

# Clinical Practice: Innovative Partnership Preparing Highly Effective Teachers

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**ABSTRACT:** Due to low achievement among minorities and English Language Learners, a blue-ribbon panel was convened by NCATE to address the issue. It was determined that a transformation of teacher preparation was imperative. Out of this idea arose the clinical model for teacher preparation, which was deemed to be the important factor in preparing college pre-service teachers. A clinical experience exceeding thirty weeks and quality cooperating teachers contribute to the quality of clinical experiences. In Kentucky, the Education Professional Standards Board (EPSB) recommended the clinical model. The Council on Postsecondary Education awarded Eastern Kentucky University a grant to design and implement the clinical model that became the Clinical Apprenticeship for the Preparation of Teachers (CAPT). Eastern Kentucky University partnered with a local school district, Corbin Independent School System, to provide a three-semester clinical program. The university integrated course work with clinical experiences in the public school that were embedded proved to be key ingredients to make the program a success.

*NAPDS Nine Essentials Addressed: #2 A school-university culture committed to the preparation of future educators that embraces their active engagement in the school community; #3 Ongoing and reciprocal professional development for all participants guided by need; #4 A shared commitment to innovative and reflective practice by all participants; #8 Work by college/university faculty and P-12 faculty in formal roles across institutional settings.*

When examining student achievement across the United States, concerns began to grow because of the persistently low achievement of minority children, English Language Learners, students in poverty, and students with disabilities. “To better meet the needs of the nation’s future students, especially those in high-need schools, public policymakers, and the education community must take collective ownership for recruiting, preparing, and supporting a critical mass of new professional practitioners” (Banks, 2015, p. 61).

A Blue-Ribbon Panel convened by the National Council for Accreditation of Teacher Education (NCATE) concluded that teacher education in the United States must be “turned upside down,” with practical experience at its center and academic content woven around the practical. Medical training serves as the exemplar for teacher education throughout the report, on the grounds that medical education faced similar issues early in the twentieth century. The Blue-Ribbon Panel called for complete transformations of teacher preparation programs in order to prepare highly effective teachers for success with all children. Teacher education in the US needs more of a focus on clinical practice, academic content, and professional courses (Banks, 2015).

As Educator Preparation Programs (EPP) struggle to implement a strong clinical model in order to prepare highly

effective teachers, the realization is that these experiences can make a tremendous difference in the confidence of beginning teachers. Evidence is mounting that teacher quality is one of the greatest in-school determinant of student achievement (Banks, 2015). Recommendations from the Blue-Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning specifically calls for making clinical practice (classroom-based experiences) the core of teacher preparation, resulting in the development of effective teachers (NCATE, 2010). The CPC acknowledges and identifies professional development school (PDS) and teacher residency models as significant exemplars for practice because of the longevity and prevalence of these approaches as accepted frames for establishing and implementing highly effective clinical preparation programs (AACTE, 2018).

Some in the profession question the soundness of the research in education methods courses because it does not correlate with what actually transpires and is effective in the classroom. Although some teachers, who are new to teaching, may be convinced that the inquiry method and appropriate curriculum learned through methods courses in teaching are effective, the reality of the classroom results in new teachers questioning the effectiveness of what they learn in college methods courses. Not only are quality research sites scarce, they

are certainly not plentiful in those districts that are considered more demanding. This includes those serving communities in poverty or with a high degree of student diversity. These districts are most likely to be staffed by less experienced and less effective teachers (Seltzer-Kelly, 2013). As a result, it is imperative that teacher preparation programs are revamped to resolve this issue,

“To better meet the needs of the nation’s future students, especially those in high-need schools, public policymakers and the education community must take collective ownership for recruiting, preparing, and supporting a critical mass of new professional practitioners” (Banks, 2015, p. 60). According to Misco and Hamot (2012) both the timing of when and the process by which pre-service students are placed in field experiences may have a serious influence on how they carry out their role as a teacher. The opportunity to implement the placement, context, and shared conceptualization in both the university and field, carefully mentored experiences, expert cooperating teachers, and attention to recruitment of cooperating teachers help determine the quality of a field experience, as well as the extent to which the university has an impact on instruction (Darling-Hammond et al., 2005). Clinical practice provides intentional pedagogical experiences in authentic educational settings (AACTE, 2018). High leverage practices are defined as a “set of practices that are fundamental to support PK-12 student learning, and that can be taught, learned and implemented by those entering the profession” (Windschitl, Thompson, Braaten, & Stroupe, 2012). Without embedded clinical practice focusing on intentional pedagogical experiences in authentic educational settings, continuous renewal is unrealistic, and the ability to utilize high-leverage classroom practices is implausible (AACTE, 2018).

