Clinical Educator Staff Development Series
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Section III Diagnosing Performance and Informal Data Collection
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Diagnosing Performance and Informal Data Collection

Goal

To develop skills for diagnosing professional performance with an overview of the Formative Process as well as a systematic approach for selecting appropriate data collection methods.

Included:

The Formative Process
Professional Issues
Forms of Data Collection
The DEPTH Process
Verbatim data – selective verbatim
Feedback
The STEP Process
Formative and Summative
Supervision Cycle
Data Collection Tools
Activity

“Make sure you have someone in your life from whom you can get reflective feedback.”

-Warren Bennis
INTRODUCTION
The formative process is a complex and dynamic concept. The process provides the means for professional growth and improved quality of professionals. The formative process in preservice and inservice professional education programs involves the active participation of a clinical educator team and developing professionals. The role of the clinical educator team is to serve as a support base for the developing professional as he/she moves through the formative process, working towards professional growth. Serving in this supportive role requires the clinical educator team to establish a climate of trust and begin building a rapport with the developing professional.

The processes of observation, data collection, and analysis provide a means of identifying areas within the clinical practices of the developing professional that need strengthening and a strategy for formulating a plan for study and practice of knowledge and skills to develop those areas. The guidelines for designing professional development plans with the developing professional provide the clinical educator team with a review of the techniques and skills needed to establish a positive relationship with the developing professional, to maintain a professional climate, and to recognize the developing professional’s readiness for change.

The preparation of the professional development plan is a challenging task for the clinical educator team and the developing professional. Activating the plan calls for changes and change may be threatening to the developing professional. Professional growth, however, should be a goal of every professional throughout his or her career. The professional development plan provides the goals and objectives for professional growth, identifies available resources and provides for the practice of skills and techniques targeted for development or refinement. The plan also makes provisions for giving feedback to the developing professional and for monitoring his or her movement through the formative process.

The goal of the formative process is professional self-evaluation and self-improvement. It is the role of the clinical educator team to assist the developing professional in beginning the process of diagnosis and development, and to assure him or her that the necessary resources will be available in order to follow through with implementing the plan.

The strength of the formative process and commitment to professional growth comes from the interplay of all phases of the Clinical Education process. The importance of using the process as a part of a complete supervision cycle that includes professional development planning is illustrated by findings from the Professional Orientation Program portfolio study:

1. Diagnostic system follow-through when matching growth recommendations to observed performance deficiencies was lacking;
2. Recommended strategies offered to developing educators for areas recognized as deficient areas were not in evidence;
3. Guidelines present for acceptable documentation of competency were not found;
4. A positive and significant correlation of observation frequency and reduction of ineffective behavior was observed; and,
5. The most frequently used means for growth was observation coupled with feedback and conferencing.
These findings suggest that developing professionals at the entry level were not being offered the degree of personal professional assistance possible in the collaborative analysis and planning of their own improvement. There is a need for refined procedures, established guidelines, and understanding for all phases in the formative process.

Use of the formative process has meaning and potential for long-term benefit when implemented within a context that responds to and considers what change and a readiness for change is all about. Before dealing directly with the diagnosis process, the clinical educator team must be grounded in their own understanding of change.
THE DIAGNOSTIC PROCESS

The Formative Process
The formative process may be viewed as both a concept and a process designed to improve work performance. The central desired outcome from this process is to produce professionally responsible professionals who are committed to self-improvement through help from others and self-correction.

Effective clinical support should provide an opportunity for the professional to:

1. examine, discuss, and delineate their personal and educational philosophies;
2. understand and clarify the demands from “the system” – state standards, parental expectations, student achievement trends, school improvement goals, etc. which the developing professional must accommodate in his/her plans and activities;
3. review plans for job performance;
4. receive objective feedback on their job performance;
5. examine the relationship between their anticipated and actual behavior with clients;
6. examine the relationship between their personal philosophies and other assumptions, theories, and research about effective services; and,
7. develop, implement, and receive support for appropriate changes in both their espoused and practiced beliefs.

In Robert Goldhammer's model of clinical supervision, he describes a "hands on/eyes on" supervisory relationship of mutual trust. According to Goldhammer, "Given close observation, detailed observation data, face-to-face interaction between the supervisor and [developing professional], and an intensity of focus that binds the two together in an intimate professional relationship, the meaning of 'clinical' is pretty well filled out."

Goldhammer identified five stages of the clinical supervision model:

- the pre-observation conference,
- the observation analysis,
- the strategy session,
- the post-conference, and
- the post-conference analysis.

All of these five stages are involved in the diagnosis of work performance for improvement. Goldhammer summarizes the five stages in the following manner:

"Pre-observation serves largely to set the contract; observation takes place to capture realities of the [interaction]; analysis is intended to make the data intelligible by unearthing logical relationships among them; strategy produces an operational plan for supervision. In essence, the post-analysis serves as clinical supervision's superego - its conscience."
The Nature of Professional Issues
In the process of diagnosing the work performance of a developing professional, the clinical educator must determine the nature and level of the professional issues and concerns that arise during the diagnostic process. This determination may be the result of reflection, a decision by the professionals involved, a discussion with the developing professional, or a variety of other sources. The determination presupposes an ongoing relationship between the clinical educator and the developing professional.

Clinical educators are likely to find one or more of the following seven types of professional issues:

1. **Lack of Knowledge.** This professional is concerned with instructional/clinical issues. He or she is focused on increasing his or her command of the concepts and skills necessary for his/her job.

2. **Lack of Awareness That a Problem Exists.** This developing professional is unable to perceive the problem that the clinical educator and others see in their work performance. This blindness may stem from denial, from lack of insight, from lack of knowledge, or from philosophical differences. Clinical educators cannot help a developing professional solve a problem that he or she doesn't realize exists.

3. **Inability to Solve a Known Problem.** This developing professional is aware that he or she has a problem but either doesn't have the skill to solve it or doesn't know how to apply known skills to the problem. This type of problem is frequently encountered when working with interns and beginning professionals. He or she typically knows a problem exists and wants help solving it.

