Spring 5-2006

Superintendents ' Perceptions of Clinical Supervision Practices In a District-Wide Implementation Program

Myrna Rae Ladner Bourgeois
University of Southern Mississippi

Recommended Citation

The University of Southern Mississippi

SUPERINTENDENTS' PERCEPTIONS OF CLINICAL SUPERVISION

PRACTICES IN A DISTRICT-WIDE IMPLEMENTATION PROGRAM

by

Myrna Rae Ladner Bourgeois

Abstract of a Dissertation
Submitted to the Graduate Studies Office
of The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

May 2006

COPYRIGHT BY

MYRNA RAE LADNER BOURGEOIS
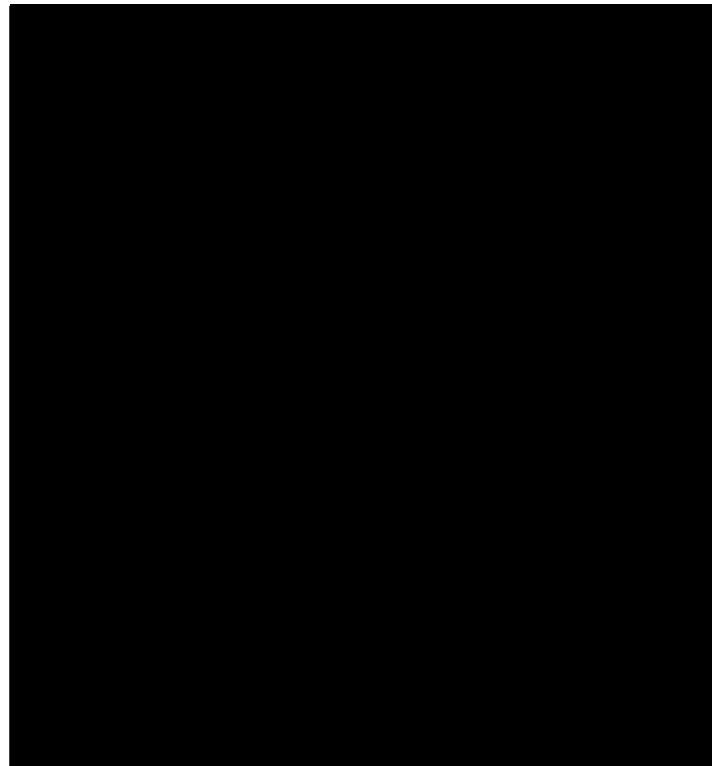
2006

The University of Southern Mississippi

SUPERINTENDENTS' PERCEPTIONS OF CLINICAL SUPERVISION

PRACTICES IN A DISTRICT-WIDE IMPLEMENTATION PROGRAM

by

Myrna Rae Ladner Bourgeois

A Dissertation
Submitted to the Graduate Studies Office
of The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

Approved:

May 2006

ABSTRACT

SUPERINTENDENTS' PERCEPTIONS OF CLINICAL SUPERVISION
PRACTICES IN A DISTRICT WIDE IMPLEMENTATION PROGRAM

Myrna Rae Ladner Bourgeois

May 2006

In 1990 a new idea swept through the educational industry. Forty-nine
school districts in Pennsylvania instituted a new form of organizational
management called clinical supervision. In effect this was a change in the
relationship between administration and teachers concerning instructional
behaviors. Formerly, when teachers were supervised and evaluated by
administrators, they felt intimidated. They also felt their privacy was being
invaded. Clinical supervision is an attempt to organize the methodology of
teacher supervision while improving instruction. The purpose of this study was to
provide data to the participating school districts for use in developing supervision,
evaluation, and involvement training modification programs and to determine
which of the participating districts were increasing in the use of clinical
supervision practices.

Results from this study indicate that 57 percent of superintendents from
south central Pennsylvania school districts participated in this study. The findings
from this 28 of 49 superintendents indicate that a significant relationship did exist
between school superintendent's perceptions of the clinical supervision process
and the number of years the clinical supervision process had been implemented
in the school.

1

In other words, the longer the process was in place, the more effective it was found to be.

This study has implications for school superintendents, policy makers and researchers regarding the role of school superintendents in improving instruction through the clinical supervision process. The emphasis on supervision of instruction in schools is greater now than in the previous decades, reflecting an increasing importance of instructional leadership and in the superintendent's role and responsibility.

DEDICATION

This dissertation is dedicated to my family and to my wonderful, loving husband William Jules Bourgeois, Jr. (Bill) who allowed me opportunities to explore, motivated me to achieve, and provided love and encouragement in the hardest of times. Without his companionship during the many trips to Hattiesburg and Jackson County, this study could not have been completed. To the extended members of my family who continued to believe in me and gave full support during the past year, I dedicate this dissertation. My daughters Tammy Tabor and Penny Ann Torgeson, throughout the years, have nurtured my spirit when it was hard for them to be without their mother during their school years. It is also dedicated to my two grandchildren, Sarah Torgeson and Brian Tabor, who thought it was "cool" for "Mama" to be attending college but still expected their quality time from her. Special thanks are extended to my sons-in-law, Brian Tabor, for his help and support with my computer needs, and Keith Torgeson for his support.

ii

ACKNOWLEDGMENTS

Many friends and professional educators have shared in this accomplishment, and I am grateful for their support, motivation, and contributions to this effort. To my patient and motivating chairs, Drs. Richard Keaster and Wanda Maulding, and to committee members Drs. Randy Anderson and David King, I am thankful for their interaction and encouragement and for providing insightful guidance, assistance, and advice. Thank you, Drs. Mary Nell McNeese and J. T. Johnson, for serving as committee members and for helping me with the statistical analysis of data gathered for the study. I wish to extend thanks to my first committee members, Drs. Arthur R. Southerland and Edgar Bedenbaugh, and to Jacque James for typing my dissertation. Together, these distinguished educational leaders made this accomplishment possible.

I am also indebted to the many individuals from the respective schools who completed the survey, for without their contributions this study would not have been possible: Intermediate Units 12 and 15 from the Southeastern Pennsylvania School Districts. I am very thankful to God for giving me good health to pursue this wonderful lifetime dream.

iii

TABLE OF CONTENTS

                  Historical Background
                  Necessity of the Study
                  Purpose of the Study
                  Problem Statement
                  Research Hypotheses
                  Theoretical Framework
                  Significance of the Study to Education
                  Definition
                  Assumption
                  Limitations of the Study
                  Delimitations
                  Summary and Overview

                  Introduction
                  Change and Importance of Leadership from the
                        Central Office
                  Clinical Supervision
                  Clinical Supervision Concepts
                  Revision of Clinical Supervision Models
                  Current Models of Clinical Supervision
                  The Acheson and Gall Model
                  The Hunter Model
                  Pavan Model
                  Summary

                  Research Design
                  Setting and Sample

iv

Ethical Considerations
Instrument
Reliability, Validity, and Consistency
Data Collection
Data Analysis
Summary

Instrumentation
Descriptive Data
Number of Observations
Testing Hypotheses and Related Findings

Purpose
Summary of the Procedures
Findings
Comparison with Other Studies
Implications for Practices
Recommendations for Practicing Administrators
Recommendations for Future Study
Conclusions

LIST OF TABLES

CHAPTER I

INTRODUCTION

Since the late 1990s, school superintendents and educators have faced

the significant challenge of developing ways to successfully facilitate collective

learning in schools and classrooms so that new knowledge and creative

innovations were both internalized and generalized. Such learning does not

happen in a vacuum. It requires the time, attention and skill of effective teachers.

One means of developing successful teachers is through the effective utilization

of clinical supervision.

According to Rubin (1998), the school superintendent, in collaboration with

the principal and teacher representatives, develops procedures for the

supervision of educators. The school superintendent, using the following

leadership behaviors, in collaboration with the principal, implements these

procedures: (a) involving others in instructional planning, (b) maintaining visibility,

(c) communicating high performances expectation, (d) supporting principals, and

(e) holding principals accountable.

According to Negroni (2000), school superintendents across the nation

have either developed or adopted teacher supervision programs that create a

partnership between the teacher and the principal. Negroni further stated that a

school superintendent must be able to analyze the teaching process and

educational process taking place in the school system and use deliberate

language and specific evidence to pinpoint areas of weakness and strength.

The school superintendent must be able to understand/comprehend what is

1

happening in a classroom, as well as be able to help other people see it. Most systematic plans are designed to encourage a shared understanding through agreed-upon observation emphasis (Peterson, 1999). Hoyle (1999) stated that school leaders of the 21st century need at least the following three attributes:

1. They must care deeply for others.

2. They must create shared visions to motivate and inspire the community.

3. They must have a tenacious will to continue when personal failures occur.

However, studies related to the perceptions of superintendents concerning clinical supervision are sparse. Paine (2002) stated that regardless of the close relationship between school districts and leadership, the role of the superintendent in clinical supervision has been greatly ignored by researchers and scholars. Therefore, an investigation of the perceptions of school superintendents, with regard to the value and practice of clinical supervision, could provide a considerably useful foundation for the assessment and development of future teacher supervision, evaluation, and training programs. Furthermore, this could lead to principals' implementation of clinical supervision and thus create a better education process.

Historical Background

Historically, the function and conception of supervision have changed. Over the years, supervisors have developed differences about teaching, curriculum and their role in the education process. According to Bohr, Einstein,

and Plank (1995), "the history of supervision is characterized by these differences, surfacing both as internal struggles over mission and a more external struggle for identity as a distinct field of practice" (p. 2). Harris (1998) claimed that "not a single dissertation solely devoted to historical examination of school supervision has been undertaken for over 20 years" (p. 70). He also acknowledged that "only a handful of historical accounts of supervision are available" (p. 70).

Following World War II, the United States experienced a population explosion. The mid-20th century, 1946-1964, saw the birth of 75.8 million Americans (Baby Boomer stats www.bbhq.comibomrstat.html. 2002). By the mid-1950s, educators questioned how to help both new and veteran teachers in their efforts to adapt to an exploding population of students (Pajak, 1993). According to Bohr et al. (1995), the fields of supervision and curriculum first emerged as social forces and acted to shift responsibility for education from parent to church and society. The early 1900s "experienced a preoccupation with bureaucratic use of instructional supervision as a form of social control over teachers and teaching, albeit in the guise of enhancing efficiency" (pp. 2-3).

Sergiovanni and Starratt (1988) focused on "clinical supervision" and "teacher evaluation" because they involve "making formal judgments about teaching" (p. 350). If clinical supervision is aimed at analysis, diagnosis, and remediation, it most certainly will contribute to the improvement of instruction and the quality of education. According to authors Anderson, Goldhammer and

Krajewski (1993), the term "supervision" is commonly used in education to help educators upgrade their performances.

Clinical supervision creates the desirable attribute of professional educators improving their methods of instruction. Morris Cogan (1973) captured the nature of supervision when he said that the concept of clinical supervision was focused on the improvement of the teacher's classroom instruction:

> The focus is on the actual teacher-learning process, a recording of events within the classroom. Clinical supervision does not mean that the teacher is in training but he or she is continually engaged in improving his or her practices as required of professionals. (p. 136)

Rizzo (2004) pointed out that "Over the past 2 decades there have been shifting views regarding supervision" (p. 1). Effective supervision promotes growth and enhances the quality of instruction, as well as providing practical support in the form of observation, feedback, and problem solving. According to Rizzo, "The emergence of clinical supervision sought to combine both the scientific principles of observation with the positive human relations approach of teaming the supervisor and the teacher together for the primary purpose of analyzing teacher performance" (p. 4).

Pajak (2000) addressed new concepts of clinical supervision that occurred over the course of the last 2 decades. These concepts are:

1. Effective teaching

2. Reflective teaching

3.   Peer coaching

4.   Cognitive coaching

5.   Developmental supervision

6.   Differentiated supervision

The most recent models of clinical supervision refer to academic content standards and performance standards because modern clinical supervision is aimed at analysis, diagnosis, and remediation. While a variety of clinical supervision models have been developed, many of them contain a view of the clinical aspect of supervision with reference to the classroom as the clinic (Goldhammer, 1980). As a result, the supervisor is able to develop a more accurate and complete understanding of what took place while he or she participated in the clinical supervision process. Goldhammer went on to claim that modern clinical supervision models emphasize the importance of direct teacher-supervisor interaction during the supervisory process as the means by which supervisors can best obtain a true and accurate assessment and understanding of teacher behavior in the classroom.

Another aspect of modern clinical supervision models recognized that for supervision to be worthwhile it must emphasize and lead to professional growth for the teacher (Pajak, 2000). Modern clinical supervision models also recognize the importance of feedback or a post-conference as a method for assisting teachers in the development of improved teaching strategies (Acheson & Gall, 1997). Finally, most modern clinical supervision models attempt to compare

actual observed teacher behaviors to some predetermined notion of effective

teaching (Acheson & Gall, 1997). Taken together, these components of modern

clinical supervision models help develop consistently successful improvements in

the quality of teaching for teachers and for education as a whole. Clinical

supervision, however, is not always as successful as one might expect. Sullivan

(1980) found that original models were developed with limitations which were not

considered by many practitioners to be readily applicable in the schools.

Modification of the unrealistic models may enable clinical supervision to be. . .

"Of high utility to practitioners" (p. 33). Rizzo (2004) stated that by reviewing . . .

"The history of clinical supervision and evaluation practices the information can

provide a background from which we can draw a framework for constructing

present supervisory practices" (p. 2).

<div align="center">Necessity of the Study</div>

Clinical supervision holds great potential as a means by which

superintendents, principals and teachers can work together toward enhancing

student learning. The aims of traditional supervision and clinical supervision are

similar because they both strive to improve instruction. In traditional supervision,

there is a tacit assumption that the supervisor is the expert. In clinical

supervision, however, the clinical supervisor and the teacher are both assumed

to be instructional experts, with the teacher identifying his or her concerns and

the supervisor assisting them in analyzing and improving lessons. Pajak (1993)

suggested that the superintendent is the key for successful implementation of

instructional improvement and proposed three approaches to improving

instruction. These are as follows:

1. Instructional dialog with central office making site visits to schools

    and providing help to teachers.

2. Providing source of instructional leadership.

3. Providing an infrastructure of support (p. 168),

Likewise, McLaughlin and Pfeifer (1988) identified strong leadership at the

district level as key to the development of a successful teacher evaluation

program. Results from Holodick's (1988) study indicated that "Only three out of 27

school districts utilized the clinical supervision process that was initiated by the

school superintendent to be effective" (p. 111). Cudeiro-Nielsen (2002) alluded to

the fact that there is very little research on school superintendents as instructional

leaders, yet they play a key instructional role in school reform initiatives. It is

suggested that there are several actions school superintendents could take to

improve instruction in schools. These actions include:

1. A personal vision of making improvements of teaching and learning

    as the cornerstone of shared district vision.

2. The creation of an organizational structure that supports

    their instructional vision and leadership.

3. Assessment and evaluation of personal and instructional programs.

4. Behavior control by monitoring outcomes, results against set standards.

5. Selection-socialization control by electing principals who are already socialized to the norms and values of the administrative role and the district. The school superintendent could actively socialize principals and could hire those with proven instructional leadership.

6. Mastery, by aligning on-going professional development for principals with the district and school instructional focus. (pp. 2-3)

Employing responses given by school superintendents in this study as a preliminary model of their perceptions of clinical supervision could lead to the implementation of clinical supervision, thus improving the education process. Much of the success of clinical supervision may depend upon the leader in the school. According to Cudeiro-Nielsen (2002), "little is being done to explain how school superintendents influence and support principals to become instructional leaders" (p. 17).

