

NATIONAL BOARD
for Professional Teaching Standards®

To: Sophia McArdle, U.S. Department of Education
From: The National Board for Professional Teaching Standards
Date: February 2, 2015
Re: Notice for Proposed Rulemaking (NPRM) for the Higher Education Act (HEA) of 1965 and the Teacher Education Assistance for College and Higher Education (TEACH) Grant Program Under Title V of HEA

Docket ID ED-2014-OPE-0057

If we are to ensure that all students receive an excellent education that prepares them to succeed in today’s world, we must systematically increase the quality of our teaching workforce. To achieve this we must develop a coherent teaching continuum that effectively prepares and develops each teacher over the course of their career. As is true of the medical profession, the teaching profession must include a series of steps that begins with preparation, includes supports for beginning teachers that lead systematically to accomplished teaching practice, and then leverages the professional expertise of accomplished teachers.

As one component of this system, it is critical that we improve teacher preparation. To inform our thinking and policymaking on how best to improve teacher preparation, we should look to real world models. The medical profession provides an instructive example. That profession has defined what an accomplished doctor should know and be able to do, “articulating what the standards are that define the necessary knowledge and skills” and establishing the board certification process “to certify when those standards have been met.”¹ Then, by mapping backward, the profession implemented a trajectory from pre-service to accomplished practice, with each step building on the previous one.² In order to ensure young doctors are learning the necessary knowledge and skills that they need to be on a trajectory to board certification, the states and the medical profession have ensured licensure exams are aligned with the board certification assessment. This way, “aspiring doctors don’t pursue one set of activities to become licensed and another, completely unrelated, to become Board certified.”³

Several countries have created systems of teacher preparation and development that have resulted in consistently high levels of teaching. In Finland, teacher education is grounded in professional practice, and includes an intense focus on subject-specific pedagogy. Importantly, prospective teachers have the opportunity to practice applying their new knowledge and skills in the classroom during their fifth year of preparation. The fifth year is dedicated to clinical

¹ Thorpe, Ronald (2013). “Sustaining the Profession” *Speech to the 2013 Conference on Teaching*.

² Thorpe (2013).

³ Thorpe, Ronald. (2014). “Sustaining the Teaching Profession.” *New England Journal of Public Policy* 26(1), 45-67.

preparation and during this time prospective teachers spend an entire year under the guidance of a master teacher.⁴ In Shanghai, after a teacher completes their pre-service teacher education, their first year of teaching is under the intense supervision of a master teacher.⁵ The master teacher's primary responsibility is to mentor the new teacher, and they are relieved of most or all of their classroom responsibilities.⁶ Because of these measures and others, accomplished teaching is the expectation, not the exception, in these countries.

The primary responsibility of a teacher preparation program should be to prepare a novice to meet a standard of practice appropriate for a beginning practitioner; it must also be clearly connected to the ultimate goal of becoming accomplished within 3-5 years of practice. In other words, a first-year teacher cannot be expected to perform at the level of a 5th year teacher, but that doesn't mean the first year teacher shouldn't be clear about the target he or she is aiming for. This means that every aspect of the preparation program should be designed to move young practitioners in this direction. That includes making sure the faculty who teach in this program are well-versed in standards of accomplished practice and, ideally, have achieved that level of accomplishment themselves. It also includes any and all other steps during the induction and novice phases – such as residency programs and professional development opportunities. The teaching profession has spent more than 25 years creating these standards for accomplished practice and the board certification assessment that indicates when a person reaches them. School-based evidence also is abundant and growing that these standards lead to higher levels of student learning and achievement. The remaining challenge is for the profession – through teacher preparation programs and state licensure – to align the work of becoming a teacher to those standards of practice that have proven to be effective. Such alignment must be universal if the teaching workforce is to have the consistent quality that is associated with other professions.

In order to ensure teacher preparation programs meet this responsibility we must look to information provided from the use of high-quality licensure assessments and the professional accreditation process. These two indicators will provide a snapshot of the quality and effectiveness of teacher preparation programs to stakeholders and to the public, and, more importantly, the information on these metrics can be used to drive meaningful improvement in teacher preparation programs.

We appreciate the Department of Education's effort to improve teacher education. Five components of the proposed regulations are particularly commendable:

1. The increased focus on teacher performance assessments and clinical preparation—two elements essential to high-quality novice teachers.
2. The recognition of the importance of professional accreditation.
3. The desire to provide a feedback loop for program improvement using outcome data.
4. The examples set forth by the Department of areas and types of technical assistance that states can offer to low-performing programs.
5. The effort to hold all types of preparation programs to a universal, common set of standards.

⁴ Tucker, Marc S. (May 2011). "Standing on the Shoulders of Giants: An American Agenda for Education Reform." National Center on Education and the Economy.

⁵ Tucker (May 2011).

⁶ Tucker (May 2011).

