AN ANALYSIS OF PROGRAM CO-ORDINATOR, PRINCIPAL AND TEACHER PERCEPTIONS OF AN INSTRUCTIONAL SUPERVISORY PROCESS REFLECTING THE CHARACTERISTICS OF CLINICAL SUPERVISION

CENTRE FOR NEWFOUNDLAND STUDIES

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A.R. BRUCE CLARKE

AN ANALYSIS OF PROGRAM CO-ORDINATOR, PRINCIPAL AND TEACHER PERCEPTIONS OF AN INSTRUCTIONAL SUPERVISORY PROCESS REFLECTING THE CHARACTERISTICS OF CLINICAL SUPERVISION

by

© A.R. BRUCE CLARKE, B.A., B.ED.

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of the requirements for the degree of
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ABSTRACT

Modern day demands for educational accountability have placed increasing emphasis on the need for instructional improvement and in so doing have posited a renewed responsibility on those individuals charged with effecting such improvement, namely, instructional supervisors. Yet there is ample evidence in the literature to suggest that negative perceptions abound relative to current supervisory efforts. The purpose of this study was to measure the perceptions held by program co-ordinators, principals, and teachers in the Province of Newfoundland and Labrador toward characteristics of a comprehensive instructional supervisory process known as clinical supervision, and to determine what differences, if any, might exist among perceptions held by these groups.

A questionnaire, developed by the investigator from a comprehensive search of the literature, was distributed to 100 program co-ordinators, 100 principals and 100 teachers chosen through a simple random sampling process. Respondents were asked to indicate the extent of their agreement with each statement on a six-point scale ranging from strongly agree to strongly disagree.

The data were analyzed using the Statistical Package for the Social Sciences. Frequency distributions were obtained and mean scores were computed for each group on each item. One-way analysis of variance was used to measure differences in means and the Scheffé procedure utilized to establish more precisely where such differences lay.

The major finding of the study was that on the average all three groups of respondents--program co-ordinators, principals and teachers --agreed with clinical supervision, with an overall mean rating of "agree moderately". Of the 33 questionnaire items dealing with various aspect of clinical supervision, co-ordinators agreed with 32, principals with 30 and teachers with 31.

A noteworthy anomaly, however, appeared in the data, in that, contrary to the precepts of clinical supervision, teachers, principals and to a lesser extent co-ordinators agreed that supervision includes teacher evaluation. Respondents agreed with the concept seemingly antithetical to clinical supervision that the primary objective of a supervisory program should be to evaluate a teacher's competencies as they relate to his/her instructional program. Moreover, principals and teachers did not agree with a statement that supervision is more likely to be effective when performed by educational personnel who are not directly responsible for teacher evaluation.

Recommendations for action centered around the adoption of clinical supervision by school districts, and the need for extensive inservice training for all potential participants prior to initiation of the clinical supervisory process. Further research was suggested into the relationship between supervision and teacher evaluation, the acceptability of clinical supervision compared to other types of supervision, the school administrator's role within the clinical process and the effect of clinical supervision on student performance.

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TABLE OF CONTENTS

		Page
ABSTRACT		ii
ACKNOWLEDGEMENTS		iv
LIST OF TABLES		vii
LIST OF FIGURES		ix
CHAPTER		
1	INTRODUCTION	1
	Statement of the Problem	3
	Theoretical Framework	4
	Delimitations	16
	Limitations	17
	Significance of the Study	17
	Definition of Terms	19
	Organization of the Study	21
2	REVIEW OF RELATED LITERATURE	22
	Introduction	22
	Clinical Supervision--A Descriptive Frame of Reference	23
	Development of Clinical Supervision	24
	What is Clinical Supervision?	27
	Clinical Supervision as Concept	30
	Clinical Supervision as Process	43
	The Clinical Supervision Cycle	51
	Conclusion	73
	Clinical Supervision--A Research Perspective	74
	Attitudes Toward Clinical Supervision	75
	Changes in Teaching Behaviour due to Clinical Supervision	79
	Effect of Clinical Supervision on Students	87
3	METHODOLOGY	90
	Research Instrument	90
	Construction of Instrument	91
	Populations	94
	Samples	94
	Administration of the Questionnaire	95
	Analysis of Data	95

CHAPTER		Page
4	ANALYSIS OF DATA	97
	Comparison of Group Responses per Item	98
	Question One: Perceptions of Program Co-ordinators	136
	Question Two: Perceptions of Principals	145
	Question Three: Perceptions of Teachers	153
	Question Four: Differences among Perceptions of Program Co-ordinators, Principals and Teachers	161
5	SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	169
	Purpose of the Study	169
	Methodology	171
	Findings	171
	Conclusions	177
	Recommendations for Action	178
	Recommendations for Research	179
REFERENCES		181
APPENDICES		187
APPENDIX A--Questionnaire		188
APPENDIX B--Correspondence		193

LIST OF TABLES

Table		Page
1	Frequency Distribution and Mean Scores for Item 1	99
2	Frequency Distribution and Mean Scores for Item 2	100
3	Frequency Distribution and Mean Scores for Item 3	102
4	Frequency Distribution and Mean Scores for Item 4	103
5	Frequency Distribution and Mean Scores for Item 5	104
6	Frequency Distribution and Mean Scores for Item 6	104
7	Frequency Distribution and Mean Scores for Item 7	105
8	Frequency Distribution and Mean Scores for Item 8	107
9	Frequency Distribution and Mean Scores for Item 9	108
10	Frequency Distribution and Mean Scores for Item 10	109
11	Frequency Distribution and Mean Scores for Item 11	110
12	Frequency Distribution and Mean Scores for Item 12	111
13	Frequency Distribution and Mean Scores for Item 13	112
14	Frequency Distribution and Mean Scores for Item 14	113
15	Frequency Distribution and Mean Scores for Item 15	115
16	Frequency Distribution and Mean Scores for Item 16	116
17	Frequency Distribution and Mean Scores for Item 17	117
18	Frequency Distribution and Mean Scores for Item 18	118
19	Frequency Distribution and Mean Scores for Item 19	119
20	Frequency Distribution and Mean Scores for Item 20	121
21	Frequency Distribution and Mean Scores for Item 21	122
22	Frequency Distribution and Mean Scores for Item 22	123
23	Frequency Distribution and Mean Scores for Item 23	124
24	Frequency Distribution and Mean Scores for Item 24	125

Table		Page
25	Frequency Distribution and Mean Scores for Item 25	126
26	Frequency Distribution and Mean Scores for Item 26	127
27	Frequency Distribution and Mean Scores for Item 27	128
28	Frequency Distribution and Mean Scores for Item 28	130
29	Frequency Distribution and Mean Scores for Item 29	131
30	Frequency Distribution and Mean Scores for Item 30	132
31	Frequency Distribution and Mean Scores for Item 31	134
32	Frequency Distribution and Mean Scores for Item 32	135
33	Frequency Distribution and Mean Scores for Item 33	135
34	Distribution of Co-ordinators' Mean Scores on 33 Items	137
35	Program Co-ordinators' Ranking of Clinical Supervision Items by Mean Score	138
36	Distribution of Principals' Mean Scores on 33 Items ...	145
37	Principals' Ranking of Clinical Supervision Items by Mean Score	146
38	Distribution of Teachers' Mean Scores on 33 Items	153
39	Teachers' Ranking of Clinical Supervision Items by Mean Score	154
40	Items on which Statistical Differences Occur among Perceptions of Program Co-ordinators, Principals and Teachers	163

LIST OF FIGURES

Figure		Page
1	Participative Change Cycle - indicating time and difficulty involved in making various changes	8
2	Schematic of Clinical Supervision	32
3	Dimensions of the Supervisor's Role	40
4	The Supervisor's Role (Revised Edition)	41

Chapter 1

INTRODUCTION

Although modern educational supervision has as its principal objective the improvement of instruction, studies of the effectiveness of supervisory efforts have yielded less than positive outcomes. Yet there is a growing conviction that if schools are to be led toward quality education it is the supervisors who must provide the leadership (Harris, 1975; Sergiovanni, 1975). It is indeed difficult to imagine this occurrence in a climate where teachers perceive supervision as a threatening, unhelpful, dull and time-wasting experience and perceive most supervisors as hostile, and even contemptuous (Blumberg, 1980; Ritz & Gashell, 1980; Weller, 1971; Wiles & Lovell, 1983).

Modern educational literature identifies a variety of aims for contemporary supervision if it is to become proactive, growth-oriented, change-oriented, and positively regarded by teachers. All of these aims relate to one of two areas: (a) the teacher-supervisor relationship, and (b) the teacher's growth toward self-analysis, self-direction, and self-supervision. There currently exists a strong feeling that teachers must become more directly involved in the supervisory process--more specifically, that it should be initiated by the teacher in a supportive organizational climate--if these aims are to be accomplished.

One of the most comprehensive instructional supervision processes which focuses its effort in this direction is what has been labeled "clinical supervision" (Cogan, 1973; Goldhammer, Anderson & Krajewski,

1980). It consists of a number of basic components, devised in a systematic manner with major emphasis on teacher collaboration with other supporting individuals. In the Newfoundland and Labrador school systems such individuals would include central office personnel, school administrators, department heads and other teachers. Always such supervision is to be conducted in a very humanistic manner, thus permitting a free and extensive exchange of ideas between all participants, with teacher (and supervisor) self-growth the ensuing intent. Clinical supervision focuses primarily on helping the teacher improve his/her classroom performance through the observation and analysis of classroom experiences. The clinical approach enables the teacher to become aware of patterns of teaching behaviour which can lead to instructional self-improvement benefitting both teacher and students.

Clinical supervision was developed to shift the emphasis of supervision away from evaluation and toward a collaborative analysis of teaching materials and practices. It has become increasingly influential in the field of instructional supervision. The ultimate effectiveness of any proposed model of supervision is in large part dependent upon the acceptability of the assumptions, components and procedures of the model by the teachers, administrators and supervisors in each individual school district. For the most part the supervision process at work in the Province of Newfoundland and Labrador, as elsewhere, is founded and "grounded" on traditional practices and as such is subject to many misgivings (Buffett, 1967; Parsons, 1971). Teacher negativism abounds and supervisors are often

discouraged over their own seeming ineffectiveness. Clinical supervision, with its systematic and humanistic approach and overwhelming concern for teacher involvement and self-growth, may provide a viable alternative. The intent of this study is to determine a measure of the acceptability by selected personnel of the rationale, assumptions and procedures of clinical supervision with a view toward assessing its relative potential for use in this province.

Statement of the Problem

In light of the negativism surrounding current supervisory practices and the apparent potential of clinical supervision as a viable alternative, the major focus of this study is to measure the perceptions of various educational personnel (program co-ordinators, principals and teachers) toward characteristics reflecting the clinical supervisory process for the purpose of assessing its relative potential for implementation in the Province of Newfoundland and Labrador. More specifically, this study seeks to answer the following questions:

1. What perceptions do program co-ordinators hold of an instructional supervisory program which tends to utilize the rationale, assumptions and procedures (characteristics) of clinical supervision?

2. What perceptions do principals hold of an instructional supervisory program which tends to utilize the rationale, assumptions, and procedures (characteristics) of clinical supervision?

3. What perceptions do teachers hold of an instructional

supervisory program which tends to utilize the rationale, assumptions and procedures (characteristics) of clinical supervision?

4. What differences, if any, exist among perceptions held by program co-ordinators, principals and teachers relative to an instructional supervisory program which tends to utilize the rationale, assumptions and procedures (characteristics) of clinical supervision?

Theoretical Framework

By definition, an organization exists for the purpose of achieving some specific goal or set of goals. To do this necessitates the interacting of four key elements: task, structure, technology, and people (Cummings & Dunham, 1980, p. 524; Owens & Steinhoff, 1976, p. 60). Invariably, this interaction within a dynamic society reveals certain inadequacies or discrepancies between "what is" and "what ought to be" relative to the overall effectiveness of the organization in reaching new and higher levels of achievement. Consequently, change becomes imminent.

Bennis, Benne and Chin (1969) interpret change as "an alteration of an existing field of forces" (p. 315). Wood, Nicholson and Findley (1979) define it more precisely as

> A planned, systematic, controlled effort to alter more than one of the following aspects of the organization: (1) its tasks, (2) its structure, (3) its technology, or (4) its participants in ways thought to be more effective in achieving the organization's goals. (p.57)

Within an educational--more specifically, a supervisory--context "change must be brought about in the understandings, attitudes,

appreciations, and practices of individuals" (Neagley & Evans, 1970, p. 145). Since such a major emphasis is placed on the "people" aspect, the significant question relative to educational change becomes, "Do teachers change their instructional practices because their thinking has changed or does their thinking change only after exposure to a specific procedure or technique"? It appears that the same conflict which surrounds the "chicken or the egg" also characterizes change. Neagley and Evans (1980) maintain that for persons interested in improving educational practices both aspects must be taken into account because "it is a widely accepted psychological fact that human beings tend to find time for and learn to do those things which they understand, believe in, and value as important" (p. 176).

Havelock (1973, pp. 55-58) outlines a number of components which comprise an ideal base from which to launch the change process. They include:

1. Reciprocity--which involves the two-way transfer of information.

2. Openness--which is the most important criterion.

3. Realistic expectations--which involves specifying both benefits and difficulties that may be encountered.

4. Expectations of reward--in which the change agent must try to find a creative compromise between discouraging the client system and leaving it without any clear concept of what will be expected.

5. Structure--including a definition of roles, working procedures, and expected outcomes.

6. Equal power--so that changes which appear can be assumed to be real and not merely the appearance of changes to satisfy a more powerful partner.

7. Minimum threat--so that individual attitudes and behaviour will not regress to remembered or fantasized security.

8. Confrontation of differences--which involves an honest relationship, stormy at times, possibly, but healthy and strong when the going gets tough.

9. The involvement of all relevant parties.

Alfonso, Firth and Neville (1975) summarize research on change theory and conclude that:

1. Significant changes in human behaviour can be brought about rapidly only if the persons who are expected to change participate in deciding what the change shall be and how it shall be made. (p. 164)
2. A change effort will be more effective if it is perceived as building on existing practice rather than threatening it. (p. 187)
3. Change will be initiated more effectively as there is careful planning, and as objectives and policies are clear, realistic and understood. (p. 185)
4. Changes that appear to require more dependence on others or decrease personal initiative will tend to be resisted, and those that appear to increase autonomy will tend to be accepted. (p. 168)

These conditions for change all place considerable emphasis on the establishment of appropriate lines of communication, relaxed atmosphere, and mutual understanding of what is being attempted. Similarly stressed are openness, mutual honesty, sharing power (and ensuing responsibilities), and making the situation as non-threatening as possible to the client or teacher. Undoubtedly, these measures aimed at the creation of positive attitudes within a dynamic and empathic frame of reference are of paramount significance to

successful change implementation.

It would appear that a common denominator to both the "thinking and doing" of educational change is "attitude formation," sometimes referred to as mental evaluation or as liking or disliking (Zaltman, Florio & Sikorski, 1977). Attitude formation involves a mental check on the proposed change with regard to its compatibility with the individual's values and mode of operation. The significance of attitude change to the overall implementation process is perhaps best depicted in a simple model by Hersey and Blanchard (1977, pp. 280-285). They classify four levels of change: knowledge change, attitudinal change, individual behaviour change, and group or organizational change (see Figure 1).

This model pertains to a "participative" change cycle which emphasizes individual change in an atmosphere of openness and mutual trust, as opposed to a "directive" change cycle which is imposed from a power position and which tends to be coercive in nature. The participative model is more appropriate here since it is more compatible with present day approaches to educational change, which stress open communication and equal participation by all individuals including those whose behaviour is expected to change (Alfonso, Firth & Neville, 1975; Benne & Birnbaum, 1969; Dunn & Swierczek, 1977; Firestone, 1977).

The implementation of the cycle begins by making available to the individual new knowledge. It is hoped the individual or group will accept this information and develop a positive attitude and commitment in the direction of the desired change. Involving the individual in

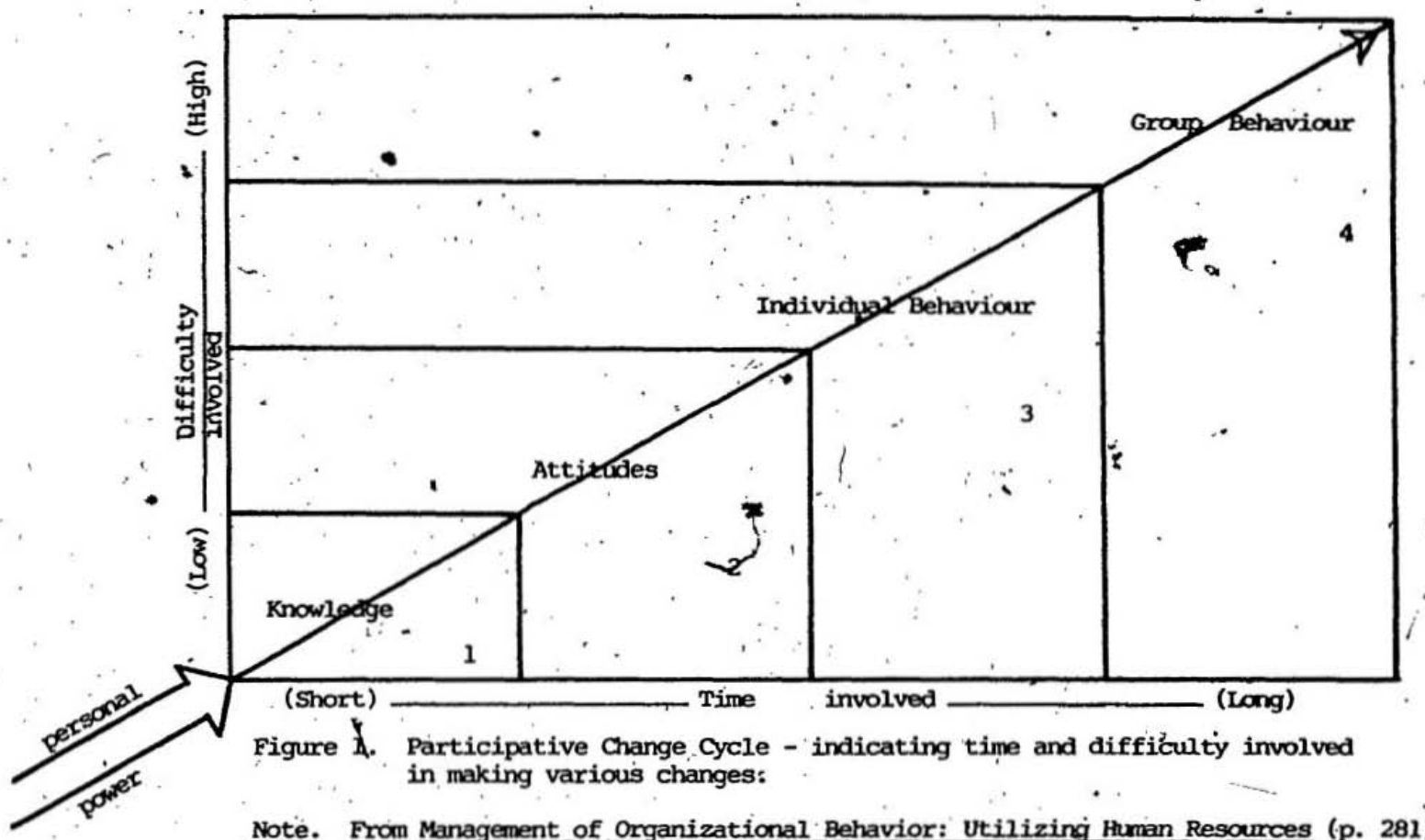


Figure 1. Participative Change Cycle - indicating time and difficulty involved in making various changes.

Note. From Management of Organizational Behavior: Utilizing Human Resources (p. 281) by P. Hersey and K.H. Blanchard, 1977, Englewood Cliffs, N.J.: Prentice-Hall.

problem solving and decision making is crucial at this level if attitudes and commitments are to be transformed into actual behaviour changes. Through the identification of influential individuals--both informal and formal--and concentration on gaining their behavioural support, group behaviour is effectively patterned and the change is eventually integrated into the organization's norms.

Hersey and Blanchard (1977) contend that changes in knowledge are easiest to make and "can occur as a result of reading a book or article, or hearing something new from a respected person" (p. 280). Attitudes are more difficult to change since they are emotionally charged in either a positive or negative manner. Individual behaviour changes are significantly more difficult and time-consuming than either of the other two levels. Group behaviour, in which long-standing customs, mores and traditions are to be altered, is even more difficult and time-consuming to affect.

However, despite the time and effort required for implementing the participative change cycle, "once the change is accepted it tends to be long-lasting. . . . (and) each person tends to be more highly committed to its implementation." The directive-coercive approach to changing behaviour, on the other hand, tends to be volatile and is "maintained only as long as the leader has position power to make it stick". It is often characterized by continuing "animosity, hostility, and, in some cases, overt and convert behaviour to undermine and overthrow" (Hersey & Blanchard, 1977, p. 284).

Homans (1950) maintains that all social systems are comprised of three basic and related segments: (a) activities--tasks that people

perform, (b) interactions--behaviours that occur between people in performing these tasks, and (c) sentiments--attitudes that develop between individuals and between groups. In order for people to work together (interactions) to accomplish tasks (activities) personnel must develop and maintain positive attitudes (sentiments) toward the tasks, fellow workers, and the organization in general. The more people interact in the course of their activities the more positive the sentiments generated. Likewise, the more positive the attitude or sentiment the more people will tend to interact with each other to meet an organizational goal or activity. This reciprocating process will eventually lead to some maximum level of equilibrium, at which the goals of the organization are being achieved and adequately maintained. Throughout the process members of the organization tend to become more alike in their activities, interactions and sentiments --in what they do, how they relate to one another, and how they feel toward the organization. Where this occurs in a positive manner, both individual and organizational growth will be greatly enhanced.

Although Homans' model does not specify whether any one of these components (activities, interactions or sentiments) is a prerequisite to the others, the individual's attitude would seem to be the cornerstone to interaction which, in turn, where positive attitudes prevail, would affect the organizational task or activity. Thus, if each "new" activity requires a change in the individual's behaviour then having a positive attitude toward the proposed activity should enhance the potential acceptance of that activity.

A number of strategies for achieving organizational change, which

have implications for attitude change, have been hypothesized. Chin and Benne (1976) have labeled three types as follows: (a) empirical-rational, (b) normative - re-educative, and (c) power-coercive. An empirical strategy assumes that people are rational and will follow their own self-interests. Change will occur only if it can be rationally justified and the individual expected to change shown how he/she will benefit by the change. A normative - re-educative strategy assumes the need for changes in socio-cultural norms and commitments of individuals but does not deny the need for rationality and intelligence. Change will occur only when the individual is able to alter his/her normative orientations toward old patterns of behaviour and develop commitments to new ones. Thus, changes in normative orientations involve change in attitudes, values, skills and significant relationships, not just changes in knowledge, information, or intellectual rationales for action. A power-coercive strategy is based on the assumption that some form of power--economic, moral, political, or social--may be applied toward influencing human (hence, organizational) behaviour. Benne (1976), in a further elaboration on re-education (the normative - re-educative approach to planned change), points out that the processes of change "involve not only extrinsic additions of knowledge or behavioral repertoire to the self or person, but changes in the self and the working through of self-supported resistances to such changes" (p. 317). Since these self-patterns that offer resistance (to change) are sustained by individual and group norms, effective re-education of a person requires changes in attitudes toward existing norms or patterns.

Walton (1965) also sees organizational objectives being attained through two quite different strategies, involving power tactics on the one hand and attitude change activities on the other. He states that "whereas ambiguity and uncertainty are often tactical to the power strategy, openness and predictability are essential to the attitude change strategy" (p. 172). His contention is that the attitude change strategy is built on trust, freedom and respect and is useful in eliminating provocative acts which elicit negative attitudes. Moreover, while not denying the possibility of effective power tactics for change, he maintains that the objectives of a power strategy are more likely to be realized where improvement in attitudes is sought first. His point is that attitude change may result in some lessening of the potential for conflict.

Porter, Lawler and Hackman (1975) and Schmuck, Runkel, Arends and Arends (1977), in attempting to apply "organizational development" strategies to schools, focus on intervention techniques, intended immediate outcomes, and assumptions about major causes of organizational behaviour. Both groups advocate a sequentially patterned strategy. Porter et al. (1975) move from individual attitude change to change in structure and on to experimental techniques aimed at enhancing the organizational climate. Schmuck et al. (1977) deal with communications training, development of norms for decision-making and changing structure, in that order. The writers heavily stress the need for free and open communication and full collaboration between all participants from the initial planning stage onward. Throughout, the emphasis is on "process" consultation as

opposed to "content" consultation as a means to building readiness and creating the qualities of interpersonal effectiveness which may become a fundamental lever for organizational change.

Much earlier, Kurt Lewin (1947) developed a technique for analyzing organizational situations with a view to determining their effectiveness. His "force field analysis" assumes that there are both "driving" and "restraining" forces working simultaneously to influence change. While driving forces tend to initiate a change and keep it going, restraining forces act to hold back or decrease the driving forces. Equilibrium is reached, of course, when the sum of the driving forces equals the sum of the restraining forces. Apathy and hostility are listed as being predominant among the restraining forces. Where these attitudes prevail the organization is forced to operate below its maximum effectiveness level and the equilibrium is lowered considerably. Forcing change through autocratic input to the driving forces will merely lower the equilibrium even further by instilling stronger negative feelings, hence, increasing hostility and antagonism toward the proposed change and the organization in general. Therefore, the only sensible alternative is to work toward decreasing the restraining forces, which, in effect, can only be accomplished by promoting more positive attitudes. Thus, the acquisition of positive attitudes appears once more to be a strong prerequisite to determining organizational effectiveness, by increasing the potential for change acceptance. Where structure and interaction are forced, more negative attitudes prevail.

The foregoing discussion on change has considerable relevance for

the study being proposed since clinical supervision represents both a change by itself and a useful tool for initiating and implementing other proposed instructional changes.

If one is willing to accept that education is a dynamic endeavour, it follows that changes will continue to occur in educational practices. There is ample support in the literature to suggest that the sequence of change activities revolves around interpersonal relationships and the establishment of positive attitudes toward the proposed change. In fact, it may be argued that attitude change is a strong prerequisite to behavioural change as indicated in the model by Hersey and Blanchard (1977), in which knowledge and attitude change represent the initial steps of the process. Hence, it seems reasonable to infer that before a change like clinical supervision can be successfully implemented, particularly within a "participative" framework, the attitudes of those persons who might become directly involved in any phase of the process should be favourably disposed to it. Therefore, before clinical supervision is initiated, the attitudes of those to be involved should be ascertained.

Within this context and the framework outlined by Hersey and Blanchard (1977), this study will attempt to determine the extent to which the attitudes of various educational personnel within the Newfoundland and Labrador school system are favourably disposed to clinical supervision. Clinical supervision will be defined by the following essential characteristics and assumptions:

1. The improvement of instruction requires that teachers learn specific intellectual and behavioral skills.

2. The primary function of the supervisor is to teach these skills to the teacher:
   (a) skills of complex analytic perception of the instructional process;
   (b) skills of rational analysis of the instructional process based on explicit observational evidence;
   (c) skills of curriculum innovation, implementation, and experimentation;
   (d) skills of teaching performance.
3. The supervisory focus is on what and how teachers teach; its main objective is to improve instruction, not change the teacher's personality.
4. The supervisory focus in planning and analysis is best anchored in the making and testing of instructional hypotheses based on observational evidence.
5. The supervisory focus is on instructional issues that are small in number, educationally vital, intellectually accessible to the teacher, and amenable to change.
6. The supervisory focus is on constructive analysis and the reinforcement of successful patterns rather than on the condemnation of unsuccessful patterns.
7. The supervisory focus is based on observational evidence, not on unsubstantiated value judgements.
8. The cycle of planning, teaching, and analysis is a continuing one that builds upon past experience.
9. Supervision is a dynamic process of give-and-take in which supervisors and interns are colleagues in search of mutual educational understanding.
10. The supervisory process is primarily one of verbal interaction centered on the analysis of instruction.
11. The individual teacher has both the freedom and the responsibility to initiate issues, analyze and improve his own teaching, and develop a personal teaching style.
12. Supervision is itself patterned and amenable to comparable processes of complex perception, rational analysis, and improvement.
13. The supervisor has both the freedom and the responsibility to analyze and evaluate his own supervision in a manner similar to a teacher's analysis and evaluation of his instruction. (Weller, 1971, as cited in Acheson & Gall, 1980, pp. 11-12)

Questionnaire statements reflecting these characteristics will serve to meet the criteria of step one in the Hersey and Blanchard model, that is, providing for knowledge change. On the basis of solicited responses one should be in position to determine something of the potential that exists within this province for possible implementation of such a change in supervisory practices as clinical

supervision. Therefore, this study will determine if current attitudes are already favourably disposed toward clinical supervision, or whether more favourable attitudes need to be created before clinical supervision can be implemented.

Delimitations

The following factors are acknowledged as delimitations in the study:

1. While supervisors are often engaged in a number of very diverse activities, this study is delimited to those supervisory activities related to classroom instruction. Hence, the study is delimited to an examination of those activities which constitute both the concept and process of clinical supervision. Not included are activities for teaching content areas, classroom management or other behaviours specific to classroom teaching and not essential to participation in clinical supervision.

