

Strengthening Teacher Candidate Preparation Through Redesigned Mentor Teacher Training for the Clinical Experience

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Abstract

The University of the Incarnate Word in San Antonio, Texas, strengthened its educator preparation program by adding a teacher residency pathway that culminates in a one-year placement with an experienced mentor teacher. The program supports undergraduate teacher candidates in a traditional university preparation experience as they earn a bachelor's degree with embedded teaching licensure requirements. In the 2025-2026 academic year, UIW offered two clinical experience options: a one-semester clinical teaching experience and a one-year teaching residency. UIW received TEA approval to provide the enhanced residency for various certification areas; however, in the first year, residency was limited to elementary candidates.

A concurrent program priority was to improve the training and support of mentor teachers working with our resident and clinical teachers. Development efforts were grounded in a team-training program design, co-teaching training, and gradual assumption of teaching responsibilities, differentiated for each clinical experience. The signature components of this work were the added residency pathway and the redesigned mentor training.

This manuscript provides an overview of the redevelopment of the UIW mentor teacher training for mentor and candidate teacher teams. With the addition of the teaching residency, attention to the residency design was incorporated, as that clinical experience offers expanded opportunities for mentor training through the full-year placement. Informed by current research, best practices in co-teaching, and findings from our mentor support site study, the redesigned training emphasizes collaborative practices and clearly defined co-teaching roles. Participant surveys and feedback provide essential data for continued program improvement.

Keywords: *teacher preparation, teacher candidate mentoring, co-teaching training*

In the 2024-2025 academic year, the Charles Butt Foundation partner programs identified problems of practice and then self-assigned to a priority area. UIW recognized the need to focus on improving teacher candidate support by providing mentor-teacher training. For this work, the term “mentoring” refers to teachers of record assigned to clinical and resident teachers. The mentoring teacher support subgroup drafted survey questions to assess current mentoring training and identify the necessary components of a revised EPP-specific mentoring training program. The surveys were to be further customized by each participating EPP and administered by the end of the academic year. EPP-specific survey responses were used to improve mentor teacher training, thereby enhancing the mentoring and coaching of clinical and resident teachers in the 2025-2026 academic year. In the spring of 2025, UIW conducted a mentor support site study and surveyed the 2024-2025

mentor teachers assigned to our clinical teachers. The survey sought to determine the current and needed mentor training. The two driving study questions were:

1. Are the mentor teachers working with UIW teacher candidates receiving the necessary training and support to mentor clinical and resident teachers effectively?
2. How can UIW improve the training offered to mentor teachers to improve the mentoring and coaching of clinical and resident teachers?

To improve the content of our mentor trainings, we recognized the need to be more explicit in co-teaching approaches and strategies. Therefore, members of our UIW team completed co-teaching training provided by the Bureau of Education and Research and St. Cloud University. The trainings provided research, technical

support, and evidence-based practices regarding co-teaching, collaborative teaching, and mentoring teacher candidates. Our mentor training was then redeveloped with three significant revisions: team-based training for candidates and mentors, a hybrid approach to add training components, and the addition of a co-teaching component to observation and evaluation documents. The redesigned training was offered in the fall of 2025 to both clinical and residency teaching teams, and participants were surveyed to assess the impact and benefits of the improvements. Similarities and differences between clinical and residency teaching placements informed the training and mentor support offered. Assessment continues throughout the first full year of residency implementation.

Clinical Experience Models

The Texas Education Agency offers multiple initial certification pathways. This study and program development focus on two clinical experience options for undergraduate initial licensure candidates: a one-semester clinical teaching experience and a one-year teaching residency. As educator preparation programs' (EPPs) models vary somewhat, the following definitions and descriptions are offered to provide context.

The Texas Administrative Code, Chapter 228. Requirements for Educator Preparation Programs, includes the following definitions referenced in this manuscript. (TAC §228.2. Definitions)

- **Assignment Start Date-** For an internship, clinical teaching, or residency, the first day of instruction with students. For a nonteacher practicum experience, the first day of the window in which the candidate is authorized by the EPP to begin the practicum experience. TAC §228.2(5)
- **Campus Supervisor-** A school administrator or designee responsible for the annual performance appraisal of an intern or a candidate pursuing a residency certificate. TAC §228.2(8)
- **Clinical Experience-** A supervised educator assignment through an EPP at a public school accredited by the TEA or other school approved by the TEA for this purpose, where candidates demonstrate proficiency in the standards for the certificate sought, and that may lead to completion of a standard certificate. Clinical experience

includes clinical teaching, internship, practicum, and residency. TAC §228.2(14)

- **Clinical Teaching-** A supervised teacher assignment through an EPP in the classroom of a cooperating teacher at a public school accredited by the TEA or other school approved by the TEA for this purpose that may lead to completion of a standard certificate; also referred to as student teaching. TAC §228.2(15)
- **Cooperating Teacher-** For a clinical teacher candidate, an educator who is collaboratively assigned by the EPP and campus administrator who supports the candidate during the clinical teaching experience. TAC §228.2(19)
- **Co-Teaching-** A practice in which two or more teachers share instructional responsibility for a single group of students to address specific content and related learning objectives through a variety of approaches that best support the students' learning needs. TAC §228.2(20)
- **Host Teacher-** For a teacher resident candidate, an educator who is jointly assigned by the EPP and the campus administrator who supports the candidate through co-teaching and coaching during their teacher residency field placement. TAC §228.2(31)
- **Residency-** A supervised educator assignment for an entire school year through a partnership between an EPP and a public school accredited by the TEA, or other school approved by the TEA for this purpose that may lead to completion of an enhanced standard certificate. TAC §228.2(46)

Clinical Teaching

The UIW clinical teaching route requires a one-semester clinical assignment, in either the fall or spring semester. Clinical teachers are placed on a partner district's campus and are required to address the full scope of teacher responsibilities, including, but not limited to, professional development, inservice, planning, and instruction. The clinical teaching assignment begins with the first teacher reporting day each semester and exceeds the required minimum of 490 placement hours. As our partner districts require at least five days before the first day of school for students, and TEA restricts beginning the clinical teaching period until the students' first day (TAC §228.2), UIW fall

clinical teachers complete an additional 35 hours by attending the first week of teacher reporting time.

Teaching Residency

The UIW teaching residency route requires a full academic year of clinical assignment. Resident teachers are placed on a residency partner campus and are required to address the full scope of teacher responsibilities, including, but not limited to, professional development, inservice, planning, and instruction. The UIW resident teaching assignment begins with the first teacher reporting day in the fall and extends to the final instructional day in the spring. While TEA requires a minimum of 21 hours per week throughout the residency placement, UIW residents report three days per week in the fall and full-time (five days per week) in the spring. Therefore, UIW resident teachers will complete at least 990 hours, well beyond the TEA requirement of 750 hours.

