

**This is Not Your Grandfather's Student Teaching:
Kenji's Clinically Driven Teacher Education**

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STUDENT TEACHING THEN

It provided me more than pause for reflection when I realized that it was 50 years ago, in 1960, when I began my student teaching. I pursued my teacher education studies in a Master of Arts in Teaching (MAT) program at a major university in the Midwest. My recollection, such as it is, is that the school of education faculty members in the classes in which I was enrolled were, to a person, knowledgeable, motivating and personally vested in my success as a prospective and ultimately licensed teacher. I was impressed with the quality of my classes and thoroughly enjoyed them. However, except for occasional visits to schools which were primarily observational in nature in the term prior to my student teaching, my “clinical training” consisted of a semester-long capstone experience. Another teaching intern and I were assigned to two middle school teachers to form a team of four. Previously, there had been three licensed teachers at the 7th grade level, each working with 25 to 30 students in a self-contained classroom arrangement. The two of us replaced the third teacher and we were paid a modest stipend.

I worked with groups of 10 to 12 students at first, but was soon instructing groups of 20 to 30. The other three teachers and I met daily as a team, after students were dismissed, to plan instructional activities and debrief the current day’s activities. Any structured or sustained observation of my teaching by the two veteran teachers was episodic, coming perhaps every 10 days or so, while faculty members from the school of education paid half-day visits 4 or 5 times during the 18 week semester. The principal would stick his head in the room from time to time, but the two of us never formally discussed my development or lack thereof. Feedback on my teaching was primarily informal, invariably supportive, and mostly positive. This should have sent some warning signals, as I was acutely aware of my limitations. Nonetheless, I was an enthusiastic learner, accruing many “aha” moments over the course of the semester. I was diligent in my preparation and found that when I encountered problems, as I surely did, there were receptive ears and helpful suggestions from both the two veteran teachers and the school of education faculty members (on their occasional visits to the school). One of the veteran teachers was a single woman who graduated from a normal school and advanced in her career. She treated me like a son, perhaps because she found my enthusiasm paralleled her own. To this day, I recall two tenets to which she held fast: First, teaching should be seen as a calling, a chosen profession. Second, it should be enjoyable; the classroom is full of good things happening and a great place to be. Make learning fun!

Understandably, at that time I had a limited perspective from which to assess the effectiveness of this experience. Being young and in many respects naive, I had much to learn. No doubt I learned a good bit. The philosophical and cultural divide between a more progressive view of teaching and learning, with an emphasis on interdisciplinary, project-based learning to which I was exposed on campus, and the

separate-subject-textbook-based approach I encountered in the school was largely lost on me as modest successes in the latter approach were achieved and reinforced. On the positive side, this experience was longer than many capstone experiences, and the limited number of classroom observations of my teaching was offset by the daily team meetings in which ideas were shared and activities debriefed. I would conjecture that the nature of my “internship” was common at that time and remains common today. I suspect my fondness for the dedicated teacher who took me under her wing and the fact that teaching has indeed been a joy for me these many years constrain too critical an assessment on my part.

However, to put those experiences in perspective, I do believe it would be helpful to contrast them with what an idealized version of exemplary clinical preparation might look like 50 years later. In developing this scenario I have drawn upon many distinctive, high-impact activities, which I have either participated in or observed. I have taken the liberty of some modest embellishment with the goal of moving us to bolder visions of what might be in terms of clinical preparation. I have made my charming grandson Kenji the prospective teacher in this contemporary scenario. However, before following Kenji through his clinical preparation, more explicitly defining the general nature of clinical preparation is in order.

THE NATURE OF CLINICAL PRACTICE

Clinical practice in medicine involves the direct observation and treatment of clients (Merriam-Webster, 2006). Similarly, clinical preparation of teachers calls for the observation of, interaction with, and instruction of *students*. Clinical preparation entails guidance and instruction of the prospective teacher by *qualified professionals*, both in universities and in P-12 schools. Teaching is highly complex, requiring both general and specialized knowledge and skills as well as theoretical, practical, and technical understandings not possessed by lay people. Thus, clinical practice and teacher training in clinical settings are highly complex endeavors. In medical education, clinical training requires knowledge of the patient or client and follows evidence-based standards of practice, or, lacking that, the exercise of expert judgment (Shulman, 1998). The same applies or should apply to teaching.

