ROLE EXPECTATIONS FOR CLINICAL CONSULTANTS AS VIEWED BY STUDENT TEACHERS AND CLINICAL CONSULTANTS IN THE MICHIGAN STATE UNIVERSITY CLUSTER STUDENT TEACHING PROGRAM

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ABSTRACT

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The purpose of this study was to investigate: (1) how the clinical consultants perceived the role of the clinical consultant, (2) how student teachers perceived the role of the clinical consultant, and (3) how similar or dissimilar were the perceptions of student teachers and clinical consultants for the role of the clinical consultant. The investigation was designed to explore preference for, and perceived frequency of occurrence of, selected clinical consultant tasks. Eight types of tasks were used in the study: community involvement, variety of experiences within the school, management, conditions of learning, planning for learning, evaluation of learning, analyzing teaching behavior, and supportive behavior. The second aspect of the study dealt with student teachers' and clinical consultants' preference for and perceived actual clinical consultant method of operation. The categories

for selected clinical consultant method of operation were theoretical or practical, student teacher or clinical consultant initiative, and directive or non-directive.

Sixty-one student teachers and twenty-five consultants made up the sample of the study. The Clinical Consultant Inventory was developed for this study and was administered during the eighth week of spring term, 1971. The Analysis of Variance procedure was used to analyze the responses of student teachers and clinical consultants. Eight hypotheses within the limitations of this study were posed for testing.

The following conclusions were supported:

1. Across the set of eight measures of task and method of operation as measured by the Clinical Consultant Inventory, there was no significant difference between the student teacher and clinical consultant perception of the role of the clinical consultant in the Michigan State University Cluster Program of Student Teaching.

Conclusions Concerning Clinical Consultant Tasks

2. The variety of experiences within the school task area was preferred by student teachers and clinical consultants more than any other area. The supportive behaviors and analyzing teaching behaviors were also highly preferred.

3. Supportive behavioral tasks were perceived by student teachers and clinical consultants as a group to

occur more frequently than any other task area. The variety of experiences within the school task area ranked second in frequency.

4. The rank order of the perceived frequency of occurrence of the tasks by student teachers and clinical consultants followed closely the preference rank order of the tasks measured by the Clinical Consultant Inventory.

Conclusions Concerning Clinical Consultant Method Of Operation

5. Student teachers and clinical consultants as a group preferred the student teacher to initiate action in solving a problem.

6. Student teachers and clinical consultants as a group perceived the student teacher as taking the initiative more than they preferred.

7. Student teachers and clinical consultants as a group preferred the clinical consultant to be indirective.

8. Student teachers and clinical consultants as a group perceived clinical consultants to be more indirective than they desired.

9. Student teachers and clinical consultants as a group preferred practicalness in consultant method of operation.

10. Student teachers and clinical consultants as a group perceived the consultants to be less practical than they preferred.

Conclusions Concerning Clincial Conslutant Inventory

11. The measures of preference for the clinical consultant method of operation were the most effective individually at discriminating differences of perception of student teachers and clinical consultants.

12. The preference for the perceived actual occurrence of student teacher or clinical consultant initiative, and preference for a theoretical-practical approach measures worked together better than any other three measures at discriminating differences in the perceptions of the two populations.

ACKNOWLEDGMENTS

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THE NATURE OF THE INVESTIGATION

Introduction to the Study

Greater enrollment in teacher education programs accompanied by an emphasis on realistic direct experience has forced the location of student teaching and other clinical experiences from laboratory schools into off-campus schools. New kinds of cooperative arrangements between schools and colleges have been made.

In an effort to further increase the experiences of student teachers, programs have been designed that stress visiting social agencies and community organizations, spending time in students' homes, and involvement in other community activities in addition to the conventional in-school student teaching activities. The Cluster Program of Student Teaching at Michigan State University emphasizes these activities. Another innovative aspect of this program is the more flexible basis of assigning student teachers within the school. Ten to twelve student teachers assigned to a school, group and regroup for particular purposes as they work with problems of instruction, learning, management, and evaluation. This

organizational pattern also permits them to work with a greater variety of teachers, teaching styles, organizational methods, content, and school personnel.

New modes of organization have created a need for new supervisory positions. Colleges and universities have begun to realize that they often worked in isolation from practicing teachers at the task of teacher preparation. Kennedy and Dean suggested that:

> Greater involvement of classroom practitioners can add strength to the design and implementation of programs of teacher preparation. Their involvement could facilitate a blend of the practical and the theoretical, helping to keep teacher education programs relevant to the needs of prospective teachers.[1]

This need has brought about the creation of supervisory positions that involve practicing teachers. Positions such as clinical professors, associates, and consultants have been created where the person has a dual appointment to a public school system and a college.

Michigan State University has recognized the need for someone to coordinate the individualized program of student teachers in the Cluster Program of Student Teaching. The University has already created a dual appointed position in its Elementary Intern Program. The "intern consultant"

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[1]Lee W. Dean and Henry Kennedy, "Position Paper on Student Teaching Programs Developed by Deans and Directors of Michigan Teacher Education Institutions," in Teacher Education in Transition, ed. by Howard E. Bosley, I (Baltimore, Maryland: Multi-State Teacher Education Project, 1969), p. 165.

is chosen by the University and the public school district and holds a dual appointment. He is a full-time supervisor of intern teachers but is still under contract and paid by the school district. The person is recognized as a very competent teacher who has recently worked directly with children.

The "intern consultant" arrangement has been a successful one. The final report to the Ford Foundation stated:

> The intern consultants, selected from the most able teachers in the cooperating school districts, have developed in-service education of new teachers far beyond the initial expectation. Most importantly, the consultants have helped bridge the gap between the college course work and the public school classroom by helping the intern to relate 'theory' and 'practice.'[2]

The University has chosen to involve the practicing teacher again and has created the position of "clinical consultant" in the Cluster Program. He works half-time for his school and supervises 10-12 student teachers half-time for the University. His responsibilities are further deliniated in Chapter II.

The clinical consultant is involved with many people. He must work with student teachers, teachers, administrative staff, non-teaching staff, college faculty, parents, and other community organizations. His position

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[2]Michigan State University College of Education, "Elementary Intern Program: Another Way of Learning to Teach," 1966.

is a relatively new one. Yet all of these populations have some expectations for the clinical consultant's role. His role has not been rigidly defined.

No research is available on what any of the populations feel is the consultant's role. The consultants and the student teachers are the people most affected by his role. Therefore the most viable relationship would probably be one in which there is consensus between what each of these two groups expects of the consultant's role. This study investigates the degree of consensus between student teachers and clinical consultants on role expectations for the clinical consultants.

Need for the Study

The Cluster Program of Student Teaching at Michigan State University is five years old. The position of clinical consultant was created when the program was introduced. It is difficult to explicitly describe his role since one of the characteristics of the program is its individualized nature. A need exists to study the role expectations for clinical consultants because:

1. Many positions are created in order to provide guidance for student teachers. Expectations become attached to the positions involved and define roles such as supervising teacher, cooperating teacher, center director and others. The role expectations for clinical consultants has not been explicitly described.

2. Student teachers have expectations for supervisoral behaviors that if known would aid the consultant in working with them.

3. Student teachers expect certain behaviors from the classroom teachers with whom they are working. A more explicit description of clinical consultant behaviors expected by the student teachers would reduce the overlap that may exist between these two positions.

4. A study of role relationships may contribute to an understanding of what supervisory behaviors will produce desired results in student teacher practices.

5. Of a lack of empirical research related to the student teacher-clinical consultant professional relationship in the Cluster Program.

6. A study of role expectations for the consultant will provide information that will aid program planning, such as consultant selection, orientation, in-service education, and evaluation.

Purpose of the Study

The purpose of this study is to investigate: (1) how the consultant perceives the role of the clinical consultant, (2) how student teachers perceive the role of the clinical consultant, and (3) how similar or dissimilar are the perceptions of student teachers and clinical consultants for the role of the clinical consultant. While there are

many other populations that hold expectations for the clinical consultant this study is limited to the expectations of student teachers and consultants.

Many people, in and outside of the school, hold beliefs about the role of the clinical consultant. Those who are most affected by the role of the consultant are the student teacher and the consultant himself. This study is concerned with the role of the consultant as perceived by these two populations.

Statement of the Problem

The clinical consultant comes into contact with many people who hold expectations for his role. He works with student teachers, teachers, principals, non-teaching staff in the school buildings, parents, people involved in community organizations, and college personnel. Each of these populations hold expectations for who the consultant is, what he does, how he performs his tasks, and his status. A good working relationship depends partly on the consensus between student teachers and consultants for the role of the consultant.

The consultant's role consists of many components. This study is concerned with the perceptions of student teachers and clinical consultants for selected clinical consultant role characteristics. Is there consensus or divergence held by these two groups for the consultant's

role? The various role components led to the development of the hypotheses that follow.

Research Hypotheses

This study is designed to test one overall hypothesis.

Hypothesis I

> There will be no difference between the student teacher's and clinical consultant's perception of the role of the clinical consultant in the Michigan State University Cluster Program of Student Teaching, across the set of eight measures of task and method of operation as measured by the Clinical Consultant Inventory.

In the event of finding differences, the following eight exploratory hypotheses are posed for testing.

H_1: Student teachers and clinical consultants express different preferences for selected clinical consultant tasks.

H_2: Student teachers and clinical consultants perceive a different frequency of occurrence of selected clinical consultant tasks.

H_3: Student teachers and clinical consultants express different preferences for a theoretical approach in clinical consultant method of operation.

H_4: Student teachers and clinical consultants perceive differently the actual theoretical approach in clinical consultant method of operation.

H_5: Student teachers and clinical consultants express different preferences for initiating clinical consultant method of operation.

H_6: Student teachers and clinical consultants perceive differently the initiating clinical consultant method of operation.

H_7: Student teachers and clinical consultants express different preferences for directiveness in clinical consultant method operation.

H_8: Student teachers and clinical consultants perceive differently the actual directiveness in clinical consultant method of operation.

Definition of Terms

A role expectation is an evaluative standard applied to an occupant of a position; i.e., what an individual is expected to do in a given situation, both by himself and by others.[3]

A role is a set of expectations applied to an occupant of a particular position.[4]

Role consensus exists when similar expectations are held for an occupant of a position.[5]

A position is the location of an individual or class of individuals in relation to others in a system of social relationships.[6]

The Cluster Program is a student teaching program that groups eight to twelve student teachers in a school. Contact with social agencies and community organizations, and flexible assignment of student teachers is emphasized.

The clinical consultant is responsible for the student teachers assigned to the bhilding, and works with

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[3]Dean Corrigan and Golden Garland, "Studying Role Relationships," A pamphlet, ed. by Leon F. Miller (Cedar Falls, Iowa: The Association for Student Teaching, 1966), p. 11.

[4]Ibid.

[5]Ibid.

[6]Ibid.

the building principal and other teachers to provide a variety of experiences for the student teachers.[7]

Method of operation refers to the procedures, processes, or methods employed by the consultant to assist the student teacher in a problem situation.

Selected clinical consultant tasks are those behaviors which the consultant may exhibit while working with student teachers. They include the following areas: community involvement, variety of experiences within the school, planning for instruction, measurement of learning, analyzing teaching behavior, supportive behaviors.

Theoretical orientation is the examination of underlying educational theory before considering specific action.

Initiating behavior is taking the offensive in a situation.

Directiveness is prescribing, insisting on specific steps to take, or telling someone exactly what to do.

Preference for is selecting from alternatives on the basis of an individual's unique system of priorities.

Frequency of occurrence is the number of times an event happens or a behavior is exhibited.

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[7]"Responsibilities in Clinical Cluster Program," Supplement to Agreement with Schools for Clinical Clusters (East Lansing, Michigan: Michigan State University Student Teaching Office, 1970), p. 1-2.

A perception is an individual sensory awareness in the mind of a human being.

Summary of Procedures

Population

The population consisted of all student teachers and clinical consultants in the Michigan State University Cluster Program of Student Teaching during the spring term of 1971. The clinical consultants had to be employed by their local school districts and affiliated with Michigan State University by agreement with their public school districts. The student teachers had to be members of a cluster supervised by a clinical consultant under contract with Michigan State University.

During the spring term of 1971 there were 28 clusters. The clusters ranged in size from 5 to 12 student teachers. (Twelve was the maximum number assigned to a consultant on a half-time appointment.) A total of 245 student teachers were working in clusters. The average size of each cluster was 8.04 student teachers.

Sample

The sample of clinical consultants included 25 of 28 individuals. The clinical consultants were given the choice of whether or not to participate.

A stratified random sample of the student teachers was taken. Three student teachers from each cluster were selected. Sixty-four of 84, or 76.26 per cent of the teachers selected, returned a completed questionnaire.

Instrumentation

The Clinical Consultant Inventory consisted of two sections. One was designed to measure preference for and perceived frequency of occurrence of selected consultant tasks. Eight areas of tasks were selected which corresponded to the outline of clinical consultant duties that were listed in the agreement with schools for clinical clusters.[8] Four consultant behavioral descriptions represented each of the eight areas. The instrument was adapted from the one used by Fitch and Inman in their studies on role expectations in the Michigan State University Elementary Intern Program.[9]

The second section measured preference for and perceived actual clinical consultant method of operation

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[8] "Responsibilities in Clinical Cluster Program," op. cit., p. 1.

[9] Thomas Fitch, "Role Expectations for Intern Consultants: Views of Intern Teachers and Intern Consultants in the Michigan State University Elementary Intern Program" (unpublished Ph.D. dissertation, Michigan State University, 1970), Appendix; Gerald Inman, "A study of Expectations Held by Intern Teachers with Selected Personal Characteristics for Intern Consultant Role" (unpublished Ph.D. dissertation, Michigan State University, 1970), Appendix.

in three areas. A problem situation was given and the student teacher or clinical consultant was asked to give his preference for and perceived actual occurrence on a five point scale for (1) theoretical or practical, (2) consultant or student teacher initiative, and (3) directive or non-directive clinical consultant method of operation. The wording of the second section was changed slightly to accommodate clinical consultants' responses to a similar form. Both forms are found in Appendices B and C.

Data Collection and Analysis

The subjects' responses to the Clinical Consultant Inventory were placed on answer sheets for machine scoring. All of the student teachers assigned to one cluster were treated as one individual observation by determining the student teachers' mean scores. The mean scores of paired student teachers and their consultants were compared by post-hoc comparisons after the Analysis of Variance indicated significance.

A one-way Analysis of Variance with two levels of the independent variable (student teachers and clinical consultants) and eight repeated measures was used. Upon finding overall differences, univariate post-hoc analysis for significant differences was carried out. The .05 level for acceptance or rejection of the null hypothesis was selected as being sufficiently rigorous for the conditions of this study.

Organization of the Study

After the development of the rationale for and purposes of the study in Chapter I, the related research and literature on the Cluster Program of Student Teaching and role theory are summarized in Chapter II.

The research design is explained in Chapter III. The population of the study, instruments, and research procedures used are described. The statistical analysis of data is detailed in Chapter IV. The final chapter includes the summary of findings, conclusions drawn from the study, implications for teacher education, for the Cluster Program, and further research.

CHAPTER II

REVIEW OF THE LITERATURE AND RELATED RESEARCH

Introduction

The review of the literature concentrates on the Cluster Program of Student Teaching and role theory as applied to student teaching. This review provides (1) a theoretical frame of reference for this study, (2) a description of research findings related to this study, and (3) a rationale for the research methods used.