Literature Review

Teacher Residency Models in Teacher Preparation

Teacher residencies have emerged as an innovative response to both widespread teacher retention challenges (Hays et al., 2023; Guha et al., 2016; Silva et al., 2015) and the need for more robust teacher preparation to support student achievement (Carver-Thomas and Darling-Hammond, 2019; Papay et al., 2012). Although teacher residency programs have existed for more than 20 years, their numbers have increased significantly due to their potential for comprehensive teacher preparation and impact on retention rates (Guha et al., 2016). As of the start of the 2025-2026 academic year, 41 of the 122 (33%) Texas EPPs were approved to offer the Teacher Residency Preparation Route (Texas Education Agency). As the number of residency programs continues to grow, several studies have identified key components that make programs successful. In a synthesis of quality programs, Wasburn-Moses (2017) highlighted a need for (1) a unified mission and vision for teaching that is common across partners; (2) strong partnerships and commitment to evaluation; (3) "rigorous and competitive" selection of candidates; (4) rigorous selection and comprehensive training of mentors; (5) a yearlong residency with wraparound coursework and "intensive classroom apprenticeship;" and (6) intensive post-residency support, including careful placement of

graduates. These components have been highlighted in other research, along with the need for transformational partnerships between educator preparation programs and districts. According to Guillot et al. (2025), transformational partnerships involve shared accountability, collaborative problem-solving, and consistent communication between educator preparation programs and districts.

Teacher residency programs put these principles into action by placing residents with an experienced mentor teacher in a single setting for a full academic year. This extended and intensive clinical experience in an authentic context provides residents with theory-to-practice integration, opportunities for collaboration, and enhanced mentoring (Mazzye and Gujarati, 2024; Oh et al., 2024). According to Mazzye and Gujarati (2024), enhanced mentoring is critical "to equip teachers to meet the increasingly complex needs of students in this educational climate". Ultimately, residencies not only strengthen teacher preparation but also position residents to enter the profession with the skills and confidence needed to support diverse learners.

Mentor Teacher Training

The mentor teacher is often referred to as the teacher candidate's primary teacher of teaching (Eck and Ramsey, 2019; Oh et al., 2024). This critical role requires sufficient training, communication, and alignment with the educator preparation program. However, mentor teachers consistently report a lack of preparation and training to support their role (Barry et al., 2021). Clarke et al. (2014) reviewed the literature on mentor teacher needs and found that mentor teachers felt distanced from educator preparation programs and underprepared for mentoring content and pedagogy. This gap in preparation meant they lacked the specific skills needed to provide high-quality, developmentally appropriate support to teacher candidates. To address this preparation gap, Sayeski and Paulsen (2012) identified mentor practices that positively influenced teacher candidates' professional development: educative mentoring, effective communication, articulating pedagogical thinking, and explicit modeling. Targeted mentor training in these practices benefits both candidates and mentors. Rogers et al. (2021) extend this recommendation by emphasizing that mentor preparation should be ongoing rather than a single program orientation

and should include co-teaching strategies alongside other evidence-based mentoring practices.

Co-Teaching in Teacher Preparation

The Texas Administrative Code, Chapter 228, specifies that Educator Preparation Programs (EPPs) must provide training to cooperating and host teachers that includes co-teaching strategies and addresses the coaching and mentoring of teacher candidates. Cooperating teachers must receive training during the 12 weeks before or the 3 weeks after being assigned to a clinical teacher. Host teachers must receive training at least twice per school year, including before or in the first three weeks after being assigned a resident teacher. While TAC references co-teaching requirements, the specifications of co-teaching training are not included. This gap in clarity was addressed by referencing co-teaching research and established training.

In the field of special education, co-teaching is defined as an instructional strategy within inclusion classrooms with two certified teachers planning and teaching collaboratively within a single physical space (Friend et al., 2010; Tremblay, 2013). Based on Cook and Friend's (1995) work, this shared teaching generally consists of two teachers engaging in one of the following co-teaching approaches:

1. one teach/one observe,
2. one teach/one assist,
3. station teaching,
4. parallel teaching,
5. alternative or differentiated teaching, and
6. team teaching.

Research conducted in the past 20 years indicates that co-teaching offers significant advantages in teacher preparation, particularly through the scaffolding support it provides to teacher candidates. Requiring a slightly different definition for a student teaching sphere, the St. Cloud Teacher Quality Enhancement initiative states that co-teaching is “two teachers (a mentor teacher and a teacher candidate) working together with groups of students; sharing the planning, organization, delivery, and assessment of instruction, as well as the physical space” (Heck et al., 2005). Using the same co-teaching approaches used in the special education arena, teacher

candidates benefit from the scaffolded nature of these approaches as they grow in their practice.

Through co-teaching, candidates benefit from the cooperating teacher modeling and mentoring as they develop their own classroom leadership skills (Bacharach et al., 2010), and mentor teachers benefit from the added support in the room. In a study by Grey et al. (2020), mentor teachers appreciated the targeted intervention delivered to students through co-teaching, as well as the opportunity to provide more constructive and timely feedback to the teacher candidate. The uniquely collaborative relationship between the mentor teacher and the candidate is enhanced through the sharing and scaffolding of planning, instruction delivery, assessment, and reflection. While many studies identify the benefits of co-teaching within teacher preparation (Bacharach et al., 2010; Grey et al., 2020; Heck et al., 2005), some studies emphasize the need for additional time and mentor teacher capacity to co-plan and co-reflect (Rodgers et al., 2021; Strogilos & Tragoulia, 2013). For co-teaching to be most effective—both for students and for teacher candidates working with mentor teachers—dedicated time for co-planning must be prioritized to select the best instructional activities for students and allow variation in instructional roles for the co-teaching pair.

Methodology

Study Design

A mixed-methods research design was selected for this study, as both quantitative and qualitative data were collected and analyzed. The study included two phases, with a survey administered at each phase. In phase one, the survey assessed the usefulness of existing mentor training components and informed the redesign of the mentor training. In phase two, the survey assessed the redesigned training. The survey instruments integrated items with quantifiable ratings and open-ended responses, yielding a convergent parallel approach to data collection.

Participants

In phase one, the 2024-2025 mentor teachers assigned to UIW clinical teachers were invited to respond to the Mentor Support Site Study. Of the eighteen mentor teachers, ten responded. The participants taught

elementary and high school grades and had a range of teaching experience, from 3-5 years to more than 21 years of professional practice. Additionally, 40% indicated only one year of mentoring clinical teachers.

In phase two, a team training approach was implemented and evaluated. The clinical teaching and resident teaching teams included different participants. The clinical teaching teams included six mentor teachers and six clinical teachers. Three mentor teachers responded (50% response rate), and five clinical teachers responded (83% response rate). The resident teaching teams included three mentor teachers, three resident teachers, the campus supervisor/principal, and a district representative. Responses were collected from 100% of the resident team participants.

Instruments

Two survey instruments were administered to collect data for evaluating the mentor training provided by the Educator Preparation Program (EPP). The survey instruments integrated items with quantifiable ratings and open-ended responses.