Alter and Coggshall (2009) further underscore that clinical practice professionals, those who instruct and assess those seeking licensure, form a professional community that creates and monitors standards of practice. These writers remind us that there is an important moral dimension to this work, with ‘the goal of service to others and the pursuit of valued social goals’ a critical aspect of clinical preparation.

THE COMPLEXITY OF THE ENDEAVOR

Learning to teach calls for much more than acquiring and refining technical skills. In this regard, Feiman-Nemser (2001) identified five major teacher's understandings, abilities and dispositions which need to be developed. Teachers must be capable of:

1. Analyzing beliefs and forming new visions;
2. Developing subject knowledge for teaching;
3. Developing understanding of learners and learning;
4. Developing a beginning repertoire; and
5. Developing the tools to study teaching and learning.

I would elaborate upon Feiman-Nemser's insightful synthesis to note that the beginning repertoire includes both content-specific and domain-general teaching abilities. In addition to developing tools to study teaching and learning, additional strategies for continuing to learn on the job, over time, both alone and with others are also needed. Clinical preparation should address each of these domains.

THE NATURE OF LABORATORY LEARNING

Often, clinical preparation is preceded or accompanied by *laboratory* experiences or preparation, typically on the university campus and in conjunction with coursework. Just as an aviator engages in a range of simulated flight activities prior to training in an actual airplane, prospective teachers can acquire certain understandings and abilities through participation in such activities as online and video demonstrations, cases representing both exemplary practice and common dilemmas, and peer and micro-teaching. The latter involves instructing a small group of colleagues for brief periods of time, with the lesson having a specific and limited focus. Online learning opportunities abound, from consideration of different interventions for a particular virtual student's pattern of behavior to broader engagement in a virtual school calling for investigation and decision-making by the prospective teacher. The major distinction between laboratory and clinical preparation is that the former does not involve first hand interaction with real students in actual school settings.

Kenji's clinical preparation, for example, was buttressed by a variety of *laboratory* activities. He spent several hours with his prospective teacher cohort in a video lab studying four distinct types of cases: 1) student profiles requiring diagnostic analysis; 2) exemplary teaching tactics and strategies, classified by subject matter and student type; 3) common classroom problems and dilemmas; and 4) analyses of

curriculum lessons and units. Kenji and his cohort also studied multiple examples of classroom and school organizational structures and cultures in their ongoing interactions with a virtual school.

A major difference between my teacher preparation and Kenji's was the clear and emphatic focus his program maintained on the ways in which his teaching enabled student learning and academic achievement. Thus a critical online activity for Kenji was the continuing development of his teaching portfolio, which included multiple examples of his teaching with voice-over analysis each episode, complemented by examples of the positive impact his efforts had on student work.

LABORATORY AND CLINICAL ACTIVITIES PERMEATE KENJI'S PROGRAM

Kenji's preparation for teaching was characterized by the pervasive nature of his laboratory and clinical training. I participated in little, if any, laboratory training, and my clinical preparation was limited to a semester-long capstone experience referred to as "student teaching". Kenji's clinical preparation began early in his general studies in a curriculum designed specifically for prospective teachers hoping to teach in urban schools, and it continued through his professional program. A thematic program structure wove the courses and clinical activities together. By the time Kenji began his semester-long internship in a Professional Development School (PDS), he had participated in a sequence of clinical experiences in 3 different urban schools. This two year professional program began with his spending a half a day a week in schools in semester one, building to a full day twice a week in semester two, expanding further to half days every day in schools in semester three, and finally culminating in full day teaching in his final *internship* semester. As will be demonstrated shortly, each of the major teacher competencies identified by Feiman-Nemser were addressed during this time and in multiple ways

PROFESSIONAL DEVELOPMENT SCHOOL AS A CORNERSTONE FOR CLINICAL PREPARATION

Kenji's culminating internship took place in a PDS, the benefits of which are difficult to overstate. This PDS evolved over time and was guided by the six principles put forth by the Holmes Group two decades ago, as follows:

Principle One. Teaching and learning for understanding. All the school's students participate seriously in the kind of learning that allows one to go on learning for a lifetime. This may well require a radical revision of the school's curriculum and instruction.