The Cluster Program of Student Teaching

The Cluster Program was an undergraduate student teaching program for elementary or secondary student teachers. Since its beginning as a pilot project in the spring of 1966, it had attempted to develop methods of preparing teachers who could organize and manage instruction with an emphasis on the unique, individual learning needs of a wide variety of students.

In designing the structure of a student teaching program four main principles were considered paramount by the deans and directors of Michigan teacher education institutions. They were:

1. The program for student teachers should provide great flexibility so that strengths and weaknesses of individual students will determine the specific program each will follow.

2. The student teacher should be involved in a program which is designed to provide contact with several teachers and various teaching styles.

3. The program should be structured to provide many other kinds of school experiences for the student teacher in addition to classroom teaching.

4. Effective means should be developed to bring practicing teachers and teacher preparation institutions into a true partnership in the design and implementation of teacher education programs.[1]

The cluster program was designed to meet these needs. The SERL Project (Secondary Education Residency Lansing) was the first attempt by Michigan State University to implement cluster grouping.[2] The project was organized as a cooperative venture by the Instructional Division of the Lansing School District and the School of Teacher Education at Michigan State University. It was designed to train teachers for junior high schools. The cluster concept was well received and had grown in popularity. Now it is used to prepare student teachers for grade levels K-12.

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[1]Lee W. Dean and Henry Kennedy, "Position Paper on Student Teaching Programs Developed by Deans and Directors of Michigan Teacher Education Institutions," Teacher Education in Transition, ed. by Howard E. Bosley, I (Baltimore, Maryland: Multi-State Teacher Education Project, 1969), p. 165.

[2]"SERL Project" (East Lansing, Michigan: Michigan State University Student Teaching Office, 1970), p. 1.

Students volunteered to participate. They must have completed all their pre-student teaching professional education courses. During the term preceding student teaching the students participated in a series of non-credit orientation sessions.

Students spent full time in student teaching and were assigned in clusters of 10-12 students per building. The school and the community it served, was considered a learning laboratory in which the student teacher studied the problems of teaching and gained experience at solving them.[3]

To guide the learning experiences of student teachers in this educational laboratory an outstanding teacher from the instructional staff of that school was selected jointly by the faculty, school administration, and Michigan State University. This person was released half time by the school district (this time was paid for by the University) to serve as a clinical consultant who helped plan for the optimum utilization of the resources of the school in developing an individualized professional experience program for each student teacher based upon his strengths and weaknesses.[4] He was responsible for the

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[3] Ibid., p. 3.

[4] Lee W. Dean, "A Student Teaching Program for the 1970's," a mineographed speech (East Lansing, Michigan: School of Teacher Education, Michigan State University, December 29, 1969), p. 2.

student teachers assigned to his building and worked with the rest of the building staff to insure that the student teachers made a valuable contribution to the school program. He was directly responsible to the University Student Teaching Center Director for all activities involving student teachers. His responsibilities have been outlined in the agreement form between the University and the school district as follows:

(a) Providing leadership to, and working with, the student teachers and the building staff in developing individual participatory schedules based on the diagnosed needs of the student teachers in the building. This will include arranging with teachers in the building for classroom teaching experiences for student teachers on a block-time basis or for extended periods for part of the school day.

(b) Providing classroom supervision of student teachers in the building in cooperation with the regular classroom teachers.

(c) Providing instruction to student teachers in the building on such matters as lesson planning, discipline, and relationships, which are called for by the course objectives. This instruction may be provided in conference group sessions in which all the student teachers in the building are involved.

(d) Providing leadership in the counseling and evaluation of student teachers as they progress through the experience and providing to them the results of evaluation conferences.

(e) Identifying those problems or questions in which the building staff might be involved with the University through its student teaching coordinator, and for arranging sessions in which these questions can be dealt with on a formal basis.

(f) Assisting student teachers in identifying social and philosophical issues in the community as the basis for considering these topics in ED 450 (School and Society).

(5) Providing for faculty involvement in the evaluation of the program.[5]

The student teacher's schedule was individualized and therefore what any one student teacher or cluster of student teachers did, varied according to the needs of the people involved. For example, a student teacher did not necessarily remain under the guidance of one classroom teacher. He may have taught science under three different supervising teachers instead of one.

The student teacher also engaged in an organized program designed for him to learn about the many areas of a teacher's job that occur outside of the formal classroom setting. The following were included: (a) working with small groups or individuals in remedial tutoring situations; (b) visiting homes of students and learning about community activities; (c) learning about the administration of a school as viewed by the principal, attendance officer, custodian or groundskeeper; (d) learning about and working with social agencies influential in the community; and (3) becoming familiar with the special

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[5]"Responsibilities in Clinical Cluster Program: Supplement to Agreement with Schools for Clinical Clusters" (East Lansing, Michigan: Michigan State University Student Teaching Office, 1970), pp. 1-2.

services of the school; (guidance, remedial reading, school nurse, library, audio-visual aids and the like).[6]

The individualized schedule was examined weekly or more often, and revisions were made. Assignment to at least one or two teachers or classes for several weeks was encouraged to provide an extended experience with the same group of students and to aid the development of long range units of instruction. The activities chosen helped to develop personal, social and academic competencies in addition to professional ones.

It was deemed extremely important that the clinical consultant have sufficient support services. A full-time university staff member, the Center Director, was responsible for a region involving no more than 8-10 clusters. He resided in the area and was available to the consultants at any time. His duties included the administration of the University program in the region, including placement of students, liason with schools in the area, and handling special problems of students. One of his most important roles was providing pre-service orientation and in-service training for clinical consultants.

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[6] "Responsibilities in Clinical Cluster Program," op. cit.

Research Studies Related to the Cluster Program

Chase[7] compared the Conventional Program of student teaching at Michigan State University with the Lansing SERL Project with reference to openness and attitude formation. Each student teacher completed the Teacher Problems Q-sort and the Minnesota Teacher Attitude Inventory at the beginning of their experience and were posttested at the end with the same instruments. Student teachers in the SERL Project were found to have more positive attitudes toward children as pupils and the teaching profession than student teachers in the Conventional Program. Chase concluded that SERL teachers were more open to their experience as a result of the SERL pattern of student teaching. The SERL student teachers showed greater positive change in both attitude and openness than the Conventional student teachers.

After interpretation of the data he concluded that the socialization and interaction of the group or cluster appeared to be the most significant factor in the results of the study. The clusters, along with the contributions of the clinical consultant, the cooperating teacher, the college coordinator, and the cooperation of the many

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[7]Donald Chase, "A Comparative Study of the Cooperative Michigan State University-Lansing SERL Project and the Conventional Program of Student Teaching With Reference to Openness and Attitude Formation" (unpublished Ph.D. dissertation, Michigan State University, 1970).

individuals and agencies providing the multitudinous variety of experiences, seemed to make the SERL Project a superior pattern for providing the student teaching experience, with reference to openness and attitude formation.

Role Theory

The concept of "role" occupies an important position in the literature of the social sciences. It is often used in analyzing individual, group and societal behavior.[8] The concept is used by a variety of disciplines and each has its own definition. Therefore it is useful to determine what common elements formulate the concept. Gross, Mason and McEachern suggest that the three basic ideas which appear in most conceptualizations are that individuals: (1) in social locations, (2) behave, (3) with reference to expectations.[9] There are two major points of emphasis within these common elements. The first is that human behavior does not occur at random; the behavior of an individual is influenced to some extent by his expectations and by expectations of others in the group or society of which he is a part.[10] The second is that expectations are

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[8]Corrigan and Garland, op. cit., p. 7.

[9]Neal Gross, Ward S. Mason, and Alexander W. McEachern, Explorations in Role Analysis (New York: John Wiley and Sons, Inc., 1958), p. 17.

[10]Ibid., p. 18.

assigned to individuals on the basis of their positions or locations in systems of social relationships.[11]

A viable approach to role theory that can be applied to an analysis of the relationships involved in student teaching situations was developed by Parsons and Shils.[12] They state, in Toward A General Theory of Action, that the theory of action is a conceptual scheme for the analysis of behavior, and that actions occur in constellations called systems.[13] Three action systems were designated. Williams summarized the relationship among them as follows: "Motivated individuals (personality systems) seeking gratifications and oriented to shared values or standards (culture) thus interact in patterned ways (social systems)."[14] A social system is defined as a "system of interaction of a plurality of actors in which the action is oriented by rules which are complexes of complementary expectations concerning roles and sanctions.[15] Role is the point of

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[11] Ibid.

[12] Talcott Parsons and Edward A. Shils, eds., Toward A General Theory of Action (Cambridge Mass.: Harvard University Press, 1951), p. 190.

[13] Ibid., p. 195.

[14] Robin M. Williams, Jr., "The Socialigical Theory of Talcott Parsons," The Social Theories of Talcott Parsons, ed. by Max Black (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1961), p. 69.

[15] Parsons and Shils, loc. cit.

contact between the individual and the social system. This unit is the most important in a social system because it defines the individual's participation in a social situation. What an individual is expected to do in a given situation, by himself and others, constitutes the expectations of that role.

The interacting positions involved in the student teaching situation can be viewed as a partial social system and are therefore subject to analysis within the framework of role theory.[16] In student teaching experiences positions are created in order to provide the guidance and opportunities for learning necessary to meet the objective of helping the student teacher prepare, through integration of theory and practice, to assume responsibility as a beginning teacher.[17] Expectations for behavior are attached to these positions and thus define their roles. Viewed in this way, the student teaching situation fulfills the definition of a social system.

Because effective role enactment and effective role relationships appear to be related to consensus on role expectations and clarity of role definition, it is important to examine the expectations which define the

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[16]Corrigan and Garland, op. cit., p. 11.

[17]Ibid., p. 12.

roles in student teaching situations in order to determine the states of consensus which exist on definitions of these roles.[18]

Review of Selected Studies Based on Role Theory

Many investigations have been conducted to determine role expectations for various positions in student teaching. Most of the studies have been concerned with the role of the supervising teacher and student teacher.

Garland[19] studied role expectations for student teachers. He used the framework developed by Parsons and Shils,[20] with adaptations suggested by Gross, Mason and McEachern.[21] Role expectations were defined in terms of behaviors expected of position incumbents rather than observed behaviors. His role expectation instrument consisted of seventy-six items designating behaviors which could be expected of student teachers. Respondents

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[18]J. Paschal Twyman and Bruce J. Biddle, "Role Conflict of Public School Teachers," The Journal of Psychology, 55:183 (January, 1963); Theodore R. Sarbin, "Role Theory," Handbook of Social Psychology, ed. by Gardner Lindzey, I (Reading, Mass.: Addison-Wesley, 1954), p. 227.

[19]Colden B. Garland, "An Exploration of Role Expectations for Student Teachers: Views of Prospective Student Teachers, and College Supervisors" (unpublished Ph.D. dissertation, University of Rochester, 1964).

[20]Parsons and Shils, op. cit.

[21]Gross, Mason, and McEachern, op. cit.

indicated their expectations on a four-step scale: absolute must, preferably should, preferably should not, absolutely must not.

The major factors which respondents viewed as contributing to disagreement or lack of agreement among the three groups were different points of view in focusing on the student teaching experience, the frequent lack of awareness of position incumbents of the expectations held by those occupying other positions for the role of the student teacher, and a lack of communication among and within the groups associated with each of the three institutions. He recommended the framework of role theory adapted to his study be employed in further examination of the interacting positions involved in student teaching situations.

Fleming[22] investigated the role expectations of elementary school student teachers and supervising teachers on four dimensions of communications and the interrelationships among the communication dimensions. Two instruments were developed for his study; one measured the role expectations for the student teacher-supervising teacher relationship and the other measured the quantity (frequency)

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[22]James S. Fleming, "An Investigation of Role Expectations and the Communication Process Between Elementary School Student Teachers and their Supervising Teachers" (unpublished Ph.D. dissertation, University of Michigan, 1968).

of communication, quality of communication, and concerns related to the communication process. He found that student teachers consistently expressed a desire for more frequent communication. Frequency of oral comments by supervising teachers was found to be significantly related (at the .01 level) in a positive direction to all qualitative aspects of communication. Results indicated a somewhat less effective job of communicating was accomplished by those supervising teachers who were older, had taught elementary school longer, and had previously supervised more student teachers.

Kaplan[23] explored the role of the college supervisor of student teaching at the elementary school level and defined role expectations in terms of behavior expected of position incumbents rather than observed behaviors. His role expectation instrument included forty items. The items designated behaviors expected of college supervisors. He used a four point scale that ranged from "absolutely must" to "absolutely should not." His findings indicated that the major factors which student teachers, supervising teachers, and college supervisors view as contributing to lack of agreement were different

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[23]Leonard Kaplan, "An Investigation of the Role Expectations for College Supervisors of Student Teaching as Viewed by Student Teachers, Supervising Teachers, and College Supervisors" (unpublished Ph.D. dissertation, University of Rochester, 1966).

perceptions of the role of the college supervisor in evaluation and in acting as a resource consultant.

Two studies have been done on the role expectations for intern consultants in the Elementary Intern Program at Michigan State University. These studies were presented because the intern program is a clinical experience that prepares undergraduate students for teaching and the intern consultant is a teacher selected from the public schools and manages the intern teachers. The consultant has a dual assignment similar to the clinical consultant, but on a full-time basis. In addition, Fitch and Inman both used the model of looking at behaviors expected rather than observed behavior in studying role.

Fitch,[24] investigated role expectations for intern consultants as perceived by the role incumbents and intern teachers. Like Garland's, his study was patterned after Parson's and Shil's framework for studying role. Role expectations were defined in terms of behaviors expected of position incumbents, not in terms of observed behavior. He developed an instrument that measured (1) preference for, and (2) perceived actual intern consultant method of operation. This aspect was designed to determine the

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[24]Thomas C. Fitch, "Role Expectations for Intern Consultants: Views of Intern Teachers and Intern Consultants in the Michigan State University Elementary Intern Program" (unpublished Ph.D. dissertation, Michigan State University, 1966).

degree of (1) theoretical or practical, (2) consultant or intern initiative, and (3) directive or non-directive method of operation used by the intern consultant in actual practice. The writer's instrument was adapted from the one developed by Fitch.

Fitch concluded that intern consultants expressed a higher preference for and greater frequency of occurrence of each selected consultant task than elementary intern teachers. Consultants perceived interns receiving greater assistance with greater frequency than interns. Both interns and consultants preferred practicalness in intern consultant method of operation. Consultants perceived their method of operation as theoretically based while interns perceived consultant assistance as practical. Both groups preferred and perceived consultants as allowing interns to initiate action toward the solution of problems and encouraging interns to initiate in problem situations. Interns and consultants preferred directiveness in clinical consultant method of operation, but perceived consultants as being indirective. Interns and consultants wanted consultants to assist interns in planning but both groups perceived interns as receiving the least attention with planning than any other selected consultant tasks. The analysis of the teaching task was also highly preferred but was perceived to occur with little frequency.

Inman,[25] used the instrument developed by Fitch to study expectations held by intern teachers with selected personal characteristics for intern consultant role. He found that female intern teachers tended generally to have a greater preference for supervisory tasks than males, interns with more positive attitudes toward children tended to indicate a greater preference for supervisory tasks than did interns with less positive attitudes; and interns with a more positive attitude toward children preferred supervisory approaches to problem situations which were practical, indirect, and allowed the intern to initiate action.

