PreService Special Education Teachers' Perceptions: The Influence of University Coursework, Context, and Relationships, during the Clinical Teaching Experience

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Abstract

The purpose of this study was to investigate to what extent context and relationships influence preservice teachers' appropriation of coursework during the clinical experience. While there is a dearth of research regarding the clinical experience in teacher preparation programs, there are even fewer studies investigating special education teacher candidates' perspectives of their clinical teaching experiences. Interview and observational data as well as documents were collected following the completion of an eight to sixteen week clinical teaching experience. Results from this qualitative study indicated that the relationship with mentor teachers and the context of the clinical teaching setting influenced the participants' appropriation of coursework, decision-making, and overall development during their final clinical teaching experiences. Implications for future research and practice regarding the clinical practice experience in teacher preparation programs are provided.

The clinical teaching experience is sometimes referred to as student teaching, a practicum, or an internship. Despite its name, this experience is the culmination of theoretical training from the required coursework within a teacher preparation program. According to the Blue Ribbon Panel Report (National Council for Accreditation of Teacher Education, 2010), a clinical teaching experience should connect the coursework with the challenge of using it, while under the expert tutelage of skilled clinical educators. Leko, Kulkarni, Lin, and Smith (2015) emphasized identifying clinical educators who are "exemplars and whose practices are consistent with the methods endorsed in teacher education coursework" (p. 202). In addition, the Council for the Accreditation of Educator Preparation (CAEP) further suggested that the quality of both

the clinical educator and the clinical experiences are "central to the preparation of the candidates" (Council for the Accreditation of Educator Preparation, 2013, p. 6). The clinical educator, referred to here as the mentor teacher, is a teacher who supervises, supports, assesses, and guides a teacher candidate's professional development during the clinical experience. The teacher candidate is an individual who has no prior special education teaching employment, referred to at times in this paper as a preservice teacher.

Providing quality placements and opportunities for appropriating coursework is especially complex for special education teachers. First, there is a dearth of research in this area of teacher preparation (Coggshall, Bivona, & Reschly, 2012; Conderman, Morin, & Stephens, 2005; Sindelar, Brownell, & Billingsley, 2010). Second, the research identifying the features of clinical teaching experiences that are most critical for successful teacher preparation is scattered and thin (Sindelar et al., 2010). It is difficult to ascertain what elements are necessary for a teacher candidate's development. Furthermore, while there is a dearth of research regarding the clinical teaching experience in special education teacher preparation programs, there are even fewer studies investigating the perspectives of preservice special education teachers regarding their clinical teaching experiences.

Preservice Teachers' Perspectives of the Clinical Experience

Seven qualitative research studies to date (Allsopp, DeMarie, Alvarez-McHatton, & Doone, 2006; Cook, 2007; Ergenekon, Özen, & Batu, 2008; Hanline, 2010; Leko & Brownell, 2011; O'Brian, Stoner, Appel, & House, 2007; Recchia & Puig, 2011) provide perspectives of preservice special education teachers in varying teacher preparation programs (i.e., Early Childhood Special Education, Mental Retardation, Learning Behavior Specialist, or Special Education). Specifically, teachers revealed how the clinical teaching experience was influenced

by the teachers' preparation program's coursework, the collaborations and relationships formed during the experience, and/or the opportunities they had to practice.

Coursework

Results from five (Allsopp et al., 2006; Cook, 2007; Ergenekon et al., 2008; Hanline, 2010; Leko & Brownell, 2011) of the seven studies emphasized how the theoretical aspects of teacher preparation coursework were realized in the practical experiences of the prospective teachers during their clinical experiences. For example, Hanline (2010) and Ergenekon et al. (2008) discovered through their investigations that special education preservice teachers not only learned more effectively through targeted experiences carefully developed to enhance their knowledge base of effective evidence-based strategies learned in preservice coursework, but they also enhanced their commitment when using these strategies. In addition, Leko and Brownell (2011) further emphasized the critical need to align coursework and the clinical teaching experience. Their investigation determined how and why preservice special education teachers acquired pedagogical tools for teaching reading. Leko and Brownell conducted interviews with six participants completing their clinical teaching experiences. Results indicated that when the preservice special education teachers were placed in a clinical teaching experience that aligned with university coursework, the participants shared that they were able to acquire pedagogical tools for teaching reading more effectively. The coursework provided the background pedagogical tools and the clinical experience setting provided the opportunities to experience the coursework. The preservice teacher, however, may not always be convinced of the linkage between coursework and the clinical teaching experience. In Allsopp et al.'s (2006) investigation, results suggested that the preservice teachers linked their coursework knowledge to their teaching experience in a developmental way. At the beginning of the experience,

preservice teachers anticipated and expected experiences to be linked to their courses. In the middle of the experience, preservice teachers critiqued the linkage, either positively or negatively. Then, at the end of the experience, 94% of the preservice teachers indicated the noticeable linkages that existed between coursework and clinical teaching experiences.