2. This study is delimited to the responses of those personnel (program co-ordinators, principals and teachers) who have the potential to become involved in the supervisory process either as supervisor or supervisee.

3. Because this study is restricted to school systems within the Province of Newfoundland and Labrador, results may not be generalizable to areas outside the province where supervisory procedures may differ.

Limitations

Any conclusions or recommendations arising from the results of this study must be considered in light of the following limitations:

1. It is assumed that the characteristics delineated represent all essential elements of the clinical supervision process, and that the statements formulated by the researcher accurately reflect these characteristics.

2. This study deals with only perceptions of supervisory behaviours, as obtained through mailed questionnaires, and responses are not necessarily based on actual experiences with the clinical process.

Significance of the Study

Despite the many improvements in the field of educational administration and supervision in recent years, the literature shows that many negativisms still abound concerning the nature of supervisory processes (Blumberg, 1980; Ritz & Cashell, 1980; Walker, 1976; Wiles & Lovell, 1983). While teachers continue to need support in attempting to affect more positively pupils' academic achievements, attitudes and self-concepts, such support appears to be denied most teachers as reflected by their expressions of unhappiness about the supervision they have experienced. Supervisors, too, are searching for insights which will enable them to bring increased competency to their tasks. Clearly, traditional supervision has been strikingly unsuccessful, and what is needed most at this point is a system of supervision that does work. In this age of accountability there are

increasing demands, both internally and externally, to reassess current supervisory behaviours and ways of functioning. Consequently, school systems must be prepared to make greater use of existing theories, models and technologies--as well as aid in new developments and discoveries--and strive more diligently to practice new behaviours in the discharge of future supervisory responsibilities. It is hoped that this study will lend support for the development of potentially more successful supervisory behaviours, namely, those associated with a clinical supervisory process. More specifically, this study should have significance for the following reasons:

1. It should be of assistance to a school system interested in the development of strategies for instructional improvement by providing some useful insights into the potential acceptability of the rationale, assumptions and procedures (characteristics) of clinical supervision by both teachers and supervisors.

2. It should focus on the need for supervisors, not only to be subject specialists in the area of their responsibility, but to have specific training in competencies related to classroom observation, analysis and conferencing.

3. Since research relative to clinical supervision in Canada is meager--none in the Province of Newfoundland and Labrador--this study should serve to add to that research literature.

4. It should provide some insight into the attitudes of supervisors toward the clinical process. According to Acheson and Gall (1980, p. 20) no such research currently exists.

5. It should also serve as a stepping stone to more extensive

correlational and/or experimental research which may support or disprove the utility of clinical supervision as a tool for improvement of instruction.

Definition of Terms

In this section are defined the major terms to be used in the study.

Clinical Supervision

For purposes of this study clinical supervision is defined as a supervisory process which focuses directly upon the improvement of the teacher's classroom instruction. It consists of systematic cycles of planning, observation, and intensive intellectual analysis of actual teaching behaviour. The teacher and supervisor collaborate in planning and conducting the entire process. The supervisory emphasis is focused on helping teachers grow professionally by expanding their perceptions of their own strengths and weaknesses. Supervisors use a non-evaluative, non-directive approach in helping teachers to systematically analyze their teaching. Records of classroom events, that is, what the teacher actually does during teaching, form an integral part of the process in that the objective and systematic collection of data provide the basis for collaborative analysis and discussion. Through face-to-face interaction the teacher and supervisor, in a trusting relationship, seek to establish teacher behavioural patterns that will enhance student learning (Cogan, 1973; Goldhammer, 1969).

Collegial Supervision

For purposes of this study collegial supervision is defined as supervision in which teachers help one another by observing, analyzing and assessing teaching strategies and classroom interaction.

Directive Supervisory Approach

For purposes of this study a directive supervisory approach is defined as a supervisory approach in which the supervisor attempts to influence the teacher's behaviour by offering opinions and suggestions in declarative sentences (Copeland, 1980).

Nondirective Supervisory Approach

For purposes of this study a nondirective supervisory approach is defined as a supervisory approach in which the supervisor tends to question the teacher to solicit his/her opinions, and encourages him/her to make suggestions (Copeland, 1980).

Self-Supervision

For purposes of this study self-supervision is defined as supervision in which the teacher analyzes and assesses his/her own teaching strategies and classroom interaction.

Supervisor

For purposes of this study a supervisor is defined as a person formally designated by a school board to interact with teachers in order to improve the nature and quality of classroom instruction. In the existing Newfoundland and Labrador educational system such persons would primarily include program co-ordinators and school principals.

Teaching Patterns

For purposes of this study teaching patterns are defined as the

verbal and/or non-verbal actions of the teacher and/or the students which can be observed, recorded, categorized and analyzed.

Organization of the Study

Chapter 1 has presented an introduction to the research problem and delineated a number of specific research questions. A rationale or theoretical framework for the study was provided. Also contained in the chapter were the significance of the study, the delimitations, the limitations and the definitions of key terms.

Chapter 2 presents a review of related literature. It was designed to provide a background or frame of reference to clinical supervision, and as such consists of an extensive description of the rationales, assumptions, procedures and models underlying the clinical process. It also summarizes research dealing primarily with teacher attitudes toward clinical supervision and changes in teaching behaviour due to a clinical supervisory program.

Chapter 3 describes research methodology, including the instrument, pilot study, population, sample, data collection, and data analysis.

An analysis and interpretation of the data gathered from the study is presented in Chapter 4.

Chapter 5 contains the summary, conclusions and recommendations of the study.

Chapter 2

REVIEW OF RELATED LITERATURE

Introduction

Although supervision has become an accepted practice in educational circles, much skepticism remains as to its motives, procedures, and above all, its effectiveness. Clinical supervision has often been heralded as a viable alternative to the traditional type of supervision that most teachers have experienced, with its emphasis on evaluation and teacher deficiencies. Clinical supervision represents both a potential change in educational practice and a means by which further change may be initiated. It is necessary, therefore, to review the literature and related research on clinical supervision in order to establish support for the theoretical basis of the study.

The questionnaire used in the present study was developed to assess attitudes about the major components of clinical supervision, as identified in the literature. Therefore, it was essential that the literature review be both comprehensive and detailed.

This chapter is divided into two major sections. The first provides a comprehensive, detailed description of clinical supervision including its development, underlying concepts, and procedures. The second section of the chapter summarizes the research on clinical supervision, including teacher attitudes toward it, and its effects on teacher behaviour and student achievement.

Clinical Supervision--A Descriptive Frame of Reference

Today's supervision is seen as that dimension of educational administration which is concerned with the improvement of instructional effectiveness. Many definitions abound, but a common theme indicates that supervision is the task assigned to particular individuals, in either a line or staff relationship to classroom teachers, with the intent to stimulate staff growth and development, to influence teacher behaviour in the classroom, and to foster the selection, development, use and evaluation of exceptional instructional approaches, methodologies and materials. To fulfill such responsibilities current supervisory practitioners must develop and utilize strong communications skills, with particular emphasis on problem solving and interpersonal relationships, in an effort to create a more effective and humane atmosphere for all those involved in the educational process.

If school districts continue their preoccupation with the evaluation of teacher performance, there is concern that supervisory efforts may once again degenerate into "inspection supervision" (Snyder, 1981). Many educators, however, have come to realize the contribution of a healthy school climate to learning results. Hence, supervisory efforts that reflect characteristics of such a climate are likely to be more effective. While there is little doubt that teaching performance standards and goals must be maintained, especially in this age of accountability, a learning climate that fosters teacher growth should also provide for the motivational needs of its students. Clinical supervision, seen as a coaching system

rather than an evaluation tool, recognizes and encourages the potential growth and development of both teachers and supervisors. Teachers who are able to grow personally and achieve their maximum professional potential are better prepared to provide students with opportunities and challenges for self-development on an intellectual, social and psychological level (Sergiovanni & Starratt, 1979). Hence, clinical supervision appears to have much to offer with respect to teacher growth and student learning while ensuring effective teacher performance norms.

Development of Clinical Supervision

The concept and practice of clinical supervision were developed by Morris Cogan and a group of colleagues in the late 1950s as they attempted to become more effective in supervising students enrolled in the Master of Arts in Teaching program at Harvard. In analyzing and responding to certain negative reactions from their students, they discovered that many of their supervisory suggestions were not being perceived as helpful. Instead, they found that "supervisors were providing information and suggestions on problems they themselves were concerned with, but not on the problems the graduate students were experiencing in their beginning teaching assignments" (Reavis, 1980, p. 19). On occasion some of the suggested activities had already been tried by the teachers and found ineffective. Moreover, the supervisory conference itself tended to be directive, with the supervisor talking and the teacher listening.

As a result of this experience Cogan and his colleagues began to re-think the assumptions and rationale of extant supervisory practices, and consequently turned their efforts toward developing a clinical approach, which they felt would change the previously unproductive pattern of communication and supervision. After a number of years of trial and error, experimentation and analysis, a cycle of supervisor-teacher interaction was developed, which emphasized the collection of behavioural data, the analysis of teaching patterns and the consequent modification of a teacher's behaviour.

The first published texts on clinical supervision were by Goldhammer (1969) and Cogan (1973), which made them internationally accepted leaders in this field. Mosher and Purpel (1972) and Sergiovanni and Starratt (1979) each devoted a chapter to clinical supervision. Also, several monographs have appeared including those by Wilhelms (1973), Reavis (1978b), Weller (1971), Champagne and Hogan (1977), Hale and Spanjer (1972), and Sullivan (1980). The Journal of Research and Development in Education (Winter, 1976) and Contemporary Education (Fall, 1977) devoted special theme issues to the subject. A second edition of Goldhammer's work, revised and co-authored by Anderson and Krajewski, appeared in 1980. Moreover, research is ongoing at several universities, especially the University of Pittsburg, where both Cogan and Champagne are currently on staff. In Canada, the University of Calgary, in particular, has adopted and adapted the clinical supervision model for its student teaching programs. Likewise, a number of school systems across the country

have incorporated some version of clinical supervision into their instructional improvement procedures.

However, it would be a gross overstatement to imply that clinical supervision is widespread throughout either American or Canadian school systems. While it appears readily acceptable in theory, clinical supervision remains in the rudimentary stage of its development. It has been suggested that because supervisors lack the necessary skills to appropriately observe and analyze classroom teaching behaviour, the clinical practice is difficult to initiate. What is needed is the provision of more adequate university supervisor training programs, and greater opportunity for practicing supervisors to receive on-the-job training in clinical supervision skills (Krajewski, 1976).

Perhaps one of the reasons why clinical supervision has still not received the hoped-for, widespread acceptance by teachers and supervisors is that it has too often been equated with the classroom observation component only. While the observation stage is crucial to the supervisory cycle, clinical supervision must be perceived as offering more than this. In addition to providing a methodological structure, it can also provide a philosophical framework from which teachers and supervisors can work together to enhance student learning. More recently, there appears to be a greater emphasis on the latter (Snyder, 1981).

Obviously, the implementation of clinical supervision will require a long term effort on the part of all concerned. But as the search continues for a better match between teaching style and

learning style, the clinical procedure may eventually receive greater acceptance. Attaining the better match is possible, and as clinical supervision (both concept and process) becomes more harmonious with the current thinking of educators toward instructional improvement, it could become a reality in the not too distant future (Krajewski, 1982).

What is Clinical Supervision?

The main focus of clinical supervision is on helping teachers improve their performance through the analysis and feedback of events observed in the classroom. Sullivan (1980, p. 7) describes clinical supervision as a "field based" approach to improving instruction. Field based, of course, refers to the observation and analysis of actual classroom events. Mosher and Purpel (1972, p. 75) saw it as focusing on "the what and the how that teachers teach, as they teach" with the primary goal being the improvement of instruction.

Cogan (1973) attempts to differentiate clinical supervision from general supervision. He contends that the former focuses upon the overall improvement of a teacher's classroom instruction while the latter focuses more specifically on the out-of-class operations that are intended to improve in-class instruction. Although he appears to have given a great deal of thought to the underlying theory of clinical supervision, his emphasis remains one of process orientation (Krajewski, 1982, p. 39). Cogan (1973) defines clinical supervision as:

> The rationale and practice designed to improve the teacher's classroom performance. It takes its principal data from the

> events of the classroom. The analysis of these data and the relationship between teacher and supervisor form the basis of the program, procedures, and strategies designed to improve the students' learning by improving the teacher's classroom behavior. (p. 9)

For those who may have difficulty with the connotation seemingly attached to the word "clinical", Goldhammer (1969) suggests it be conceptualized in the following manner:

> First of all, I mean to convey an image of face-to-face relationships between supervisors and teachers...."Clinical" supervision is meant to imply supervision up close....The term should also denote supervision of actual professional practice, of actual practitional behavior. What the teacher <u>does</u> is central in clinical supervision, of which one hallmark is that the supervisor is an observer in the classroom and that the observational data he collects represent the principal foci of subsequent analyses....Given close observation, detailed observational data, face-to-face interaction between the supervisor and teacher, and an intensity of focus that binds the two together in an intimate professional relationship, the meaning of "clinical" is pretty well filled out. An image of idiographic analysis of behavioral data and a tendency to develop categories of analysis <u>after</u> teaching has been observed, rather than beforehand, completes the picture. (p. 54)

Flanders (1976), an expert in instructional analysis, conceptualized clinical supervision more as a concept than a process. To him it is:

> A special case of teaching in which at least two persons are concerned with the improvement of teaching and at least one of the individuals is a teacher whose performance is to be studied....It seeks to stimulate some change in teaching, to show that a change did, in fact, take place, and to compare the old and new patterns of instruction in ways that will give a teacher useful insights into the instructional process. (pp.47-48)

Shane and Weaver (1976) noted that clinical supervision:

> Refers to a form of professional "support system" for teachers that encourages personal, social, academic, and general intellectual development as coordinate and indispensable components of their progress toward greater instructional and pupil guidance skills in the classroom....To serve this end, such a form of supervisory support: (1) nourishes versatility, which builds "confidence", (2) differentiates responsibilities from time to

> time which builds "enthusiasm" and "interest", and (3) is flexible enough to encourage teachers to generate and to present and to carry out "ideas" for the improvement of instruction. In short, the prospect for pupil growth and development is enhanced by tactics that stimulate "staff" growth. (pp. 95-96)

Finally, Weller (1971) provides the following interpretation:

> Clinical supervision may be defined as supervision focused upon the improvement of instruction by means of systematic cycles of planning, observation, and intensive intellectual analysis of actual teaching performances in the interest of rational modification. (p. 15)

The foregoing statements all tend to convey some common elements. Koch (1981) outlines several such commonalities:

1. Instructional improvement is the major goal of supervision.
2. An empathic relationship or rapport is a pre-condition of supervision.
3. The supervisory cycle consists of (a) planning, (b) observation of actual teaching behavior, and (c) joint analysis.
4. Categories tend to be established after observation rather than "a priori". (p. 10)

Obviously the role of the supervisor in the clinical supervisory process must be different from the traditional supervisory role. In the clinical supervision process both supervisor and teacher have a mutual responsibility for the process and its expected outcomes. Research has indicated that when people who may be affected by a decision are permitted to become involved in that decision they have greater motivation toward making the decision successful. Clinical supervision, which fosters this type of involvement, is positive, growth productive and self-actualizing, and hence has tremendous potential for being a very effective supervisory technique for the humanistic supervisor.

Clinical Supervision as Concept

Just as with any other innovation in the field of education, there must exist an acceptable link between the theoretical underpinnings of clinical supervision and its practical application. To request that personnel apply the clinical procedure, without having a full understanding of its theoretical basis, would obviously be asking them to operate at a thinking level for which they have not been prepared and, consequently, would jeopardize the opportunity for potential success. Undoubtedly, Goldhammer (1969) conceived of clinical supervision as something more than a process when he stated "In its present stage of development, the clinical supervision that our minds can formulate and which we practice does not completely fulfill the ideology that occupies our imaginations" (p. 55). Some degree of formal administrative organizational theory is essential. As Krajewski (1982) points out, if clinical supervision is thought of as process alone, its potential can become severely limited:

> As a process, clinical supervision has importance, power, and other such attributes; when looked at as one process or "the" process, there exists considerable cause for alarm, for clinical supervision is stifling itself. (p. 40)

Several conceptual frameworks or theories of clinical supervision will now be examined, including those by Sergiovanni, Krajewski, Weller, Koch and Goldhammer.

Sergiovanni's Theory

Sergiovanni (1976) claims that the study and practice of education falls into the domain of the sciences of the artificial. These are different from the naturalistic sciences in that they are created by human convention. These human inventions or "artifacts" are

developed with specific goals or purposes in mind. Formal organizations, such as schools, fall within the realm of the artificial, and therefore the design of these artifacts depends largely on the goals which humans seek and their corresponding view of reality. Hence, they are not objective in a naturalistic sense but rather a function of one's psychological self.

The classroom is an artificial setting in that its form and function are mainly determined by the stated and inferred assumptions, beliefs and intents of the individual teacher and by that teacher's attempt to adjust to his/her perception of a larger environment. However, it is virtually impossible to have complete knowledge and awareness of one's assumptions, beliefs, objectives and behaviour. Hence, the teaching arena is not as objective as one would like to think. Teachers do not always come to the classroom with a clean slate, free of biases, and willing and able to make rational choices. In reality, they bring to the teaching arena a variety of agendas or plans. While some of these agendas are public knowledge, some remain hidden and most are probably unknown, even to the teacher. They fall into three main categories: what one believes is possible, what one believes is true, and what one believes is desirable. Together these beliefs constitute a teacher's educational platform--which may serve to give support to the teacher's action or from which the teacher may justify or validate his/her action (See Figure 2).

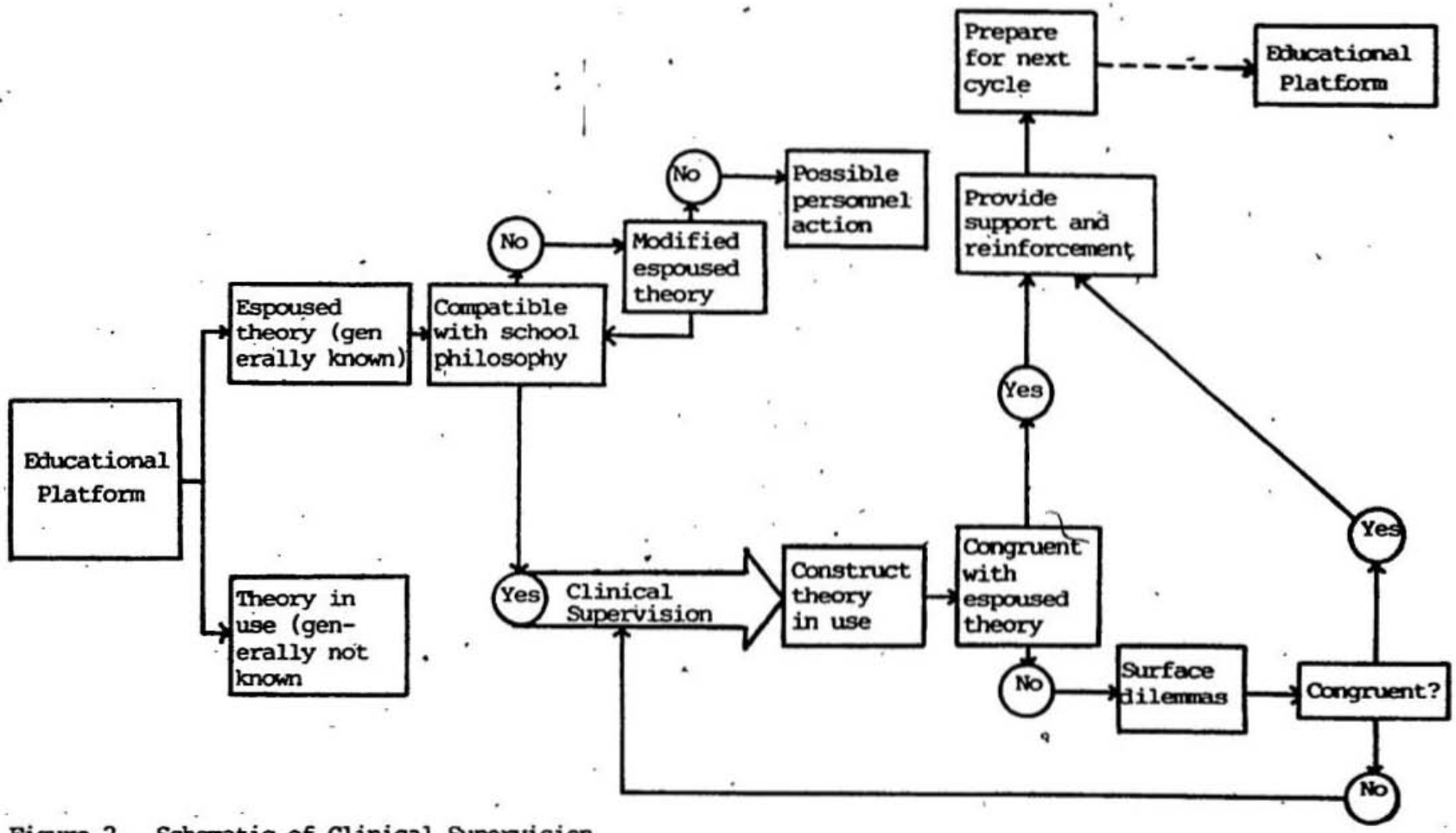


Figure 2. Schematic of Clinical Supervision.

Note. From "Toward a Theory of Clinical Supervision" by T.J. Sergiovanni, 1976, Journal of Research and Development in Education, 9, p. 27.

Two levels of educational platform apparently exist. Those assumptions, beliefs and intents which teachers say they assume make up their "espoused" theory or platform, while those which may be inferred from their behaviour and artifacts of their behaviour comprise their theory or platform "in use". While the espoused platform may be known to the teacher and easily related to the clinical supervisor, platforms in use are not generally known and therefore must be constructed from observation of the teacher in action. Teacher plans, classroom organizational patterns, interaction patterns, reinforcement patterns, curriculum materials, student projects, homework assignments, teacher-made tests and grading procedures are only a few examples of behaviour patterns and artifacts which might be analyzed in order to construct the teacher's platform in use.

When the teacher's espoused platform matches his/her platform in use they are said to be congruent. However, in many instances the theory which governs the teacher's actions may not be compatible with his/her espoused theory; furthermore, the teacher may not even be aware of the incompatibility of the two theories. This lack of congruence between the theories or platforms, when known, may pose a dilemma for the teacher. Such dilemmas tend to create an uncomfortable feeling in a teacher. Consequently, the teacher will attempt to modify or change either his/her espoused platform or platform in use to make them more congruent. Usually it is the platform in use that is modified, since teachers ordinarily espouse platforms that are in line with generally accepted norms of good practice. This stems from

the apparent link between espoused platforms and self-esteem and the latter's relationship to esteem received from others.

Thus it is that the clinical supervisor needs to be aware of the two platforms teachers bring to the classroom situation and how these operate to influence a teacher's behaviour. The supervisor must also understand the dilemmas which may surface when teachers are confronted with the knowledge or realization that their theory in use is not compatible with their espoused theory. Further complications emerge when teachers cannot grasp the incompatibility of the two platforms. Nevertheless, if supervisors are intent on building and maintaining a healthy supervisory climate and cultivating appropriate leadership and human resource development skills, they must focus their efforts toward working with the whole teacher--his/her educational platform, his/her teaching behaviour and his/her classroom artifacts. Thus, a clinical supervisor's function is to do everything possible to ensure that a teacher's espoused platform is consistent with appropriate educational practice, and that his/her platform in use is compatible with his/her espoused beliefs, values and actions.

Krajewski's Theory

Krajewski (1982) contends that the concepts which underlie the clinical supervision procedure are rarely approached when programs are initiated or training is provided. Consequently, even the trainee is left in a state of not knowing the "whys" of clinical supervision. He poses a number of questions which are often asked by participants in a clinical supervision training program:

1. What skills are needed?

2. Why is it advantageous for educators to be involved in clinical supervision?
3. What are the risks?
4. How do supervisors find time to implement the program?
5. How do supervisors develop a receptiveness for clinical supervision? (p. 41)

Krajewski claims that such questions cannot be appropriately answered by viewing clinical supervision as process alone. He advocates a full awareness of the "whys" and a total integration of the "whys" with the "how". He proposes seven concepts or "conceptual elements" to provide a foundation for clinical supervision programs. They are summarized as follows:

1. Clinical supervision constitutes deliberate intervention into the instructional process.

The observation, analysis and reporting of a teacher's classroom behaviour and the co-operative building of a sequential plan for teaching improvement is indeed intervening. It is also deliberate in that the supervisor plans with the teacher which lessons and teaching behaviours are to be observed, which objective instruments are to be used, and what roles both supervisor and teacher will assume throughout the process.

2. Clinical supervision creates a kind of productive tension for both teacher and supervisor.

Teachers are subject to tension when their classroom behaviour is under scrutiny regardless of whether their strengths or weaknesses are the primary focus of the observation and analysis. Supervisors, too, feel this tension since their job description lists improvement of instruction as a major concern. Demonstrating a lack of skills

necessary to work effectively with teachers and to bring about such improvements can produce extreme tension.

3. Clinical supervision requires adequate supervisor knowledge and training.

Proper knowledge of instructional skills and adequate training to acquire those skills can help in reducing tensions. To implement successfully a clinical supervision program requires more than mere surface knowledge of those skills. The supervisor must have the capacity to collect data objectively using techniques that have universal or near universal applicability.

4. Clinical supervision is a technology for improving instruction.

Objective analysis of a lesson is a technology; technological instruments are vital to this type of analysis. Hence, clinical supervision is both technology and the use of technology, but throughout, objectivity remains the key.

5. Clinical supervision is goal-oriented, systematic, yet flexible.

Clinical supervision must be effected in a systematic manner but with sufficient flexibility to meet individual teacher needs. The objectivity in clinical supervision permits the improvement of instruction to remain goal oriented with specific objectives regarding observed lessons and teacher behaviour targeted for improvement.

6. Clinical supervision requires mutual trust and rapport nurturance.

Undoubtedly, rapport is the element which binds the clinical supervisory process. The process is doomed unless a harmonious working relationship, based on mutual trust, is established and maintained. The supervisor's effort in this regard is of utmost importance.

7. Clinical supervision fosters role delineation.

Both teachers and supervisors must know, understand and accept their own and each other's role in the supervisory process. Further, the onus is on the supervisor to ensure that such knowledge, understanding and acceptance does exist--with both novice and experienced teachers alike.

Weller's Framework

Richard Weller (1971), in attempting to develop a framework for analyzing verbal communication in instructional supervision, outlines several assumptions about instruction upon which clinical supervision is based:

1. Instruction is an exceedingly complex interaction between teacher behavior, curriculum or content, and learner behavior, either singly or in groups.
2. Instruction is an intellectual, social and psychological process that is amenable to rational analysis and some measure of comprehension.
3. Instruction is not a random process; it is patterned in terms of pedagogical, cognitive, affective, and social factors.
4. Instruction should be a rational, conscious, and planned process.
5. Through complex perception and rational analysis, an individual teacher may learn to understand, control, and ultimately improve his own teaching behavior. (p. 16)

Weller contends that while supervisors may characteristically view their role as that of a teacher of teachers, the major emphasis in the clinical supervisory process is on the understanding of

instructional phenomena, rather than on changing observable teaching behaviours.

Koch's Assumptive Framework

Koch (1981) outlines the following assumptive framework upon which clinical supervision is based:

1. Teaching is patterned or habitual behavior.
2. Clinical supervision assumes that teaching behavior is or can be subject to understanding and control (and therefore change) by the teacher.
3. Teaching behavior should be conscious and rational. Teacher satisfaction and pupil learning will increase as rationality increases.
4. Clinical supervision rejects the notion of the generalist supervisor versed in the universal aspects of instruction but ignorant of the particulars of content and materials in specialized areas. Clinical supervision is based on specialized, expert knowledge of both instruction and curriculum.
5. Clinical supervision rests on a collegial relationship; evaluation is incompatible and should be performed by persons other than clinical supervisors.
6. The ultimate goal is for teachers to supervise themselves or utilize peer supervision.
7. Clinical supervision aims at its own extinction. Supervision should emphasize positive aspects - teacher strengths rather than weaknesses. Implicitly or explicitly the growth oriented psychologies of Abraham Maslow, Carl Rogers, or authentic individualism as stressed by the existentialists tends [sic] to be emphasized.
8. Supervision must be individualized. Clinical supervision recognizes the uniqueness of context and individuals. (p. 11)

Goldhammer's Conceptual Framework

Underlying the conceptual framework formulated by Goldhammer et al. (1980) are nine attributes. To them, clinical supervision:

1. is a technology for improving instruction.
2. is a deliberate intervention into the instructional process.
3. is goal-oriented, combining school and personal growth needs.
4. assumes a working relationship between teacher(s) and supervisor.
5. requires mutual trust, as reflected in understanding, support, and commitment for growth.
6. is systematic, yet requires a flexible and continuously changing methodology.
7. creates productive tension for bridging the real-ideal gap.

8. assumes the supervisor knows more about instruction and learning than the teacher(s).
9. requires training for the supervisor. (p. 26)

Realizing that item eight may sound somewhat condescending in nature with respect to the knowledge base from which teachers work, and that item nine might require some clarification with respect to certain elements of the supervisor's training, the authors present two models intended to convey the various dimensions of a supervisor's role. While both models depict the supervisory relationship as a three dimensional affair, there is a change in emphasis from one to the other.