We offer the following recommendations in the hopes of strengthening the regulations to help create a context that raises the bar through continuous improvement in teacher preparation programs. Given the right framework, one that recognizes that we must build a professional continuum that begins with strong preparation, we believe we can elevate teacher preparation and increase supports so that all new teachers are well-prepared and on a trajectory to board certification.

- I. Elevate the importance of high-quality licensure assessments and professional accreditation.
- II. Strengthen the definition of “Quality clinical preparation” to include teacher residency programs.
- III. Expand the information that states provide on the State Report Card to include additional elements, solely for reporting purposes.
- IV. Provide an opportunity for states to report the technical assistance provided to low-performing teacher preparation programs over the course of the year.

I. Elevate the importance of high-quality licensure assessments and professional accreditation.

Licensure Assessments

Direct measures of a graduate’s content knowledge and teaching skills, specifically performance on licensure exams, are important measures of program quality. Although licensure scores are part of Title II of the Higher Education Act, they are not addressed in the proposed regulations.

Performance on licensure exams can provide an assurance that program graduates are attaining the knowledge and skills appropriate for a novice practitioner. Unlike outcome measures, which can be influenced by external factors, preparation programs are primarily in control of how prospective teachers perform on such licensure exams. As such, it is appropriate to ensure preparation programs leverage this information and make necessary modifications or adjustments to their program.

We acknowledge that some states currently may use exams for licensure purposes that do not capture whether program graduates have attained the knowledge and skills they need to be effective beginning practitioners. However, licensure is a critical lever for improving teaching quality. Furthermore, over the last several years there have been exciting innovations in the development of licensure exams. The next generation of licensure exams provide better measures of initial teaching knowledge and skills. For example, several new standardized performance assessments have been developed or are under development, including the edTPA, Praxis Performance Assessment for Teachers (PPAT), and the National Observational Teaching Exam (NOTE). As such, the Department should encourage the creation, development, adoption, and implementation of high-quality licensure assessments.

Professional Accreditation

Due to the importance of professional accreditation, we believe this measure should be elevated in assessing program performance. Medical schools are held to essential standards—they undertake a self-study every seven years followed by a site-based evaluation conducted by their peers.⁷ In the medical field, “The direct consequence of [the accreditation] process is uniformly high standards of medical education nationally.”⁸ As the liaison committee on medical education wrote in 2008:

“The accreditation process requires [medical] educational programs to provide assurances that their graduates exhibit general professional competencies that are appropriate for entry to the next stage of their training, and that serve as the foundation for lifelong learning and proficient medical care. While recognizing the existence and appropriateness of diverse institutional missions and educational objectives the [accrediting body] subscribes to the proposition that local circumstances do not justify accreditation of a substandard program of medical education leading to the M.D. degree.”⁹

Like other professional preparation programs, teacher preparation programs should demonstrate that they are accredited by a professional accrediting body. Under the new standards set by the Council for the Accreditation of Educator Preparation (CAEP), teacher preparation programs will be held to national standards, they will be expected to conduct a self-study every seven years, and they will be subject to an on-site evaluation, monitoring between accreditation periods, and reevaluation.¹⁰

Under the new CAEP standards, accreditation decisions will be based on input metrics including selectivity, faculty qualifications, substance of instruction, student teaching experience, and surveys of program graduates, as well as output metrics including licensure exam performance, employment outcomes, performance assessments, surveys, and graduate impact on student learning.¹¹ A rigorous accreditation process will offer accountability by providing assurances that teacher preparation programs that are accredited have met standards for teacher preparation set by the profession.¹² This process will also drive program improvement as each teacher preparation program will receive in-depth feedback from an expert body of their peers.¹³ It is also reasonable to use as a clear metric of success the number and percentage of teacher preparation program graduates who achieve Board certification within some period of time

⁷ Cooke, M., Irby, D., O’Brien, B. (2010). *Educating Physicians: A Call for Reform of Medical School and Residency*. The Carnegie Foundation for the Advancement of Teaching.

⁸ Cooke et al. (2010).

⁹ Cooke et al. (2010) (quoting the Liaison Committee on Medical Education).

¹⁰ Feuer, M. J., Floden, R. E., Chudowsky, N., and Ahn, J. (2013). “Evaluation of teacher preparation programs: Purposes, methods, and policy options.” National Academy of Education; “CAEP Accreditation Standards and Evidence: Aspirations for Educator Preparation.” Recommendations from the CAEP Commission on Standards and Performance Reporting to the CAEP Board of Directors June 11, 2013.

¹¹ Feuer et al. (2013); CAEP (2013).

¹² Feuer et al. (2013); CAEP (2013).

¹³ Feuer et al. (2013); CAEP (2013).

following their graduation. While the number of years should be debated, certainly a period of no longer than 5-7 years would indicate the quality and cost-effectiveness of the program.

While CAEP accreditation is still rolling out, if it operates like accreditation in other fields, it should provide important assurances of a program's quality.