Summary

In summary, the literature on the Cluster Program of Student Teaching was mainly of a descriptive nature. The program was still in the infancy stage and therefore only one research study had been completed at the time of writing. Three additional research studies were underway. The one completed study concluded that the student teachers in the Cluster Program were more open as a result of their experience than those in the Conventional Program of student

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[25]Gerald D. Inman, "A Study of Expectations held by Intern Teachers with Selected Personal Characteristics for Intern Consultant Role" (unpublished Ph.D. dissertation, Michigan State University, 1970).

teaching. They also had a more positive attitude toward children as students and teaching as a profession.

Role theory is a useful tool for the analysis of various roles in real life settings. The increase in new supervisory positions in student teaching accentuates the need for role clarity. Research reports based on the concept of role indicate that: (1) role behavior of individuals result from and are modified by expectations, and (2) a basic assumption of role theory, and of this study, is that these expectations and perceptions can be measured. Many of the investigations of role perception used questionnaires similar to the one employed in this study.

Research on roles in student teaching indicated that: (1) student teachers consistently expressed a desire for more frequent communication with their supervising teacher, (2) frequency of oral comments by supervising teachers was found to be positively related to all qualitative aspects of communication, and (3) lack of agreement between student teachers, supervising teachers, and college supervisors was contributed to by different perceptions of the role of the college supervisor in evaluation and in acting as a resource consultant.

Two research studies on the role of the intern consultant concluded that: (1) intern consultants expressed a higher preference for and greater frequency of occurrence of each selected consultant task than the interns, (2) both

groups preferred practicalness in consultant method of operation, while the consultants saw it theoretically based and interns saw it practically based, (3) both groups preferred and perceived interns initiating a solution to a problem, (4) both groups preferred to have a directive consultant but perceived him as being indirective, (5) both groups wanted the consultant to aid in planning and analyzing the teaching task but found those activities rarely occurring, and (6) female interns with a positive attitude toward children, tended to indicate a greater preference for supervisory tasks.

CHAPTER III

PROCEDURES UTILIZED IN THE STUDY

Introduction

This chapter contains: (1) demographic information on the study sample, (2) a description of the instrument--the Clinical Consultant Inventory, (3) the research design of the study, (4) the statistical hypotheses developed, (5) information on the administration of the instrument, (6) the data analysis procedure, and (7) the level of significance chosen.

The Study Sample

Student teachers and clinical consultants in the Michigan State University Cluster Program of Student Teaching as a group were selected as the subjects of this study. Student teachers were selected because they (1) were directly affected by clinical consultant role through intensive professional contact with the clinical consultant, (2) were believed to hold expectations for the clinical consultant role, (3) had worked for almost an entire quarter (8 weeks, full-time) with the consultant, and (4) were accessible and cooperative in conducting the study.

The student teacher subjects making up the sample represented 34 per cent of the total population in the spring term of 1971. Three students were randomly selected from each cluster. Seventy-six per cent of the sample of student teachers returned a completed questionnaire.

Clinical consultants as a group were selected as subjects because they (1) occupied the role being investigated, (2) were believed to hold expectations concerning the role they occupied, (3) had held the clinical consultant position for at least one term, and (4) were accessible and cooperative in conducting the study. The clinical consultant subjects represented the entire population in the spring term of 1971. Participation in the study was not mandatory, but 25 of the 28 consultants chose to participate.

It was assumed that these samples were representative of the population of student teachers and clinical consultants in the Michigan State Cluster Program of Student Teaching.

Student Teachers

The sample of student teachers consisted of 61 people. Of this number, 46 or 75.4 per cent were females and 15 or 24.6 per cent were males.

Table 3.1 provides a description of the age distribution of the student teachers. Approximately 85 per cent

TABLE 3.1.--Age Distribution of the Student Teacher Sample.

	Age Groups				
Subjects	25 or less	26-30	31-35	36-40	Over 40
Number	52	5	2	0	2
Per cent	85.2	8.2	3.3	0	3.3

of the student teaching population were twenty-five or younger at the time of the study. The large percentage of young student teachers was considered typical of most undergraduate student teaching programs.

In Table 3.2, the student teacher sample is described by grade point average at entrance to student teaching. Michigan State University requires a 2.00 accumulative grade point average by a student to qualify for student teaching. About 69 per cent of the students had a grade point average between 2.5 and 3.5.

Table 3.3 provides a distribution of student teachers by colleges attended. Approximately 87 per cent of the student teachers had attended Michigan State University for two years or more. About 25 per cent of the students had attended another college for more than one year.

Table 3.4 includes information on the pre-college community of the student teachers. The sample was almost evenly representative of the first five classifications.

TABLE 3.2.--Distribution of Student Teacher Sample by Grade Point Average at Entrance to Student Teaching Program.

Subjects	Grade Point Average Range--4.0 Scale				
	1.99 or below	2.00-2.49	2.50-2.99	3.0-3.49	3.5 or above
Number	0	11	22	20	8
Per cent	0	18.1	36.1	32.8	13.1

TABLE 3.3.--Distribution of Student Teacher Sample by Colleges Attended.

Subjects	Attended only MSU	One year or less at another college	2 years at another college	3 years at another college	4 years or graduate of another college
Number	36	9	8	4	4
Per cent	59.0	14.8	13.1	6.6	6.6

TABLE 3.4.--Distribution of Student Teacher Sample by Pre-College Community.

Type of Community	Number	Per Cent
Large City (500,000 or more)	10	16.4
City (100,000-500,000)	13	21.3
Small City (15,000-100,000)	15	24.6
Small Town (2,500-15,000)	10	16.4
Rural Community (2,500 or less) or on Farm	13	21.3
Suburban (adjacent to a large city)	30	49.2
Inner City (within the central core of a large city, sub-standard housing)	0	0

When asked if anyone came from an inner-city community, no one fell into that classification. Almost half of the student teachers came from suburban environments.

In Table 3.5 a distribution provides information on the type of community in which the student teachers were teaching. Approximately 8.2 per cent of the student teachers student taught in a large city and about 2 per cent in the rural communities. About 67 per cent taught in cities with a population of 15,000-500,000. Fifty-two per cent taught in suburban environments while only 14.8 per cent taught in what they classified as inner-city schools.

A description of marital status of the student teachers is found on Table 3.6. The figure of 41 per cent married was high because almost one-third of the clusters were in the Lansing area where married students get first choice at student teaching assignments.

TABLE 3.5.--Distribution of Student Teacher Sample by Student Teaching Community.

Type of Community	Number	Per Cent
Large City (500,000 or more)	5	8.2
City (100,000-500,000)	22	36.1
Small City (15,000-100,000)	19	31.1
Small Town (2,500-15,000)	14	23.0
Rural Community (2,500 or less) or on Farm	1	1.6
Suburban (adjacent to a large city)	32	52.5
Inner City (within the central core or a large city, sub-standard housing)	9	14.8

TABLE 3.6.--Marital Status Distribution of Student Teacher Sample.

Marital Status	Number	Per Cent
Single	34	55.7
Married	25	41.0
Separated	1	1.6
Divorced	1	1.6
Widowed	0	0

In Table 3.7, a distribution of types of schools in which student teachers taught is shown. Junior high or middle school positions were held by about 44 per cent of the student teachers. The large percentage of junior high schools represented the origin of the cluster program in the SERL Project.

Table 3.8 shows that 68 per cent of the student teachers were majoring in secondary education.

Clinical Consultants

Of the 25 consultants who participated in this study 12, or 48 per cent were male and 13, or 52 per cent were female.

Table 3.9 provides a description of the age distribution of the clinical consultant sample. About 85 per cent of the consultants were 45 or younger.

Table 3.10 describes the marital status of consultants and shows that 88 per cent are married.

Information on the number of quarters served as an Michigan State University clinical consultant is given in Table 3.11. Sixty-four per cent of the consultants had been consultants for at least two terms.

In Table 3.12 the distribution of clinical consultants' number of years of teaching experience is shown. Ninty-two per cent of the consultants have six or more years of experience.

TABLE 3.7.--Distribution of Type of School in which Student Teachers are Teaching.

Type of School	Number	Per Cent
Elementary (K-5 or 6)	14	23.0
Middle (6-8)	9	14.8
Junior High (7-8)	18	29.5
High School (9-12 or 10-12)	18	29.5

TABLE 3.8.--Distribution of Student Teachers' Type of Education Major.

Type of Education Major	Number	Per Cent
Elementary	13	21.3
Secondary	42	68.0
Special Education	6	9.8

TABLE 3.9.--Age Distribution of the Clinical Consultant Sample.

Subjects	22-29	30-35	36-45	46-55	over 55
Number	7	6	8	3	1
Per Cent	28	24	32	12	4

TABLE 3.10.--Marital Status Distribution of Clinical Consultant Sample.

Marital Status	Number	Per Cent
Single	2	8
Married	22	88
Separated	1	4
Divorced	0	0
Widowed	0	0

TABLE 3.11.--Distribution of Number of Quarters Served as an M.S.U. Clinical Consultant.

Subjects	1 or less	2-3	4-5	6-7	8 or more
Number	9	7	5	2	2
Per Cent	36	28	20	8	8

TABLE 3.12.--Distribution of Clinical Consultant's Number of Years of Teaching Experience.

	Number of Years				
Subjects	1-5	6-10	11-15	16-20	21 or more
Number	2	13	6	2	2
Per Cent	8	52	24	8	8

Table 3.13 shows that 80 per cent of the consultants have taught in two or less districts.

The distribution of grade level of teaching experience of the consultants is shown in Table 3.14. Seventh and eighth grade rank the highest with 56 per cent of the teachers having taught that level. The lower elementary grades K-3 rank the lowest.

Table 3.15 is a distribution of the highest degree earned by clinical consultants. Eighty per cent of the consultants have a masters degree. A masters plus 15 hours or more is held by 24 per cent of the consultants.

In Table 3.16 information is provided that shows when the masters degrees were earned by the clinical consultants. Fifty per cent of the Masters' degrees were earned between 1966-71.

Bachelors' degrees were received at Michigan State University by 32 per cent of the consultants and Masters' degrees at the same institution by 50 per cent. Twenty-five per cent of those who earned Masters' degrees received them from Western Michigan University.

Instrumentation

After an extensive review of the literature for an appropriate standardized instrument to measure the variable of interest in this study the decision was made to adopt

TABLE 3.13.--Distribution of Number of School Districts in which Clinical Consultant has Taught.

	Number of School Districts				
Subjects	1	2	3-4	5-6	7 or more
Number	9	11	4	1	0
Per Cent	36	44	16	4	0

TABLE 3.14.--Distribution of Grade Level of Teaching Experience of Clinical Consultants.

Subjects	Number	Per Cent
K	3	12
1	3	12
2	5	20
3	5	20
4	6	24
5	9	36
6	10	40
7	14	56
8	14	56
9	11	44
10	10	40
11	10	40
12	9	36

TABLE 3.15.--Distribution of Highest Degree Earned by Clinical Consultants.

	Degree				
Subject	Bachelors	M.A.	M.A. +15	Ed.S. or M.A.+30	Ph.D.
Number	5	14	4	2	0
Per Cent	20	56	16	8	0

TABLE 3.16.--Distribution of the Year the Master of Arts Degree was Earned by Clinical Consultants.

	Year Degree Awarded				
Subjects	1940-50	1951-55	1956-60	1961-65	1966-71
Number	0	0	5	5	10
Per Cent	0	0	25	25	50

the Intern Consultant Inventory that Fitch developed to study intern consultant role.[1]

The Intern Consultant Inventory consisted to two distinct sections: Part A and Part B. Part A was designed to measure perceptions of (1) preference for selected intern consultant tasks and (2) frequency of occurrence of selected intern consultant tasks. Part B of the instrument was designed to measure perceptions of (1) preference for selected intern consultant method of operation and (2) the most likely intern consultant method of operation.

Part A consisted of six categories that were representative of intern consultant supervisoral behaviors in working with intern teachers. Each of the six categories consisted of four behavioral descriptions of intern consultant tasks. The categories were (1) classroom management techniques, (2) conditions of learning, (3) planning for learning experiences, (4) evaluation of learning, (5) analyzing teaching behavior, and (6) supportive consultant behaviors. All six of the areas were used in constructing the Clinical Consultant Inventory. Some of the behavioral tasks were changed to be more appropriate to the Cluster Program arrangement. Two categories were added: community involvement and variety

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[1]The Intern Consultant Inventory can be found in Fitch's dissertation.

of experiences within the school. Four behavioral descriptions of clinical consultant tasks were added in each of these areas.

Each of the four behavioral tasks were followed by two continua. The first continuum was designed to measure degree of preference for that selected clinical consultant behavior. The second continuum was designed to measure frequency of occurrence for that same specific intern consultant behavior. The sequence presented in Illustration 3.1 was repeated four times per category and followed across the eight categories.

Part B of the Clinical Consultant Inventory also used Fitch's format. Five problem situations encountered by student teachers were presented. The categories for selected clinical consultant method of operation were theoretical-practical, student teacher-clinical consultant actuator, and directive-non-directive. Respondents estimated their preference for, and perceived actual consultant method of operation. This resulted in six continua for each problem situation: one scale of preference for and one scale of perceived actual consultant method of operation for each of the above stated categories.

Validity

The Clinical Consultant Inventory was given to all of the Center Directors of Student Teaching at Michigan

Category: Classroom Management Technique

Behavioral Description: The consultant urges the student teacher to give continued attention to ventilation, lighting, seating, and other physical conditions within the student teacher's classroom

Preference Item:	1. A	B	C	D	E
	Definitely not preferred behavior			Very highly preferred behavior	
Frequency Item:	2. A	B	C	D	E
	Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

ILLUSTRATION 3.1.--The Organization and Presentation of Preference and Frequency Scales Under the Behavioral Description of Consultant Task within a Category on Part I, of the Clinical Consultant Inventory.

State University to whom the clinical consultant is responsible, to help establish the validity of the instrument. They offered unique, relevant and objective criticisms which strengthened both the face and content validity for the Clinical Consultant Inventory.

To test appropriateness, objectivity, and sensitivity the instrument was administered to twenty former student teachers who went through the Cluster Program the preceeding quarter. This sample was considered similar to incumbent student teachers. Minor changes that were suggested by the pilot group, were incorporated into the final revision of the instrument. Variability of responses by the pilot sample indicated the instrument's ability to measure differences between individuals. The instructions were clear and provided the necessary information to accurately complete the instrument.

Reliability of the Instrument

Unlike many standardized instruments (i.e., mental maturity, achievement tests) no correct answer was assumed. The subject placed his response anywhere on the continuum. Methods of establishing reliability such as the Kuder-Richardson Split-Half Formula Twenty assumed a correct answer. Therefore such methods of determining reliability were not applicable.

The test-retest method was also considered a feasible approach to establish reliability for a questionnaire.[2] However, at the empirical level, studies by Cuber and Gerberich[3] and by Gerberich[4] had shown considerable inconsistency in questionnaire responses over time. The test-retest method was not considered appropriate as a means of establishing reliability for the Clinical Consultant Inventory.

Kerlinger, in defining reliability, indicated that it consists of several components among which is, "accuracy or precision."

This component refers to the degree to which the measure obtained from a measuring instrument produce "true" measures of the property measured. It asks simply are the measures accurate?[5] The crucial test of reliability for the Clinical Consultant Inventory was precision or accuracy.

