



To: Higher Education Committee
From: John L. D'Agati *John L. D'Agati*
Subject: Clinically Rich Programs
Date: January 8, 2014
Authorization(s): *JL D'Agati*
SUMMARY

Issue for Discussion

A panel consisting of members of the higher education community has been convened and will address the Board to discuss topics related to clinically rich teacher preparation. The statewide purposes of the Clinically Rich Teacher Preparation Pilot Program are to effectively prepare teachers for high need schools and increase the retention of these teachers in order to positively impact student growth and achievement. This initiative will do so by:

- Creating clinically rich teacher preparation programs for candidates who will teach in high need schools focusing on identified teacher shortage areas; and
- Developing practices that can be adapted by other Institutions for their teacher preparation programs.

Reason(s) for Consideration

Discussion.

Proposed Handling

This item will come before the Higher Education Committee for discussion at the January 2014 meeting.

Background Information

Research shows that preparation grounded in a skills based clinical approach increases teacher retention and leaves teachers better prepared for the realities of the classroom. In an effort to improve the retention and effectiveness of novice teachers in

high need schools, the New York State Education Department (NYSED) has awarded \$20 million to support the participation of 13 institutions (11 graduate and 2 undergraduate) in a Clinically Rich Teacher Preparation Pilot Program. These institutions are partnering with high need schools with demonstrated shortages of certified teachers to address the teacher shortage issue in New York State. Each of the 13 Clinically Rich Teacher Preparation Pilot Programs requires intensive mentoring, supervision and support from the institution as well as the Local Education Agency (LEA), collaboration and integrated coursework and has a specific focus on the teacher shortage areas of science, mathematics, special education for middle and high schools and English as a Second Language.

Further, elements within the Clinically Rich Teacher Preparation Pilot Programs include:

- integration of pedagogy with on the job training;
- guided classroom practice through an internship for up to a year with an effective educator or intensive pre-service preparation, together with intensely supervised teaching and ongoing, clinically based instruction;
- mentoring by a trained mentor;
- enrollment of candidates in rigorous undergraduate and graduate level coursework leading to a degree that includes learning theory, research and content; and
- the placement of candidates in cohorts.

Panel Presentation: Clinically Rich Program Update

Panel Members:

- **Dr. Jane Bolgatz**, Associate Professor, Fordham University Graduate School of Education

Dr. Bolgatz is Associate Professor of social studies education in the Division of Curriculum and Teaching at Fordham University Graduate School of Education. She received her Bachelor of Arts in history from Columbia University, her Master of Arts in Teaching from Brown University, and her Ph.D. in curriculum and instruction at the University of Iowa. Before she joined the Fordham faculty, she taught secondary social studies and language arts for seven years in New York and Iowa. Dr. Bolgatz researches how teachers, students, administrators and parents address issues of race and racism in and out of schools. She is also interested in the ways that elementary and secondary students develop historical thinking skills. Most recently, Dr. Bolgatz has begun studying the process of teacher education for individuals and institutions.

- **David Ziskin**, Principal, Amsterdam High School

David Ziskin has served as principal of Amsterdam High School in Amsterdam, New York since December of 2008. Prior to becoming the principal at Amsterdam, Dave worked for the *Successful Practices Network*, a not-for-profit partner of the

International Center for Leadership in Education. At the International Center Dave managed an initiative funded by the *Bill and Melinda Gates Foundation* whose objective was to identify and bring to scale the most successful practices of 75 high schools around the nation that were identified as promising by their states' chief education officers. Dave also served as a teacher and administrator at Broadalbin-Perth High School and as principal of Fonda-Fultonville High School. At Amsterdam Dave has focused on raising expectations for all students and improving instruction. The high school's Comprehensive Education Plan Team under his leadership has been recognized as a strong model for developing a comprehensive plan for school improvement.

- **Lisa Grippo-Gardner**, Clinical Supervisor, University at Albany

Lisa Grippo-Gardner has over 35 years of experience in the field of education. She received her B.S. in Education with a minor in Business Economics. As a general education teacher, Lisa taught at various grade levels in school districts in New York and New Hampshire. For ten years, Lisa was a special education teacher in the Guilderland School District. In 2003, Lisa was recognized by the Guilderland School District's Board of Education for her outstanding accomplishment and service to the Guilderland School Community. In 2006, she joined the Division of Special Education at the University at Albany as a faculty member and clinical supervisor. In this role, she has supervised graduate students in their practicum and internship placements and has worked closely with mentor teachers to support the graduate students in their field placements. In 2010, Lisa was recognized by the School of Education for her outstanding performance and commitment to education and received the Excellence in Part-Time Teaching Award.

Potential Discussion Questions:

- Describe your role with the clinically rich program.
- Describe the experience of your department/campus/university/district with the clinically rich preparation model?
- What benefits does your organization derive from participation in the clinically rich preparation model?
- What are specific, concrete examples of strengths and challenges you have faced in implementing the clinically rich preparation model?
- How do you plan to sustain this work?
- Are there any factors that could present challenges for the clinically rich preparation model moving forward?