

**CEC Assessment #4: ASSESSMENT OF STUDENT TEACHING
CLINICAL INTERNSHIP: EARLY INTERVENTION AND PRESCHOOL
SETTINGS**

a. A brief description of the assessment and its use in the program.

The culminating experience in the Early Childhood Special Education program is a full-time clinical internship in both an early intervention (i.e. birth through three) and preschool setting (i.e. 3-6 years). Each assignment has a minimum duration of 200 contact hours or approximately eight weeks. Graduate interns are supervised by a cooperating teacher in their assigned placement. Cooperating teachers have a minimum of three years teaching experience and are fully certified by the Rhode Island Department of Education in Special Education. Graduate interns are also supervised by a college supervisor who has experience teaching in special education.

Graduate interns are informally observed and guided by the cooperating teacher on a daily basis. In addition, each graduate intern/student is formally observed and the observation documented a minimum of five times:

- Two observations made by the cooperating teacher
- Two observations made by the college supervisor
- One observation made collaboratively by the college supervisor and cooperating teacher

Areas of strength and areas in need of improvement are documented on the Graduate Internship Competency Checklist and submitted to the Office of School Partnerships and Placements.

b. A description of how this assessment aligns with CEC Standards.

Since the graduate internship/student teaching is the culmination of all coursework, the observation report evaluates the candidate's performance in the following CEC Standards:

CEC Standard #2: Development and Characteristics of Learners
CEC Standard #4: Instructional Strategies
CEC Standard #5: Learning Environments and Social Interactions
CEC Standard #7: Instructional Planning
CEC Standard #8: Assessment
CEC Standard #9: Professionalism
CEC Standard #10: Collaboration

CEC Standard #2: Development and Characteristics of Learners.
--

The clinical internship addresses several CEC SPA Standards Including: (1) characteristics and effects of the environmental milieu on the child and family (ICC2K3); (2) family systems and the role of families in supporting development

(ICC2K4); (3) specific disabilities and their implications for development and learning (ECSE2K3); and (4) the varying rates of development of infants and preschool children (ECSE2K7).

CEC Standard # 4: Instructional Strategies.

SPA Standards addressed within the internship experience include: (1) using strategies to facilitate integration (ICC4S1); (2) selecting and adapting instructional strategies consistent with the strengths and needs of the child (ICC4S3); (3) using strategies to promote successful transitions (ICC4S6); (4) planning, implementing and evaluating curricula based upon the strengths and needs of children and families (ECSE4S1); (5) using strategies to teach social skills and conflict resolution (ECSE4S6); and (6) implementing preventive strategies to address challenging behaviors (ECSE4S8).

CEC Standard # 5: Learning Environments/Social Interactions.

SPA Standards that are addressed by the internship experiences include: (1) teaching social skills needed for inclusion (ICC5K5); (2) creating a safe, positive learning environment in which diversities are respected (ICC5S1); (3) designing learning environments that encourage active participation in individuals and group activities (ICC5S4); (4) modifying the learning environment to manage behaviors (ICC5S5); using performance data to make modifications to the learning environment (ICC5S6); (6) using effective and varied behavior management strategies (ICC5S10); (7) directing and supporting paraeducators (ICC5S15); (8) structuring learning environments and using peer models to promote positive interactions ((ECSE5S4).

CEC Standard # 7: Instructional Planning.

Within Instructional Planning, SPA Standards that are addressed include: (1) roles and responsibilities of paraeducators (ICC7K5); (2) connection of the curriculum to assessment information (ECSE7K3); (3) developing an implementing comprehensive programs in collaboration with team members ((ICC7S2); (4) involving the family in goal setting (ICC7S3); (5) using task analysis (ICC7S5); (6) preparing and organizing materials for daily lesson plans (ICC7S11); (7) evaluating and modifying instruction based on assessment data (ICC7S15); and (8) designing intervention strategies that incorporate information from multiple disciplines (ECSE7S3).

CEC Standard #8: Assessment.