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[2]The Clinical Consultant Inventory in the absense of a correct answer was considered most like a questionnaire.

[3]John F. Cuber and John B. Gerberich, "A Note on Consistency in Questionnaire Responses," Sociological Review, XI (February, 1946), 13-15.

[4]John Gerberich, "A Study of the Consistency of Informant Responses to Questions in a Questionnaire," Journal of Educational Psychology, XXXVIII (May, 1947), 299-306.

[5]Fred N. Kerlinger, Foundations of Behavioral Research (New York: Holt, Rinehart, and Winston, Inc., 1967), p. 430.

Design of the Study

The mean scores of the student teachers in a cluster were matched with the scores of their clinical consultant for analysis, since independence could not be assumed. The scores for the 8 dependent variables consisted of the mean differences between the two groups. The student teachers' mean scores were subtracted from the clinical consultants' scores.

Twenty-four of the twenty-eight clusters were used for statistical analysis. The criterion for selection was that both the clinical consultant and at least one student teacher in the same cluster had to return a completed questionnaire. Thus, the number of experimental units became twenty-four pairs.

The multivariate analysis of variance was used to find overall significance and avoid the problem of compounded alpha errors. This statistic investigated all of the dependent measures as a group. The procedure provided simultaneous comparison across the eight measures. Upon finding overall significance, univariate post hoc analysis for significant differences was justified. The .05 level of significance was used.

The Statistical Hypotheses of this Study

The following multivariate null hypothesis was posed:

Ho_1: There will be no difference between the student teacher's and clinical consultant's perception of the role of the clinical consultant in the Michigan State University Cluster Program of Student Teaching, across the set of eight measures of task and method of operation as measured by the Clinical Consultant Inventory.

In the event the multivariate null hypothesis is rejected, separate univariate hypotheses will be tested for each of the eight measures. The following form for the univariate null hypotheses was posed for possible testing:

Ho_2: There will be no difference between student teachers and clinical consultants in the Michigan State University Cluster Program of Student Teaching as measured by the Clinical Consultant Inventory with reference to each of the univariate null hypotheses.

Administration of Instrument

Five weeks before the administration of the instrument a letter was sent to all of the clinical consultants requesting their cooperation in the study. All of the consultants agreed to cooperate by answering the questionnaire themselves and giving it to the three randomly selected student teachers in their cluster.

The Clinical Consultant Inventory was sent out on May 17, 1971 during the eighth week of student teaching. Each questionnaire was in a sealed envelope addressed to the subject. The envelope contained the Clinical Consultant Inventory, an answer sheet, a cover letter, and a stamped,

return envelope addressed to the Michigan State Student Teaching Office. The consultants agreed to collect the sealed envelopes, which contained the completed questionnaires, and mail the four envelopes back during the ninth week of student teaching (May 24, 1971).

Data Analysis Procedure

Scoring and analyzing the data was facilitated by using optical scanner scoring sheets. The scoring sheets had 5 choice columns. The students marked one column for each of the 104 items. The returned sheets were marked with group identification, after verifying the names on the sheets with the sample lists.

The responses of the students and all identifying information were transmited by the IBM Optical Scanner onto punched cards so that the data could be processed and analyzed by the CDC 3600 computer.

CHAPTER IV

ANALYSIS OF DATA

One multivariate null hypothesis was tested in this study. Eight univariate null hypotheses were posed for possible testing if the multivariate null hypothesis was rejected. In the following section the analysis of the hypotheses is reported. Descriptive data produced by the instrument are also presented.

Hypothesis I

> There will be no difference between the student teacher's and clinical consultant's perception of the role of the clinical consultant in the Michigan State University Cluster Program of Student Teaching, across the set of eight measures of task and method of operation as measured by the Clinical Consultant Inventory.

The multivariate analysis of variance procedure was used to test for over-all significance for Parts I and II of the instrument. The multivariate test was significant at less than the .1053 level. The multivariate null hypothesis was not rejected at the .05 level of significance. Therefore, justification did not exist to proceed to test the eight univariate hypotheses.

Interpretation of the data in terms of significant differences between groups was not warranted. An effort

was made to determine which of the eight measures was best able to independently detect differences between the two groups. Table 4.1 ranks the independent measures by level of significance.

The measures of preference for the three areas dealing with the consultant's method of operation were individually the most effective at discovering differences in the perceptions of the two groups.

The discriminant function coefficients scores are reported in Table 4.2. This information indicated what group of measures was most effective at discovering differences between perceptions of student teachers and consultants. Illustration 4.1 shows the relationship.

Three measures worked most effectively as a group to detect differences in perceptions of the two groups. The preference for and frequency of occurrence of student teacher or clinical consultant initiative, and preference for a theoretical-practical approach measures worked better together than any other three measures at discriminating differences. All of the other measures were much less effective.

Descriptive Data: Results Pertaining to the Clinical Consultant Inventory

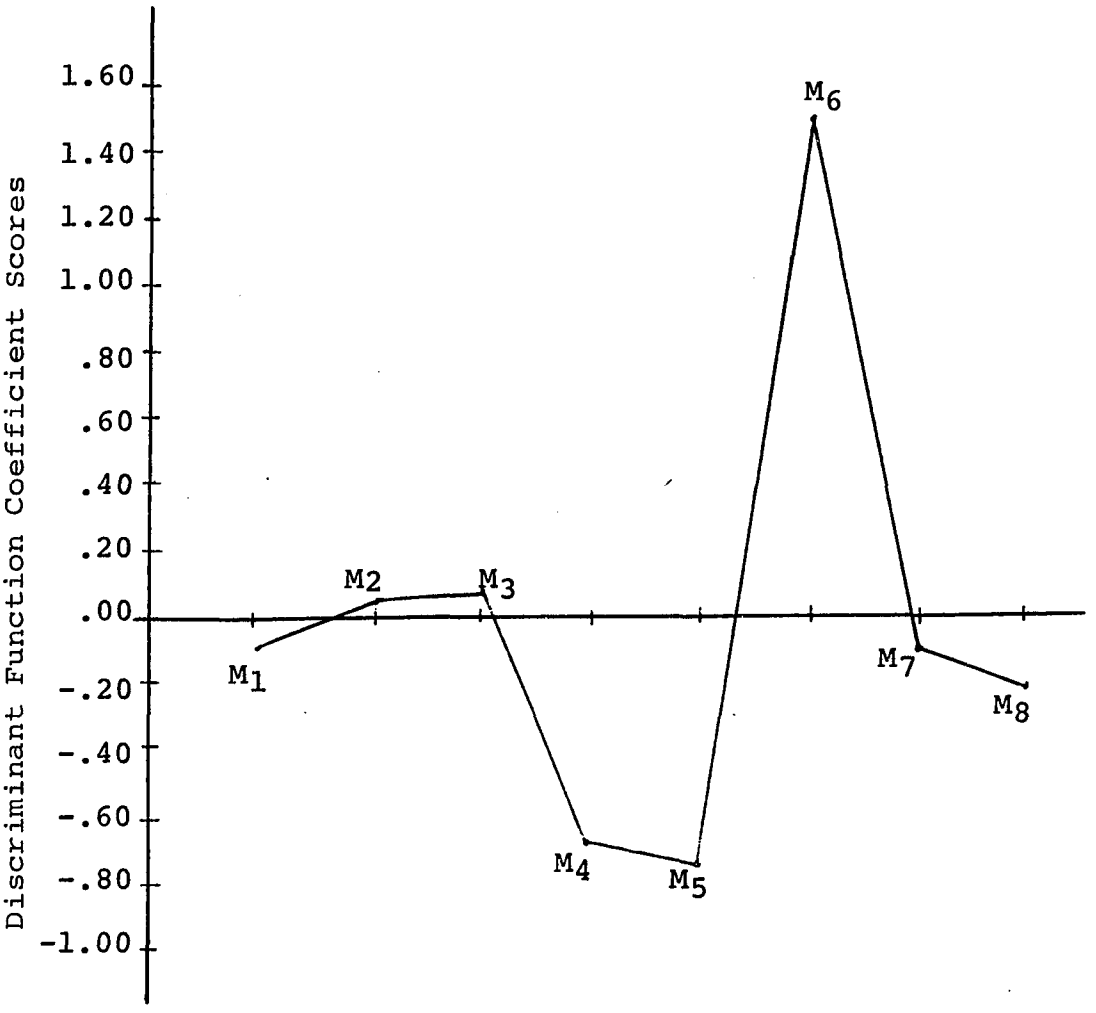
Three variables of interest in this study that were measured in Part I of the Clinical Consultant Inventory were

TABLE 4.1.--Independent Levels of Significance of each Measure.

Measure	P Less Than
Initiative--Preference	.0023
Directiveness--Preference	.0146
Theoretical--Preference	.0287
Total Tasks--Frequency	.1640
Initiative--Frequency	.1681
Directiveness--Frequency	.2632
Total Tasks--Preference	.5825
Theoretical--Frequency	.9751

TABLE 4.2.--Discriminant Function Coefficients.

Measure	Standardized Coefficient Score
Initiative--Preference	1.5038
Initiative--Frequency	- .7418
Theoretical--Preference	- .6683
Directiveness--Preference	- .2170
Total Tasks--Frequency	- .1109
Directiveness--Frequency	- .0929
Theoretical--Frequency	.0690
Total Tasks--Preference	.0198



M_1= Total Tasks-Frequency

M_2= Total Tasks-Preference

M_3= Theoretical-Frequency

M_4= Theoretical-Preference

M_5= Initiative-Frequency

M_6= Initiative-Preference

M_7= Directive-Frequency

M_8= Directive-Preference

ILLUSTRATION 4.1.-- A Graph of the Standardized Discriminant Function Coefficient Scores.

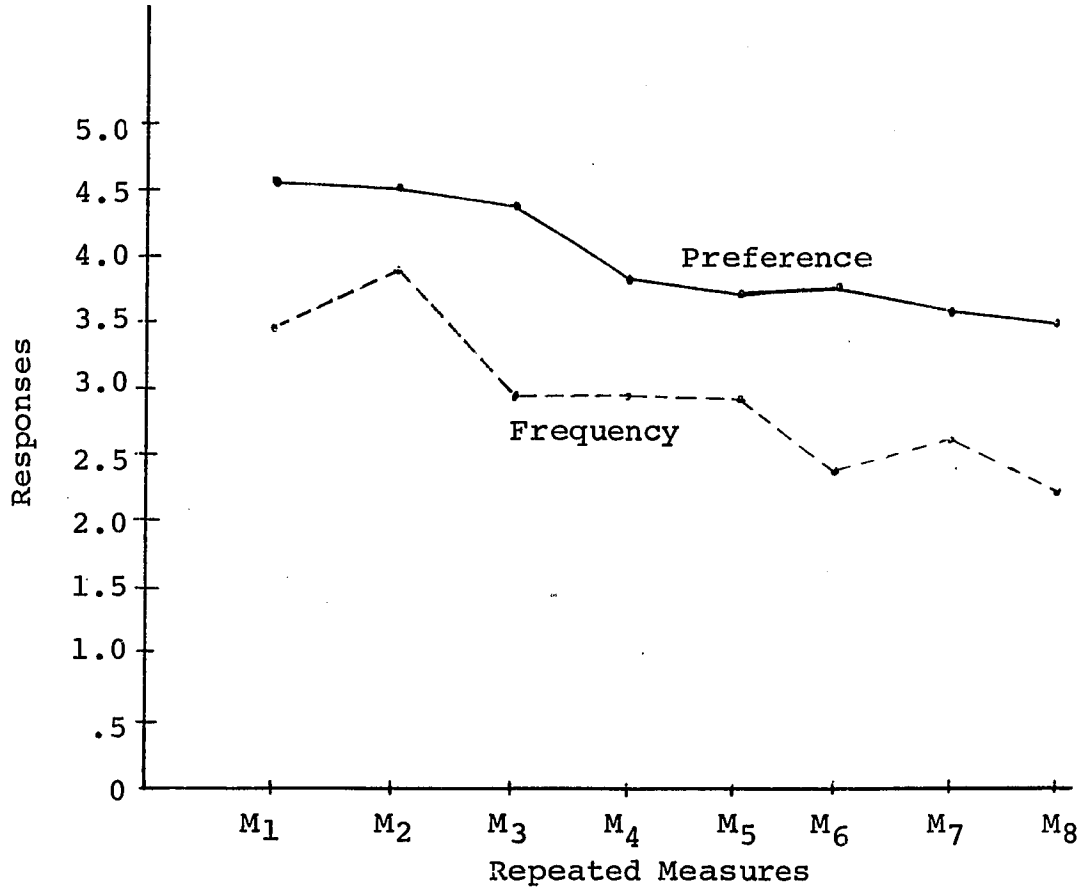
(1) student teachers and consultants, (2) preference and frequency, and (3) selected consultant tasks. The data generated by the instrument was further explored beyond the original hypotheses. The descriptive information that is found in the following tables and graphs is given to provide further exploratory information.

The 32 consultant tasks were grouped into 8 areas. The rank ordering of the 8 areas of selected consultant tasks is found in Table 4.3. The mean scores were the combined consultant and student teacher mean scores for questions in each area. It indicated that the variety of experiences within the school task was preferred by student teachers and clinical consultants as a group more than any other task. The supportive behaviors and analyzing teaching behaviors task areas ranked very close behind in the preference rank order. Illustration 4.2 shows the drop in preference for the remaining tasks.

Table 4.3 includes the perceived frequency of occurrence of the task areas by consultants and student teachers as a group. They ranked supportive behaviors as the most frequently occurring task. They were perceived to take place almost weekly. Variety of experience within the school ranked second. These two tasks occurred far more frequently than the others.

TABLE 4.3.--A Rank Order of Combined Student Teacher and Clinical Consultant Mean Scores of Preference for and Perceived Frequency of Occurrence of Selected Clinical Consultant Tasks.

Expressed Preference for			Perceived Frequency of		
Rank Score	Selected Task Category	Mean Score	Rank Score	Selected Task Category	Mean Score
1.	Variety of School Experiences	4.55	1.	Supportive Behaviors	3.88
2.	Supportive Behaviors	4.52	2.	Variety of School Experiences	3.46
3.	Analyzing Teaching Behavior	4.43	3.	Analyzing Teaching Behavior	2.93
4.	Conditions for Learning	3.84	4.	Management	2.92
5.	Management	3.76	5.	Conditions for Learning	2.86
6.	Community Involvement	3.74	6.	Planning for Instruction	2.63
7.	Planning for Instruction	3.60	7.	Community Involvement	2.40
8.	Measurement	3.49	8.	Measurement	2.29



M_1= Variety of Experiences Within School

M_2= Supportive Behaviors

M_3= Analyzing Teaching Behaviors

M_4= Conditions for Learning

M_5= Management

M_6= Community Involvement

M_7= Planning for Instruction

M_8= Measurement of Learning

ILLUSTRATION 4.2.-- A Graph of Combined Student Teacher and Clinical Consultant Mean Scores of Preference for and Perceived Frequency of Occurrence of Selected Clinical Consultant Tasks.

The rank order of the perceived frequency of tasks followed quite closely the preference rank order of the tasks as shown in Illustration 4.2.

