Summary:
In August 2020, the Commission approved specific flexibilities related to the implementation of the preliminary multiple subject and single subject credential program standards for the 2020-2021 academic year. These flexibilities were deemed to be necessary by the Commission due to the impact of the COVID-19 pandemic on educator preparation programs. At the Commission’s June 2021 meeting, the Commission approved the continuation of these flexibilities through the academic year 2021-2022 when warranted due to the continued impact of the COVID-19 pandemic.

During the 2020-2021 academic year, these flexibilities were necessary and used widely by educator preparation programs when the vast majority of colleges, universities, and PK-12 school buildings were closed and almost all teaching and learning was conducted through virtual means. As in-person instruction is expected to resume more fully during the 2021-22 academic year, the Commission expects programs to use these flexibilities on a more limited basis, as appropriate, for situations in which a candidate’s progress continues to be impacted by the pandemic.

Key Provisions:
The analysis of the Preliminary Multiple and Single Subject credential program standards that was presented to the Commission in August 2020 and included in PSA 20-10 was reviewed and slightly updated for 2021-2022. The following was approved by the Commission at its June 2021 meeting.
Preliminary Multiple and Single Subject Program Standards
Analysis of Standards and Areas Approved for Flexibility for 2021-22

Standard 1: Program Design and Curriculum
This standard can be implemented as written without adaptation or additional flexibility for virtual learning environments.

Standard 2: Preparing Candidates toward Mastery of the Teaching Performance Expectations (TPEs)
This standard can be implemented as written without adaptation or additional flexibility, with the understanding that programs may need to modify how candidates complete clinical practice, specifically, how candidates learn, practice, and demonstrate the TPEs and how programs monitor candidate development.

Standard 3: Clinical Practice
A. Organization of Clinical Practice Experiences
The program’s Clinical Practice experiences are designed to provide the candidate with a developmental and sequential set of activities that are integrated with the program’s coursework and extend the candidate’s learning through application of theory to practice with TK-12 students in California public school classrooms.
Clinical practice is where the candidate engages in the work of schools and classroom teaching at one or more school site placements (in-person or virtual), observing, supporting, and teaching TK-12 students under the guidance of an experienced educator. Preparation programs will need to work with candidates and TK-12 school partners to secure virtual field placements, with focused attention to adapting these experiences to the virtual teaching and learning environment. Identifying and documenting aspects of clinical practice that have been required previously but cannot be adapted to the virtual environment will be necessary.

Clinical Practice is a developmental and sequential set of activities integrated with theoretical and pedagogical coursework and must consist of a minimum of 600 hours of clinical practice across the arc of the program.
Clinical practice can involve synchronous, asynchronous, in-person, and/or online/distance learning environments; each candidate must have some synchronous teaching experience as part of clinical practice. During the pandemic, candidates may have some opportunities for practice that are outside of California public schools, such as tutoring or ad hoc work with small groups of students, or experiences in schools outside of California. These experiences should only be included as part of early field experience, and the candidate should work with their program to ensure advanced approval of these activities as acceptable to the program. Candidates need opportunities to implement differentiation strategies to meet the needs of all students in a class, and programs need to work with candidates to ensure that online, synchronous, and asynchronous work with students provide these opportunities. Programs should prioritize direct practice with TK-12 students. Practice beyond direct TK-12 student engagement within placement(s) could be supplemented with proxies for practice such as
teaching simulations, practice teaching among candidate peers, or using video of experienced educators to analyze practice. These proxies for clinical practice also require supervision/facilitation from mentors, but they do not replace direct experiences with TK-12 students. The target for clinical practice during 2021-22 continues to be 600 hours, but the focus should be on ensuring that candidates have sufficient experience to develop their teaching practice and demonstrate readiness for independent practice rather than a specific number of hours. Work on a Teaching Performance Assessment (TPA) or engagement in pre-TPA activities under the guidance of experienced educators may also count toward meeting requirements for clinical practice. Programs are expected to make professional judgments about each candidate’s demonstration of knowledge and skills prior to recommending them for a preliminary credential.