Collaborations and Relationships

Cook (2007) and O'Brian et al. (2011) found that the relationship between the assigned mentor teacher and the preservice teacher was critical for the professional development of the preservice teacher and for building his/her confidence when making decisions and using instructional strategies. The results from Cook's study indicated that the preservice teacher participants highly regarded the mentor teacher as an influential individual during the clinical teaching experience. They identified the mentor teacher as the "primary basis for their decision making regarding lesson plan content and format, teaching style, behavior management techniques, and handling difficult moments" (Cook, p. 125). Likewise, the nine participants in O'Brian et al.'s study indicated that there was the need to feel a sense of trust to take risks when trying out various aspects of their teacher roles during the clinical teaching experience. If the preservice teachers felt this support and collegiality from their mentor teachers, this relationship became foundational in their skill development as special educators. Further, the special education participants in Recchia and Puig's (2011) study indicated via written reflections that the collaborative relationships with the mentor teachers allowed them to be a part of a team and to experience learning from different perspectives. Additionally, Recchia and Puig indicated that collaboration also uncovered "discrepancies between what they learned in their coursework and what they were experiencing" (p. 140) in their clinical settings.

Opportunities for Practice

Preservice teachers in two of the seven studies (Hanline, 2010; Recchia & Puig, 2011) revealed in their reflective journals that they felt that it was important to have the opportunity to adapt the curriculum for student success and to practice assessment processes integral to special education classrooms. Other topics of reflection included an appreciation for seeing what they learned in coursework align with their current settings.

Theoretical Framework

Activity theory is predicated upon the idea that a person's decision making processes are developed by participating in various environments or settings (Grossman et al, 1999; Valencia et al., 2009). Within the clinical teaching experience, Grossman et al. (1999) suggested that, in addition to the university settings, preservice teachers are simultaneously exposed to teaching practices within the school settings of their teaching experiences. These school settings and their accompanying social structures may or may not be congruent with the university practices and goals that have been promoted for the special education teacher candidates. Additionally, within the social structure of these settings are the relationships (e.g., mentor teacher, school staff, university supervisor [US]) that contribute to the culture and values of each of the settings. If we consider the school setting, the university, and the teacher candidate's personal background as the various *settings* that may influence the experiences that the teacher candidate may have throughout the clinical teaching experience, then activity theory is "useful for understanding the process of learning to teach" and for understanding "how teachers choose pedagogical tools to inform and conduct their teaching" (Grossman et al., 1999, p. 4). In other words, context affects a teacher's learning of various pedagogical tools and knowledge (Leko & Brownell, 2011).

In addition to the influences of *settings*, one other key concept of activity theory is the notion of *appropriation* of pedagogical tools. According to Grossman et al. (1999), "appropriation refers to the process through which a person adopts the pedagogical tools available for use in particular social environments (e.g., schools), and through this process internalizes ways of thinking endemic to specific cultural practices (e.g., using phonics to teach reading)" (p. 15). Specifically, appropriation refers to how and to what extent teacher candidates acquire the pedagogical tools they use in their teaching practices. Activity theorists posit that the social context of the learning experience and the individual characteristics of the learner are key factors influencing the process of appropriation of pedagogical tools.

The contextual tenets of activity theory (Grossman et al., 1999; Valencia et al., 2009), previous literature, and the recent push to heighten the rigor of clinical practice in teacher preparation programs (Council for the Accreditation of Educator Preparation, 2013a) have all been considered in the development of the following research questions:

- **Research Question 1**: How does **the context** of the clinical teaching experience influence special education preservice teachers' appropriation of university coursework?
- **Research Question 2**: How do **the relationships** during the clinical teaching experience influence special education preservice teachers' appropriation of university coursework?
- **Research Question 3**: How do these self-reported perceptions of context and relationships influence the instructional decisions that the special education preservice teachers make during their clinical teaching experiences?

Method

Prior to data collection, all university and participant permissions were granted. This qualitative investigation involved prospective preservice teachers in a special education licensure program during their culminating clinical teaching experience. In this study, we wanted to highlight the perspectives of the teacher participants so as to investigate the reasons behind *how, when,* and *why* the participants did or did not use the pedagogical skills they were exposed to during their university coursework. Semi-structured interviews, observations, and reflective papers were used to identify other factors that may have influenced teacher use of instructional strategies and the participants' decisions made during their clinical teaching experiences.