4. **Inability to See and Use a Variety of Alternatives.** This developing professional has a small set of successful techniques, which are used to manage and work with clients. He or she needs help in expanding the array of solutions and alternatives available to them. A clinical educator, rather than suggesting a solution, would be better served to ask for (or give) five or six options that could be used.

5. **A Professional in a Rut.** While this condition may be more characteristic of more experienced professionals, it can easily happen with beginning professionals as well. This professional has one solution to any clinical or management problem, something that worked the first time it was tried and now is used for whatever is occurring. This situation is particularly difficult when the developing professional is moderately successful at what he or she is doing.

6. **Constantly Revising Goals and Aims.** This professional "jumps every bandwagon" that comes along and, thus, lacks consistency. This is the professional who is often in the clinical educator's office excited about a new idea and wanting to purchase new equipment and materials. The long-term effect of inconsistency is likely to be much more negative than the positive effect of excitement on the part of the professional.

7. **Employee Difficulties not Associated with Performance.** This professional has performance problems that are related to personal problems that are occurring outside the work location, i.e., marital, relationship, or financial problems. These problems have become so acute that they are affecting the professional’s ability to function in his or her job. This professional issue is not addressed by Clinical Educator Training.

In addition, three levels of professional orientation provide highly useful information for diagnosing work performance:
1. **Survival.** A professional at the survival level is interested in the activities of the moment. The focus of attention is the next session, the next meeting, the next day, etc. Attempts to get this professional to deal with long-range goals, aims, objectives, and problems are futile and often inappropriate.

2. **Mastery.** The professional at the mastery level is absorbed in the technical aspects of their work. The focus is on improving work performance (testing, counseling, teaching, or conferencing skills, for example).

3. **Impact.** The impact professional focuses on client outcomes, at whatever cost. The impact professional will do whatever is necessary for his or her clients to grow or succeed. The technical aspects of a problem or skill are only important to the extent that clients benefit.

The clinical educator team must be prepared to respond differently to each of the 10 levels and perspectives listed above. Each different perspective demands a set of behaviors or orientation from the clinical education team that is different from the others. The developing professional who is operating at a survival level needs a very different form of assistance as one “stuck in a rut.”

**Forms of Data Collection**

Within the context of the formative process and characteristics of developing professionals, the diagnostic process uses tools that include performance measurement systems and other methods of data collection through which the clinical educator and the developing professional obtain the data needed for the diagnosis. Accurate diagnosis is based on information, and a variety of data collection methods can be used in the Formative Process as an aid for diagnosis. Data collection methods may be classified into four categories:

   a. verbatim data;
   b. anecdotal data;
   c. interactive data; and
   d. formal performance measurement systems.

Information about methods of diagnosing professional performance for improvement using verbatim data, anecdotal data, and interactive data will be presented in later sessions.
Using Formal Performance Measurement Systems to Diagnose Professional Performance for Improvement

Besides the formal uses of performance measurement systems, the various instruments which comprise these performance measurement systems can be useful in the diagnosis of professional work performance for improvement.

In beginning to work with a developing professional, if the question really is, "What's the problem?" then the summative instrument from a performance appraisal system can be useful. Used as a screening device the summative instrument can give important clues to areas of professional behavior, which need further diagnosis and improvement.

If you and the developing professional have some idea of what the problem is (e.g., you know the problem is managing student conduct), then the formative instruments which are part of the performance measurement systems can be helpful. For example, a summative instrument will help you and the developing professional pinpoint the particular techniques within the area of management that need development and practice.

You may find that you and the developing professional have been able to pinpoint the problem(s) and the cause(s) or that the developing professional has some specific information he or she wants as feedback. If, for example, you can isolate "professional with-it-ness" as the issue, the broader and more formal performance measurement instruments probably won't give you and the developing professional the data you need. In this case, you will probably decide to use one of the techniques for collecting anecdotal or interactive data, or conclude that verbatim data collection would be most appropriate.
PRE-DIAGNOSIS CONSIDERATIONS FOR SELECTING
DATA COLLECTION METHODS

The DEPTH Process

DEPTH is an acronym that has been created to help the clinical educator easily recall the important considerations when working with a developing professional. These five categories of emphasis are not sequential steps that one must follow, but rather, are areas of concern to which the clinical educator must attend in planning and conducting a pre-observation conference. The clinical educator and the developing professional most often select the method for data collection during the pre-observation conference. The letters in DEPTH mean the following:

D  The Developing professional
E  The working Environment
P  The Professional issue
T  The Trust
H  The Helper

The Developing Professional

Prior to the pre-observation conference, the clinical educator reflects upon the developing professional's current status by asking questions such as the following:

1. What personal and/or professional crises, problems, or successes have occurred, if any, in the last few days?... since the last time you worked with him or her?
2. To what extent is he/she using the Sunshine State Standards as a part of the instructional program?
3. For second year professionals, what feedback, strengths or weaknesses were discovered when analyzing last year’s standardized test data?
4. How aware is he or she of the successes or problems he or she is facing in the work with clients?
5. At what level of professional orientation is he or she in relation to this client?... this professional activity? If a professional development plan exists, is he/she “on schedule” in working on identified needs/goals?
6. How eager is the developing professional to work with you? … to learn?
7. What observation techniques does the developing professional know? Are the data important to the developing professional?
8. What did you do the last time you worked with this professional? What was its effect? Should you follow up, or are you free to pursue other concerns? Should this opportunity be data based or are there other concerns that need attention?
9. Do you have the skills to collect observation data on the areas for which the developing professional will be likely to request help?
The Working Environment

The working environment of the professional - its physical, behavioral, and emotional climate - will influence the data collection techniques that are of use at any given time. A noisy, out-of-control room will not permit the use of video equipment. A crowded space in which the observer will have difficulty moving about or sitting in a particular location may rule out the use of a particular technique. Certain sessions or the needs of individuals may preclude the use of complicated observation tools.