Phase One: Mentor Support Site Study Survey

As a Charles Butt Foundation's Educator Preparation Program Improvement Community (EPPIC) mentoring teacher support subgroup participant, UIW engaged in drafting survey questions to assess existing mentoring training and identify the necessary components of a revised EPP-specific mentoring training program. Each participating EPP then customized the group draft survey. The UIW mentor support site study survey included two sections, with sixteen combined items. Section one collected demographic information. Section two focused on mentor training provided by the EPP and other organizations and resources. Question fourteen asked participants to rate training components as those that should be included, those that were helpful but not necessary, and those that were not needed. These training components were identified by both research and practice.

Phase Two: Clinical/Resident Teaching Team Training Series Survey

The redesigned training was implemented with teams and in increments. The clinical teaching teams completed a two-part training series. The resident teams completed a three-part training series. Therefore, the team training series survey was developed to assess the training from the varied participant perspectives. The survey included two sections, with fourteen combined items. Section one collected demographic information. Section two focused on the mentor training provided by the EPP. Question four asked participants to rate the effectiveness of each part of the training series, the sequencing, and overall satisfaction, using a five-point Likert scale.

Data Collection Procedures

The study surveys were designed in Microsoft Forms. Forms was selected for convenience, as the university uses the Microsoft 365 suite, and because it interfaces well with school district email systems, allowing responses from members outside the organization. Participants received invitations by email that described the study's purpose and requested their input to inform the continued improvement of the EPP's mentor training and support.

The timeline of data collection and review was as follows:

- March 2025: Mentor Support Site Study Survey was administered.
- April 2025: Mentor Support Site Study Survey results were reviewed and analyzed.
- Summer 2025: Mentor training was redesigned, informed by survey responses, research, and training.
- August 2025: The redesigned training was delivered to clinical and residency teams.
- September 2025: The Clinical/Resident Teaching Team Training Series surveys were administered.
- September 2025: The Clinical/Resident Teaching Team Training Series survey results were reviewed and analyzed.

Data Analysis

Data visualization was utilized to present the survey data using charts, graphs, and tables. Open responses were listed as bulleted items, with identifiable information removed. The Clinical/Resident Teaching Team Training Series surveys were differentiated to specify the clinical and resident team terminology and the different training

parts. The data were presented in a single table (Appendix B), with the clinical and resident teams delineated.

Limitations

This study was implemented to guide and inform The EPP's improvement community efforts to assess and inform continued improvement. The small sample size and the single iteration per survey are recognized limitations. The findings may not be generalizable to larger programs or different training delivery modalities. The team training survey will continue to be administered to provide longitudinal data trends.

Additionally, the researchers served as the study's training providers. This is both a strength and a limitation. The training sessions were redesigned to address both clinical and resident team needs. The researchers engaged in co-teaching training, which informed the training design and provided implementation consistency. The researchers, as the training providers, invited participants to complete the survey responses, which may have influenced responses.

Discussion & Findings

Mentor Support Site Study

The mentor support site study was administered to the 2024-2025 eighteen mentor teachers assigned to UIW clinical teachers. Ten survey responses were received, yielding a 56% response rate. The survey included two sections: demographics and mentor training. Section one's demographic items collected data on teaching and mentoring experience. Section two's training items queried provided and recommended training components. Appendix A includes the survey questions and a summary of the collected data.

Findings showed that the provided UIW mentor training, which was primarily based on program expectations and routines, along with general mentoring strategies, was the sole or primary mentoring training the teachers received. Only 20% of respondents reported having received training from their school or district. The study also noted that 70% of the participants reported that the UIW training was the only mentoring training they received. These findings mirror those of Barry et al. (2021), who found that mentors identified a need for better preparation and stronger

university connections. Campus/district training was primarily focused on experienced teacher development and mentoring first-year teachers, rather than mentoring teacher candidates. This clearly indicated that the UIW training provided necessary support for cooperating and host teachers. Further, the responses reinforced the importance of continuous improvement for mentor training. Respondents provided recommendations for topics to include in the redesigned mentor training.

Six topics emerged as essential for mentor training, with at least 70% of respondents indicating they should be "definitely included." The highest-priority topic was cooperating teacher expectations (90%), followed by three topics at 80%: helping candidates differentiate instruction, providing formative feedback, and supporting special education students. Three additional topics reached the 70% threshold: identifying candidates' development needs, supporting special education students, and evaluating candidates. Notably, these mentor-identified priorities emphasize instructional support and evaluation rather than the communication skills and modeling methods prioritized by Sayeski and Paulsen (2012).

Additional comments noted that providing copies of the observation and evaluation documents was helpful, that the handbook's formatting was inefficient, and that support for establishing teacher candidate ownership in the classroom was needed. The survey responses were analyzed and incorporated into the redesigned mentor training.

Redesigned Mentor Training: Clinical/Resident Teaching Team Training Series

The mentor support site study survey identified needed components for mentor training. The co-teaching element required additional investigation. In the summer of 2025, the researchers, in their roles as the Director of Teacher Education and the Teaching Residency Coordinator, sought formal co-teaching training. The Bureau of Education and Research (BER) provides a four-day National Train-the-Trainer Institute, "Co-Teaching That Works!". This training offered key characteristics and strategies for implementing co-teaching, addressed building effective co-teaching teams, and examined best practices for whole-class and small-group instruction. This training provided a solid foundation; however, it focused on co-teaching with

experienced general and special education teachers. Teacher candidates require a differentiated approach to mentoring and co-teaching. The Academy for Co-Teaching and Collaboration at St. Cloud University offers specified training for mentor teachers and educator preparation programs to support co-teaching with clinical and resident teachers. The *Co-Teaching Train-the-Trainer Workshop Series* provides 60 days of online access to five self-paced training modules. The modules addressed the foundations of co-teaching and emphasized the collaboration and communication skills essential to the professional relationship between mentors and residents. This training proved particularly informative in developing the redesigned UIW training.

The Clinical Teaching Handbook was revised, and a new Resident Teaching Handbook was designed to provide greater clarity and alignment between clinical and residency programs. Both handbooks now explicitly address co-teaching components and expectations, and observation and evaluation documents were updated to include co-teaching elements. These revisions enable supervisors to actively support the implementation of co-teaching. During observations, supervisors assess whether both the resident and the mentor are familiar with the lesson plan and are actively engaged in teaching. In pre- and post-observation debrief conversations, supervisors can then provide targeted feedback on the co-teaching and co-planning, using concrete evidence from the observation to guide professional growth, goal setting, and collaboration.

Clinical Teaching Team Training

Cooperating teachers mentoring UIW clinical teachers have traditionally completed a one-part EPP training that provided program expectations and research-based mentoring strategies. The mentor support site study data provided insight into the training elements that should be maintained and added to the mentor training implemented in fall 2025. The redesigned training was delivered in two parts, in a hybrid format, and used a team-training approach. Part one, completed within the first two weeks of the placement start date, was an online synchronous session for cooperating and clinical teacher teams, including the university supervisor, with campus principals or their invited designees. Three online session options were offered to accommodate teams from various

campuses. Each team selected one session. The Director of Teacher Educator conducted the sessions, providing program expectations and requirements, an overview of the observation and support schedule, and expectations for each team member—the clinical teacher, cooperating teacher, and supervisor. Part two focused on co-teaching and was completed by cooperating and clinical teacher teams. Each team viewed a series of co-teaching videos, Six Co-Teaching Strategies produced by Chico State University, and worked together to capture key elements of each model and the considerations for implementing them in their classroom. The key aspects of part two were to learn about co-teaching models and to discuss the roles and planning needed for implementation. The discussion notes were recorded in a note-catcher document that was submitted to the EPP. Each formal observation conducted by the university supervisor identified the co-teaching model observed. Observation notes focused on the teacher candidate's performance while reflecting the interaction between the clinical and cooperating teachers. Following completion of the two-part training, cooperating and clinical teachers were asked to complete a Clinical Teaching Team Training Series survey to provide feedback on the redesigned training for program assessment.