In October, 2011, Secretary of Education Arne Duncan noted that approximately 62% of new teachers reported feeling unprepared. In addition, recent research indicates that teachers believe they have not been adequately prepared to teach children from cultural and linguistic backgrounds different from their own and that they need to learn more specific skills to do so (Ray & Bowman, 2003; Ryan, Ackerman, & Song, 2005). Recommendations from the Blue-Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning specifically calls for making clinical practice (classroom-based experiences) the core of teacher preparation, resulting in the development of effective teachers. Half of urban teachers leave the field within the first five years of teaching, due to the lack of preparedness for urban teaching, classroom intrusions, student behavior problems, and lack of support from school administration (Banks, 2015).

In addition to the opportunity to implement the teacher preparation program, the placement, context, shared conceptualization in both the university and field, carefully mentored experiences over 30 weeks in length, expert cooperating teachers, and attention to recruitment of cooperating teachers help determine the quality of a field experience, as well as the extent to which the university has an impact on instruction (Darling-Hammond et al., 2005). Field experiences tend to reinforce the

pre-service teacher’s pre-collegiate education and not practices espoused in teacher education programs, primarily because the cooperating teacher has such a powerful influence on the pre-service teacher’s perceptions (Frykholm, 1996; Pryor, 2006). An example of recognition for the significance placed upon clinical partnership is found in the Council for the Accreditation of Educator Preparation (CAEP) standards for accreditation (2015). CAEP Standard 2.0 calls for higher education providers to ensure that effective partnerships and high-quality clinical practice are central to preparation so that candidates develop the knowledge, skills and dispositions necessary to demonstrate positive impact on all PK-12 learning (AACTE, 2018).

According to Misco and Hamot (2012) both the timing of when and the process by which pre-service students are placed in field experiences may have a serious influence on how they carry out their role as a teacher (Banks, 2015). Teachers with longer student teaching experiences and more coursework were more likely to have higher self-confidence related to day-to-day teaching tasks (Banks, 2015). To deepen pre-service teachers’ understanding of the physical and mental demands of the job, universities and school districts should collaboratively build on-site teacher preparation programs that emphasize specific professional habits such as the ability to reflect on one’s own teaching, which includes accurately assessing the effectiveness of the chosen instructional strategies and creating appropriate and targeted interventions. Pre-service teachers should be exposed to the intense work of the typical classroom teacher over a much longer time, supported by a continuum of pre-service and new-teacher mentoring (Chesley & Jordan, 2012).

Preparation for pre-service teachers must focus on connecting their students’ prior knowledge, life experiences, and interests to learning goals; locating and using a variety of instructional strategies to respond to students’ diverse needs; building students’ independence and group work skills; and especially, engaging students in solving real-world problems to make content more meaningful and exciting. Master teachers should model these student engagement practices on-site during clinical experiences. University preparation can focus on the rich research base underpinning student choice, student learning groups, motivation, and student engagement practices (Chesley & Jordan, 2012).

Teacher candidates comment that their university teacher preparation programs are not preparing them well. K-12 schools and universities must join forces to re-create teacher preparation programs and ensure that every classroom will have a teacher who possesses a clear understanding of excellent professional practice and can apply it from the first day of a student’s teacher preparation program (Chesley & Jordan, 2012).

NCATE called for a change in teacher preparation from fragmented programs to preparation programs that integrate content and experiences to make the preparation of pre-service teachers better related to the students’ coursework. As a result, changes in admission requirements into teacher preparation programs, an improvement to teacher placement, and an improvement to the supervision program for pre-service

teachers. In 2011, Kentucky joined the Alliance for Clinical Teacher Preparation. The Education Professional Standards Board (EPSB) did this by recommending that a clinical model of teacher preparation be designed and implemented.