The goal of the clinical educator in the selection of data collection methods is to ensure that both the developing professional and the observer know **in advance** what the other will be doing. Data collection in itself will not usually make the developing professional nervous; not being comfortable with or aware of the observers intent will produce anxiety.

Environmental variables include the following:
1. physical layout of the room;
2. typical movement or seating patterns;
3. norms concerning interaction with visitors;
4. population density (how crowded or confined is the space);
5. level of behavioral control;
6. comfort of individual(s) with a visitor (i.e., are visitors frequent or rare?);
7. clinical needs of client(s) (i.e., is focus of session extremely sensitive or does the client's needs and/or status preclude observation);
8. other roles played by the clinical educator (e.g., assistant principal for discipline); and,
9. environmental needs of particular instruments (e.g., a need to look at the client(s) from the front).

The Nature of the Professional Issue

Prior to and during the pre-observation conference, the clinical educator needs to keep in mind the professional issue the developing professional is dealing with at the time of this observation.

The basic question to be answered is, "Are data likely to be helpful?" It may be that the issue the developing professional is confronting at the moment is one that needs considerable discussion, not data. It could be that the concern is over a conflict in goals, not in transition behavior. Furthermore, data that would be helpful to allow a professional to become aware of transition behavior may have no utility in helping that professional deal with a professional issue.

As alluded to earlier, the clinical educator has to be able to play several roles in interacting with the developing professional. For this visit, should the clinical educator be a **TEACHER, A CONFRONTER, A COUNSELOR, AN ENABLER, OR ????.** More information and skill practice will be available in the feedback module to assist with this question.
The Level of Trust
An experienced clinical educator can quickly ascertain a variety of needed improvements in the behavior of a developing professional. However, it is usually inappropriate for the clinical educator to expose the entire laundry list of improvement needs at one time. The relationship that exists between the two must be analyzed and known by the clinical educator. The strength of that relationship, the trust level, will restrict, constrain, or facilitate the sharing of data and conclusions reached from collected data.

Research indicates that when the level of trust is low, i.e., the relationship is weak or new, the clinical educator should provide:

- no data
- only the data that the developing professional requests;
- data that is client or activity centered, rather than professional focused;
- data that is immediately useful;
- data that is positive; and
- data that has a basis in a third party's requirement (e.g., the professional competencies, the items on a summative evaluation form.

The Helping Role
The clinical educator must also look at her or himself to determine what are the data collection methods, which he or she has expertise in and is capable of using at this time. The clinical educator also must examine the traditional roles that other clinical educators have played in this school and district. A radical departure from the established norm must occur gradually with full explanations to those involved.

The clinical educator must also examine the roles that he/she has played with this developing professional in the past. If one has played a teacher role for four years and suddenly shows up in a counselor role, the transition may be difficult. The roles we play are a function of our own personality, our expertise, the situation, and the developing professional's skills and personality. All must be reviewed in the process of determining the helping role for a given problem. In effective pre-observation conferences, the clinical educator must determine:

1. what will be the focus;
2. what the developing professional will be doing;
3. what the client(s) will be doing;
4. what problem or difficulties can be predicted; and,
5. what data collection methods will be used?

These concerns and questions are designed to assist the clinical educator as he/she prepares for the discussion in response to the final question, "What is the best use of my time and skills?" And, as a part of that “What data collection methods will be used?”. At times, the response will be left open to the developing professional; at others, the clinical educator will explain the method to be used. Usually, the effective clinical educator and the developing professional will negotiate the methods to be used during a specific observation using the DEPTH questions and implications as a guide.
DIAGNOSIS OF PROFESSIONAL PERFORMANCE USING VERBATIM DATA

Verbatim data are the exact words said by the developing professional and/or client(s) during an activity. Notations of non-verbal behaviors may also be added. Use of electronic methods of data collection (i.e., audio or video recording) can be very helpful in collecting verbatim data, especially for sensitive activities that might preclude an observer's presence.

The value of data collected by electronic means is that the developing professional views, through the eye of the camera and/or the ear of the tape recorder, exactly what the observer (and client(s)) sees and/or hears. Electronic data allow professionals to see and hear many things about their performance of which they may not be consciously aware. Electronic data allow the information to be studied carefully (e.g., played back, frozen). The developing professional and the clinical educator view the data from the same vantage, thus facilitating discussion and joint diagnosis of performance.

Verbatim data gathered through electronic means may be analyzed by anecdotal or interactive methods. Selective verbatim, a technique that will be described in this section, also works well with an electronic data gathering process, or you can devise your own way of organizing the information. For example, if the developing professional has certain speech habits you both want to overcome (such as the habitual use of "okay"), an audiotape of a session could be collected and a record made of the number and placement of "okay".

The possible disadvantage of using electronic data collection is that reviewing video or audiotapes is very time consuming and behaviors may be overanalyzed. Also, taping may be intrusive.

If verbatim data are collected "live" rather than electronically, the observer must be positioned to hear both the developing professional and client(s).

Script Taping/Total Verbatim

Script taping is described by Madeline Hunter as an essential supervisory tool. She reports script taping as easy to use, requiring only paper and pencil. With this method, cause and effect relations can be examined. Generally, this abbreviated way of recording can be learned in a couple of hours of practice. Script tapes are useful in conferences between the observer and the developing professional because very specific examples from the observation can be given. This can eliminate vague statements and aid in an accurate diagnosis. Another version of "scripting" was suggested in the early works by Goldhammer, Cogan, and others. These trainers recommended that observers record, to the extent possible, everything a developing professional said during a portion of an activity. This technique was called "total verbatim". In actual practice, experienced observers neither use the shorthand of script taping nor catch everything that is said.
Selective Verbatim
The verbal behavior is often effectively observed by means of the selective verbatim technique, in which the observer records what is actually said within a specific verbal category. If the developing professional is concerned about:

1. questioning, the observer would record the actual questions asked;
2. group management, the observer would record statements made by the developing professional in an attempt to manage student behavior;
3. interview responses, the observer will record remarks relevant to interview questions/responses as they are made in the activity.