Purpose of the Study

If, indeed, the superintendent is the chief instructional leader of the school system, it follows that he or she should also be in a position to provide meaningful leadership in order to increase instructional supervision. Therefore, this study examines clinical supervision practices as indicated by the perceptions of superintendents in selected Pennsylvania schools. A comparison of a previous study conducted by Scott (1990) of the 49 school districts will be addressed in Chapter IV.

The specific purposes of this study are:

1.   To determine if there is a statistically significant relationship between school superintendents' perceptions of clinical supervision and the number of years the clinical supervision program has been implemented in their districts.

2.   To determine if there is a statistically significant relationship between school superintendents' perceptions of clinical supervision and gender, years of experience, level of education, training and involvement in clinical supervision models.

Problem Statement

The beginning of the 21st century found school superintendents with ever-increasing responsibilities and demands. This is certainly the case when it comes to the allocation of a school superintendent's time for leadership in instructional activities. Therefore, it is incumbent upon education professionals to investigate all facets of supervision, including the perceptions of school superintendents concerning a number of variables associated with the issue. The perceptions of school superintendents, with respect to clinical supervision, have the potential to affect the success or failure of the programs themselves. This is an especially sensitive area if school superintendents, already over-scheduled, do not have proof that their efforts have value in the area of clinical supervision. Therefore, the problem addressed by this research is to develop data concerning the perceptions of school superintendents on factors associated with clinical supervision that are specifically enumerated in the hypotheses.

Research Hypotheses

This research tested the following two hypotheses at alpha level 0.05:

H1: There is a statistically significant relationship between school superintendents' perceptions of clinical supervision and the number of years the clinical supervision program has been implemented in their districts.

H2: There is a statistically significant relationship between school superintendents' perceptions of clinical supervision and gender, years of experience, level of education, training and involvement in clinical supervision models.

Theoretical Framework

According to Jacobs & Cleveland (1999) "the formulation of varied theory possesses the power to elevate and accelerate the expansion and development of human capabilities in any field, leading to fresh discoveries, improvement of existing activities and capacity for greater results" (p.1). Social development theory sprung from the works of Vygotsky, who viewed social development as a process of organizing human energies and activities at higher levels for the purpose of achieving greater results. This on-going process results in increases in the utilization of human potential (p.1).

Jacobs and Cleveland (1999) offered the following social development principles that are applicable to the conceptual framework of this study. These components include:

1. Social development is driven by the subconscious aspirations/will

of society for advancement. The social will seeks progressive fulfillment of a

prioritized hierarchy of needs—security of borders, law and order, self-sufficiency

in food and shelter, organization for peace and prosperity, expression of

excessive energy in entertainment, leisure and enjoyment, knowledge, and

artistic creativity.

2.   The rate and extent of development is determined by prevalent

social attitudes, which control the flow of social energies. Where attitudes are not

conducive, development strategies will not yield results. In this case, the

emphasis should be placed on strategies to change social attitudes, such as

public education, demonstration, and encouragement of successful pioneers

(pp. 2,3,4).

Glanz (2000) stated that "the reform movement in education in the 19th

century was reflective of the larger more encompassing changes that were

occurring in society" (p. 4). A study by Bartholomew (2002) stated:

Recent social expectations have emphasized population growth, changes

in funding for district operations, mandatory participation in school reform

and measuring school success by achievement test scores. The school

superintendent must now be able to be an effective leader, an

instructional resource, and an accomplished practitioner of both politics

and public relations. (p. 2)

A social movement that demanded justice for all people emerged and

became significant in public schools. Courts have had major impacts on

education policy and service delivery in recent years through their rulings on the constitutionality of existing school finance systems. In San Antonio Texas Independent School District v. Rodriguez [411 U.S. 1 (1973)], the U.S. Courts ruled that the Texas school finance system was unconstitutional under the Equal Law Protection Clause of the 14th amendment. One of the most important messages to come from Rodriguez is that local schools and their choices are an important state concern. In recognizing that, local decision-making choices may be more important than equality of resources among districts, the court stated.

The Kentucky Supreme Court explicitly established education adequacy as a distinct theory in school finance litigation in Rose v. Council for Better Education, 790 S.W. 2nd 186 (KY 1989). In the court case McDuff v. Secretary of Office of Education, 615 N.E. 2 d 516 (Mass. 1993), the court ruled that the Commission required the state to create and maintain an adequate educational system. In the case of Claremont School District v. Gregg, 636 A. 2nd 1375 (N.H. 1997), the courts ruled that the state must provide a free public education to its citizens.

If research is able to show that the perceptions of superintendents do significantly impact not only the quality of teacher instruction, but also the level of scholastic achievement for children, American educators might increase their efforts in the area of clinical supervision, which, in turn, will contribute to advances in social development and in quality of life throughout the United States.

According to Bartholomew (2002), the school superintendent is expected

to be an effective leader and instructional resource, an accomplished practitioner

of both policies and public relations. Bartholomew stated that:

> An understanding of these leadership skills may be facilitated by
>
> examining the behaviors of the school superintendents based on a model
>
> of competing and complimentary managerial behaviors. It is assumed that
>
> school superintendents with a high degree of understanding of managerial
>
> and leadership skills will be able to serve as effective leaders. (pp. 2-3)
>
> School superintendents who understand the history of supervision and
>
> how current demands are influenced by that history will be better able to
>
> confront the educational issues of the day. Especially now, as the country
>
> embraces and implements a commitment to ensuring that every citizen
>
> can become an active participant, adequate education for all takes on
>
> even greater significance.

Significance of the Study to Education

To date, few school systems have attempted to develop new roles for

supervision that are appropriate for the specific needs of school superintendents,

principals and teachers (Paine, 2002). By the beginning of the last quarter of

the 20th century, Krajewski (1976) noted that there was a lack of research

related to clinical supervision. When it became evident that there was little

interest in the topic, Goldhammer, Anderson, and Krajewski (1980) issued a

call for studies and established a research foundation for the development of a

philosophy and concepts to support clinical supervision. Pavan (1986) further

clarified the mission of the foundation and called for all scholars who worked in the field to come together for the purpose of establishing a conceptual base for clinical supervision. Pajak (2000) noted that even though researchers working in the field of clinical supervision practices have recognized the need for additional research in this area, current thinking has been unorganized and there has not been enough documented research to form a solid theoretical framework for clinical supervision. Scott (1990) declared that "We must go back in order to get to the future, by reviewing the original work, and meditating on the complete cycle of supervision to begin to understand what clinical supervision truly means to the education profession" (p. 98).

Pavan (1986) summarized the current needs in clinical supervision: "What needs to be done? Material is available on the concept of clinical supervision techniques.... Studies of current fields need to be compiled. Much is happening in the field that is not being documented" (p. 3).

Pajak (2000) identified a number of circumstances that make it difficult for practitioners and students of clinical supervision to gain access to information they need in order to make professionally sound judgments. These circumstances include:

1. Many clinical supervision textbooks, including the original works of Goldhammer, Mosher, Putnal, and Cogan, are no longer in print.

2. The term clinical supervision appears to have different meanings for different authors.

3. New terms, such as mentoring and coaching, have entered the

literature and are also used in a variety of ways by different authors.

4. Several contemporary versions of clinical supervision are not available from a single, easily accessible source.

5. The number of clinical supervision models has mushroomed to the point that a small library of journals and books would be necessary to gain familiarity with all of them. (p. xiv)

Glanz (2000) summarized clinical supervision as the following:

Just as "supervision as inspection" reflected the "emergence of bureaucracy in education," so too, "supervision as social efficiency" was largely influenced by scientific management in education. Supervision as social efficiency was compatible with and a natural consequence of bureaucracy in education. (p. 4)

Glanz (2000) wrote that "Supervision as a professional field of practice has much to offer and, properly conceived, can prove invaluable to school instructional improvement well into the millennium" (p. 2). Glantz believed that supervision is a function performed by the superintendent. He also stated that clinical supervision practices have evolved since their origin in colonial times, and their effectiveness, as a means of improving instruction, depends on the ability of educational leaders to remain responsive to the needs of teachers and students.

Results of this research will provide a broader description of the clinical supervision experience of school superintendents and add to current knowledge

for the purpose of development and expansion of clinical supervision models in all school districts. These results also could offer descriptive support for the use of clinical supervision as a vehicle for professional development and personal growth for staff members, thus improving student and teacher performance.

Definitions

To fully understand the concepts investigated by this study, it is necessary to have a complete understanding of the following terms:

Clinical Supervision- For the purpose of this study, clinical supervision was defined as it is measured on the Snyder-Pavan Supervision Process Questionnaire. That is:

I. *Clinical Supervision Practices:* Goldhammer, Anderson & Krajewski (1980) refer to the degree levels of clinical supervision practices as determined by the average composite score on the Snyder-Pavan Clinical Supervision Practices Questionnaire (p.19-20).

2. Data is shared with the teacher during the post-observation conference and that patterns or trends of the data are discussed.

3. Good instructional standards are defined by the administrator.

4. Observers systematically critique their own professional behavior.

5. Supervision is formative, being used to help teachers become more effective.

6. Teacher and observer plan together future plans for growth.

7.   The observer spends adequate time analyzing the data collected
     and then holds a post-observation conference.

8.   The teachers know what behavior to expect from the observer
     during the observation.

9.   Pre-conference is held so that both the teacher and the observer
     can agree upon the focus of the observation.

10. The topic of supervision is discussed among administrators and
     between teachers. (Jamula, 1990. p. 8)

11. Hart (1992) defined clinical supervision as "an ongoing educational
     process in which one person in the role of supervisor helps another person
     in the role of supervisee acquire appropriate professional behavior through
     an examination of the trainer's professional and clinical activities" (p. 12).

12. *Snyder-Pavan Supervision Practices Questionnaire's* purpose is to
     measure the degree of clinical supervision used by school
     superintendents, administrators, supervisors and teachers after they
     received training in clinical supervision (Pavan, 1993).

13. *Flexible methodology* suggests that the totality of the clinical sequence
     can provide the teacher with the potential to modify or create behavior to
     improve the teaching/learning cycle, to learn more about clinical
     supervision, and to develop competencies to become self-supervising.

14. *Improvement of the teaching/learning process* is accomplished by
     examining the classroom process so that teacher behavior, the major

force in the classroom, can be modified to improve behavior as well as climate.

15. *Objective data* are collected by the supervisor during classroom observation in a method that is bias free (example: verbatim, transcripts, maps of teacher movements, or teacher/student dialogue).

16. *Pattern analysis* requires that the supervisor examine the patterns of instructional behavior and develop a strategy for the post-conference that will help the teacher improve.

17. *Planned supervision objectives* are developed collaboratively from the teacher's personal growth objectives, curriculum, and school goals. The supervisor has the responsibility to pull out, direct and explicate the objectives for supervision.

18. *Productive tension within a nurturing climate* requires that each action, supervisor and teacher, accepts the open, collaborative relationship as uncertain. The examination and change of personal behavior coupled with the change to a new teacher/supervisor relationship can produce tension Awareness that this tension is a positive force requires the organization to remain nurturing (Anderson, 1986, pp. 13-17).

19. *Role delineation* emphasizes that, although the relationship must remain collaborative, roles of the supervisor and teacher are clearly defined.

20. *Systematic inquiry* is based on the idea that teaches want to improve and not that they are wrong.

21. *Trained clinical supervisors* are skilled not only in clinical supervision but also in learning theory, instructional methodology, research on effective teaching and schools, communication skills and organizational change.

Assumptions

The following assumptions have been identified as relevant to this study:

1. All participants were truthful in answering questions related to their attitudes toward and experiences with clinical supervision.

2. The researcher complied and analyzed all data and without bias.

Limitations of the Study

The following limitations have been identified for this study:

1. This study is limited to the perceptions of school superintendents rather than to a broad range of individuals who are often enlisted as clinical supervision supervisors, such as principals, assistant principals, or other designated supervisors of instruction.

2. There is possible respondent bias in self-reporting perceptions on the survey.

3. The lack of baseline data specific to the perceptions of school superintendents' clinical supervision experiences makes it difficult to utilize results of this study to demonstrate change or predict outcomes because there are no historical data available as a reference point specific to the perceptions of school superintendents with respect to clinical supervision.

4. This study is limited to 49 school superintendents in the Pennsylvania

schools. This study was compared to a study conducted by Scott (1990) using the Snyder-Pavan instrument to identify the degree of practice of supervision in the 49 schools in Pennsylvania to determine if progress was made. The comparison of the two studies were determined by utilizing the table of means and standard deviations in questionnaire items 1-28 and also comparing items 29-34 in the percentage range. This limits generalizability of the results to sample size and prohibited a predictive approach to this study. Survey research design suffers from a number of inherent weaknesses, the greatest of which is the fact that all surveys are basically exploratory. It is possible to make inferences from the findings of survey research but not at the level of cause-and-effect and ruling out rival hypotheses, as can be accomplished with full-scale experimental or quasi-experimental research (Arsham, 2002). Other survey research design weaknesses include: (a) respondents tend to give socially desirable responses they believe either make them look good or that seem to be the answers the researcher wants to hear; (b) it is difficult to access the proper number and type of people necessary to provide a representative sample of the target population; (c) there is a high dropout rate in survey research; and (d) surveys are often full of systematic biases and/or loaded questions which can cause measurement errors (Arsham, 2002).

Delimitations

The following delimitations were imposed upon the study:

1.   Subjects in this study were delimited to school superintendents who are presently serving in that capacity.

2.   Only data from the school superintendents who responded to the Snyder-Pavan Supervision Process Questionnaire were utilized in this study.

Summary and Overview

This study investigated the perceptions of school superintendents concerning their clinical supervision experiences. This chapter has presented a brief overview of clinical supervision, the problem under investigation, the purpose and significance of the study, and the assumptions, limitations, and delimitations inherent in the research. Chapter II provides an overview of similar studies that relate to clinical supervision practices. In addition, these previous studies were used to help describe the variables and terms used within this present study. Chapter III describes the methodology used to conduct this study, including how the population and samples were selected, the validity of the questionnaire, and the method of analysis of the data.

CHAPTER I I

REVIEW OF LITERATURE

Introduction

The purpose of this chapter is to describe the literature relevant to this study and factors that influence clinical supervision practices in school districts. The role of the school superintendent in the field of clinical supervision is defined; effective school research as related to the school superintendent's use of clinical supervision is examined; and changes and the importance of leadership from the central office relative to clinical supervision and the concept of clinical supervision are discussed. The findings of studies that exemplify current practices in developing methods of instructional improvement spanning over 2 decades of clinical supervision research are included.

The Role of the Superintendent in Education Reform

Fullan (1993) reported that the district school superintendent was the single most important individual to bring about change in the school district. The school superintendent's role is critical as an agent of change. Hill, Wise, and Shapiro (1980) found that "no improvement effort . . . studied caught fire without an active school superintendent willing to interact with community forces and to attack the school system's inertia" (p. 20). By the end of the 19th century, reformers concerned with the underlying inefficiency and corruption transformed schools into streamlined, central administration bureaucracies, and the school superintendent, during this struggle, became an important tool by which the school superintendent would legitimize his or her existence in the school system

22

(Glanz, 1991). Supervision, therefore, became the school superintendent's function in overseeing schools.

