

Clinical Supervision for Principals

The familiar model of observations and conferences can be as helpful to principals as it is to teachers.



We've always suspected that the principal plays a critical role in shaping the conditions in a school. Research is now confirming our suspicions. Principals who are strong instructional leaders place a high priority on their role in instruction, and the beneficial effect they have on students' learning is especially pronounced for ethnic minority and poor kids (Andrews and Soder 1987, Brandt 1987).

First Some Questions

Now that we *know* principals make a difference, how do we get good ones? For those of us responsible for training principals, the implications are reasonably evident: through a combination of selection and training, we must prepare principals with a good understanding of what it means to be instructional leaders.

For school district personnel, the implications aren't quite so clear. What about principals already on the job? Not the good principals. It's easy to know what to do for them. You give them lots of support, run interference, and let them create great schools. But what about average and below-average principals? How do we bring their skills up to par with those who are instructional leaders? How do we help them become experts in clinical practice, teaching effectiveness, program development, and supervision? How do we teach them the skills needed to define and articulate the values, beliefs, and vision that give a school its identity and cause others to believe in that vision?

A typical, tepid response is to provide inservice training. But there are many principals to be inserviced, and that costs a lot of money when money isn't easy to come by. Besides, the research is not at all reassuring about the long-term effects of a potpourri of short courses or workshops. Knowing they are the target for change, many principals arrive late, sit with folded arms, and wait a decent amount of time before leaving the training session.

Another response, one becoming more and more common, is for both

principals and their central office colleagues to decry top-down, authoritarian structures and plump for some sort of "site-based" management approach. They reason that webs of rules and regulations keep principals from doing what they know is right—get rid of the hassles from downtown, and all will be well.

One difficulty in turning over control to local sites is that few central administrators want to relinquish it, especially their authority over budgets and personnel. Most instances of transfer of power in school districts have been rather like Octavian turning the reins over to the Roman Senate, with changes in outward appearance cloaking business as usual.

What's more, even if principals *were* left on their own, we would not get the principals we need. The excellent would continue, of course, but so would the mediocre.

If the immediate impact of reforming preservice training programs is small, if inservice training has little effect, and if site-based management is an illusion, is there no way out? We believe there is a solution. Supervisors of principals must *expect* principals to be instructional leaders and then supervise and evaluate them as such.

“... This easy-to-implement process ... gets downtown administrators out of the office, into schools, and into the middle of instruction.”

A Successful Model

The process we are using is not radical. It is based on a well-researched cyclical evaluation model (Bolton 1973, 1980) that has been around for years—the commonly accepted model of clinical supervision for teachers. The process provides for evaluation of the principal's clinical supervision of the teaching staff through a series of observations and interactive feedback sessions. We have experienced success in working with the model in two school districts: a medium-sized district with over 16,000 students and a small one with about 4,000 students. One of the best features of this easy-to-implement process is that it gets downtown administrators out of the office, into schools, and into the middle of instruction.

The model's three phases—design, data collection, and analysis/evaluation—and the calendar of activities we use are presented in Figure 1. Each phase includes specific activities for the supervisor and the principal as they interact in a collegial fashion throughout the year. Here in brief is how the model works.

Phase I: Design. The supervisor and principal meet before school begins to discuss the upcoming year's opportunities and problems. In each subsequent year, they review goals identified during the previous year's performance evaluation and identify growth areas for the current one. Together they develop new performance goals with action plans for meeting them, a means for evaluating each goal, and a calendar for the supervisor's monthly visits to observe the principal.

Phase II: Data Collection. Between September and May, the supervisor and the principal each collect data about the principal's performance goals and evaluation criteria. The supervisor also schedules a mid-year evaluation conference with the principal to assess progress, make adaptations, and identify additional resources needed to help the principal be successful. Through direct observation, the supervisor reviews, for exam-

**Phase I:
Design**

■ August

- Preschool Goal Setting Conference

**Phase II:
Data Collection**

■ September

- School Based Data Collection
- Two Clinical Supervision Cycles
- Mid-Year Evaluation Conference

■ May

**Phase III:
Analysis/Evaluation**

■ June 1

- Teachers Evaluate Principal
- Supervisor Analyzes Data

■ June 15

- Evaluation Conference w/Principal

Fig. 1. Phases and Calendar

ple, how the principal involves the staff in budget development and implementation or designs faculty meetings for staff development activities. The supervisor attends staff meetings, parent meetings, and student events to understand the climate and functioning of the school.

The most important part of the direct observation process is the analysis of the principal's skills in clinically supervising teachers. We've added three steps to the standard clinical supervision model—a preobservation conference between supervisor and principal, a postconference analysis between teacher and principal, and a debriefing conference between supervisor and principal. Between September and May, the supervisor completes at least two clinical supervision cycles. Figure 2 details the steps in the cycle. What follows is a brief description of the special features of the process.

Preobservation conference between principal and supervisor. After a preobservation conference between the principal and the teacher, the supervisor and the principal discuss the teacher's lesson objectives, the principal's thoughts about the growth goals established with the teacher, and particulars about the classroom and student activities to be observed.