In using the selective verbatim process, the observer acts as a sorter, recording those statements which fit the categories identified by the developing professional. This technique can be used by professionals to observe themselves with the help of audiotape recorders. Whether the professional self-observes or an observer records the data, interpretation of the data obtained is left either to the conference which is conducted between the observer and the developing professional or to the information and skills of the professional.

Selective Verbatim Patterns
A variety of verbal behavior patterns may be identified and labeled from data collected through the use of selective verbatim. The following patterns commonly occur in interactions and can be easily identified from a verbatim transcript. This list is far from exhaustive. It simply represents a cross-section of patterns that are commonly identified.

"Professional" Talk
1. Questions;
2. Response to client questions or statements;
3. Directions and assignments; and,
4. General school talk patterns (e.g., verbal mannerisms such as "okay" or "all right", repeated use of phrases or words, self-reference).

Client Talk
1. Responses to questions;
2. Questions;
3. Initiated statements; and,

Professionals' Questions
Research indicates that educators ask at least one question every minute in the average adult-led discussion. It is not unusual for an educator to ask 30-40 questions, only six of which were planned, during the course of a thirty-minute discussion. What do the unplanned questions look like? Many educators have never listened to and systematically analyzed their questions. Selective verbatim enables the observer to record the questions, including all interrogative statements that a professional asks. The data provide the professional with the opportunity to compare what he or she wanted from clients with what he or she asked for. Interrogative statements are especially interesting because they are phrases, which sound like a question but...
for which no answer is expected. (In one recent research study, over 50% of educator questions were not meant to be answered. Actually they were praise, criticism, directions, lecture, etc.)

The observer sits anywhere in the room and records the questions and interrogative statements that a professional makes. After a short period of practice, it will be possible for the observer to record all questions in most discussions. Occasionally, the observer will encounter the rapid-fire questioner who asks several questions each minute or the long-winded questioner who asks questions of two-minute duration. In these cases, the observer might decide to tape record the questions for audio analysis or arbitrarily decide to record every other or every third question. With more experience the observer will be able to record verbal flow, interaction patterns, or other closely related data while recording the questions.

Lists of professional questions have revealed professionals who ask all their questions the same way, starting with the same phrase; or professionals who only ask questions which demand one word answers; or professionals who ask multiple questions every time. Multiple questions are those in which the professional asks three or four questions without giving the student or client an opportunity to respond. In these cases, the first question often relates to the discussion at hand while the last is the question that is answered. Often there is little relationship between the first and the last question in such a series. The same professional probably wonders why the students get off the subject.

Other data might indicate a questioning style that uses short and succinct questions. On the other hand, the data might indicate a questioning style where every question is long, verbose, complex, and demands multiple answers. Whatever characteristics might be found in a list of questions, they are nonetheless the questions which were asked and are simply a reflection of what the professional said during a given discussion. As such, they become persuasive data, which the professional can use in determining the questioning style to be used in subsequent activities.

Analysis of questions might be guided by the following inquiries:
1. How many questions actually required a response?
2. What pattern of questioning was revealed (i.e., repetitious phrases, one-word questions, wordy questions)?
3. What thought levels were demanded in the response?
4. What was the proportion of closed questions to open-ended questions?
5. What if the professional could not use the word "what"?
6. What is the relationship between the professional's intentions and the questions asked?
7. What is the relationship between the objectives for the activity and the questions asked?
8. What is the relationship between vocabulary used and the client's verbal abilities or understanding?
9. Is there a relationship between questions asked and client participation patterns?
10. (The list is increased every time a professional and an observer determine a need to record questions.)

No ideal pattern of response exists. Each activity, professional, individual, and group will demand different patterns. Each collection of data will have to be analyzed in terms of the desired behaviors of the professionals, the needs of the clients, and the nature of the activity. The role of the clinical educator is to see that the data are analyzed, hypotheses are formed, and future actions are planned and modified as appropriate.

Several questions can be asked by the developing professional about his own behavior or by the clinical educator to stimulate the developing professional's thinking:

1. Does a patterned response exist? Does every response start with the same word or phrase? Is the response meaningful or habitual?
2. Where several responses are repeated, is there any consistent reason for them? Does a correct answer get one response while an incorrect one gets another? Do relevant comments or questions get one response while irrelevant ones get another? Do boys get a different response than girls? Are responses by active students treated differently than those of passive students?
3. Are most responses: questions? statements? encouragement? value judgments?
4. What conclusion can be made across several observations? Does the developing professional respond differently to different groups of students? Does one type of activity result in different responses than another type? Does a particular student usually get a specific category of response?
5. How often are names mentioned?
6. When value judgments are made, are the criteria given?
7. When the response is a statement, is the professional using the client's idea or changing the subject?
8. Could the response have been made without the client(s) having said anything?
9. Does every client comment result in a professional comment?
10. Can several clients talk without the professional commenting?

The responses to each of these questions must be followed with "So what?" and a decision whether to act upon the information or gather more data.

**Control Statements**

The primary means many professionals use to control the behavior of their clients, especially students, is through verbal statements. At times, however, the very statements which are meant to control the students have the opposite effect, or the statements have no effect. Recording the statements a developing professional makes in an effort to control or limit client behavior thus provides data, which can become the starting point for behavioral changes.

The observer in the room or the professional using a tape recording simply records all statements made during an activity, which were intended to control or limit the behavior of clients. These may be worded as questions, sarcasm, directions, commands, reprimands, etc. No other comments during the activity are recorded systematically. It is often helpful to record the timing
of the statement, any verbal or nonverbal "challenge" or response, and the activity occurring at the time of the statements.