### University Clinical Progression Model

At Eastern Kentucky University, education students transform through a progression of clinical experiences that are correlated to professional courses. The clinical model integrates content course work with critical clinical experiences providing candidates with broad professional experiences. The combination of content knowledge and clinical experiences embedded in the education program are aligned to accreditation standards and prepare our education candidates to be leaders in the field. Candidates learn to diagnose, assess, prescribe, implement and monitor the learning of all students in their P-12 classrooms. This clinically based professional education program creates varied and extensive opportunities for candidates to connect what they learn while being guided by skilled clinical educators. Performance-based assessments at key transitions in the program are designed to demonstrate candidates' development of the knowledge, skills, and professional dispositions associated with a positive impact on the learning and development of all P-12 students (CAEP, 2014). Clinical practice intentionally connects course work and fieldwork so that teacher candidates can experience, with support, the interplay between the two. This intentional connection encourages higher education faculty to plan course tasks jointly with school-based educators to be completed during the clinical experience. When these professionals plan together, co-teaching in both settings is a natural extension of this relationship (AACTE, 2018).

The chart below illustrates the Clinical Model, professional core courses (hub courses), clinical hours and professional experiences at each level. There are six clinical courses noted by course prefix CED. CED 450 (Practice Teaching—formerly methods) and CED 499 (Student Teaching) form a yearlong residency. Evaluation of candidates is based on students' performance data, dispositions, formative and summative assessments, and data from structured observations of candidates' classroom skills by supervising teachers and clinical educators.

### Clinical Apprenticeship for Preparation of Teachers (CAPT)

The Kentucky Council on Postsecondary Education (CPE) and the Kentucky Association of Colleges for Teacher Education requested that the regional state universities present proposals that exhibited innovative and sustainable clinical teacher preparation programs designed to improve teacher quality and student outcomes. An emphasis on strong, collaborative partnerships between schools and institutions that prepare teachers was stressed. The intended innovative outcome was to

be a strong partnership between regional universities and local P-12 schools.

Eastern Kentucky University and Corbin Independent School District in Southeast Kentucky applied for and was awarded grant monies to implement a clinical teacher preparation model. Eastern Kentucky University was initially awarded a \$500,000 grant and later another \$100,000 grant was awarded by the CPE. The grant money was targeted for the purchase of educational technology for the schools, stipends for cooperating teachers and site coordinators, professional development, presentations, and educational materials. The resulting program was called a Clinical Apprenticeship for Preparing Teachers (CAPT). This was a three-year project that implemented a clinical model for the preparation of teachers.

The components of the CAPT program included:

1. A 3-semester clinical approach that involved seventh and eighth grades in Corbin Middle School in the fall of 2013. The fifth and sixth grades in Corbin Intermediate School were added in 2014 and the third and fourth grades in the Corbin Elementary School were added in 2015.
2. "Co-teaching" involved collaborative efforts between the classroom teacher in the school, the pre-service teacher at the university, and the university professors.
3. Combined professional development was provided for the classroom teachers, the pre-service teachers, and the university professors.

Eastern Kentucky University's clinical model integrated content course work with critical clinical experiences providing candidates with broad professional experiences. The combination of content knowledge and clinical experiences embedded in the education program prepared education candidates to be leaders in the field. The CAPT Program represented a natural next step. It built upon the model of teachers collaborating to improve classroom instruction known as a Professional Learning Community (PLC). Also, it developed a unique partnership between teacher candidates, classroom teachers, faculty, the local school system, and school administrators (Hearn, 2016).

The CAPT Program became a three semester clinical apprenticeship. During the junior year, the teacher candidates enrolled in the required courses in a clinical setting. The courses were taught in the local schools, not on the university campus. This provided the opportunity for teacher candidates to join their assigned clinical school based educator to interact with the PK-12 students early in the morning, during lunch, and after class for dismissal. When the college course began (9:00 a.m.), the teacher candidate joined their professors for instruction. When the candidates were not in their university classes, they were in the cooperating teachers' classrooms. The university teachers and the local P-12 teachers served as the instructors for the pre-service content course work. Pre-service teachers learned co-teaching and participated in planning and teaching in the school.

During the fall semester of the senior year, the pre-service teachers completed their three or four required courses in the local school for three days each week. The students concentrated primarily on the methods courses and completed their clinical hours at the local school. In the spring semester, the pre-service teachers completed student teaching in the local school. The focus during the student teaching semester was on becoming part of the education profession by participating in Professional Learning Communities and action research. The student teachers participated in the same professional action of their cooperating teacher. They utilized the same KTIP activities that first year teachers in public schools completed.