Resident Teaching Team Training

The training for host teachers mentoring UIW resident teachers was first implemented in August 2025. The training development was informed by the site study conducted with the 2024-2025 cooperating teachers and the formal co-teaching training completed in the summer of 2025. The training includes four components: three delivered in the fall and one in the spring to provide initial and continuing mentor training and support. The Texas teacher residency requires a governance committee composed of, at a minimum, district and campus administrators of the residency partner, campus supervisors, and EPP representatives. For purposes of continuous residency program development, UIW included district representatives, the campus supervisor (also the principal), host teachers, resident teachers, the UIW supervisor (also the Residency Coordinator), and the Director of Teacher Education in all training sessions.

Part 1: Launching Residency (In-Person)

This training segment was conducted in the first week of the placement, during inservice week. The training covered program expectations and requirements, with a strong emphasis on launching the mentoring relationship. Recognizing the critical role of collaboration during the residency experience, we set aside time for resident-mentor pairs to interview each other. Through these structured conversations, pairs were encouraged to use dialogue as a learning tool, paying attention to the big ideas, questions, and concerns that arose. A second component of this session focused on values exploration and alignment. Because educators bring their whole selves into the classroom—their beliefs, priorities, and personalities all influencing teaching practice and professional relationships—pairs engaged in a reflective activity to identify and discuss their core values. They looked for commonalities, acknowledged differences, and considered how these values might shape their working relationship. This exercise intended to help pairs develop mutual understanding that would enable them to work collaboratively, communicate with empathy, and support one another in ways that feel authentic and respectful.

Part 2: Co-Teaching Models (Online, Asynchronous)

This training segment focused on the co-teaching models. Host and resident teachers viewed the video series independently and captured key elements of each model, along with considerations for implementing them in their classrooms (Six Co-Teaching Strategies, Chico State University). Each participant was asked to complete the co-teaching model videos prior to part 3.

Part 3: Co-Teaching in the Residency Classroom (In-Person)

This training session took place during the third week of the residency placement. All participants came together to discuss the implementation of co-teaching in the classroom. The session began with an overview of the six co-teaching models, with a discussion of considerations for each. Participants then explored strategies for creating a shared classroom environment with clear roles and responsibilities for both teachers, as well as a shared physical space. A portion of the session was also dedicated to co-planning. Pairs

received templates and structured time to practice collaborative lesson planning. Another important emphasis of this session was effective communication and feedback techniques. Pairs established communication norms together and proactively worked through potential dilemmas that could arise during the residency experience.

Part 4: Co-Planning for Co-Teaching (In-Person)

A fourth training session was scheduled for January, coinciding with the start of the second residency semester. Initially, the focus of this session was to strengthen mentor teachers' coaching skills, particularly in providing feedback to their residents. However, data from the fall semester—including feedback from the first three training sessions, three informal observations, one formal observation, and conversations with the residency teams—revealed a more pressing need: dedicated support for co-planning practices. When residents participate in collaborative planning, they gain insights into mentor teachers' decision-making processes, observe how experienced teachers think through logistics and instructional rationale, and practice having collaborative conversations. Resident teams have noted that when they do not have a regular co-planning time, they often revert to the most basic co-teaching model, one teach/one assist. Therefore, the January session will provide allocated time for pairs to engage in both long- and short-term planning. This structure will allow residents to understand how individual lessons connect to long-range curriculum goals and to practice the planning processes they need to sustain more impactful co-teaching models.

Clinical/Resident Teaching Team Training Series Survey

Following the training series, resident and clinical teams completed a survey designed to evaluate the training experience. The purpose of this survey was to gather feedback to inform future training sessions and to better understand ongoing team needs. The team training surveys yielded eight responses from the fall 2025 clinical teacher teams (67% response rate) and eight from the resident teacher teams (100% response rate). Appendix B includes the survey questions and a summary of the collected data.

Findings indicated that both clinical and residency teams generally appreciated two key aspects of the training: the visual examples of the six co-teaching models through videos and the allocated time to collaborate with their clinical teacher/resident teacher. Following the training, all clinical teacher teams and 88% of residency teams felt confident or very confident in implementing the co-teaching models. Clinical teaching teams reported feeling most confident starting with the One Teach/One Assist model, while the residency teams reported an openness to combining co-teaching strategies during lessons or trying different models, such as station or parallel.

While the mentor teachers had considerable teaching experience, most were relatively new to the mentoring role. This finding may explain their openness and receptiveness to our training. However, their inexperience with mentoring may also account for observations that mentors struggle to share instructional space in the classroom with their clinical and resident teachers, as they are used to being the sole instructor. Time for co-planning and ongoing mentoring support emerged as a critical need across all teams.

Teams identified several valuable aspects of the training. The structured discussions enabled them to collaborate effectively, establish clear communication norms, and create a shared vision for teaching and learning. This finding supports previous research emphasizing the importance of dedicated time for collaboration and application of co-teaching strategies (Rodgers et al., 2021; Strogilos & Tragoulia, 2013). The hybrid format balanced face-to-face and online learning, providing flexibility while maintaining connection. Finally, the video examples of co-teaching models gave teams a common language, strengthening their shared understanding of effective co-teaching practices.

Conclusions

To inform the development of our mentor training, the researchers assessed established practices through the mentor site survey in spring 2025. The data findings and the formal co-teaching training completed by the researchers informed the redesigned mentor teacher training for the clinical experience. In fall 2025, clinical

teacher teams and resident teacher teams participated in the redesigned training. A training survey was completed by both clinical and resident teacher teams for evaluation and continued program improvement.

The Texas Administrative Code requires educator preparation programs to include co-teaching in mentor teacher training. However, no training elements or models are specified. While co-teaching is established in general and special education teacher collaborations, it is emerging as a promising scaffolding approach in teacher preparation. Clinical and resident teachers are not experienced teachers prepared to hold equivalent teaching responsibilities with their mentor teachers. Co-teaching provides a structured preparation experience incorporating collaboration and coordination in planning, instruction, classroom management, and learning from diverse perspectives in authentic settings. Our training model is grounded in the six co-teaching models as applied to teacher preparation roles, emphasizing instructional service options to benefit student learning. Our approach is to consider the benefits of co-teaching models on student learning while also acknowledging the teacher candidates' readiness and development as co-teaching models are selected, implemented, and the gradual assumption of teaching responsibilities is considered.