II. Strengthen the definition of "Quality clinical preparation."

Research shows that prospective teachers will improve their practice and effectiveness by spending a substantial amount of time applying the theory and skills of teaching to real-world settings.¹⁴ Therefore, the definition of a quality clinical program should incorporate the idea of a "residency year," during which prospective teachers apply their knowledge and skills under the supervision and guidance of board-certified teachers in specially-designed "residency schools."

In many professions, practitioners have a period of mediated entry during which they have the opportunity to apply what they've learned in school. In the medical profession, physicians are required to complete a residency program in a teaching hospital before practicing independently. During the residency experience new doctors "see the breadth and depth of situations presented by patients. It is a time when the knowledge and skills learned in medical school become anchored in practice, but under the close supervision of experienced physicians."¹⁵

The definition of "quality clinical preparation" in the proposed regulations should be expanded to acknowledge that some programs may offer a period of mediated entry distinct from a student teaching experience. For example, a residency program may have a team-based approach, where a number of teacher residents work together with one accomplished practitioner. Or, if a prospective teacher begins a residency after completing her typical teacher education, a residency experience may not include extensive coursework. Such a definition would acknowledge a need for clinical preparation even beyond what is provided as part of the typical teacher education curriculum.

"While teacher preparation programs in the United States can and must become much better than they are now, they are only one step on the path to accomplished practice... Teaching is too complex to be mastered without strong clinical experience that comes after formal study and student teaching."¹⁶

It is also not insignificant that a recent Gallup Poll revealed that more than 70% of Americans believe that teachers should spend a year of residency similar to medicine and other professions. The challenge is not to improve student teacher programs, but to build a completely new model that acknowledges the complexity of teaching and the need for beginning practitioners to understand the essential ingredients that go into a year of student instruction. Without that

¹⁴ Hammerness, K., Darling-Hammond, L., Bransford, J., Berliner, D., Cochran-Smith, M., McDonald, M., & Zeichner, K. (2005). "How Teachers Learn and Develop." In L. Darling-Hammond & J. Bransford (Eds.), *Preparing Teachers for a Changing World: What Teachers Should Learn and Be Able to Do* (pp. 385-389). San Francisco: Jossey-Bass; Boyd, D., Grossman, P., Lankford, H., Loeb, S., & Wyckoff, J. H. (2008, September). "Teacher Preparation and Student Achievement." NBER Working Paper No. W14314.

¹⁵ Thorpe (2014).

¹⁶ Thorpe (2014).

complete picture of what happens with students during a full year in school, teachers will be slow to shape instruction in the most effective way.

III. Expand the information that states provide on the State Report Card to include additional elements, solely for reporting purposes.

Two additional elements will provide information on whether preparation programs are putting graduates on the path to board certification:

- The number and percentage of teacher preparation program graduates who achieve Board certification within five to seven years of completion.
- The percent of clinical faculty, adjunct professors, and tenured professors at teacher preparation programs who are National Board Certified Teachers.

Board certification is the norm in medicine because there is an intentional “trajectory from preservice to accomplished practice.”¹⁷ In order to implement this trajectory, the medical profession designed “a carefully aligned series of steps that begins on the first day of medical school and continues through residency, with each step designed to result in board certification.”¹⁸ As a result, 80% of doctors are board certified.

Students taught by board-certified teachers learn more than other students, as evidenced by more than a decade of rigorous research in states and cities across the country. Yet only 3% of the teaching workforce is board certified. As we seek to make Board certification the norm for all teachers, it will be critical to have information on whether certain programs are producing more Board-certified teachers than others. Collecting this information is particularly critical given the profession’s and the government’s significant financial investment in creating the National Board, its 25 certificate areas, and the assessments that validly and reliably identify practitioners who meet the standards. We recommend these elements be used for reporting and program improvement but not for evaluation or differentiation purposes under these proposed regulations.

IV. In the State Report Card, states should report the technical assistance they provide to low-performing teacher preparation programs pursuant to sec. 207.

States are required to provide technical assistance to low-performing teacher preparation programs, but there is little information on whether and how states are providing such technical assistance. Currently, this topic is included in the state report card as part of the section on Low-Performing Programs. Specifically, the state report card asks that states: “Provide a description of the procedures your state uses to identify and assist (through the provisions of technical assistance) low performing programs.” This is insufficient to ensure a robust system of technical assistance and support for program improvement.

In the future, the report card should include a separate question addressing technical assistance. In addition to “a description of the procedures” used to assist low performing programs, each state should be asked to describe the technical assistance they provided to low performing programs over the last year. This would shift the information reported from descriptions of

¹⁷ Thorpe (2014).

¹⁸ Thorpe (2014).

processes to more detailed information about real technical assistance efforts, which could inform technical assistance efforts in other states. Technical assistance could include training National Board Certified Teachers to serve as clinical faculty or cooperating teachers, integrating models of accomplished practice into the preparation program curriculum, and assisting preparation programs to provide richer clinical experiences.