The information found in Tables 4.4, 4.5, 4.7 and 4.8 and Illustration 4.3 compares the scores of student teachers and clinical consultants. The multivariate test had already indicated that any difference shown was not significant at the .05 level of confidence. The information was provided to show where the scores fell for each population.

Table 4.4 compares student teachers and clinical consultants by rank order of preference for the selected tasks. Variety of school experiences, supportive behaviors, and analyzing teaching behaviors were the three highest preferred tasks by both groups. The remaining tasks were less highly preferred. Clinical consultants scores on community involvement tasks ranked fourth while student teachers scores ranked it seventh. Otherwise, the rank order was quite similar.

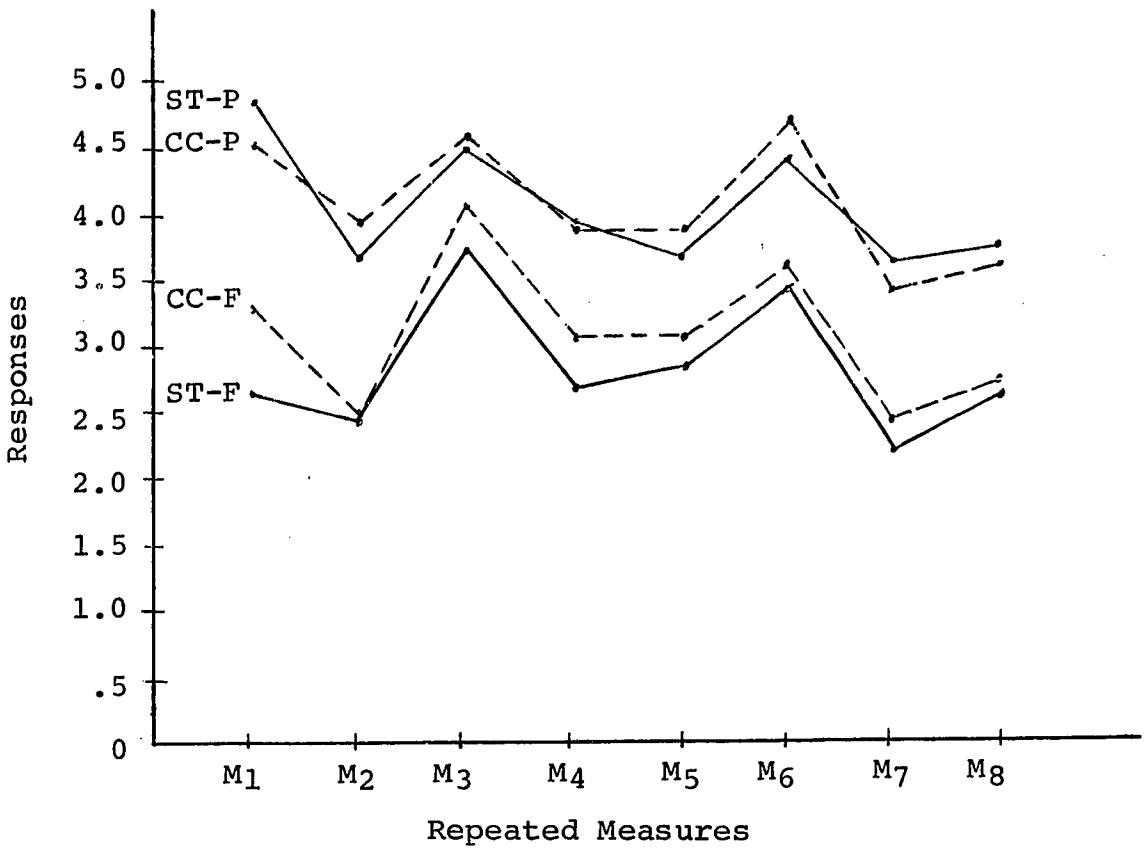
In Table 4.5 the scores of student teachers and clinical consultants on perceived frequency of occurrence of the tasks are ranked. The scores were ranked exactly the same except for the analyzing teaching behavior task. Consultant scores ranked it third while student teacher scores ranked it fifth. In all cases the clinical

TABLE 4.4.--A Rank Order of Student Teacher and Clinical Consultant Mean Scores of Preference for Selected Clinical Consultant Tasks.

Expressed Preference for			Perceived Frequency of		
Rank Score	Selected Task Category	Mean Score	Rank Score	Selected Task Category	Mean Score
1.	Supportive Behaviors	4.49	1.	Variety of School Experiences	4.71
2.	Variety of School Experiences	4.38	2.	Supportive Behaviors	4.55
3.	Analyzing Teaching Behavior	4.37	3.	Analyzing Teaching Behavior	4.48
4.	Conditions for Learning	3.87	4.	Community Involvement	3.88
5.	Management	3.68	5.	Management	3.83
6.	Planning for Instruction	3.68	6.	Conditions for Learning	3.81
7.	Community Involvement	3.60	7.	Planning for Instruction	3.52
8.	Measurement of Learning	3.58	8.	Measurement of Learning	3.40

TABLE 4.5.--A Rank Order of Student Teacher and Clinical Consultant Mean Scores of Perceived Frequency of Occurrence of Clinical Consultant Tasks.

Expressed Preference for			Perceived Frequency of		
Rank Score	Selected Task Category	Mean Score	Rank Score	Selected Task Category	Mean Score
1.	Supportive Behaviors	3.68	1.	Supportive Behaviors	4.07
2.	Variety of School Experiences	3.40	2.	Variety of School Experiences	3.51
3.	Management	2.80	3.	Analyzing Teaching Behavior	3.24
4.	Conditions for Learning	2.69	4.	Management	3.04
5.	Analyzing Teaching Behavior	2.62	5.	Conditions for Learning	3.02
6.	Planning for Instruction	2.58	6.	Planning for Instruction	2.68
7.	Community Involvement	2.38	7.	Community Involvement	2.42
8.	Measurement of Learning	2.19	8.	Measurement of Learning	2.39



M_1= Analyzing Teaching Behaviors

M_2= Community Involvement

M_3= Supportive Behaviors

M_4= Conditions for Learning

M_5= Management

M_6= Variety of Experiences Within School

M_7= Measurement of Learning

M_8= Planning for Instruction

ST-P= Student Teachers-Preference Score

ST-F= Student Teachers-Frequency Score

CC-P= Clinical Consultants-Preference Scores

CC-F= Clinical Consultants-Frequency Scores

ILLUSTRATION 4.3.-- A Graph of Student Teacher and Clinical Consultant Mean Scores of Preference for and Perceived Frequency of Occurrence of Clinical Consultant Tasks.

consultants perceived a greater frequency of occurrence of the tasks than student teachers did. Illustration 4.3 shows the information found in Tables 4.4 and 4.5 in graph form. It also indicated that the rank order of frequency of selected tasks followed closely the rank order of the preference responses.

Part II of the Clinical Consultant Inventory measured three variables: (1) student teachers and consultants, (2) preference for and perceived actual occurrence, and (3) method of operation. The combined rank order mean scores of both student teachers and clinical consultants for preference for and perceived actual method of operation are displayed in Table 4.6. Both groups highly preferred the student teacher to initiate action in solving a problem but perceived the student teacher to initiate action more frequently than they desired. They also preferred indirectiveness, but again perceived consultants to be more indirective than desired. They preferred practicalness in consultant method of operation, but perceived consultants to be less practical than they preferred.

The student teachers preferred the student teachers to initiate action, and consultants to be indirective and practical in consultant method of operation, as shown in Table 4.7. However, they perceived the consultants to actually be too indirective and practical. They also

TABLE 4.6.--A Rank Order of Combined Student Teacher and Clinical Consultant Mean Scores of Preference for and Perceived Actual Occurrence of Clinical Consultant Method of Operation.

Expressed Preference for			Perceived Actual Occurrence		
Rank Score	Method of Operation	Mean Score	Rank Score	Method of Operation	Mean Score
1.	Initiator	3.78	1.	Initiator	4.10
2.	Indirective	3.74	2.	Indirective	4.05
3.	Practical	3.29	3.	Practical	3.19

TABLE 4.7.--A Rank Order of Student Teacher Mean Scores of Preference for and Perceived Actual Occurrence of Clinical Consultant Method of Operation.

Expressed Preference for			Perceived Actual Occurrence		
Rank Score	Method of Operation	Mean Score	Rank Score	Method of Operation	Mean Score
1.	Initiator	3.61	1.	Initiator	3.91
2.	Indirective	3.61	2.	Indirective	3.85
3.	Practical	3.28	3.	Practical	3.37

TABLE 4.8.--A Rank Order of Clinical Consultant Mean Scores of Preference for and Perceived Actual Occurrence of Clinical Consultant Method of Operation.

Expressed Preference for			Perceived Actual Occurrence		
Rank Score	Method of Operation	Mean Score	Rank Score	Method of Operation	Mean Score
1.	Initiator	3.94	1.	Initiator	4.29
2.	Indirective	3.87	2.	Indirective	4.24
3.	Practical	3.29	3.	Practical	3.00

perceived the student teacher to initiate action more than they preferred.

Table 4.8 shows that clinical consultants had the same rank order as student teachers did for the three aspects of the clinical consultant method of operation. They ranked all areas but perceived actual occurrence of practicalness slightly higher than student teachers.

Summary

The analysis of the multivariate hypothesis in the study was examined and the following result was found:

Hypothesis	Results
1. There will be no difference between the student teacher's and clinical consultant's perception of the role of the clinical consultant in the	Fail to reject at the .05 level of confidence.

Michigan State University Cluster Program of Student Teaching, across the set of eight measures of task and method of operation as measured by the Clinical Consultant Inventory.

The measures of preference for the three aspects of clinical consultant method of operation were individually the most effective at discovering differences between the two populations. The preference for and perceived actual occurrence of student teacher or clinical consultant initiative, and preference for a theoretical approach measures worked better together than any other three measures at discriminating differences in perception.

Descriptive data generated by the Clinical Consultant Inventory was also reported. Tables and illustrations provided information on the rank order of responses to various areas investigated by the instrument.

CHAPTER V

SUMMARY, CONCLUSIONS, AND IMPLICATIONS

Chapter V is organized in five sections. The first section is a summary of the results. Limitations of the study are presented in the second section, followed by the conclusions. The implications of the study are discussed in the fourth section. The final section contains the implications for future research.

Summary

The analysis of the multivariate hypothesis of this study was examined with the following result:

Hypothesis	Results
There will be no difference between the student teacher's and clinical consultant's perception of the role of the clinical consultant in the Michigan State University Cluster Program of Student Teaching, across the set of eight measures of task and method of operation as measured by the Clinical Consultant Inventory.	Fail to reject

Findings Generated by the Clinical Consultant Inventory

Further exploration of the data produced by the Clinical Consultant Inventory provided the following descriptive data

Findings Related to Clinical Consultant Tasks

1. The variety of experiences within the school task area was preferred by student teachers and clinical consultants more than any of the other areas. The supportive behaviors and analyzing teaching behavior task areas ranked closely behind.

2. Supportive behavioral tasks were perceived by student teachers and clinical consultants to occur more frequently than any other tasks. They were perceived to take place almost weekly. Variety of experiences within the school behaviors ranked second and were perceived to occur about every ten days.

3. The rank order of the perceived frequency of occurrence of the tasks by the clinical consultants and student teachers as a group followed quite closely the preference rank order of the tasks.

Findings Related to Clinical Consultant Method of Operation

4. Student teachers and clinical consultants preferred the student teacher to initiate action in solving a problem.

5. Student teachers and clinical consultants perceived the student teacher as taking the initiative more than they desired.

6. Student teachers and clinical consultants preferred the consultant to be indirective.

7. Student teachers and clinical consultants perceived consultants to be more indirective than desired.

8. Student teachers and clinical consultants preferred practicalness in consultant method of operation.

8. Student teachers and clinical consultants perceived the consultants to be less practical than they preferred.

Findings Related to Clinical Consultant Inventory

10. The measures of preference for the three areas dealing with the consultant's method of operation were individually the most effective at discriminating differences in the perceptions of the two groups.

11. The preference for and perceived actual occurrence of student teacher-clinical consultant initiative and the preference for a theoretical-practical approach measures worked together better than any other three measures at discriminating differences.

Limitations of the Study

Conclusions and implications drawn from the results reported above must be interpreted with full consideration for those factors which may have influenced the study. These limitations were particularly important when extrapolating beyond the study sample to a comparable or general population.

1. A review of the literature revealed no previous research which had focused upon the perceptions of student teachers and clinical consultants for the role of the clinical consultant, in the Michigan State University Cluster Program of Student Teaching. Therefore, measures constructed for this study represented an initial attempt to assess preference for supervisory assistance afforded student teachers. The extent to which the instrument provided valid and reliable measures of perceptions limited the conclusions drawn. A more sophisticated instrument might have detected differences in perceptions.

2. The clinical consultant tasks were limited to those which involved interaction between the consultant and the student teacher. The consultant did have other tasks which defined his role, but involved other people.

3. Many other people had perceptions of the role of the clinical consultant. This study was limited to two populations; student teachers and clinical consultants.

4. No effort was made to separate grade levels in the collection or analysis of the data. Elementary student teachers and clinical consultants might have had different perceptions of the role of the clinical consultant than secondary student teachers and consultants.

Conclusions of the Study

1. Across the set of eight measures of task and method of operation as measured by the Clinical Consultant Inventory, there was no significant difference between the student teacher and clinical consultant perception of the role of the clinical consultant in the Michigan State University Cluster Program of Student Teaching.

Conclusions Concerning Clinical Consultant Tasks

2. The variety of experiences within the school task area was preferred by student teachers and clinical consultants more than any other area. The supportive behaviors and analyzing teaching behaviors were also highly preferred.

3. Supportive behavioral tasks were perceived by student teachers and clinical consultants to occur more frequently than any other task area. The variety of experiences within the school task area ranked second in frequency.

4. The rank order of the perceived frequency of occurrence of the tasks by student teachers and clinical consultants followed closely the preference rank order of the tasks measured by the Clinical Consultant Inventory.

Conclusions Concerning Clinical Consultant Method of Operation

5. Student teachers and clinical consultants as a group preferred the student teacher to initiate action in solving a problem.

6. Student teachers and clinical consultants as a group perceived the student teacher as taking the initiative more than preferred.

7. Student teachers and clinical consultants as a group preferred the clinical consultant to be indirective.

8. Student teachers and clinical consultants as a group perceived clinical consultants to be more indirective than they desired.

9. Student teachers and clinical consultants as a group preferred practicalness in consultant method of operation.

10. Student teachers and clinical consultants as a group perceived the consultants to be less practical than they preferred.

Conclusions Concerning Clinical Consultant Inventory

11. The measures of preference for the clinical consultant method of operation were the most effective individually at discriminating differences of perception of student teachers and clinical consultants.

12. The preference for and perceived actual occurrence of student teacher or clinical consultant initiative and preference for a theoretical-practical approach measures worked together better than any other three measures at discriminating differences in the perceptions of the two populations.

Implications for Teacher Education

An investigation of the role of the clinical consultant in the Michigan State University Cluster Program was an unexplored area in teacher education. The conclusions drawn from this study were strictly limited to the parameters delineated by the hypothesis tested and the descriptive information generated by the instrument. The discussion that follows was designed to clarify, extend, and relate the findings of this study to teacher education.