Two, seven-hour days of professional development (PD) were provided for the local school faculty by the Eastern Kentucky University professors in 2013 and 2014. The focus of the PD days was on the six different types of co-teaching, incorporation of educational technology, and mentor feedback. One day of PD was provided in 2015 with a focus on effective feedback for candidates and educational technology. The local school faculty participated in the PD and remarked that it was a positive learning experience. The PD also helped them to improve as mentors to the pre-service/student teachers. They also received a modest stipend for their participation (Hearn, 2016).

During the first year, PD involved the Intermediate and Middle School teachers on the first day. The second day was for the mentor teachers. The regional university professors led the PD activities. The program, co-teaching, and the expectations were explained to administrators and cooperating teachers. The professional development focus on co-teaching models strengthened the relationship between the mentor teachers and pre-service teacher candidates (Hearn, 2016). For example, the model One Teach, One Observe was often selected at the beginning of the semester so pre-service teacher candidates could focus on specific observational information and then during planning, the mentor teacher could conference with the pre-service teacher candidate. Each team selected the appropriate co-teaching model most effective for the content/grade level instructional activity. After a few weeks of utilizing various models (Station Teaching, Parallel Teaching, One Teach-One Assist), the pre-service teacher became confident enough to assume more of a leadership role in instructional planning and activities. The instruction would then evolve to Team Teaching.

In the second and third year of PD, the power of the professional development was transitioned to the mentor teachers who planned and presented on technology use in the classroom, project-based learning, and formative assessment.

Some of the comments from the local classroom teacher participants included:

- It was very beneficial. I became aware of many resources I can use in my future classroom! Super job by...staff and teachers!
- I gained a much clearer understanding of the relationship between the student teacher and the supervising

teacher and the need for immediate involvement of the student teacher in classroom planning and instruction. The modeling of a co-planning activity was a great guide!

- The experience I had last year with the great presenters and presentations was a major reason. A lot of good content and resources to help me become a better teacher and resource was a draw as well. Glad to attend again. Thanks (Hearn, 2016).

The strengths of the CAPT program are varied. The pre-service teachers were viewed as “regular teachers” due to the incorporation of the model. They met with their mentor teachers and participated in the PLCs at least three days each week for 2 to 3 hours each day. The pre-service teachers reported that the PLCs were prompting the classroom teachers to attempt new strategies in their classrooms as a result of the ideas of the teacher candidates. They worked with diverse students and provided academic and behavior interventions as needed. Also, the pre-service teachers received feedback from the cooperating teachers, the clinical educators, and other teacher candidates.

As a result of the CAPT program, area principals actively sought the student teachers after graduation. The feedback from area principals described candidates as polished educators and leaders. A principal in a middle school in an adjacent county attributed the addition of CAPT graduates as a factor in the overall rise in their school’s state testing scores between 2015 and 2016 (Hearn, 2016).

Comments from CAPT Program graduates included:

- The CAPT Program has fully equipped and prepared me for not only student teaching, but my own future classroom as well. The well-rounded program makes me feel ready for anything the classroom is going to throw at me!
- Not only did the P-12 school partner open their doors to... University, but they opened their minds and made us feel like family during our time at their school.
- Because of my time spent in the CAPT Program at...Corbin Middle School, I was able to take away so many strategies and real-life experiences and use them to my advantage.
- I was challenged, I was pushed, I was successful. The CAPT Program opened me up to education...extra hours, games, staff meetings, welcome back bashes, after-school tutoring, coaching extra-curricular activities...I was in the know because I experienced it. I believe internships are the best thing for college students; although, I forgot I was an intern—it felt as if I already had my own classroom (Hearn, 2016).

An initial challenge in the implementation of the CAPT grant was the building of trust between cooperating teachers and the university personnel. Some of the cooperating teachers felt that the university professors would want them to change their teaching practices. Throughout the course of the first year, a community of trust developed into a unique partnership. Of

