

Goal 1. Enact viable and effective programs in an inclusive and equitable community of practice.

Benchmark 1. Increase enrollments and retention of students at all levels

Objective

1. Have mentoring and early-field protocols and opportunities organized for our educator candidates.

Strategies

a. FY20:

- i. Develop the clinical experiences plan and tracking system so that it has:
 1. required and optional categories and required time lengths of experiences,
 2. criteria for approving experiences with partners,
 3. alignment of required and pre-vetted/ pre-approved, structured, and categorized opportunities for clinical experiences to specific courses
 4. develop a mechanism and tracking of clinical experiences that are not built into course
 - a. pre-vetted/ pre-approved, structured, and categorized opportunities for clinical experiences.
 - b. structured and categorized opportunities proposed by individual student,
 5. criteria for students to demonstrate success doing each experience,
 6. new partnership plan templates,
 7. ensure that each new plan's components (above items) align with the re-visioning elementary education curricular work
 8. Align our clinical things with the new standards from MDE
- ii. Build the Watermark VIA student activity module to incorporate the desired components above.
- iii. Coordinate with the re-visioning elementary education planning to incorporate structured clinical experiences into course plans each year (each semester if possible) beginning fall of a new student's freshman year.
- iv. A comprehensive description of our plan for early-field experiences, the kinds, durations, objectives, evaluation, linkage to courses, required and optional opportunities is completed

b. FY21:

- i. Partially implement the Via module for student teachers, the elementary programs being replaced in a year, and any secondary or all-level programs using VIA to track clinical field experiences.
- ii. Seek school personnel, alumni, and community partners to serve as mentors and to suggest potential pre-vetted clinical placements and in student teaching.
- iii. Conduct an annual review of the structured and unstructured clinical experiences and the Via tracking module and recorded observations and changes made to the experiences, partnerships, Via, engagement with courses, ...
- iv. Use clinical experiences categorical and time reports
 1. to ensure all students in the programs have the minimal categorical experiences required.
 2. to provide formative feedback to individual students as to their progress, readiness to be a teacher, attitudes,...

Measurable Outcomes

- a. Comprehensive clinical experiences plan is prepared and used
- b. The revised elementary education plan has clinical experiences built in to at least one course each year (preferably each semester)
- c. The VIA clinical experiences module is active, is being used to track all clinical experiences, and is usable for students/advisors/ and faculty.
- d. Data from annual review of the clinical experiences and VIA's clinical experiences module.
- e. Reports from VIA on students' experiences

\$ needed

- a. \$1000 for cooperating teachers and leaders for giveaways and/or refreshments for focus groups/meeting
- b. Purchase give-aways

Faculty and Administration led

Data Sources

- a. VIA output on clinical experiences for each student
 - a. participation: hours and days
 - b. categories: the kinds of clinical experiences successfully completed
 - c. evaluation: performance in achieving the objectives of each clinical placement
- b. Summary gleaned from annual review, analyses, and updating of usefulness and efficacy of clinical experience plans and of the Via module.
- c. Data from clinical experiences office, participating students, advisors, clinical placement supervisors, cooperating teachers, ...

Persons responsible for Data

- a. Beth
- b. David DeVries

Parked strategies and notes for later-year consideration