Setting and Participants

Purposeful sampling procedures were used to identify potential participants from a large, public, state university that prepares special education teachers (SETs) with a 33-credit, K-12 licensure for Students with Disabilities who Access the General Education Curriculum. First, we obtained a list of 25 students who enrolled in the culminating clinical teaching experience course during the spring semester. The 3-6 credit course provides opportunities for extended practice teaching under the guidance of mentor teachers from the school site and a university supervisor from the university. In the licensure program, there are two, 8-week clinical teaching experiences, one at the elementary level (three credits), and one at the secondary level (three credits). From the list of 25, there were 18 individuals who were preservice teachers not employed in classrooms at the time of the study. The 18 students were sent a recruitment email with one reminder for considering participation. Criteria for the sampling of interested participants for this investigation included special education preservice teachers enrolled in the clinical teaching experience who (a) provided service to students with disabilities who access the

general education curriculum, (b) had at least 15 credits completed towards their special education license, and (c) were completing the elementary and/or secondary clinical teaching experience. Sampling and recruitment resulted in a sample of six preservice teachers (see Tables 1 and 2 for participant demographics and clinical teaching placements). Placements were made through the College of Education and Human Development office with public school partnerships.

Table 1

Participant Demographics

Participant	Age	Gender	Ethnicity	Degrees Held/in Progress	Previous Job(s)	Current Employment
Susan	26	Female	Caucasian	B.A., Psychology; M.Ed., Special Education	ABA Therapist; Substitute Teaching	XXXXXX
Carol	25	Female	Caucasian	B.A., Psychology; M.Ed., Special Education	Preschool Assistant Teacher; Nanny	Substitute Teacher
Helen	24	Female	Caucasian	B.S., Anthropology; B.S., Sociology; M.Ed., Special Education	Swim Coach; Substitute Teacher	Swim Coach
John	27	Male	Caucasian	B.S., Health Systems; M.Ed., Special Education	Volunteer with Post-Secondary Program	Employment Coordinator, Mason Life Program, George Mason U.
Martha	45	Female	Caucasian	B.A., English; M.A., English; M.Ed., Special Education	Adjunct Professor; Instructional Assistant; At-risk student tutor; Substitute teacher	XXXXXXX
Cathy	43	Female	Caucasian	B.A., Political Science; M.S., International Relations; M.Ed., Special Education	Air Force	XXXXXXXX

Table 2

Participant Clinical Teaching Experiences

Participant	First Clinical Experience Setting	First Setting Mentor Teacher	Second Clinical Experience Setting	Second Setting Mentor Teacher
Susan	Elementary, 1st gr., Inclusive	SET	Middle Math, 7th gr., Inclusive 7th gr., Self-Contained	SET
Carol	High School Math, Self-Contained	SET	Elementary Reading/Math, 1st, 2nd gr., Resource	SET
Helen	High School English, 9th gr., Self-Contained 11th gr., Inclusive	SET	Elementary 3rd gr., Inclusive	GET
John	Post-Secondary Program	XXXXX	Elementary 2nd gr., Inclusive	GET
Martha	Elementary, 3rd gr. Inclusive	SET	Middle School 8th gr., Co-taught	SET
Cathy	Middle Language Arts, 6th, 7th, 8th gr. Self-Contained	SET	Elementary 6th gr., American History	SET

Data Sources

Multiple data sources were gathered over a five-month period. Table 3 indicates the data sources collected from each participant. Each data source is described below.

Table 3

Participant Data Sources

Participant	Interview	Observation	Final reflective paper First Clinical Experience	Final reflective paper Second Clinical Experience
Susan	X			X
Carol	X	X		X
Helen	X			X
John	X			X
Martha	X	X	X	X
Cathy	X	X	X	X

Interviews. As the primary data source, all six participants participated in a semi-structured interview to voice their perspectives as to how the context of the clinical teaching experience, the coursework, their relationships in that setting, and any other factors influenced the instructional decisions they made during the experience. The 60-minute interviews, conducted by the lead author, were held at a mutually agreed-upon location and time. These locations included a building on the university campus, the participant's home, and the clinical school site. An interview protocol was used to initiate and guide the interview conversation. The interview protocol of 11 questions considered key pedagogical areas addressed throughout the program's coursework. All interviews were audio-recorded, and the lead author took anecdotal notes during each interview session.

Observations. Observations of the preservice teachers were intended to corroborate or further inform participant perceptions. However, due to various internship circumstances (e.g., weather-related cancellations, end of the teaching experience), only three of the six participants were observed. The 60-minute observations took place within the public or private school setting of the clinical teaching experience, during an agreed-upon day and time. Observations consisted of participants' use of instructional and behavioral strategies. The lead researcher took field notes during the observation regarding the instructional plan, instructional delivery, and classroom management.

Reflective paper. At the completion of each clinical experience, preservice teachers completed written reflection papers of their experiences. Within this document, the preservice teacher was required to reflect on the clinical teaching experience in terms of instructional and/or behavioral decisions made, the growth they felt as a special educator, and the relationships they encountered during the eight-week experience. Two of the six participants provided the lead

author an e-copy of the final reflective paper for both clinical experiences. The remaining participants provided hard copies of the final papers describing only their second experiences.