Pajak (1993) noted:

The school superintendents and educators were held accountable for the work performed in the classroom and the superintendent, as an expert inspector, would "oversee" and ensure "harmony and efficiency" to improve the education for all students. School superintendents who use clinical supervision practices may be able to integrate the consultative model into the classroom to provide renewal and stimulation toward change and growth among administrators and teachers. As a result of these technological, political, economic, and social changes, schools (superintendents, teachers, and supervisors) are being called on today to rethink and restructure how schools operate and how teachers relate to the student.... We sorely need new ways of thinking about educational supervision and leadership. (p. 159)

Glanz's (2000) research indicated that clinical supervision can be the means for changing instructional practices and developing positive relationships. There is a growing need in the education world today for the school superintendent to engage in promoting change in professional growth opportunities in instructional supervision. Much of the success of clinical supervision may depend upon the superintendent of a school district. The school superintendent is responsible for providing the foundation for clinical supervision, a positive social-emotional and physical climate for the learning environment of

everyone in the district. According to Cudeiro-Nelson (2002), "some researchers believe that superintendents are not frequently characterized as instructional leaders, others identify the superintendent's role as key in improving the instructional programs in their districts." He also believed that "one possible way in which school superintendents may influence teaching and learning in their districts is through their work with principals" (p. iv). Crew (2001) stated that "at the dawn of the 21st century we must be able to educate every child for success and enable them to take a meaningful place at the economic table" (p. 1). He also suggested that "we must climb this hill for and with these children" and "to do this, we must cultivate quality leadership, from school superintendents to principals to teachers to school boards" (p. 1). Sergiovanni (2000) believed that "school superintendents have the responsibility for influencing the organizational climate at the time of state mandates" (p. 1).

Effective Schools Research as Related to the Superintendent's Use of

Clinical Supervision

Support for the importance of the superintendent in effective schools research is identified in the following: (Positive Classroom Instruction, Chapter 12—The Leadership Role, http://www.fred.jones.com/Positive_instruction/ Instruction_Ch 12.html 2004).

According to Jones (2004), the school superintendent defines the criteria by which job performance of the assistant superintendents and principals will be evaluated. But perhaps most important, the superintendent sets the priorities

2525

and professional tone of the district. The board places in the superintendent's hands the leverage to require every principal to define as major aspects of their job: (1) Consultation with their teachers concerning the selection of staff development goals and (2) the organization of resources so that teachers have an opportunity to progress toward their goals. (p.1) Paine (2002) stated the following:

Based on a review of relevant literature, a hypothesis can be made that there are certain leadership behaviors of the superintendent of schools, similar to those of the principal, which are related to high levels of student achievement in schools. These leadership behaviors of the school superintendent of schools can either supplement the leadership efforts of the school principal and his or her staff or give direction to the principal's efforts. (p. 12)

Bullard and Taylor (1995) revealed that the backbone of Effective Schools is the moral imperative of teaching so that all children learn. Superintendents recognize that a belief in this imperative is essential to the success of reform to infuse a school with this belief and build on it is the ongoing task of Effective Schools superintendents and other leaders. (p. 81)

A study of four districts in which school superintendents led the successful implementation of an effective schools improvement process district wide was reported by Bullard and Taylor. The Bullard and Taylor (1995) study revealed that

the school superintendents possessed the political will to create and sustain the moral imperative of teaching, also referred to as the backbone of effective schools and school districts. Paine (2002) proposed that superintendents had always been on a leading edge of shaping the complexity of modern public education by leading curriculum innovations, teacher preparation programs, and staff development agendas. He further stated that today, the role of the school superintendent has evolved into that of chief instructional leader entrusted with making schools effective producers of excellent results. (p. 64)

According to Scott (1990), an increase in clinical supervision training results in an increase in the use of clinical supervision. The number of years that principals and school superintendents are in administration further indicated that an increase in the years in administration resulted in an increase in the use of clinical supervision.

Harris (1998) identified four attributes that make superintendents effective and involved in instructional supervision. They are:

1.   Goal setting

2.   Selecting staff

3.   Supervising and evaluating principals and supporting professional development

4.   Focusing on curriculum and instruction and monitoring district and school progress and productivity.

Bartholomew (2002) concluded that there was a relationship difference between superintendents' perceptions of leadership roles based on superintendents' and principals' level of formal education. "School superintendents with doctoral degrees saw themselves performing the functions of director and then producer most frequently, while those with lower degrees saw themselves primarily in the role of mentor and secondarily in the role of producer (p. 139-140). He also stated that "no statistical differences in perceptions of leadership roles performed were found between male and female superintendents" (p. 106).

Change and Importance of Leadership from the Central Office

Cudeiro-Nielsen (2002) stated that "research on instructional leadership and school reform thus far has provided conflicting images regarding superintendents' role in improving instructional programs for students in the districts they serve" (p. 10). He also stated that "on the other hand, several researchers within the last 2 decades have provided a different perspective on the role the superintendents and central offices can play in an effort to positively affect student learning" (p. 11). "These researchers have identified superintendents and central officers as key in improving instructional programs in their districts" (p. 11). Research studies indicate an abundance of information regarding the principal as an instructional leader as it relates to student achievement and instruction. However, at the district level there is little research regarding the behavior and attitude of superintendents as it relates as an instructional leader. Leithwood and Jantzi

(1990) reported that, regardless of the close relationship between school districts and leadership, the role of the school superintendent has been greatly ignored by researchers. However, Cuban (1984) stated that school superintendents did, in fact, have an impact on levels of achievement due to the school superintendent as being an instructional leader.

Paine (2002) reported that little research existed regarding instructional leadership behaviors at the school district level, particularly the school superintendent. Much research regarding the superintendent as an instructional leader has focused on educational excellence and reform, indicating that the school superintendent plays a significant part in improving school districts performance. Bartholomew's (2002) study indicated a strong relationship between instructional behaviors of the superintendent and the instructional leadership behavior area of instructional planning.

Paine (2002) affirmed that the superintendent must have certain leader ship skills to help others to work to meet the desired goal. Peterson's (1999) study of five district school superintendents in California revealed the perceived and actual leadership behaviors and attitudes of five school superintendents as they focused on curriculum and instruction. This study revealed four specific attitudes as essential to the role of the school superintendent as an instructional leader. The four attributes are:

1.   Possession and articulation of an instructional vision.

2.   The creation of an organization structure that supports their

instructional vision and leadership.

3.   Assessment and evaluation of personnel and instructional

programs.

4.   Organizational adaptation. (p. 1)

According to the Southern Regional Education Board (2001), successful

school levels of achievement were fostered by the superintendents as reported

in the review of the effective schools project. Bullard and Taylor (1995)

discovered that school superintendents have been found to be directly or

indirectly the influencer of the improvement of curriculum, instruction, and

learning.

<div align="center">Clinical Supervision</div>

Clinical supervision was born in the early 1950s when leading candidates

in the Masters of Arts in teaching program at Harvard were assigned their first

teaching experience and their professors discovered, based on feedback from

teachers, that they were doing a poor job as mentors (Cogan, 1973). Cogan

defined clinical supervision as follows:

> The rationale and practices designed to improve the teachers' classroom
>
> performance. It takes its principal data from the events of the classroom.
>
> The analysis of these data and the relationship between teacher and
>
> supervisor form the basis of the program, procedure, and strategies
>
> designed to improve the student's learning by improving the teacher's
>
> classroom behavior. (p. 9)

Anderson (1993) stated that supervision had become an actual field of study after World War II and progressed to include the use of clinical supervision practices during the 1950s and 1960s. Anderson coined the term clinical supervision to describe the process of supervising teachers by utilizing the same context of supervision used in the medical fields. Questioned at first, the term prevailed and seemed to bring a degree of legitimacy to the intricate process of teacher development that was emerging under the umbrella term of clinical supervision.

Pajak (2000) emphasized the challenge facing clinical supervision today, beyond the original and current models of clinical supervision as they relate to classroom instruction improvement. He believed that clinical supervision can generate a considerable amount of information and knowledge about instruction in the classroom. Cogan's (1973) original clinical supervision cycle consisted of the following phases: (a) establishment of a relationship; (b) planning with the teacher; (c) planning the observation; (d) observation; (e) analysis session; (f) planning a conference strategy; (9) conferencing; and (h) renewed the planning (pp. 11-12). Other models have emerged since that time. Most models, however, contain elements very similar to the original (Pavan, 1993).

<div align="center">Clinical Supervision Concepts</div>

Anderson, in his 1990 study on comparisons of clinical supervision, clearly stated that supervising should not be used as an evaluation system for personnel decisions. According to Anderson (1990), because clinical supervision can be

unfavorable to the well being of the individual teacher, trust and mutual respect must first be established. Supervisors cannot always see things as they really are; therefore, teacher feedback is often needed to define and provide context data. Tension and fear must be recognized and eased. Pajak (2000) stated that "clinical supervision can generate much useful information and knowledge about instruction and the classroom context, especially when feedback is provided by a teacher's colleagues" (p.12). He continued on to say, "this process not only supports instructional improvement and professional growth of individuals, it can contribute to the learning capability of groups of educators and the entire school community" (p. 12).

In the early years of clinical supervision development, professional educators struggled with defining the terms associated with the concept. Sergiovanni and Starratt (1988) described clinical supervision and teacher evaluation in terms of specific dimensions "since clinical supervision in all its forms involves making informed judgments about teaching, the teacher evaluation is inevitably involved in the process" (p. 350). Daresh (1989) described clinical supervision in terms of the underlying assumptions, development of an appropriate climate, stages of clinical supervision cycle, and limits of clinical supervision. He further stated that

> clinical supervision's use in a school is always contingent upon the extent to which a climate of openness and trust exists in that school between supervisors and teachers. The model may be used only when teachers and supervisor share a fundamental respect for each other (p. 230).

At the same time, Olivia (1989) cautioned that the important thing to remember about clinical supervision is that it is a structured approach to formative evaluation and proposed that the instructional supervisor serve as the formative evaluator. Anderson and Krajewski (1980) claimed that "clinical supervision is intended to be both method and model and it should establish a mutual trust and openness in which the supervisor and teacher may build, together, toward satisfying outcomes" (p. 204). They further stated that "only in a clinical supervisory relationship is it possible for a supervisor to get close to sense the frame of reference in which the teacher exists ... the teacher's values, ideals, concepts, feelings and anxieties" (p. 204). It would be many years before these semantically different terminologies would bond into a formative definition of clinical supervision as a concept. Even in later years, researchers continued to attempt to tie the terms associated with clinical supervision to their own concepts of teacher supervision. For example, Glickman (2001) conducted research based on the concept of peer coaching using all of the elements of clinical supervision. According to Glickman, peer coaching contains all of the elements of clinical supervision, including being a voluntary participant, and contains components which address the purpose of coaching, including any training required, the scheduling provision of necessary time, and various monitoring activities, which include troubleshooting. Glickman further suggested that supervisors check in with teachers daily, if possible, and then set aside some time each week for discussion. According to Glickman, the failure to provide peer

coaching and other forms of assistance gives a wrong message to teachers, insinuating that their work is unimportant and that an isolated life (i.e., keep your door shut and your problems to yourself) is good enough.

Revision of Clinical Supervision Models

Acheson and Gall (1980) presented a model of clinical supervision based directly on the original methods developed by Cogan (1973) and Goldhammer (1969). Acheson and Gall (1980) "emphasized the technique of clinical supervision, the 'nuts and bolts' of how to work with teachers to help them prepare for classroom teaching" (p. xiii). The revision of the clinical supervision concept included three stages: planning, observation, and feedback, with emphasis on practical techniques of clinical supervision designed solely for the improvement of classroom instruction as guided by a set of objectives. In a revision of Goldhammer's (1969) original book, Anderson and Krajewski (1980) agreed that Goldhammer (1969) himself would have made changes to his clinical supervision theory. They assumed that

he would have undergone both some change of heart and some

bolstering of previously held convictions as we did. . . .We eventually

invented the data of a three-way interview through which could be

revealed at least one set of predictions or estimates of Goldhammer's

viewpoint were he still alive. (p.1)

In concurrence, Goldhammer (1969) and Cogan (1973) both maintained that their models for clinical supervision should be researched for modification and refinement on a continuing basis. Their revised models stress that

clinical supervision is a concept rather than a method or process, and discuss future directions for clinical supervision.

Hunter's (1985) model of clinical supervision is distinctly different from that of Cogan (1973) and Goldhammer (1969). Hunter's (1985) "clinical theory of instruction is based on the premise that the teacher is a decision maker" (p. 57). She developed "two principles (1) massing practice increases speed of learning, and (2) distributing practices increases retention of what has been learned" (p. 58). She went on to say that her model "demands conditional knowledge" which is "essential for translating science into artistry in teaching" (p. 58). Hunter (1986) requested that we "discard the preobservation conference, a practice that is no longer needed, and focus our time and energies on what we know about accelerating teacher excellence through observation and analysis" (p. 70). She further acknowledged that her model "provides the foundation of cause-effect relationship to which each additional inservice focus can be added" (p. 60). Three categories of decision that all teachers must make enable "(a) teachers to assimilate, (b) accommodate, and (c) use new professional information, techniques, organizational schemes, methods and discoveries" (p. 60). Hunter (1980) was instrumental in altering, adjusting, and revising the traditional clinical supervision model. In addition, she advocated clinical supervision that focused on those teacher behaviors that are supported as successful by scientific research.

Pavan (1993) updated the clinical model for the 1990s by revising some of the terms and adding elements of inquiry. Pavan stated that current school

practices for teacher growth include peer inquiry "conducted by mentor teachers, lead teachers, or instructional coaches as often as (or possibly more frequently than) principals" (p. 136). Pavan's model described five elements of the process of clinical supervision, including planning, observation, analysis, feedback and reflection. The current study used Pavan's (1993) model to determine the school superintendents' perceptions of clinical supervision. This model was selected because it identifies clinical supervision practices by administrators, supervisors, and teachers without biasing answers toward clinical supervision. Pavan revised the questionnaire "by removing the words 'clinical supervision' and using 'supervision process' or 'observation' in place" (p. 140) because it incorporates the thinking of the dominant scholars in the field of clinical supervision.

Pajak (2000) summed up the original modes of clinical supervision by placing them into four family categories of clinical supervision. Essentially, Pajak's four categories of classroom supervision include: original clinical models, humanistic/artistic, technical/didactic, and development/reflective models, all of which represent different orientations or perspectives on the processes of class room observation and feedback (Pajak, 2000). His summary includes the original models of clinical supervision that appeared in the late 1960s and 1970s and the evolution of clinical supervision that can be traced through the 1980s and 1990s (see Table 1).

The growing body of documentation that signaled the successes of clinical supervision led Anderson (1990) "to develop a list of nine concepts of clinical

Table 1

Four Families of Clinical Supervision

Family	Approximate Emergence	Major Principles
Original Clinical Models Goldhammer Mosher & Purpel Cogan	1960s-early 1970s	Collegiality and mutual discovery of meaning
Humanistic/Artistic Blumberg Eisner	Mid-1970s-early 1980s	Positive & productive interpersonal relation & holistic understanding of classroom events
Technical/IDidactic Acheson & Gall Hunter Joyce & Showers	Early to mid-1980s	Effective teaching strategies, techniques, and organizational expectations
Developmental/Reflective Glickman Costa & Garmston Schon Zeichner& Liston Garman Smyth & Retallick Bowers & Flinders Waite	Mid-1980s to mid-1990s	Teacher cognitive development, introspection and discovery of contest specific principles of practice

Note. This information is from Pajak, 2000 (p. 7).

supervision by synthesizing the works of Goldhammer (1969), Cogan (1973),

Sergiovanni and Starratt (1988), Goldhammer, Anderson and Krajewski

(1980), Garman (1982), Snyder (1981), and Pavan (1980)" (p. 35) These nine

concepts of clinical supervision include deliberate systematic inquiry in classroom

instruction, focus on improving the teaching/learning process, planned

supervision objectives, reliance on objective data, pattern analysis, flexible

methodology, role and function delineation, essentially of training for the clinical supervisor, and productive tension within a nurturing climate. When Anderson(1990) brought together the composition of the elements of clinical supervision, Alfonso and Firth (1990) declared that clinical supervision was still in its early stages of growth, but they also claimed that the composition elements seemed to make sense and would fuel further development of excellent educational services for American children. Other research explored differences between clinically supervised groups and traditionally supervised groups and changes in teacher attitudes following the implementation of clinical supervision programs in their schools. Almost all of the studies reported positive attitudes following the implementation of clinical supervision in a school district.