Throughout the first year of implementation, observations and recommendations for continued improvement are being identified. Initial observations and recommendations include:

1. Resident teams suggested that the initial training session, or a portion of it, be held earlier. The first week is full of preparing the classroom and professional development as campus teams regather, often with changing group members. The host and resident teachers noted they would have benefited from time to focus on establishing their relationship before the whole campus team arrived. The researchers plan to implement a first meeting focused on launching the mentoring relationship earlier next year, and then focus on program requirements in a separate session.
2. Participants noted a request for ongoing professional development. Throughout the first year of implementation, the researchers will

continue to identify professional development topics that arise from training, supervisor-mentor interactions, and advisory committee meetings. We will also seek opportunities to combine existing EPP and district resources and trainings.

3. The residency supervisor has been intentional about using co-teaching terminology during weekly resident check-in meetings and when soliciting feedback from the host teacher. This intentional focus helped keep the co-teaching framework at the forefront of planning and instruction. The clinical teaching supervisor also emphasizes co-teaching models, identifying the model observed during each formal observation and providing feedback on the interaction between the two teachers. Observation forms include the co-teaching models to identify which models were being used during each informal and formal observation. The training established expectations, and continued references to coteaching in instructional practice provide feedback and support.
4. Clinical teachers may have an advantage based on their full-time placements. Feedback from resident teacher teams indicates that the current three-day-a-week residency schedule presents planning challenges. Residents often miss early-week instruction and must integrate midweek, which can disrupt continuity. Clinical teachers are afforded the continuity of instruction and planning. Residents will build toward full-time collaboration for their second semester. The teacher teams have noted that effective co-teaching requires effective co-planning, both of which require dedicated time. When any of these components are limited, the teaching teams tend to revert to the *One Teach/One Assist* model.
5. In this first year of redesigned training, the teacher team participants engaged in the same training.

The researchers are considering a differentiated training model for mentor teachers who have repeatedly supported our teacher candidates. New mentors may need explicit training, while experienced mentors may be ready to develop their coaching skills. Rather than offering different training sessions, the researchers are considering inviting experienced mentors to contribute to the training, offering their insights and mentoring.

The investment in mentor training extends benefits to the teacher candidate, the mentor teacher, the campus and district, and to the profession. Mentor teachers benefit by making their teaching practices explicit and by collaborating with a teacher candidate in providing greater student support. Schools and districts benefit from building strong relationships with future educators who are more likely to remain and thrive in local classrooms. Greater preparation, with extended time, a full scope of responsibilities, and more supported time in direct teaching, contributes to teacher retention. The extended time provided by the residency offers an added benefit, but additional time itself is not sufficient. The relationship between the mentor and the teacher candidate provides the context for the necessary mentoring and coaching. Without intentional preparation of mentor teachers to foster these relationships, even extended residency time cannot fulfill its promise of developing confident, capable, retained educators.

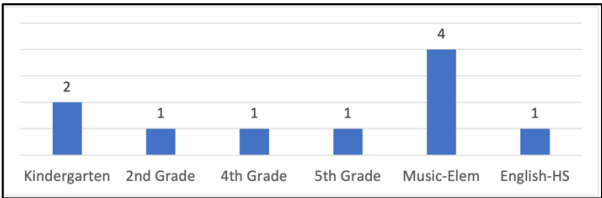

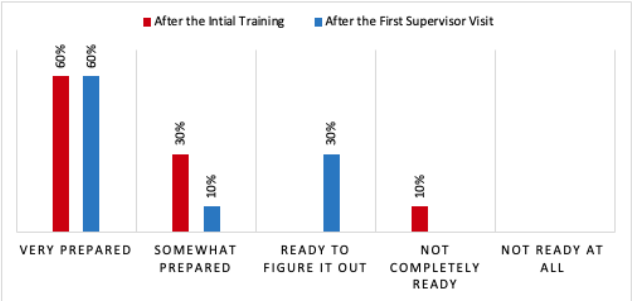
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Appendix A

Mentor Support Site Study Survey

Qualitative responses have been rephrased to remove identifiable information and abbreviated for presentation.

| Survey Items | Responses | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------------------|--------------------------------|--------------------------------------|---------------|------------|-----|-------------------|-------------|-----------|------------------------|-------------|-----|----------------------|-----------|----|------------------|----------|----|---|---------|---|--|--|--|
| Section 1: Demographic Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. In which semester did you work with a UIW clinical teacher? | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Campus & District | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Grade (elementary clinical teachers) or Grade/Subject (secondary/all level teaches) |  <table border="1"> <caption>Grade/Subject Distribution</caption> <thead> <tr> <th>Grade/Subject</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Kindergarten</td> <td>2</td> </tr> <tr> <td>2nd Grade</td> <td>1</td> </tr> <tr> <td>4th Grade</td> <td>1</td> </tr> <tr> <td>5th Grade</td> <td>1</td> </tr> <tr> <td>Music-Elem</td> <td>4</td> </tr> <tr> <td>English-HS</td> <td>1</td> </tr> </tbody> </table> | Grade/Subject | Count | Kindergarten | 2 | 2nd Grade | 1 | 4th Grade | 1 | 5th Grade | 1 | Music-Elem | 4 | English-HS | 1 | | | | | | | | | | |
| Grade/Subject | Count | | | | | | | | | | | | | | | | | | | | | | | | |
| Kindergarten | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2nd Grade | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4th Grade | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5th Grade | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| Music-Elem | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| English-HS | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. How many years have you been teaching (as a certified teacher)? | <table border="1"> <tbody> <tr> <td>1</td> <td>3-5 years</td> <td>1</td> </tr> <tr> <td>1</td> <td>6-10 years</td> <td>2</td> </tr> <tr> <td>1</td> <td>11-15 years</td> <td>2</td> </tr> <tr> <td>1</td> <td>16-20 years</td> <td>3</td> </tr> <tr> <td>1</td> <td>21+ years</td> <td>2</td> </tr> </tbody> </table> | 1 | 3-5 years | 1 | 1 | 6-10 years | 2 | 1 | 11-15 years | 2 | 1 | 16-20 years | 3 | 1 | 21+ years | 2 | | | | | | | | | |
| 1 | 3-5 years | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 6-10 years | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 11-15 years | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 16-20 years | 3 | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 21+ years | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| 6. How many years have you mentored clinical teachers? | <table border="1"> <tbody> <tr> <td>1</td> <td>1 year</td> <td>4</td> <td>1</td> <td>8 years</td> <td>1</td> </tr> <tr> <td>1</td> <td>2 years</td> <td>1</td> <td>1</td> <td>10 years</td> <td>1</td> </tr> <tr> <td>1</td> <td>3 years</td> <td>1</td> <td>1</td> <td>15 years</td> <td>1</td> </tr> <tr> <td>1</td> <td>4 years</td> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | 1 | 1 year | 4 | 1 | 8 years | 1 | 1 | 2 years | 1 | 1 | 10 years | 1 | 1 | 3 years | 1 | 1 | 15 years | 1 | 1 | 4 years | 1 | | | |
| 1 | 1 year | 4 | 1 | 8 years | 1 | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 years | 1 | 1 | 10 years | 1 | | | | | | | | | | | | | | | | | | | | |
| 1 | 3 years | 1 | 1 | 15 years | 1 | | | | | | | | | | | | | | | | | | | | |
| 1 | 4 years | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Which certification route did you complete? |  <p>n University-Based Program n Alternative Certification Program</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Which advanced degrees do you hold (e.g., Principal/Administrator, School Counselor, Specialist, etc.)? | <p>(n=1) M.D. (n=1) Masters of Ed Leadership (n=1) Orff Levels Certification 1-3 (n=1) Masters in Reading (n=1) Principal/Admin & EdD in C&I</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 2: Mentoring Training | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Reflect on the Cooperating Teacher training UIW provided. Please share the level of preparation you felt to work with your assigned clinical teacher. |  <table border="1"> <caption>Preparation Level Distribution</caption> <thead> <tr> <th>Preparation Level</th> <th>After the Initial Training (%)</th> <th>After the First Supervisor Visit (%)</th> </tr> </thead> <tbody> <tr> <td>VERY PREPARED</td> <td>60%</td> <td>60%</td> </tr> <tr> <td>SOMEWHAT PREPARED</td> <td>30%</td> <td>10%</td> </tr> <tr> <td>READY TO FIGURE IT OUT</td> <td>0%</td> <td>30%</td> </tr> <tr> <td>NOT COMPLETELY READY</td> <td>10%</td> <td>0%</td> </tr> <tr> <td>NOT READY AT ALL</td> <td>0%</td> <td>0%</td> </tr> </tbody> </table> | Preparation Level | After the Initial Training (%) | After the First Supervisor Visit (%) | VERY PREPARED | 60% | 60% | SOMEWHAT PREPARED | 30% | 10% | READY TO FIGURE IT OUT | 0% | 30% | NOT COMPLETELY READY | 10% | 0% | NOT READY AT ALL | 0% | 0% | | | | | | |
| Preparation Level | After the Initial Training (%) | After the First Supervisor Visit (%) | | | | | | | | | | | | | | | | | | | | | | | |
| VERY PREPARED | 60% | 60% | | | | | | | | | | | | | | | | | | | | | | | |
| SOMEWHAT PREPARED | 30% | 10% | | | | | | | | | | | | | | | | | | | | | | | |
| READY TO FIGURE IT OUT | 0% | 30% | | | | | | | | | | | | | | | | | | | | | | | |
| NOT COMPLETELY READY | 10% | 0% | | | | | | | | | | | | | | | | | | | | | | | |
| NOT READY AT ALL | 0% | 0% | | | | | | | | | | | | | | | | | | | | | | | |