SPA Standards that are addressed within this domain include: (1) developing individualized assessment strategies (ICC8S4); (2) reporting assessment results to all stakeholders (ICC8S7); (3) creating and maintaining records (ICC8S9); (4) integrating family priorities in the assessment process (ECSE8S2); (5) participating as a team member to integrate assessment results into individualized plans (ECSE8S8); and (6) conducting ongoing assessments to monitor instructional effectiveness (ECSE8S11).

CEC Standard #9: Professional and Ethical Practice.

SPA Standards that are addressed within Professional and Ethical Practice include: (1) upholding standards of competence and integrity (ICC9S2); (2) conducting self-evaluation of instruction (ICC9S9); (3) integrating family systems theories and principles into professional practice (ECSE9S2); and (4) respecting family choices and goals (ECSE9S3).

CEC Standard #10: Collaboration.

SPA standards addressed for Collaboration include: (1) maintaining confidential communication among all professionals (ICC10S1); (2) fostering respectful relationships between families and professionals (ICC10S3); (3) planning and conducting collaborative conferences with professionals and families (ICC10S5); (4) communicating effectively with families from diverse backgrounds (ICC10S10); (5) observing and providing feedback to paraeducators (ICC10S11); (6) participating as a team member to enhance problem solving (ECSE10S6); and (7) assisting the family in planning for transitions (ECSE10S8).

c. Brief analysis of data findings.

Overall, student performance data derived from internship experiences in both early intervention and preschool settings disclose a moderate to high degree of skill acquisition. Areas in which students performed very competently included assessment and program/classroom implementation and management. The areas in which student skills require enhancement include the application of family-centeredness principles and concepts. The course syllabus and applied learning experiences that addresses these skills (i.e. SPED 544: Families in Early Childhood Programs: Essential Roles) has been revised to provide students with additional opportunities to self-reflect and apply principles of family-centeredness into their professional beliefs and practices.

d. An interpretation of how data provide evidence for meeting standards.

The clinical internship is the culminating experience for students and requires a demonstration of a comprehensive array of skills within both early intervention and preschool settings. During the internships (200 contact hours in each setting), students are expected to assume increasing responsibility for overall program implementation, management, and leadership. Key functions that are performed by students include multi-disciplinary team assessments, IFSP/IEP meetings with families, curriculum and program planning, organization, and implementation, child progress monitoring, communication and correspondence with families, pursuit of inclusive placements for all children served, and transition planning. Relevant CEC Standards that are linked with these functions and responsibilities include 4 (Instructional Strategies), 5 (Learning Environments and Social Interaction), 7 (Instructional Planning), 8 (Assessment), 9 (Professionalism), and 10 (Collaboration). Data gathered on the competency checklist on entry and exit from the internship validates a student's acquisition of the above skills.

CEC Assessment #4: Assessment of Student Teaching
Guidance for Evaluating Student Performance

Course: Special Education 668: Internship in Early Childhood Special Education

The intern is required to evaluate, plan, and teach children with disabilities in an early childhood special education program. A minimum of 400 clock hours is required under the joint supervision of an experienced teacher(s) and College supervisor.

The primary objective of this community-based clinical experience is to provide opportunities to students for applied learning with children from birth to six and their families. Organizationally, students are required to complete 200 hours of supervised work in **both** infant/toddler and preschool settings which serve children with developmental disabilities and other high risk conditions. The settings selected for internships are individually based decisions consistent with a student's experiential background, current employment, expressed preferences and employment aspirations, and overall competency. All students are supervised and evaluated on a competency-based Likert Scale by both internship coordinators and Rhode Island College faculty.

Course Objectives

1. To assess the student's capability to participate fully and meaningfully in the conduct of team assessments of young children and their families.
2. To assess the student's capability to generate meaningful and functional individualized service plans in collaboration with professionals and parents.

3. To assess the student's ability to create, organize, and implement a center-based program and curriculum consistent with child and family needs and priorities.
4. To assess the student's ability to collaborate meaningfully with parents, other professionals, and community agencies in the implementation of service plans.
5. To assess the student's ability to provide and/or link with a wide array of family support services on behalf of young children and their families.
6. To assess the student's ability to determine appropriate criteria and standards for evaluating the impact of programs and services on child and family well being.

