Starting Strong

How to Improve Teachers’ Entry into the Profession

By Lisette Partelow and Annette Konoske-Graf  January 2017
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Introduction and summary

When a new doctor first enters the profession, she is not immediately handed the scalpel. When a lawyer graduates from law school, he is not immediately expected to try significant cases, especially without support from a team. And yet when teachers are first handed the keys to their classrooms, they are each suddenly responsible for the futures of dozens of students. These new teachers rarely receive the necessary training or guidance to ensure that their first months, or even years, on the job are positive and productive. To ensure that all teachers have the opportunity to excel from day one, prospective and new teachers should have the opportunity to learn from mentor teachers, practice essential teaching skills, and gradually improve their practice.

Programs that support gradual entry into the teaching profession—including extended clinical preparation, residencies, and induction programs—provide this opportunity. Through these programs, prospective and new teachers spend more time working alongside experienced teachers, observing strong instruction and management, and receiving valuable feedback. This allows them to slowly gain more responsibility to plan and lead lessons. Often, these new teachers also participate in advanced coursework to better understand the underlying philosophies that shape excellent teaching as they begin their practice.

It matters little if teachers participate in supported entry programs during or after graduation from a preparation program. However, it is critical that all teachers—both prospective and new—have access to experiences that allow them to practice critical teaching skills and learn from expert teachers with proven track records of success. Whether such programs are run by traditional teacher preparation programs, districts, or alternative certification providers, they have great potential to transform teachers’ entry into the teaching profession. This report explores the challenges facing inexperienced teachers’ entry into teaching, highlights some of the early outcomes of model programs, and proposes an expansion of supported entry programs for prospective and new teachers.
The rationale: Why supported entry into the profession could improve teaching and learning

Medical residencies as a model for entry into the teaching profession

In March 2014, a group of teachers and doctors met on Capitol Hill to determine what the teaching profession could learn from the medical field. As in medicine, teaching is not a profession that should be learned in the hot seat. Teachers are responsible for ensuring that the next generation of Americans are ready to lead, so teaching is not a job that should be undertaken lightly. The medical profession does not train doctors by forcing new practitioners to complete their first surgery with no guidance, nor should the teaching profession train teachers by putting them in charge of 25 students without giving them significant classroom experience.

In the 2014 meeting, doctors were quick to highlight clinical residencies as a critical component of their training. Clinical residencies have existed in the medical profession since before the turn of the 20th century. The process is uniform for all new doctors: During their last year of medical school, when young doctors complete rotations to get exposure to various specialties, they rank residency programs and participate in a series of interviews at residency hospitals. A central organization—the National Resident Matching Program—matches qualified doctors with participating hospitals. After the matching process, new doctors generally spend from three to five years in a residency program, during which time they rotate among specialties in the hospital, experiencing the full spectrum of challenges that doctors face on a daily basis.

During their residency years, doctors learn to respond to a variety of medical situations. As a result of their residency training, doctors have many chances to observe and work with patients, hone their bedside manner, diagnose illness and disease, develop treatment plans, and provide direct medical care under the super-
vision of senior staff. Over the course of their years as residents, doctors gradually receive more autonomy and undertake additional responsibilities. Upon completion of a residency program, doctors begin their careers not just as licensed practitioners of medicine but also as qualified, experienced professionals in the field.

The late Ronald Thorpe, former president and CEO of the National Board for Professional Teaching Standards and a firm believer in clinical residency training for teachers, once wrote, “The best university-based programs in the country cannot prepare a 22-year-old for the challenges of effective autonomous teaching practice any more than a degree from Harvard Medical School prepares an M.D. to care for patients.”

A supported entry experience would allow prospective and new teachers to observe educators with a diverse array of skills and who teach a variety of subjects and grade levels, much like the rotations of the first year of a medical residency provide doctors insight into various specialty areas of medicine.

Great teaching is a skill that can be learned through practice

Great teaching involves employing a varied set of skills. Teachers who excel must apply deep content knowledge and specialized pedagogical expertise to maximize student learning by developing curricula, planning lessons, analyzing formative data, adjusting plans in response to outcomes from previous lessons, and using different methods of delivering and structuring lessons. Great teachers also collaborate with colleagues in order to improve student outcomes, take part in schoolwide improvement initiatives, develop meaningful relationships with students and parents, and manage classroom behavior.

In her 2014 book *Building a Better Teacher*, Elizabeth Green debunks the idea that great teaching is primarily the result of innate talent, or what Green calls “the myth of the natural born teacher.” She argues that Americans need to reconsider how the country views teaching and concludes that great teaching is a skill that can be practiced and learned to a much greater extent than previously realized.

While talent certainly plays a role in great teaching, most of us cannot learn a complex set of skills such as those required for teaching all at once. In addition to other factors that may play a role in a teacher’s success—such as a teacher’s enjoyment of teaching and motivation and inspiration to teach—developing
expertise in any field requires intense, sustained, and deliberate practice designed specifically to maximize improvement. This is true for professionals as diverse as elite athletes, surgeons, musicians, chess players, computer programmers, and scientists. Why wouldn’t the same hold true for teachers?

Learning the skills of teaching one at a time and through deliberate practice would give prospective teachers a chance to practice each until many of them become second nature. In his book *The Power of Habit*, Charles Duhigg explains that as people learn new skills, they need to concentrate diligently on each step of the process. Such intense concentration sends the part of the brain involved in making conscious decisions into overdrive. A long day of this kind of thinking can lead to exhaustion and burnout, which is why habits are such powerful and necessary shortcuts; they allow us to think less and complete some of our actions on autopilot.