The first model (see Figure 3) symbolized by a right triangle is meant to convey the idea that what the supervisor does, in the form of supervision, to help the teacher experience growth-in-service (technical knowledge base), is equal in importance to the need for supervisors to know how to examine each teacher's role-improvement needs and how to build rapport of the sort that is based on trust plus the substantive knowledge base of the supervisor. Apparently this model was more appropriate for the 1960s era when supervisory efforts were directed toward helping teachers strengthen their pedagogical repertoires.

Figure 4 depicts a more current view of the supervisor's role. The major supervisory emphasis is no longer on the pedagogical role of the supervisor, that is, on teaching teachers how to teach. The three dimensions are now represented as an equilateral triangle, indicating that each dimension is equal in importance to the others. The supervisor's ability to diagnose each teacher's role-improvement needs

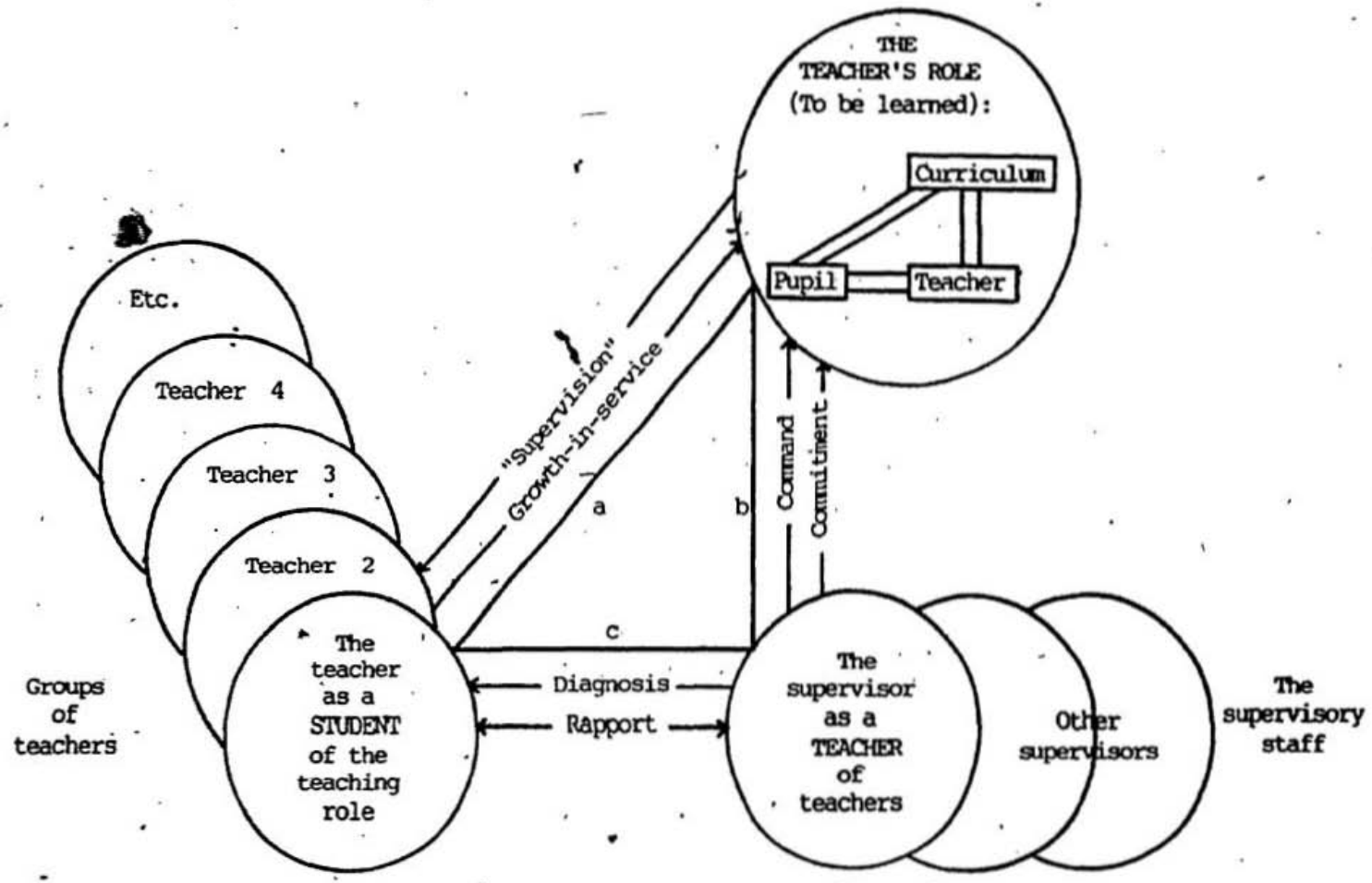


Figure 3. Dimensions of the Supervisor's Role.

Note. From Clinical Supervision: Special Methods for the Supervision of Teachers (p. 28) by R. Goldhammer et al., 1980, New York: Holt, Rinehart and Winston.

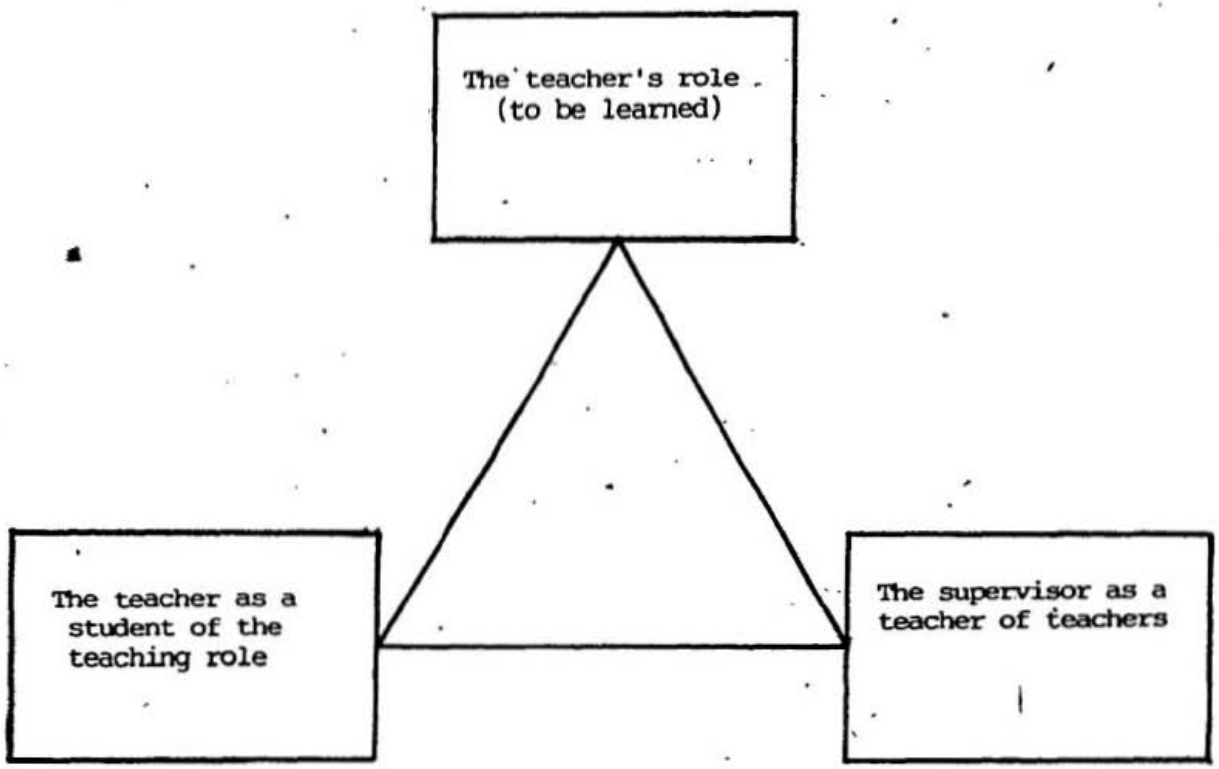


Figure 4. The Supervisor's Role (Revised Illustration).

Note. From Clinical Supervision: Special Methods for the Supervision of Teachers (p. 29) by R. Goldhammer et al., 1980, New York: Holt, Rinehart and Winston.

and build rapport based on mutual trust is equal to the substantive knowledge that underlies the supervisor's work. This, in turn, is given equal weighting with the pedagogical knowledge and skill of the supervisor. The authors claim that this apparent change in emphasis reflects an awareness by educators, particularly supervisors that in the 1980s teachers have a greater need to increase their command of "what is taught" as opposed to "how to teach".

In addition to the realization that teachers have generally become more expert pedogically than they were a decade or so ago, it can also be argued tht teachers' skills in learning more about their own role needs have become greater. On the other hand, due to the increasing complexity of educational demands, supervisors may need more command of teacher-role knowledge than the previous model implied. Thus, one can assume that the clinical supervisor of the 1980s, in order to be truly helpful, must have a more thorough understanding of the teaching-learning process than those persons whom he/she is attempting to help (Goldhammer et al., 1980, pp. 26-29).

Although much has been written about the nature and practice of clinical supervision, there seem to be two fundamental concepts. The first is that teaching is patterned behaviour, and as such can be modified. Secondly, the supervisor-supervisee relationship is one of mutuality. Both participants must understand that if the goal is improvement of instruction then a feeling of mutual trust must prevail.

Snyder (1981) contends that what is needed is a new way of thinking about supervision. Today's supervision must be seen as more

than a mere cycle of events. Clinical supervision can provide a philosophical as well as a methodological framework for renewed teacher-supervisor co-operation. The writer proposes the use of clinical supervision as a teacher coaching system. Teachers are urged to define personal and organizational goals for a specified period of time. These goals then become the focus of supervisory efforts. By linking performance standards and goals with continuous on-the-job coaching, teachers can experience growth and teacher (and student) achievements can be formally analyzed and evaluated. In this way clinical supervision can be viewed as a major component of a comprehensive teacher development system that leads to human growth and fulfillment and ensures performance that leads to instructional improvement.

Clinical Supervision as Process

Although a theoretical basis for clinical supervision may be essential to our understanding of the actual practice, very often practice is established on the basis of hunches and developed through trial and error. In turn, hunches and subsequent practices may lead to more theory. Propositions and principles derived from this theory lead to the establishment and extension of practice. Thus the relationship between theory and practice becomes more firmly entrenched (Sergiovanni, 1976, p. 22).

In the previous section several proposed theories and conceptual frameworks surrounding clinical supervision were examined. While it may not have been their sole intent to separate concept from practice,

several writers including Cogan, Goldhammer, Graves and Croft, Abrell, Harris, and Hoffman and Sergiovanni tend to focus extensively on the "process" or practice of clinical supervision. A number of these views concerning clinical supervision as process will now be presented. A more detailed elaboration of the process espoused by both Cogan and Goldhammer is given in a subsequent section.

Cogan's Cycle of Supervision

Cogan (1973, pp. 11-12), the founder of clinical supervision, proposed a "cycle of supervision" with eight phases:

1. Establishing the teacher-supervisor relationship
2. Planning with the teacher
3. Planning the strategy of observation
4. Observing instruction
5. Analyzing the teaching-learning processes
6. Planning the strategy of the conference
7. The conference
8. Renewed planning

In spite of this neatly-patterned format, Cogan was quick to recognize that the clinical supervisory process must deal with "multi-dimensional phenomena" and, hence, stressed the interdependence of the phases within the cycle.

Goldhammer's Sequence of Supervision

Goldhammer (1969, p. 57) analyzed the clinical supervisory process more simply. He referred to his five-stage development as the "sequence of supervision" with a collection of such sequences comprising the "cycle of supervision". His five stages consist of:

1. Preobservation conference
2. Observation
3. Analysis and strategy
4. Supervision conference
5. Post-conference analysis

Empathic Rational Action (ERA) Model

Graves and Croft (1976) developed a clinical process model, labeled the Empathic Rational Action (ERA) Model, to be used as an introductory training tool for those involved in clinical supervision programs. The label is meant to convey the three principal thrusts of the program: "action"--ambitious action in every phase of the process cycle; "rational" action--by producing a reasoned understanding by both supervisor and teacher of the knowledge, roles, functions and skills required by each; and, "empathic" rational action--by positing an empathic quality as a characteristic of every supervisory action designed to enhance the teacher-supervisor team relationship, establish lines of communication, reduce anxieties, and promote the understanding and acceptance by each participant of the values of the other as they relate to this action. The model contains seven phases. Throughout, the authors contend that primary emphasis is placed on enabling a teacher to move continuously toward self-analysis and self-programming. The seven phases of the process are:

> The Initial Conference
> The Pre-observation Conference
> The Observation/Demonstration
> The Analysis and Assessment
> The Conference Strategy
> The Post-observation Conference
> The Conference Analysis and Assessment. (p. 80)

Abrell's Five-Step Process

In advocating a supervisory process which "ensures (a) performance that leads to instructional improvement and (b) behavior that leads to human growth and fulfillment", Abrell (1974, pp. 215-216) recommends the following five-step process:

1. Establishing an open, trusting, and collegial relationship;

2. Identifying needs, aspirations, talents, and goals of both persons and institutions in which the supervisory trusteeship is to take place;

3. Planning what is to be done, how it is to take place, and when it is to occur;

4. Observing the performance by "taking the role" of the performer, the learner, and the supervisor; and,

5. Analyzing the performance, holding conferences, and sharing appraisal feedback.

Harris' Change-Oriented Supervision Model

Harris (1976), in attempting to develop a strategy for reviewing clinical supervision in a somewhat broader manner, proposes a model which tends to emphasize the educational "change" process. This "change-oriented supervision of instruction" model defines three "loops" or cycles designed to guide such a process:

Loop 1 - (1) teach (2) observe (3) analyze (4) interpret, and (5) replan.

Loop 2 - (1) teach (2) observe (2a) secure other related data (3) analyze (4) interpret, and (5) replan.

Loop 3 - (1) teach (2) observe (2a) secure other related data (3) analyze (4) interpret (4a) seek special training experience, and (5) replan.

The author contends that such a model is flexible enough to allow for a substantial number of logical variations within the supervisory process, and then proceeds to illustrate where probable additions and omissions may occur to enhance effectiveness. He maintains that while the essential character of the process has already been profoundly influenced by clinical counselling, non-directive therapy, and systematic classroom observation, there is a need "for conceptualizing clinical supervision more fully as a multi-faceted system drawing upon various information sources and utilizing an array of training alternatives" (p. 89).

Hoffman and Sergiovanni's Clinical Process Model

Hoffman and Sergiovanni (1977) present a model of clinical supervision which they utilized in supervising a number of high school teachers in Illinois. The model is based on the "educational platform" theory developed initially by Argyris and Schön (1974) and the concept of a Johari Window--a heuristic device that enables an individual to look at oneself with the assistance of another--as adapted by Sergiovanni (1977) specifically for instructional supervisory situations. It emphasizes the collegial relationship which must exist between the supervisor and the teacher when discussing the teacher's platforms, identifying congruencies and surfacing dilemmas. The stages in their proposed clinical supervisory process are:

Stage	Description	Purpose
I	Collegial videotaped "interview"--(15-20 minutes per teacher).	To discover and comprehend the teacher's espoused educational platform.
II	Videotaping of two teaching episodes (15-20 minutes per teaching episode) and the development of a portfolio of artifacts.	To discover and comprehend the teacher's platform-in-use.
III	Identification and attribution of planks from the teacher's espoused educational platform by the supervisor.	To determine the teacher's assumptions, beliefs, values, and goals concerning the teaching-learning environment.
	Acceptance, rejection and/or modification of the planks by the teacher.	To ensure that the supervisor understands the thoughts of the teacher.
	Review of the videotape of the two teaching episodes and analysis of the portfolio of artifacts by the supervisor.	To identify platform congruencies and surfacing dilemmas.
	Review of the videotape of the two teaching episodes by the teacher.	To clarify in the teacher's mind what transpired during the teaching episode.
IV	Videotaped "collegial review" involving the supervisor and the teacher.	To discuss platform congruencies, and surfacing dilemmas.
V	The teacher's completion of the evaluation instrument.	To discover the teacher's reaction to the strategy and its components.

Audiotaped interview involving the teacher's clarification or his/her responses on the evaluation instrument.	To clarify the teacher's responses on the evaluation instrument.
Content analysis of the videotaped collegial review and audiotaped responses.	To determine whether the strategy evoked reflective behavior.

(Hoffman and Sergiovanni, 1977, p. 10)

Such a model--utilizing audiotape, videotape, and teacher developed portfolio of artifacts--is clearly designed to enable the clinical supervisor to construct and magnify a vertical portrayal of a teacher's platforms. A collective analysis by supervisor and teacher then serves to help the teacher discover and understand his/her thoughts and actions. As the platforms become more known to the teacher the basis for the collegial supervisor-teacher relationship becomes better established, creating a format for more open communications between the participants, which ultimately leads to the improvement of the teacher's performance and sense of worth.

Other Models

Mosher and Purpel (1972) suggest that no matter whether clinical supervision is conducted on a one-to-one or team basis it still involves a series of systematic, continuing, and developmental cycles of planning, observation, and analysis. Hence, they tend to abbreviate the original process in arriving at their POE (planning, observation and evaluation or analysis) method. To them

> Clinical supervision...tends to evolve in three stages which correspond to 'natural' stages in the process of formal instruction: (1) the prior statement (or plan) of objectives, content, and pedagogy; (2) the instruction proper; and (3) an after-the-fact analysis of the teaching. (p. 81)

McGee and Baker (1977) attempted to deal with the problem of teacher anxiety within the context of a clinical supervision model. In seeking a more natural avenue to both concerns--classroom supervision and teacher anxiety--they advocate a collegial approach. Their "Model for Team Planning and Observation" consists of a cycle of team planning, teaching, and evaluation that utilizes peer observation and analysis of instructional effectiveness.

Krajewski's (1982) view of the clinical supervisory process is similar to that espoused by Goldhammer but with special emphasis being placed on establishing and maintaining teacher-supervisor rapport. In fact, he alleges that "rapport nurturance is perhaps the key to successful implementation of clinical supervision" (p.40) and depicts its prominence in the overall process in the following manner:

R

Pre-observing A

Observing P

Analyzing P

Reporting O

Critiquing R

T

In attempting to outline or delineate a process of clinical supervision it soon becomes apparent that various writers say essentially the same thing, albeit in abbreviated or elaborated form. Regardless of the number of steps or phases in the process the sequencing and content remain analogous throughout, with ensuing variations to reflect particular emphasis and adaptations.

The Clinical Supervision Cycle

As mentioned above, Cogan (1973) identified eight phases in the cycle of clinical supervision while Goldhammer (1969) proposed a five stage model. These phases (and stages) will now be discussed in some detail, often using related ideas from other writers.

Cogan's Eight-Phase Supervision Cycle

It is generally acknowledged that the purpose of supervision is to improve instruction. To bring about such an improvement often requires a change in the teacher's behaviour. Cogan (1973) feels that in order to facilitate change in the teacher's classroom behaviour the clinical supervisor must seek to establish a working relationship and supervisory processes that will enable the teacher to share equal responsibility for the design of any changes to be made. With this as a basis, he proposes a clinical supervision cycle consisting of eight phases.

Phase 1: Establishing the teacher-supervisor relationship. An open, trusting and collegial relationship is "basic to all meaningful and productive human interaction" (Abrell, 1974, p. 215). Consequently, this phase is extremely important and supervisors must be ever cognizant that teacher anxiety concerning potential evaluation--real or perceived--may reach intense proportions. Therefore, they must work continually to create a supervisory climate that can effectively reduce tension, fear, anxiety and withdrawal and encourage an honest exchange of ideas and feelings. For, as Acheson and Gall (1980) state: "Supervisors may be technically proficient, but unless they also instill trust their supervision is likely to be

inefficient" (p. 43). Sergiovanni and Starratt (1979, p. 310) point out that the supervisor has two primary tasks in phase one: building a relationship based on mutual trust and support, and inducting the teacher into the role of co-supervisor. Cogan (1973, p. 11) believes that both tasks should be generally well advanced before the supervisor attempts to enter the teacher's classroom to observe his/her teaching.

Phase 2: Planning with the teacher. Abrell (1974, p. 215) asserts that before sound planning can be attained, the needs, aspirations, talents and goals of all persons involved in the supervisory process must be taken into account and fully utilized; only then can true growth and achievement be realized. In phase two the teacher and supervisor attempt to incorporate this concern as they collaborate in planning a teaching lesson or unit. As Cogan (1973, p. 11) and Sergiovanni and Starratt (1979, p. 310) point out, a successful supervisory process demands that both teacher and supervisor be actively involved in the determination of specific objectives and outcomes, subject matter concepts, teaching strategies and materials, anticipated problems and provisions for feedback and analysis.

Phase 3: Planning the strategy of observation. One of the key operations of clinical supervision is to focus on the specific activities to be observed during a classroom visitation. The teacher tends to guide the supervisor in "planning what is to be done, how it is to take place and when it is to occur" (Abrell, 1974, p. 216). The supervisor, in turn, gathers the information specifically requested by the teacher. Phase three, then, is the point in the planning where

teacher and supervisor plan and discuss the kind and amount of information to be gathered during the observation period and the methods to be used to gather this information.

A number of techniques have been suggested by Acheson and Gall (1980, pp. 44-55) for use in the planning conference:

1. Identify the teacher's concerns about instruction. Here the supervisor should be intent on helping the teacher reveal true concerns without feeling threatened.

2. Translate the teacher's concerns into observable behaviours. Here the supervisor needs to listen to the teacher's use of words and phrases that are abstract, ambiguous, or stated at a high level of generality so that their meaning may become clear enough to be stated in observable form.

3. Identify procedures for improving the teacher's instruction. Here the supervisor and teacher "think aloud" about possible changes in instructional behaviour and the procedures which may be used to acquire new behaviours.

4. Assist the teacher in setting self-improvement goals. Here the personal goals for improvement of instruction are made explicit in such a manner that both teacher and supervisor develop a clear understanding of their meaning and the direction that now must be followed.

5. Arrange a time for classroom observation. Here the emphasis should be on arranging a mutually convenient time, but one that will present opportunities for the teacher's concerns and solutions to those concerns.

6. Select an observation instrument and behaviours to be recorded. Here the emphasis should be on instruments designed to collect non-evaluative, objective data that teachers can inspect and use to form their own judgments about the effectiveness of their teaching.

7. Clarify the instructional context in which data will be recorded. Here it is important to recognize that instructional behaviours do not occur in a vacuum. Therefore, the context in which certain behaviours occur must be fully understood before the target behaviours themselves can be interpreted properly. In other words, the supervisor should be aware of the teacher's lesson plans (e.g., subject matter, teaching strategies, and expected student outcomes) and not decide to walk into a teacher's classroom "cold" expecting to understand the teacher's world from the teacher's perspective. The supervisor can best demonstrate appreciation and better interpretation of the situation when both teacher and supervisor share an understanding of what the lesson is really about.

Koch (1981) alleges that one of the principles underlying the clinical supervisory process is that as teachers become more familiar and comfortable with the clinical procedure they will assume a more dominant role, especially in the planning stages. In line with such a role, Acheson and Hansen (1973) have delineated a rather specific set of criteria which teachers might utilize at the planning phase(s). Accordingly, the teacher should:

1. Describe the lesson to be observed.
2. Describe what he will be doing during the lesson.
3. Describe expected student behaviors.
4. Predict problems, "rough spots", weak points, concerns, etc.

5. Agree upon the observer's role (what will be observed and what data will be collected). (p. 71)

Mosher and Purpel (1972) also reflect on student outcome or behaviour in their description of the planning stage:

> As they plan, the teacher and the supervisor are making "hypotheses" or predictions, based on their experience, about the effects on the students of the subject matter and the alternative methods. (p. 82)

Phase 4: Observing instruction. The observation phase involves the actual classroom observation of instruction given by the teacher. Its function is "to objectively and comprehensively account for the realities of the lesson" (Koch, 1981, p. 12). Graves and Croft (1976) assert that during the observation the supervisor must consciously establish and maintain an objective, perceptive mental set, focusing clearly on the working agreement which the participants have previously defined in specific behavioural terms. Abrell (1974) contends that at this stage the supervisor must "take the role" of the performer, learner, and supervisor in that he/she "identifies and empathizes with others in the supervisory relationship and the role expectations of their respective positions" (p. 216). Supervisors must therefore develop the ability to place themselves in various participant roles because only then will they be capable of raising questions and determining competencies in their proper perspective.

During the observation stage data may be collected by notes which record classroom events and behaviours verbatim, or by more detailed and precise systematic observational instruments. Cogan (1973) and Acheson and Gall (1980) elaborate on a number of instruments and techniques designed to carry out systematic analysis of verbal and

nonverbal behaviour in the classroom. One of the most prominent of these techniques is an "interaction analysis" system developed by Flanders (1976), which focuses on verbal interaction within the classroom environment. However, no matter what alternatives--verbatim notes, standardized instruments, audiotapes, videotapes--are used for collecting data, it is very important that such data gathering methods or devices be pre-arranged between the supervisor and the teacher to ensure that feelings of mutual trust and respect are maintained.

Phase 5: Analyzing the teaching-learning process. At the analysis stage, teachers and supervisors acting as co-supervisors analyze and interpret the events of the classroom. Initially they may perform this task separately; however, where it is so agreed they may do so together or with other participants. Cogan (1973) cautions that there must be "careful regard for the teacher's developing competencies in clinical supervision and his needs at the moment" (p. 11). Abrell (1974) too, emphasizes the need for co-workers to engage in self-evaluation at this stage. He sees the task of performance appraising as "a co-operative and mutual endeavor, with both supervisor and supervisee sharing in comparative analysis and assessment" (p. 216).

From the analysis should evolve a precise description of the teacher's behaviour, together with supporting evidence of that behaviour. This should lead to the identification of patterns of teaching behaviour and any critical incidents which may have occurred to affect the classroom activity thus observed (Sergiovanni and Starratt, 1979, p. 311). In effect, the collected data is analyzed

> To determine whether teaching behaviors were congruent with intent as specified in the observation agreement, and whether the consequences - the learning behaviors produced - were compatible with the teacher's intent, which was also specified. (Graves and Croft, 1976, p. 83)

Cogan (1973) outlines a number of specific objectives relating to the supervisor's analysis of classroom events. Accordingly, the analysis stage should seek:

1. to assess the extent to which the students have achieved the objectives set out in the plan;
2. to identify unanticipated learning;
3. to identify critical incidents that occurred in the class;
4. to order the data on the students' behavior in a fashion that brings into focus those aspects of their behavior that seem likely to relate in an important sense to what they learn or do not learn;
5. to identify salient patterns in the teacher's behavior;
6. to relate important terms the teacher uses in his plans to his behavior in class...;
7. to develop the data-base upon which the supervisory program will be developed.... (p. 164)

Phase 6: Planning the strategy of the conference. Following the visitation and analysis of the classroom instruction, it is the supervisor's duty to relate the findings back to the teacher through a joint conference. Prior to the actual meeting, the supervisor is expected to organize the conference in such a manner as to focus specifically upon the objectives and anticipated outcome previously delineated. Sergiovanni and Starratt (1979, p. 311) point out that while the supervisor must set tentative objectives and plan tentative processes in preparation for the conference, he/she must not be so restrictive as to "program" the course of the conference.

Koch (1981, p. 12) asserts that a number of different formats exist for conferencing purposes depending on the situation at hand. However, they all seem to indicate that context, personality and

readiness are prime considerations to be dealt with as part of the planning strategy. Reavis (1976) makes the following comment regarding the search for conference strategy:

> The decision about strategy depends on the supervisor's knowledge of the teacher. Some teachers would prefer a didactic approach, others will respond to a less direct approach, perhaps one that begins with their own analysis of the lesson. (p. 361)

Cogan (1973, pp. 211-215) discusses several alternative approaches in preparing for the conference:

1. The clinical cycle itself as a format. The assumption using the clinical cycle is that the teacher is familiar with the clinical procedure and the sequence to be followed. The sequence, in this case, consists of three elements: truncated analysis, conference, and resumption of planning. The truncated analysis--short and incomplete, as the term implies--refers to a collaborative review of the analyses the teacher and supervisor have each performed following the classroom observation. At this point, the teacher describes any critical incidents or patterns he/she believes may warrant future attention. If the supervisor agrees, they make the transition from the analysis stage through to the planning stage, thus ending the cycle. However, if the supervisor feels that other aspects of the teacher's performance merit consideration, he/she proceeds with the analysis. In doing so, reference is made to the collected data that support these views. This process continues until teacher and supervisor agree on the behaviours to be modified in the supervision program. As each problem area is identified the transition to planning is made, which eventually clears the way for the next cycle.

2. A chronological inventory of events. The chronological inventory strategy involves a simple recapitulation by the teacher and supervisor of the events of the classroom. The focus is on the actions of the teacher, in chronological order, while neglecting the behaviour of the students. Moreover, there tends to be considerable attention given to details when this approach is used without some underlying principles(s) around which to organize the details. Hence, the events of the classroom often remain obscure since the analysis aspect is neglected. Nevertheless, the inventory strategy can be useful where a weakness in teaching may be highlighted by outlining a sequence of events. For example, the French teacher who permits the repeated mispronunciation of words until the pronunciation drill occurs at the end of a class period, will undoubtedly realize the mistake as the sequence unfolds.