Criteria and Format for Student Evaluation

Each student is formally evaluated by their respective field supervisors on two occasions, at entry and exit of their internship experience. Ratings are shared with the student, and are intended to provide supportive feedback and also serve as a guide for skills which may require additional development and refinement.

Student Competency Checklist
M.Ed. Program in Early Childhood Special Education
Rhode Island College

Student Name _____

I/T or Preschool Program _____

Date Completed _____

Supervisor _____

To what extent has this student demonstrated the following competencies? A=Assessment PI=Program/Classroom Implementation
 FC=Family Centeredness C=Collaboration

Competency	Level of Skill Demonstration					
	No Opportunity For Observation	Skill Marginally Demonstrated 1	2	Skill Moderately Demonstrated 3	4	Skill Consistently Demonstrated 5
A: Select and use a variety of informal and formal assessment instruments and procedures, including observational methods, to make decisions about children's learning and development.						
A: Select and administer assessment instruments and procedures based on the purpose of the assessment being conducted and in compliance with established criteria and standards.						
A: Develop and use authentic, performance-based assessments of children's learning to assist in planning, communicate with children and parents, and engage children in self-assessment.						
FC: Involve families as active participants in the assessment process.						

Competency	NA	1	2	3	4	5
FC: Participate and collaborate as a team member with other professionals in conducting family-centered assessments.						
A: Communicate assessment results and integrate assessment results from others as an active team participant in the development and implementation of the individualized education program (IEP) or individual family service plan (IFSP).						
PI: Monitor, summarize, and evaluate the acquisition of child and family outcomes as outlined on the IFSP or IEP.						
PI: Communicate options for programs and services at the next level and assist the family in planning for transition.						
A: Implement culturally unbiased assessment instruments and procedures.						
PI: Plan and implement developmentally and individually appropriate curricula and instructional practices based on knowledge of individual children, the family, the community, and curricula goals and content.						
FC: Develop an IFSP or IEP, incorporating both child and family outcomes in partnership with family members and other professionals.						

Competency	NA	1	2	3	4	5
C: Incorporate information and strategies from multiple disciplines in the design of intervention strategies.						
FC: Develop and select learning experiences and strategies that affirm and respect family, cultural, and societal diversity, including language differences.						
PI: Plan for and link current developmental and learning experiences and teaching strategies with those of the next educational setting.						
PI: Select intervention curricula and methods for children with specific disabilities including motor, sensory, health, communication, social-emotional, and cognitive disabilities.						
PI: Implement developmentally and functionally appropriate individual and group activities using a variety of formats, including play, environmental routines, parent-mediated activities, small-group projects, cooperative learning, inquiry experiences, and systematic instruction.						

Competency	NA	1	2	3	4	5
<p>PI: Develop and implement an integrated curriculum that focuses on children's needs and interests and takes into account culturally valued content and children's home experiences.</p>						
<p>C: Use appropriate health appraisal procedures and recommend referral and ongoing follow-up to appropriate community health and social services.</p>						
<p>FC: Identify aspects of medical care for premature, low birth weight, and other medically fragile babies, including methods of care for young children dependent on technology and implications of medical conditions on child development and family resources, concerns, and priorities.</p>						
<p>C: Recognize signs of emotional distress, child abuse, and neglect in young children and follow procedures for reporting known or suspected abuse or neglect to appropriate authorities.</p>						
<p>PI: Provide a stimulus-rich indoor and outdoor environment that employs materials, media, and technology, including adaptive and assistive technology.</p>						

Competency	NA	1	2	3	4	5
PI: Organize space, time, peers, materials, and adults to maximize child progress in group and home settings.						
PI: Implement basic health, nutrition, and safety management practices for young children, including specific procedures for infants and toddlers and procedures regarding childhood illness and communicable diseases.						
PI: Use individual and group guidance and problem-solving techniques to develop positive and supportive relationships with children; to encourage and teach positive social skills and interaction among children; to promote positive strategies of conflict resolution; and to develop personal self-control, self-motivation, and self-esteem.						
PI: Select and implement methods of behavior support and management appropriate for young children with special needs, including a range of strategies from less directive, less structured methods (e.g., verbal support and modeling) to more directive, more structured methods (e.g., applied behavior analysis).						
FC: Support and facilitate family and child interactions as primary contexts for learning and development.						