Data Analysis

Following the interviews, the lead researcher transcribed the recordings. A written transcript of the interview and the observational field notes was emailed to the interviewees to peruse and verify comments. To analyze the data, we used open coding and a comparative analysis. We drew on Corbin and Strauss' (2008) process of open coding as "breaking data apart and delineating concepts to stand for blocks of raw data" (p. 195). With each of the interview transcriptions, observational field notes, and reflective papers, the lead researcher used an open coding analysis to delineate codes from the blocks of data. Blocks of raw data from each of the data sources per participant were placed into a table matched to one of the three research questions. This table or matrix included three columns, each headed with one of the research questions, and three rows headed with "interview," "observation," and "final reflective paper(s)." Observation field notes were sorted into the chart according to the corresponding research question. Following our open coding iterative process, a comparative analysis was conducted across all data sources, and a cross-case analysis to explore broad and emerging concepts or themes was completed. Incidents of similarities and differences were noted, as well as representative quotes from the data.

Trustworthiness and Credibility

According to Brantlinger, Jimenez, Klingner, Pugach, and Richardson (2005), qualitative researchers have the task of ensuring that their studies are trustworthy and sound. Several steps were taken to encourage credibility and trustworthiness. First, member checking of the interview transcriptions and the observational field notes were implemented to confirm the accurate

interpretations of observed events and participant perceptions. All participants verified the accuracy of the written transcripts and accounts. Second, data triangulation among the various data sources and across participants allowed us to verify the perspectives of the special education preservice teacher participants. Third, as a former university supervisor and special education teacher, the lead researcher considered her own identity when completing all data collection and analysis procedures. Specifically, memos were written to identify how the researcher's perceptions may have influenced the data. Further, peer debriefing, or "having a colleague or someone familiar with phenomena being studied [to] review and provide critical feedback on descriptions, analyses, and interpretations or a study's results" (Brantlinger et al., 2005, p. 201) helped to monitor any subjectivity (Luttrell, 2010). Throughout data collection analysis and interpretation, the lead researcher discussed the analysis with the second author to promote multiple interpretations of the results. A fourth credibility measure used in this study was an audit trail. This audit trail became a valuable resource when the author needed verification of the chronology and documentation of each step of the study process.

Findings

Results from this study indicated that the influences of the various settings were reflected within the context, the relationships formed, and in the decisions made by the teacher candidate during the internship.

Contextual Influences

A variety of clinical internship experiences was prevalent. Findings indicated that the context of the internship experiences influenced the participants' ability to appropriate (or not) their university coursework. Even though each of the participants perceived their internship experiences through their own individual lenses, three contextual influences were evident across

the participants: 1*) infrastructure of the school internship placement*, 2) *role of the mentor teacher*, and 3) *key opportunities to experience coursework*. Each is discussed below.

Infrastructure of the school internship placement. The *infrastructure of the school internship placement* was perceived in some way by all of the participants as influencing the appropriation of coursework. Specifically, the content taught in the classrooms where participants were placed (i.e., math, reading, social studies) and the service delivery models (i.e., co-taught, special education self-contained classroom, general education classroom) were influencing factors.

First, two participants felt that because they were tasked with teaching a specific content area (i.e., reading), they were given opportunities to practice instructional strategies specific to the coursework. For example, Susan shared that she was able to practice many of the instructional reading strategies from the Language Development and Reading course, given that her placement included the teaching of reading. Helen also felt that since one of her responsibilities was to teach reading to one of the students with disabilities, this gave her the opportunity to better understand and use the knowledge taught in the reading course. In contrast, Carol indicated that she was unable to practice reading strategies because she was not trained in the specific program that her mentor teacher (MT) was using with the elementary students, negating any practice opportunity. A clinical placement that involved explicit instruction in a specific content area provided participants with the opportunity to appropriate knowledge of coursework.

Second, three of the participants perceived that the service delivery model of the clinical internship (i.e., co-teaching, general education setting, special education self-contained setting) afforded them opportunities to appropriate instructional strategies. Specifically, Susan and

Martha shared that one of their internship experiences was in a co-teaching setting. Both participants perceived these experiences as positive. Martha described her participation within the co-taught setting as "just a great experience because the team that I was working with allowed me to do a lot…hands on…planning together and making lesson plans [together]." Even though each of these participants did not specifically state the coursework that was influential when working in these settings, it can be assumed that information taught in the Consultation and Collaboration course provided these participants with the knowledge of collaborative working environments. Susan and Martha described the roles and responsibilities that were assigned to the General Education Teachers (GETs) and Special Education Teachers (SETs) in the co-taught setting, suggesting an understanding of the collaborative nature of the relationships. The clinical placement of a co-taught classroom provided opportunities for the participants to appropriate knowledge of coursework.