3. A focus on the students' behaviour. In a third strategy the emphasis is shifted from the behaviour of the teacher to that of the students. The teacher and supervisor examine the relationship between student behaviour and learning outcomes. The effect of teaching method, instructional materials, pacing, and so forth, on student behaviour are also considered. However, the teacher's behaviour is not isolated for analysis, which may make this strategy particularly appealing to teachers who tend to be antagonistic toward supervision, or who experience withdrawal or excessive anxiety.

4. The didactic strategy. The didactic tactic implies that the supervisor operates from an instructional or teaching stance. The supervisor assumes sole responsibility for structuring the conference.

To this end, he/she identifies the teaching patterns observed in class, determines how these patterns affected students' behaviour, selects the patterns that will become the focus for future planning and takes the initiative during the planning session. Because the teacher is not directly involved, this strategy may not work well with a self-confident teacher looking forward to genuine participation in the clinical process. On the other hand, it may benefit teachers who feel insecure but have a strong need to perform competently, and teachers who do not respond well to a "learn by doing" approach. It may also be useful for teachers genuinely interested in learning the techniques of the clinical conference. Some teachers apparently request this strategy at the commencement of a clinical program as a means of orientation before assuming a participant role.

5. The nondirective strategy. The emphasis in the nondirective strategy is on getting teachers to express their most inner thoughts and feelings. The supervisor's role is to listen and to encourage teachers in this expression. This tactic is especially helpful in establishing a trusting relationship between teacher and supervisor. If teachers feel they can express their true feelings about problems they encounter, they not only begin to feel less burdened by sharing their concerns, but are likely to view the work to be done in the conference--for purposes of future planning--in a more objective manner. Some teachers, however, may not require the sort of emotional release this strategy offers but want to proceed directly with the

analysis. For them, another strategy, involving action rather than talk, may be more appropriate.

6. A role-playing strategy. The role-playing strategy is usually difficult to employ for it requires skill and talent on the part of the supervisor. The teacher, too, must be a willing participant. When these conditions prevail, a role-playing strategy may be used to examine certain problems, for example, in helping a teacher understand the motivations behind a student's misbehaviour.

7. The Socratic strategy. The Socratic strategy involves the supervisor's making an assertion designed to intrigue the teacher. Through a series of questions, the supervisor then leads the teacher to doubt the assertion. The teacher offers revised "answers" which are again tested through counter-assertion by the supervisor. This process continues until the teacher arrives at the "insight" desired by the supervisor. The assumption is that insight, so inspired, is more valuable than that gained through simple explanation. Teachers, however, generally do not find this type of experience rewarding. It is, therefore, advisable that this strategy be attempted by competent supervisors only, working with willing subjects.

Cogan (1973, p. 11) indicates that in the initial stages of working with a teacher, perhaps the supervisor acting alone would develop the plans, alternatives and strategies for the upcoming supervisory conference. However, where the teacher agrees and the supervisor deems it advisable, subsequent planning may be conducted by both participants. Issues should be selected based on teacher need. They should reinforce the teacher and provide maximum opportunity for

self-learning, without being overwhelming (Graves and Croft, 1976, p. 83).

It is also very important to choose a physical setting--including arrangement of materials, tapes, or other aids--that provides a convenient and comfortable meeting place, and a high level of privacy. The supervisor's office is not recommended for this purpose (Sullivan, 1980, p. 10). The conference should be conducted on school time with ample opportunity for any unanticipated or immediate concerns.

Phase 7: The conference. The conference phase provides an opportunity and setting for the teacher and supervisor to engage in an objective exchange of information about what was intended in the lesson, what actually did happen, and why it happened. Abrell (1974) asserts that the supervisor's role in the conference "is to achieve positive interpersonal relations, share realistic information, and mutually plan solutions to problems" (p. 216). To Weller (1971) the conference may even serve to:

> Concentrate at times on training in specific behavioral skills of teaching. In general, however, its overriding function is to establish a basis of perception and understanding with which the participants will later analyze their own instruction and establish their own teaching styles: (p. 19)

To him the whole supervisory process constitutes a continual movement from comprehension to creation. Reavis (1976, p. 361) sees the conference as a very positive and potentially productive experience because it tends to focus on aspects of instruction which have been previously identified as areas of concern by the teacher.

The character of the conference should be participatory, responsive, and formative. In fact, Sergiovanni and Starratt (1979) maintain

that the very success of the conference depends upon the degree to which the supervisory process "is viewed as formative, focused evaluation intended to understand and improve professional practice" (p. 311). Cogan (1973) views the conference as "a shared exploration: a search for the meaning of instruction, for choices among alternative diagnoses, and for alternative strategies of improvement" (p. 197).

Phase 8: Renewed planning. The renewed planning phase represents the end, and a new beginning, of the clinical supervision cycle. As a result of the previous seven stages the teacher and supervisor have undoubtedly gained valuable insight into the classroom operation and instruction. Consequently, they are now at a point where future planning of instruction is contemplated and subsequently acted upon. New insights may call for proposed changes in the teacher's classroom behaviour, and as agreement materializes between participants in the process, the co-operative formulation of new targets, approaches, and techniques takes place (Cogan, 1973, p. 12; Sergiovanni and Starratt, 1979, p. 311; Sullivan, 1980, p. 11).

Graves and Croft (1976) assert that while the teacher-supervisor conference serves to identify and refine the teacher's professional objectives, this particular phase enables the supervisor and teacher co-operatively to "select the next competency or competencies for demonstration, discuss strategies for them, and organize for the next pre-observation conference" (p.83). Abrell (1974, p. 216) contends that at this stage in the supervisory cycle emphasis should be on re-assessment and re-planning as opposed to any sort of grading, and that all future planning should be focused on the strength, skills and

talents of the teacher, with the supervisor acting in the role of facilitator and resource person.

Goldhammer's Five-Stage Cycle

The dominant pattern that has emerged for clinical supervision appears to be the five-step process proposed by Goldhammer (1969) and revised by Goldhammer, Anderson and Krajewski (1980):

Stage 1: Preobservation conference. The purpose of the preobservation conference is to provide a mental and procedural framework for the supervisory sequence to follow. The teacher-supervisor relationship is confirmed and nurtured, and the "fluency" of a teacher's plans established. Fluency refers to the need for both teacher and supervisor to be fully aware of the teacher's intentions, in order to understand the reasons, premises, and professional motives underlying the anticipated instruction, as well as the specific outcomes expected. Such understanding is necessary for helping the teacher function successfully in his/her own terms, or for modifying plans according to concepts existing in the supervisor's frame of reference. Emphasis is on having an explicitly planned approach to observation, as opposed to one that is predominantly intuitive.

This stage also provides the supervisor an opportunity to become oriented to the class and the teacher an opportunity to discuss and "rehearse" particular problem areas or concerns he/she may have relating to the upcoming classroom observation event. For example, should the teacher (or supervisor) anticipate, on the basis of the proposed teaching plan, that at certain points in the lesson problems might arise as a result of students' failure to offer a desired

response to a question, or by an unexpected response, the preobservation conference provides an opportunity to role-play these problem areas. This sort of rehearsal can provide the basis for revision in the lesson plan and conceivably provoke long-term improvements of the same nature.

Finally, at this stage the supervisor and teacher formulate, metaphorically, a supervisory "contract" whereby explicit agreement over the purposes and procedures of the supervision process is established. Such an agreement should be modifiable only through mutual consent and understanding. Two reasons are offered for the need for such a contract:

> (1) that supervision is often enacted ritualistically...and (2) that without explicit prior agreements (sometimes even with them), supervision is likely to operate according to social conventions, to become basically a social process, rather than to aim for specific technical and process outcomes which require behavior governed by specialized professional conventions. (Goldhammer, 1969, pp. 60-61)

Stage 2: Observation. During the observation phase the supervisor engages in an objective and comprehensive collection of data. Methods for collecting data are agreed upon beforehand--during the preobservation conference--and generally consist of either taking verbatim notes as much as possible or recording the lesson by mechanical means. Goldhammer (1969) writes:

> Instead of recording general descriptions, the observer should get the stuff down verbatim: everything everybody says, if that's possible, and as objective an account of nonverbal behavior as he can manage. Why?--because in the supervision to follow, the main job will be to analyze what has taken place in the teaching....it is crucially important that the data constitute as true, as accurate, and as complete a representation of what took place as possible. (p. 61)

Two reasons are given for a supervisor's observation of a teacher: (a) the teacher, when engaged in the actual act of teaching, cannot usually observe the same things happening that a disengaged observer could; and (b) it provides the supervisor with an opportunity to demonstrate his commitment to helping the teacher. By being in close proximity to the teaching environment the supervisor occupies a position from which he/she can offer real assistance in the light of observable, salient problems in professional practice. Furthermore, classroom observation by the supervisor is meant to help the teacher obtain broader data for objective self-analysis and self-learning. It enables the teacher to test the reality of his/her own perceptions by comparing them with the observations of the supervisor (Goldhammer, 1969, pp. 61-63).

Stage 3: Analysis and strategy. In the analysis and strategy stage, the supervisor analyzes the data collected with respect to the"contract" emphasis, looking for recurring patterns in the teacher's behaviour. While Cogan would use standard category systems such as Flanders' Interaction Analysis, Goldhammer prefers simply "to let the data speak". However, both agree that supervisors must free themselves from all "pet" theories and biases and deal directly with the data, keeping the contract foremost in mind (Reavis, 1976, p. 361).

Not all patterns of teacher behaviour are necessarily significant, and judgments are therefore essential concerning the intervention of a particular pattern and its disruptive effect on the lesson (Koch, 1981, p. 12). Goldhammer (1969) suggests three criteria

or principles which may be applied when dealing with the analysis of behaviour patterns: saliency, fewness, and treatability.

Patterns selected on a criterion of saliency may be determined by:

> Their frequency and abundance in the data.
> The existence of demonstrable effects upon the students.
> Their theoretical significance.
> Their structural importance in the lesson.
> Their commonality among teachers.
> Their known or predictable significance in Teacher's already existing professional frame of reference. (Goldhammer, 1969, p. 111)

Fewness refers to the pattern's significance on the grounds of efficiency and attention span. It encompasses seven principles:

1. Principle of data. Select patterns which can be authentically supported by their abundance and clarity.

2. Principle of subsumption. Select patterns which subsume other patterns or are incorporated by the broad significance of another pattern.

3. Principle of sameness or difference. Select patterns which relate to some common category of teaching or deliberately select patterns from different categories (depending on the anticipated focuses, i.e., specific vs. general, for the conference to come).

4. Principle of loading. Select or reject patterns on the basis of their predicted emotional significance.

5. Principle of time. Allocate sufficient time for treatment of specific patterns in the conference. Planned efficient use of conference time can spell benefits for the teacher.

6. Principle of energy. Be cognizant of factors which tend to

increase mental fatigue (e.g., logical complexity, emotional loading, lack of clarity of data).

7. Principle of sequence. Select patterns that can be ordered in a clear, logical fashion and thus ease the transition from one context to the next (Goldhammer, 1969, pp. 126-130).

Treatability is a function of the supervisor's sensitivity to the teacher and the defense mechanisms employed by teachers. In attempting to analyze behavioural patterns the supervisor must not resort to simplistic thinking and, hence, underestimate--or worse, fail to estimate--the emotional significance often associated with the examination of a teacher's classroom behaviour. In his/her fascination with technical problems and substantive issues, the supervisor should not overwhelm the teacher with elaborate displays of data, or complicated analyses filled with jargon, or forays into the psychotherapeutic realm. At the other extreme, the supervisor should avoid innocuous and unproductive "chit chat" or other evasive behaviours and show a distinctive willingness to deal directly with the issues at hand. He/she must also resist stereotyping, which could lead to the same expectations of all teachers who display similar behavioural patterns. Likewise, the supervisor should develop some special capacity for sensing discomfort on the part of the teacher. Undue anxiety by the teacher is highly unlikely to spell success, mastery and pleasure for future experiences. Consequently, good supervisory judgment is essential to the overall determination of whether specific issues or patterns are readily accessible for treatment (Goldhammer, 1969, pp. 111-126).

Upon completing the analysis, the supervisor must decide on strategy--a method of presenting the results of the analysis in a manner most likely to result in improved teacher performance. The decision about strategy depends to a large extent on prior knowledge of the teacher. Should an "a priori" strategy be utilized it must aim at both context and process goals. Ideally, such goals are stated in three sets of terms: concepts that should be acquired in supervision (cognitive outcomes); behaviours that should be manifest as a result of supervision (behavioural outcomes); and the specific level of mastery deemed necessary in order for supervision to have achieved at least minimum success (criterion behaviour).

Objectivity and self-examination are major elements of strategy. In addition to formulating goals for changing or reinforcing a teacher's behaviour, the supervisor should set instrumental goals for his/her own behaviour. For example, the supervisor must decide whether his/her approach in the conference should be essentially didactic or whether teacher-initiated issues and inductive inquiry will take precedence. In other words, the supervisor must decide whether to present his/her own interpretations of teaching patterns and recommend future strategies for effecting change, or whether the teacher will be permitted freedom to construct interpretations and inductively develop such strategies.

The supervisor should also examine his/her motives for selecting specific teaching patterns and for choosing particular supervisory processes. The idea is to help the teacher function more autonomously, not to increase his/her dependence on the supervisor.

Hence, the supervisor should structure the conference to allow the teacher to become an active participant, agressively initiating issues and questions, instead of being a passive recipient of the supervisor's interpretations and instructions. The goal of the supervision is to induce in the teacher a self-initiated inquiry (Goldhammer, 1969, pp. 131-141).

Stage 4: Supervision conference. The main purpose of the supervisory conference is to carry out the strategy developed earlier for providing the teacher with constructive feedback on the lesson taught, with the hope of effecting improvement in the teacher's performance. The onus is, therefore, on the supervisor for ensuring that predetermined goals are reached, for maintaining the pace of the conference, for coping with problems that arise, for deciding when to depart from the previously planned strategy if that strategy fails, and for deciding when to terminate the conference. Throughout, the supervisor must remain objective and flexible because where "stereotyped technical behaviour" is allowed to dominate one's approach the supervisory process may become extremely rigid and mechanical at the expense of intelligence, responsiveness and creativity.

It is well known that behaviour is difficult to change and that many of our habitual tendencies are unknown even to ourselves. Therefore, we need to take advantage of all sorts of experiences that might be helpful in identifying and modifying them. Hence, supervisors, too, need to receive feedback on their behaviour patterns. The supervisory conference can provide such a forum through

the occasional use of role reversal, wherein the teacher is asked to provide feedback on the supervisor's supervision.

It is recommended that the supervisor develop certain communication strategies to deal with interval behaviour--events in the interval between the classroom observation and the moment of conference--and to communicate various intended messages during the conference: an opening ploy, a transitional ploy, and a closing ploy. Time and logistical factors are also important; good planning and a strong commitment to the helping role are absolutely essential.

In the final analysis the supervisory conference should serve the following purposes:

1. provision of lesson feedback for improving future teaching.
2. provision of adult rewards and satisfactions.
3. definition and authentication of issues in teaching.
4. provision of didactic help.
5. provision of training in techniques of teacher self-improvement.
6. development of incentives for professional self-analysis. (Goldhammer et al., 1980, p. 142)

Stage 5: Post-conference analysis. The post-conference analysis is the stage where the supervisor's behaviour is examined with all the rigour, and for basically the same purposes, that the teacher's behaviour had been analyzed. The assumption is that decisions affecting the conduct of our future behaviour are derived, in large part, from objective analysis of our past behaviour and a subsequent understanding of the consequences thereof. Hence, although the emphasis is once again on self-analysis for self-improvement, a supervisor who is committed to performing professional supervisory work must show a readiness to have such efforts examined and critiqued by other competent individuals, including peers or subordinates.

In terms of procedure, one of the most effective ways for the supervisor to do self-analysis is to tape the supervisory conference and utilize these tapes, along with any notes taken throughout the process, as objects of analysis. It is recommended that such a supervisor self-improvement analysis be conducted in the presence of the teacher and/or significant others who shall become active participants in the process. As such, the post conference analysis session engenders a self-improvement mechanism whose purposes include:

1. Assessment of the conference, in terms of
   (a) the teacher's criteria, as determined in the preobservation conference,
   (b) the supervisory criteria, and
   (c) the apparent value of the conference to the teacher.
2. Evaluation of the supervisor's skill in handling the several phases of the cycle. (Goldhammar et al., 1980, p. 177)

It is hoped that the supervisor will also conduct a self-reflective session, apart from that mentioned above, as a singularly planned and attended analysis by the supervisor himself/herself. He/she is to be an objective participant-observer in an activity that requires intense concentration upon his/her own behaviour. Such a session need not be a formal affair but rather an ongoing process.

It is suggested that the teacher being supervised would be an excellent prospect to fill the role of the supervisor's supervisor where the initial supervisor is truly seeking self-improvement. Certainly, no one is more likely to have pertinent information about the overall effect of the supervisor's behaviour than the teacher who is affected by that behaviour. It would also serve as an excellent measure toward reducing some of the traditional status anxieties surrounding supervision, put a new perspective on current hierarchial

arrangements, enhance the teacher's feeling of dignity, help the teacher become more objective toward his/her own efforts, and keep the supervisor more fully aware of the total effects of his/her supervisory techniques and strategies (Goldhammer, 1969, pp. 273-280; Goldhammer et al., 1980, pp. 176-185).

Conclusion

Today's supervision, for the most part, remains shrouded with technical/rational approaches to evaluation. According to Hoffman and Sergiovanni (1977, pp. 11-12), such approaches have not been effective, and both teachers and supervisors have become somewhat demoralized by the process. They claim that because supervisory practices are characterized by a routine work flow and not enough by a set of concepts from which a variety of patterns could be generated, supervisors tend to perform their supervisory tasks perfunctorily and uncomfortably. These writers advocate the use of a clinical supervisory model that embraces naturalistic assumptions and practices. Naturalistic refers to a supervisory approach that sees value in discovering and understanding what takes place in the classroom as opposed to exclusively measuring it. This notion is intertwined with the humanistic attitude that supervision should enhance the personal growth of all persons associated with it, and simultaneously improve instruction. Clinical supervision, in the hands of a humanistic supervisor, represents what Sergiovanni and Starratt (1979, p. 320) refer to as the "naturalistic approach to education evaluation".

As a process, clinical supervision is compatible with humanistic supervision. Both are built on trust, co-operation, and recognition of teacher strengths. Clinical supervision operationally functions on the premise that behaviour which leads to human growth and fulfillment ensures performance that leads to instructional improvement (Abrell, 1974, p. 215). Such a growth-oriented clinical supervisory process should enable both teacher and supervisor to reach a greater degree of self-actualization, from which the student will be the ultimate benefactor.

Clinical Supervision--A Research Perspective

When discussions arise concerning the effectiveness of the clinical process they tend to center around three major questions:

1. Do teachers and supervisors have a positive attitude toward the clinical supervision model?

2. Does teaching behaviour change as a result of clinical supervision?

3. What effect does clinical supervision have on the attitudes, behaviours and scholastic achievement of students?

Although little research has been done relative to either of these concerns, an attempt will be made in the following sections to summarize studies that tend to provide some degree of supporting evidence, particularly, in response to the first two questions.

Attitudes Toward Clinical Supervision

Several studies have been conducted to ascertain the attitudes of teachers toward various components of the clinical process. An early study by Blumberg and Amidon (1965) into the reactions of teachers to supervisory conferences found that supervisors who emphasized "indirect" behaviours (e.g., accepting feelings and ideas, giving praise and encouragement, and asking questions) tended to receive higher ratings from teachers on the productivity of their conferences. A similar study by Link (1970) revealed almost identical relationships between perceived supervisor directness-indirectness and teacher reactions to teacher-supervisor conferences. In both cases, teachers appear to value indirect supervisory conferences, and since indirect communication is a major element in the clinical process, one may infer that teachers would be favourable to the clinical model.

Eaker (1972) conducted a study in which he attempted to determine the acceptance by teachers and administrators of the basic assumptions and procedures of clinical supervision. He found that (a) most teachers and administrators agreed with the basic assumptions of clinical supervision, (b) although the teachers tended to agree with the procedures of clinical supervision, they agreed more strongly with the assumptions than with the specific procedures, and (c) administrators tended to agree more strongly with the assumptions and procedures of clinical supervision than did teachers. It should be pointed out, however, that while this study contributes to knowledge about attitudes toward clinical supervision it did not study teacher acceptance of the clinical process contrasted with other forms of

supervision. It was measuring teacher reaction to a hypothetical description rather than to an actual teaching experience.

The attitudes of teachers in Memphis, Tennessee toward characteristics, principles and practices of both general and clinical supervision were investigated by Myers (1975). The study involved an experimental and a control group matched according to various criteria. Information was obtained by opinionnaires and semi-structured interviews. Appropriate training in the methodology of clinical supervision was given the experimental group. Results of the study revealed a more positive attitude toward supervision for the experimental group, which had been exposed to a clinical supervision approach, than for the control group, which had been exposed to general supervision methods.

Charles Reavis (1977) conducted a similar study on teacher attitudes toward clinical supervision in which one sample of teachers experienced three clinical supervision cycles and another sample experienced three cycles of traditional supervision. Both types of supervision were carried out by the same supervisors. Where the traditional method was used the supervisor conducted a classroom observation and a follow-up conference, with the supervisor making most of the suggestions for change (i.e., using the "direct" approach). In all cases the post-observation conferences were taped and analyzed by trained observers: analysis of the data disclosed a significant difference between the groups, favouring the clinical supervision style. More specifically, results revealed that (a) teachers favoured clinical supervision on all six criteria studied

(communication, conferences, observations, suggestions for improvement, self-perception, and supervisor helpfulness), (b) in two categories--communication and self-perception--the clinical procedure was rated significantly better than the traditional, and (c) traditional supervision was not preferred in any category.

A study by Martin (1975) provides further evidence of teachers' acceptance of the clinical supervision model. He surveyed teachers and administrators in several Oregon school districts regarding attitudes toward a classroom observation evaluative process which incorporated the essentials of clinical supervision. While one group was thoroughly trained in Systematic Observation Techniques (SOT), a comparison group received no such training. Statistical analysis revealed that teachers who had SOT used during their classroom observations had significantly more favourable and stronger attitudes about classroom observation leading to the improvement of the school instructional program than did those teachers who did not have SOT used. Those teachers who had SOT used also had more favourable attitudes about classroom observation helping to improve their instruction. Trained teachers were also more likely to accept evaluation based on SOT as a basis for promotion and tenure decisions than were the untrained teachers.

Another study by Shinn (1976) examined the clinical techniques used by elementary principals during classroom observations and ensuing conferences. Teachers were asked to rate the ideal frequency with which they would like their principals to use various techniques of clinical supervision and the actual frequency of such use. Among

the most significant findings were that teachers believed all the techniques of clinical supervision were worthwhile, and generally wished to have the techniques used more frequently than they perceived their principals to be using them.

The effects of a variety of supervisory techniques within the framework of a helping relationship were investigated by Schwimmer (1976) in New York City. It was found that teachers who participated in this "interaction supervision" process tended to have a more positive interpersonal attitude toward their pupils as measured by pretest and posttest scores on the Minnesota Teacher Attitude Inventory. Also, those teachers in the experimental group showed a greater change in their attitude toward in-service supervision, as measured by a pre-tape and post-tape recorded analysis, than did the teachers in the control group.

Peer supervision, a constituent part of clinical supervision, was the subject of a Texas study by Williams (1981). A conceptual model was developed and tested utilizing an experimental and control group. The hypotheses were confirmed as predicted: (a) teachers exposed to the model scored significantly higher on the Teacher Attitudes Toward Supervision Instrument than teachers who did not experience the treatment, (b) teachers exposed to the use of peer supervision scored significantly higher on the Hunter Teacher Appraisal Instrument than teachers in the comparison group, and (c) teachers exposed to the treatment scored significantly higher on job factors of intrinsic job satisfaction on the Minnesota Satisfaction Questionnaire than teachers in the comparison group who did not receive the treatment.

Conclusions were drawn that teachers' attitudes toward supervision, teachers' instructional behaviour, and teachers' intrinsic job satisfaction can all be affected in a positive manner as a result of peer supervision.

Changes in Teaching Behaviour due to Clinical Supervision

Although it may be considered that "teaching is a very personal behaviour" (McGee & Eaker, 1977, p. 24), many attempts have been made to mold or modify this behaviour. By its very design, clinical supervision, too, is supposed to bring about an eventual and positive change in a teacher's classroom performance. Actual research on the effectiveness of clinical supervision in changing teaching behaviour has been meager but a number of studies are particularly relevant.

A study by Garman (1971) examined the role of the clinical supervisor as a resource to college teachers of English. An experimental group consisting of five teaching assistants was given a twelve week teaching seminar and supervision utilizing the clinical approach. The five teaching assistants in the control group were exposed to the teaching seminar but did not receive clinical supervision. The findings indicated that four of the five teaching assistants who received clinical supervision were able to design changes in their instruction. They were now able to write lesson plans using cognitive objectives and implement new teaching methods. In the control group only one individual was able to make similar changes in behaviour. While the remainder of this group indicated

that they became aware of new skills, they were not able to implement them during the teaching process.

Shuma (1973) conducted a study of clinical supervision which emphasized the establishment of a helping relationship--based on congruence, unconditional positive regard, and empathic understanding. A sequentially stepped conference format was used to determine the effects upon (a) change in student perception of the class and of the teacher-student relationship, and (b) teacher growth, whereby teachers come to see themselves differently and become more confident and self-directing.

Data were gathered through various questionnaires and inventories, while conferences were videotaped and analyzed to determine the teacher's ability to progress toward self-supervision, the stage of supervisor/teacher directiveness within the conference, and the degree of movement in each teacher (i.e., movement in awareness, sense of well-being and interpersonal relations).

A statistically significant change was detected in student perception of the class (e.g., with regard to the teacher's organization of tasks, the proximity of the pupils' objectives to the teacher's objectives, the teacher's inclusive behaviour, the teacher's procedures for evaluating learning, the teacher's response to pupils' communicative behaviour, the pupils' productive behaviour) and of the teacher-student relationship for those involved in the clinical supervision process. There was no significant change in the perception of the class or of the teacher-student relationship where there had been no clinical supervision emphasizing the aforementioned

conference and relationship behaviours. Apparently, clinical supervision resulted in teacher growth whereby teachers (a) came to see themselves differently, (b) became more confident and self-directing, (c) developed more positive attitudes about themselves and their profession, (d) possessed the ability for increased critical analysis, (e) understood themselves better, and (f) became more open to their own experiences.

Clinical supervision, utilizing immediate secondary reinforcement, was the subject of a study by Skrak (1973). He compared the effectiveness of clinical supervision alone with clinical supervision which used immediate secondary reinforcement of preselected teacher behaviours. Since immediate reinforcement is a well established training tool in behaviour modification, this study attempted to determine if it would cause additional increments in changed behaviour beyond that produced by clinical supervision alone.

The investigation was conducted in two phases. In the first, three intern teachers, in conjunction with their supervisor, selected a specific classroom behaviour upon which to focus. The supervisor then observed five consecutive lessons, supplying oral and/or visual reinforcement each time the teacher exhibited the desired behaviour. Following this, a second behaviour was selected for modification and five more observations made. However, at no time during these latter observations was immediate secondary reinforcement administered by the supervisor. The second phase involved two experienced teachers and followed an identical format.

The findings revealed that changes in teaching behaviour were observed with both experienced teachers and two of the three intern teachers. However, changes in behaviour due to the utilization of clinical supervision with immediate secondary reinforcement were not significantly different from those generated through the use of clinical supervision alone. In other words, clinical supervision, by itself, was deemed just as effective as clinical supervision used in conjunction with the potentially powerfully immediate secondary reinforcement strategy.

Krajewski (1976) examined clinical supervision as a means of facilitating teacher self-improvement. The subjects of his research were 41 Master of Arts in Teaching interns divided into an experimental group of 20 and a control group of 21. During the academic year all interns received regular supervision visits from the appropriate university supervisor. In addition, the experimental group received five clinical supervision visits during which their lessons were videotaped and analyzed using Flanders' category system.

At the end of one year, the experimental group, as indicated by analysis of variance, became more indirect (as was desired) in their approach, talked considerably less, praised student efforts more, were more willing to use student ideas and, in general, developed a more positive attitude toward their teaching. At the same time, their students increasingly initiated more active participation and interaction in the classroom. Also, students of experimental group interns consistently rated their teachers higher than those students taught by interns who were supervised in the conventional manner,

especially on such items as (a) beginning the lesson, (b) clarity of presentation, (c) pacing of the lesson, (d) pupil participation and attention, (e) ending the lesson, and (f) teacher-pupil rapport.

Composite results of the study led to the conclusion that the experimental group exhibited better teaching and more accurate post self-perception evaluation of their teaching than did the control group. Apparently, the control group experienced a decrease in positive attitude toward teaching during the year and disagreed with students' evaluation of their teaching, whereas, the experimental group showed an increase in positive attitude toward teaching and agreed with students' evaluation of their teaching.