| Survey Items | Responses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------------|------------------------|---------------------------|------------|----------------------------------|-----|-----|---------------------|---|-----|------------------------|---|---|----------------------------|-----|--|--|-----|-----|--|---|-----|-----|--|---------------------------------|-----|-----|--|--|-----|-----|--|---|-----|-----|--|--|-----|-----|-----|---|-----|-----|--|---|-----|-----|-----|---|-----|-----|--|--|-----|-----|-----|----------------------------|-----|-----|-----|
| 10. Have you received any mentoring training from your campus or district? | <p>n Yes n No</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Have you received campus or district training in any of these topics? | <table border="1"> <tr> <td>1</td> <td>Co-Teaching Strategies</td> <td>4</td> </tr> <tr> <td>1</td> <td>Planning</td> <td>9</td> </tr> <tr> <td>1</td> <td>Coaching Strategies</td> <td>1</td> </tr> <tr> <td>1</td> <td>Critical Conversations</td> <td>3</td> </tr> <tr> <td>1</td> <td>Mental Health/Work Balance</td> <td>6</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | 1 | Co-Teaching Strategies | 4 | 1 | Planning | 9 | 1 | Coaching Strategies | 1 | 1 | Critical Conversations | 3 | 1 | Mental Health/Work Balance | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Co-Teaching Strategies | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Planning | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Coaching Strategies | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Critical Conversations | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Mental Health/Work Balance | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Have you received mentoring training from anywhere else (other than UIW and the campus/district)? | <p>n Yes n No</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Please share about any training that you have completed (other than UIW and the campus/district). What kind of training was it? Who offered it? | <ul style="list-style-type: none"> Sought advice from the department, administration, my own mentor teacher, and other teachers who regularly have student teachers. District mentor teacher training [Another university's] mentor training for cooperating teachers District had mentors complete multiple PD sessions The mentor sessions provided by the district are typically for mentors of first year teachers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. UIW is working to develop our cooperating teacher training. Please indicate which of the following topics you would recommend including in future training sessions. | <table border="1"> <thead> <tr> <th></th> <th>Definitely Include</th> <th>Helpful but Not Necessary</th> <th>Not Needed</th> </tr> </thead> <tbody> <tr> <td>Cooperating Teacher Expectations</td> <td>90%</td> <td>10%</td> <td></td> </tr> <tr> <td>Helping the clinical teacher differentiate instruction for all learners</td> <td>80%</td> <td>20%</td> <td></td> </tr> <tr> <td>Providing the clinical teacher with formative and specific feedback</td> <td>80%</td> <td>20%</td> <td></td> </tr> <tr> <td>Identifying the clinical teacher's instructional development needs</td> <td>70%</td> <td>30%</td> <td></td> </tr> <tr> <td>Helping the clinical teacher support special education students</td> <td>70%</td> <td>30%</td> <td></td> </tr> <tr> <td>Evaluating the clinical teacher</td> <td>70%</td> <td>30%</td> <td></td> </tr> <tr> <td>Helping my Clinical Teacher Manage Responsibilities Professionally</td> <td>60%</td> <td>40%</td> <td></td> </tr> <tr> <td>Helping the clinical teacher research, curate, and implement varied teaching strategies</td> <td>60%</td> <td>40%</td> <td></td> </tr> <tr> <td>Collecting Observation Data (of my clinical teacher)</td> <td>50%</td> <td>40%</td> <td>10%</td> </tr> <tr> <td>Identifying the clinical teacher's social-emotional and professionalism needs</td> <td>50%</td> <td>50%</td> <td></td> </tr> <tr> <td>Helping the clinical teacher communicate and work with families</td> <td>50%</td> <td>40%</td> <td>10%</td> </tr> <tr> <td>Helping the clinical teacher support English Learners</td> <td>40%</td> <td>60%</td> <td></td> </tr> <tr> <td>Helping the clinical teacher navigate the school culture</td> <td>40%</td> <td>40%</td> <td>20%</td> </tr> <tr> <td>Conducting coaching cycles</td> <td>40%</td> <td>40%</td> <td>20%</td> </tr> </tbody> </table> | | Definitely Include | Helpful but Not Necessary | Not Needed | Cooperating Teacher Expectations | 90% | 10% | | Helping the clinical teacher differentiate instruction for all learners | 80% | 20% | | Providing the clinical teacher with formative and specific feedback | 80% | 20% | | Identifying the clinical teacher's instructional development needs | 70% | 30% | | Helping the clinical teacher support special education students | 70% | 30% | | Evaluating the clinical teacher | 70% | 30% | | Helping my Clinical Teacher Manage Responsibilities Professionally | 60% | 40% | | Helping the clinical teacher research, curate, and implement varied teaching strategies | 60% | 40% | | Collecting Observation Data (of my clinical teacher) | 50% | 40% | 10% | Identifying the clinical teacher's social-emotional and professionalism needs | 50% | 50% | | Helping the clinical teacher communicate and work with families | 50% | 40% | 10% | Helping the clinical teacher support English Learners | 40% | 60% | | Helping the clinical teacher navigate the school culture | 40% | 40% | 20% | Conducting coaching cycles | 40% | 40% | 20% |
| | Definitely Include | Helpful but Not Necessary | Not Needed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cooperating Teacher Expectations | 90% | 10% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Helping the clinical teacher differentiate instruction for all learners | 80% | 20% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Providing the clinical teacher with formative and specific feedback | 80% | 20% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identifying the clinical teacher's instructional development needs | 70% | 30% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Helping the clinical teacher support special education students | 70% | 30% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluating the clinical teacher | 70% | 30% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Helping my Clinical Teacher Manage Responsibilities Professionally | 60% | 40% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Helping the clinical teacher research, curate, and implement varied teaching strategies | 60% | 40% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Collecting Observation Data (of my clinical teacher) | 50% | 40% | 10% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identifying the clinical teacher's social-emotional and professionalism needs | 50% | 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Helping the clinical teacher communicate and work with families | 50% | 40% | 10% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Helping the clinical teacher support English Learners | 40% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Helping the clinical teacher navigate the school culture | 40% | 40% | 20% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conducting coaching cycles | 40% | 40% | 20% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Survey Items | Responses | | | |
|--|--|-----|-----|-----|
| | How to provide space for the CT to contribute and promote a classroom community | 30% | 50% | 20% |
| | Co-teaching models & strategies | 30% | 70% | |
| | Collaborating with the supervisor to offer support | 30% | 70% | |
| | Helping the clinical teacher develop short- and long-term development goals | 20% | 70% | 10% |
| 15. Is there anything else UIW can do to support you as a cooperating teacher and to ensure the training provided is valuable? | <ul style="list-style-type: none"> • All of these training ideas sound amazing. It would be a lot all at once, but I think they would have helped me. • Have checkpoints along way to ensure clinical teachers are prepared in content, child development, and classroom management. • Expectations of the student teacher were very helpful; maybe add tips for establishing student teacher ownership in classroom and connecting with families to allow for better classroom management. | | | |
| 16. Any other comments you would like to offer about cooperating teacher support and needs as we revise and update our training? | <ul style="list-style-type: none"> • The handbook was hard to follow in that it was a lot of the same material replicated multiple times. It was hard to tell what needed to be completed and when. • Observation document templates were extremely helpful. | | | |