Helen perceived that the service delivery model (i.e., general education setting vs. special education self-contained setting) of her clinical internship experiences was particularly influential to whether she did or did not practice instructional strategies. During the secondary internship experience, Helen was a special education teacher candidate in a special education self-contained secondary biology class. Helen expressed that she had a positive experience in this setting with opportunities to experience various instructional strategies. Conversely, during the elementary internship experience, Helen was a special education teacher candidate in a general education classroom with a general education MT. According to Helen, the fact that she assumed the role of the teacher in the general education classroom negatively influenced her experience to practice the roles and responsibilities of a special educator. According to Helen,

she was given responsibilities (i.e., teaching a social studies unit on Mali) for which she was "not trained".

Role of the mentor teacher. The *role of the mentor teacher* influenced five of the participants in affording opportunities, albeit for different reasons. Susan and Martha suggested that they experienced a dichotomy of roles between their two clinical internship placements: direct instruction within the special education self-contained setting and instructional support within the inclusive general education setting. Both participants shared that within at least one of the internship settings, the role of the MT was as a supporter of instruction, not providing direct instruction. For example, Martha described her co-taught scenario in the following excerpt from her interview:

> [It's] more of the content teachers delivering the material. So, I am supporting the kids in the classroom, depending what their different goals are. Some students you just have…to keep on task….clarification of materials …And we do a lot…to support them.

Thus, Susan and Martha shared that they were not given opportunities to implement direct instruction in the inclusive settings. Consequently, these participants lacked opportunities to develop and implement lesson plans within at least one of the collaborative general education teaching settings. Conversely, Susan shared that within the secondary special education self-contained internship setting, she provided direct math instruction to the students with disabilities. Thus, Susan was given the opportunity to develop and implement lesson plans.

Helen and John were placed in a general education setting with a general education MT for one of their clinical internship placements. Helen and John perceived that their internship experiences were negatively influenced by having MTs who were GETs. In this placement, Helen was tasked with teaching the entire general education classroom and was not afforded

opportunities to experience various instructional strategies from her special education coursework. She was expected to deliver content to the entire group rather than provide scaffolded instruction for individual learners or small groups of learners with disabilities. While this task may have been less daunting for a teacher who had some experience teaching a whole group, Helen felt that the general education MT did not understand her special education teacher candidate responsibilities. She was hesitant in the environment, given the negative interactions with her MT. Although overwhelmed with the task, she proceeded as requested. Conversely, when John was mentored by an elementary GET, he took it upon himself to create opportunities in the setting in order to employ learned instructional and behavioral strategies from his special education coursework. For example, when students with disabilities struggled with math concepts during the inclusive math class, John pulled them into a small group. He perceived that he was able to experience his coursework through the opportunities that he created in the special education self-contained classroom.

Since the roles and responsibilities of MTs are established within the context of the internship settings, teacher candidates' perceptions of what they should be experiencing as special education teacher candidates and what they perceive they are actually experiencing could be in discord. This disconnect can influence whether or not teacher candidates are provided with the opportunities to appropriate coursework.

Key opportunities to experience coursework. The *key opportunities to experience coursework* was perceived by the participants as a factor that either promoted or discouraged the appropriation of instructional and/or behavioral strategies from coursework. Five of the six participants perceived that due to various contextual factors within at least one of their internship experiences, they had opportunities to experience appropriation of coursework. For example,

John and Martha shared that because the clinical internship schools were Positive Behavior Interventions and Supports (PBIS) schools, they perceived that the PBIS initiative provided opportunities to experience behavioral strategies. Further, Martha and Cathy perceived that access to computers in the clinical internship placements afforded them opportunities to implement instructional strategies with technology. Martha also perceived that because the elementary school of her clinical internship implemented Response to Intervention (RTI) strategies, she was afforded the opportunity to observe and participate in the RTI instructional framework. Clinical settings that embrace current special education initiatives provided opportunities for the participants to appropriate knowledge of coursework.

Relationship Influences

The current investigation revealed that relationships formed within the clinical internship experiences were influential in promoting the appropriation of learned coursework by special education teacher candidates. Results of this study suggested that *the relationships with MTs, students, and USs* were perceived by the participants as particularly influential.

Mentor teachers. Data analysis indicated that the participants perceived *the relationship with the MTs* as one of the most influential factors of the experience. Five out of six participants described having positive relationships with at least one of the MTs during the clinical internship experiences. According to these five participants (Susan, Carol, Helen, Martha, and Cathy), the MTs who were the most influential were the individuals who provided opportunities for the teacher candidates to observe and experience various instructional/behavioral strategies (i.e., direct teaching, co-teaching, lesson plan development, assessment, classroom management strategies, Functional Behavior Assessment/Behavior Intervention Plan [FBA/BIP], etc.) which were linked to their coursework. Additionally, these same five participants were provided

opportunities to experience the roles and responsibilities of the special educator and mentor teacher. Consequently, the positive rapport with the MTs, as perceived by the participants, provided opportunities for the participants to appropriate knowledge of coursework.