The range of Clinical Practice experiences provided by the program includes supervised early field experiences, initial student teaching (co-planning and co-teaching with both general educators and Education Specialists, as appropriate, or guided teaching), and final student teaching.

Candidates must have extensive/significant experience with the full cycle of teaching activities that includes planning lessons and units of instruction, engaging students in effective learning experiences (i.e., instruction), assessing and analyzing student learning, and reflecting on the full cycle of instruction to plan future instruction. If the candidate is teaching a group of students that is smaller than the whole class, the program needs to support the candidate in analyzing how the experience would need to be modified for whole class instruction. The target goal is that all candidates have opportunities to lead full class instruction, supplemented with small group instruction and individual instruction as appropriate.

Student teaching includes a minimum of four weeks of solo or co-teaching or its equivalent. The program may determine that a candidate has completed a sufficient number of weeks of solo or co-teaching even if the individual has not completed the required four weeks. Solo or co-teaching occurs when the candidate assumes primary responsibility for sustained, connected teaching experiences enabling them to monitor student learning over time and build on student learning over the course of multiple interactions.

For interns, early field experience would take place in an experienced mentor’s classroom. This component of the standard can be addressed in virtual teaching and learning contexts.

Dual credential programs leading to both a general and a special education credential are required to have substantive experiences in general education, inclusive, and special education settings within the 600 hours, and are encouraged to extend clinical practice for an additional 150 hours. This component of the standard can be addressed in virtual teaching and learning contexts.

Candidates who are working in private schools and seeking a credential are required to complete a substantive clinical experience of at least 150 hours in a diverse school setting.
where the curriculum aligns with California’s adopted content standards and frameworks and the school reflects the diversity of California’s student population.
This component of the standard can be addressed in virtual teaching and learning contexts.

The program provides initial orientation for preparation program supervisors and district-employed supervisors of clinical practice experiences to ensure all supervisors understand their role and expectations.
This component of the standard can be addressed in virtual teaching and learning contexts.

The minimum amount of program supervision involving formal evaluation of each candidate must be four times per quarter or six times per semester.
This requirement of program supervision involving formal evaluation four times per quarter or six times per semester is still in place. While “supervision” may look different in synchronous, asynchronous, in-person, and/or online/distance learning environments, the purpose remains the same for each. The purposes of support and supervision include ensuring that TK-12 students are receiving pedagogically sound instruction, that the candidate is receiving feedback on this instruction from experienced educators, and that the program is collecting data on how their candidates are performing for program improvement purposes. Supervision should occur within all of the environments candidates experience during clinical practice.

The minimum amount of district-employed supervisors’ support and guidance must be five hours per week.
In order to ensure that candidates are guided sufficiently and to allow local decision making and flexibility in how that guidance is provided to candidates, the minimum supervision per candidate remains five hours per week. Supervision may be provided by either district-employed supervisors or program supervisors, as long as the needs of the candidate are being met.

Clinical supervision may include an in-person site visit, video capture, or synchronous video observation, but it must be archived either by annotated video or scripted observations and evaluated based on the TPEs that produce data that can be aggregated and disaggregated. Programs may choose to use different evaluation protocols than were used during in-person clinical practice, but evaluations must still be based on the TPEs, and the data gathered needs to be used in both program improvement and to guide/assess each candidate.

B. Criteria for School Placements

- Clinical sites (schools) should be selected that demonstrate commitment to collaborative evidence-based practices and continuous program improvement, have partnerships with appropriate other educational, social, and community entities that support teaching and learning, place students with disabilities in the Least Restrictive Environment (LRE), provide robust programs and support for English learners, reflect to the extent possible socioeconomic and cultural diversity, and permit video capture for candidate reflection and TPA completion.
• Clinical sites should also have a fully qualified site administrator.

These components of the standard can be addressed in virtual teaching and learning contexts. Video capture of synchronous instruction is needed for completion of a Commission-approved teaching performance assessment.