Each collection of data must be analyzed to determine alternative statements or behaviors which might have been more effective, e.g., asking a different question, ignoring behavior, requesting a competing behavior. In some cases, what is not said may be more persuasive than what is said. Audio or video recordings may be necessary in those instances when the developing professional fails to perceive a problem.

**Client Comments**

While most selective verbatim categories focus on professional verbal behaviors, a substantial portion of talk is done by the clients. Thus, at least one category must relate to client comments. Of all the selective verbatim categories, with the exception of professional lecture or statements, this category is most difficult to observe in a group setting or classroom. Most observations of client comments are made from audio recordings. As in other selective verbatim categories, the observer records all comments within the category, noting the pattern of interaction and other relevant information. Activities in which one-word or short-phrase answers predominate can be easily done in the classroom or group setting by an observer. Other categories may include client requests for information, off the subject comments, and indications of feelings, in addition to the predetermined types of student comments.

Many of the questions asked in analyzing questions can be applied to client comments. Attention should be directed also to those clients who are giving patterned responses where these differences exist. (Does discussion cease after a particular client responds? Is one client usually off the subject? Is a particular client able to get the professional off the subject?)

**Miscellaneous Categories**

Selective verbatim, as the name implies, can refer to any aspect of talk, which takes place in a school setting. The clinical educator and developing professional can select any of these categories for observation, dependent only upon the perceived need of the professional.

A few precautions can keep the clinical educator from violating the clinical supervision process. The observer should make every effort to record only value-free categories. The observer should not record "good" questions, or questions of a particular type, or "poor" directions, or "inappropriate" criticism. The observer should record all examples (or a timed sample of examples) of a particular category, the first or last example, or some other agreed upon subgroup. Later, during the post-observation conference, the developing professional and clinical educator can determine the effectiveness of the questions recorded.

**Diagnosing Professional Performance Using Collaborative/Consultative Data**

The data collection methods in this section focus on **Collaborative/Consultative Skills**. The methods presented in this module are derived from Collaboration in the Schools: An Inservice and Preservice Curriculum for Teachers, Support Staff, and Administrators, by J. Frederick.
West, Lorna Idol, and Glenna Cannon. This curriculum focuses on the development of essential collaborative and consultation skills. The major premise behind the development of this curriculum is that in the past decade, educational trends, and research findings support the need for teachers, administrators, special education teachers, and student services personnel to work in teams to implement programs for the students for whom they share responsibility. The content, performance criteria and evaluation instruments presented in this segment are all derived from the Collaboration in the School’s curriculum.

The curriculum is based on forty-seven (47) collaborative and consultation skills identified as essential for effective teaming and validated by a panel of one hundred (100) experts. This panel included interdisciplinary representation as well as regional representation.

**Collaborative and Consultative skills include the following types of behaviors:**

- Oral Communication
- Interviewing
- Listening and Responding
- Personal Characteristics
- Feedback

**Oral Communication Skills**

Effective oral communication exists if a person sends a message to evoke a response, when the receiver interprets the message as the sender intended, and when both parties strive for accuracy in intentions and meaning.

Effective oral communication skills that facilitate the consultation process are:

1. Organizing thoughts before the consultation.
2. Listening carefully to the person(s) with whom you are interacting.
3. Using feedback to indicate that you have clearly heard and understood the sender.
4. Avoiding the tendency to give evaluative responses.
5. Paying attention to outside factors that may influence recipients' understanding of what you are saying.
6. Flexibility in listening and responding. The listener needs to be ready and willing to change his or her perception for the sake of effective communication and,
7. Avoiding jargon.

There are several sources of misunderstanding which result in communication failures and cause breakdowns in effective collaboration. These potential breakdowns in collaboration are:

1. The listener is preoccupied and does not listen to what others are saying.
2. The listener is more interested in talking than listening and listens only in an effort to find an opening to get the floor.
3. The listener may have preconceptions that distort the statement to match his or her expectations.
4. The listener is listening only to evaluate and make judgments about the speaker.
5. The listener sometimes does not fully understand the meaning of the words, not from lack of verbal ability but from a lack of understanding situational factors.
6. The listener and/or speaker have a distrust of one another.
7. The language used becomes the barrier (offensive language, language reflecting a poor education, highly technical language, accented language).
8. The connotation of the words, that is the words having different meaning for the listener and the speaker, is not considered.

**Interviewing Skills**

Effective interviewing skills require the consultant/counselor to conduct verbal interactions that are purposeful and direct, in which one person takes responsibility for the development of the interactions. Interviewing is used as a means to collect data. It is an essential tool used in all stages of consultation as follows:

- receiving and giving specific information;
- expressing and discovering feelings/emotions;
- planning for future action; and
- problem solving.

Results of an interview are the product of the interaction between the interviewer and respondent. Consultants/counselors need to interview effectively to elicit information, share information, explore problems, and set goals and objectives.

Certain conditions are necessary for conducting successful interviews. These conditions include the following:

- clarity on who can access information and how information will be used;
- assurance of appropriate confidentiality;
- sufficient time for compilation and analysis of results; and,
- clarity on the effects of data findings on intervention actions.

Guidelines for structured interviews that have proven effective are:

- Know why certain questions are being posed.
- Know what will be done with the answers.
- Know which decisions will be affected by answers.
- Ask one simple thing at a time.
- Build and maintain rapport.
- Clarify the overall purpose of the interview.
- Be aware of behaviors that may bias responses.
- Sequence questions to produce the most helpful attitude.
- Use broad/filter/closed questions to focus.
- Use open-ended questions to encourage a variety of ideas. and,
- Use probes to clarify ambiguous responses.
Listening and Responding Skills

Listening and Responding skills facilitate the consultation process. Active listening responses assure the client that they are being understood and can assist speakers in expressing their central concerns. Active listening can facilitate the acceptance and credibility of the consultant. The following six specific active listening and responding skills have been found to be effective in the consultation process.