Appendix B

Clinical/Resident Teaching Team Training Series Survey

Qualitative responses have been rephrased to remove identifiable information and abbreviated for presentation.

| Survey Items | Clinical Teacher Teams | Residency Teacher Teams | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----------|---|---|------------|---|---|-------------|---|---|-------------|---|---|-----------|---|--|---|-----------|---|---|------------|---|---|-------------|---|---|-------------|---|---|-----------|---|
| Section 1: Demographic Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. What is your role? | Clinical Teacher (n=5) Cooperating Teacher (n=3) UIW Supervisor (n=0) | Resident Teacher (n=3) Host Teacher (n=3) Campus Supervisor/Principal (n=1) District Representative (n=1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. How many years of teaching have you completed? | <table border="1"> <tr><td>1</td><td>3-5 years</td><td>0</td></tr> <tr><td>1</td><td>6-10 years</td><td>1</td></tr> <tr><td>1</td><td>11-15 years</td><td>0</td></tr> <tr><td>1</td><td>16-20 years</td><td>1</td></tr> <tr><td>1</td><td>21+ years</td><td>1</td></tr> </table> | 1 | 3-5 years | 0 | 1 | 6-10 years | 1 | 1 | 11-15 years | 0 | 1 | 16-20 years | 1 | 1 | 21+ years | 1 | <table border="1"> <tr><td>1</td><td>3-5 years</td><td>0</td></tr> <tr><td>1</td><td>6-10 years</td><td>0</td></tr> <tr><td>1</td><td>11-15 years</td><td>1</td></tr> <tr><td>1</td><td>16-20 years</td><td>1</td></tr> <tr><td>1</td><td>21+ years</td><td>1</td></tr> </table> | 1 | 3-5 years | 0 | 1 | 6-10 years | 0 | 1 | 11-15 years | 1 | 1 | 16-20 years | 1 | 1 | 21+ years | 1 |
| 1 | 3-5 years | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 6-10 years | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 11-15 years | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 16-20 years | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 21+ years | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 3-5 years | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 6-10 years | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 11-15 years | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 16-20 years | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 21+ years | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. How many clinical/resident teachers have you mentored? | 1 (n=1) 4 (n=1) 5+ (n=1) | 0 (n=1) 1 (n=2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Section 2: Team Training | | | | | | |
|--|---|----------------|---|---|----------------|-------|
| 4. How strongly do you agree or disagree with the following statements about the provided clinical/resident teacher team training? | Survey Item | Strongly Agree | Agree | Survey Item | Strongly Agree | Agree |
| | Part 1 (Clinical Teaching Requirement-Teams Meeting) helped me launch my clinical teacher partner working relationship | 62.5% | 37.5% | Part 1 (Residency Requirements & Structure) helped me launch my residency partner working relationship | 62.5% | 37.5% |
| | Part 1 (Clinical Teaching Requirement-Teams Meeting) helped me understand the expectations and structure of the clinical teaching program | 62.5% | 37.5% | Part 1 (Residency Requirements & Structure) helped me understand the expectations and structure of the Teacher Residency Program. | 75.0% | 25.0% |
| | Part 2 (Co-Teaching Videos) provided clear and relevant examples of each model. | 75.0% | 25.0% | Part 2 (Co-Teaching Videos) provided clear and relevant examples of each model. | 87.5% | 12.5% |
| | The sequence of the two trainings built my knowledge in a logical and connected way | 62.5% | 37.5% | Part 3 (Co-Teaching in Residency) provided practical strategies for applying co-teaching in the classroom and implementing effective communication. | 75.0% | 25.0% |
| | Overall, the training series met my professional development needs for my role on the Clinical Teacher Team. | 62.5% | 37.5% | The sequence of the three trainings built my knowledge in a logical and connected way. | 62.5% | 37.5% |
| | | | | Overall, the training series met my professional development needs for my role on the Teacher Residency Team. | 62.5% | 37.5% |
| NOTE: The survey response Likert scale included: Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree | | | NOTE: The survey response Likert scale included: Strongly Agree, Agree, Neither | | | |