The purpose of a study by Kerr (1976) was to investigate whether the use of feedback data within the clinical supervision cycle could facilitate teachers' individualization of instruction. During a fifteen week period data were collected, using published instruments, on the teaching behaviour of four elementary classroom teachers. The teachers used the feedback data for evaluating instructional processes, and for selecting and incorporating individualized procedures in their reading program. The analysis showed that such feedback data did indeed help teachers change their individualized teaching strategies. Teachers referred not only to elements of instruction they had individualized to a greater extent, but also to elements of instruction they wanted to individualize to a greater extent in the future.

Melnik and Sheehan (1976) reported on a clinic to improve university teaching, which utilized many of the aspects of clinical

supervision, and found that over 70% of the participants felt that their teaching behaviour had changed as a result of the clinic. Most indicated in a long-term evaluation procedure that they were now more aware of mistakes they made, and of possible corrective techniques they could utilize.

The premise that supervisory behaviour will change as a result of training in clinical supervision, toward a "freeing and less direct" approach, was examined by Thorlocius (1980) utilizing videotapes of workshops he had conducted over a period of five years. In six of the nine categories of supervisor behaviour examined the change was found to be significant beyond the .05 level. Whereas an increase occurred in three supervisory behaviours (supervisor accepts or uses the other's ideas, supervisor solicits opinions or suggestions, supervisor provides solicited information) and a decrease in others (supervisor provides unsolicited information, supervisor provides unsolicited opinions or suggestions, supervisor exhibits non-supportive behaviour) change was always in a positive direction. Apparently, supervisors shifted from high direct behaviour to high indirect, low direct behaviour.

Positive changes also occurred in teacher behaviour between pre-training and post-training. Four of the nine categories of teacher behaviour showed a significant change beyond the .05 level. There were increases in the following behaviours: (a) teacher accepts or uses the other's ideas, (b) teacher solicits information, (c) teacher provides solicited opinions or suggestions, and (d) teacher provides unsolicited opinions or suggestions.

A general trend was also detected in the study which may be attributed to clinical supervision: following training in the clinical process the supervisory conference increased two-fold in length. This suggests that participants had become more comfortable and skillful in their tasks and that the experience proved non-threatening.

A study reported by Irvine (1982) provides indirect evidence in support of clinical supervision procedures. It involved the development of a model--The Integrated Model for the Training and Supervision of Teachers (IMTS)--that incorporated seven clinical supervision phases integrated with performance based criteria for self and supervisor assessment of teaching behaviour. The model was subsequently used to investigate the relationship between self-ratings of pre-service teachers and the classroom performance ratings of supervising teachers. The sample consisted of 53 randomly assigned pairs of in-service and pre-service teachers enrolled in the Division of Educational Studies of Emory University during the 1979-80, 1980-81 academic years. The in-service teachers were engaged in graduate course work and served as supervisors for the university by working with pre-service teachers in the classroom setting. In-service teachers were screened co-operatively by the metropolitan school systems and the university on the basis of classroom teaching ability, scholarship, and leadership potential.

The supervising (in-service) teachers were trained to use the IMTS model. They were taught the procedures of clinical supervision and the specific skills of listening, counseling, systematic helping,

and data collection. They were also taught to rate the state-mandated Teacher Performance Assessment Instrument (TPAI). The pre-service teachers were introduced to the TPAI--the meaning of each competency statement, the indicators used to measure the competency, and the relationship of the competency to the teacher effectiveness research literature. Particular attention was given to training the pre-service teachers in self-assessment skills--to use the competency statements as a means for identifying perceived strengths and weaknesses.

At the end of the third and fourth quarter of a four course sequence, classroom data were collected during a mutually agreed upon forty-five minute lesson observation. Following the observation, the TPAI was rated by both the supervising and the pre-service teachers. Pearson's correlation coefficients were computed to determine the extent of agreement between the pre-service teachers and the supervising teachers on fourteen generic competencies. Eleven of the competency statements had significant correlations at the .001 level and the remaining three competencies were significant at the .01 level.

The results of the study provide evidence that the IMTS model, which makes extensive use of clinical supervision procedures, can facilitate the development of reliable self-assessment skills. When the model was employed in the supervision of teachers there was found a high degree of comparability between the self-ratings of pre-service teachers and the ratings given by their supervising teachers. This finding is relevant to clinical supervision in that one of the long-

term goals of a clinical supervision program is to have teachers engage in self (and peer) supervision. This study lends support to the dependability of such a proposal.

The above research indicates clearly the merits of clinical supervision. It suggests the need to replace the more traditional supervisor-directed strategies with collegial relationships leading to teacher self-assessment and teacher-initiated growth, relationships in which the supervisor is perceived as a resource person and an all-round facilitator of teacher growth.

Effect of Clinical Supervision on Students

While the goals of clinical supervision may be many and varied, ultimately, it should improve student learning. If one is willing to assume that the supervisor's role is to effect positive change in teacher performance, and if one accepts the premise that the supervisor is sufficiently skilled to do so, then there is no less reason to believe that a teacher, so affected, can equally cause a corresponding change in student performance. Hence, if clinical supervision is effective, then one should be able to observe such effects in the attitudes, behaviours and academic achievement of students.

Unfortunately, this researcher has not been successful in locating any research dealing specifically with the effect of clinical supervision on students. This concurs with a study by Sullivan (1980) which, after a comprehensive review of research, was also unable to report any evidence to demonstrate that student behaviours, more

specifically, student learning outcomes, were directly affected by classroom exposure to the clinical process.

Acheson and Gall (1980, p. 22) report similar findings and suggest one possible reason for this: lack of research may be due to the time span required to observe the results of the total clinical process. In other words, supervisors may work with teachers for extended time periods before the researcher would look for possible improvements in teacher performance. Then it would, perhaps, require a much longer time lapse before an attempt is made to determine possible improvements in student performance. While such research may be methodologically feasible, it could prove costly.

From previously cited studies, however, one may readily conclude that there is sufficient, indirect evidence to demonstrate that clinical supervision techniques have been found to be associated with student learning. For example, the Krejewski (1976) study indicated that students had a greater tendency to initiate participation and interaction in the classroom where the clinical procedure was introduced. Teachers also received better pupil rating on a number of important categories from the experimental group than they did from the control group. Shuma (1973) found a positive change in student perception of the class and of the teacher-student relationship as a result of clinical supervision. And, as Acheson and Gall (1980) are quick to point out, in their work on the techniques of clinical supervision, students of teachers who emphasize teaching behaviours such as praise and encouragement tend to achieve more than students who are subjected to criticism and punishment.

Although the link between clinical supervision and student performance may not have been convincingly demonstrated at this point, indirect evidence does suggest that such a linkage exists. Current supervisory efforts appear to be based on the premise that a competent supervisor begets a competent teacher. If one is to assume that the supervisor can change the teacher's behaviour in a prespecified direction, then one must also assume that a teacher who alters his/her behaviour in a prespecified manner, examining at each step in the process the consequences of every action, will become a more competent teacher. Therefore, if the improvement in the teacher's performance may be attributed in any degree to the guidance and direction of the supervisor, then surely it must follow, that a student working under the auspices of such a teacher should also derive considerable positive growth through time. Hence, the clinical competencies should prove to have invaluable merit to all involved in the process--supervisors, teachers and students--and research which focuses more directly on the clinical process should be encouraged.

Chapter 3

METHODOLOGY

This chapter is concerned with the methods involved in conducting the research and, as such, will give a description of the research instrument and its construction, the validity and reliability of the instrument, the pilot study, the population and sample, and the collection and analysis of data.

Research Instrument

The instrument used in the study was developed by this researcher from a synthesis of the literature on clinical supervision. An original listing of 59 statements was condensed to 33 items which reflect the essential characteristics of the clinical process as they pertain to the underlying rationale, assumptions and procedures of clinical supervision. Questionnaire statements were designed to ascertain the perceptions of respondents (program co-ordinators, principals and teachers) toward these essential characteristics. Responses were elicited on a six point scale ranging from strongly agree to strongly disagree (see Appendix A).

In a similar study to determine teacher and administrator perceptions toward clinical supervision in Tennessee, Eaker (1972) used an instrument comprised of 31 statements eliciting responses on a four-point scale. Eaker's statements reflected a model of clinical supervision that he synthesized. This researcher initially used a number of Eaker's statements, and after careful scrutiny with respect to validity and reliability, retained six in the final version of the

instrument used in this study. Several other items in the instrument are similar to those used by Eaker.

Construction of Instrument

Since a great deal of time and effort had gone into the construction of the final instrument, a detailed description is given of the steps taken to ensure its validity and reliability.

First, a thorough perusal of the literature pertaining to all aspects of the clinical supervisory process was conducted. As a result 59 items were selected to form the initial questionnaire. These were then carefully scrutinized by three professors and a class of graduate students (12) in the Faculty of Education at Memorial University of Newfoundland. They were asked to indicate their extent of agreement with each statement on a four-point scale and to comment on the clarity, precision and appropriateness of each item with respect to its ability to measure aspects of clinical supervision. On the basis of comments and suggestions received, the instrument was restructured and reduced to 36 items.

The instrument was then resubmitted to the same three professors at Memorial University and also administered to one undergraduate and two graduate classes in the Faculty of Education there. This latter procedure yielded a usable sample of 35 teachers, 15 administrators and two program co-ordinators. Because the number of program co-ordinators was small, it was decided to solicit responses from several co-ordinators who were teaching summer session courses in education at

the university, thus bringing the total number of co-ordinators in the sample to six.

Written comments were received from all respondents and were taken into account when revising the questionnaire. A form of item analysis described by Ebel (1965, ch. 11), in which item scores are compared with total scores, was also performed on the obtained data. Item and total scores were tabulated for each of the 56 respondents and a comparison of responses was made for both the upper and lower 27% groups. This resulted in an analysis of the responses of the 15 respondents having highest total scores and the 15 having lowest total scores. An index of item difficulty and a index of discrimination were computed on the scores for these groups, but because the nature of the questionnaire items differed from that of a formal achievement test the major emphasis was placed on the level of item discrimination obtained.

Ebel (1965, p. 364) suggests acceptable levels for discrimination as follows:

Index of Discrimination	Item Evaluation
.40 and up	Very good items
.30 to .39	Reasonably good but possibly subject to improvement
.20 to .29	Marginal items, usually needing and being subject to improvement
Below .19	Poor items, to be rejected or improved by revision.

Using this guide, the analysis thus performed yielded 17 very good items, 6 reasonably good items, 8 marginal items, and 5 poor items.

"Item to item" and "item to total score" correlation coefficients were also computed. To further estimate reliability the test-retest method was utilized on one group of graduate students, yielding Pearson product-moment correlation co-efficients for 13 respondents.

On the basis of these comments, calculations and general descriptive data analyses, three of the items were eliminated from the instrument and several others reworded. Some reordering of items also took place in order to disguise any attempt at sequencing or patterning, and the response scale was broadened to six categories from four, in the hope of obtaining a more accurate and precise measure of discrimination among respondents.

The restructured instrument containing 33 items, was next administered in a pilot study to 122 educational personnel (103 teachers, 14 administrators and 5 program co-ordinators) employed with the Port Aux Basques Integrated School Board in the Province of Newfoundland. Again, total scores were calculated for each respondent and an index of discrimination computed using the top and bottom 27% groups ($n = 33$). As well, an "item to item" and "item to total score" correlation was performed to obtain Pearson co-efficients. A descriptive comparison of the responses for the three groups was also undertaken.

As a result of these analyses two items were reworded and some reordering of items took place. Reordering was done to provide for a better distribution of items that are worded in negative form with respect to the clinical supervision process.

Although the analysis did not reveal any overall improvement in levels of item discrimination all 33 items were retained for the final instrument. For, as Ebel (1965, p. 359) points out, if the low discrimination is not due to technical flaws, such as ambiguous or misleading wording, and if the researcher remains convinced the item does belong in the instrument it should be included, regardless of its discriminating effect.

To further ensure validity, the instrument, containing the 33 items, was resubmitted to three professors in the Faculty of Education at Memorial University. This resulted in no further changes to the final version of the instrument.

Populations

The populations represented in this study included educational personnel with the potential to participate in instructional supervisory practices--either as supervisors or the supervised--at the local level of all 35 school districts in the Province of Newfoundland and Labrador. Specifically, the three populations were all program co-ordinators, all principals and all teachers employed in these school districts.

Samples

The samples for the study were drawn through simple random sampling procedures utilizing a table of random numbers and a listing of teaching personnel obtained from the Newfoundland and Labrador Department of Education (Payroll Division), and similar listings of

principals and program co-ordinators contained in the Directory of School Personnel for the province. The samples consisted of 100 program co-ordinators, 100 principals and 100 teachers.

Administration of the Questionnaire

A request to conduct the study was sent to all 35 district superintendents in the province. When an affirmative reply was received from all districts the selection of potential respondents was made using the sampling procedure outlined in the previous section. A mailed questionnaire, along with a covering letter, was then forwarded to each teacher, principal and program co-ordinator in the samples. They were requested to complete the questionnaire and return it to the source in the stamped, self-addressed envelope provided.

Within two weeks of this initial mailing, responses had been received from 75 teachers, 81 principals and 78 program co-ordinators. At this time, follow-up letters, including questionnaires, were again mailed to all prospective respondents. Final returns yielded a usable sample of 98 teachers, 96 principals and 99 program co-ordinators, which is generally considered an excellent rate of return from using only a mailing procedure.

All correspondence in this matter is contained in Appendix B.

Analysis of Data

The Statistical Package for Social Sciences (1983) was used in the analysis of obtained data. All items were coded and given a weight ranging from one to six, where the latter represented a more

favourable disposition toward the clinical process, as reflected in the questionnaire statement. This scale was pronounced to be interval, wherein the intervals between weighted responses were regarded as consistent.

Frequency distributions were obtained and mean scores were computed on each item for each respondent group. Analysis of variance (ANOVA) was used to uncover significant differences existing among program co-ordinator, principal and teacher perceptions relative to specific aspects of clinical supervision. The Scheffé procedure was used to determine more precisely where such differences occurred.

Chapter 4

ANALYSIS OF DATA

Whereas Chapter 3 contains information relating to the methodology or design of the study, this chapter is intended to present and analyze the collected data in a manner which responds to the following questions:

1. What perceptions do program co-ordinators hold of an instructional supervisory program which tends to utilize the rationale, assumptions and procedures (characteristics) of clinical supervision?

2. What perceptions do principals hold of an instructional supervisory program which tends to utilize the rationale, assumptions and procedures (characteristics) of clinical supervision?

3. What perceptions do teachers hold of an instructional supervisory program which tends to utilize the rationale, assumptions and procedures (characteristics) of clinical supervision?

4. What differences, if any, exist among perceptions held by program co-ordinators, principals and teachers relative to an instructional supervisory program which tends to utilize the rationale, assumptions and procedures (characteristics) of clinical supervision?

As previously stated, the final questionnaire draft was submitted to randomly chosen samples of 100 program co-ordinators, 100 principals and 100 teachers. Of these numbers, 99 program co-ordinators, 96 principals and 98 teachers returned a completed and usable questionnaire. Each questionnaire item was coded yielding a numerical value ranging from one to six. A value of one revealed

strong disagreement with the particular characteristic of clinical supervision, whereas a value of six indicated strong agreement with that characteristic.

The data were computer processed using the Statistical Package for Social Sciences (1983). The format chosen to represent the obtained responses is a frequency distribution of the values assigned. To facilitate interpretation and comparison of data it was deemed best to examine the responses of all three groups of respondents--program co-ordinators, principals and teachers--on an item-by-item basis. The first three questions of the study are answered by presenting the responses of the three groups on each individual item. With respect to question four, means for each group were calculated and the analysis of variance (ANOVA) used to determine statistically significant differences among groups. Where such analysis yielded a probability of .05 or less ($p < .05$) the Scheffé test was used to identify the groups involved in the differences.

Comparison of Group Responses per Item

The information contained in this section represents an item-by-item analysis of group responses relative to the first three research questions. As such, each item contained in the instrument is repeated here, and a table showing frequency distribution and mean scores is given.

Item 1. The supervisor can help the teacher by observing the teacher's behaviour in the classroom.

As shown in Table 1, all three groups (program co-ordinators, principals and teachers) are in relatively strong agreement with the statement and, hence, give considerable support to this particular assumption underlying the clinical supervision process. It appears, however, that co-ordinators ($\bar{x}$ = 5.364) and principals ($\bar{x}$ = 5.333) are

TABLE 1

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 1

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	0	2	0	8	39	50	5.364
Principals	0	1	2	9	36	48	5.333
Teachers	3	3	2	33	38	19	4.602

Note. In this and subsequent tables notation for agreement categories 2, 3, 4 and 5 has been omitted. Depending on direction of agreement/disagreement such categories would signify moderate (2,5) and slight (3.4).

T < C,P ($p < .01$).

more favourably disposed toward the concept, as measured by this item, than teachers ($\bar{x}$ = 4.602). Statistical analysis confirmed this point by revealing a significant difference ($p < .01$) in the mean responses of teachers and principals, and teachers and co-ordinators. No significant difference ($p > .05$) was found between co-ordinators and principals.

Eaker's (1972) study also reported considerable agreement with this item but found no significant difference between teacher and administrator responses.

Item 2. Before the supervisor observes a teacher's classroom he/she should discuss with the teacher the instructional strategies and materials that are to be used in class.

The mean scores in Table 2 indicate that considerable agreement with the statement exists among all three groups of respondents. Hence, there appears a high degree of support for the concept that the supervisor and teacher discuss thoroughly, prior to the observation stage, the instructional strategies and materials to be used in class. Whereas principals ($\bar{x}$ = 5.354) tend to be in only slightly stronger

TABLE 2

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 2

Group	Strongly Disagree 1	2	3	4	5	Strongly Agree 6	Mean
Co-ordinators	4	4	2	8	18	63	5.232
Principals	3	0	2	10	21	60	5.354
Teachers	11	4	3	15	18	47	4.694

T < P ($p < .01$). T < C ($p < .05$)

agreement with the statement than co-ordinators ($\bar{x}$ = 5.232), teachers ($\bar{x}$ = 4.694) agree less strongly. Statistical analysis disclosed a

significant difference ($p < .01$) between the response of teachers and principals, and teachers and co-ordinators ($p < .05$). Such analysis, however, failed to yield a significant difference between principals and co-ordinators.

A similarly worded statement by Eaker (1972) evoked agreement with it from teachers, whereas, administrators disagreed with it. A significant difference was found to exist between secondary teachers and administrators in that study.

Item 3. Supervision is likely to be effective even when feelings of mutual trust and understanding have not been established between supervisor and teacher.

The effective functioning of clinical supervision is grounded on the establishment of mutual trust and understanding between teacher and supervisor. Therefore, respondents favourably disposed toward this concept are more likely to disagree with the above statement. As the data in Table 3 reveal, a large number of respondents in each group registered their opposition to the item, hence lending support to the clinical idea. Whereas co-ordinators ($\bar{x} = 4.939$) appear to disagree more strongly with the statement than teachers ($\bar{x} = 4.714$) or principals ($\bar{x} = 4.656$), statistical analysis failed to yield a significant difference among the three groups at the .05 level of significance.

Eaker (1972), using a similar statement, also discovered strong support for the establishment of trust between supervisor and teacher.

However, in that study administrators agreed more strongly than teachers with the need for such trust.

TABLE 3

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 3

Group	Strongly Agree 1	2	3	4	5	Strongly Disagree 6	Mean
Co-ordinators	1	8	9	11	19	51	4.939
Principals	6	8	12	8	15	47	4.656
Teachers	6	10	8	4	24	46	4.714

Item 4. The practice by the teacher of specifying the behavioural outcomes that are expected of the student should make classroom supervision more effective.

That the specification of student behavioural outcomes by the teacher is important to the supervisory process is borne out by the relative amount of agreement with the statement by the three respondent groups (see Table 4). Although there is strong mutual support for the clinical concept, co-ordinators ($\bar{x}$ = 5.111) appear to be more in agreement with the statement than principals ($\bar{x}$ = 4.948) or teachers ($\bar{x}$ = 4.622). Whereas statistical analysis confirmed a significant difference ($p < .05$) between co-ordinators and teachers, no other differences were revealed at this level of significance.

Approximately 75% of all respondents in the Eaker (1972) study

agreed with a similarly worded item, with no significant difference between teachers and administrators being disclosed.

TABLE 4

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 4

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	3	0	2	11	45	38	5.111
Principals	2	4	5	19	34	36	4.948
Teachers	7	5	4	16	36	30	4.622

C > T ($p < .05$).

Item 5. The supervisor can improve the teacher's classroom effectiveness by focusing attention on the teacher's personality traits or character.

Clinical supervision involves the collection and analysis of specific data relative to the act of teaching. It does not endorse the manipulation of character and, hence, one would expect those respondents favourably disposed toward the clinical concept to disagree with the above item. As the data in Table 5 reveal, there is marginal disagreement with the statement by all three groups, thus lending support to the clinical approach. Whereas teachers ($\bar{x} = 4.214$) appear to disagree more strongly with the statement than co-ordinators ($\bar{x} = 3.949$) and principals ($\bar{x} = 3.729$), statistical analysis failed to yield a significant difference among the groups.

TABLE 5

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 5

Group	Strongly Agree 1	2	3	4	5	Strongly Disagree 6	Mean
Co-ordinators	2	17	30	8	19	23	3.949
Principals	1	18	37	9	12	19	3.729
Teachers	3	17	20	8	16	34	4.214

Item 6. Following a classroom observation, the supervisor should always have a conference as soon as possible with the teacher to share (discuss) the information he/she has collected.

One conclusion that may be readily drawn from the data in Table 6 is that all three groups of respondents strongly agree with the

TABLE 6

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 6

Group	Strongly Disagree 1	2	3	4	5	Strongly Agree 6	Mean
Co-ordinators	1	0	0	0	5	98	5.899
Principals	0	0	1	1	5	89	5.896
Teachers	0	0	0	4	5	89	5.867

statement, thus endorsing the concept of a post-observation conference and its expediency following a classroom observation. Statistical analysis failed to yield any significant differences among the mean scores of the three groups on this item.

Although Eaker (1972) found that from 90 to 95% of respondents agreed with a similarly worded statement, he found a significant difference between administrators and secondary teachers, with the former in stronger agreement.

Item 7. The primary objective of having a supervisory program is to improve the quality of instruction that takes place in the classroom.

The data in Table 7 indicate overwhelming agreement with the statement by all three groups of respondents. Clearly, the clinical

TABLE 7

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 7

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	0	2	0	2	4	91	5.838
Principals	0	0	1	2	7	86	5.854
Teachers	1	2	2	5	13	75	5.571

T < P, C ($p < .05$).

view that supervision should be intended, first and foremost, as a means to improving the quality of classroom instruction is supported by co-ordinators, principals and teachers. However, it appears that principals ($\bar{x}$ = 5.854) and co-ordinators ($\bar{x}$ = 5.838) feel more strongly about this concept, as the statement reflects it, than teachers ($\bar{x}$ = 5.571). When subjected to statistical analysis a significant difference ($p < .05$) did emerge between the mean responses of principals and teachers, and co-ordinators and teachers. No statistical difference was reported between the mean scores of principals and co-ordinators at this level of significance.

The finding is comparable to Eaker's (1972) in that he also found administrators to be in stronger agreement with this statement than teachers.

Item 8. The primary objective of having a supervisory program should be to evaluate a teacher's competencies as they relate to his/her instructional performance.

Clinical supervision endorses the concept of supervision as a means to improving instruction; it does not embrace the term "evaluate" as part of its overall procedure. Emphasis is on a collaborative and helping relationship, with a view to enabling the teacher to analyze his/her own teaching behaviour, and thus bring about subsequent change where necessary. This approach precludes any external evaluation of a teacher's competencies and, therefore, respondents more favourably disposed toward the clinical point of view would be inclined to disagree with the above statement.

As the data in Table 8 reveal, most respondents in all three groups tend to agree with the statement, thus appearing to lend little support for the clinical idea. Although such support is lacking from either of the groups, it does appear that co-ordinators ($\bar{x}$ = 3.202) are slightly more favourably disposed toward the clinical concept, as this statement reflects it, than principals ($\bar{x}$ = 2.625) or teachers ($\bar{x}$ = 2.531). Statistical analysis confirmed a significant difference

TABLE 8

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 8

	Strongly Agree					Strongly Disagree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	17	27	20	7	10	18	3.202
Principals	22	34	20	5	8	7	2.625
Teachers	33	25	22	2	5	11	2.531

C > P, T ($p < .05$).

($p < .05$) in the mean scores of co-ordinators and teachers, and co-ordinators and principals. No significant difference was found to exist between principals and teachers at this level of significance.

The discrepancy, if one could label it such, between responses on this item and those on the previous one is difficult to explain. Perhaps respondents view supervision as a complex process involving several "primary objectives". Perhaps, the kind of supervision that respondents had participated in may have been so synonymous with

evaluation that they do not discriminate between the two, and therefore agree with a statement reflecting supervision as evaluation.

Item 9. Classroom supervision is more likely to be effective when based upon invitations and issues that the teacher initiates.

The data in Table 9 show that there is relative agreement with this statement by each group of respondents and, therefore, considerable support for the clinical notion that supervision is

TABLE 9

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 9

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	2	11	2	20	37	27	4.616
Principals	5	14	9	20	28	20	4.167
Teachers	5	11	6	19	29	28	4.429

likely to be more effective when it is teacher initiated. An examination of mean scores reveals that co-ordinators ($\bar{x}$ = 4.616) appear to be in slightly more agreement with the statement, followed by teachers ($\bar{x}$ = 4.429) and principals ($\bar{x}$ = 4.167) in that order. However, statistical analysis failed to yield any significant differences among the three groups on this item.

Item 10. In a post-observation conference the teacher and the supervisor must agree on what took place in the classroom.

An examination of the data in Table 10 will show only marginal agreement with the statement by teachers and co-ordinators, whereas, principals tend to slightly disagree. Thus the clinical concept, which emphasizes the need for supervisor and teacher to agree on what

TABLE 10

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 10

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	9	22	11	16	28	13	3.717
Principals	21	15	10	19	19	12	3.375
Teachers	8	13	13	17	22	25	4.092

$T > P$ $(p < .05)$.

had actually transpired during the classroom observation stage, apparently lacks substantial support from all quarters. Mean scores indicate, however, that teachers ($\bar{x} = 4.092$) appear to be in stronger agreement with this aspect of the clinical process, as reflected by the above statement, than co-ordinators ($\bar{x} = 3.717$) and principals ($\bar{x} = 3.375$). Statistical analysis did yield a significant difference ($p < .05$) in the responses of teachers and principals, however, no

other statistical differences were reported at this level of significance.

This item also elicited similar responses from the groups surveyed by Eaker (1972). However, his analysis did not yield any significant difference among groups.

Item 11: Classroom supervision is likely to be more acceptable to the teacher when the supervisor is viewed as a "master" teacher, i.e., experienced and highly competent.

As can be seen from the data in Table 11, all three groups of respondents are in relative agreement with the above statement, thus

TABLE 11

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 11

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	4	5	0	14	30	46	5.010
Principals	12	6	4	6	30	38	4.563
Teachers	9	9	6	16	18	40	4.480

supporting the concept that when the supervisor is perceived as a "master teacher", classroom supervision is likely to be more acceptable. Mean scores indicate that co-ordinators ($\bar{x} = 5.010$) appear to be in stronger agreement with the statement than either principals

($\bar{x}$ = 4.563) or teachers ($\bar{x}$ = 4.480). Whereas the initial analysis of variance yielded an F-probability of 0.0437, the more stringent Scheffé procedure failed to confirm a significant difference among any of the groups at the .05 level of significance.

Item 12. It should not be necessary for the supervisor to explain to the teacher the purpose of each classroom visit.

Supervision that is teacher initiated and based on a collegial approach to helping improve instruction begins with collaborative planning by teacher and supervisor. Therefore, respondents supporting the clinical point of view would likely be inclined to disagree with the above statement. The data in Table 12 show that a relatively high number of respondents from each group did disagree with the item, thus

TABLE 12

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 12

	Strongly Agree					Strongly Disagree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	3	10	12	7	21	46	4.727
Principals	12	14	11	7	14	38	4.156
Teachers	14	10	6	11	15	42	4.316

indicating a favourable disposition toward the clinical concept. An

examination of mean scores would perhaps tend to indicate that co-ordinators ($\bar{x}$ = 4.727 are more supportive of this aspect of the clinical process than teachers ($\bar{x}$ = 4.316) or principals ($\bar{x}$ = 4.156). However, statistical analysis failed to disclose any significant differences among the responses of the three groups.

Item 13. A supervisory program is likely to be more effective when the supervisor solicits the teacher's opinions and encourages the teacher to make suggestions as opposed to giving feedback in declarative sentences only.

The conclusion which may be drawn from the data in Table 13 is explicit. There is overwhelming agreement with the statement by all three groups of respondents. Whereas co-ordinators ($\bar{x}$ = 5.566) and

TABLE 13

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 13

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	1	1	0	4	26	67	5.566
Principals	1	1	0	4	25	65	5.563
Teachers	3	1	1	7	24	62	5.388

principals ($\bar{x}$ = 5.563) appear to be in stronger agreement with the item than teachers ($\bar{x}$ = 5.388) statistical analysis failed to disclose any

significant differences among them. Accordingly, this would appear to signal a need to end the traditional style of supervision, with its emphasis on the more directive approach of "correcting" teacher behaviour, and to signify support for the clinical concept of supervision, whereby the teacher's opinions and suggestions are recognized and endorsed.