- Acknowledging
- Reflecting
- Elaborating
- Paraphrasing
- Clarifying
- Summarizing

Acknowledging indicates to speakers that you are listening; that you are interested and that you are not judging. Acknowledging responses are communicated through nonverbal actions (such as direct eye contact and leaning toward the speaker, responding with feeling,) and simple verbal responses (e.g., "I'm listening, please continue.").

Reflecting focuses on the speaker's feelings. Listeners share their perceptions of the speaker's feelings. Reflecting the feeling being expressed is a skill that is appropriate at any time. "You know, it's a funny thing. But when I have to deal with Tawanna's misbehavior in front of the rest of the group, I feel shaky! I know it's silly because only Tawanna provokes that response in me. Why do I do that?" "This reaction puzzles and concerns you."

Elaborating is a method of helping the speaker move from less to more. What is presented by speakers may be elaborated on by listeners at a more synthesized level.

Paraphrasing is an attempt on the part of the listener to feed back to speakers the essence of what they have said, using the listener's own words and expressions. Paraphrasing conveys to speakers that you are "with them," checks the listener's own perceptions, clarifies comments by repeating what has been said, and entails recognition of the client's feelings.

Clarifying is a form of feedback in which listeners ascertain that the message sent is the message received. "Is that about right?" "Do I understand your feelings correctly?"

Summarizing pulls together the relevant data and lets it speak for itself. When summarizing use only information presented by speakers and select only relevant data. Summarizing is a method of obtaining closure, and gives movement to the consultation.
There are four types of listeners/non-listeners:

1. Passive listeners - give all nonverbal signs of listening.
2. Active listeners - give the nonverbal signs of listening. The listener also reflects back the content of the speaker's message verbally.
3. Passive non-listeners - appear to hear what is being said but are not involved in listening to the feeling expressed.
4. Active non-listeners - talk to each other but not with each other.

**Personal Characteristics**

The ability to relate to others in productive and meaningful ways is a necessity in teaching, counseling, and in consultation interactions. The purpose of the consultation interaction is to bring the consultant and client closer together, to facilitate the growth and development of the relationship, and then to maintain the relationship. Mutual trust is developed through the utilization of caring, respect, empathy, congruency, and open interactions. These personal characteristics facilitate mutuality of purpose and strengthen problem-solving capabilities.

The following are non-verbal behaviors that exhibit qualities of caring, respect, empathy, congruence, and openness in consultation interactions:

- degree of eye contact (direct, with interested facial expression);
- hand and body movements (relaxed posture, leaning forward, gestures that are open and welcoming);
- tone of voice (soft, well-modulated);
- continuities in speech (consider rate, duration, dysfluencies, pauses);
- spatial distance (close but not too close).

Verbal messages must be congruent with non-verbal behaviors for effective consultation interactions. Restating the sender's expressed content and/or feelings indicates that the consultant has been listening and understands the meaning of what is being said. Prefacing restated remarks with "You feel...", "You think...", "It seems to you..." indicates to the speaker that you respect his or her feelings by indicating comprehension. Verbal and nonverbal interactions need to remain open so judgments, approval/disapproval statements, agreements/disagreements can be avoided. To communicate clearly, interaction needs to be free of jargon. Self-disclosures assist in building trust in the relationship. Disclosures of the client should be reciprocated at times by consultant disclosures. Self-disclosure indicates the willingness of the consultant to trust the client. Self-disclosure must be obviously honest, congruent with the problem under discussion and client needs, and expressed in a nonjudgmental manner.

**Feedback**

To be effective, feedback should be based on actively listening to what the other person is saying so that responses can be accurate and objective. Accurate feedback implies caring on the part of the listener and allows for both parties to maintain congruence of information and intent. Feedback provides constructive information to facilitate the speaker's understanding of the effect of their behaviors, the consultant's/counselor’s understanding of what the speaker is saying and how the speaker's actions are perceived.
To provide constructive feedback, the consultant/counselor needs to focus on:

- statements of behavior,
- descriptions of behaviors in terms of more or less,
- behaviors related to the specific situation under discussion,
- sharing of ideas and information,
- exploration of alternatives,
- the amount of information the receiver can use, and
- what is said.

Feedback that follows these guidelines will result in building rapport with the other person, increased self-disclosure of necessary information, and building of trust critical to effective consultative interactions.
THE STEP Process

STEP is a mnemonic device designed to remind the clinical educator of the steps needed to analyze and synthesize the data gathered from an observation. STEP represents the process followed in thinking about the data that have been collected and in organizing the information to present to the developing professional in the most helpful and meaningful manner. The STEP process is as follows:

**Select** the data;

**Think** about likely developing professional reactions;

**Enumerate** acceptable solutions; and,

**Plan** the conference.

**Select**

A well-conducted observation usually results in the collection of a large amount of data. Presented as the raw data, the results might be overwhelming and confusing, rather than helpful. Therefore, the data which will be most useful for diagnosis in the particular situation needs to be selected. The clinical educator selects the data or events that are:

- most praiseworthy;
- most related to student achievement;
- most exemplary of use of Standards;
- most typifies an indicator of accomplished practice
- easiest to improve;
- most necessary to improve;
- most in need of immediate action;
- unclear (needs more information);
- most appropriate for long range improvement;
- most in need of encouragement and embellishment;
- most related to recognized essential competencies; and,
- most closely related to the developing professional's expressed needs.

Section III
Think
The clinical educator must **think** through likely developing professional reactions and be prepared to guide discussion in the most productive manner. Will the developing professional be pleased? distressed? defensive? eager? Will the developing professional cooperate in making the conference professional and meaningful, or will the person block effective communication? **Thinking** about these questions and other possible reactions prepares the clinical educator for the conference, evoking the verbal and nonverbal tools needed to guide the conference in a productive direction and to arrive at a useful diagnosis of the developing professional's performance.

As discussed above, the clinical educator needs to consider the role he/she will need to play in order to accommodate the various needs and predicted reactions of the developing professional.