Following an initial exposure to the concept of clinical supervision, Glatthorn (1984) developed a model of teaching with the following components: diagnosis, identification of a general objective, and assessment of the pupil's present attainment. The objectives were an anticipatory set, a perceived purpose, learning opportunities, modeling, a check for understanding, guided practice, and independent practice. Glatthorn (1997) stressed that the "learning centered classroom should focus on the learning outcomes, not on the teacher's methods or the students' activities" (p. 24).

Current Models of Clinical Supervision

The early models of clinical supervision conceived and developed by Goldhammer (1969) and Cogan (1973) consisted of eight phases. The phases were relationship establishment, preobservation, planning with the teacher,

observation, analysis session, planning conference strategy, conference, and renewed planning.

The Goldhammer, Anderson, and Krajewski Model (1993) consisted of the original eight stages first identified by Goldhammer (1969). These stages included: preobservation conference, observation, analysis and strategy, supervision, conference, and postconference and analysis" (p. 57). Five of the eight stages were kept primarily to update and reinforce Goldhammer's views rather than drastically alter the stages. The basic clinical supervision stages are described as:

1. Preobservation Conference - The preobservation conference is used to obtain information about the lesson to be taught. The teacher and supervisor agree on the areas to be observed.

2. Observation - This stage allows the supervisor an opportunity to view the lesson being taught as planned.

3. Analysis and Strategy - The patterns in the teacher's behavior are identified and labeled by the supervisor, and a strategy is planned for the conference.

4. Supervision Conference - The supervisor provides feedback to the teacher and together they plan for improvement. This is an opportune time for the supervisor to provide rewards and satisfaction, as well as an opportunity to train the teacher in techniques of self-supervision and professional analysis.

5.   Postconference Analysis - This is the stage during which the supervisor

reflects on the events of supervision. (p. 43)

The Acheson and Gall Model

Acheson and Gall (1980, 1987, 1992) reduced the cycle of clinical

supervision to three stages. These stages included planning conference,

observation, and feedback conference. However, the researchers also further

defined the relationship between supervisor and teacher and adopted five goals

they believe to be the major aim of clinical supervision. The Acheson and Gall's

(1997) definition of the relationship between supervisor and teacher, the five

goals of clinical supervision, and the stages in the cycle of clinical supervision

form a model for clinical supervision that provides a detailed map for clinical

supervisors to follow. As a description of the relationship between the teacher

and supervisor, Acheson and Gall (1980) offered the following: Clinical

supervision is a process, a distinctive style of relating to teachers. For this

process to be effective, the clinical supervisor's mind, emotions, and actions

must work together to achieve the primary goal of clinical supervisor: the

development of the preservice or inservice for teachers. (p 3)

According to Acheson and Gall (1997), the aim of clinical supervision can

be analyzed into more specific goals as follows:

1.   To provide teachers with objective feedback on the current state of

their instruction.

2.   To diagnose and solve instructional problems.

3. To help teachers develop skill in using instructional strategies.

4. To evaluate teachers for promotion, tenure, or other decisions. (pp. 12-14).

Acheson and Gall (1997) developed their model with the intention of providing support for clinical supervision practices and specifically for the intention of supporting clinical supervision practices and, more specifically, for training supervisors in clinical supervision practices.

<div align="center">The Hunter Model</div>

The Hunter model is distinctly different from other clinical supervision models in that Hunter (1980) eliminated the preobservation conference. In the 1980s, Hunter's clinical supervision model received increased attention in school districts throughout the United States. According to Voice (1986), a Pennsylvania State Education Association publication:

> The Madeline Hunter/Clinical Supervision wave continues to sweep across Pennsylvania. It draws more attention from teachers who have been introduced to the mode of teaching and supervision, as well as from those who see their school districts moving toward implementing a single model of teaching. (p. 4)

Although Hunter's (1986) model has been widely accepted, it has not been free of criticism because of the elimination of the preobservation conference. As an explanation for the elimination of this step in the clinical supervision process, Hunter (1986) explained that she believes the "preobservation conference can build bias and undermine trust, while skillful

observation of teaching combined with analytical feedback can increase

teaching effectiveness" (p. 69). Hunter (1986) further stated: "Today with our

knowledge of cause-effect relationships between teaching and learning and of

the way formative evaluation increases teaching effectiveness, it is time to

discard the time consuming preobservation conference" (p. 69).

Pavan (1986) disagreed with Hunter's views on the preobservation

process and questioned her use of the term clinical supervision to describe her

supervision process with the following:

By rejecting the central tenet of clinical supervision, that of true

collaboration, she confuses others as to the meaning of clinical

"supervision." If Hunter doesn't wish to incorporate the collaborative

aspect of clinical supervision into her supervision model, mightn't she find

a different term to describe it? (p. 41)

According to Leader (1985), a Pennsylvania State Education Association

Publication, members of the association indicate a love/hate reaction to the

Hunter (1980) model and take the following position:

The up side is that teachers feel rejuvenated and reinforced and

principals feel they have had the most meaningful dialogue with their

teachers in their experience as supervisors. The downside involves

concerns about compulsory teacher participation in a single-model

approach to teacher observation, which leads to evaluation/rating

conclusions. (p. 2)

In response to criticism, Hunter (1985) stated the following concerning her

model for clinical supervision:

> Models are judged on their ability to guide behavior, predict outcomes, and
> stimulate research, not on their being the final answer. My model was
> developed to accomplish all three purposes. If it has contributed to
> educators' use of research-based knowledge to make and implement
> more successful professional decisions, if it encourages the constant
> addition of new research-based propositions to guide future actions of
> teachers and administrators, if it results in increased teacher and student
> success and satisfaction in schooling, then it will have served its purpose
> in spite of what is wrong with Madeline Hunter. (p. 60)

Pavan Model

Pavan (1993) updated the clinical supervision model for the 1990s by

revising some of the terms and by adding elements of inquiry. Pavan

found that current school practices for teachers' growth included "peer

inquiry ... conducted by the mentor teachers, lead teachers, or instructional

coaches as often as (or possibly more frequently than) principals" (p. 136).

Pavan (1993) described the elements of the process of clinical

supervision, including planning, observation, analysis, and feedback from

the previous works on clinical supervision. He proposed the following:

1 .Plan - Proposed lesson is reviewed by the teacher and the

observer(s), and a specific focus for the observation is jointly determined.

2.Observe - Observer collects objective data in the classroom related

to the purpose previously determined.

3.   Analyze - Observer reviews and interprets collected data in relation
to the plan, pedagogical theory, and research.

4.   Feedback - All collected data and analysis are shared with the
teacher so lesson dynamics are understood and future plans may
be made. (p. 136)

Pavan (1993) stated that "in order to remove the discomfort experienced
by teachers and administrators as they coach teachers, a structure is needed.
Clinical Supervision, with its emphasis on collaboration and feedback of
non-judgmental data, provides such a structure" (p. 153).

The previous description of Pavan's 1993 model of clinical supervision
suggests that such a process could provide professional challenge, professional
self-sufficiency in the form of teachers' interaction with administrators, principals,
and colleagues, feedback, and support.

Summary

This chapter has associated the uniqueness of clinical supervision models
and processes as well as reviewed related research. First, the review of literature
revealed that administrators who are responsible for supervising teachers have
the ability to enhance teacher instruction, in the intrinsic reward areas of
professional challenge, professional autonomy, and interaction with colleagues,
through their actions during the practice of clinical supervision. Changes in
teacher behavior were cited in a number of studies as a direct result of
successful clinical supervision practices. Pool's (1994) study showed that

teachers are professionally challenged during feedback and reflection stages of clinical supervision.

Goldhammer (1969), Anderson (1969), and Cogan (1973) remain as the original major developers of clinical supervision. The models adapted from their works incorporate the essential elements of their original concept of clinical supervision. Based on the premise that most building principals will ultimately be responsible for implementing a (clinical) supervision model, the degree of utilization of clinical supervision practices, as reported by school superintendents, should provide insight into the degree of clinical supervision practices that exist. Collected data offers justification for each of the major models of clinical supervision and suggest that the ideas behind the models and their processes are compatible with the needs of teachers, principals, and school superintendents. Scott (1990) stated that the implementation of clinical supervision is still not widespread. Therefore, it was the purpose of this study to examine clinical supervision practices that are occurring in schools and to gather data concerning the perception of school superintendents concerning the utilization of clinical supervision in their districts. Pavan's (1993) model of clinical supervision was used in this study because the instrument identifies clinical supervision practices by administrators, supervisors, and teachers without biasing answers toward clinical supervision and because it is theoretically developed and includes some of the best thinking of leading scholars in the field of clinical supervision. Pavan revised the questionnaire "by removing the words 'clinical supervision' and using 'supervision process' or 'observation' in place of

clinical supervision" (p. 140) and because it is theoretically developed and includes some of the best thinking of leading scholars in the field of clinical supervision. Harris (1998) stated that "insufficient investigation into supervision history is thwarted, in part, the efforts of the field to gain professional recognition" (p.70). He also suggested "instructional supervision is an on going and dynamic process that remains an indispensable function serving the ideals of schooling" (p.70). The importance of the history of supervision is clear, and avenues for future research are suggested.

Scott (1990) wanted to investigate if surveying a different population yielded more or less clinical supervision use (p. 45). Scott's study was based on a survey instrument sent to all principals in Intermediate Units 12 and 15 in south central Pennsylvania. "The major conclusion based on his findings in his study was that the degree of clinical supervision practices as originally proposed by Cogan,Goldhammer, Anderson, and Krajewski is not widely adopted by principal at any level" (p.99). The following conclusions represent results as reported by principals in Scott's study.

1. Elementary principals tend to practice clinical supervision more often than middle school principals.

2. Middle school principals tend to practice clinical supervision more often than high school principals.

3. Female principals, at any level, tend to use clinical supervision to a greater degree than male principals.

4.   Increase in district size, expenditure per pupil, supervision

training, and years in administration generally equate to an

increase in the degree of clinical supervision use (p 99).

The clinical supervision process appears to have provided direction for

principals in their role as supervisors. Scott's study suggested that the clinical

supervision program process appears to have provided direction for principals in

their role as supervisors. Instructors and administrators agree that, in the clinical

supervision process resulted in the improvement of the instructional process

(pp. 93-94).

CHAPTER III

METHODOLOGY

The purpose of this chapter is to describe the research design

employed for this study. The population and sample selection are presented

along with the measures taken to protect the rights of human subjects in

research. The instrument used, its corresponding validity and reliability estimates,

and their implementation proceduresare also reported. Finally, the methods of

analysis applied to the collected data are described.

Research Design

The research design utilized for this study is a non-experimental,

cross-sectional quantitative survey conducted via a questionnaire. This type of

descriptive study, also known as phenomenological inquiry, is used to gain more

information about characteristics in a particular field of study or for a particular

group of individuals. Surveys provide a means by which researchers are able to

collect an array of information including the knowledge, opinions, attitudes, and

values of various individuals or groups of individuals (Polit & Hungler, 1999). A

questionnaire survey method of data collection provides self-reported

information, which is limited only by the extent to which the respondents were

willing to report. Questionnaire surveys are advantageous in that they provide

flexibility and broadness of scope (Polit & Hungler, 1999). The study is

characterized as cross-sectional in that data are collected at a fixed point in

time. A cross-sectional approach is practical, economical, and easy to manage.

The purpose is to provide descriptions of situations as they naturally occur.

47

Descriptive studies may be used to assist in theory development, identify

problems with current practice, justify current practice, make judgments, or

determine what others are doing in similar situations. There is no manipulation of

variables in this type of design (Burns & Grove, 1997).

The term "survey" actually refers to either the administration of a

questionnaire or to the combination of a questionnaire and interview (Burns &

Grove, 1997). The questionnaire is almost always self-administered, allowing

participants to fill out the questionnaire themselves, with the researcher only

being responsible for delivery and collection. In the case of this research,

demographic data and a questionnaire were used to collect data.

Given these drawbacks, this study's purpose is to examine clinical

supervision practices that were occurring in schools and to gather data from

surveys concerning the perceptions of school superintendents concerning the

utilization of clinical supervision in their district.

<div align="center">Setting and Sample</div>

This study was conducted in 49 Pennsylvania school districts located in

Adams, Cumberland, Dauphin, Franklin, Juniata, and York counties (Appendix

A). These districts represent a cross-section of urban, suburban, and rural

districts. All participants in this study were currently serving as school

superintendents. The delimitation related to the population's years of service in

their current position is specified in an effort to provide a true representation of

perceptions of school superintendents who actually use clinical supervision

practices. The participating school districts were chosen on the basis of prior

documentary evidence of effective elements of teaching and clinical supervision

implementation in these districts. Anderson and Snyder (1993) reported findings

from five separate studies that were conducted in Pennsylvania utilizing the

Snyder-Pavan Supervision Process Questionnaire.

Ethical Considerations

Permission to conduct research using the IRB was obtained from the

university prior to implementation of the study (Appendix B).

A letter of invitation to participate in research (Appendix C) was included

with the survey in both the initial mailing of the survey and in the repeat mailing to

those who did not respond to the first request for participation. The letter of

invitation was constructed so that it identified the researcher, explained the

purpose of the study, identified contents of the survey packet, and allowed the

respondent to request a copy of the results of the findings of this study. The

procedure for answering the questionnaire and providing individual informed

consent was described along with the approximate time needed to complete the

questionnaire. The extent of anonymity and confidentiality of data are described.

A final statement confirmed that participation was voluntary and that refusal to

participate or to withdraw from the study would be permitted without jeopardy.

Instrument

The Snyder-Pavan Supervision Process Questionnaire (SPSPQ) (1993)

(Appendix D) was used to measure school superintendents' self-perceptions of

the degree to which the school superintendents use clinical supervision practices

after a training process and implementation of clinical supervision practices. This

model is designed to identify levels of practices of clinical supervision (Pavan's

1993 model). Permission to use the instrument was requested and received

(Appendix E).

The cover sheet of the survey instrument contained information that

answered specific questions dealing with professional data of each participant.

The instrument itself consists of 28 questions on a 34-item instrument with

responses graded on a five-point Likert type scale (5-1): *always, often,*

occasionally, seldom, and never. Of these questions, however, five of the items 5,

7, 8, 1 0, 17 — have a negative connotation for clinical supervision and were

scored in reverse order. The instrument provided three items 29, 30, and 31 with

opportunity to select one of five multiple choice answers, and three items 32, 33,

and 34 were presented to provide a more detailed picture of clinical supervision

which allow for write-in responses. The raw score on items 1 through 28, in

addition to the analysis of responses on items 29, 30, and 31, allowed the

respondent to select multiple answers. Each answer had an assigned value, with

a maximum value for any one of the three items being five. The results are

depicted in tables followed by a score for each school superintendent.

Questionnaire items 32, 33, and 34 are write-in answers. The results are

provided in the tables.