Item 14. A supervisory program is likely to be more effective when the supervisor uses a directive approach for changing behaviour, i.e., offers opinions and suggestions in declarative sentences.

Since clinical supervision tends to emphasize the role of the teacher and, more specifically, the teacher's own initiative, respondents favourably disposed toward the clinical process are more likely to disagree with the above statement. Whereas the data in Table 14 does show relative disagreement with this item by all three

TABLE 14

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 14

	Strongly Agree					Strongly Disagree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	4	9	10	13	23	40	4.636
Principals	8	16	13	7	15	37	4.208
Teachers	11	13	14	11	16	33	4.092

groups, thus lending support to the clinical concept, it would appear that co-ordinators ($\bar{x}$ = 4.636) tend to be more supportive than principals ($\bar{x}$ = 4.208) or teachers ($\bar{x}$ = 4.092). When subjected to statistical analysis, however, no significant difference in the responses of the three groups was determined.

A comparison of mean scores on Items 13 and 14 will reveal that the overwhelming support for the effectiveness of the teacher's opinions and suggestions did not materialize to the same extent against the supervisor's more directive approach to changing teacher behaviour. It would thus appear that while firmly believing in and supporting the teacher's initiative, many teachers, principals and co-ordinators still perceive the opinions and suggestions of a supervisor as likewise being effective, even when stated in a directive or "telling" manner. Perhaps, again, this is a reflection of prior conditioning toward the acceptance of more traditional supervisory methods.

Item 15. Prior to a classroom observation by the supervisor both the supervisor and the teacher should agree as to what the supervisor should focus upon during the observation.

As the data in Table 15 reveal, there is relative agreement with this statement by all three groups of respondents. Hence, there is at least moderate support for the clinical concept that the nature and methodology of a classroom observation should be the culmination of collaborative planning by teacher and supervisor. Of course, there

TABLE 15

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 15

Group	Strongly Disagree 1	2	3	4	5	Strongly Agree 6	Mean
Co-ordinators	5	8	11	22	35	18	4.293
Principals	4	10	5	26	32	19	4.344
Teachers	10	8	17	23	22	18	3.949

remains minimal support for the autonomy of the supervisor in this regard and, perhaps, in view of the long standing nature of such autonomy, this is not surprising. Whereas it appears that principals ($\bar{x}$ = 4.344) are more supportive of the statement, and thus the clinical concept, than either co-ordinators ($\bar{x}$ = 4.293) or teachers ($\bar{x}$ = 3.949), statistical analysis failed to yield a significant difference among the responses of the three groups.

In the Eaker (1972) study teachers were in only marginal agreement with a similarly worded statement, whereas administrators tended to slightly disagree. A significant difference was found to exist between elementary teachers and administrators with the former agreeing more strongly with the statement.

Item 16. The supervisor can improve the quality of classroom instruction by observing the teacher's classroom behaviour, helping to identify patterns of behaviour and analyzing these patterns in relation to the teacher's classroom objectives.

An examination of the data in Table 16 reveals relatively strong agreement with the statement by all three groups of respondents.

TABLE 16

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 16

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	0	3	1	12	50	33	5.101
Principals	2	0	1	12	38	43	5.219
Teachers	2	2	2	21	40	31	4.918

Whereas it appears that principals ($\bar{x}$ = 5.219) are slightly more favourably disposed toward the clinical process, as reflected in this item, than are co-ordinators ($\bar{x}$ = 5.101) and teachers ($\bar{x}$ = 4.918) respectively, statistical analysis failed to yield a significant difference among the mean scores of the groups. Thus, observing a teacher's classroom behaviour, and helping to identify and analyze patterns of behaviour as they relate to a teacher's objectives, is acknowledged by an overwhelming majority of respondents as a desirable means to the improvement of the quality of classroom instruction.

In the Eaker (1972) study approximately 86% of all teachers and 95% of administrators were found to agree with a similar statement. A statistically significant difference was detected with administrators

agreeing more strongly than elementary or secondary teachers with the concept.

Item 17. It is best that the teacher not become involved in the evaluation of the supervisory process.

One of the major principles underlying clinical supervision is the need for full and open involvement of the teacher in every phase of a supervisory program. Certainly, this should include the evaluation stage because it is the teacher who is expected to be the main recipient and benefactor of such supervisory efforts. Consequently, those respondents more favourably disposed toward the clinical point of view are likely to disagree with the above statement.

As the data in Table 17 reveal, the vast majority of co-ordinators, principals and teachers disagree with a statement that

TABLE 17

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 17

	Strongly Agree					Strongly Disagree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	2	5	4	13	23	52	5.081
Principals	2	2	1	5	20	66	5.469
Teachers	4	4	2	7	12	69	5.306

makes no provision for involving the teacher in the evaluation of the supervision program, thus lending considerable support to the clinical notion. Whereas principals ($\bar{x}$ = 5.469) appear to be more supportive of the clinical approach than either teachers ($\bar{x}$ = 5.306) or co-ordinators ($\bar{x}$ = 5.081), statistical analysis failed to disclose any significant differences among the mean scores of the three groups.

Item 18. The supervisor should analyze and help change the classroom behaviour of an ineffective teacher.

The data in Table 18 indicate considerable agreement with the above statement by all groups of respondents. Thus, there is

TABLE 18

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 18

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	0	1	2	11	25	60	5.424
Principals	3	1	1	4	22	65	5.458
Teachers	3	1	1	12	26	55	5.265

unmistakable support for the clinical concept that the supervisor should analyze and help change the classroom behaviour of an

ineffective teacher. Whereas, principals ($\bar{x}$ = 5.458) and co-ordinators ($\bar{x}$ = 5.424) appear to agree more strongly with the statement, and hence the concept, than teachers ($\bar{x}$ = 5.265), statistical analysis failed to yield any significant difference in the mean responses of the three groups.

Item 19. Prior to a classroom observation the teacher and supervisor should agree upon the methods to be used for gathering information/data during the observation stage.

As can be seen from the mean scores in Table 19, there is relative agreement with the above statement by the three groups of respondents.

TABLE 19

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 19

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	4	8	4	20	29	34	4.657
Principals	5	7	5	21	26	32	4.583
Teachers	8	7	2	29	18	34	4.469

Thus, it appears important that the teacher agree with the methods by which information is collected during a classroom observation. Whereas co-ordinators ($\bar{x}$ = 4.657) appear to agree more strongly with the statement than do either principals ($\bar{x}$ = 4.583) or teachers

($\bar{x}$ = 4.469), no statistically significant differences in mean scores emerged when subjected to the analysis of variance procedure.

Item 20. At the post-observation stage it is better for the supervisor to give his/her impressions of what took place in the classroom rather than deal with the details of what he/she actually observed.

The clinical supervision concept is based on the collection of specific data relative to definite aspects of classroom behaviour. It is therefore advocated that feedback be initiated with this in mind. Instead of asking the teacher "How do you feel about the lesson?" it would be better to begin the dialogue with "Here are the questions you wanted to analyze. Lets have a look at them." In other words, teacher and supervisor examine the collected data together to look for potential patterns of classroom behaviour. Thus, those respondents favourably disposed toward the clinical supervision concept, as reflected in the above statement, are more likely to disagree with this item.

An inspection of the data in Table 20 will reveal that all three groups of respondents express slight disagreement with the statement, thus tending to give at least minor support for the clinical view. Principals ($\bar{x}$ = 4.198) appear to be more supportive of the clinical concept than either co-ordinators ($\bar{x}$ = 4.091) or teachers ($\bar{x}$ = 3.582). Statistical analysis confirmed a significant difference ($p < .05$) in the mean scores of principals and teachers. However, no other statistical differences were reported at this level of significance.

TABLE 20

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 20

Group	Strongly Agree 1	2	3	4	5	Strongly Disagree 6	Mean
Co-ordinators	1	23	12	18	20	25	4.091
Principals	5	19	17	2	17	36	4.198
Teachers	10	20	22	12	17	17	3.582

$P > T$. ($p < .05$).

Eaker's (1972) statement regarding this practice was worded somewhat differently in that the clinical concept of "dealing with details rather than impressions" was placed at the beginning of the item. This approach appeared to elicit a much stronger rate of agreement, which in turn, may be translated into major support for the clinical view. However, the analysis of data failed to yield any significant differences among groups in that study.

Item 21. The supervisor should attempt to change patterns of teaching behaviour that tend to impede the attainment of the teacher's objectives.

A quick observation of the mean scores in Table 21 will show that relative agreement with the statement exists among all three groups of respondents. Thus, there is at least moderate support from all groups for the clinical concept that the focus of supervisory efforts should

aim at helping teachers change behaviour that tends to interfere with their teaching objectives. Co-ordinators ($\bar{x}$ = 5.091) appear to be more supportive of the clinical concept, as this statement reflects it,

TABLE 21

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 21

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	0	4	3	17	31	44	5.091
Principals	2	6	0	19	37	32	4.865
Teachers	5	5	2	26	34	26	4.602

C > T ($p < .05$).

than either principals ($\bar{x}$ = 4.865) or teachers ($\bar{x}$ = 4.602). Whereas, statistical analysis confirmed a significant difference ($p < .05$) between the mean scores of co-ordinators and teachers, no other statistical differences were reported at this level of significance.

More than 90% of respondents in the Eaker (1972) research also agreed with a similar statement reflecting the need for teaching patterns that impede the attainment of objectives to be changed. No significant difference between teachers and administrators emerged on that item.

Item 22. Classroom supervision is likely to be more acceptable to the teacher when supervisors are trained in appropriate observational, conferencing, and follow-up techniques.

An examination of the data in Table 22 reveals strong agreement with the statement by all three respondent groups, thus showing

TABLE 22

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 22

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	1	2	2	6	21	67	5.475
Principals	1	2	2	2	33	56	5.417
Teachers	1	0	1	10	17	69	5.541

considerable support for the clinical view that classroom supervision is more likely to be acceptable when conducted by persons who have been properly trained in all aspects of supervision. Whereas teachers ($\bar{x}$ = 5.541) appear to be slightly more favourably disposed toward the concept, as reflected in the above statement, than co-ordinators ($\bar{x}$ = 5.475) or principals ($\bar{x}$ = 5.417), statistical analysis failed to yield any significant differences among the mean scores of the three groups at the .05 level of significance.

Item 23. A supervisory program is likely to be more effective when it focuses on teacher deficiencies.

Another of the basic concepts surrounding the clinical process is that supervision should focus primarily on teacher growth as opposed to teacher deficiency. Therefore, respondents favourably disposed toward the clinical concept are more likely to disagree with this item. As the data in Table 23 reveal, there is a relatively strong tendency on the part of the three groups to reject the statement, thus indicating a favourable disposition toward this particular assumption

Table 23

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 23

	Strongly Agree					Strongly Disagree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	0	2	7	8	27	55	5.273
Principals	1	5	5	7	18	60	5.250
Teachers	1	4	9	14	21	49	5.010

of the clinical process. Clearly, effective supervision must focus on something other than the teacher's deficiencies. Whereas co-ordinators ($\bar{x}$ = 5.273) and principals ($\bar{x}$ = 5.250) appear to be more supportive of the clinical point of view, as the statement reflects it, than teachers ($\bar{x}$ = 5.010), statistical analysis failed to disclose

any significant differences among the mean responses of the three groups at the .05 level of significance.

Item 24. Instructional improvement is more likely to occur when the supervisor assists the teacher in the development of strategies for future teaching.

The clinical aproach to supervision advocates teacher and supervisor collaboration in the development of future teaching strategies. When the supervisor is able to help the teacher in this manner, instructional improvement is more likely to result. As can be seen from the data in Table 24, there is strong agreement with the statement by the three groups of respondents, thus, revealing

TABLE 24

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 24

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	0	0	0	4	29	66	5.626
Principals	0	0	1	5	27	63	5.583
Teachers	2	0	1	10	24	61	5.418

overwhelming support for the clinical concept. Whereas co-ordinators ($\bar{x}$ = 5.626) appear to be more supportive than principals ($\bar{x}$ = 5.583) and teachers ($\bar{x}$ = 5.418) respectively, statistical analysis failed to yield

any significant differences among the mean scores of the three groups. A similar statement by Eakér (1972) found equally strong support for this concept with no significant difference between teachers and administrators.

Item 25. Supervision will be less acceptable to the teacher when the supervisor speculates about the teacher's feelings, attitudes and emotions.

The data in Table 25 indicate relative support by all groups for the above statement and, therefore, demonstrate their inclination

TABLE 25

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 25

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	4	9	7	12	30	37	4.677
Principals	10	11	5	17	22	31	4.281
Teachers	7	8	7	10	24	42	4.653

toward the clinical view that the supervisor should not speculate about intrinsic concerns. Whereas, it appears that co-ordinators ($\bar{x}$ = 4.677) and teachers ($\bar{x}$ = 4.653) agree more strongly with the statement than principals ($\bar{x}$ = 4.281), no statistically significant differences

($p > .05$) in the mean responses of the groups were uncovered when the analysis of variance procedure was performed.

An identical statement by Eaker (1972) evoked an approximately corresponding level of agreement with no significant difference between respondent groups.

Item 26. The supervisor should instruct the teacher in techniques for analyzing the teacher's own classroom behaviour.

The data in Table 26 show that although support for the concept that teachers should be trained to analyze their own classroom

TABLE 26

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 26

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	1	2	2	17	38	39	5.081
Principals	0	4	5	18	42	27	4.865
Teachers	2	2	5	27	30	32	4.806

behaviour is not overwhelming, there is relatively strong acceptance of the idea, as contained in the above statement, by all three groups of respondents. Whereas co-ordinators ($\bar{x} = 5.081$) appear to be in more agreement with the item than principals ($\bar{x} = 4.865$) and teachers

($\bar{x}$ = 4.806), statistical analysis failed, however, to yield any differences among the three groups at the .05 level of significance.

The research by Eaker (1972) also reported a comparable degree of approval with a similar statement, and yielded no significant differences between teachers and administrators.

Item 27. It is better for the supervisor to observe a teacher's classroom without any prior knowledge about the teacher or his/her plans.

As previously mentioned, the concept of clinical supervision includes collaborative planning of the lesson to be observed by teacher and supervisor. Therefore, those more favourably disposed toward the clinical concept are likely to register disagreement with the above statement.

As the data in Table 27 reveal, there is relatively strong

TABLE 27

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 27

Group	Strongly Agree 1	2	3	4	5	Strongly Disagree 6	Mean
Co-ordinators	2	4	5	14	25	49	5.051
Principals	5	7	5	10	18	51	4.896
Teachers	5	8	12	7	17	49	4.735

disagreement with the statement by all three groups, undoubtedly, indicating considerable support for the clinical point of view that teacher-supervisor collaboration in planning a classroom observation is essential. Whereas co-ordinators ($\bar{x}$ = 5.051) appear to be more supportive of the clinical idea than principals ($\bar{x}$ = 4.896) or teachers ($\bar{x}$ = 4.735), statistical analysis failed to disclose any significant differences ($p > .05$) among the mean scores of the three groups.

An identical statement by Eaker (1972) produced a somewhat different result: administrators agreed more strongly with the item than did elementary or junior high/middle school teachers. No significant difference was detected between administrators and secondary teachers.

Item 28. The potential stress normally associated with a classroom observation will be reduced when supervisor and teacher collaborate in planning the supervisory process.

As the data in Table 28 indicate, all three groups of respondents are in relatively strong agreement with the above statement and, hence, tend to support the clinical concept that collaborative planning is important in reducing the stress normally associated with a classroom observation. Initially, the analysis of variance (F = 0.0315) indicated that a difference may exist in the responses of the three groups because principals ($\bar{x}$ = 5.438) and co-ordinators ($\bar{x}$ = 5.404) appear to agree more strongly with the statement than teachers ($\bar{x}$ = 5.102). However, the more stringent Scheffé procedure failed to

TABLE 28

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 28

Group	Strongly Disagree 1	2	3	4	5	Strongly Agree 6	Mean
Co-ordinators	0	2	2	9	27	59	5.404
Principals	1	0	3	8	24	60	5.438
Teachers	2	1	3	21	23	48	5.102

yield any significant differences among mean scores at the .05 level of significance.

Item 29. The supervisor should collect data concerning a teacher's patterns of classroom behaviour through some systematic observational technique.

Clinical supervision proposes that some systematic technique or instrument (e.g., Flanders' Interaction Analysis) be used in the classroom observation of teacher behaviour. The data in Table 29 show that the three groups of respondents are in relative agreement with the statement and thus lend support to the clinical concept. Whereas principals ($\bar{x}$ = 4.979) and co-ordinators ($\bar{x}$ = 4.970) appear to agree more strongly with the statement than teachers ($\bar{x}$ = 4.633), statistical analysis failed to yield a difference among the three groups at the .05 level of significance.

TABLE 29

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 29

Group	Strongly Disagree 1	2	3	4	5	Strongly Agree 6	Mean
Co-ordinators	3	5	0	16	35	40	4.970
Principals	3	2	3	17	32	39	4.979
Teachers	3	8	2	22	37	26	4.633

Item 30. Effective supervision may be achieved equally as well through short term "one shot" efforts as by some systematic, flexible and continuing process.

Most recent literature on the supervisory process, including clinical supervision, attempts to separate supervision from evaluation. Whereas evaluation may be conducted on an ad hoc basis and without advanced planning for the purpose of assessing overall teacher competence, clinical supervision is teacher initiated and based on collaborative planning, specific data collection and a collegial approach to feedback interpretation. It is aimed at self-discovery and, consequently, self-growth for the teacher. Such an approach to effective teaching demands more than a "one shot" effort and, therefore, respondents supporting the clinical concept are more likely to disagree with the above item.

As the data in Table 30 reveal, all three groups of respondents

TABLE 30

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 30

	Strongly Agree					Strongly Disagree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	0	1	1	4	14	79	5.707
Principals	2	3	2	1	23	65	5.448
Teachers	3	7	3	10	18	57	5.082

$C > T$ ($p < .01$).

report relatively strong disagreement with the statement, thereby supporting the clinical process. Whereas it appears that co-ordinators ($\bar{x} = 5.707$) are more supportive of the clinical point of view than principals ($\bar{x} = 5.448$) and teachers ($\bar{x} = 5.082$) respectively, statistical analysis confirmed a significant difference ($p < .01$) in the mean scores of co-ordinators and teachers only. No statistical difference ($p > .05$) was reported between co-ordinators and principals or teacher and principals.

Item 31. Supervision is likely to be more effective when performed by educational personnel who are not directly responsible for teacher "evaluation".

As stated previously, the issue of supervisor as facilitator versus supervisor as evaluator remains a contentious one. Although clinical supervision recognizes the dual role that often must be

played by those in a supervisory position, it definitely comes down on the side of the supervisor as facilitator of teacher growth as a means to improving teaching effectiveness. As Acheson and Gall (1980, p. 15) point out, many educators advocate a complete separation of roles with one supervisor evaluating a teacher's performance in a manner similar to the traditional "inspector" role, while another devotes his/her efforts to promoting teacher growth in a manner compatible with the clinical supervisory process. Irrespective of its practicality, this would tend to remove, or at least lessen, the anxiety associated with the process of being evaluated. Consequently, a teacher, knowing he/she can get genuine support from a supervisor (facilitator) would be inclined to initiate more clinical supervisory attempts, with the result that supervision could become more effective.

The data shown in Table 31 does not lend a great deal of support to the clinical idea that supervision will be more effective when conducted by persons other than those deemed as "evaluators". Whereas co-ordinators ($\bar{x}$ = 3.980) do show marginal agreement with the statement and teachers ($\bar{x}$ = 3.449) remain relatively undecided, principals ($\bar{x}$ = 2.458) tend to disagree moderately. Statistical analysis confirmed a significant difference among the mean scores of the groups. Principals respond differently ($p < .01$) than either co-ordinators or teachers. However, no significant difference between co-ordinators and teachers was detected at the .05 level.

TABLE 31

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 31

Group	Strongly Disagree 1	2	3	4	5	Strongly Agree 6	Mean
Co-ordinators	10	13	12	19	24	21	3.980
Principals	42	20	7	10	9	8	2.458
Teachers	21	13	9	22	22	11	3.449

P < C,T ($p < .01$).

Item 32. In order for supervision to be effective the supervisor should have complete freedom to initiate and determine the nature and content of the supervisory process.

One of the supporting principles of the clinical process is that supervision be initiated by the teacher. Therefore, those respondents favourably disposed toward the concept would be more likely to disagree with the above statement. As the data in Table 32 indicate, there is relative disagreement with this item from the three groups of respondents and, hence, better than marginal support for the clinical idea. Whereas teachers ($\bar{x} = 4.398$) appear to be more supportive than either co-ordinators ($\bar{x} = 4.141$) or principals ($\bar{x} = 3.979$), statistical analysis failed to yield a significant difference ($p > .05$) among the mean scores of the groups.

TABLE 32

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 32

	Strongly Agree					Strongly Disagree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	3	16	16	19	19	26	4.141
Principals	6	14	19	17	17	23	3.979
Teachers	4	10	14	16	23	31	4.398

Item 33. Instruction can be improved where teachers are trained to observe and analyze each other's classroom behaviour.

As the data in Table 33 reveal, there is substantial agreement with the above statement by all three groups of respondents, thus

TABLE 33

FREQUENCY DISTRIBUTION AND MEAN SCORES FOR ITEM 33

	Strongly Disagree					Strongly Agree	
Group	1	2	3	4	5	6	Mean
Co-ordinators	1	3	5	18	44	28	4.869
Principals	4	10	3	22	29	28	4.521
Teachers	2	10	8	21	34	23	4.469

lending reasonable support for the clinical concept that instructional improvement can result from collegial supervision, that is, where teachers can observe and help analyze each other's patterns of classroom behaviour. Whereas it appears that co-ordinators ($\bar{x}$ = 4.869) are more favourably disposed toward the idea than principals ($\bar{x}$ = 4.521) or teachers ($\bar{x}$ = 4.469), statistical analysis failed to disclose any significant differences among the mean scores of the three groups.

The response to a similar statement in the Eaker (1972) study appeared somewhat less enthusiastic. Only 63% of all respondents agreed that the supervisor should provide training for teachers to to observe each other's classes. A significant difference was found to exist between administrators and secondary teachers with the latter agreeing more strongly with the statement.

Question One: Perceptions of Program Co-ordinators

1. What perceptions do program co-cordinators hold of an instructional supervisory program which tends to utilize the rationale, assumptions and procedures (characteristics) of clinical supervision?

As shown in Table 34, co-ordinators were on the average in agreement with 32 of the 33 items dealing with clinical supervision. On the average, they agreed strongly with five items, they agreed moderately with 21 items, and they agreed slightly with 6 items, with an overall mean ranking of Agree Moderately. On one item only was the mean response slightly disagree. There was no item with which co-ordinators disagreed moderately or strongly. This indicates an

TABLE 34

DISTRIBUTION OF CO-ORDINATORS' MEAN SCORES ON 33 ITEMS

Response	Interval	Number of Items with This Mean Response
Agree Strongly	5.500-6.000	5
Agree Moderately	4.500-5.499	21
Agree Slightly	3.500-4.499	6
Disagree Slightly	2.500-3.499	1
Disagree Moderately	1.500-2.499	0
Disagree Strongly	1.000-1.499	0

Note. Co-ordinators' overall mean response was 4.903 (Agree Moderately).

overwhelming positive attitude by co-ordinators towards clinical supervision.

As shown in Table 35, which depicts a ranking of items based on mean scores, co-ordinators feel strongly about the need for the supervisor to hold a post-observation conference ($\bar{x}$ = 5.899) with the teacher as soon as possible following a classroom observation. Likewise, they strongly believe that supervision should be a systematic, flexible and continuing process ($\bar{x}$ = 5.707), whereby, the supervisor assists the teacher in the development of strategies for future teaching ($\bar{x}$ = 5.626) while paying particular attention to the teacher's opinions and suggestions ($\bar{x}$ = 5.566). They strongly support the clinical concept regarding the primary objective of a supervisory program: priority should be on improving the quality of instruction ($\bar{x}$ = 5.838). However, contrary to the clinical perspective ($\bar{x}$ = 3.202), they agree slightly with the opposing view, namely, that evaluation of

a teacher's instructional compentencies is the primary purpose of supervision.

TABLE 35

PROGRAM CO-ORDINATORS' RANKING OF CLINICAL SUPERVISION ITEMS BY MEAN SCORE

Mean	Content
5.899	Following a classroom observation, the supervisor should always have a conference as soon as possible with the teacher to share (discuss) the information he/she has collected. (Item #6)
5.838	The primary objective of having a supervisory program is to improve the quality of instruction that takes place in the classroom. (Item #7)
5.707*	Effective supervision may be achieved equally as well through short term "one shot" efforts as by some systematic, flexible and continuing process. (Item #30)
5.626	Instructional improvement is more likely to occur when the supervisor assists the teacher in the development of strategies for future teaching. (Item #24)
5.566	A supervisory program is likely to be more effective when the supervisor solicits the teacher's opinions and encourages the teacher to make suggestions as opposed to giving feedback in declarative sentences only. (Item #13)
5.475	Classroom supervision is likely to be more acceptable to the teacher when supervisors are trained in appropriate observational, conferencing, and follow-up techniques. (Item #22)
5.424	The supervisor should analyze and help change the classroom behaviour of an ineffective teacher. (Item #18)
5.404	The potential stress normally associated with a classroom observation will be reduced when supervisor and teacher collaborate in planning the supervisory process. (Item #28)

TABLE 35 (cont'd.)

PROGRAM CO-ORDINATORS' RANKING OF CLINICAL SUPERVISION ITEMS BY MEAN SCORE

Mean	Content
5.364	The supervisor can help the teacher by observing the teacher's behaviour in the classroom. (Item #1)
5.273*	A supervisory program is likely to be more effective when it focuses on teacher deficiencies. (Item #23)
5.232	Before the supervisor observes a teacher's classroom he/she should discuss with the teacher the instructional strategies and materials that are to be used in class. (Item #2)
5.111	The practice by the teacher of specifying the behavioural outcomes that are expected of the student should make classroom supervision more effective. (Item #4)
5.101	The supervisor can improve the quality of classroom instruction by observing the teacher's classroom behaviour, helping to identify patterns of behaviour and analyzing these patterns in relation to the teacher's classroom objectives. (Item #16)
5.091	The supervisor should attempt to change patterns of teaching behaviour that tend to impede the attainment of the teacher's objectives. (Item #21)
5.081*	It is best that the teacher not become involved in the evaluation of the supervisory process. (Item #17)
5.081	The supervisor should instruct the teacher in techniques for analyzing the teacher's own classroom behaviour. (Item #26)
5.051*	It is better for the supervisor to observe a teacher's classroom without any prior knowledge about the teacher or his/her plans. (Item #27)
5.010	Classroom supervision is likely to be more acceptable to the teacher when the supervisor is viewed as a 'master teacher, i.e., experienced and highly competent. (Item #11)

TABLE 35 (cont'd.)

PROGRAM CO-ORDINATORS' RANKING OF CLINICAL SUPERVISION ITEMS BY MEAN SCORE

Mean	Content
4.970	The supervisor should collect data concerning a teacher's patterns of classroom behaviour though some systematic observational technique. (Item #29)
4.939*	Supervision is likely to be effective even when feelings of mutual trust and understanding have not been established between supervisor and teacher. (Item #3)
4.869	Instruction can be improved where teachers are trained to observe and analyze each other's classroom behaviour. (Item #33)
4.727*	It should not be necessary for the supervisor to explain to the teacher the purpose of each classroom visit. (Item #12)
4.677	Supervision will be less acceptable to the teacher when the supervisor speculates about the teacher's feelings, attitudes and emotions. (Item #25)
4.657	Prior to a classroom observation the teacher and supervisor should agree upon the methods to be used for gathering information/data during the observation stage. (Item #19)
4.636*	A supervisory program is likely to be more effective when the supervisor uses a directive approach for changing behaviour, i.e., offers opinions and suggestions in declarative sentences. (Item #14)
4.616	Classroom supervision is more likely to be effective when based upon invitations and issues that the teacher initiates. (Item #9)
4.293	Prior to a classroom observation by the supervisor both the supervisor and the teacher should agree as to what the supervisor should focus upon during the observation. (Item #15)

TABLE 35 (cont'd.)

PROGRAM CO-ORDINATORS' RANKING OF CLINICAL SUPERVISION ITEMS BY MEAN SCORE

Mean	Content
4.141*	In order for supervision to be effective the supervisor should have complete freedom to initiate and determine the nature and content of the supervisory process. (Item #32)
4.091*	At the post-observation stage it is better for the supervisor to give his/her impressions of what took place in the classroom rather than deal with the details of what he/she actually observed. (Item #20)
3.980	Supervision is likely to be more effective when performed by educational personnel who are not directly responsible for teacher "evaluation". (Item #31)
3.949*	The supervisor can improve the teacher's classroom effectiveness by focusing attention on the teacher's personality traits or character. (Item #5)
3.717	In a post-observation conference the teacher and the supervisor must agree on what took place in the classroom. (Item #10)
3.202*	The primary objective of having a supervisory program should be to evaluate a teacher's competencies as they relate to his/her instructional performance. (Item #8)

Note. An asterisk indicates items worded contrary to the clinical supervision concept. Mean scores reveal the extent of agreement with the clinical concept, not necessarily with the statement as worded.