Conversely, results of this study also suggested that when the relationship with the MT was perceived to be negative or neutral, the teacher candidates felt that opportunities to practice coursework were less available. Specifically, three out of the six participants (Helen, John, and Cathy) perceived that their relationships with at least one of the MTs were negative (neutral for John) in nature, albeit for different reasons. Data revealed that the MTs for Helen and John were GETs. Both Helen and John perceived that having general education MTs, as opposed to special education mentor teachers, hindered their relationships in that they were not given opportunities to appropriate special education coursework. Further, Cathy experienced a negative relationship with one of her MTs, due to the fact that the MT promoted a negative environment in the special education setting by yelling at students and staff alike. Cathy described avoiding interactions with the MT when the situation was hostile. Thus, she felt that her opportunities to experience coursework were limited. The negative (or neutral) relationships perceived by the three participants seemed to hinder the developing appropriation of learned coursework.

Students. Even though all six participants perceived that they had positive *relationships with students,* the reasons were varied and less influential to their development than the MT relationships. Three of the six participants (Susan, Helen, and John) perceived that the student relationships were directly dependent upon established behavioral systems within the internship settings (e.g., PBIS schools). The behavior systems already in place provided the teacher candidates with opportunities to model behavioral strategies that were embedded in their coursework. Further, three out of six participants (Carol, Martha, and Cathy) perceived that their

own background experiences influenced the relationships with students during the clinical experience and not necessarily any specific coursework. For example, Carol stated that, "Well, you know, I grew up working with kids, since I was in 5th grade. I moved up to babysitter, nanny, preschool teacher." Carol, Martha, and Cathy emphasized that their background experiences gave them knowledge and an intuitive sense as to how to interact with students in the classroom setting.

University supervisors. When participants were asked in the interviews about the influence of the relationship with the USs, five of the six participants perceived that they had positive relationships, albeit minimally influential. Cathy felt that the US was a mentor to her. John described a neutral relationship with the US, by stating that he did not feel "necessarily guided" by his US. Finally, Martha perceived that even though the relationship with the US was positive, she felt that the US had no influential impact on her appropriation of skills. Even though the participants shared that there was minimal influence from the US, participants did allude to the fact that the US was helpful when explaining the teacher candidates' responsibilities during the internship. The participants relied more on guidance from the US for fulfilling internship responsibilities, rather than for pedagogical suggestions. One example of this guidance was noted during Carol's interview. Since Carol had a health condition that caused her to feel ill frequently, her US supported Carol by saying, "If you're sick, you need to take care of yourself first. So, if you ever need to take off, you can make up the hours."

Instructional Decision Influences

The participants relayed specific factors as to how the context and relationships formed during the clinical internship experience influenced their instructional decisions. Interviews,

observations, and the reflective papers revealed the following factors as having an impact: *background/experiences, seeing instruction modeled,* and *implementing instruction*.

Background/experiences. The first theme, *background/experiences*, suggested that participants relied on their prior work experiences and/or family experiences when making instructional decisions and when interacting with staff and students throughout their internship experiences. Susan and Carol perceived that their prior job experiences (e.g., substitute teacher, nanny, ABA [Applied Behavior Analysis] Specialist) influenced their instructional decisions. Carol stated in her interview that "I started [substitute teaching] in the classroom around the time that I started [college classes]. Martha and Cathy were influenced by their own experiences raising children with disabilities. Thus, they were more patient and knowledgeable with the students with disabilities during their internships. Further, Helen perceived that her degree in anthropology and sociology heightened her sense of cultural sensitivity, the knowledge of which she used to influence some instructional decisions during one of the internship experiences (i.e., improving wording within a vocabulary test).

Both Carol and Martha did not comment about specific coursework during their interviews. In contrast, John perceived that, due to a lack of background working with students with disabilities, his coursework was particularly influential for him when making instructional decisions. Susan, Helen, John, and Cathy specifically mentioned using coursework from six of the courses. Therefore, either coursework and/or other background experiences were reportedly influential in making instructional decisions during the clinical experience.

Seeing instruction modeled. Observing quality instructional practices was an influential factor for most of the participants. Five out of six of the participants perceived that they observed instructional practices from the coursework (i.e., co-teaching, RTI procedures, reading

procedures, intervention reading programs, IEP procedures) modeled by other teachers. In addition, Susan, Helen, and John observed lessons and/or lesson planning and assessment procedures. The participants perceived that the opportunities to observe such modeling of instructional practices influenced their own teaching practices.

On the other hand, a lack of opportunity to observe instructional practices also influenced participants. Carol and Martha shared that within at least one of their internship experiences, lesson planning was not a part of their instructional practices. Additionally, Cathy shared that her elementary placement did not implement assessment procedures because assessment was not part of the instructional practices of the school.