This study determined categories of clinical supervision usage using each

district's raw score from the Snyder-Pavan Supervision Process Questionnaire

(SPSPQ). SPSS for Windows was used to calculate the statistical values for all

returned questionnaires. The individual item raw scores and standard deviations

provided specific information that was applied to the degree of the use of clinical

supervision.

Reliability, Validity, and Consistency

The instrument was piloted on a dozen groups throughout the country to

determine the Cronbach alpha reliability. Scott (1990) administered the revised

SPSPQ to 231 principals in Pennsylvania and reported a reliability coefficient of

0.886.

In an additional pilot study, Pavan (1993) revised the SPSPQ to identify

clinical supervision process without biasing answers toward clinical supervision

by removing the words "clinical supervision" and inserting "supervision process"

or "observation." Pavan reported that the questionnaire was piloted on 12

administrators, supervisors, and teachers throughout the United States who had

received clinical supervision training and had a reliability coefficient of 0.886.

Following this pilot study, Pavan revised the SPSPQ and then had 12 supervision

professors check it for content validity. The revised questionnaire was pilot tested

again and further revisions were made to improve validity and reliability. Pavan

revised the instrument by removing some items and inserting other words

for the purpose of clarity. The revised questionnaire was pilot tested again,

and further revision was made to improve validity and reliability. Thus, the results

of these tests of reliability indicated that the data produced by SPSPQ (revised

version) have sufficient validity and reliability (0.886) among teachers and

administrators in the United States.

Data Collection

Demographic and clinical supervision practice data were collected via the

Snyder-Pavan Supervision Process Questionnaire (Appendix D). The Survey

instrument was sent through the postal service to each participating

superintendent. An invitation to participate in research (Appendix E) was included

for the purpose of orienting participants to the nature of the study and purpose of

the instrument. Participating school superintendents completed the instrument

and returned it to the researcher in the enclosed stamped, self-addressed

envelope. Three additional contacts were made by e-mail, fax, and telephone, to

individuals who had not responded.

Data Analysis

The data collected were subjected to analysis using the statistical software

package SPSS. This research was conducted using multiple linear regression

analysis. The first hypothesis was analyzed to determine if there is a significant

relationship in the perceptions of school superintendents concerning the

utilization of clinical supervision as the criterion variable and independent variable based on the number of years since the implementation of the program district wide. The second hypothesis was analyzed to determine whether or not there is a difference between the criterion variable school superintendents' perceptions of clinical supervision and the independent variables of school superintendents' gender, school superintendents' years of experience, and years of school superintendents' training and involvement in clinical supervision models and levels of school superintendents' education. The multiple linear regression was performed to determine if a statistically significant difference at the 0.05 level existed.

The first part of the research focused on the degree of use of clinical supervision and was determined by scores on the *Snyder-Pavan Supervision Process Questionnaire* (Appendix E). As this study was concerned with the interrelationships between and among several variables, different methods of statistical analyses were used to interpret the data on the use of clinical supervision. The results of the multiple regression and descriptive analysis are given in Chapter IV.

Summary

This chapter has presented the methodology that was utilized to meet the need for the study and investigate the hypotheses posed by the researcher. The means and methods applied in obtaining subjects, protecting their rights as human beings participating in research, along with the collection, management,

and analysis of data, have been presented. The manner in which the researcher

obtained informed consent and permission to conduct the research has been

fully explained. The following chapters present the results of the analysis of the

data, the conclusions, and suggestions for further study.

CHAPTER IV

ANALYSIS OF DATA

Following are the results of the analysis of the data generated by this study on the clinical supervision process. The general purpose of this study was to determine how superintendents perceive the use of the clinical supervision process in their districts. The primary purpose in the treatment of the data was to provide descriptive statistics pertaining to the variables tested.

This chapter describes the manner in which the data were collected, the results of the data collection, and the subsequent statistical analysis. Two hypotheses were tested at the alpha level ($p \leq .05$) in this study.

Descriptive Data

The subjects in the data collection were the 49 school superintendents in units 12 and 15 in South Central Pennsylvania school districts. A total of 28 (57%) of the superintendents responded to the self-administered questionnaire.

The demographic data presented in Table 2 show the variable, frequency and percent of respondents at Pennsylvania School District by gender, education, involvement and training. Of the 28 respondents, 9 were female (32.1 percent) and 19 were male (67.9 percent). In the area of education the majority of the respondents hold a doctorate degree 20 (71.4 percent) as compared to 8 (28.6 percent) with a masters plus. The respondents scores in the area of involvement indicate that 2 variables were identical, 1 to 5 years and 5 to 10 years with a score of 10 (35.7 percent). The lowest score being 3 (10.7 percent).

55

In the area of years of training the highest score of 20 (71.4 percent)

with the lowest being 1 (3.6 percent). The fact that 32.1 percent of the

population was female tends to support the belief that the position of

superintendent of education remains a male-dominated profession.

It does show, however, that females are finding a place in this area in schools.

Table 2

Frequencies Superintendents   —

GENDER

		Frequency	Percentage
Valid	Female	9	32.1
	Male	19	67.9
	Total	28	100.0

EDUCATION

		Frequency	Percentage
Valid	Masters Plus Specialist degree	8	28.6
	Doctorate degree	20	71.4
	Total	28	100.0

INVOLVEMENT

		Frequency	Percentage
Valid	1-5 years involvement	10	35.7
	5-10 years involvement	10	35.7
	10-15 years involvement	5	17.9
	20-25 years involvement	3	10.7
	Total	28	100.0

TRAINING

		Frequency	Percentage
Valid	1 day involvement	4	14.3
	2 days involvement	3	10.7
	3 days involvement	1	3.6
	More than 3 days involvement	20	71.4
	Total	28	100.0

The demographic data presented in Table 3 show the variable,

minimum, maximum, mean and standard deviation at Pennsylvania School

District by teaching experience, supervision experience and superintendents

experience.

The majority of respondents in the Pennsylvania School District were

supervising with a maximum score of 32.00, mean 12.36 and standard

deviation 7.04. The next highest score was teaching (minimum .00)

(maximum 23.00), (mean 10.23) and standard deviation of 5.20. The lowest

score as reported by the respondents were that of the superintendents. The

(minimum 1.00) maximum 23.00 mean 6.32 and standard deviation 4.85.

The demographic data in this table reflects the support of the belief that

supervisors are rated higher than teachers and superintendents. The

effectiveness of the principal, teacher and superintendent tend to lead to a more

positive process in the improvement of instruction and supervision.

Table 3

Descriptive Statistics (N=28)

	Minimum	Maximum	Mean	Std. Deviation
TEACHER	.00	23.00	10.2321	5.19523
SUPERVISOR	.00	32.00	12.3571	7.03544
SUPERINTENDENT	1.00	23.00	6.3214	4.85382
EXPERIENCE	8.00	48.00	28.91	7.97

The descriptive statistics for questions 1-28 are located in Tables 4 and 5. The majority of the respondents' total scores are in the *Often* range. This indicates that the most common to each supervisory process was *Often* (a score of 4). The scores reflect a high usage of concepts, teaching/learning improvement. The respondents following the above noted high usage of planned supervision objectives, objective data, patterns and productive tension with a maturing climate. The highest year of experience has a mean of 28.9 and a standard deviation of 7.96 with a total frequency of 28 and 63.3% (See Table 4). The majority of the respondents' total scores are in the *Often* range. This indicated that the most common use to each supervisory process was *Often* (a score of 4) (Table 4).

As illustrated in Table 4, statements 3 and 4 had means approaching 5 which places them close to a practice of *Always*. The frequency of practice for the following statements was reported an *Always*. Statements 3 (Classroom observation is part of a formal plan designed to improve instruction) and 4 (Classroom observation is used to help the teacher become more effective) are reported as *Always (a score of 5)*, which means that the practices are nearly always completed.

Statements 1, 2, 6, 9, 11, 12, 13, 14, 15, 16, 18, 19, 21, 22, 23, 24, 26 & 27 had a mean approaching 4 which indicates a practice of *Often*. The standard deviations ranging from .67 to .97 for each also indicate that the scores were tightly grouped about the means. Specifically, the following statements were reported as *Often (a score of 4)* as can be observed in Table 4.

1. Classroom observation is based on the idea that supervision is used to "coach" teachers.

2. The post-observation conference includes specific plans for the future.

6. Prior to each observation, teachers and observers agree that data to be collected will be relevant to the teacher's concerns.

9. Before classes are observed, the teacher and the observer agree upon the specifics of what will be observed in the class.

11. Teachers know what behaviors to expect of the observer during the classroom observation.

13. Teachers instruct according to a specific model of good instruction.

14. Good instructional standards have been defined by the administrator.

15. The postobservation conference includes specific plans for future instruction.

16. The observer and the teacher discuss "patterns" or "trends" clearly evident in the data during the postobservation conferences.

18. During the postobservation conference, teachers will see data that indicate what did or did not work well.

19. Classroom observation helps teachers to become more effective.

20. During an observation, it is obvious to the teacher that the observer's behavior is preplanned.

21. The observer devises a plan for the postobservation conferences.

22. The observer spends adequate time analyzing the classroom data collected before the postobservation conference is held.

23. The teacher and the observer work together productively toward the supervision improvement of instruction.

24. Administrators meet to discuss the improvement of the supervision process.

Table 4

Descriptive Statistics (Means, Standard Deviation, and Usage of Questionnaire Items 1-28) (N=28)

Statement	Mean	Standard Deviation
Q1	4.28	.65
Q2	3.46	.99
Q3	4.67	.47
Q4	4.71	.53
Q5*	3.14	1.14
Q6	3.50	.96
Q7*	3.14	1.14
Q8*	2.78	.99
Q9	3.46	.79
Ql0*	3.42	.95
Qll	4.10	1.03
Q12	3.96	.79
Q13	3.96	.74
Q14	4.10	.73
Q15	4.14	.75
Q16	3.96	.74
Ql7*	3.25	1.26
Q18	3.85	.97
Q19	3.92	.85
Q20	375	.84
Q21	4.14	.75
Q22	4.14	.65
Q23	4.03	.92
Q24	4.00	.81
Q25	3.61	.83
Q26	3.94	.83
Q27	3.21	1.16
Q28	1.78	1.06
TOTAL	104.54	13.51

*Reversed Score Statement
Scale 1-5

Table 5

Frequency of Total Experience

		Frequency	Percent
Valid	8.00	1	2.4
	15.00	1	2.4
	16.00	1	2.4
	18.00	1	2.4
	21.00	1	2.4
	23.50	1	2.4
	26.00	1	2.4
	27.00	1	2.4
	28.00	3	7.3
	29.00	1	2.4
	30.00	2	4.9
	31.00	2	4.9
	32.00	5	12.2
	33.00	1	2.4
	34.00	1	2.4
	35.00	2	4.9
	36.00	1	2.4
	39.00	1	2.4
	48.00	1	2.4
	Total	28	68.3

25. Administrators and teachers meet to discuss the classroom observation process.

26. Central office personnel are involved in the classroom observation process.

27. The observers critique their own professional behavior in some systematic manner.

Statements 5, 7, 8, 1 0 and 17 were scored in reverse order because they had a negative connotation for clinical supervision. The frequency of the practice for the following statements was reported as *Occasionally* (a score of 3) and *Seldom* (a score of 4) with scattered score ranges. The scores are located in Tables 2, 3 and 6.

5. Classroom observation is used only to evaluate teachers.

7. Teachers have little input into the decisions about what will be observed during the supervision process.

8. Observations are conducted when the administrator believes they are needed.

10. Teachers do not know how the observer decided what data to collect during an observation.

17. Observers tell teachers what was good or bad without showing data.

Statement 8 had a mean approaching 3 which indicated an average practice of Occasionally with a standard deviation of .99 and a mean of 2.78. Statement 8 was scored in reverse because it has a negative connotation for clinical supervision.

Statement 28, designed to determine if the audiotape or videotape was used for conferencing, has always been an encouraged practice of clinical supervision. The following had a frequency of practice reported as Seldom.

28.   The postobservation conference is video or audiotaped so the conferencing process can be analyzed.

In response to questions 29-34, the results are indicated as a comparison with the current study. Questions 29-34 are worded so that multiple choices and open answers could be made by the respondents; therefore, the results in Tables 6, 7, 8, 9 and 10 indicate the percentage of respondents reporting use of each method of data collection in rank order of the frequency of use. The percentages are not cumulative as indicated in the tables.

Observers:

29.   Classroom observations are conducted by:

    1. Principal

    2. Central office administrator

    3. Supervisor

    4. Teacher

    5. Other

This study illustrates that classroom observations are most often conducted by central office staff (83%). The next greatest percentage of respondents (79%) reported observations were conducted by the principal followed by (69%) who reported observations were conducted by supervisors.

Other classroom observation respondents (17%) reported observations were

conducted by teachers, and (14%) reported observations by others. Scott (1990)

reported that classroom observations are most often conducted by principals

(38%) followed by central office administrators (1 4.72%), other respondent's

supervisors (9.52%), teachers (4.76%), and others (43%) responded significantly

more positive than the study conducted by Scott in 1990 (see Table 6). As the

end result of the clinical supervision process is assumed to be rejuvenated to

become active in classroom observation/ supervision and teacher improving.

Finally, it could be assumed that the results could be attributed to the

implementation processes in the early 1990s.

Table 6

Personnel Who Conduct Classroom Observations

Observer(s)	Scott Percent Respondent	Current Study Percent Respondent
Central Office Administrator	14.72	83.00
Principal	38.00	79.00
Supervisor	9.52	69.00
Teacher	4.76	17.00
Other	.43	14.00

Statement 30 on the instrument was created to examine the framework

from which the data of an observation were to be analyzed. It is worded as

follows: Data gathered during the observation are analyzed primarily within the

framework of a teacher's lesson objectives.

30. The teacher's lesson objectives

    a. the school's annual goals

    b. a formal teaching model

    c. the teacher's concerns

    d. the observer's perceptions of deficiency needs

    e. the teacher's annual goals

    f. other_____

Table 7 provides the rank order of the responses in this study and Scott's

study (1990). Eighty-six percent of the respondents indicated teachers' lesson

objectives as important and ranked at a high level, and 62% indicated that

observer's perception of deficiency needs was important and ranked second.

Fifty-nine percent indicated that the school's annual goals were ranked third.

Fifty-seven percent focused on the teacher's concern. Thirty-four percent ranked

the teacher's annual goals sixth. The category ranked least important, Other, was

at .14%. Scott's (1990) study revealed that 91.34% of respondents were

teacher's lesson objective followed by the observer's perceptions of deficiency

needs with 68.83%. The teacher's concerns were ranked third with 57.14% and

closely followed by a formal teaching model with 48.05%. The annual school

goals ranked fifth with a score of 45.02%. The final two categories ranked as teacher's annual goals with 34.20% followed by *Other* of 2.60%. A major finding in this study was the greatest difference between the two studies in the formal teaching model with this study (2.00%) and the former study was 48.05% (see Table 7).

Table 7

Percentage of Respondents Reporting Use of Each Data Analysis Parameter

	Parameter	Scott Percent of Respondents	Current Study Percent of Respondents
a.	Teacher's lesson objectives	91.34	86.00
b.	Observer's perceptions of deficiency needs	68.83	62.00
c.	School's annual goals	45.02	59.00
d.	Formal teaching model	48.05	2.00
e.	Teacher's concerns	57.14	57.00
f.	Teacher's annual goals	34.20	34.00
g.	Other	2.60	14.00

Statement 31 was worded as follows

31. During the observation data are collected by:

a. personal note-taking   f. check lists
b. systematic note taking   g. graph and tallies
c. using district form   h. none of the above
d. audio tapes   i. other
e. video tapes

Respondents in this current study indicated the highest number of responses were personal note-taking (97%) followed by systematic instruction note taking and check list (66%) using district form (59%) was third, indicating more than half of the respondents use this. Graphs and tallies (31%), videotapes (17%), audiotapes (10%), and .03% in Other indicate that a low percentage of respondents engaged in data collection by the previous methods (see Table 8). Scott (1990) reported personal note taking was used by over 80%. Over 50% use either the district form or systematic note taking. These practices are contrary to clinical supervision. In accordance with clinical supervision, about 25% use graphs and tallies and approximately 15% use videotapes some of the time.