$\bar{x}$ = 4.903

Program co-ordinators also agree moderately that the supervisor can ($\bar{x}$ = 5.364) and should ($\bar{x}$ = 5.424) help change the classroom behaviour of an ineffective teacher, by focusing perhaps on teacher growth rather than on teacher deficiencies ($\bar{x}$ = 5.273). Supervisors,

trained in appropriate observational, conferencing and follow-up techniques ($\bar{x}$ = 5.475), should work in close collaboration with the teacher in planning the total supervisory process ($\bar{x}$ = 5.404). It is considered important that the supervisor have prior knowledge of the teacher and his/her plans ($\bar{x}$ = 5.051), and before any actual classroom observation is to take place the supervisor should discuss with the teacher the instructional strategies and materials to be used in class ($\bar{x}$ = 5.232), along with the behavioural outcomes expected of students ($\bar{x}$ = 5.111).

There appears little doubt that co-ordinators feel they can improve the quality of classroom instruction by observing a teacher's behaviour, helping the teacher identify patterns of teaching behaviour, and by analyzing these patterns in relation to the teacher's classroom objectives ($\bar{x}$ = 5.101). They further maintain that where such teaching behaviour tends to impede the attainment of the teacher's objectives the supervisor should attempt to bring about some change ($\bar{x}$ = 5.091). However, because the teacher is such an integral part of the process he/she should be involved from the outset in the evaluation of the supervisory program ($\bar{x}$ = 5.081).

Co-ordinators also see supervision's being more acceptable to the teacher when the supervisor is viewed as a "master teacher" ($\bar{x}$ = 5.010), who is capable of instructing teachers in techniques for analyzing their own classroom teaching behaviour ($\bar{x}$ = 5.081) as well as the teaching behaviour of other teachers ($\bar{x}$ = 4.869).

Whereas program co-ordinators may not exhibit support of the same intensity for the following concepts, as for those previously

mentioned, they do give a measure of support well worth noting. For example, they agree that the purpose of a classroom visit be understood by the teacher ($\bar{x}$ = 4.727) and that data should be collected through some systematic observational technique ($\bar{x}$ = 4.970) with teacher and supervisor agreeing upon such methods prior to the observation ($\bar{x}$ = 4.65[illegible]). Moreover, they agree on the need for feelings of mutual trust and understanding between teacher and supervisor for effective supervision ($\bar{x}$ = 4.939), whereby the supervisor does more than speculate abut the teacher's feelings, attitudes and emotions ($\bar{x}$ = 4.677).

Co-ordinators agree that supervision is not effective when the supervisor offers opinions and suggestions declaratively ($\bar{x}$ = 4.636), nor when the supervisor has complete freedom to initiate the nature and control of the supervisory process ($\bar{x}$ = 4.141). They agree that supervision is more likely to be effective when initiated by the teacher ($\bar{x}$ = 4.616).

As indicated above, co-ordinators give considerable support to the idea that prior to a classroom observation the teacher and supervisor should discuss the instructional strategies and materials to be used in class ($\bar{x}$ = 5.232), the expected student behavioural outcomes ($\bar{x}$ = 5.111), and the methods for collecting data ($\bar{x}$ = 4.657). They tend to be somewhat less supportive of the notion that they should agree as to what the supervisor should focus upon during the actual classroom observation ($\bar{x}$ = 4.293). On the average, they agree slightly ($\bar{x}$ = 4.091) with the need, at the post-observation stage, for the supervisor to begin the conference by drawing attention to the

details he/she observed, rather than giving impressions of what took place in the classroom.

The idea that supervision would, perhaps, be more effective when performed by persons not directly responsible for the evaluation of teacher performance also received only slight support from program co-ordinators ($\bar{x}$ = 3.980). Similarly, co-ordinators on the average agree slightly with the clinical rationale that classroom effectiveness cannot be improved by merely focusing on a teacher's personality/character ($\bar{x}$ = 3.949).

The dynamics of clinical supervision suggest that instructional improvement begins when a problem is diagnosed. Hence, it is deemed essential that both teacher and supervisor recognize the area of concern and that this should consequently be reflected in the extent of their agreement over what had actually transpired in the classroom. However, the mean score on this item ($\bar{x}$ = 3.717) indicates only slight support from co-ordinators for the necessity to agree on such matters.

As previously noted, program co-ordinators appear to give overwhelming support for the notion that the main objective of supervision is to improve instruction. What is perhaps surprising, however, is that even slight agreement was given to the idea that supervision should also evaluate the competencies of a teacher. Apparently, co-ordinators see this, at least in principle, as a contributing factor toward improving classroom instruction and, therefore, should be regarded as an integral part or purpose of any instructional supervisory program.

Question Two: Perceptions of Principals

2. What perceptions do principals hold of an instructional supervisory program which tends to utilize the rationale, assumptions and procedures (characteristics) of clinical supervision?

As shown in Table 36, principals, like program co-ordinators, were in agreement with almost all the concepts pertaining to the clinical supervisory procedure. On the average, they agreed strongly with four items, they agreed moderately with 18 items, and they agreed slightly with eight items, with an overall mean ranking of Agree Moderately. They disagreed slightly with two items and disagreed moderately with only one item. There was no item with which principals disagreed strongly. This agreement with 30 of the 33 items reflects a very strong positive attitude by principals towards clinical supervision.

TABLE 36

DISTRIBUTION OF PRINCIPALS' MEAN SCORES ON 33 ITEMS

Response	Interval	Number of Items with This Mean Response
Agree Strongly	5.500-6.000	4
Agree Moderately	4.500-5.499	18
Agree Slightly	3.500-4.499	8
Disagree Slightly	2.500-3.499	2
Disagree Moderately	1.500-2.499	1
Disagree Strongly	1.000-1.499	0

Note. Principals' overall mean response was 4.718 (Agree Moderately).

An examination of Table 37 will reveal a ranking of items, based on mean scores, comparable to that given by co-ordinators. For example, principals also place substantial emphasis on the necessity

TABLE 37

PRINCIPALS' RANKING OF CLINICAL SUPERVISION ITEMS BY MEAN SCORE

Mean	Content
5.896	Following a classroom observation, the supervisor should always have a conference as soon as possible with the teacher to share (discuss) the information he/she has collected. (Item #6)
5.854	The primary objective of having a supervisory program is to improve the quality of instruction that takes place in the classroom. (Item #7)
5.583	Instructional improvement is more likely to occur when the supervisor assists the teacher in the development of strategies for future teaching. (Item #24)
5.563	A supervisory program is likely to be more effective when the supervisor solicits the teacher's opinions and encourages the teacher to make suggestions as opposed to giving feedback in declarative sentences only. (Item #13)
5.469*	It is best that the teacher not become involved in the evaluation of the supervisory process. (Item #17)
5.458	The supervisor should analyze and help change the classroom behaviour of an ineffective teacher. (Item #18)
5.448*	Effective supervision may be achieved equally as well through short term "one shot" efforts as by some systematic, flexible and continuing process. (Item #30)
5.438	The potential stress normally associated with a classroom observation will be reduced when supervisor and teacher collaborate in planning the supervisory process. (Item #28)

TABLE 37 (cont'd.)

PRINCIPALS' RANKING OF CLINICAL SUPERVISION ITEMS BY MEAN SCORE

Mean	Content
5.417	Classroom supervision is likely to be more acceptable to the teacher when supervisors are trained in appropriate observational, conferencing, and follow-up techniques. (Item #22)
5.354	Before the supervisor observes a teacher's classroom he/she should discuss with the teacher the instructional strategies and materials that are to be used in class. (Item #2)
5.333	The supervisor can help the teacher by observing the teacher's behaviour in the classroom. (Item #1)
5.250*	A supervisory program is likely to be more effective when it focuses on teacher deficiencies. (Item #23)
5.219	The supervisor can improve the quality of classroom instruction by observing the teacher's classroom behaviour, helping to identify patterns of behaviour and analyzing these patterns in relation to the teacher's classroom objectives. (Item #16)
4.979	The supervisor should collect data concerning a teacher's patterns of classroom behaviour through some systematic observational technique. (Item #29)
4.948	The practice by the teacher of specifying the behavioural outcomes that are expected of the student should make classroom supervision more effective. (Item #4)
4.896*	It is better for the supervisor to observe a teacher's classroom without any prior knowledge about the teacher or his/her plans. (Item #27)
4.865	The supervisor should attempt to change patterns of teaching behaviour that tend to impede the attainment of the teacher's objectives. (Item #21)
4.865	The supervisor should instruct the teacher in techniques for analyzing the teacher's own classroom behaviour. (Item #26)

TABLE 37 (cont'd.)

PRINCIPALS' RANKING OF CLINICAL SUPERVISION ITEMS BY MEAN SCORE

Mean	Content
4.656*	Supervision is likely to be effective even when feelings of mutual trust and understanding have not been established between supervisor and teacher. (Item #3)
4.583	Prior to a classroom observation the teacher and supervisor should agree upon the methods to be used for gathering information/data during the observation stage. (Item #19)
4.563	Classroom supervision is likely to be more acceptable to the teacher when the supervisor is viewed as a "master" teacher, i.e., experienced and highly competent. (Item #11)
4.521	Instruction can be improved where teachers are trained to observe and analyze each other's classroom behaviour. (Item #33)
4.344	Prior to a classroom observation by the supervisor both the supervisor and the teacher should agree as to what the supervisor should focus upon during the observation. (Item #15)
4.281	Supervision will be less acceptable to the teacher when the supervisor speculates about the teacher's feelings, attitudes and emotions. (Item #25)
4.208*	A supervisory program is likely to be more effective when the supervisor uses a directive approach for changing behaviour, i.e., offers opinions and suggestions in declarative sentences. (Item #14)
4.198*	At the post-observation stage it is better for the supervisor to give his/her impressions of what took place in the classroom rather than deal with the details of what he/she actually observed. (Item #20)
4.167	Classroom supervision is more likely to be effective when based upon invitations and issues that the teacher initiates. (Item #9)

TABLE 37 (cont'd.)

PRINCIPALS' RANKING OF CLINICAL SUPERVISION ITEMS MY MEAN SCORE

Mean	Content
4.156*	It should not be necessary for the supervisor to explain to the teacher the purpose of each classroom visit. (Item #12)
3.979*	In order for supervision to be effective the supervisor should have complete freedom to initiate and determine the nature and content of the supervisory process. (Item #32)
3.729*	The supervisor can improve the teacher's classroom effectiveness by focusing attention on the teacher's personality traits or character. (Item #5)
3.375	In a post-observation conference the teacher and the supervisor must agree on what took place in the classroom. (Item #10)
2.625*	The primary objective of having a supervisory program should be to evaluate a teacher's competencies as they relate to his/her instructional performance. (Item #8)
2.458	Supervision is likely to be more effective when performed by educational personnel who are not directly responsible for teacher "evaluation". (Item #31)

Note. An asterisk indicates items worded contrary to the clinical supervision concept. Mean scores reveal the extent of agreement with the clinical concept, not necessarily with the statement as worded.

$\bar{x} = 4.718$

of having a post-observation conference with the teacher immediately following a classroom observation ($\bar{x} = 5.896$), and whereas they are in relative agreement with the notion of giving specific data concerning what was actually observed instead of general impressions ($\bar{x} = 4.198$),

they do not support the idea that teacher and supervisor must agree on what took place in the classroom ($\bar{x}$ = 3.375). With respect to the primary purpose of a supervisory program, principals, like co-ordinators, strongly endorse the aim of improving the quality of instruction ($\bar{x}$ = 5.854) while simultaneously, and contrary to the clinical rationale, they endorse the aim of evaluating a teacher's competencies as they relate to instructional performance ($\bar{x}$ = 2.625).

There appears overwhelming support among principals for the idea that instructional improvement can occur when the supervisor assists the teacher in the development of strategies for future teaching ($\bar{x}$ = 5.583). During this process, however, every effort should be made to solicit the teacher's opinions and suggestions ($\bar{x}$ = 5.563) rather than the supervisor telling the teacher what he/she ought to do next ($\bar{x}$ = 4.208).

Principals also recognize and vigorously endorse the role of the teacher in the evaluation of the supervisory process ($\bar{x}$ = 5.469) since, as they maintain, it is the classroom behaviour of the ineffective teacher that the supervisor should analyze and help change ($\bar{x}$ = 5.458). Within this context, they feel that supervisors, trained in appropriate observational, conferencing and follow-up techniques ($\bar{x}$ = 5.417), can best affect such behaviours through some systematic, flexible and continuing process, as opposed to one-shot affairs ($\bar{x}$ = 5.448). They also lend strong support to the belief that the potential stress associated with supervision can be reduced through collaborative planning between teacher and supervisor ($\bar{x}$ = 5.438). While maintaining that the supervisor can help the teacher by

observing a teacher's classroom behaviour ($\bar{x}$ = 5.333), principals are quite firm in their conviction that before any such observation occurs the supervisor and teacher should discuss and understand the instructional strategies to be used in class ($\bar{x}$ = 5.354). They are convinced that the supervisor can improve the quality of instruction by observing the teacher's classroom behaviour, helping to identify patterns of behaviour and analyzing these patterns in relation to the teacher's classroom objectives ($\bar{x}$ = 5.219).

Principals do not support the notion that supervision is likely to be more effective when it focuses on a teacher's deficiencies ($\bar{x}$ = 5.250), however, they maintain that the supervisor should attempt to change teaching patterns which tend to impede the attainment of the teacher's objectives ($\bar{x}$ = 4.865). The assumption is that every possible opportunity should be afforded the teacher to enhance his/her personal growth.

Principals moderately agree that the supervisor should have prior knowledge of the teacher and his/her plans ($\bar{x}$ = 4.896), including expected student behavioural outcomes ($\bar{x}$ = 4.948), before observing the classroom. They also believe that the data concerning a teacher's patterns of classroom behaviour should be collected through some systematic, observational technique ($\bar{x}$ = 4.979), and that the supervisor should instruct the teacher in techniques for analyzing his/her own behaviour ($\bar{x}$ = 4.865).

The fact that effective supervision has, as a prerequisite, the establishment of mutual trust and understanding between teacher and supervisor is also borne out in the response of principals ($\bar{x}$ = 4.656),

although to a somewhat lesser degree than in the foregoing statements. Likewise, principals lend moderate support to the notion of the supervisor being perceived as "master teacher" ($\bar{x}$ = 4.563), who collaborates with the teacher on methods for collecting data during the observation phase ($\bar{x}$ = 4.583), and who promotes collegial supervision ($\bar{x}$ = 4.521) as a means to improving instruction.

Although principals agree with a great majority of the statements supporting clinical supervision, they agree only marginally on a few items and disagree with three. For example, principals agree slightly with the need for supervisor and teacher to agree on what the supervisor should focus upon during the observation ($\bar{x}$ = 4.344), and they are slightly less enthusiastic concerning the necessity for the supervisor to explain the purpose of each classroom visit to the teacher ($\bar{x}$ = 4.156).

Principals agree only slightly with the clinical ideas that supervision will be less acceptable when the supervisor speculates about the teacher's feelings, attitudes and emotions ($\bar{x}$ = 4.281), and that focusing attention on the teacher's personality/character does nothing to improve the teacher's classroom effectiveness ($\bar{x}$ = 3.729).

Principals agree slightly with the idea that supervision is more effective when based upon invitations and issues that the teacher initiates ($\bar{x}$ = 4.167). Therefore, they disagree slightly with the idea that the supervisor should have complete freedom to initiate and determine the nature of the supervisory process ($\bar{x}$ = 3.979).

As previously mentioned, and contrary to the clinical view, principals tend to be in moderate agreement with a statement which

implies that the primary purpose of having a supervisory program is to evaluate a teacher's competencies. Perhaps this helps us better understand why they do not feel supervision will be more effective when conducted by persons who are not directly responsible for "evaluation" ($\bar{x}$ = 2.458). Clinical supervision makes an unequivocal distinction between the two roles. Apparently, principals do not endorse this distinction.

Question Three: Perceptions of Teachers

3. What perceptions do teachers hold of an instructional supervisory program which tends to utilize the rationale, assumptions and procedures (characteristics) of clinical supervision?

As shown in Table 38, teachers were on the average in agreement with 31 of the 33 items dealing with clinical supervision. On the

TABLE 38

DISTRIBUTION OF TEACHERS' MEAN SCORES ON 33 ITEMS

Response	Interval	Number of Items with This Mean Response
Agree Strongly	5.500-6.000	3
Agree Moderately	4.500-5.499	17
Agree Slightly	3.500-4.499	11
Disagree Slightly	2.500-3.499	2
Disagree Moderately	1.500-2.499	0
Disagree Strongly	1.000-1.499	0

Note. Teachers' overall mean response was 4.636 (Agree Moderately).

average, they agreed strongly with three items, they agreed moderately with 17 items, and they agreed slightly with 11 items, with an overall mean ranking of Agree Moderately. On two items only were the mean responses slightly disagree. There was no item with which teachers disagreed moderately or strongly. This indicates that teachers, too, have a strong positive attitude towards clinical supervision.

As the data in Table 39 reveal, many of the items that tend to be ranked highly, in terms of their support for the clinical concept, by

TABLE 39

TEACHERS' RANKING OF CLINICAL SUPERVISION ITEMS BY MEAN SCORE

Mean	Content
5.867	Following a classroom observation, the supervisor should always have a conference as soon as possible with the teacher to share (discuss) the information he/she has collected. (Item #6)
5.571	The primary objective of having a supervisory program is to improve the quality of instruction that takes place in the classroom. (Item #7)
5.541	Classroom supervision is likely to be more acceptable to the teacher when supervisors are trained in appropriate observational, conferencing, and follow-up techniques. (Item #22)
5.418	Instructional improvement is more likely to occur when the supervisor assists the teacher in the development of strategies for future teaching. (Item #24)
5.388	A supervisory program is likely to be more effective when the supervisor solicits the teacher's opinions and encourages the teacher to make suggestions as opposed to giving feedback in declarative sentences only. (Item #13)

TABLE 39 (cont'd.)

TEACHERS' RANKING OF CLINICAL SUPERVISION ITEMS BY MEAN SCORE

Mean	Content
5.306*	It is best that the teacher not become involved in the evaluation of the supervisory process. (Item #17)
5.265	The supervisor should analyze and help change the classroom behaviour of an ineffective teacher. (Item #18)
5.102	The potential stress normally associated with a classroom observation will be reduced when supervisor and teacher collaborate in planning the supervisory process. (Item #28)
5.082*	Effective supervision may be achieved equally as well through short term "one shot" efforts as by some systematic, flexible and continuing process. (Item #30)
5.010*	A supervisory program is likely to be more effective when it focuses on teacher deficiencies. (Item #23)
4.918	The supervisor can improve the quality of classroom instruction by observing the teacher's classroom behaviour, helping to identify patterns of behaviour and analyzing these patterns in relation to the teacher's classroom objectives. (Item #16)
4.806	The supervisor should instruct the teacher in techniques for analyzing the teacher's own classroom behaviour. (Item #26)
4.735*	It is better for the supervisor to observe a teacher's classroom without any prior knowledge about the teacher or his/her plans. (Item #27)
4.714*	Supervision is likely to be effective even when feelings of mutual trust and understanding have not been established between supervisor and teacher. (Item #3)
4.694	Before the supervisor observes a teacher's classroom he/she should discuss with the teacher the instructional strategies and materials that are to be used in class. (Item #2)

TABLE 39 (cont'd.)

TEACHERS' RANKING OF CLINICAL SUPERVISION ITEMS BY MEAN SCORE

Mean	Content
4.653	Supervision will be less acceptable to the teacher when the supervisor speculates about the teacher's feelings, attitudes and emotions. (Item #25)
4.633	The supervisor should collect data concerning a teacher's patterns of classroom behaviour through some systematic observational technique. (Item #29)
4.622	The practice by the teacher of specifying the behavioural outcomes that are expected of the student should make classroom supervision more effective. (Item #4)
4.602	The supervisor can help the teacher by observing the teacher's behaviour in the classroom. (Item #1)
4.602	The supervisor should attempt to change patterns of teaching behaviour that tend to impede the attainment of the teacher's objectives. (Item #21)
4.480	Classroom supervision is likely to be more acceptable to the teacher when the supervisor is viewed as a "master" teacher, i.e., experienced and highly competent. (Item #11)
4.469	Prior to a classroom observation the teacher and supervisor should agree upon the methods to be used for gathering information/data during the observation stage. (Item #19)
4.469	Instruction can be improved where teachers are trained to observe and analyze each other's classroom behaviour. (Item #33)
4.429	Classroom supervision is more likely to be effective when based upon invitations and issues that the teacher initiates. (Item #9)
4.398*	In order for supervision to be effective the supervisor should have complete freedom to initiate and determine the nature and content of the supervisory process. (Item #32)

TABLE 39 (cont'd.)

TEACHERS' RANKING OF CLINICAL SUPERVISION ITEMS BY MEAN SCORE

Mean	Content
4.316*	It should not be necessary for the supervisor to explain to the teacher the purpose of each classroom visit. (Item #12)
4.214*	The supervisor can improve the teacher's classroom effectiveness by focusing attention on the teacher's personality traits or character. (Item #5)
4.092	In a post-observation conference the teacher and the supervisor must agree on what took place in the classroom. (Item #10)
4.092*	A supervisory program is likely to be more effective when the supervisor uses a directive approach for changing behaviour, i.e., offers opinions and suggestions in declarative sentences. (Item #14).
3.949	Prior to a classroom observation by the supervisor both the supervisor and the teacher should agree as to what the supervisor should focus upon during the observation. (Item #15)
3.582*	At the post-observation stage it is better for the supervisor to give his/her impressions of what took place in the classroom rather than deal with the details of what he/she actually observed. (Item #20)
3.449	Supervision is likely to be more effective when performed by educational personnel who are not directly responsible for teacher "evaluation". (Item #31)
2.531*	The primary objective of having a supervisory program should be to evaluate a teacher's competencies as they relate to his/her instructional performance. (Item #8)

Note. An asterisk indicates items worded contrary to the clinical supervision concept. Mean scores reveal the extent of agreement with the clinical concept, not necessarily with the statement as worded.

$\bar{x} = 4.636$

program co-ordinators and principals also receive overwhelming support from teachers. For example, teachers strongly endorse the practice of holding a post-observation conference as soon as possible ($\bar{x}$ = 5.867) and agree strongly that the primary objective of a supervisory program is to improve the quality of classroom instruction ($\bar{x}$ = 5.571). They strongly agree that supervisors should have training in appropriate observational, conferencing and follow-up techniques ($\bar{x}$ = 5.541) and that instructional improvement is more likely to occur when the supervisor assists the teacher in the development of strategies for future teaching ($\bar{x}$ = 5.418). They further agree that such assistance will be most effective when the supervisor encourages the teacher's opinions and suggestions instead of telling the teacher what is best to do ($\bar{x}$ = 5.388).

Teachers endorse their own involvement in the evaluation of the supervisory process to a relatively vigorous degree ($\bar{x}$ = 5.306), and whereas there is general feeling among teachers that the classroom behaviour of an ineffective teacher should be changed ($\bar{x}$ = 5.265) they agree that the focus of supervision should be on teacher growth as opposed to teacher deficiency ($\bar{x}$ = 5.010). Likewise, they endorse the collabpration of teachers and supervisors in planning the supervisory program as a means to reducing potential stress ($\bar{x}$ = 5.102) and they confirm their preference for supervision conducted in a systematic, flexible, and continuing manner as opposed to "one shot" efforts ($\bar{x}$ = 5.082). In line with this clinical supervisory approach, they support the notion that the supervisor can improve the quality of instruction by observing the teacher's classroom behaviour, helping to identify

patterns of behaviour and analyzing these patterns in relation to the teacher's classroom objectives ($\bar{x}$ = 4.918). Furthermore, they are in moderately strong agreement with having the supervisor instruct the teacher in techniques for analyzing his/her own classroom behaviour ($\bar{x}$ = 4.806).

In general, teachers reject the idea of the supervisor's observing a classroom without prior knowledge of the teacher or his/her plans ($\bar{x}$ = 4.735). Moreover, whereas they agree with the notion that the supervisor can help the teacher by observing the teacher's classroom behaviour ($\bar{x}$ = 4.602), they also agree that the supervisor should first discuss with the teacher the instructional strategies and materials to be used in class ($\bar{x}$ = 4.694), and that during a classroom visit specific data should be collected using some systematic observational technique ($\bar{x}$ = 4.633).

Perhaps the very foundation of all supervisory activity lies in the establishment of feelings of mutual trust and understanding between teacher and supervisor. Teachers moderately agree with this view ($\bar{x}$ = 4.714), whereas they reject, to a comparable degree, the notion of the supervisor speculating about their feelings, attitudes and emotions ($\bar{x}$ = 4.653).

Teachers also agree with the practice of specifying the behavioural outcomes that are expected of the student as a means to achieving more effective supervision ($\bar{x}$ = 4.622) and, likewise, agree that the supervisor should attempt to change patterns of teaching behaviour that tend to impede the attainment of these objectives ($\bar{x}$ = 4.602).

The importance of the supervisor being perceived as a "master teacher" ($\bar{x}$ = 4.480), who should explain the purpose of each classroom visit ($\bar{x}$ = 4.316), receives support from teachers. They confer a similar degree of support for statements regarding the need for teacher and supervisor to agree on methods of collecting classroom data ($\bar{x}$ = 4.469), and for teachers to be trained to analyze each other's classroom behaviour ($\bar{x}$ = 4.469). Whereas they agree with the concept that supervision is more likely to be effective when initiated by the teacher ($\bar{x}$ = 4.429), they reject the notion of allowing the supervisor complete freedom to determine the nature and content of the supervisory process ($\bar{x}$ = 4.398). Likewise, they reject the idea that a teacher's classroom effectiveness can be improved by focusing on the teacher's personality or character ($\bar{x}$ = 4.214).

Teachers lend at least marginal support for the clinical view on a number of other items. For example, teachers agree slightly rather than strongly with the need for the teacher and supervisor to agree, during a post-observation conference, on what has taken place in the classroom ($\bar{x}$ = 4.092). They are not particularly concerned over whether or not supervisors give their impressions of what took place in class or deal specifically with concrete data relevant to the teacher's pattern of classroom behaviour ($\bar{x}$ = 3.582). They agree only slightly concerning the need for supervisor and teacher to agree upon the focus of the classroom observation ($\bar{x}$ = 3.949).

Teachers reject, albeit marginally, the idea of the supervisor's using a directive or telling approach as a means of changing behaviour ($\bar{x}$ = 4.092) preferring, as previously mentioned, a supervisor who

encourages and willingly utilizes the teacher's opinions and suggestions ($\bar{x}$ = 5.388). They disagree slightly that supervision will be more effective when performed by persons other than those directly responsible for teacher evaluation ($\bar{x}$ = 3.449). Regardless of who actually conducts such an evaluation, and contrary to the clinical view, teachers tend to lend considerable support to the belief that the evaluation of a teacher's competencies, as they relate to his/her instructional performance, should be a primary objective of any supervisory program ($\bar{x}$ = 2.531). Again, it appears that teachers, like program co-ordinators and principals, accept the notion of having teacher evaluation as an integral part of supervision. On the other hand, respondents may have experienced some confusion over the distinction between supervision and evaluation, and elected to endorse a practice with which they were already familiar.

Question Four: Differences among Perceptions of Program Co-ordinators, Principals and Teachers

4. What differences, if any, exist among perceptions held by program co-ordinators, principals and teachers relative to an instructional supervisory program which tends to utilize the rationale, assumptions and procedures (characteristics) of clinical supervision?

As the preceding analysis indicates, there appears to be considerable agreement among co-ordinators, principals and teachers on many of the characteristics comprising the clinical supervision process. However, there are differences worth noting among the perceptions held by the three groups, some of which have been determined to be statistically significant. Table 40 displays the

items with statistically significant differences, including the mean score of each group for that item.

Whereas all three groups--co-ordinators, principals and teachers--tend to show relatively strong agreement with a statement reflecting the clinical point of view that the supervisor can help the teacher by observing the teacher's classroom behaviour (Item #1), teachers do not support this concept to the same extent as do co-ordinators and principals.

Differences also occur over whether or not the supervisor should discuss with the teacher, prior to a classroom observation, the instructional strategies and materials to be used in class (Item #2). Once again, whereas all three groups indicate general agreement with the statement, teachers tend to be less supportive of this aspect of the clinical process than do principals and co-ordinators.

Proponents of clinical supervision maintain that the practice by the teacher of specifying the behavioural outcomes that are expected of the student should make classroom supervision more effective (Item #4). Whereas this practice does receive considerable support from the three groups, teachers do not agree as strongly with the statement as do co-ordinators. No significant difference was detected between the response of principals and the other two groups on this item.

That the primary objective of having a supervisory program is to improve the quality of instruction which takes place in the classroom (Item #7) is well substantiated by the overwhelming support given this

TABLE 40

ITEMS ON WHICH STATISTICAL DIFFERENCES OCCUR AMONG PERCEPTIONS OF PROGRAM CO-ORDINATORS, PRINCIPALS AND TEACHERS

Item No.	Content	Mean Scores C	P	T	Group Differences
1	The supervisor can help the teacher by observing the teacher's behaviour in the classroom.	5.364	5.333	4.602	T < C*,P*
2	Before the supervisor observes a teacher's classroom he/she should discuss with the teacher the instructional strategies and materials that are to be used in class.	5.232	5.354	4.694	T < P*,C
4	The practice by the teacher of specifying the behavioural outcomes that are expected of the student should make classroom supervision more effective.	5.111	4.948	4.622	C > T
7	The primary objective of having a supervisory program is to improve the quality of instruction that takes place in the classroom.	5.838	5.854	5.571	T < P,C

TABLE 40 (cont'd.)