Principle Two. Creating a learning community. The ambitious kind of teaching and learning we hope for will take place in a sustained way for larger numbers of children only if classrooms and schools are thoughtfully organized as communities of learning.

Principle Three. Teaching and learning for understanding for all children. A major commitment of the PDS will be overcoming the educational and social barriers raised by an unequal society.

Principle Four. Continuing learning by teachers, teacher educators, and administrators. In the PDS, adults are expected to go on learning, too.

Principle Five. Thoughtful long-term inquiry into teaching and learning. This is essential to the professional lives of teachers, administrators, and teacher educators. PDS faculty, working as partners, will promote reflection and research on practice as a central aspect of the school.

Principle Six. Inventing a new institution. The preceding principles call for such profound changes that the PDS will need to entirely revise its organizational structure, supported over time by enduring alliances between all the institutions with a stake in better professional preparation for school faculty (1990, p.3).

Obviously, developing and sustaining schools reflecting the above principles are no small tasks. Levine and Trachtman (2007) captured well what was necessitated to develop such a PDS when they wrote:

Success also will require a re-conceptualization of the district into regional clusters or service areas that better address the developmental needs of teachers. Depending upon district size, each service area might have one or more PDS to support novice teachers who will then be placed in schools in the service area upon completion of their induction period. The PDSs will constitute a subsystem of schools within the district and would be funded through reallocation of resources within the district, subsidized by federal and state support. The district will have to enter into a partnership with the local schools of education with which they share an interest in the quality of the new teachers. The restructuring also will require putting in place a set of incentives for master teachers to draw them to work in these PDSs. Incentives would include salary differentials, role differentiation, and reallocation of master teacher's time and responsibilities. Master teachers would be drawn to work as teacher educators and mentors of new teachers, working alongside novices co-teaching classes or working in team structures. Whole buildings would be re-staffed with appropriately skilled building leaders and experienced teachers (2007, p.18).

As Levine and Trachtman argue, just as teaching hospitals receive additional funding, so also must teaching schools or PDSs be targeted for special categorical funding. In order to qualify for such funding it is essential then that the PDS clearly manifest principles such as those espoused by the reform-oriented

coalition of institutions in the Holmes Group (which eventually and appropriately became the Holmes *Partnership*). Recall their sixth principle, which called for profound changes in the structure – and, I would add, culture – of these institutions. The nature and scope of clinical activities in which Kenji was engaged could only occur in a school specifically structured and staffed to socialize and instruct prospective and novice teachers.

In summary, then, of this brief overview of clinical and laboratory preparation as embedded in a PDS setting, I would underscore these four core attributes of clinical practice:

1. Clinical preparation should address the *multiple dimensions of what it means to be a professional*. It means acquiring not only general and content-specific teaching strategies and tactics, but also deep knowledge and appreciation of one's students, including the ability to build on these students' cultural assets. It means adhering to an ethical code and ensuring that public schools and the teachers within them uphold their social justice mission of access and support so that *all* youngsters can achieve. It means contributing to and following evolving evidence-based standards of practice. Finally, at the core of clinical preparation is the development of teaching practices that result in *student learning*. Given these ambitious goals, what is referred to as pre-service preparation leading to initial licensure provides but the foundation for further teacher learning and development. Teacher development should be further fostered in induction programs, and persist throughout a teacher's career.
2. Clinical preparation necessitates strong and sustaining *partnerships*. Clinical preparation cannot be divorced from theory, research and rigorous academic learning; hence, there is a central role for universities. It calls for bold new clinical practice professionals; hence, a critical leadership role for teachers and teacher unions is needed. It demands a bold new school organization and culture. Hence, the need for school district leadership and support. It demands additional categorical funding to support teacher and student learning. Hence, the need for changes in federal, state and local funding policies and practices and support from philanthropic sources. All of these parties have to work together.
3. Clinical practice occurs best in *schools specifically designed to advance teacher learning as well as student learning* and at all phases of a teacher career. The core attributes of Professional Development, Partner or Clinic schools need to be carefully delineated and demonstrated in order to qualify for the additional funding which will be needed to support these schools.
4. Clinical preparation calls for prospective teachers to be guided and instructed by *clinical practice professionals* who have the requisite experience and *preparation* to serve as coaches, clinicians and consulting teachers. This means making explicit standards and qualifications for these roles,

attention to selection criteria and the preparation needed to assume these roles, and, finally, policies which ensure that they have time to perform these responsibilities and receive appropriate compensation for taking them on.