The results of the test of the multivariate hypothesis suggested that across the set of eight measures of task and method of operation measured by the Clinical Consultant Inventory there was no significant difference in the perceptions of student teachers and clinical

consultants for the consultant's role. This result may indicate that the role of the clinical consultant was more clearly defined and understood by both student teachers and the role incumbents than previously assumed. It may also indicate a high level of communication between the two populations concerning the role of the clinical consultant.

The three measures of preference for the consultant's method of operation were the most sensitive to differences in the perceptions of student teachers and the consultants. If a researcher wanted to use one measure used in this study to discover differences he would do well to choose one of these. If any significant differences could be found they would probably appear through the use of one of these types of measures than any of the others used in this study. This finding also indicated that there was more divergence in the method of operation or the way the consultant went about his tasks than what his tasks were, when the tasks used in the Clinical Consultant Inventory were considered.

Future researchers investigating consensus between student teachers and clinical consultants for the consultant's role might consider selecting the preference for and perceived actual occurrence of student teacher-consultant initiative measures and the preference for a

theoretical-practical approach measure. These three measures of the eight types of measures used in this study discriminated differences in perceptions better than any other three measures as a group.

The variety of experiences within the school task area was preferred by student teachers and consultants as a group more than any other task area. The following tasks were used in that area:

1. The consultant provides the student teacher with opportunities for experiences in other subject areas than he or she is normally assigned to teach.
2. The consultant assists the student teacher in planning a schedule that exposes him or her to a variety of teaching styles.
3. The consultant provides the student teacher with opportunities for experiences at various grade levels.
4. The consultant helps plan experiences that will expose the student teacher to the duties of and assistance available from all school personnel (principal, counselor, social worker, psychologist).

Two major goals of the Cluster Program of Student Teaching were to provide a variety of experiences within the school

and to involve student teachers in the community. The above result indicated that the consultants and student teachers highly preferred one of the major goals of the Cluster Program.

The tasks that were considered to be supportive behaviors were also highly preferred by consultants and student teachers. Included in the supportive tasks were:

1. The consultant is available, on-call, to the student teacher during the normal school day.
2. The consultant builds up the student teacher's self concept by emphasizing the student teacher's personal and professional strengths.
3. The consultant aids the student teacher to develop within a framework of professional autonomy and freedom.
4. The consultant shares with the student teacher a very close and "open" relationship where each says what he really feels.

An implication might be that clinical consultants should consider positive reinforcement of the student teacher. The student teacher should be given every indication that the consultant has a sincere desire to be helpful to the student teacher.

Student teachers and clinical consultants highly preferred the analyzing teaching behavior task area. The four tasks used were:

1. The consultant helps the student teacher become aware of his or her strengths and weaknesses.
2. The consultant provides evaluations for the student teacher that promote self direction.
3. The consultant follows the classroom observation with a critique of the student teacher's teaching.
4. After observing a teaching technique the consultant discusses and analyzes that method with the student teacher.

Student teachers and clinical consultants wanted consultants to provide feedback to the student teacher concerning her teaching behavior. The clinical consultant was not directly responsible for the student teacher in the classroom. Although the supervising teacher might analyze the teaching behavior of the student teacher in her room, there also appeared to be a need for the clinical consultant, acting as an outside person, to do the same. An additional advantage was that the consultant could analyze the teaching behavior of a student teacher in a number of different classrooms or situations.

Supportive behaviors by clinical consultants were perceived to actually occur more frequently than any other task area. Clinical consultants were behaving as both student teachers and clinical consultants preferred

them to behave in relationship to the other tasks used in this study. The instrument measured such behaviors to occur almost weekly. Both populations might prefer an even greater occurrence of those behaviors.

The student teachers and clinical consultants perceived providing a variety of experiences within the schools behaviors to occur second in the rank order of frequency of occurrence. These activities were the highest preferred. Consideration of the tasks used in this study indicated that clinical consultants were behaving closely to what was preferred by both student teachers and consultants.

As a whole the rank order of the frequency of occurrence tasks followed that of the preference rank order of the tasks measured by the Clinical Consultant Inventory. Although no information in this study indicated how frequently the tasks were preferred, the close similarity in rank order tended to show that the clinical consultants were aware of their own and student teachers' perceptions of their role and behaved accordingly.

One of the goals of the Cluster Program of Student Teaching is to involve students in the community. Although the multivariate hypothesis indicated that there was no significant difference in the perceptions of student teachers and clinical consultants overall and did not

justify investigation of univariate hypotheses, it was interesting to note that student teachers' scores ranked community involvement tasks seventh while clinical consultant scores ranked it fourth. The difference may or may not be significant, but the position of this task area in relationship to the others might be important. Both groups' scores ranked the area seventh in frequency of occurrence. Their scores indicated that these activities occurred about every three weeks.

One implication might be that student teachers did not see the value of these experiences in being a good teacher. The experienced consultant did see the value. Another implication might have been that student teachers understood the value of it but felt they could get, or were getting, these experiences on their own. New ways of involving students in the community might be a valuable consideration for clinical consultants. They also could make every attempt to determine the individual experiences of student teachers and plan relevant new ones.

When a problem occurred student teachers and consultants preferred student teachers to initiate a solution to it. In actual practice both groups perceived the student teacher to be left alone more than they desired. The implication might have been that while consultants should allow the student teacher to initiate a solution

to a problem, they should be available for assistance and support if they are needed.

Student teachers and clinical consultants preferred the consultant to be indirective during the discussion of a problem. In actual practice both groups perceived the consultant to be more indirective than they wanted. They possibly implied that the consultant should have given more direction to the student teacher than he had been giving. Certain instances might have required the advice of an experienced person.

Both populations preferred to have the consultant suggest practical procedures without considering the theoretical basis of them. They perceived consultants to actually be less practical in solving a problem than both groups desired. Student teachers and clinical consultants might have tended to think more in terms of the immediate situation. Student teachers should be made aware of the theoretical basis of practical suggestions offered by the consultants. If student teachers fail to consider it they will probably be less likely to do so as a teacher. Many new practical ideas are suggested to teachers every year to solve their problems. Some basic theory should be considered so that a rationale evaluation can be made of any aspect of the teaching-learning process.

People involved in consultant selection, orientation, and in-service programs should consider the above comments when planning a cluster type of program. As the public school personnel are used more in teacher education programs colleges and universities must adjust their programs to meet current needs.

Implications for Further Research

This study was an exploratory effort to analyze effective aspects of the clinical consultant role. Further research that would verify and extend the findings of this study could provide useful information for teacher education. Replication of this study would provide comparative data of expectations held by student teachers and clinical consultants over a period of time. The role of the clinical consultant is one that continues to evolve as the Cluster Program grows and matures.

Further analysis of any of the eight task areas seemed warranted. Four behavioral descriptions of tasks only began to measure each of the areas. It seemed especially important to further investigate the community involvement task. What tasks are important in this area? If supportive behaviors and those that assist in providing a variety of experiences within the school are important, they need to be clearly identified. The instrument used in this study was a revised form of the Intern Consultant

Inventory. Further research should attempt to further refine the Clinical Consultant Inventory and continue to verify its validity and reliability.

A study of the peripheral advantages to the public school resulting from the services rendered by the clinical consultant should be undertaken. Advantages might include (1) transmission of ideas on an intra-school basis, (2) involvement and leadership on curriculum committees, (3) leadership in in-service teacher education and workshops, (4) professional assistance to other teachers in the school, (5) identification and recruitment of prospective teacher candidates, and (6) development of public school-professional-university involvement in teacher education.

A study is needed to determine what are the advantages and disadvantages of placing a group of 10-12 student teachers in a school. How does it affect the school program, the grouping of pupils, and the teaching strategies employed. Is there discontent when a student may be taught by more than one student teacher a day in a departmentalized situation?

Additional studies are needed that investigate the perceptions of other groups for the role of the clinical consultant.

Descriptive studies are needed which compare and contrast the supervising teacher, center directors, and

clinical consultant roles. How are they alike or different? What expectations do role occupants and those directly affected by the roles hold for the role?

A comparative study of the perceptions of the role of the clinical consultant by elementary and secondary school student teachers and consultants is needed. The Cluster Program has grown to include both levels. Differences might exist between the perceptions of these two groups for the clinical consultant role. The tables in Appendices F and G list elementary and secondary student teachers' and consultants' mean scores on the Clinical Consultant Inventory. Future studies could further investigate this topic.

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APPENDICES

APPENDIX A

COVER LETTER

Dear Student Teacher - Clinical Consultant:

Your cooperation is requested in an attempt to conduct research on the Cluster Program of student teaching. Your participation in this program during this term has provided you with unique experiences. Your responses to this instrument will help to draw some conclusions about the role of the clinical consultant which could not be done without your involvement.

I appreciate your cooperation and participation in this project. I will be pleased to send you a summary of the questionnaire results if you desire. The success of this inquiry is wholly dependent upon your completing the entire questionnaire. All information will be held in the strictest confidence and will not be reported either by individuals or by centers.

Please fill out the questionnaire during the week of May 17 through May 21. Use a pencil when answering on the answer sheet.

Thank you very much for your cooperation.

Sincerely,

Darrell Bloom
Student Teaching Office

APPENDIX B

STUDENT TEACHER FORM OF CLINICAL CONSULTANT INVENTORY

CLINICAL CONSULTANT INVENTORY

BACKGROUND INFORMATION

All information in this questionnaire will be held in the strictest confidence.

Mark all answers on the answer sheet unless directed otherwise.

Place your name and student number on the answer sheet. Also mark sex.

Please answer the following questions. On the answer sheet mark the letter that corresponds with your selection for each question.

1. Age:
   A. 25 or less B. 26-30 C. 31-35 D. 36-40 E. Over 40

2. Marrital status:
   A. Single B. Married C. Separated D. Divorced E. Widowed

3. Grade point average at entrance to student teaching:
   A. 1.99 or below B. 2.00-2.49 C. 2.50-2.99 D. 3.00-3.49 E. 3.50 or above.

4. Type of education major:
   A. Elementary B. Secondary C. Special Education

5. Colleges attended - mark the highest number of years in another college:
   A. Attended only Michigan State University
   B. One year or less at another college.
   C. Two years at another college.
   D. Three years at another college.
   E. Four years or graduate of another college.

6. Type of pre-college community in which you lived:
   A. Large City (500,000 or more)
   B. City (100,000 - 500,000)
   C. Small City (15,000 - 100,000)
   D. Small Town (2,500 - 15,000)
   E. Rural Community (2,500 or less) or on Farm

7. Would you classify your pre-college community as being either of the following:
   A. suburban (adjacent to a large city)
   B. inner city (within the central core of a large city, substandard housing)
   C. Neither of the above

8. Type of community in which you are teaching:
   A. Large City (500,000 or more)
   B. City (100,000 - 500,000)
   C. Small City (15,000 - 100,000)
   D. Small Town (2,500 - 15,000)
   E. Rural Community (2,500 or less) or on Farm

9. Would you classify the community in which your school is located as being either of the following:
   A. suburban (adjacent to a large city)
   B. inner city (within the central core of a large city, substandard housing)
   C. Neither of the above.

10. What type of school are you teaching in (Choose the most appropriate classification)?
   A. Elementary(K-5 or 6)
   B. Middle (6-8)
   C. Jr. High (7-9)
   D. High School (9-12 or 10-12)
   E. Other _____.

CLINICAL CONSULTANT INVENTORY - Part I

INSTRUCTIONS:

1. On the following pages, you will find a number of descriptive statements of clinical consultant behaviors.

2. Read each statement carefully.

3. Below each descriptive statement are two scales.

4. Please respond to each scale.

5. The first response, under each descriptive statement, will allow you to indicate whether or not you prefer that particular consultant behavior.

6. The second response scale, under each descriptive statement, will allow you to indicate the frequency of occurrence of that specific behavior.

EXAMPLE:

Descriptive statement-- The consultant encourages the student teacher to be consistant regarding pupils' behaviors and academic standards.

161.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

162.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

After carefully reading the statement, select the letter on the first scale that most closely approximates your feeling of preference. On the answer sheet mark the letter that corresponds with your selection for each numbered scale.

Then select the letter on the second scale that most closely approximates the frequency of occurrence of that specific behavior. Mark your answer on the answer sheet.

Mark your answer for the example above in the space provided on your answer sheet for numbers 161 and 162.

Now begin with number 11.

The consultant helps the student teacher become aware of his or her strengths and weaknesses.

11.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

12.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant exposes the student teacher to areas of the community that are different in socio-economic status from the one in which he or she teaches.

13.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

14.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant is available, on-call, to the student teacher during the normal school day.

15.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

16.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant encourages the student teacher to consider psychological aspects that affect the pupil's ability to learn.

17.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

18.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher understand the relationship between good classroom management and discipline.

19.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

20.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant provides the student teacher with opportunities for experiences in other subject areas than he or she is normally assigned to teach.

21.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

22.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher interpret information in the students' cumulative records.

23.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

24.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher locate and select appropriate instructional materials.

25.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

26.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant provides evaluations for the student teacher that promote self direction.

27.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

28.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher plan time and visit community service agencies.

29.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

30.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant builds up the student teacher's self concept by emphasizing the student teacher's personal and professional strengths.

31.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

32.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant points out examples of child growth and development to the student teacher.

33.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

34.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant urges the student teacher to give continued attention to ventilation, lighting, seating, and other physical conditions within the student teacher's room.

35.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

36.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant assists the student teacher in planning a schedule that exposes him or her to a variety of teaching styles.

37.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

38.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant aids the student teacher to inventory his or her class to determine interests, problems, strengths, self concepts, and attitudes.

39.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

40.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant recommends specific methods of teaching that the student teacher might try.

41.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavio.

42.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant follows the classroom observation with a critique of the student teacher's teaching.

43.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

44.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant encourages the student teacher to attend board of education meetings.

45.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

46.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant aids the student teacher to develop within a framework of professional autonomy and freedom.

47.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

48.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant encourages the student teacher to adjust his teaching to the interests, maturity, and experiential background of the learner.

49.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

50.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant encourages the student teacher to establish and maintain a daily, weekly, and monthly schedule.

51.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

52.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant provides the student teacher with opportunities for experiences at various grade levels.

53.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

54.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher interpret a student's standardized test results.

55.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

56.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher plan effectively for pupil learning activities.

57.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

58.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

After observing a teaching technique the consultant discusses and analyzes that method with the student teacher.

59.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

60.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant provides the student teacher with experiences with community agencies that work with children outside of the school.

61.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

62.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant shares with the student teacher a very close and "open" relationship where each says what he really feels.

63.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

64.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher select learning materials specifically for particular pupil's needs.

65.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

66.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant aids the student teacher to plan for future events (school calendar, holidays, parent conferences).

67.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

68.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps plan experiences that will expose the student teacher to the duties of and assistance available from all school personnel (principal, counselor, social worker, psychologist).

69.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

70.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher to diagnose individual and classroom learning difficulties.

71.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

72.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant provides the student teacher with new ideas for lessons and units.

73.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

74.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

CLINICAL CONSULTANT INVENTORY - Part II

INSTRUCTIONS

1. On the following pages, you will find five different problem situations similar to those encountered by a student teacher.

2. Read each problem carefully.

3. Each problem is followed by six different reaction scales. Please respond to each of the six scales.

4. After carefully reading a problem situation, select the letter on each scale which is your best estimate or appraisal. On the answer sheet fill in the space that corresponds with your selection for each numbered scale.