Implementing instruction. All participants in this study described opportunities to *implement instruction* during their clinical internship experiences. Although each participant may or may not have explicitly stated a link between implementing instruction and learned coursework, the implication was indirectly evident from participant references to specific practices. For example, Susan and Helen described opportunities to develop and implement lesson plans. Other participants described opportunities to implement instructional strategies such as differentiation, various evidence-based practices (i.e., peer-assisted instruction, math or reading intervention strategies), and behavioral strategies (i.e., FBA/BIP, de-escalation strategies, behavior management procedures). Although the participants had varied degrees of opportunity, all participants expressed gratitude for opportunities that enabled them to experience instructional/behavioral strategies.

The absence of opportunities to implement strategies or procedures during the internship experience was of concern. This was never more evident than with John. Due to his placement with a general education MT, John indicated that the MT's responsibilities were largely with the

whole class. Therefore, he felt the need to create his own opportunities to experience coursework and to employ evidence-base practices (e.g., peer-assisted strategies, trial and error) that were kindred to the special educator's responsibilities. Since John had no prior experience teaching within the PK-12 school setting prior to his elementary internship experience, this clinical experience was a crucial training ground for him to practice instructional/behavioral strategies learned within the coursework.

Discussion

Consistent with previous research, findings from this study indicated that: (a) the relationship with the MT influences the preservice teacher's use of strategies and the decisions they make during the clinical teaching experience; and (b) opportunities provided or not provided to the preservice teacher influences their appropriation of university coursework. This study extends the previous research by suggesting that in addition to the relationship between the MT and the preservice teacher and the opportunities to practice coursework, the context of the clinical setting was especially influential in appropriating coursework. In addition, Standard 2 of the CAEP Standards (*Clinical Partnerships and Practice*) and the findings of this study CAEP, 2013b) are in alignment.

First, CAEP (2013b) states in Standard 2 that relationships (i.e., 2.2 Clinical Educators) influence the appropriation of instructional/behavioral skillsets of special education preservice teachers. Findings from this study and prior research (Cook, 2007; O'Brian et al., 2007) provide specific examples as to how the relationship with the MT is an influential factor for the special education preservice teacher during the clinical teaching experience. CAEP suggests that clinical educators (i.e., MT, US) should provide a "positive impact on candidates' development" (CAEP, 2013b, p. 6). Therefore, high quality MTs would seem to be critical to the enhancement

of coursework appropriation. Even though the MT was perceived to be highly influential by this study's participants, the US, as liaison between the university and the clinical teaching setting, should also be of high quality. One avenue to ensure high-quality clinical educators in teacher preparation programs is to establish training protocols for the MT and US in the use of evidence-based teaching practices and current instructional/behavioral strategies as delineated by university coursework. Further research is needed to define the qualities of highly effective clinical educators, including the MTs and the USs.

Second, CAEP (2013b) also suggests that a quality school-partner relationship should "design clinical experiences of sufficient depth, breadth, diversity, coherence, and duration" (p. l6). Quality experiences should include sufficient modeling, observing, and experiences for special education preservice teachers so that they can make instructional and behavioral decisions and demonstrate the "knowledge, skills, and professional dispositions" (p. 6) deemed essential for quality special educators. When considering the opportunities afforded this study's participants, one can conclude that their experiences varied greatly. Some participants were exposed to schools that employed PBIS and RTI models, while others did not reference these models. In addition, the degree of technology used by participants to support instruction varied. There were also inconsistencies in the type and variety of strategies observed and implemented during the clinical teaching experiences. With the complexity of what SETs should know and be able to do, preparation programs may need to identify the essential experiences that must be fostered in a clinical setting. Should a placement site be vetted for appropriate implementation of RTI? Should a site not using a PBIS model be used for placing prospective teachers? Identifying the essential factors may also serve to aid preparation programs in the selection of quality clinical settings. An assessment of the types of opportunities that can be provided by the

school and/or personnel (i.e., MT, US) within the clinical teaching experience could be an area of future research.

Finally, CAEP (2013b) also suggests that the context of the clinical teaching experience influences a preservice teacher's appropriation of instructional/behavioral skillsets gleaned from university coursework. The findings across all cases in this study repeatedly suggested that the context of the clinical teaching setting influences the appropriation of coursework by the special education preservice teacher. Informed by activity theory, the infrastructure of the clinical teaching setting and the role of the MT were two key contextual factors of influence.