CLINICAL PREPARATION IN KENJI'S GENERAL STUDIES

Several of Kenji's courses in his general study requirement were designed specifically for those considering teaching in urban schools, and had rigorous clinical components attached to them. This thematic sequence of courses, titled Cultures and Communities, represented a range of disciplines focusing specifically on better understanding and contributing positively to schools in urban contexts. These courses were taught by professors whose scholarship was focused on the urban context, whether sociologists, cultural anthropologists, economists, or political scientists. Whatever the particular disciplinary or interdisciplinary nature of a course in this sequence, it examined the urban context, and a community liaison assisted in the design of clinical activities to ensure they were responsive to needs and interests of the neighborhood community involved. For example, in Kenji's course in urban economics he participated in a rigorous *asset mapping* activity along with community leaders, parents and youngsters. He was part of a core group of 20 individuals working through a five-step process to identify "hidden" or under-utilized resources within the attendance area of a particular middle school. Employing a variety of tools, his working group developed an asset map which became the template for a school/community action and improvement plan focused on better after-school instructional and recreational opportunities for the pre-adolescents living there.

FOUNDATIONAL STUDY AND CLINICAL PREPARATION

Having completed his general studies and pre-professional coursework, Kenji entered his professional preparation program in his junior year. The Cultures and Communities general studies sequence flowed nicely into his social, historical and philosophical foundation courses. Here there was a major emphasis on the various purposes and missions of public schooling in a social democracy. Coherence was provided to this set of courses and their clinical components, as well as to the entire professional program, by half a dozen themes that ran like threads through the courses in Kenji's program. One core theme continually reinforced was the highly diagnostic and analytical nature of teaching; teaching itself is clinical in nature. Further, it was underscored that teaching is a highly moral and interpersonal endeavor as well. Teaching demands a deep understanding and appreciation of students and their social and cultural contexts. The

value-added nature of diversity was stressed over and over again, and the incorporation of students' cultural capital in the curriculum was illustrated in multiple ways.

Thus, Kenji's foundation courses also frequently engaged him in urban schools and school communities. In one of his foundation courses, he and his colleagues examined demographic patterns in two different sections of the city and the underlying reasons for these patterns. In another course Kenji and his cohort of prospective teachers followed school bus routes in their urban school district to examine just who is bused where, for what length of time and why. They interviewed students as to their views on this busing and what typically occurred during this time. Their inquiry, focused on student perceptions, was part of a larger study undertaken by the school district in partnership with the university.

PROFESSIONAL LEARNING COMMUNITIES

Kenji also benefited from participation in a cohort of prospective candidates, pursuing their courses together over time. He was, as well, a member of professional learning communities online and in the PDS where he completed his internship. Kenji's prospective teacher cohort met regularly throughout his program and developed and refined norms for active and accountable participation in the group. The prospective teachers in the cohort also rotated through a variety of leadership roles designed to guide the group. As a Japanese-American, Kenji had a particular interest in developing student-to-student interactions among young people from different countries and cultures. Thus, his online professional learning community had this objective as its focus. During his internship, he worked with a faculty member on-campus and a veteran teacher in his PDS to develop an instructional unit, which had students from different countries looking at their common interests and distinctive differences.

THE IMPORTANCE OF THE SCHOOL COMMUNITY

By the time Kenji entered his capstone internship, he had completed several clinical experiences in urban neighborhood *communities* as well as in urban schools. His preparation program was guided by the premise that you cannot fully understand a youngster outside the context of his or her family or caregivers, and you cannot understand the nature of a family outside the context of its neighborhood. Thus, Kenji's study of pre-adolescent growth and development — critical to his understanding and appreciation of middle school youth — had a major clinical component. It called for structured interviews, first with a group of youngsters age 11, then a group age 12, and finally a group age 13. These activities were guided by a team of professors and veteran middle school teachers and examined

developmental patterns as influenced not only by age, but gender and socio-economic status as well. The pre-adolescents in the project who were observed and interviewed were also involved as “co-investigators” and helped interpret the aggregate information and data collected.