**C. Criteria for the Selection of Program Supervisors**

The program selects individuals who are credentialed or who have equivalent experience in educator preparation.

• Supervisors should be expert in the content area of the candidate being supervised and should have recent professional experiences in school settings where the curriculum aligns with California’s adopted content standards and frameworks and the school reflects the diversity of California’s student population.

• The program provides supervisors with orientation to the program’s expectations and assures that supervisors are knowledgeable about the program curriculum and assessments, including the TPEs and the TPA model chosen by the program.

• In addition, program supervisors maintain current knowledge of effective supervision approaches such as cognitive coaching, adult learning theory, and current content-specific pedagogy and instructional practices.

These components of the standard can be addressed in virtual teaching and learning contexts. Video capture of synchronous instruction is needed for completion of a Commission-approved TPA.

**D. Criteria for the Selection of District-Employed Supervisors**

• The program selects district supervisors who hold a Clear Credential in the content area for which they are providing supervision and have a minimum of three years of content area K-12 teaching experience.

• The district supervisor must have demonstrated exemplary teaching practices as determined by the employer and the preparation program.

• The matching of candidate and district-employed supervisor must be a collaborative process between the school district and the program.
- The program provides district employed supervisors a minimum of 10 hours of initial orientation to the program curriculum, about effective supervision approaches such as cognitive coaching, adult learning theory, and current content-specific pedagogy and instructional practices.

- The program ensures that district employed supervisors remain current in the knowledge and skills for candidate supervision and program expectations.

These components of the standard can be addressed in virtual teaching and learning contexts. Video capture of synchronous instruction is needed for completion of a Commission-approved TPA.

**Standard 4: Monitoring, Supporting, and Assessing Candidate Progress towards Meeting Credential Requirements**

This standard can be met in virtual teaching and learning contexts. Programs may need to modify how candidates “practice” some of the TPEs and consequently may modify how the program “assesses” candidates.

**Standard 5: Implementation of a Teaching Performance Assessment**

The components of the standard can be addressed in virtual teaching and learning contexts.

**Standard 6: Induction Individual Development Plan (IDP)**

The components of the standard can be addressed in virtual teaching and learning contexts. The IDP must identify the specific activities the candidate has completed and the areas that should be the focus of induction so that the induction program and mentor understand the candidate’s preparation.

**Important Dates:**

These flexibilities are available to programs during the 2021-22 academic year for use with candidates who continue to be impacted by the COVID-19 pandemic.

**Background:**

In August 2020 the Commission took action to allow flexibilities related to the program standards for preliminary multiple subject and single subject credential programs, particularly those standards related to clinical practice. The proposals for flexibility were included in Agenda Item 4A from the August 2020 meeting were approved by the Commission. Subsequently, Commission staff communicated this information to the field through PSA 20-10.

In recent months, the Commission heard from program personnel and a wide variety of stakeholders about the need to continue these flexibilities through academic year 2021-22 in light of anticipated continuing challenges. Numerous examples were provided of situations that are highly possible such as localized COVID outbreaks within classrooms that require a temporary return to distance learning as teachers and students are quarantined, candidates who experience their own health challenges, difficulties with student teaching placements, lack
of availability of ongoing support and supervision from veteran teachers due to the shortage of available substitute teachers and additional pressures, and limitations on the number of people who can be present in person in a classroom. During the 2020-21 academic year, the need for these flexibilities was widespread due to state of the pandemic. It is anticipated that during the 2021-22 academic year, as most schools return to in-person instruction, the need for programs to use these flexibilities will likely be more limited and that programs will use the flexibilities judiciously as situations require. As always, where the conditions allow for normal operations, programs should be implementing the standards with fidelity.

Sources:
Commission agenda item at the June 2021 Meeting:

4E Request to Extend Specific Flexibilities Due to COVID 19 Pandemic through Academic Year 2021-2022

Contact Information:
Contact Information for the Professional Services Division is available at the Professional Services Contact webpage.