Concerning the ability to critique and analyze a lesson, the difference among responses would appear to be a result of the position the respondent occupies within the school system. A position of clinical supervision is devised to help teachers develop self-analysis skills. This process takes a great deal of time and practice. Thus, administrators, as a result of their position, spend more time in observing and analyzing classroom lessons than do classroom teachers.

Table 8

Percentage of Respondents Reporting Use of Each Method of Data Collection

Method of Collection	Scott Percent of Respondents	Current Study Percent of Respondents
Personal note taking	81.39	97.00
Systematic note taking	54.98	66.00
Checklist	18.61	66.00
Using district form	56.71	59.00
Videotapes	15.58	17.00
Audiotapes	4.76	10.00
Graphs and tallies	28.81	31.00
Other	00.00	03.00
None of the above	00.00	00.00

Number of Observations

Questions 32 and 33 are designed to describe the number of times tenured and nontenured teachers were observed annually.

Table 9 was designed to determine the number of observations per year for tenured and nontenured teachers. Table 9 illustrates that in both studies nontenured teachers are observed approximately four times per year while tenured teachers are observed approximately two times a year. The major use of clinical supervision is to improve teaching instruction and classroom activities.

Table 9

*Percentage of Respondents Who Use Methods of Collections Commonly
Associated with Clinical Supervision*

Times Tenured	Percent	Times Nontenured	Percent
One time observed	38.00	2-4 times	38.00
Two times observed	59.00	6 times	17.00
Four times observed	55.00	8 times	03.00

Statement 34 was designed to find out what label districts used to

describe the observation/supervision process.

34.　What do you call the observation/supervision process used in your

district?

The results of question 34 responses from school superintendents

were placed in a category according to the most frequently used

observation/supervision. The rank order was established by dividing

the number of respondents by the total number of participants (see Table 10).

The highest percentage (48%) of responses from the school superintendents'

responses in this study were compatible with clinical supervision. The names

of supervision/observation have greatly decreased from the former study

by Scott (1990), which indicated 23 categories and this study's results are 5.

Table 10

Rank Order of Percentage of Respondents in Each Category of the Name of Supervision/Observation Process

	Percent of Respondents Current Study
Differential supervision	48.00
Observational and supervision	24.00
Evaluation and supervision	14.00
Trap	07.00
Clinical supervision	03.00

Testing Hypotheses and Related Findings

Testing of Hypotheses 1 and 2 proposed in this study used a linear regression test to predict the outcome of the school superintendent's perceptions of clinical supervision as measured by the dependent variable, the sum of the values for questions 1-28 on the *Snyder/Pavan Supervision Process Questionnaire* and the number of years the clinical supervision program has been implemented in their districts as measured by the independent variable involvement.

In the regression the dependent variable is the sum of the values for questions 1-28 on the *Snyder-Pavan Supervision Process Questionnaire* and indicated a measure of the superintendent's perceptions of clinical supervision. Involvement indicated a correlation analysis was conducted to determine if the variables (constant) gender, education, involvement, and experience with the

dependent variable the sum of the values for questions 1-28 on the

Snyder-Pavan Supervision Process Questionnaire were significant and entered

into the final regression model.

Hypothesis 1

Hypothesis 1 states: There is a statistically significant relationship between

school superintendents' perceptions of the clinical supervision process and the

number of years the clinical supervision has been implemented in their districts.

A correlation analysis was conducted to predict the superintendent's

perceptions of clinical supervision and the number of years the clinical

supervision program had been implemented. A determination of the correlation

between the variable and the sum of the values of questions 1-28 on the

Snyder-Pavan Supervision Process Questionnaire was conducted. The

regression equation with the predictor and dependent variable (the sum of values

of questions 1-28 on the *Snyder-Pavan Supervision Process Questionnaire*)

was significant, $R=.420$, $R^2 = .177$, adjusted $R^2 = .145$, $F(1,26) = 5.58$, $p = .026$.

Based on these results, the predictor did appear to have a positive impact

on the perceptions of superintendents with an 18% variability. The results are

located in Table 11.

Table 11

Bivariate Regression - Model 1

Model	R	R^2	Adjusted R^2	Standard Error of the Estimate
1	.420	.177	.145	12.50

[a]Predictors (Constant) Involvement

Table II (continued)

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	870.91	1	870.91	5.58	.026
	Residual	4060.06	26	156.16		
	Total	4930.96	27			

[a]Predictors (Constant), Involvement
[b]Dependent Variable: Total

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	
		B	Std. Error	t	Sig.
1	(Constant)	95.09	4.65		
	Involvement	4.56	1.93	2.36	.026*

[a]Dependent Variable: TOTAL
*P≤.05

Hypothesis 2

Hypothesis 2 states: There is a statistically significant relationship between school superintendents' perceptions of clinical supervision and the school superintendents'gender, years of experience, years of training and involvement in clinical supervision models, and levels of education. The four predictors independent variables were gender, education, involvement, and experience with the total being the dependent variable. The result of the multiple linear regression (MLR) analysis is given in Tables 12 and 13.

The regression equation uses the dependent variable: the sum of the value

of questions 1-28 on the *Snyder/Pavan Supervision Process Questionnaire* and

the possible predictors, gender, experience, education, and involvement. A

determination of the correlation between the variable and the sum of the values

of questions 1-28 on the *Snyder-Pavan Supervision Process Questionnaire* was

conducted. The regression equation with the predictor and dependent variable

the sum of values of questions 1-28 on the *Snyder-Pavan Supervision Process*

Questionnaire was significant, $R = .580$, $R^2 = .336$, adjusted $R^2 = .221$, $F(4, 23)$

$=2.91$, $p = .044$. Based on these results, only one of the four predictors

involvement did appear to have a positive impact on the perception of

superintendents $(p = .025)$ (See Tables 12 & 13).

Table 12

Bivariate Regression - Model 2

Model	R	R^2	Adjusted R^2	Standard Error of the Estimate
2	.580	.336	.221	11.93

[a]Predictors (Constant), Gender, Education, Involvement, Experience

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
2	Regression	1657.00	4	414.25	2.91	.044
	Residual	3273.96	23	142.35		
	Total	4930.96	27			

aPredictors (Constant), Gender, Education, Involvement, Experience
bDependent Variable: Total

Table 13

Dependent Variable (Constant, Experience, Involvement, Education, Gender)

Model 1		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	118.42	16.19			
	Experience	-.603	.35	-.356	-1.73	.097
	Involvement	5.00	2.09	.458	2.40	.025*
	Education	-1.54	2.71	-.105	-.57	.574
	Gender	-.196	6.63	-.007	-.03	.977

*P≤.05

[a]Dependent variable - the sum of questions 1-28 on the *Snyder/Pavan Supervision Process Questionnaire*

The first 28 items on the survey from Scott's study (1990) are compared to this study and reflect virtually all responses are closely related (see Table 14).

Table 14

Means and Standard Deviation of Questionnaire items 1-28 of Current Study Compared to Scott's 1990 Study

Statement	Scott (N=231)			Current Study (N=28)		
	Mean	Standard Deviation	Usage	Mean	Standard Deviation	Usage
Q1	4.21	.86	Often	4.28	.66	Often
Q2	3.97	.23	Often	3.46	.99	Often
Q3	4.64	.73	Always	4.67	.47	Always
Q4	4.69	.59	Always	4.71	.53	Always
Q5*	3.53	1.12	Seldom	3.14	1.14	Seldom
Q6	3.22	1.07	Occasionally	3.50	.96	Often
Q7*	3.33	1.04	Occasionally	3.14	1.14	Seldom
Q8*	2.72	1.02	Occasionally	2.78	.99	Occasionally
Q9	3.07	1.13	Occasionally	3.46	.79	Often
Q10*	3.72	1.00	Seldom	3.42	.95	Seldom
Q11	4.40	.71	Often	4.10	1.03	Often
Q12	4.09	.68	Often	3.96	.79	Often
Q13	2.22	.81	Often	3.96	.74	Often
Q14	1.85	.85	Often	4.10	.73	Often
Q15	4.14	.72	Often	4.14	.75	Often
Q16	4.09	.76	Often	3.96	.74	Seldom
Q17*	3.86	1.05	Seldom	3.25	1.26	Often
Q18	4.09	.81	Often	3.85	.97	Often
Q19	4.11	.70	Often	3.92	.85	Often
Q20	3.46	1.02	Occasionally	3.75	.84	Occasionally
Q21	4.27	.79	Often	4.14	.75	Often
Q22	4.23	.75	Often	4.14	.65	Often
Q23	4.23	.65	Often	4.03	.92	Often
Q24	3.74	.84	Often	4.03	.82	Often
Q25	3.32	.89	Occasionally	3.60	.83	Often/Occasionally
Q26	2.88	1.12	Occasionally	3.29	.83	Often
Q27	3.23	1.01	Occasionally	1.01	1.16	Often
Q28	1.50	.70	Seldom	1.78	1.06	Seldom

*Indicates reversed scores

Very few differences are noted among items, with each study showing a majority of responses in the same range. In the former study, classroom observation is part of a formal plan designed to improve instruction and used to help teachers become more effective.

Scott's (1990) study indicated that the principal was the one who conducted classroom observation. Additional personnel who conducted classroom observations were most frequently a central office administrator. In contrast, this study revealed that the central administration personnel conducted the observation followed by the principal. Chapter V describes the implications of these results. In addition, recommendations for further study and implications for practice are given with regard to the influence of participation in the clinical supervision process.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

The following is a summary of this study, along with its implications for superintendents and recommendations for implementation of Clinical Supervision. In conclusion, recommendations are made as to possible future studies.

Purpose

In general, this study set out to examine the effects of implementing clinical supervision methods in school districts in Pennsylvania. Data were collected by surveying 28 of 49 (57%) school superintendents. The intent of this study was to yield a clearer understanding of the kind of clinical supervision practices that exist in the selected segment of Pennsylvania schools.

The specific purposes of this study are:

1.   To determine if there is a statistically significant relationship between school superintendents' perceptions of clinical supervision and the number of years the clinical supervision program has been implemented in their districts.

2.   To determine if there is a statistically significant relationship between school superintendents' perceptions of clinical supervision and gender, years of experience, level of education, training and involvement in clinical supervision models.

77

Summary of the Procedures

A brief examination of early and current methods of supervision indicated that, in the midst of the social order of late 19th century America, supervision emerged as an important function performed by the superintendent, and inspectional practices dominated supervision.

Scott (1990) found that:

Clinical supervision, in its original form, is still lacking in terms of widespread acceptance. We must go back in order to get to the future, by reviewing the original works and meditating on the complete cycle of supervision to begin to understand what clinical supervision truly means to the educational profession. (pp. 97-98)

Scott (1990) stated that:

On one hand, clinical supervision has been consistently endorsed by many noted authors in the administrative field, yet, on the other hand, it was rarely implemented by practitioners. This paradoxical situation was impetus for the study. Original works by Cogan (1973), Goldhammer, Anderson, and Krajewski (1980) served as a basis for understanding clinical supervision practices. These original works serve as a foundation for Acheson and Gail; Garman; Pavan; and Glickman when, discussing clinical supervision, referred to either Cogan's or Goldhammer, Anderson, and Krajewski's work. (pp. 80-81)

Findings

According to the current study, the individual responses on the

Snyder/Pavan Supervision Process Questionnaire, the school superintendents

viewed classroom observation as part of a formal plan to improve classroom

instruction. Each tenured teacher is observed from once a year to twice a year.

Some are observed up to four times a year. This indicates that twice a year

is the favored interval. In contrast, the nontenured teacher is observed more

frequently (2-4 times per year, six times per year and eight times per year.

This indicates that the most frequent interval of observations is 2 to 4 times

a year. The study indicates that clinical supervision/observation evolved

from the top down and was determined to be necessary and effective from

the top down. Scott (1990) reported that observations are conducted about two

times a year for tenured and four times a year for nontenured teachers.

According to the current survey, which asked the superintendents to

identify the main type of clinical supervision used in his or her district, five

methods were used primarily: differential, observations, supervision and

evaluation. The remaining two are the method trap and clinical supervision.

Another of the questions dealt with data gathered during the observation,

specifically, whether it is based primarily on the teacher's lesson objectives,

the observer's perception of deficiency needs, the school's annual goals,

a formal teaching model, the teacher's concerns or the teacher's annual goals.

Scott's (1990) study indicated that data gathered during the observation is done primarily based on the teacher's objectives, then the observer's perception of deficiency needs, followed by the teacher's concerns, then a formal teaching model, the school's annual goals and the teacher's annual goals. Scott's study and the current one both reflect that the teacher's objectives and the observer's perceptions of deficiency needs are a high priority.

There is indeed a statistically significant relationship between school superintendents' perceptions of clinical supervision and the number of years clinical supervision has been implemented in the school superintendents' district. A determination of the correlation analysis between the variable and the sum of the values of questions 1-28 on the *Snyder/Pavan Supervision Process Questionnaire* was conducted. The first regression equation with the predictor and dependent variable, the sum of values of questions 1-28 on the *Snyder/Pavan Supervision Process Questionnaire*, was statistically significant, based on these results.

Furthermore, the longer the process was in place, the more effective it was found to be. The term *Effectiveness* can be substituted with *Performance, Success, Productivity or Accountability,* but each is a measurement of desired effectiveness. Thus, the more effective the process is, the perception becomes more positive to improve instruction.

Comparison with Other Studies

Holodick (1988) and Scott (1990) used the same instrument, the

Snyder/Pavan Supervision Process Questionnaire, to collect information from

other school districts in Pennsylvania. Holodick's study focused on elementary

principals whereas Scott's study focused on elementary, middle/junior high, and

senior high. Holodick's study was completed in the northeastern Pennsylvania

school district while Scott's study was compiled in Units 12 and 15 in south

central Pennsylvania school districts. This study was also conducted in Units 12

and 15 in south central Pennsylvania school district focusing on the school

superintendents' perceptions of supervision as compared to Scott's study of

Principals.

Implications for Practices

This study has shown a significant correlation of superintendent's

perception of clinical supervision. Although some variance was evident, this study

indicated that Pennsylvania School Superintendents generally viewed

themselves as performing the activities to improve the use of clinical supervision

by teachers and administrators. The emphasis on supervision of instruction is

greater now than in previous decades, reflecting an increasing importance of

instructional leadership to the school superintendent's responsibility. A changing

relationship between administration and supervision is resulting as the two

concepts move toward integration. (1) School superintendents' position emerged

as an important factor in increasing accountability in supervision for student

outcomes. (2) The instructional leadership of school superintendents and the district organizations are factors that have affected the practices of administrators in instructional supervision.

The changing perspectives on learning and teaching have important implications:

(1)   Teachers should be viewed as collaborators of their knowledge about learning and teaching. Collaborative learning is an educational approach to teaching and learning that involves groups of student/teachers working together to solve a problem, complete a task, or create a project. The premise of clinical supervision is that of, as a formal process of collaboration between teacher and supervisor that could improve teaching. The literature review of clinical supervision reveals concepts of collegiality, collaboration, assistance and improvement of instruction. Clinical supervision favored collaborative practice over inspectional, faultfinding supervision. The teacher is perceived as the expert in the classroom with expertise relating to the students and their curriculum experience. Thus, it is important for the teacher to become an active collaborator and take ownership in planning of clinical supervision objectives and be able to voice his/her concerns.