| Survey Items | Clinical Teacher Teams | Residency Teacher Teams |
|--|--|--|
| | | Agree nor Disagree, Disagree, Strongly Disagree |
| <p>5. What is one specific strategy or insight from the training that you plan to apply in your clinical/resident teacher team role?</p> | <ul style="list-style-type: none"> • We will primarily be working on implementing one teach/one assist and station teaching but would also like to try team teaching more. • I have clarity now in how to guide the process for my clinical teacher to begin independently teaching lessons in a new way (not just relying on a gradual release but instead more of a partnership approach). • I would like to implement structured reflection after each lesson. Meaning, I would like to set aside dedicated time with my mentor teacher to discuss what worked well, any problems that came up, and how we can adjust our teaching for those students in need. • We have been using some of the co-teaching techniques. My CT came into the class willing to jump into teaching. • My mentor teacher and I find the one teach/one assist structure to be more beneficial, not only for our teamwork, but the students. This allows the majority of the class to be following along with the head instructor, while the teacher | <ul style="list-style-type: none"> • Trying some of the co teaching strategies • How to implement more co-teaching strategies other than the ones we do naturally • I will apply the different co-teaching strategies and the methods of effective communication. • We want to incorporate station teaching! • One specific strategy that I would like to apply in my residency role would be parallel teaching. I would like to do this because it would be a good way to teach the class a lesson before taking on a full group. • I will be observing and looking for evidence of the different co-teaching models. • Combining co-teaching styles |

| Survey Items | Clinical Teacher Teams | Residency Teacher Teams | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------------|---|---|-----------|---|---|--------------------|---|---|---------------|---|---|---|----------------|---|---|-----------|---|---|--------------------|---|---|---------------|---|
| | <p>assisting can help the students who tend to fall behind.</p> <ul style="list-style-type: none"> I really like that one teach/one assist can be flip-flopped so the clinical teacher can get a chance to put into practice class management skills. I plan to apply the parallel teaching strategy because many of the students tend to get off task easily. I find the one-teach/one-assist strategy to be most applicable so far. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>6. How confident do you feel about implementing co-teaching strategies with your partner teacher?</p> | <table border="1"> <tr> <td>1</td> <td>Very Confident</td> <td>4</td> </tr> <tr> <td>1</td> <td>Confident</td> <td>4</td> </tr> <tr> <td>1</td> <td>Somewhat Confident</td> <td>0</td> </tr> <tr> <td>1</td> <td>Not Confident</td> <td>0</td> </tr> </table> | 1 | Very Confident | 4 | 1 | Confident | 4 | 1 | Somewhat Confident | 0 | 1 | Not Confident | 0 | <table border="1"> <tr> <td>1</td> <td>Very Confident</td> <td>3</td> </tr> <tr> <td>1</td> <td>Confident</td> <td>4</td> </tr> <tr> <td>1</td> <td>Somewhat Confident</td> <td>1</td> </tr> <tr> <td>1</td> <td>Not Confident</td> <td>0</td> </tr> </table> | 1 | Very Confident | 3 | 1 | Confident | 4 | 1 | Somewhat Confident | 1 | 1 | Not Confident | 0 |
| 1 | Very Confident | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Confident | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat Confident | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Not Confident | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Very Confident | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Confident | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat Confident | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Not Confident | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. What additional support or resources would help you apply what you learned?</p> | <ul style="list-style-type: none"> Ongoing mentorship and feedback Ongoing access to lesson plans Professional development, whether in person or online | <ul style="list-style-type: none"> Time More experience I think we have good support right now. Examples of strategy use Skills resident teachers typically need to focus on improving. Additional scenarios to talk through are always appreciated. | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>8. What was the most valuable part of the training series?</p> | <ul style="list-style-type: none"> Seeing the co-teaching videos. The opportunity to connect what we have learned in the last four years with real classroom application through hands-on practice. The online training session to share our thoughts and experience. It helped to learn what others are doing and share what you are doing too. That I was able to see co-teaching being enacted. Collaborating with my clinical teacher. Learning about the other co-teaching strategies. I only knew about the one teach/one observe model, so learning about the others was my most valuable part. Different ways for the teachers to work together that I would not have thought of before. | <ul style="list-style-type: none"> I liked the videos and the time to talk. Co-teaching and communication strategies The co-teaching strategies and examples of each as well as time to discuss with the teacher how to implement them. The discussion time with my resident. Getting to talk to my host teacher about the different co teaching strategies as well as getting the time in the first training to get to know each other better. Having time to spend with the teachers and hear their thinking. Time to discuss expectations with resident. Discussion time, scenarios, developing norms. | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. What is one thing you would change or improve about these trainings?</p> | <ul style="list-style-type: none"> That the training happens prior to or in the first week of having the placement. We were already planning what she was doing in that preservice week and getting to know each other and how we'd work in the room. The training would've been more beneficial in that week. | <ul style="list-style-type: none"> If possible, maybe make the sessions shorter because it's a lot after a full school day. They are great the way they are! I would like them to end a little earlier if they can, but I understand if they can't. | | | | | | | | | | | | | | | | | | | | | | | | |

| Survey Items | Clinical Teacher Teams | Residency Teacher Teams | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----|--------|---|----|---------------|---|----------|---|--|--|--|---|---|-----|---|---|----|---|---|----------|---|--|--|--|
| | <ul style="list-style-type: none"> • Nothing. I thought it was informative and succinct. • I feel that we have effectively applied most, if not all, of the training videos we watched, particularly those related to co-teaching. • Deadlines to submit. It sometimes is difficult to meet the deadline due to my other responsibilities and meetings. • Maybe newer videos, instead of older videos; although, this didn't affect my learning. | <ul style="list-style-type: none"> • I think splitting the training into 3 parts was helpful. It would have been too much at once. • I thought the training was great. • The templates and handouts are helpful. | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Was the session length appropriate for each topic? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1</td> <td style="width: 45%;">Yes</td> <td style="width: 50%;">8</td> </tr> <tr> <td>1</td> <td>No</td> <td>0</td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | 1 | Yes | 8 | 1 | No | 0 | 1 | Somewhat | 0 | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1</td> <td style="width: 45%;">Yes</td> <td style="width: 50%;">7</td> </tr> <tr> <td>1</td> <td>No</td> <td>0</td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td>1</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | 1 | Yes | 7 | 1 | No | 0 | 1 | Somewhat | 1 | | | |
| 1 | Yes | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | No | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 | Yes | 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | No | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Looking ahead to the refresher training in January, would you prefer: | (Not Asked to Clinical Teacher Teams) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1</td> <td style="width: 45%;">Hybrid</td> <td style="width: 50%;">7</td> </tr> <tr> <td>1</td> <td>All In-Person</td> <td>1</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | 1 | Hybrid | 7 | 1 | All In-Person | 1 | | | | | | | | | | | | | | | | | | |
| 1 | Hybrid | 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | All In-Person | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Any additional comments, suggestions, or reflections: | <ul style="list-style-type: none"> • I am very impressed with your program and my clinical teacher! • This is the first time that I have a student from UIW. It is so different from others. I really love how UIW has their clinical teachers begin in the first week before students start to attend the professional development, how eager they are to get started, and the online training session. I just wish my CT was with me until the end of the year. | | | | | | | | | | | | | | | | | | | | | | | | | |