Enumerate
After preparing for the developing professional's reactions to the data presented, the clinical educator continues the planning/diagnosis process by thinking through possible solutions to the problem or the next steps needed in moving toward a solution or improvement. Acceptable targets or solutions are **enumerated**.

One of the key elements for facilitating professional growth is that the developing professional is a part of the decision-making process in the solution of problems. However, the clinical educator should take the lead in skillfully guiding the discussion toward targets and solutions that are most appropriate. This process is facilitated if the clinical educator has (at least mentally) **enumerated** the solutions and/or next steps which he or she finds acceptable.

Again, as alluded to above, the clinical educator needs to consider issues, solutions, questions, etc. related to student achievement, the Sunshine State Standards, the alignment of curriculum, instruction, and assessment as well as specific solutions to immediate classroom needs.

Plan
The last step in the **STEP** process is to **plan** the conference. Considerations include the following: set a time convenient for both parties; find a comfortable place where you will not be interrupted and there will be no fears of your conversation being overheard; allow adequate time for the conference, etc. Additional planning includes reviewing the first four steps, collecting and organizing the notes or the clinical educator training components, evidence needed to effectively present the selected data, and having an outline of the direction the conference should take.
Professional Development in the Context of Standards-Based Education

Professional Development is no longer an activity carried out to satisfy the whim or latest fad of the moment. Professional Development in the context of today’s Standards-Based and Data-Based systems must be seen as responsive to the

1. Sunshine State Standards,
2. achievement of students in the school and classroom of the teacher,
3. knowledge and skill needs of the teacher,
4. curriculum of the school and district, and
5. common needs, if any, of the school community.

Some questions that might be appropriate:

Sunshine State Standards –

• Is the Developing Professional aware of the Standards and Indicators appropriate to the subject and grade level?

• Has the Developing Professional aligned the curriculum and instructional program to meet those Standards and Indicators?

• What specialized needs related to instructional materials were indicated by the alignment of curriculum and assessment?

Student Achievement –

• What conclusions, if any, were drawn from analysis of last year’s standardized test results for the students in this Developing Professionals classroom?

• What school-wide or grade-wide deficiencies were identified that this Developing Professional must deal with in his/her instructional activities this year?

• What specialized needs are indicated by an analysis of the incoming group(s) of students for the coming year?

Knowledge and Skills of the Developing Professional

• What continuing deficiencies in the knowledge and skills of the Developing Professional were identified during the previous experiences in the classroom?

Curriculum

• What changes, if any, to the curriculum or instructional materials planned for use this year?

• For the Beginning Teacher, what, if any, aspects of the program need clarification, attention, or background work?
<table>
<thead>
<tr>
<th>Formative</th>
<th>Summative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-judgmental</td>
<td>Standardized</td>
</tr>
<tr>
<td>Individual Oriented</td>
<td>System-Oriented</td>
</tr>
<tr>
<td>Purpose is to foster professional growth</td>
<td>Purpose is to provide data for administrative decisions</td>
</tr>
<tr>
<td>Criteria define desired professional performance</td>
<td>Criteria describe requirements to meet a standard</td>
</tr>
<tr>
<td>Standards are professional goals to be attained</td>
<td>Standards are cut-off points</td>
</tr>
<tr>
<td>Diagnosis identifies areas for improvement</td>
<td>Diagnosis documents deficiencies to be remediated</td>
</tr>
<tr>
<td>Feedback used for support, corrective changes</td>
<td>Feedback used for reporting status, due process</td>
</tr>
<tr>
<td>PDP is vehicle for bringing about professional improvement</td>
<td>PDP Documentation is record of assistance provided, achievement</td>
</tr>
<tr>
<td>Reflection determines whether purposes have been met</td>
<td>Reflection determines whether standards have been met, due process afforded</td>
</tr>
</tbody>
</table>
Supervision cycles

HANDS ON

EYES ON

Relationship-Mutual Trust

Pre-observation Conference

Data Collection

Analysis/Strategy

Post-observation conference

Post conference Analysis
## Data Collection Tool: Effective Written Communication

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
<th>Concrete Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it free from jargon?</td>
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<tr>
<td>Is it written specifically?</td>
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<td></td>
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<tr>
<td>Is it written clearly?</td>
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<tr>
<td>Is it as brief as possible, yet detailed enough to convey essential information?</td>
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<tr>
<td>Does it give others credit for their ideas?</td>
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</table>

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**Diagnosis of Professionals’ Performance**
### Data Collection Tool: Effective Oral Communication

*Directions: Place a tally mark each time behavior is demonstrated or not demonstrated. Use N/O to indicate “Not Observed.”*

<table>
<thead>
<tr>
<th>LISTENING/RESPONDING</th>
<th>Demo</th>
<th>Not Demo</th>
<th>Concrete Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. clarifies</td>
<td></td>
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<tr>
<td>2. is an active listener</td>
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<tr>
<td>3. is non-judgmental</td>
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<tr>
<td>4. uses paraphrasing</td>
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<tr>
<td>5. reflects on what has been said (content and affect)</td>
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<tr>
<td>6. elaborates to clarify and specify</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7. summarizes what has been said</td>
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<td></td>
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</tr>
<tr>
<td>8. acknowledges input from others</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. models appropriate expression of feelings and opinions</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. uses I-messages</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSONAL CHARACTERISTICS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. shows empathy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. uses appropriate nonverbal language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. gives others credit for their ideas</td>
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<tr>
<td>4. demonstrates respect for the speaker</td>
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<tr>
<td>5. demonstrates courtesy to the speaker</td>
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<tr>
<td>6. demonstrates enthusiasm</td>
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<tr>
<td>7. demonstrates an open willingness to communicate</td>
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<tr>
<td>8. respects different viewpoints</td>
<td></td>
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</tr>
<tr>
<td>9. demonstrates a willingness to learn</td>
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<tr>
<td>10. demonstrates ability to grasp overt/covert meanings</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>INTERVIEWER BEHAVIORS</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. attempts to establish rapport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. is specific</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. uses interview skills to gain more information</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. gives positive reinforcement</td>
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</tbody>
</table>