(2)   School superintendents, principals, and supervisors should be viewed as collaborators in creating knowledge about learning.

In school districts that value collaboration, school superintendents, principals, and teachers see themselves as partners in fostering student learning. The spirit is of wanting to work with one another rather than choosing adversarial positions is an important commitment that is made by the superintendents, principals and teacher. Those who commit to a continuous improvement see change as a journey, not a destination. The superintendents and principals models cooperation, facilitates cooperative work and rewards teachers who cooperate. It then becomes a sharing of materials and ideas thus enhancing the teaching and learning process.

Collaborative systems of supervision take root easily when values are common through the school. The school superintendent, principals and teachers operate as intellectual equals as they collaborate to reach mutually agreed upon objectives. Since each has a different role, these roles and responsibilities must be defined and outlined.

Recommendations for Practicing Administrators

Scott (1990) stated that clinical supervision has been consistently endorsed by noted authors in the administration field, yet, on the other hand, it was rarely implemented by practitioners (p.80).

Educational leaders must strive to challenge fellow employees in public schools, universities, graduate schools, and training institutions of the necessity to provide time and personnel to devote to clinically supervising its teachers. Also, it is very important for school boards to be made aware of the effectiveness of instructional supervision and the need to possibly reassign certain administrative duties to increase the amount of time principals spend in the classrooms. Principals, teachers, and school superintendents should acquaint themselves with the components of the original concepts and process of clinical supervision to enable them to understand its potential for improvement of instruction. This could possibly increase the potential for its adoption in school districts.

The most common problem with clinical supervision is that it is usually based on poor instructional practice. Instructional leadership is usually the responsibility of school superintendents and principals and many only receive training in clinical supervision from workshops and seminars. Such seminars and workshops are fairly brief, large-group affairs that lack the capacity to train superintendents and principals in high-level clinical skills. Consequently, administrators typically revert to form when giving feedback and tie their remarks with more than a few "yes-but compliments" and "helpful criticism". Lack of skill in clinical supervision too often degenerates into mixing criticisms with enough praise to sweeten some of the resultant bitterness, thus resulting in little or no instructional improvement. The ground work for training superintendents,

principals, supervisors and teachers could be laid through team building

and professional growth in the school district's superintendents who have

contacts with the districts through the normal course of the day. Perhaps

this could be done through the creation of university courses in clinical

supervision offered at the school site. A grant could be obtained to fund

this project. Therefore, it is suggested that the trainers in the school

district concentrate on the characteristics deemed in this study. The first

training section should be with the school superintendents and principals.

Without proper training and involvement, school superintendents, principals,

supervisors and teachers are unable to assume their clinical roles so

that clinical supervision can be implemented effectively. In addition to team

building, part of the supervisor's job is evaluation and feedback. It is

important for the administrators to understand clinical supervision and

visibly support it by being part of the training team, but they must also use

it in carrying out the role as instructional leader. It is important for the

supervisors to know what to look for in precision teaching and classroom

management skills when observing a classroom. It is also important for

them to be capable of giving correct feedback. This training and involvement

must be utilized consistently and closely monitored. In years past and

probably currently, supervisors have had the teachers fill out their own

evaluations, glad to be freed of meaningless paperwork. Obligatory classroom

visits once or twice a year by supervisors rarely produced incisive comments

concerning the quality of teaching. It is the job of leadership to build

cohesiveness around the shared focus of achieving excellence rather than

to destroy cohesiveness through speculation.

<div align="center">Recommendation for Future Study</div>

Based on the delimitation of this study and analysis of data, several

indications for further study of the perceptions of school superintendents

have been identified through review of literature, the analysis of the data,

and the discussion of research conclusion. A brief examination of early

methods of supervision indicated that the superintendents served as an

important function of instructional services. By the end of the 19th century,

a reform movement was reflective of larger more encompassing changes that

were occurring in our social structure. During this time the position of school

streamlined, central administrative bureaucracies thus, school superintendents

as supervisors in charge.

Glanz (1991)

Supervision, therefore, was a function that school superintendents

performed to oversee schools more efficiently (p.7).

(1).   Similar studies of public school superintendents could be replicated in

other states to increase the general knowledge of clinical supervision as perceived by school superintendents. It is recommended that a research base continue to be established to measure the impact of clinical supervision and to further understand why clinical supervision is or is not implemented by superintendents. Included in this study should be school superintendents who favor and who do not favor clinical supervision in order to determine factors which enable or preclude the implementation of clinical supervision. This information might be used by school superintendents for improvement of instruction and to possibly increase potential for its adoption in school districts. A study could be done with the participating teachers and administrators in either at graduate schools or training institutes. A study of this magnitude might be the beginning of a great baseline data in clinical supervision.

Conclusions

The major conclusions based on the findings of this study was that the degree of clinical supervision practices as originally proposed by Cogan, Goldhammmer, Anderson and Krajewski is not widely adopted by school superintendents. This study was based on a survey instrument and a cover letter that was sent to all school superintendents in the

intermediate units 12 and 15 in Pennsylvania schools and the results

have been presented. These conclusions represent results as reported

by school superintendents in this study.

Supervision of instruction as a part of educational leadership is the

responsibility of many in school districts. The superintendents are in a

strategic position to ensure that instruction receives priority attention.

In the future, school superintendents and supervisors will be expected

more and more to be collaborative and assisting teachers in the

classroom instruction in meaningful ways. If schools are to accomplish

the educational goals set before them, better and more information is

needed about what works in multiple situations for school superintendents,

principals, supervisors and administrators charged with improving

instructional practices, and process. Individual responses on the

Snyder/Pavan Supervision Process Instrument revealed that classroom

observation is part of a formal plan designed to improve instruction and is

used to help the teacher become more effective. Data gathered during the

observation is done primarily based on the teacher's lesson objectives.

A particular interest as the results of the study is that a tendency

exists between increased amounts of supervision training and an increase

in the degree of use of clinical supervision. Revealing the importance for school effectiveness research to focus on the total school system and the influence of the school superintendent and the school superintendent's team. School superintendents must create a team effort approach with principals, supervisors. and teachers if the district goals are to be met. This will hopefully build a sense of trust between the superintendent, principal and teacher, possibly resulting in improved instruction.

This study has shown that extensive training and involvement is very important in the success of clinical supervision. If trained school superintendents and principals were able to train and show teachers how clinical supervision could help them improve instruction and for the process itself to be shown to have positive influence on student performance, perhaps the first steps toward improved instruction through clinical supervision could be realized.

The researcher learned that some school superintendents are hesitant about getting involved in this type of study and on the other hand the ones that did respond seemed very interested and concerned about the results of the study. Another interesting finding during the study was that much research was done, however, it stopped there. What is still lacking is a research base that supports clinical supervision as a vehicle to improve classroom instruction which

in turn improves student achievement.

   This study examined to what degree the perceptions of school superintendents agree on the use of clinical supervision. This study also sought to lay the groundwork for further study in this area and to provide educators with some basis for their selection of appropriate supervision styles.

APPENDIX A

PARTICIPATING PENNSYLVANIA SCHOOL DISTRICTS

Intermediate Unit #12 Public School Superintendents

Bermuda Springs School District

Central York School District

Chambersburg Area School District

Conewago Valley School District

Dallastown Area School District

Dover Area School District

Eastern York School District

Fairfield Area School District

Fannett-Metal District

Gettysburg Area School District

Greencastle-Antrim School District

Hanover Public School District

Littlestown Area School District

Northeastern School District of York County

Red Lion Area School District

South Eastern School District

South Western School District

Southern York County School District

Spring Cove Area School District

Tuscarora School District

Upper Arms School District

Waynesboro Area School District

West York Area School District

York City School District

York Suburban School District

91

Public School Superintendents Intermediate District Unit # 15

Big Springs School District	Susquehanna Township School District
Camp Hill School District	Susquehanna School District
Carlisle Area School District	Upper Dauphine School District
Central Dauphine School District	Westmoreland Perry School District
Cumberland Valley School District	Westmoreland Shore School District
Derry Township School District	
East Pennsburg Area School District	
Greenland School District	
Halifax School District	
Harrisburg City School District	
Lower Dauphine School District	
Mechanicsburg School District	
Middletown Area School District	
Millersburg Area School District	
Newport School District	
Northern York County School District	
Ronald H. Brown School District	
Shippensburg Area School District	
South Middleton School District	
Steelton-High Spire School District	

APPENDIX B.

HUMAN SUBJECTS REVIEW COMMITTEE PERMISSION

The University of
Southern Mississippi

Institutional Review Board

118 College Drive #5147
Hattiesburg, MS 39406-0001
Tel: 601.266.6820
Fax: 601.266.5509
www.usm.edu/irb

HUMAN SUBJECTS PROTECTION REVIEW COMMITTEE
NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Human Subjects Protection Review Committee in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: R23073006
PROJECT TITLE: **Superintendents' Perceptions of Clinical Supervision Process in a District-wide Program**
PROPOSED PROJECT DATES: **10/15/04 to 05/31/05**
PROJECT TYPE: **Dissertation or Thesis**
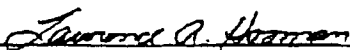PRINCIPAL INVESTIGATORS: **Myrna Ladner Bourgeois**
COLLEGE/DIVISION: **Education & Psychology**
DEPARTMENT: **Educational Leadership & Research**
FUNDING AGENCY: **N/A**
HSPRC COMMITTEE ACTION: **Renewal of Previsously Approved Project**
PERIOD OF APPROVAL: **02/22/05 to 02/21/06**

Lawrence A. Hosman   2-23-05

Lawrence A. Hosman, Ph.D.   Date
HSPRC Chair

93

APPENDIX C

AUTHORIZATION TO PARTICIPATE IN RESEARCH

September 2003

Dear School Superintendent,

I am a graduate student in the Department of Educational Leadership and Research at The University of Southern Mississippi, and I am currently conducting a study to determine superintendents' perceptions about the supervision processes currently used by administrators, supervisors, and teachers in their school districts.
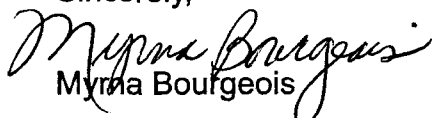
I realize that your time is valuable, but it should only take about 5 to 7 minutes to complete the attached survey. Please do not put your name on the survey since your identity and personal data will be protected through the use of a numerical coding system. When you have completed the survey, please return it to me within 3-5 days in the self-addressed, stamped envelope included in your packet.

There are few risks involved in participating in this research other than the time necessary to complete and return the survey. The study may better define the supervision process and assist us in providing quality education for our students while at the same time helping us to provide a better working environment for our teachers and administrators. Your part in the completion of this research will be of enormous help in attaining those goals.

Participation is voluntary, and refusal to participate or withdrawal from the study will be permitted without jeopardy. By filling out and returning this survey, you are agreeing to participate in this study. If you have any further questions or concerns regarding this research, you may contact Myrna L. Bourgeois at 228-467-5673, Dr. Wanda Maulding at 601-266-4582, or bourgeoiswilliam@bellsouth.net. Questions about rights as human subjects should be directed to the Chair, Institutional Review Board, The University of Southern Mississippi, Box 5147, Hattiesburg, MS 39406-5225, 601-266-6820.

I thank you in advance for your assistance in this matter.

Sincerely,

Myrna Bourgeois

Enclosure

94

APPENDIX D

SURVEY INSTRUMENT
Demographic Data

For the purpose of tabulation, please complete the following questions as they relate to you. All responses will remain strictly confidential.

Thank you for your willingness to participate.

1. _____Male   _____Female

2. Years of Educational Experience as:

   _____Teacher   _____Supervisor   _____Superintendent

3. Highest Level of Education (check one):

   _____Bachelor's   _____Master's

   _____Master's Plus   _____Doctorate

4. Number of years of superintendents' involvement in this specific supervision process. _____years

5. Length of superintendents' training in this supervision process (check one):

   _____1 day   _____2 days   _____3 days   _____more than 3 days

95

Snyder/Pavan Supervision Process Questionnaire

	Always	Often	Occasionally	Seldom	Never
DRAW A CIRCLE around the response that is most representative of your school situation.					
1. Classroom observation is based on the idea that supervision is used to "coach" teachers.	A	B	C	D	E
2. Conferences are held within 24 hours of the classroom observation.	A	B	C	D	E
3. Classroom observation is a part of a formal annual plan designed to improve instruction.	A	B	C	D	E
4. Classroom observation is used to help teachers become more effective.	A	B	C	D	E
5. Classroom observation is used only to evaluate teachers.	A	B	C	D	E
6. Prior to each observation, teachers and observers agree that the data to be collected will be relevant to the teacher's concerns.	A	B	C	D	E
7. Teachers have little input into the decisions about what will be observed during the supervision process.	A	B	C	D	E
8. Observations are conducted when the administrator believes they are needed.	A	B	C	D	E
9. Before classes are observed, the teacher and observer agree upon the specifics of what will be observed in the class.	A	B	C	D	E
10. Teachers do not know how the observer decided what data to collect during an observation.	A	B	C	D	E

		Always	Often	Occasionally	Seldom	Never
11.	Teachers know what behaviors to expect of the observer during the classroom observation.	A	B	C	D	E
12.	When teachers are observed, the teacher's lesson objectives are the focus for data collection.	A	B	C	D	E
13.	Teachers instruct according to a specific model of good instruction.	A	B	C	D	E
14.	Good instructional standards have been defined by the administrator.	A	B	C	D	E
15.	The post-observation conference includes specific plans for future instruction.	A	B	C	D	E
16.	The observer and teacher discuss "patterns"or "rends" clearly evident in the data during the post-observation conference.	A	B	C	D·	E
17.	Observers tell teachers what was good or bad without showing data.	A	B	C	D	E
18.	During the post-observation conference, teachers will see data that indicate what did or did not work well.	A	B	C	D	E
19.	Classroom observation helps teachers to become more effective.	A	B	C	D	E
20.	During an observation, it is obvious to the teacher that the observer's behavior is pre-planned.	A	B	C	D	E
21.	The observer devises a plan for the post-observation conference.	A	B	C	D	E
22.	The observer spends adequate time analyzing the classroom data collected before the post-observation conference is held.	A	B	C	D	E

		Always	Often	Occasionally	Seldom	Never
23.	The teacher and the observer work together productively toward the improvement of instruction.	A	B	C	D	E
24.	Administrators meet to discuss the improvement of the supervision process.	A	B	C	D	E
25.	Administrators and teachers meet to discuss supervision.	A	B	C	D	E
26.	Central office personnel are involved in the classroom observation process.	A	B	C	D	E
27.	The observers critique their own professional behavior in some systematic manner.	A	B	C	D	E
28.	The post-observation conference is video or audio taped so the conferencing process can be analyzed.	A	B	C	D	E

CIRCLE all appropriate responses.