During Kenji’s culminating internship in the PDS his cohort met on-site once a week before and after school in a *bookends* configuration. The emphasis in the course, employing an action research format, was addressing issues and problems encountered by various faculty and staff in the school. The 45 minutes prior to school focused on delineating problems and identifying data collection and observational tools that could uncover the potential sources of these problems. The hour and half after-school session concentrated on data analysis, interpretation and building evidence to guide proposed interventions.

TEACHING CLINICS

Kenji periodically participated in teaching clinics similar to the rigorous lesson study cycle originally developed in Japan and now employed as a core professional development activity in many schools and school districts across the United States (Sims and Welsh, 2009). In Kenji’s particular situation, a team of teachers in the PDS met jointly and planned a “research lesson.” The team included both prospective and veteran teachers. Their goal, addressed through discussion and inquiry, was to design a lesson grounded in best evidence for a specific group of students. In this particular clinical format, one member of the team-taught the lesson while others observed. The lessons were videotaped and reviewed so that the thinking of the teachers could be made explicit at key points in the activity. After observation and analysis the original lesson was revised for a different group of students and taught by another member of the team. In this way Kenji was again able to experience a *cyclic clinical* pattern of inquiry, planning, observation, reflection and assessment.

CLINICAL COACHES

Kenji chose as well to work with an e-coach online from time to time. In this particular venue, Kenji shared how different events, policies, practices and activities confronted his values and beliefs. The e-coach, a veteran middle school counselor, responded to Kenji’s periodic journal entries with the intent of fostering further reflection by Kenji about his beliefs and assumptions, especially in regard to teaching and learning and the variety of learners he encountered.

Kenji also had an on-site content coach whose specific responsibility was to assist him in teaching mathematics. His coach adapted the clinical model, developed by Joyce and Showers (2003), which calls for the continuing examination of one's teaching, especially its impact on student learning. This clinical model moves from 1) exposition (information about the content to be taught and the students involved), to 2) demonstration by the coach, to 3) guided practice by the prospective teachers and, finally, 4) to feedback and analysis focusing on how aspects of student learning were impacted by the teacher.

DISTRIBUTED MENTORING

This PDS did not employ an individual *mentor* for prospective and novice teachers but rather developed a *distributed consulting teacher* structure. In this arrangement, Kenji could call upon teachers who had both the specialized expertise and flexible time to assist him in those areas where he and other prospective and novice teachers typically encounter the greatest challenges. Thus, Kenji could call on one *consulting* teacher who was able to assist him with classroom management, culture, and behavioral problems; a second who could assist him with integrating technology more effectively and centrally into his lessons; a third who was available to guide him in gaining a better understanding of the school community and parental and caretaker expectations; a fourth who could assist him in developing lessons that were congruent with state and local standards, and, finally, a fifth consulting teacher who was able to help Kenji with the development of his teaching portfolio. The scaffolding for Kenji's portfolio was adapted from the California Formative Assessment and Support System for Teachers (CFASST) and provided him with a clear understanding of how the *multiple* dimensions of his teaching would be assessed.

Kenji's particular strengths and weaknesses determined whether he would work with each of these consulting teachers and, if so, to what extent. For example, Kenji, an ardently technology-driven millennial, needed little if any assistance when integrating technology into his lessons. He had also become quite familiar with the broader school community and needed no further assistance in this regard. He did, however, need considerable assistance with classroom management and the development of his teaching portfolio with its emphasis on how he impacts student learning.

This *distributed* consulting teacher arrangement not only provided Kenji more specialized assistance than any particular veteran teacher could, it contributed in a major way as well as to a PDS school culture in which veteran teachers provided assistance to one another as well as to prospective teachers. These teachers had a functional (e.g. technology) as well as a disciplinary differentiation of responsibilities, and, in this manner, represented an expanded distribution of expertise throughout the school well.