ITEMS ON WHICH STATISTICAL DIFFERENCES OCCUR AMONG
PERCEPTIONS OF PROGRAM CO-ORDINATORS, PRINCIPALS AND TEACHERS

Item No.	Content	Mean Scores C	P	T	Group Differences
8	The primary objective of having a supervisory program should be to evaluate a teacher's compentencies as they relate to his/her instructional performance.	3.202	2.625	2.531	C > T,P
10	In a post-observation conference the teacher and the supervisor must agree on what took place in the classroom.	3.717	3.375	4.092	T > P
20	At the post-observation stage it is better for the supervisor to give his/her impressions of what took place in the classroom rather than deal with the details of what he/she actually observed.	4.091	4.198	3.582	P > T
21	The supervisor should attempt to change patterns of teaching behaviour that tend to impede the attainment of the teacher's objectives.	5.091	4.865	4.602	C > T

TABLE 40 (cont'd.)

ITEMS ON WHICH STATISTICAL DIFFERENCES OCCUR AMONG
PERCEPTIONS OF PROGRAM CO-ORDINATORS, PRINCIPALS AND TEACHERS

Item No.	Content	Mean Scores C	P	T	Group Differences
30	Effective supervision may be achieved equally as well through short term "one shot" efforts as by some systematic, flexible and continuing process.	5.707	5.448	5.082	C > T*
31	Supervision is likely to be more effective when performed by educational personnel who are not directly responsible for teacher "evaluation".	3.980	2.458	3.449	P < C*,T*

Note. Mean scores indicate extent of agreement with the clinical supervision concept and not necessarily the statement as written. Items #8, #20, and #30 are worded contrary to the clinical view. C = program co-ordinators; P = principals; T = teachers.

$p < .05$ except where indicated by an asterisk, in which case $p < .01$. Scheffé's procedure was utilized throughout.

statement by principals, co-ordinators and teachers. However, as the data indicate, teachers do not agree to the same extent as either principals or co-ordinators that this is the main purpose of supervisory efforts.

Those respondents more favourably disposed toward the clinical concept of supervision, would tend to disagree that the primary objective of a supervisory program should be to evaluate a teacher's competencies as they relate to his/her instructional performance (Item #8). Ironically, while overwhelmingly agreeing with a statement which emphasizes improving the quality of instruction as the primary objective of supervision (Item #7), the three groups in question also indicate relative agreement with the above item, which stipulates teacher evaluation as the primary supervisory objective. Co-ordinators, however, do not agree with the statement to the same extent as do teachers and principals, thus indicating a slightly more favourable disposition toward the clinical viewpoint.

The need for the supervisor and teacher to reconstruct the lesson during a post-observation conference and to agree on what had actually transpired appears as a worthy and necessary objective of the clinical supervision process. Although there is little support from either of the three groups surveyed for the assumption that supervisor and teacher must agree on what took place in the classroom (Item #10), teachers do show marginal agreement with the statement, whereas principals disagree with it. The response of co-ordinators was deemed not to be significantly different from that of either teachers or principals.

The clinical concept of supervision attempts to promote objectivity in personal relations, and this same emphasis is favoured at the post-observation stage. Hence, there should be a collaborative approach to determining teacher behaviour patterns through the objective examination of specific data; vague impressions will not suffice, neither to satisfy the requirement of objectivity nor to affect improvement in instructional practice and its subsequent benefits. Therefore, respondent groups more inclined toward the clinical view would tend to disagree with the supervisor giving his impressions of what took place in the classroom rather than dealing with the details of what he/she actually observed (Item #20).

As the data reveal, the statement was rejected ($\bar{x} > 3.5$) by all three groups, thus indicating at least marginal support for the clinical view. However, principals, through their stronger rejection, tend to be more supportive of the clinical concept than teachers. No significant difference was reported when comparing the response of co-ordinators with the other groups.

The notion that the supervisor should attempt to change patterns of teaching behaviour that tend to impede the attainment of the teacher's objectives (Item #21) was relatively well received by co-ordinators, principals and teachers. Teachers, however, do not agree as strongly with the statement as do co-ordinators and, therefore, are considered not to be as supportive of the clinical view as this item reflects it. Principals are deemed not to be significantly different from the other groups in their response.

Richard Weller (1971), in isolating the essential characteristics of clinical supervision, maintains that "the cycle of planning,

teaching, and analysis is a continuing one that builds upon past experience" (p. 20). Others emphasize its goal-oriented, systematic nature which requires a flexible and continuously changing methodology (Goldhammer et al., 1980; Krajewski, 1982). It would seem then that if clinical supervision is to be viewed as effective supervision, the respondent groups would be inclined to disagree with an item which states that short-term "one shot" supervision efforts are equally as effective as a systematic, flexible and continuing supervisory process (Item #30). As the data reveal, all three groups strongly reject such a statement, thus lending considerable support for the clinical point of view. Co-ordinators, however, disagree more strongly with the statement than teachers and, therefore, are deemed to be more supportive of the clinical practice. Principals do not differ significantly from co-ordinators or teachers in their response.

Koch (1981), in outlining an assumptive framework upon which clinical supervision is based, states that "clinical supervision rests on a collegial relationship; evaluation is incompatible and should be performed by persons other than clinical supervisors" (p. 11). Although this clinical concept does not receive much support from either group, co-ordinators and teachers agree more strongly than principals that supervision is likely to be more effective when performed by personnel not directly responsible for teacher evaluation (Item #31).

Chapter 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter contains a summary of the purpose of the study, the methodology, and the findings emanating from the data. The basic conclusions reached in the study are presented along with some recommendations for action and further research.

Purpose of the Study

Perhaps the most common generalization that comes to mind when one thinks of supervision is that teachers do not like to be supervised; they react defensively to it and they do not find it helpful. Acheson and Gall (1980) report several studies in which teachers view the supervisor not as a source of new ideas, but as an active threat, endangering their professional standing and undermining their confidence. As long as this prevalence of teacher hostility to supervision exists, all potential improvement in instructional practices derived thereof will be hopelessly lost. Thus, it becomes easy for one to suggest that schools abandon supervision entirely. On the other hand, if we knew more about the source of such hostility could we not find solutions to meet criteria of acceptability and effectiveness? For example, are teachers hostile to supervision or to the style of supervision they typically receive? Teachers might react positively to a supervisory style that is more responsive to their concerns and aspirations. Clinical supervision is based on this premise.

The clinical supervisory process is derived from the psychological principle that human behaviour is patterned and, therefore, teaching, as a form of human behaviour, is also patterned. When appropriate patterns of teaching behaviour are reinforced, or changed if need be, then classroom instruction can be improved. Whether or not such patterns need to be changed is decided through the collaborative effort of teacher and supervisor. Patterns are analyzed in relation to the performance objectives that the teacher has previously established for the class. Where these patterns enhance the teacher's objectives they should be reinforced; where they impede objectives they should be changed.

Clinical supervision is designed specifically to improve the quality of classroom instruction by changing teacher behaviour. Throughout the clinical procedure emphasis is on establishing a trusting and understanding relationship between teacher and supervisor. The personal growth of the teacher (and supervisor) is of paramount importance. The clinical approach should serve to free the teacher, to dispel anxiety and insecurity about his/her ability to perform in the classroom. Teachers are encouraged to become engaged in self-supervision, whereby they become more aware of and analytical about their own behaviour. As confidence and awareness increase, teachers are also encouraged to develop the skills necessary to observe and analyze each other's classroom behaviour.

This study was conducted to examine the perceptions held by program co-ordinators, principals and teachers relative to particular characteristics comprising the clinical supervision process.

Information obtained should serve to shed light on the current disposition of the three groups toward clinical procedures, and on those areas where efforts have to be directed in order to have participants become more favourably disposed to the clinical process.

Methodology

The instrument used to gather data for the study took the form of a mailed questionnaire. The items comprising the questionnaire were drawn from a synthesis of the literature on clinical supervision. Respondents were asked to indicate the extent of their agreement with statements reflecting these characteristics.

The samples for the study consisted of 100 program co-ordinators, 100 principals and 100 teachers each drawn through a simple random sampling procedure to represent all co-ordinators, principals and teachers within the Province of Newfoundland and Labrador. Usable questionnaires were received from 99 co-ordinators, 96 principals and 98 teachers.

The raw data were coded for use in computer programs (SPSSX, 1983). Descriptive statistics were used in responding to the first three research questions. One-way analysis of variance, followed by the Scheffé procedure, was employed to determine differences in perceptions among groups (Question #4).

Findings

The findings which follow arise out of the analysis of the data presented in the preceding chapter.

The major finding of the study is that all three groups of respondents--program co-ordinators, principals and teachers--based on overall mean scores, agreed moderately with clinical supervision. Of the 33 questionnaire items dealing with various aspects of clinical supervision, co-ordinators agreed with 32, principals with 30 and teachers with 31.

The detailed findings for each questionnaire item are as follows:

1. All three groups agreed with the statement that the supervisor can help the teacher by observing the teacher's classroom behaviour. Co-ordinators and principals agreed more strongly ($p < .01$) with the concept than teachers.

2. All three groups agreed that before the supervisor observes a teacher's classroom he/she should discuss with the teacher the instructional strategies and materials to be used in class. Teachers, however, did not agree to the same extent as principals ($p < .01$) or co-ordinators ($p < .05$).

3. All three groups disagreed with the statement that supervision is likely to be effective even when feelings of mutual trust and understanding have not been established between supervisor and teacher. In so doing respondents supported clinical supervision.

4. All three groups agreed that the practice by the teacher of specifying the behavioural outcomes that are expected of the student should make classroom supervision more effective. However, co-ordinators agreed more strongly ($p < .05$) than teachers.

5. All three groups disagreed with a statement that claims the supervisor can improve classroom effectiveness by focusing on a

teacher's personality/character. In so doing they supported the clinical approach to supervision.

6. All three groups agreed that following a classroom observation the supervisor should always have a conference as soon as possible with the teacher to share the data that have been collected.

7. All three groups agreed that the primary objective of having a supervisory program is to improve the quality of classroom instruction. Principals and co-ordinators agreed more strongly ($p < .05$) with the statement than teachers.

8. All three groups agreed, contrary to the clinical view, that the primary objective of having a supervisory program should be to evaluate a teacher's competencies as they relate to his/her instructional performance. Co-ordinators, however, did not agree with the statement as strongly ($p < .05$) as teachers or principals.

9. All three groups agreed with a statement that clinical supervision is more likely to be effective when based upon invitations and issues initiated by the teacher.

10. Teachers and co-ordinators agreed that in a post-observation conference the teacher and supervisor must agree on what took place in the classroom. Principals disagreed with the statement. A statistically significant difference ($p < .05$) was found between the response of teachers and principals.

11. All three groups agreed with a statement that classroom supervision is likely to be more acceptable to the teacher when the supervisor is viewed as a "master" teacher, that is, experienced and highly competent.

12. All three groups disagreed with a statement suggesting that it should not be necessary for the supervisor to explain to the teacher the purpose of each classroom visit. In so doing respondents supported clinical supervision.

13. All three groups agreed that a supervisory program is likely to be more effective when the supervisor solicits the teacher's opinions and encourages the teacher to make suggestions, as opposed to giving feedback in declarative sentences only.

14. All three groups disagreed with a statement asserting that supervision is likely to be more effective when the supervisor uses a directive approach for changing behaviour, that is, offers opinions and suggestions in declarative sentences. In so doing respondents supported the clinical point of view.

15. All three groups agreed that prior to a classroom visitation by the supervisor, both the supervisor and the teacher should agree as to what the supervisor should focus upon during the observation.

16. All three groups agreed that the quality of instruction can be improved if the supervisor observes the teacher's classroom behaviour, helps to identify patterns of behaviour, and analyzes these patterns in relation to the teacher's classroom objectives.

17. All three groups disagreed with a statement claiming it is best that the teacher not become involved in the evaluation of the supervisory process. In so doing respondents supported clinical supervision.

18. All three groups agreed that the supervisor should analyze and help change the classroom behaviour of an ineffective teacher.

19. All three groups agreed that, prior to a classroom observation, the teacher and supervisor should agree upon the methods to be used for gathering data during the observation.

20. All three groups disagreed with a statement suggesting that at the post-observation stage, it is better for the supervisor to give his/her impressions of what took place in the classroom, rather than deal with the details of what was actually observed. Principals, however, disagreed more strongly ($p < .05$) than teachers. By disagreeing with the statement respondents supported the clinical approach to supervision.

21. All three groups agreed that the supervisor should attempt to change patterns of teaching behaviour that tend to impede the attainment of the teacher's objectives. Co-ordinators agreed more strongly ($p < .05$) than teachers.

22. All three groups agreed that classroom supervision is likely to be more acceptable to the teacher when supervisors are trained in appropriate observational, conferencing, and follow-up techniques.

23. All three groups disagreed with a statement suggesting that a supervisory program is likely to be more effective when it focuses on the deficiencies of a teacher. In so doing respondents supported clinical supervision.

24. All three groups agreed that instructional improvement is more likely to occur when the supervisor assists the teacher in the development of strategies for future teaching.

25. All three groups agreed with a statement that supervision

will be less acceptable to the teacher when the supervisor speculates about the teacher's feelings, attitudes and emotions.

26. All three groups agreed that the supervisor should instruct the teacher in techniques for analyzing the teacher's own classroom behaviour.

27. All three groups disagreed with a statement suggesting that it is better for the supervisor to observe a teacher's classroom without any prior knowledge about the teacher or his/her plans. In so doing respondents supported the clinical point of view.

28. All three groups agreed that the potential stress normally associated with a classroom observation will be reduced when the supervisor and the teacher collaborate in planning the supervisory process.

29. All three groups agreed that the supervisor should collect data concerning a teacher's patterns of classroom behaviour through some systematic observational technique.

30. All three groups disagreed with a statement suggesting that effective supervision may be achieved equally as well through short term "one shot" efforts as by some systematic, flexible and continuing process. Co-ordinators, however, disagreed more strongly ($p < .01$) than teachers. By disagreeing with the statement respondents supported the clinical approach to supervision.

31. Co-ordinators agreed that supervision is likely to be more effective when performed by educational personnel who are not directly responsible for teacher evaluation. Principals and teachers disagreed with the statement. A statistically significant difference ($p < .01$)

was found between the response of principals and the remaining two groups.

32. All three groups disagreed with a statement suggesting that in order for supervision to be effective the supervisor should have complete freedom to initiate and determine the nature and content of the supervisory process. In so doing respondents supported clinical supervision.

33. All three groups agreed that instruction can be improved where teachers are trained to observe and analyze each other's classroom behaviour.

Conclusions

On the basis of the data presented in this study, two conclusions can be drawn which have implications for supervision in this province.

First, the major conclusion emanating from this study is that Newfoundland and Labrador teachers, principals and co-ordinators agree with clinical supervision in virtually all its aspects. This suggests that the climate is ripe, at least as far as the personnel directly involved are concerned, for the province-wide implementation of clinical supervision.

Secondly, there seems to be a noteworthy anomaly in the data, in that, contrary to the precepts of clinical supervision, teachers, principals and to a lesser extent co-ordinators agree that supervision includes teacher evaluation. Respondents agreed with the concept seemingly antithetical to clinical supervision that the primary objective of a supervisory program should be to evaluate a teacher's

competencies as they relate to his/her instructional program. Also principals and teachers did not agree with the statement that supervision is more likely to be effective when performed by educational personnel who are not directly responsible for teacher evaluation.

This suggests the possibility of a need to re-examine the theory of clinical supervision with respect to its tenet that supervision be separate from evaluation. In the real world it may be impossible to separate the two. Alternatively, it may be that the respondents of this study, whose experience has been largely not with clinical supervision but with a situation where supervision is to an important extent concerned with personnel evaluation, summative and formative, have not thought much about the separation. Further research seems necessary to clear up this point.

Recommendations for Action

Based on an analysis of the data gathered for this study the following recommendations for action are proposed:

1. That the rationale, assumptions, and specific procedures (characteristics) of clinical supervision be included as part of a province-wide policy dealing with the supervision of teaching personnel.

2. Before initiating a new supervisory approach, particularly clinical supervision, a school district should receive adequate input from all potential participants, provide appropriate and thorough inservice relative to both theoretical and practical aspects of the

process, and give participants ample opportunity to evaluate the program as it progresses.

3. Before initiating a clinical supervision program, a school district should ensure that its supervisors possess subject area specialization and specific training in competencies related to observation, analysis, conferencing and follow-up techniques.

4. That before any classroom observations occur, in the name of supervision, teacher and supervisor collaborate fully in planning all aspects of the supervisory process.

5. That supervision be an ongoing process rather than a "one-shot" evaluation.

6. That following a classroom observation a supervisor should deal with the specific data collected rather than offer the teacher vague impressions of what was observed. Impressions of this sort may do little to help the teacher plan future lesson strategies.

7. That the inherent value of collegial supervision among teachers be reinforced by school district personnel.

Recommendations for Research

The following recommendations for further investigation are proposed:

1. That research, possibly longitudinal, be carried out in the province to determine preference for clinical supervision as opposed to other types of supervision that participants have experienced, including evaluation.

2. That research be conducted to uncover the distinction, if any, that may exist among educational personnel between the processes of supervision and evaluation, both in theory and in practice.

3. That research be conducted into the effects of teacher evaluation policies current in this province, particularly into whether the current emphasis on teacher evaluation is having an adverse effect on supervisory support.

4. That research be conducted into the role of school administrator as supervisor versus evaluator. In this study principals and teachers disagreed, and program co-ordinators agreed only slightly with the proposition that "supervision is likely to be more effective when performed by educational personnel who are not directly responsible for teacher evaluation".

5. That research, correlational or experimental, be conducted into the effects of clinical supervision on student performance.

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APPENDICES

APPENDIX A

QUESTIONNAIRE

Following are a number of statements concerning the supervision of educational instruction. On the scale to the right of each statement circle the number which best indicates the extent of your agreement with it. Please respond to each statement.

Please check current status: Classroom Teacher ____
School Principal ____
Program Co-ordinator ____

	DISAGREE			AGREE		
	Slightly	Moderately	Strongly	Slightly	Moderately	Strongly
1. The supervisor can help the teacher by observing the teacher's behaviour in the classroom.	1	2	3	1	2	3
2. Before the supervisor observes a teacher's classroom he/she should discuss with the teacher the instructional strategies and materials that are to be used in class.	1	2	3	1	2	3
3. Supervision is likely to be effective even when feelings of mutual trust and understanding have not been established between supervisor and teacher.	1	2	3	1	2	3
4. The practice by the teacher of specifying the behavioural outcomes that are expected of the student should make classroom supervision more effective.	1	2	3	1	2	3
5. The supervisor can improve the teacher's classroom effectiveness by focusing attention on the teacher's personality traits or character.	1	2	3	1	2	3
6. Following a classroom observation, the supervisor should always have a conference as soon as possible with the teacher to share (discuss) the information he/she has collected.	1	2	3	1	2	3
7. The primary objective of having a supervisory program is to improve the quality of instruction that takes place in the classroom.	1	2	3	1	2	3
8. The primary objective of having a supervisory program should be to evaluate a teacher's competencies as they relate to his/her instructional performance.	1	2	3	1	2	3
9. Classroom supervision is more likely to be effective when based upon invitations and issues that the teacher initiates.	1	2	3	1	2	3
10. In a post-observation conference the teacher and the supervisor must agree on what took place in the classroom.	1	2	3	1	2	3

	DISAGREE			AGREE		
	Slightly	Moderately	Strongly	Slightly	Moderately	Strongly
11. Classroom supervision is likely to be more acceptable to the teacher when the supervisor is viewed as a "master" teacher, i.e., experienced and highly competent.	1	2	3	1	2	3
12. It should not be necessary for the supervisor to explain to the teacher the purpose of each classroom visit.	1	2	3	1	2	3
13. A supervisory program is likely to be more effective when the supervisor solicits the teacher's opinions and encourages the teacher to make suggestions as opposed to giving feedback in declarative sentences only.	1	2	3	1	2	3
14. A supervisory program is likely to be more effective when the supervisor uses a directive approach for changing behaviour, i.e., offers opinions and suggestions in declarative sentences.	1	2	3	1	2	3
15. Prior to a classroom observation by the supervisor both the supervisor and the teacher should agree as to what the supervisor should focus upon during the observation.	1	2	3	1	2	3
16. The supervisor can improve the quality of classroom instruction by observing the teacher's classroom behaviour, helping to identify patterns of behaviour and analyzing these patterns in relation to the teacher's classroom objectives.	1	2	3	1	2	3
17. It is best that the teacher not become involved in the evaluation of the supervisory process.	1	2	3	1	2	3
18. The supervisor should analyze and help change the classroom behaviour of an ineffective teacher.	1	2	3	1	2	3
19. Prior to a classroom observation the teacher and supervisor should agree upon the methods to be used for gathering information/data during the observation stage.	1	2	3	1	2	3
20. At the post-observation stage it is better for the supervisor to give his/her impressions of what took place in the classroom rather than deal with the details of what he/she actually observed.	1	2	3	1	2	3

	DISAGREE			AGREE		
	Slightly	Moderately	Strongly	Slightly	Moderately	Strongly
21. The supervisor should attempt to change patterns of teaching behaviour that tend to impede the attainment of the teacher's objectives.	1	2	3	1	2	3
22. Classroom supervision is likely to be more acceptable to the teacher when supervisors are trained in appropriate observational, conferencing, and follow-up techniques.	1	2	3	1	2	3
23. A supervisory program is likely to be more effective when it focuses on teacher deficiencies.	1	2	3	1	2	3
24. Instructional improvement is more likely to occur when the supervisor assists the teacher in the development of strategies for future teaching.	1	2	3	1	2	3
25. Supervision will be less acceptable to the teacher when the supervisor speculates about the teacher's feelings, attitudes and emotions.	1	2	3	1	2	3
26. The supervisor should instruct the teacher in techniques for analyzing the teacher's own classroom behaviour.	1	2	3	1	2	3
27. It is better for the supervisor to observe a teacher's classroom without any prior knowledge about the teacher or his/her plans.	1	2	3	1	2	3
28. The potential stress normally associated with a classroom observation will be reduced when supervisor and teacher collaborate in planning the supervisory process.	1	2	3	1	2	3
29. The supervisor should collect data concerning a teacher's patterns of classroom behaviour through some systematic observational technique.	1	2	3	1	2	3
30. Effective supervision may be achieved equally as well through short term "one shot" efforts as by some systematic, flexible and continuing process.	1	2	3	1	2	3

	DISAGREE			AGREE		
	Slightly	Moderately	Strongly	Slightly	Moderately	Strongly
31. Supervision is likely to be more effective when performed by educational personnel who are not directly responsible for teacher "evaluation".	1	2	3	1	2	3
32. In order for supervision to be effective the supervisor should have complete freedom to initiate and determine the nature and content of the supervisory process.	1	2	3	1	2	3
33. Instruction can be improved where teachers are trained to observe and analyze each other's classroom behavior.	1	2	3	1	2	3

APPENDIX B

CORRESPONDENCE

MEMORIAL UNIVERSITY OF NEWFOUNDLAND
St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016-4101
Tel.: (709) 737-7647/8

Isle Aux Morts
Newfoundland
A0M 1J0

March 23, 1984

Mr. N.J. Kettle
District Superintendent
Port Aux Basques Integrated
School Board
P.O. Box 970
Port Aux Basques, Nfld
A0M 1C0

Dear Mr. Kettle:

As part of the requirements for completion of my graduate program in administration at Memorial I have elected to pursue a thesis dealing with clinical supervision. The study is designed to investigate the acceptability of the essential characteristics of the clinical process by selected educational personnel. It is hoped the results will be beneficial to school systems seeking an effective model for teacher collaboration in supervisory efforts.

A "first draft" questionnaire is currently being circulated among faculty and graduate students at Memorial. Subsequent to any necessary item modifications it is hoped the questionnaire could then be piloted in a school district within the province. Hence, I formally request your permission to undertake such a pilot within the Port Aux Basques school district. The questionnaire would be administered to co-ordinators, principals and teachers throughout the district with complete confidentiality assured.

Thank you for your anticipated consideration of my request.

Kindest regards.

Yours truly,

Bruce Clarke

Commission Scolaire de
Port aux Basques
Integrated School Board

April 2, 1984

Mr. Bruce Clarke
Vice Principal
LeGallais Memorial
P. O. Box 170
Isle aux Morts, NF
A0M 1J0

Dear Mr. Clarke:

I am pleased to give you permission to pilot the questionnaire you have developed on the topic - Clinical Supervision - to the co-ordinators, principals and teachers throughout this school system.

It is understood that this study will assist you in the writing of your thesis - a requirement for your Masters Degree in Educational Administration at Memorial.

Sincerely,

N. J. Kettle
DISTRICT SUPERINTENDENT

eds

Telephone: 695-3422
695-2530

P. O. Box 970
Port Aux Basques
Newfoundland
A0M 1C0

MEMORIAL UNIVERSITY OF NEWFOUNDLAND
St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016-4101
Tel.: (709) 737-7647/8

'Copy of letter accompanying questionnaire administered to personnel with the Port Aux Basques Integrated School Board.

Isle Aux Morts
Newfoundland
A0M 1J0

December 4, 1984

Dear

Enclosed please find a number of questionnaires re supervision of educational instruction to which I would like your response. This is part of an authorized pilot study which I am conducting in preparation for a final thesis report.

I realize it demands a commitment from you in terms of both time and effort. However, the outcome of my final questionnaire draft and hence the reliability and validity of the thesis, depends to a large extent on the degree of your participation.

I sincerely trust that you will support my efforts and I take this opportunity to thank you in advance for your consideration.

Kindest regards,

Bruce Clarke

Encl.

MEMORIAL UNIVERSITY OF NEWFOUNDLAND
St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016-4101
Telephone: (709) 753-1200

Copy of letter to district superintendents.

Isle Aux Morts
Newfoundland
A0M 1J0

Dear

As part of the degree requirements for the M.Ed. in Educational Administration at Memorial University of Newfoundland, I am in the process of preparing a thesis dealing with the supervision of instruction. Hopefully, the results of the study may prove helpful to school district personnel involved in various facets of supervisory activity in that it attempts to delineate specific aspects of a supervision program, which are generally deemed more acceptable and effective from two viewpoints - that of the supervisor and of the supervisee.

To adequately determine perceptions of current rationale and practices relative to the supervisory process I have devised a questionnaire to be completed by a number of randomly selected educational personnel across the province. It would be greatly appreciated if you would grant your permission to survey selected personnel (teachers, principals & co-ordinators) in your district.

I wish to assure you that the data obtained from this survey will be kept strictly confidential and absolutely no attempt will be made to identify individual respondents or school systems.

Thank you in advance for your anticipated co-operation.

Yours truly,

Bruce Clarke

MEMORIAL UNIVERSITY OF NEWFOUNDLAND
St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016-4101
Telephone: (709) 753-1200

Isle Aux Morts
Newfoundland
A0M 1J0

Dear

As part of the degree requirements for the M.Ed. in Educational Administration at Memorial University of Newfoundland, I am in the process of preparing a thesis dealing with the supervision of instruction. Hopefully, the results of the study may prove helpful to school district personnel involved in various facets of supervisory activity in that it attempts to delineate specific aspects of a supervision program, which are generally deemed more acceptable and effective from two viewpoints--that of the supervisor and of the supervisee.

To adequately determine perceptions of current rationale and practices relative to the supervisory process I have devised a questionnaire to be completed by a number of randomly selected educational personnel across the province. It would be greatly appreciated if you could find a few minutes in your undoubtedly busy schedule to complete the enclosed questionnaire and return it to me in the stamped, self-addressed envelope provided at your earliest convenience.

I wish to assure you that the data obtained from this survey will be kept strictly confidential and absolutely no attempt will be made to identify individual respondents or school systems. Only a statistical consensus is sought and your co-operation will be a contribution to the value of the findings.

Thank you in advance for your anticipated co-operation.

Yours truly,

Bruce Clarke

Encls.

MEMORIAL UNIVERSITY OF NEWFOUNDLAND
St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016-4101
Telephone: (709) 753-1200

Isle Aux Morts
Newfoundland
A0M 1J0

Dear

A short time ago I requested a number of randomly selected respondents to complete a questionnaire dealing with the supervision of educational instruction. This thesis survey is in partial fulfillment of the M.Ed. requirement at Memorial University and forms the focal point of my study. To maintain reliability it's imperative that a good response rate be forthcoming.

Perhaps you have already forwarded your response, in which case please accept my sincere appreciation. On the other hand, if my initial request did not yet reach you, I am enclosing a copy of said questionnaire for your completion.

While I remain fully cognizant of the potential demands placed on educational personnel in terms of both time and effort at this point in the school year, I would be most grateful indeed if you could spare a few minutes to complete the enclosed questionnaire and return it to me as soon as possible, for without your participation the study will surely lose credibility.

Again, I wish to assure you that the data obtained from this survey will be kept strictly confidential and absolutely no attempt will be made to identify individual respondents or school systems.

I trust you will lend your support and thank you sincerely for your anticipated co-operation.

Yours truly,

Bruce Clarke

Enls.