Observation analysis. Following the

observation, the supervisor and the principal analyze the lesson independently, identifying strengths of the teacher's instructional techniques and possible areas for growth. They each prepare a conference plan. The supervisor may discuss the lesson analysis and conference plan with the principal immediately or wait until after the postobservation conference, depending on the goals established in Phase I and the preferences and developmental level of the principal.

Conference between principal and teacher. The principal conducts the standard postobservation conference with the teacher, discussing the lesson in terms of stated objectives, student outcomes, and teacher behaviors. The supervisor observes the conference and takes notes or records information in a manner similar to that used in the classroom observation.

Conference analysis. The supervisor reviews the data from the principal-teacher conference and determines the principal's strengths and possible areas for growth. A plan is formulated to guide the dialogue with the principal.

Debriefing conference. The supervisor and the principal discuss the post-observation conference in terms of the principal's objectives, the questions

and responses employed, the degree of collaboration and dialogue, the cognitive level of the discussion, and the teacher's closing remarks. For clinical supervision of the principal, the supervisor uses the exact model that the principal uses with the teacher, giving specific examples from observed data and relating the examples to teaching-learning interactions to achieve a professional growth objective.

Since the goal of clinical supervision is continuing growth, the supervisor and the principal identify growth objectives to guide their work. Growth areas might include the analysis of instruction, the planning and organization of the postobservation conference, or conferencing skills that emphasize the role of the teacher as a professional.

Phase III: Analysis and Evaluation. During the last month of school the supervisor and the principal meet to analyze and synthesize data collected throughout the year. They share empirical and anecdotal evidence and apply the evaluation criteria to the principal's performance. From this conference new goals emerge for the following year. The supervisor's evaluation report, written after the conference, reflects the uniqueness of the school year and the principal's accomplishments, then identifies areas for

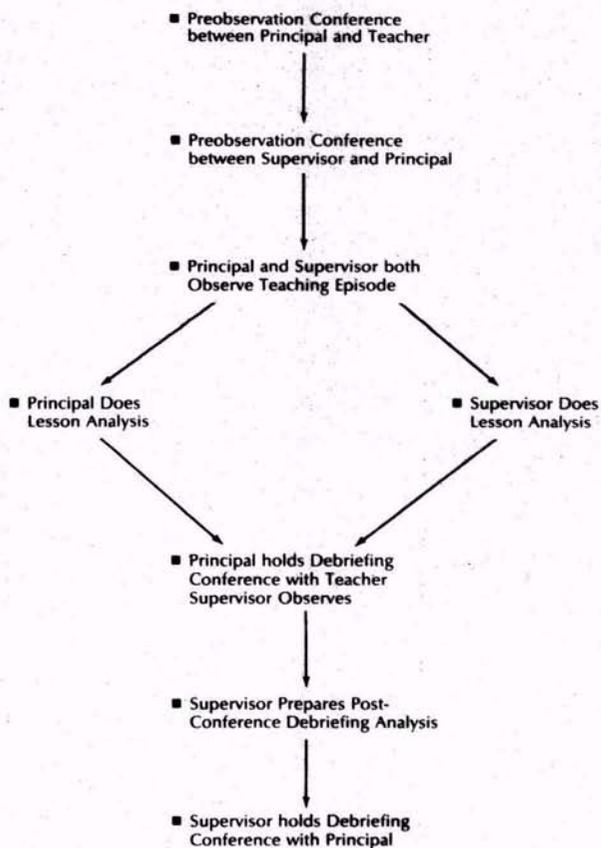


Fig. 2. Steps in Clinical Supervision Process

professional growth, leading to a new cycle.

Making Good Principals Even Better

Does the model create problems for good principals? Quite the opposite—they understand its value and invent creative ways to use it to improve instruction. For example, a high school principal videotaped the superintendent conducting the postobservation conference with a social studies teacher; department heads then ana-

lyzed the videotape as they practiced their own conferencing skills. In addition, teachers were enlisted to give the principal and the superintendent feedback after a debriefing conference.

Even students have gotten into the act. A middle school principal arranged for the superintendent to observe her clinical supervision process with her assistant principal. Following the usual classroom observation and postobservation conference conducted by the assistant, the principal and the superintendent gave feedback to

the assistant, using a three-way interactive approach. A student videotaped this sequence and offered a few remarks concerning the accuracy of the instructional analysis.

A close-up/active supervision model such as the one described here enhances the skills of principals who are instructional leaders. Do principals who are not instructional leaders change their behavior after participating in the process? Principals who do not have the ability or the desire to become instructional leaders, or who wish little intrusion into their schools from the central office, view the process as over-control. Some perceive the model as too close, unnecessary, a waste of time, or threatening. Nevertheless, where principals are functioning only as building managers, use of the model provides the feedback necessary to help them make the transition to instructional leadership, to counsel them, or, if necessary, to evaluate them out of the principalship.

Our experience over the past seven years and the evaluative comments of principals suggest that most principals and staff members appreciate the attention to teaching and learning and feel more valued for their work. □

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