PDS AS A VEHICLE FOR TEACHER LEARNING THROUGHOUT A CAREER

Kenji's PDS received additional funding to support its mission of advancing *teacher* development along with student learning and achievement. The PDS was designed to enable development throughout a teacher's career. The PDS provided multiple clinical activities for prospective teachers prior to their internship. It incorporated a multi-year *induction program* for novice teachers. It provided, as well, a host of embedded learning activities for licensed *first stage* career teachers; those teachers having taught less than five years. Finally, it afforded leadership training for second stage teachers, including preparation for coaching, mentoring, consulting, assessment, and a PDS coordinator role.

Developing and maintaining such a school organization and culture is no small task. In his PDS, Kenji and his cohort of prospective teachers were assigned to work with the veteran teachers on various school committees. A priority in these working groups was the continuing refinement of clinical practice roles and responsibilities needed to provide exemplary clinical support. Thus, PDS committees over time developed clear position descriptions with requisite qualifications for the following roles: PDS Coordinator, Multiple Consulting Teacher Positions, Content Coaches, Clinical Professors, Content Professors, Teaching Clinic Coordinators, and Teachers.

This ongoing work resulted in a unique career lattice in the PDS providing multiple teacher leadership opportunities for teachers.

TO A BOLD NEW SCHOOL AND A PROGRAM OF INDUCTION

Kenji learned quickly that the life of a professional teacher involves far more than his interaction with students. He quickly came to realize that teaching and *learning to teach* are blended activities, especially if the organization and the culture of the school enable those continuing cycles of inquiry, planning, instruction, observation and feedback, reflection and analysis. Such cycles ensured that assessment was blended with instruction on a continuing basis. Kenji's goal as he completed his program was to assume a teaching position where a cadre of teachers, if not an entire school faculty, was committed to working together.

Kenji was indeed fortunate in this regard in that his protracted, clinically driven preparation had prepared him well, and he was deemed ready to begin as a licensed novice teacher. The evaluation of his teaching,

drawing on the observation of multiple individuals in clinical roles and the several sources of data in his teaching portfolio, was most favorable (what else could I say about my grandson?). Thus, Kenji was offered a position in a middle school in the same urban district in which his PDS was located. This urban district, in partnership with the teachers' union and consortium of local universities, has put in place an ambitious *program of induction* for new and novice teachers in all schools in the district. Thus Kenji will receive continuing instruction and support through many of the same clinical practices and learning-to-teach strategies and venues he was engaged in at the PDS.

What is particularly exciting for Kenji is that he has been recruited to the first New Tech middle school, which will employ the same principles, policies and practices as the coalition of New Tech High Schools in their secondary schools. Every student in a New Tech School works in a small-group, cooperative team structure employing project-based learning. Every student has their own laptop, and they work online in a continuous manner both on and off the school premises. Their projects address real world issues and problems. There are explicit rubrics which rigorously assess these students' academic learning and their ability to meet state and local standards as they complete various projects. Beyond this there are rubrics to measure their disposition and abilities in other important areas, including: their leadership, their ability to work effectively in groups, their competencies with technology, and their ability to innovate and display initiative. Kenji was recruited to this New Tech School in part because of his technological expertise, but also because of his experience in working effectively with different teams of teachers. This is important at New Tech, as each Friday afternoon faculty members share projects in various stages of development. Their colleagues provide feedback and suggest resources to strengthen these projects. While the faculty meets, their students work online in a largely self-directed format. In this manner teachers are continuously interacting with and learning from one another. Kenji has been extremely well socialized and prepared to function well in such a school culture.

WHY THIS VISION?

In closing, I am acutely aware that this vision of Kenji's preparation and his initial teaching position stands in stark contrast to what tens of thousands of prospective and novice teachers encounter. They face conditions and practices which contribute greatly to the inexcusable revolving door of tens of thousands of new teachers entering teaching and then quickly leaving, especially in urban, high-poverty schools. I believe that at the root of this crisis is a pervasive and pedestrian vision of teaching and learning, and, for that matter, schooling. In turn, teacher preparation is given short shrift. The education professions have neither collectively nor forcefully put forward a bolder and better *vision*. We have not persuaded many

within our ranks, let alone those in the public at large, how complex and challenging teaching is, and in turn what it really takes to prepare such teachers, especially in schools representing our increasingly diverse society. We have simply not done justice to the definition of the highly qualified teacher. We need to be more visionary, and, hopefully, this scenario of what clinical preparation could entail — dare I say, should entail — is a step in that direction.

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