EXAMPLE:

Assume that you are having difficulty with classroom control. Your cooperating teacher and you have not been able to solve the problem.

IF THIS PROBLEM OCCURRED:

163. How would your consultant most likely behave? A B C D E
THEORETICAL ——————————————— PRACTICAL

164. What consultant behavior would you prefer? A B C D E

Tends to examine the educational theory underlying the proposed action.

Tends to suggest particular procedures without considering the theoretical basis.

5. For the example numbered 163 and 164 above, select a letter on each continuum and mark that letter on the answer sheet next to the space provided for numbers 163 and 164.

6. Follow the same procedure for each of the scales under each problem situation.

7. Begin with question 75.

SITUATION ONE

Assume that you and your consultant have just watched a video tape replay of a lesson you taught. In this particular lesson you planned to actively involve the pupils. Your directions were not as clear and concise as you had planned.

IF THIS PROBLEM OCCURRED:

75. How would your consultant most likely behave?

	A	B	C	D	E	
THEORETICAL						PRACTICAL

76. What consultant behavior would you prefer?

	A	B	C	D	E	
	Tends to examine the educational theory underlying the proposed action.				Tends to suggest particular procedures without considering the theoretical basis.	

77. How would your consultant most likely behave?

	A	B	C	D	E	
CONSULTANT						STUDENT TEACHER

78. What consultant behavior would you prefer?

	A	B	C	D	E	
	Consultant takes the initiative in solving the problem.				Consultant encourages the student teacher to take the initiative in solving the problem.	

79. How would your consultant most likely behave?

	A	B	C	D	E	
DIRECT						INDIRECT

80. What consultant behavior would you prefer?

	A	B	C	D	E	
	Consultant prescribes; insists on specific steps; <u>tells</u> student teacher.				During discussion, student teacher identifies procedures; consultant <u>asks</u> questions.	

SITUATION TWO

Assume that you can not agree with the action of the board of education to dismiss a non-tenured teacher who was involved in a civil rights protest.

IF THIS PROBLEM OCCURRED:

81. How would your consultant most likely behave?

	A	B	C	D	E	
THEORETICAL	———	———	———	———	———	PRACTICAL

82. What consultant behavior would you prefer?

	A	B	C	D	E	
	Tends to examine the educational theory underlying the proposed action.				Tends to suggest particular procedures without considering the theoretical basis.	

83. How would your consultant most likely behave?

	A	B	C	D	E	
CONSULTANT	———	———	———	———	———	STUDENT TEACHER

84. What consultant behavior would you prefer?

	A	B	C	D	E	
	Consultant takes the initiative in solving the problem.				Consultant encourages the student teacher to take the initiative in solving the problem.	

85. How would your consultant most likely behave?

	A	B	C	D	E	
DIRECT	———	———	———	———	———	INDIRECT

86. What consultant behavior would you prefer?

	A	B	C	D	E	
	Consultant prescribes; insists on specific steps; <u>tells</u> student teacher.				During discussion, student teacher identifies procedures; consultant <u>asks</u> questions.	

SITUATION THREE

Assume that you are teaching a unit to a class. You are experiencing difficulty in helping the students understand a particular concept.

IF THIS PROBLEM OCCURRED:

87. How would your consultant most likely behave?

	A	B	C	D	E	
THEORETICAL	———	———	———	———	———	PRACTICAL

88. What consultant behavior would you prefer?

A	B	C	D	E
Tends to examine the educational theory underlying the proposed action.				Tends to suggest particular procedures without considering the theoretical basis.

89. How would your consultant most likely behave?

	A	B	C	D	E	
CONSULTANT	———	———	———	———	———	STUDENT TEACHER

90. What consultant behavior would you prefer?

A	B	C	D	E
Consultant takes the initiative in solving the problem.				Consultant encourages the student teacher to take the initiative in solving the problem.

91. How would your consultant most likely behave?

	A	B	C	D	E	
DIRECT	———	———	———	———	———	INDIRECT

92. What consultant behavior would you prefer?

A	B	C	D	E
Consultant prescribes; insists on specific steps; <u>tells</u> student teacher.				During discussion, student teacher identifies procedures; consultant <u>asks</u> questions.

SITUATION FOUR

One of your students can not concentrate on his school work. There seems to be a family problem in his home that is affecting his school work.

IF THIS PROBLEM OCCURRED:

93. How would your consultant most likely behave?

	A	B	C	D	E	
THEORETICAL	———	———	———	———	———	PRACTICAL

94. What consultant behavior would you prefer?

	A	B	C	D	E	
	Tends to examine the educational theory underlying the proposed action.				Tends to suggest particular procedures without considering the theoretical basis.	

95. How would your consultant most likely behave?

	A	B	C	D	E	
CONSULTANT	———	———	———	———	———	STUDENT TEACHER

96. What consultant behavior would you prefer?

	A	B	C	D	E	
	Consultant takes the initiative in solving the problem.				Consultant encourages the student teacher to take the initiative in solving the problem.	

97. How would your consultant most likely behave?

	A	B	C	D	E	
DIRECT	———	———	———	———	———	INDIRECT

98. What consultant behavior would you prefer?

	A	B	C	D	E	
	Consultant prescribes; insists on specific steps; <u>tells</u> student teacher.				During discussion, student teacher identifies procedures; consultant <u>asks</u> questions.	

SITUATION FIVE

Assume that you have experienced repeated difficulty in diagnosing pupils' learning difficulties and planning specific lessons that will strengthen these weaknesses.

IF THIS PROBLEM OCCURRED:

99. How would your consultant most likely behave?

	A	B	C	D	E	
THEORETICAL	———	———	———	———	———	PRACTICAL

100. What consultant behavior would you prefer?

A	B	C	D	E
Tends to examine the educational theory underlying the proposed action.				Tends to suggest particular procedures without considering the theoretical basis.

101. How would your consultant most likely behave?

	A	B	C	D	E	
CONSULTANT	———	———	———	———	———	STUDENT TEACHER

102. What consultant behavior would you prefer?

A	B	C	D	E
Consultant takes the initiative in solving the problem.				Consultant encourages the student teacher to take the initiative in solving the problem.

103. How would your consultant most likely behave?

	A	B	C	D	E	
DIRECT	———	———	———	———	———	INDIRECT

104. What consultant behavior would you prefer?

A	B	C	D	E
Consultant prescribes; insists on specific steps; <u>tells</u> student teacher.				During discussion, student teacher identifies procedures; consultant <u>asks</u> questions.

APPENDIX C

CLINICAL CONSULTANT FORM OF CLINICAL CONSULTANT INVENTORY

CLINICAL CONSULTANT INVENTORY

BACKGROUND INFORMATION

All information in this questionnaire will be held in the strictest confidence.

Mark all answers on the answer sheet unless directed otherwise.

Place your name and sex on the answer sheet.

Please answer the following questions. On the answer sheet mark the letter that corresponds with your selection for each question.

1. Age:
   A. 22-29 B. 30-35 C. 36-45 D. 46-55 E. Over 55

2. Marrital status:
   A. Single B. Married C. Separated D. Divorced E. Widowed

3. Number of quarters served previously as an MSU clinical consultant:
   A. One or less B. 2-3 C. 4-5 D. 6-7 E. 8 or more

4. Number of years of teaching experience:
   A. 1-5 B. 6-10 C. 11-15 D. 16-20 E. 21 or more

5. Where did you receive your Bachelors degree?
   A. Michigan State University
   B. University of Michigan
   C. Wayne State University
   D. Western Michigan University
   E. Fill in other _____.

6. Do you have a Masters degree?
   A. Yes B. No

7. If yes, where did you receive your Masters?
   A. Michigan State University
   B. University of Michigan
   C. Wayne State University
   D. Western Michigan University
   E. Fill in other _____.

8. When did you receive your Masters?
   A. 1940-50 B. 1951-55 C. 1956-60 D. 1961-65 E. 1966-71

9. Number of different school districts taught in:
   A. 1 B. 2 C. 3-4 D. 5-6 E. 7 or more

10. Highest degree attained:
    A. Bachelors B. Masters C. Masters plus 15 D. Ed. Specialist or Masters plus 30 E. Doctorate

Please list grades that you have taught: _____.

CLINICAL CONSULTANT INVENTORY - Part I

INSTRUCTIONS:

1. On the following pages, you will find a number of descriptive statements of clinical consultant behaviors.

2. Read each statement carefully.

3. Below each descriptive statement are two scales.

4. Please respond to each scale.

5. The first response, under each descriptive statement, will allow you to indicate whether or not you prefer that particular consultant behavior.

6. The second response scale, under each descriptive statement, will allow you to indicate the frequency of occurrence of that specific behavior.

EXAMPLE:

Descriptive statement-- The consultant encourages the student teacher to be consistant regarding pupils' behaviors and academic standards.

161.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

162.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

After carefully reading the statement, select the letter on the first scale that most closely approximates your feeling of preference. On the answer sheet mark the letter that corresponds with your selection for each numbered scale.

Then select the letter on the second scale that most closely approximates the frequency of occurrence of that specific behavior. Mark your answer on the answer sheet.

Mark your answer for the example above in the space provided on your answer sheet for numbers 161 and 162.

Now begin with number 11.

The consultant helps the student teacher become aware of his or her strengths and weaknesses.

11.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

12.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant exposes the student teacher to areas of the community that are different in socio-economic status from the one in which he or she teaches.

13.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

14.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant is available, on-call, to the student teacher during the normal school day.

15.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

16.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant encourages the student teacher to consider psychological aspects that affect the pupil's ability to learn.

17.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

18.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher understand the relationship between good classroom management and discipline.

19.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

20.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant provides the student teacher with opportunities for experiences in other subject areas than he or she is normally assigned to teach.

21.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

22.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher interpret information in the students' cumulative records.

23.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

24.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher locate and select appropriate instructional materials.

25.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

26.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant provides evaluations for the student teacher that promote self direction.

27.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

28.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher plan time and visit community service agencies.

29.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

30.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant builds up the student teacher's self concept by emphasizing the student teacher's personal and professional strengths.

31.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

32.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant points out examples of child growth and development to the student teacher.

33.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

34.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant urges the student teacher to give continued attention to ventilation, lighting, seating, and other physical conditions within the student teacher's room.

35.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

36.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant assists the student teacher in planning a schedule that exposes him or her to a variety of teaching styles.

37.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

38.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant aids the student teacher to inventory his or her class to determine interests, problems, strengths, self concepts, and attitudes.

39.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

40.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant recommends specific methods of teaching that the student teacher might try.

41.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavio.

42.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant follows the classroom observation with a critique of the student teacher's teaching.

43.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

44.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant encourages the student teacher to attend board of education meetings.

45.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

46.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant aids the student teacher to develop within a framework of professional autonomy and freedom.

47.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

48.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant encourages the student teacher to adjust his teaching to the interests, maturity, and experiential background of the learner.

49.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

50.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant encourages the student teacher to establish and maintain a daily, weekly, and monthly schedule.

51.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavio-

52.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant provides the student teacher with opportunities for experiences at various grade levels.

53.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

54.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher interpret a student's standardized test results.

55.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

56.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher plan effectively for pupil learning activities.

57.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

58.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

After observing a teaching technique the consultant discusses and analyzes that method with the student teacher.

59.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

60.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant provides the student teacher with experiences with community agencies that work with children outside of the school.

61.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

62.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant shares with the student teacher a very close and "open" relationship where each says what he really feels.

63.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

64.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher select learning materials specifically for particular pupil's needs.

65.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

66.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant aids the student teacher to plan for future events (school calendar, holidays, parent conferences).

67.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

68.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps plan experiences that will expose the student teacher to the duties of and assistance available from all school personnel (principal, counselor, social worker, psychologist).

69.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

70.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant helps the student teacher to diagnose individual and classroom learning difficulties.

71.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

72.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

The consultant provides the student teacher with new ideas for lessons and units.

73.

A	B	C	D	E
Definitely not preferred behavior				Very highly preferred behavior

74.

A	B	C	D	E
Never occurs	Occurs monthly	Occurs bi-weekly	Occurs weekly	Occurs daily

CLINICAL CONSULTANT INVENTORY - Part II

INSTRUCTIONS

1. On the following pages, you will find five different problem situations similar to those encountered by the student teacher.

2. Read each problem situation carefully.

3. Each problem situation is followed by six different reaction scales. Please respond to each of the six scales.

4. After carefully reading a problem situation, select the letter on each scale which is your best estimate or appraisal. On the answer sheet fill in the space that corresponds with your selection for each numbered scale.

EXAMPLE

Assume that a student teacher is having difficulty with classroom control. The cooperating teacher and the student teacher have not been able to solve the problem.

IF THIS PROBLEM OCCURRED WHAT WOULD BE YOUR:

163. Most likely behavior — A B C D E — PRACTICAL

THEORETICAL

164. Preferred behavior — A B C D E

Tend to examine the educational theory underlying the proposed action.

Tend to suggest particular procedures without considering the theoretical basis.

5. For the example numbered 163 and 164 above, select a letter on each continuum and mark that letter on the answer sheet next to the space provided for numbers 163 and 164.

6. Follow the same procedure for each of the scales under each problem situation.

7. Begin with question 75.

SITUATION ONE

Assume that you and your student teacher have just watched a video tape replay of a lesson taught by your student teacher. In this particular lesson your student teacher planned to actively involve the pupils. The student teacher's directions to the pupils were not as clear and concise as the student teacher had planned.

IF THIS PROBLEM OCCURRED WHAT WOULD BE YOUR:

75. Most likely behavior — A B C D E

THEORETICAL ——————————————— PRACTICAL

76. Preferred behavior — A B C D E

Tend to examine the educational theory underlying the proposed action.

Tend to suggest particular procedures without considering the theoretical basis.

77. Most likely behavior — A B C D E

CONSULTANT ——————————————— STUDENT

78. Preferred behavior — A B C D E TEACHER

Consultant takes the initiative in solving the problem.

Consultant encourages the student teacher to take the initiative in solving the problem.

79. Most likely behavior — A B C D E

DIRECT ——————————————— INDIRECT

80. Preferred behavior — A B C D E

Consultant prescribes; insists on specific steps; <u>tells</u> student teacher

During discussion, student teacher identifies procedures; consultant <u>asks</u> questions.

SITUATION TWO

Your student teacher can not agree with the action of the board of education to dismiss a non-tenured teacher who was involved in a civil rights protest.

IF THIS PROBLEM OCCURRED WHAT WOULD BE YOUR:

81. Most likely behavior — A B C D E — THEORETICAL ——— PRACTICAL

82. Preferred behavior — A B C D E

Tend to examine the educational theory underlying the proposed action.

Tend to suggest particular procedures without considering the theoretical basis.

83. Most likely behavior — A B C D E — CONSULTANT ——— STUDENT TEACHER

84. Preferred behavior — A B C D E

Consultant takes the initiative in solving the problem.

Consultant encourages the student teacher to take the initiative in solving the problem.

85. Most likely behavior — A B C D E — DIRECT ——— INDIRECT

86. Preferred behavior — A B C D E

Consultant prescribes; insists on specific steps; tells student teacher.

During discussion, student teacher identifies procedures; consultant asks questions.

SITUATION THREE

Assume that your student teacher is teaching a unit to the class. The student teacher is experiencing difficulty in helping the students understand a particular concept.