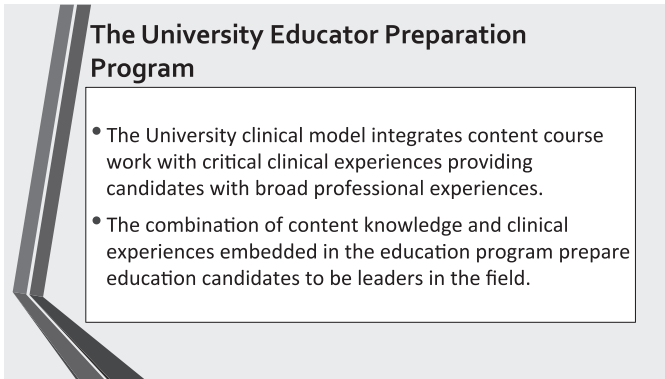


Figure 1. The University Educator Preparation Program

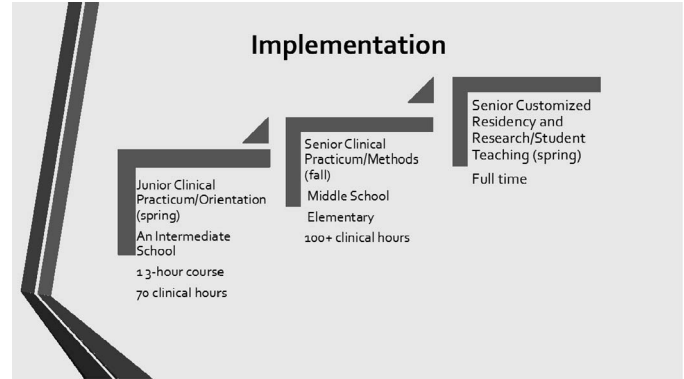


Figure 2. Implementation of Clinical Progression

note, the biggest challenge expressed by the teacher candidates was the requirement to leave the classroom during the day to attend university classes and missing out on teaching time in the classroom. This challenge reinforced the concept that teacher candidates viewed themselves as part of their cooperating teachers' classrooms.

Through tracking of the CAPT graduates, 98% of the candidates obtained and sustained educational positions as classroom teachers since the inception of the program in 2013. Two of these teachers presented on the CAPT program at the National AMLE Conference and several teachers have taken leadership roles within their schools by conducting educational workshops and becoming mentors for new teachers. The graduate tracking process includes the University alumni survey sent out each year, the college exit employment report, and data provided to the college from the Kentucky Center for Statistics related to education and teacher workforce.

### Implications for Future Work

An examination of the promising practices and challenges developed within the CAPT grant offers implications for how the regional college supports clinical work within the pre-service program. Teacher preparation programs are encouraged to consider clinically intense teacher education practices specifically designed to promote continuous growth and practitioner inquiry. While this integration can be accomplished through different teacher preparation models, a clinical model provides pre service teachers with a tremendous opportunity to work alongside master teachers in identified P-12 partner schools to work on teaching pedagogy over multiple semesters during the clinical placement.

The selection of the P-12 partner school is critical to the effectiveness of the clinical model. The clinical model requires coordination, communication, and aligned program goals between the university faculty, P-12 partner school, and the pre-service teachers. This model requires the relationship between the P-12 partnership school and university to be transparent with the P-12 partner school assuming an active role in the preparation of the pre-service teachers. The clinical model

allows the pre-service teachers to become immersed in the pedagogy of teaching at an earlier stage than non-clinical models. The process allows the University, the partner P-12 school, and the pre-service teachers to think critically about how teachers are prepared at the Education Preparation Program (EPP) level. This collaborative process brings strong communication, reflection, and formative feedback among all program partners. This professional discourse allows the University to refine the practices for all teachers involved in the program.

The CAPT program has enhanced our P-12 partnership to support high-quality instruction of children and of pre-service teachers. The local school system has indicated the desire to continue the model when the funds have expired. Additional grants are being investigated in order to assist with sustainability of the program. The EPP is engaged in discussions to expand the program to include new partner schools and additional pre-service teachers.

Tyack and Cuban (1995) stated that “change where it counts the most—in the daily interactions of teachers and students—is the hardest to achieve and the most important” (p. 10). The effective partnerships and clinical practice (CAEP, 2013) established through the CAPT program support this statement and indicate the need to continue the development of strong clinical partnerships to benefit all education community stakeholders. <sup>SUP</sup>