29. Classroom observations are conducted by:

    a. principal   d. teacher

    b. central office administrator   e. (other)_____

    c. supervisor   _____

30. Data gathered during the observation are analyzed within the framework of

    a. the teacher's lesson objectives   e. The observer's perceptions of

    b. the school's annual goals   deficiency needs

    c. a formal teaching model   f. the teacher's annual goals

    d. the teacher's concerns   g. (other)

31. During the observation data are collected by
    a. personal note taking   f   check lists
    b. systematic note taking   g.   graphs and tallies
    c. using district form   h.   none of the above
    d. audio tapes   i.   (other) _____
    e. video tapes

    _____

32. Each tenured teacher is observed_____ time(s) per year.

33. Each non -tenured teacher is observed_____ time(s) per year.

34. What do you call the observation/supervision process in your school(s)?___

    _____

Reproduced with permission of Karolyn Snyder

APPENDIX E

PERMISSION TO UTILIZE INSTRUMENT

Myrna Bourgeois

From: Karolyn Snyder <snyder@tempest.coedu.usf.edu>
To: Myrna Bourgeois <mlb@datasync.com>
Sent: Tuesday, February 25, 2003 9:55 AM
Subject: RE: Permission to reproduce the Snyder-Pavan Clinical Supervision Questionnaire

Dear Myra, Dr. Pavan has retired as a professor from Temple University. I
am the senior author of the instrument, and as such can give you permission
to use the instrument for your dissertation. My only requirement is that
you send me a copy of your dissertaton when you are finished. Good luck!

Karolyn Snyder
Professor of Educational Leadership
University of South Florida
Tampa, Florida
——Original Message——
From: Myrna Bourgeois [mailto:mlb@datasync.com]
Sent: Tuesday, February 25, 2003 10:38 AM
To: snyder@tempest.coedu.usf.edu
Subject: Fw: Permission to reproduce the Snyder-Pavan Clinical
Supervision Questionnaire

—— Original Message ——
From: Myrna Bourgeois <mlb@datasync.com>
To: <Snyder@tempest.coedu.usf.edu>
Sent: Tuesday, February 25, 2003 8:20 AM
Subject: Re: Permission to reproduce the Snyder-Pavan Clinical Supervision
Questionnaire

100

REFERENCES

Acheson, K. A., & Gall, M. D. (1980). *Techniques in the clinical supervision of teachers: Pre-service and in-service applications.* New York: Longman.

Acheson, K. A., & Gall, M. D. (1987). *Techniques in the clinical supervision of teachers: Pre-service and in-service applications* (2nd ed.). New York: Longman.

Acheson, K. A., & Gall, M. D. (1992). *Techniques in the clinical supervision of teachers: Pre-service and in-service applications* (3rd ed.). New York: Longman.

Acheson, K. A., & Gall, M. D. (1997). *Techniques in the clinical supervision of teachers: Pre-service and service applications* (4th ed.). New York: Longman.

Alfonso, R. J., & Firth, G. R. (1990). Supervision: Needed research. *Journal of Curriculum and Supervision, 5,* 181-188.

Alplin, N. D., & Daresh, J. C. (1984). The superintendent as an educational leader. *Planning Change, 15,* 209-218.

Anderson, L. A. (1990). Clinical supervision concepts. *Wingspan, 5*(2), 35-38.

Anderson, R. H., & Krajewski, R. J. (1980). Goldhammer's clinical a decade later. *Educational Leadership, 37,* 420-423.

Anderson, R. H. (1993). Clinical supervision: Its history and current context. In R. H. Anderson & K. J. Snyder (Eds.), *Clinical supervision: Coaching for higher performance* (pp. 5-18). Lancaster, PA: Technomic.

Anderson, R. H., Goldhammer, R., & Krajewski, R. J. (1993). *Clinical supervision: Special methods for supervision of teachers* (3rd ed.). New York: Holt, Rinehart & Winston.

Arsham, H. (2002). *Questionnaire design and surveys sampling.* Sy Survey the online tool. Retrieved February 1, 2003 from http://www.sysurvey.com/tips/arsham.html.

Baby boomer headquarters. (2000). *The boomer stats.* Retrieved January 1, 2002 from http://www.bbhq.com/bomrstat.htm.

Bartholomew, W. (2002). Leadership values and roles of Florida school district superintendents. *Dissertation Abstracts International* (UMI No. 3042942).

Bohr, N., Einstein, A., & Plank, M. (1995). Development supervision and the reflective thinking of teachers. (Dissertation proposal)

Bridges, E. M. (1983). Research on school administrators: The state of the art, 1967-1980. *Educational Administration Quarterly, 18*(3), 12-33.

Bullard, P., & Taylor, B. O. (1995). *The revolution revised: Effective schools and systematic reform.* Bloomington, IN: Phi Delta Kappan Educational Foundation.

Burns, N., & Grove, D. K. (1997). *The practice of nursing research* (3rd ed.). USA: W. B. Saunders.

Calweti, G., & Reavis, c. A. (1990). How well are we providing instructional improvement services? *Educational Leadership, 38,* 236-240.

Claremont School District v. Gregg, 636 A 2nd 1375 (N.H. 1997) Lexis 184.

Retrieved September 3, 2004, from http://www.lexis.com/research

Cogan, M. L. (1973). *Clinical supervision.* Boston, MA: Houghton-Mifflin.

Crew, R. F. (2001). *American Association of School Administrators.* The school

administrator: How should leaders respond: Cultivating talent to create

what doesn't exist. Retrieved September 6, 2004, from:

http:www.aasa.org/publications/sa.2001 Crew

Cronbach, L. (1951). Coefficient alpha and the internal consistency of tests.

Psychometrical, 16, 297-334.

Cuban, L. (1984). Transforming the frog into a prince: Effective school research,

policy and practice at the district level. *Harvard Educational Review, 54(2),*

129-151.

Cudeiro-Nielsen, A. (2002). Superintendents and instructional leadership: How

three superintendents promote, develop, and support instructional

leadership in principals. (UMI 3055843)

Daresh, J. C. (1989). *Supervision as a proactive process.* New York: Longman.

Fowler-Finn, T. F. (1981). *The effects of school climate and selected climate*

variables on the outcomes of clinical supervision. Ph.D. Dissertation,

University of Massachusetts.

Fullan, M. (1993). *Change force: probing the depth of education reform.* London:

Falmer.

Garman, N. B., Glickman, C. D., Haggerson, N. L., & Hunter, M. (1992, Winter). Conflicting conceptions of clinical supervision and the enhancement of professional growth and renewal: Point and counterpoint. *Journal of Curriculum and Supervision*, 2.

Garman, N. B. (1982). The clinical approach to supervision. *ASCD Yearbook*.

Glanz, J. (1991). *Bureaucracy and professionalism: The evolution of public school supervision.* New Jersey: Fairleigh Dickinson University Press.

Glanz, J. (2000, Fall). Supervision for the millennium: A retrospective and prospective. *Focus on Education.* Retrieved September 1, 2004, from file://A:\Supervision%20 for % the millennium.htm

Glatthorn, A. A. (1984). *Differential supervision.* Alexandria, VA: Association for Supervision and Curriculum Development.

Glatthorn, A. A. (1997). *Differential supervision.* (2nd ed.). Alexandria, VA: Association for Curriculum and Development.

Glickman, C. D. (1990). *Supervision of instruction:* A developmental approach (2nd ed.). Boston: Allyn and Bacon.

Glickman, C., Gordon, S., and Ross-Gordon, J., editors, 2001. *SuperVisual and Instructional Leadership. A Developmental Approach*, (5th ed.) Needham Heights, Massachusetts: Allyn & Bacon

Goldhammer, R. L. (1969). *Clinical supervision: Special methods for the supervision of teachers.* New York: Holt, Rinehart, & Winston.

Goldhammer, R., Anderson, R. H., & Krajewski, R. J. (1980). *Clinical supervision: Special methods for the supervision of teachers* (2nd ed.). New York: Holt, Rinehart, & Winston.

Greene, M. L. (1992). Teacher supervision as professional development: Does it work? *Journal of Curriculum and Supervision, 7*(2), 131-148.

Harris, B. (1998). Handbook of research on school supervision. In G. Firth & E. F. Pajak (Eds), *Paradigms and Parameters of Supervision in Education* (pp. 750-758).

Hart, G. M. (1992). The process of clinical supervision. Baltimore: University Park Press

Hill, P. T., Wise, A. E., & Shaprio, L. (1990). *Education progress: Cities mobilize to improve their schools.* Santa Monica, CA: RAND Center Study of Teaching Profession.

Holdaway, E. A., & Genge, A. (1991). How effective superintendents understand their own work. In L. Leithwood (Ed.), *Effective school district leadership* (pp. 13-20). Albany: State University of New York Press.

Holodick, N. A. (1988). *Clinical supervision practices, as reported by elementary school principals.* Ed.D. Dissertation, Temple University.

Hoyle, J. R. (1988). *The 21st century superintendent: A great motivator.* Paper presented at the annual meeting of the American Association of School Administrators, Las Vegas, Nevada.

Hoyle, J. R. (1999). The triumphant superintendent. *The School Administrator.* [online]. Available: www.aasa.org/publications/sa/1999_06/hoyle. Retrieved, 9/29/03.

Hunter, M. L. (1980). Six types of supervisory conferences. *Educational Leadership, 37*(5), 408-412.

Hunter, M. (1985). What's wrong with Madeline Hunter? *Educational Leadership,*
42(5), 57-60.

Hunter, M. (1986). Let's eliminate the pre-observation conference. *Educational*
Leadership, 43(6), 69-70.

Hunt, J. J. (1993). Clinical supervision: Peer coaching. In R. H. Anderson & K. J.
Snyder (Eds.), *Clinical supervision: Coaching for higher performance* (pp.
283-294). Lancaster, PA: Technomic.

Jacobs, G., & Cleveland, H. (1999). *Social development theory.* Retrieved
December 15, 2002 from
http://www.icpd.org.develop_theory/social/Dev/Theory.htm

Jamula, M. (1990). *The relationship between student achievement and the*
degree to which principals use clinical supervision. Ed.D. Dissertation,
Temple University.

Johnson, S. M. (1990). *Teacher at work: Achieving success in our schools.* New
York: Basic.

Jones, F. (2004). Positive classroom instruction: The leadership role. Retrieved
September 30, 2004, from
http://www.fredjones.com/Positive_instruction_chapter12.html

Kerlinger, F. N. (1986). *Foundations of behavioral research.* (3rd ed.). New York:
Holt, Rinehart, & Winston.

Kowalski, T. J. (1999). *The school superintendent.* Upper Saddle River, NJ:
Prentice-Hall.

Krajewski, R. J. (1976). Clinical supervision: To facilitate teacher self-

improvement. *Journal of Research and Development in Education*, (9),

58-66.

Leader, N. (1985, October). *Pennsylvania State Educational Publication*, 1.

Leithwood, K., & Jantzi, D. (1990). *Transforming leadership.* Paper presented at

the meeting of the American Association Research, Boston.

Loucks, S. F., Baucher, J. E., Crandall, D. P., Schmidt, W. H., & Eiseman, J. W.

(1982). *People, policies, and practices: Examining the chain of school*

improvement. (Vol. 1). Andover, MA: The Network.

Lovell, J. T., & Wiles, K. (1983). *Supervision for better schools* (5th ed.).

Englewood Cliffs, NJ: Prentice-Hall.

McDuffy v. Secretary of Office of Education, 615 N.E. 2d 516 (Mass. 1993) Lexis

372. Retrieved September 3, 2004, from http://www.lexis.com/research

McGreal, R. (1983). *Successful teacher evaluation.* Alexandria, VA: Association

for Supervision and Curriculum Development.

McLaughlin, M. W., & Pfeifer, R. S. (1988). *Teacher evaluation.* New York:

Teachers College Press.

Miller, M. P. (1999). *Education and the soul: Toward a spiritual curriculum.*

Albany, NY: State University of New York Press.

Negroni, P. (1990). The right badge of courage. *The School Administrator.*

Arlington, VA: American Association of School Administrators.

Olivia, P. F. (1989). *Supervision for today's schools* (3rd ed.). New York: Longman.

Paine, S. L. (2002). Leadership values and roles of Florida school district superintendents. *Dissertation Abstracts International* (UMI No. 3042942).

Pajak, E. (1993). Conceptions of supervision and leadership: Change and continuity. In G. Cawelti (Ed.), *Challenges and achievements of American education* (1993 yearbook). Alexandria, VA: Association for Supervision and Curriculum Development.

Pajak, E. (2000). *Approaches to clinical supervision: Alternatives for improving instruction* (3rd ed.). Norwood, MA: Christopher-Gordon.

Palmer, R. (1981). Clinical instruction through supervision: Developing supervisory support for teachers. *E.S.E.A. Title IV-C final evaluation report, 1979-1980*. Washington, DC: District of Columbia Public Schools.

Pavan, B. N. (1980). Clinical supervision: Some signs of progress. *Texas Tech Journal, 7*(3), 351.

Pavan, B. N. (1986). *Clinical supervision: Research in schools utilizing comparison measures*. Paper presented at an annual meeting of the American Educational Research Association, Chicago, IL. (ERIC Document Reproduction Services No. Ed 255 516).

Pavan, B. N. (1993). Examining clinical supervision practice. *n R. H. Anderson & K. J. Snyder (Eds.)*. Lancaster, PA: Technomic.

Peterson, G. (1999). Demonstrated actions of leaders: An examination of five

California superintendents. University of Missouri at Columbia, 1999.

Available [online]: http://epaa.asu.edu/epaa/v7n.18.html.

Polit, D. F., & Hungler, B. P. (1999). *Nursing research: Principles and methods.*

(6th ed.). New York: Lippincott.

Pool, W. L. (1994). Removing the "super" from supervision. *Journal of*

Curriculum and Supervision, 9(3), 284-299.

Rebore, R. W. (2001). *Human resources in education: A management approach.*

(6th ed.). Boston: Allyn & Bacon.

Rizzo, J. F. (2004). Teachers' and supervisors' perceptions of current and ideal

supervision and evaluation practices. (Doctoral dissertation, University of

Massachusetts Amherst, 2004)

Rose v. Council for Better Education, 790 S.W. 2nd 186 (KY 1989) Lexis 55.

Retrieved September 3, 2004, from http://www.lexis.com/research

Rubin, H. (1998). *Back to school for collaborative leadership: The school*

administration web. Retrieved 9/29/03. [online]

http://www.aasa.org/publication/sa/1998_11colRubin.htm

San Antonio Texas Independent School District v. Rodriguez, 411 U.S. 1:93 S.

Ct. 1278; 36 L.2d 16; 1973 U.S. Lexis 91. Retrieved September 3, 2004,

from http://www.lexis.com/research

Scott, J. W. (1990). *Comparisons of clinical supervision practices as implemented by elementary, middle/junior high and high school principals.* Ed.D. Dissertation, Temple University.

Sergiovanni, T. J. (2000). *American Association of School Administrators.* The school administrator: Standards and the life world of leadership. Retrieved September 6, 2004, from

http://aasa.org/publications/sa/2000_09/sergiovanni.htm

Sergiovanni, T., & Starratt, R. (1988). *Supervision: Human perspectives* (4th ed.). New York: McGraw-Hill.

Snyder, K. J. (1981). Clinical spervision in the 1980s. *Education Leadership, 38,* 521-525.

Southern Regional Education Board. (2001). *High schools that work composite, West Virginia, 2000 assessment.* Atlanta, GA: Southern Education Board.

SPSS, Inc. (1999). *Statistical package for the social sciences* (release 11.1). Chicago: SPSS, Inc.

Sullivan, C. G. (1980). *Clinical supervision: A state of the art review.* Alexandria, VA: Association for Supervision and Curriculum Development.

Tanner, D., & Tanner, L. N. (1987). *Supervision in education: Problems and practices.* New York: Macmillian.

Voice, 9. (1986, April 14). Pennsylvania State Education Association Publication.

Vygotsky, L. S. (2002). Marxists.org-Lev Vygotsky archive. Retrieved 2002 from http://marxists.org/archive/vygotsky/index.html.