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*Diagnosis of Professionals’ Performance*
Data Collection Tool: Critical Interview Behaviors

**Interviewer Behaviors**

Directions: Place a tally mark each time an interviewer behavior is demonstrated or not demonstrated. Indicate N/O if you did not have opportunity to observe behavior in session. Use space provided to record concrete examples.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Demo</th>
<th>Not Demo</th>
<th>Concrete Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data were collected.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview was <strong>purposeful and direct</strong>.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Results were <strong>clear</strong>.</td>
<td></td>
<td></td>
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<tr>
<td>It was determined who would have <strong>access to gathered information</strong> and who would use it.</td>
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</tr>
<tr>
<td>Assurance was made that <strong>anonymity and confidentiality would be maintained</strong>.</td>
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<tr>
<td><strong>Sufficient lead time</strong> was allowed for compilation and analysis of results before they were put to use.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rapport</strong> was built and maintained.</td>
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</tr>
<tr>
<td>The respondent seemed to <strong>understand the purpose of the interview</strong>.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The respondent seemed to <strong>understand the purpose of individual questions</strong>.</td>
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</tr>
<tr>
<td>Collaborative relating was encouraged.</td>
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<tr>
<td><strong>An atmosphere of acceptance</strong> was promoted.</td>
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<tr>
<td>The conversation moved from general statements about <strong>problem areas toward specific planning and problem-solving activities</strong>.</td>
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</tr>
<tr>
<td><strong>Information was shared</strong> about use of various techniques and strategies.</td>
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</tr>
</tbody>
</table>

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*Diagnosis of Professionals' Performance*
# Data Collection Tool:
## Critical Interview Behaviors

### Interviewer Questions

Directions: Place a tally mark each time an interviewer behavior is demonstrated or not demonstrated. Indicate N/O if you did not have opportunity to observe behavior in session. Use space provided to record concrete examples.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Demo</th>
<th>Not Demo</th>
<th>Concrete Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions were worded to <strong>bridge</strong> the respondent’s language framework and the interviewer’s objectives.</td>
<td></td>
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</tr>
<tr>
<td>One <strong>simple</strong> thing was asked at a time.</td>
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<tr>
<td>The <strong>purpose of the question-asking</strong> was clear.</td>
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<tr>
<td><strong>Open questions</strong> were used to encourage generation of a variety of additional ideas.</td>
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</tr>
<tr>
<td>A <strong>questioning sequence</strong> was developed that produced the most helpful attitude on the part of the respondent (e.g., began with impersonal, easy questions until rapport was established; was not intimidating; questions were relevant to stated purposes; own attitude was not too obvious; used friendly wording).</td>
<td></td>
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</tr>
<tr>
<td><strong>Probing questions</strong> were used appropriately to clarify ambiguous or incomplete response.</td>
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</tr>
<tr>
<td>Format of questioning was such that a <strong>balance-of-power relationship</strong> was promoted.</td>
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</tr>
<tr>
<td>The questioning process encouraged <strong>interaction</strong> and sharing of power and ownership.</td>
<td></td>
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</tbody>
</table>

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Data Collection Tool: Critical Interview Behaviors

Interviewer Responses

Directions: Place a tally mark each time an interviewer behavior is demonstrated or not demonstrated. Indicate N/O if you did not have opportunity to observe behavior in session. Use space provided to record concrete examples.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Demo</th>
<th>Not Demo</th>
<th>Concrete Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewer checked up on the facts.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Interviewer was an empathetic listener.</td>
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<tr>
<td>Interviewer directed the conversation so that content met the objectives of the interview.</td>
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<tr>
<td>Interviewer modeled purposeful, directed verbal interactions.</td>
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<tr>
<td>Interviewer promoted development of a shared information base.</td>
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</tr>
<tr>
<td>Interviewer was an active listener.</td>
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</tr>
<tr>
<td>The interviewer responded appropriately to biased responses, deciding whether or not such influences were appropriate to the situation.</td>
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</tr>
<tr>
<td>The interviewer avoided putting ideas into the respondent’s mind.</td>
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</tbody>
</table>

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Activities for Diagnosing Performance and Informal Data Collection

1. In which cases might you use the formative process? The summative process?
2. Design an acrostic for the Formative Process

(e.g. Free from judgment

O
R
M
A
T
I
V
E

3. The 5 steps in the clinical supervision model can be explained in simple terms:
   Pre-observation = ___________________________
   Observation = ______________________________
   Analysis (observation and post-conference) = ____________________________
   Strategy = _________________________________
   Post-conference = __________________________

4. In reviewing the performance of a developing professional, this process involves a determination of concerns that may arise. This determination can be a factor in the performance of the developing professional. Create a mnemonic device to remember 3 or more common professional issues. (Example: Lack of knowledge
Inability to use options
Difficulty with personal problems

5. Create a Venn Diagram to compare and contrast the DEPTH and STEP process

6. In what specific situation would you feel that using “selective verbatim” would be an effective form of feedback?

7. This assignment requires you to interview a colleague who has supervised a student teacher/intern in the past. The interview should take approximately half an hour. You will need to have your questions prepared in advance so you can be certain to cover the areas that are important to you. Ask a variety of questions that you feel will give you better insight concerning the role of the Supervising Teacher. Your interview preparation may involve the information in the material just covered.

Your primary focus for the interview should be on aspects of intern supervision related to a selected topic. Some of the topics could be: Informal data collection, pre-conferencing, planning, post-conference and feedback, impact on student performance.

The second part of this assignment is to write a summary of your interview.

To summarize this assignment:

- Select a colleague with supervisory experience.
- Plan an interview with a focus on the topic you selected for the assignment.
- Conduct the interview.
- Write a summary of the interview for sharing.