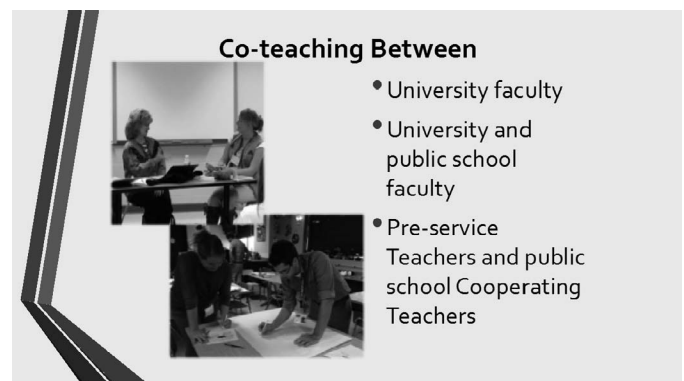


Figure 3. Co-teaching

Table 1. Progression of Clinical Experiences

Freshman Year	Freshman – Sophomore Year	Gate 1*	Sophomore to Junior Year	Junior Year	Gate 2**	Senior Year	Gate 3**	Senior Year	Gate 4**
Clinical I - Introduction to the Education Profession	Clinical II - Understanding the Learner		Clinical III - Curriculum and Instructional Design	Clinical IV - Diagnosis and Prescription		Clinical V - Practicing Teaching		Clinical VI - Professional Semester	
CED 100	CED 200		CED 300	CED 400		CED 450		CED 499	
EDF 203/310/CDF 203 SED 104	EDF 219/219W CDF 235 EDF 320		EMS 300W EDC 300	EMS 490/SED 590 EDF 413/SED 510/SED 576 SED 352		ELE/EMG/ESE Methods CDF 544 SED 375		Student Teaching	
<b>Conceptual Knowledge &amp; Skills for the Profession</b>									
Concept 1: Professional roles and responsibilities of Education Professionals <ul style="list-style-type: none"> <li>Professional behaviors</li> <li>What happens in the profession</li> <li>Career Choice (strength finder)</li> </ul>	Concept 1: School Culture and Climate <ul style="list-style-type: none"> <li>School climate parameters</li> <li>Student engagement</li> </ul>	<b>**Gate 1 – Admission to Teacher Education (Admission to Educator Preparation may occur during the freshman or sophomore year based upon candidate progress)</b>	Concept 1: Accountability Role in Education <ul style="list-style-type: none"> <li>Common Core Standards</li> <li>Deconstruction of standards that move to objectives that move to learning targets (so child owns the learning)</li> <li>Assessment of learning and assessment for learning</li> </ul>	Concept 1: Analyzing learning and behavior (learning analytical skills) <ul style="list-style-type: none"> <li>School data</li> <li>Classroom data</li> <li>Formative data</li> <li>Summative data</li> <li>ABA/FBA</li> <li>Classroom mgmt., (procedures)</li> </ul>	<b>**Gate 2 – Midpoint Checkpoint (Soft Gate with data review)</b>	Concept 1: Guided sustained practice teaching <ul style="list-style-type: none"> <li>Plan and implement assessments and lessons under clinical guidance</li> <li>Reflection that leads to action</li> <li>Literacy</li> </ul>	<b>**Gate 3 – Admission to Professional Semester (Student Teaching) – Requires successful completion &amp; demonstration of knowledge and skill sets of Clinical V</b>	Concept 1: Polished professional educator: Independently demonstrates and integrates all prior concepts (Clinical 1-5)	<b>**Gate 4 – Exit from Professional Semester (Student Teaching) – Polished Professional – For the purpose of licensure recommendation (concurrent registrar degree completion)</b>
Concept 2: Public School Design <ul style="list-style-type: none"> <li>Kentucky framework</li> <li>School system/school personnel</li> <li>School and community</li> <li>School law – including Special Education Services</li> <li>Role of all teachers in special education services</li> </ul>	Concept 2: Learner <ul style="list-style-type: none"> <li>Developmental levels</li> <li>Students owning their learning</li> </ul>		Concept 2: Principles of Curriculum Design (able to teach and design anything) <ul style="list-style-type: none"> <li>Backward design</li> <li>Use of formative and summative assessments</li> <li>Analyzing school and classroom assessment data to inform instruction</li> <li>General pedagogy/teaching strategies (flexible grouping, cooperative learning, inquiry, project-based learning, differentiation, Universal Design for Learning, accommodation)</li> </ul>	Concept 2: Specific ways to diagnose and prescribe <ul style="list-style-type: none"> <li>Formative and summative assessments</li> <li>Monitoring and tracking student achievement</li> </ul>		Concept 2: Diagnose and prescribe individual learning plans for students		Concept 2: Polished professional educator: Independently demonstrates and integrates all prior concepts (Clinical 1-5)	
Concept 3: Dispositions	Concept 3: Dispositions		Concept 3: Technology in Instruct. Design	Concept 3: Integrates Technology		Concept 3: Integrates Technology		Degree Verification	
			Concept 4: Dispositions	Concept 4: Dispositions		Concept 4: Dispositions		Licensure Verification	

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