IF THIS PROBLEM OCCURRED WHAT WOULD BE YOUR:

87. Most likely behavior

A B C D E

THEORETICAL ——————————————— PRACTICAL

88. Preferred behavior

A B C D E

Tend to examine the educational theory underlying the proposed action.

Tend to suggest particular procedures without considering the theoretical basis.

89. Most likely behavior

A B C D E

CONSULTANT ——————————————— STUDENT

90. Preferred behavior

A B C D E TEACHER

Consultant takes the initiative in solving the problem.

Consultant encourages the student teacher to take the initiative in solving the problem.

91. Most likely behavior

A B C D E

DIRECT ——————————————— INDIRECT

92. Preferred behavior

A B C D E

Consultant prescribes; insists on specific steps; tells student teacher.

During discussion, student teacher identifies procedures; consultant asks questions.

SITUATION FOUR

One of your student teacher's pupils can not concentrate on his school work. There seems to be a family problem in his home that is affecting his school work.

IF THIS PROBLEM OCCURRED WHAT WOULD BE YOUR:

93. Most likely behavior

94. Preferred behavior

	A	B	C	D	E	
THEORETICAL ———						——— PRACTICAL
	Tend to examine the educational theory underlying the proposed action.				Tend to suggest particular procedures without considering the theoretical basis.	

95. Most likely behavior

96. Preferred behavior

	A	B	C	D	E	
CONSULTANT ———						——— STUDENT
	Consultant takes the initiative in solving the problem.				Consultant encourages the student teacher to take the initiative in solving the problem.	TEACHER

97. Most likely behavior

98. Preferred behavior

	A	B	C	D	E	
DIRECT ———						——— INDIRECT
	Consultant prescribes; insists on specific steps; <u>tells</u> student teacher.				During discussion, student teacher identifies procedures; consultant <u>asks</u> questions.	

SITUATION FIVE

Assume that your student teacher has experienced repeated difficulty in diagnosing pupils' learning difficulties and planning specific lessons that will strengthen these weaknesses.

IF THIS PROBLEM OCCURRED WHAT WOULD BE YOUR:

99. Most likely behavior

	A	B	C	D	E	
THEORETICAL	———	———	———	———	———	PRACTICAL

100. Preferred behavior

A	B	C	D	E
Tend to examine the educational theory underlying the proposed action.				Tend to suggest particular procedures without considering the theoretical basis.

101. Most likely behavior

	A	B	C	D	E	
CONSULTANT	———	———	———	———	———	STUDENT

102. Preferred behavior

A	B	C	D	E	TEACHER
Consultant takes the initiative in solving the problem.				Consultant encourages the student teacher to take the initiative in solving the problem.	

103. Most likely behavior

	A	B	C	D	E	
DIRECT	———	———	———	———	———	INDIRECT

104. Preferred behavior

A	B	C	D	E
Consultant prescribes; insists on specific steps; <u>tells</u> student teacher.				During discussion, student teacher identifies procedures; consultant <u>asks</u> questions.

APPENDIX D

MACHINE SCORING ANSWER SHEET

MICHIGAN STATE UNIVERSITY

BOX OF EACH NAME YOU PRINTED

YOUR LAST NAME | YOUR FIRST NAME | MI

STUDENT NO.

SEX: M F

TERM: (Fa) (Wi) (Sp) (Su)

MO. | DAY | COURSE

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

FORM: 1 A, 2 B, 3 C, 4 D

MAKE YOUR MARKS FIRM AND CLEAR; EXAMPLE: ■

COURSE _____ SECTION _____

FORM MSU - OS - 102

APPENDIX E

A LISTING OF ITEMS WITHIN CATEGORIES FOR PART I. SHOWING THE MEAN SCORES FOR PREFERENCE AND FREQUENCY FOR SELECTED CONSULTANT TASKS BY STUDENT TEACHERS AND CONSULTANTS

APPENDIX E.--A Listing of Items Within Categories for Part I. Showing the Mean Scores for Preference and Frequency for Selected Consultant Tasks by Student Teachers and Consultants.

Categories		Items	Student Teachers	Consultants
Analyzing Teaching Behavior	11	Helps student teacher become aware of his	4.41	4.64
	12	strengths and weaknesses	2.31	3.40
	27	Evaluations that promote self direction	4.51	4.52
	28		2.93	3.12
	43	Follows classroom observation with	4.43	4.56
	44	critique	2.66	3.36
	59	After observing he discusses and analyzes the	4.11	4.20
	60	methods used	2.59	3.08
	Total Preference		3.68	3.83
	Total Frequency		2.80	3.04
Community Involvement	13	Exposes S.T. to areas of the community of	4.07	3.96
	14	different socio-economic status	2.49	2.24
	29	Plans time and visits to community service	3.61	4.08
	30	agencies	2.72	2.96
	45	Encourages S.T. to attend Board of Educa-	3.03	3.52
	46	tion meetings	1.90	1.88
	61	Provides experiences with community agencies	3.67	3.96
	62	working with children	2.39	2.60
	Total Preference		3.60	3.88
	Total Frequency		2.38	2.42

MICHIGAN STATE UNIVERSITY

HOW TO ENTER NAME AND NUMBER YOU PRINTED

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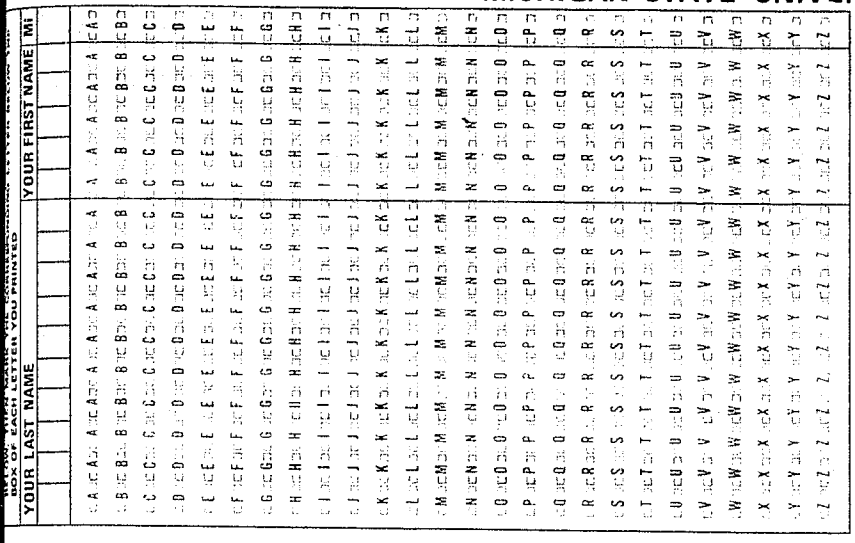

MO.	DAY	COURSE
JAN		
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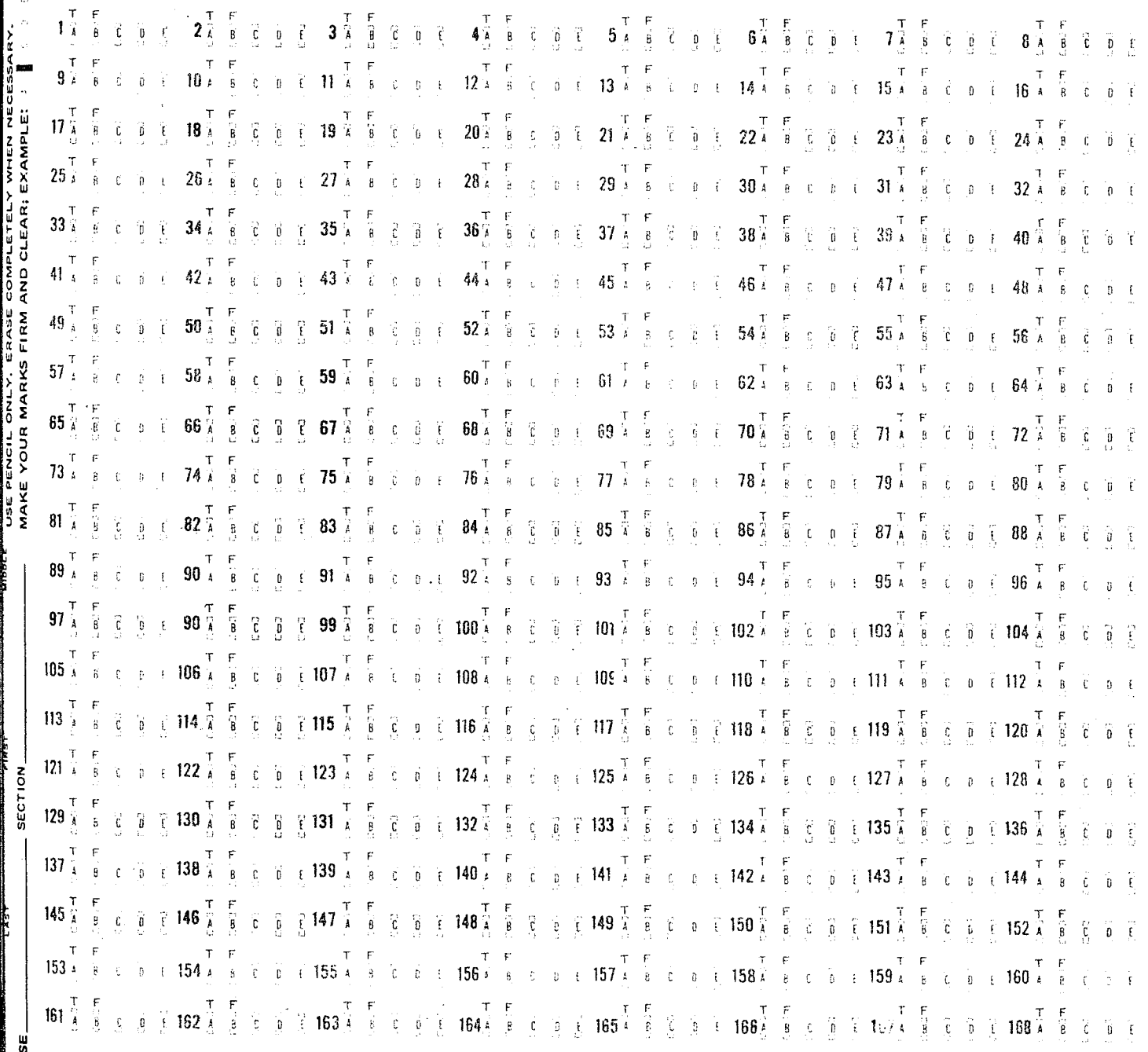
STUDENT NO.

SEX	TERM	FORM
M	Fa	1
F	Wi	2
	Sp	3
	Su	4

COURSE _____ SECTION _____

USE PENCIL ONLY. ERASE COMPLETELY WHEN NECESSARY.
MAKE YOUR MARKS FIRM AND CLEAR; EXAMPLE:



FORM MSU - OS - 102

APPENDIX E.--Continued.

Categories		Items	Student Teachers	Consultants
	51	Maintains a daily, weekly, and monthly	3.78	4.44
	52	schedule	3.20	3.79
	67	Plans with student teacher for future	3.51	3.36
	68	events	2.75	2.48
	Total Preference		3.68	3.83
	Total Frequency		2.80	3.04
Variety of Experiences Within the School	21	Opportunities in other subject areas than	4.05	4.60
	22	assigned to teach	3.34	3.80
	37	Plans a schedule that exposes S.T. to a var-	4.36	4.68
	38	iety of teaching styles	3.33	3.68
	53	Provides experiences at various grade levels	4.60	4.76
	54		3.75	3.48
	69	Exposes the S.T. to duties and assistance	4.49	4.80
	70	available from all school personnel	3.18	3.08
	Total Preference		4.38	4.71
	Total Frequency		3.40	3.51
Measurement of Learning	23	Helps interpret information in student's	3.38	3.44
	24	cummulative record	1.87	2.12
	39	Suggests inventory of interests, problems,	3.74	3.60
	40	strengths and attitudes of class	2.39	2.64
	55	Helps interpret standardized test	3.13	3.04
	56	scores	1.58	1.79

APPENDIX E.--Continued.

Categories		Items	Student Teachers	Consultants
	71	Helps diagnose indi- vidual and classroom	4.08	3.52
	72	learning difficulties	2.92	3.00
	Total Preference		3.58	3.40
	Total Frequency		2.19	2.39
Planning for Instruction	25	Locates and selects	3.67	3.36
	26	appropriate instruc- tional materials	2.66	2.52
	41	Recommends specific	3.98	3.72
	42	methods of teaching	2.85	2.84
	57	Plan effectively for	3.38	3.60
	58	pupil learning activi- ties	2.31	2.68
	73	Provides new ideas for	3.67	3.40
	74	lessons and units	2.48	2.68
	Total Preference		3.68	3.52
	Total Frequency		2.58	2.68

APPENDIX F

A LISTING OF MEAN SCORES OF PREFERENCE AND FREQUENCY FOR CLINICAL CONSULTANT TASKS BETWEEN ELEMENTARY AND SECONDARY STUDENT TEACHERS AND CONSULTANTS

APPENDIX F.--A Listing of Mean Scores of Preference and Frequency for Clinical Consultant Tasks between Elementary and Secondary Student Teachers and Consultants.

	Elementary Preference		Secondary Preference	
Categories	Student Teachers	Consultants	Student Teachers	Consultants
I	4.60	4.92	4.30	4.34
II	4.52	4.54	4.49	4.55
III	3.80	4.21	3.66	3.71
IV	3.57	3.42	3.57	3.40
V	3.13	3.25	2.69	3.20
VI	3.22	4.25	3.72	4.01
VII	2.85	3.25	2.79	2.92
VIII	2.02	2.46	2.21	2.34
Total	3.97	4.17	3.88	3.96

	Elementary Frequency		Secondary Frequency	
	Student Teachers	Consultants	Student Teachers	Consultants
I	3.47	3.13	3.55	4.12
II	3.80	4.38	3.72	3.37
III	4.25	4.79	4.51	4.87
IV	3.93	4.08	3.57	3.34
V	1.88	1.71	2.58	2.62
VI	2.68	3.33	2.71	2.86
VII	2.98	3.46	3.53	3.53
VIII	2.72	3.00	2.54	2.58
Total	2.79	3.09	2.71	3.01

I = Analyzing Teaching Behavior
II = Community Involvement
III = Supportive Behaviors
IV = Conditions of Learning
V = Management
VI = Variety of School Experiences
VII = Measurement of Learning
VIII = Planning for Inst.

APPENDIX G

A LISTING OF MEAN SCORES OF PREFERENCE AND PERCEIVED ACTUAL CLINICAL CONSULTANT METHOD OF OPERATION BETWEEN ELEMENTARY AND SECONDARY STUDENT TEACHERS AND CONSULTANTS

APPENDIX G.--A Listing of Mean Scores of Preference and Perceived Actual Clinical Consultant Method of Operation between Elementary and Secondary Student Teachers and Consultants.

	Elementary		Secondary	
	Student Teachers	Consultants	Student Teachers	Consultants
Preference				
I	3.43	3.33	3.36	3.41
II	3.46	3.50	3.64	4.07
III	3.69	3.53	3.56	3.98
Perceived Actual				
I	3.31	3.33	3.34	2.09
II	3.67	4.17	3.89	4.32
III	3.74	4.07	3.95	4.28

I = Theoretical-Practical

II = Student Teacher-Clinical Consultant Initiative

III = Directive-Indirective