher candidates.</i>	The tool used to evaluate teacher candidates is not developmentally appropriate for teacher candidates.	The tool used to evaluate teacher candidates is developmentally appropriate for teacher candidates.	The tool used to evaluate the teacher candidate encompasses the responsibilities of being a teacher is developmentally appropriate for teacher candidates.	The tool used to evaluate the teacher candidate encompasses the responsibilities of being a teacher is developmentally appropriate for teacher candidates. It is also reviewed on a regular basis by program to determine if it meets the needs of teacher candidates and the program.
<i>10d. The evaluation instruments are standardized across clinical experiences and are aligned with accreditation requirements and/or state and national standards.</i>	Clinical educators do not use any evaluation instruments to measure teacher candidate performance.	Clinical educators use evaluation instruments that are not standardized across clinical experiences, nor are they aligned with accreditation requirements and/or state and national standards.	Clinical educators use evaluation instruments that are standardized across clinical experiences and are aligned with accreditation requirements and/or state and national standards.	Clinical educators use evaluation instruments that are standardized across clinical experiences and are aligned with accreditation requirements and/or state and national standards. These instruments are assessed for reliability and validity on a regular basis.
<i>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.</i>	Clinical educators' decisions about a teacher candidate's progress are not based on data gathered on the candidate's clinical experience program.	Clinical educators make summative and formative decisions based on a single source or tool used during the teacher candidate's clinical experiences and continuation in the teacher preparation program.	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.	Multiple sources of data are used over time to make evidence-based, summative decisions about the teacher candidate's progress and continuation in the teacher education. University and school-based teacher educators meet annually to assess the data and to make revisions in the teacher education program.
<i>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.</i>	No process exists for documenting teacher candidates' struggles during clinical experiences.	A process exists for documenting and communicating teacher candidates' struggles during clinical experiences, but no clear process exists to assist the teacher candidate overcome these struggles.	A clear process, including documentation and communication, exists for supporting teacher candidates who struggle in clinical experiences with multiple opportunities for teacher candidates to improve and be successful.	A clear process, including documentation and communication, exists for supporting teacher candidates who struggle in clinical experiences with multiple opportunities for teacher candidates to improve and be successful. Additional mentoring and support are provided for struggling teacher candidates.

Indicators	Beginning	Developing	Meeting	Leading
<p><i>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.</i></p>	<p>The clinical practice triad holds no formal evaluation conferences.</p>	<p>Only some members of the clinical practice triad participate in the formal evaluation conferences to evaluate the teacher candidate's performance.</p>	<p>The clinical practice triad hold two formal evaluation conferences, one at the midterm and one at the end of the semester, to evaluate the teacher candidate's performance.</p>	<p>The clinical practice triad hold a minimum of two formal evaluation conferences to evaluate the teacher candidate's performance. They use the evaluations to develop a plan to set goals for successive clinical experiences.</p>

Standard 11:
Virtual Supervision

Clinical experiences incorporating virtual supervision will adhere to best practices in the ethical and equitable implementation of virtual supervisory techniques. Potential benefits to teacher candidates include expanded observations of diverse field settings and value-added experiences pertaining to self-assessment and targeted feedback.

Indicators	Beginning	Developing	Meeting	Leading
<p><i>11a: When needed, virtual supervision experiences exist within PK-12 school and college/university partnerships.</i></p>	<p>Virtual supervision is not addressed in a cooperative agreement between the college/university and the k-12 school or district.</p>	<p>Virtual supervision is addressed in an informal cooperative agreement between the college/university and the k-12 school or district.</p>	<p>Virtual supervision is addressed in a formal cooperative agreement between the college/university and the k-12 school or district.</p>	<p>Virtual supervision is addressed in a formal collaborative agreement between the college/university, the k-12 school, and the k-12 school district.</p>
<p><i>11b: Provisions are made for stable, sustainable, interactive, synchronous virtual supervision.</i></p>	<p>Developing, providing ongoing tech support for, and assessing a working system of interactive, synchronous, virtual supervision has not yet been negotiated by the college/university and the k-12 school or district.</p>	<p>Developing, providing ongoing tech support for, and assessing a working system of interactive, synchronous, virtual supervision is being negotiated, and/or piloted by the college/university and the k-12 school or district.</p>	<p>A working system of interactive, synchronous, virtual supervision; tech support to sustain the system; and a means to assess the system on a regular basis has been initiated by the college/university and the k-12 school or district.</p>	<p>A working system of interactive, synchronous, virtual supervision; tech support to sustain the system; and a means to assess the system on a regular basis has been fully implemented by the college/university and the k-12 school or district.</p>
<p><i>11c: Video platform-based conferencing (college/university supervisor, cooperating teacher or administrative intern mentor, and candidate) takes place on a consistent basis.</i></p>	<p>Video platform-based conferencing capability is not yet in place.</p>	<p>Video platform-based conferencing is only used for two-way conferencing.</p>	<p>Video platform-based conferencing is used for two-way and three-way conferencing.</p>	<p>Video platform-based conferencing is consistently used for two-way and three-way conferencing.</p>

Indicators	Beginning	Developing	Meeting	Leading
<i>11d: Video recordings are readily available for subsequent reflection, formative assessment, and coaching.</i>	Video platform-based conferences are not held or are held but not yet recorded.	Video platform-based conferences are recorded but not consistently shared with all participants.	Video platform-based conferences are recorded and consistently shared with all participants.	Video platform-based conferences are recorded and stored in a virtual location, easily accessed by all participants.
<i>11e: All aspects of clinical supervision are facilitated virtually: pre-/post-observation meetings, virtual observations, three-way conferencing, and video-based reflections (if applicable*).</i>	Pre/post observation meetings, observations, and 3-way conferences are not yet held virtually.	Pre/post observation meetings, observations, or 3-way conferences are beginning to be held virtually.	Pre/post observation meetings, observations, and 3-way conferences are usually held virtually.	Pre/post observation meetings, observations, and 3-way conferences are always held virtually.

**Note: Some programs, and some states, have a requirement for written reflections. Transcribed reflections may meet this requirement.*

Standard 11 was developed by the Educational Leadership Special Interest Group and was subsequently added to the Standards for Clinical Experiences by the ATE Board of Directors.