First, three participants felt because the infrastructure of their setting allowed them to teach a specific content area (i.e., reading, math, English), they were given opportunities to practice instructional strategies specific to university coursework. Second, three of the participants perceived that the service delivery model of the setting (i.e., co-teaching, general education setting, special education self-contained setting) afforded them opportunities to appropriate specific instructional strategies. Since the content of the curriculum and the service delivery models of the clinical experiences have been suggested by some of the participants as limiting or encouraging their appropriation of coursework, the infrastructure of the school setting, or placement of these experiences, largely influenced the perspectives and decision-making of the preservice teachers. This finding is affirmed by the tenets of activity theory (Grossman et al., 1999). As stated earlier, Grossman et al. (1999) suggested that the school settings and their accompanying social structures may or may not be congruent with the university setting (i.e., coursework). When both settings are congruent as perceived by Susan and Martha, appropriation of coursework is perceived to be promoted. However, when the settings are not congruent, as perceived by Helen in the inclusive general education setting,

appropriation of coursework may be interrupted, jeopardizing the link between theory and practice that has been deemed critical to a high-quality clinical practice (CAEP, 2013b). However, 28 states currently have stand-alone initial state licensure in special education that prepare teachers to work with a K-12 grade band for students with high incidence disabilities (Blanton, Boveda, Munoz, & Pugach, 2017). The breadth of knowledge and skills addressed within such preparation programs is tremendous. For example, students with high incidence disabilities may be serviced in the general education setting, in self-contained settings, and/or in co-taught classrooms. Should a teacher candidate then have an experience in each of these settings to be adequately prepared?

The second contextual factor, the role of the MT, was perceived to be influential by five of the participants in affording them with opportunities to appropriate coursework, albeit for different reasons. Two participants identified the variable role of the special education MT. Some MTs provided direct instruction to students, as in the special education self-contained placements, while others provided instructional support, as in the inclusive general education settings. Both participants shared that the role was either or not both in at least one of the clinical settings. Thus, during some experiences, the preservice teachers were not given opportunities to implement direct instruction in the inclusive settings. Consequently, these two participants never had the opportunity to develop and implement lesson plans within at least one of the collaborative general education teaching settings. Conversely, Susan shared that during her secondary special education self-contained clinical setting, she provided direct math instruction to students with disabilities, thus giving her the opportunity to develop and implement lesson plans. Again, the role of the SET is complex and varied. Providing prospective teachers

with authentic experiences across variable settings is essential yet challenging to consistently execute.

Further, two participants were placed in a general education setting with a general education MT as one of their clinical teaching placements. These participants perceived that because the MT was a GET, their clinical experience was negatively influenced. For example, Helen was not afforded the opportunity to specially design instruction for individual learners or small groups of learners with disabilities. Conversely, even though John was provided a general education MT, he took it upon himself to create opportunities to employ learned instructional and behavioral strategies from his special education coursework.

Study findings illustrate that the link between theory and practice are inconsistent for special education preservice participants. As suggested by Leko and Brownell (2011), aligning the clinical teaching experience with the university coursework promotes appropriation. However, is it realistic for a preparation program to provide opportunities for appropriating the wide range of experiences needed across the K-12 grade band and across categories of disabilities? Investigating how school-university partnerships can be created to support the skillsets promoted by university coursework is needed. Not having such opportunities for application could be a detriment to the development of a teacher candidate's pedagogical knowledge and practice.

Limitations

Generalization of findings should be realized with caution. First, the participant sample only included six teacher candidates. Second, even though participants were from the same university and same course of study, they had varied backgrounds and work experiences, influencing the knowledge they may or may not have brought to the clinical teaching experience.

Third, although other sources (i.e., reflective papers and observations) were used to validate participant perceptions, interviews were self-reported experiences. Finally, the participant sample was representative of only one teacher preparation program.

Implications for Future Practice

To maximize the individual growth for special education teacher candidates during the clinical teaching experience, a few recommendations have been formulated for quality clinical placements. As previously cited, the National Council for Accreditation of Teacher Education (2010) and the CAEP (2013a) have legitimized the importance of establishing strategic school-university partnerships to promote powerful clinical experiences for prospective educators. School-university partnerships that align theory and practices embedded in university coursework are recommended. Preservice teachers should be able to see practices modeled and have opportunities to practice the pedagogical skills learned from coursework.

Also included in school-university partnerships is the need for quality clinical educators (i.e., Mentor Teachers, University Supervisors), as suggested by CAEP's *Standard 2* (2013b). As noted in the findings of this study, the MT was regarded as one of the most influential factors contributing to a positive clinical experience. Therefore, it is recommended that both the school and the university provide professional development for the MT to include clarity of his/her role, an awareness of the skillsets that the university deems essential, and potential coaching. USs could benefit from this, as well.

Conclusions

As previously noted, the *Blue Ribbon Panel Report* (National Council for Accreditation of Teacher Education, 2010) suggested that one of the key elements to teacher preparation is providing candidates an interactive professional community to practice their craft. Research

(Allsopp et al., 2006) has also suggested that when given opportunities to implement and experience instructional/behavioral strategies from coursework, the special education preservice teacher begins to appropriate the learning into a skillset for future practice. As the participants of this study indicated, the opportunities (or lack of) to observe and practice various instructional/behavioral strategies impact their decision-making abilities during their clinical experiences and, ultimately, their development as educators. Hence, special education teacher preparation programs need to identify clinical settings that support preservice teachers' appropriation of instructional and behavioral skillsets congruent with the pedagogical principles of the preparation program.

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