Competency	NA	1	2	3	4	5
FC: Establish and maintain positive, collaborative relationships with families.						
FC: Apply family systems theory and knowledge of the dynamics, roles, and relationships within families and communities.						
FC: Demonstrate sensitivity to differences in family structures and social and cultural backgrounds.						
FC: Assist families in identifying their resources, priorities, and concerns in relation to their child's development.						
FC: Respect parents' choices and goals for children and communicate effectively with parents about curriculum and children's progress.						
FC: Involve families in assessing and planning for their children.						
FC: Implement a range of family-oriented services based on the family's identified resources, priorities, and concerns.						
FC: Implement family services consistent with due process safeguards.						
FC: Evaluate services with families.						

Competency	NA	1	2	3	4	5
C: Collaborate/consult with other professionals and with agencies in the larger community to support children's development, learning, and well being.						
C: Identify structures supporting interagency collaboration, including interagency agreements, referral, and consultation.						
C: Participate as a team member to identify dynamics of team roles, interaction, communication, team building, problem solving, and conflict resolution.						
FC: Evaluate and design processes and strategies that support transitions among hospital; home; and infant/toddler, preprimary, and primary programs.						

Marginal Demonstration of Skill: skill demonstrated with incomplete knowledge and/or with limited application of evidence based practice and/or skill demonstrated inconsistently.

Moderate Demonstration of Skill: skill demonstrated with acceptable level of knowledge application but requiring additional efficiency of time and with enhanced effectiveness (i.e. skill associated with good outcomes for children and families).

Skill Consistently Demonstrated: skill demonstrated in all teaching and classroom/program management activities and with a high degree of efficiency and effectiveness.

Unacceptable: >7 competencies (i.e. 20% of 39 competencies rated) in rating Categories 1 and 2.

Developing: 80-85% (i.e. 31-33 competencies) of Performance Ratings in Categories 3, 4, or 5.

Acceptable: 86-90% (i.e. 34-35 competencies) of Performance Ratings in Categories 3, 4, or 5.

Target: > 90% (36-39 competencies) of Performance Ratings in Categories 3, 4 or 5.

Data Table
M.Ed. in Early Childhood Special Education
Assessment #4: Assessment of Student Teaching in Early Intervention (Birth-Three Years)

Criteria	2007 (n=5)			2008 (n=6)			2009 (n=2)		
	U/D	A	T	U/D	A	T	U/D	A	T
Assessment		4 (80%)	1 (20%)		3 (50%)	3 (50%)		1 (50%)	1 (50%)
Program Implementation		4 (80%)	1 (20%)		2 (33%)	4 (67%)		1 (50%)	1 (50%)
Family Centeredness	1 (20%)	3 (60%)	1 (20%)	1 (17%)	4 (67%)	1 (17%)		1 (50%)	1 (50%)
Collaboration		3 (60%)	2 (40%)		3 (50%)	3 (50%)		1 (50%)	1 (50%)

Data Table
M.Ed. in Early Childhood Special Education
Assessment #4: Assessment of Student Teaching in Preschool Setting (Three-Five Years)

Criteria	2007 (n=5)			2008 (n=6)			2009 (n=2)		
	U/D	A	T	U/D	A	T	U/D	A	T
Assessment		3 (60%)	2 (40%)		4 (67%)	2 (33%)			2 (100%)
Program Implementation		4 (80%)	1 (20%)		2 (33%)	4 (67%)			2 (100%)
Family Centeredness		4 (80%)	1 (20%)	1 (17%)	3 (67%)	2 (17%)		1 (50%)	1 (50%)
Collaboration		3 (60%)	2 (40%)		4 (67%)	2 (33%)		1 (50%)	1 (50%)