This cognitive phenomenon helps people every day as they drive while singing along to music or write emails without stopping to remember the location of letters on the keyboard. In the context of teaching, mastering and practicing basic skills such as responding to a minor disruption, planning a standard format lesson, and developing and integrating checks for understanding helps teachers make these practices habitual. Over time, teachers begin to execute these skills with ease and without much thought, eventually freeing up the mind to pay attention to or make decisions about other, more difficult instructional challenges.

For example, if classroom routines, procedures, responses, and pedagogical strategies are established as habits through sustained and deliberate practice, teachers might be better able to attend to the urgent discipline problem building in the back row, implement a complex new lesson format, or respond to a student’s question in order to provoke students’ higher-order thinking. In this way, forming effective teaching habits can help prevent the exhaustion and burnout that so often characterize the first year of teaching. Once the basic skills of teaching are second nature, teachers can tackle and master the more challenging and complex aspects of teaching and learning.

Well-designed supported entry programs would overhaul the distressing experience of many teachers’ first years on the job. They would also provide new teachers the ability to build skills and habits in isolation, little by little, before they are asked to demonstrate all of their skills concurrently as a lead teacher in their own classrooms. Although there is some variation in how diverse stakeholders define the skills that are essential for new teachers, there is general consensus that edu-
Teachers should have excellent organizational skills; be able to plan comprehensive and thorough lessons; know how to positively manage classroom behavior; be capable of using diverse instructional strategies; and know how to check accurately for understanding and assess student learning on a daily basis. Teachers should have the opportunity to practice these basic skills before they are held solely responsible for student learning.

Under the current system, not only do new teachers work to learn all of these skills at once, but they also rarely get feedback as to whether the teaching habits they are developing are effective. By contrast, a more gradual entry into the profession would allow prospective and new teachers to receive valuable, immediate feedback from more experienced teachers on a regular basis as they work to develop their skills. Since openness to feedback is one of the few factors that contributes to improved teaching, supported entry into the profession could also provide teachers-in-training with opportunities to receive feedback and integrate changes into their practice before bad habits are ingrained, as well as give the school and mentor teachers a sense of the teacher’s ability to accept and respond to feedback.

Not only do supported entry programs help prospective and beginning teachers, but they provide accomplished teachers with learning and leadership opportunities as well. Mentoring and coaching a new generation of teachers can provide a new challenge for teachers seeking to grow and develop as professionals, and teaching adults can also help mentor teachers reflect on and improve their own practices. What’s more, the structures that are often part of these programs—mentoring, instructional coaching, professional learning communities, peer-to-peer professional development, and co-teaching—all serve to make schools more collaborative and reflective places to work, which improves school culture and achievement.

Teachers need more clinical experience to meet the demands of today’s classrooms

Teaching is a profession of practice, meaning that teachers must not only have strong knowledge of pedagogy and their content area but must also know how to put this knowledge to use in a classroom setting to advance student learning. Clinical experiences and preparation—which consist of opportunities to work in a classroom with mentoring, coaching, supervision, and support from an experienced and accomplished teacher who is trained to provide effective feedback—are therefore crucial for teachers to develop their skills.
Even when teachers have already had significant clinical training components, more is needed. Teaching is a skill that requires practice, training, adjustment, and refining.23 The learning curve that teachers experience during their first years in the classroom24 makes it apparent that it takes more time than teachers are currently given to achieve a level of proficiency that will help students reach higher learning levels. A more graduated entry into the profession—no matter the provider or model—would give teachers the chance to make and fix mistakes, learn from veteran teachers, and master the skills of effective teaching before being granted the enormous responsibility of molding young minds.

Although some preparation programs require that students complete as many as 600 clinical training hours through student teaching, other programs—which are all low-quality alternative certification programs—report that their students did not complete any clinical training hours.25 Even the most intensive teacher preparation experiences pale in comparison with the 10,000 hours of deliberate practice that researchers say are needed to develop expertise in any given field.26 While there are isolated examples of excellent clinical residency models that provide students with ample time to practice their skills in a classroom setting,27 there is not an entire system that supports this approach.

In today’s globalized, competitive economy and with the increased focus on personalized instruction and meeting the disparate needs of all students, schools and parents alike are demanding that teachers bring a much higher level of expertise and skill to the classroom. By reshaping teachers’ entry into the profession as a gradual on-ramp—complete with mentor teacher support; pedagogy and content training; and a constant, immediate feedback loop—policymakers can support teachers to meet these higher expectations earlier in their careers.
The model: Existing strategies for improving teachers’ entry into the profession

There is no single, standard model for how to improve entry into the teaching profession. What a district, institution of higher education, or nonprofit organization might choose to do is influenced by funding constraints; logistical needs; and the needs of the teachers, schools, and students that the program serves. Below are some examples of common programs designed to improve the experience and skills of beginning teachers, but they are by no means the only options available for creating a more gradual on-ramp to full-time teaching.

Extended, high-quality clinical preparation in teacher preparation programs

In surveys, four in five teachers say that clinical preparation should start at the beginning of their training, yet a single semester of student teaching—usually a course that allows a student teacher to spend time in a mentor teacher’s classroom at a local school—is still the prevailing norm in preparation programs. Most teachers, or 60 percent, student teach for only a semester, while 16 percent student teach for even less than that. Meanwhile, only 7 percent of teachers receive a yearlong clinical experience through their preparation program.

In recognition of the need for more and especially better clinical preparation, researchers are now arguing for a shift away from the typical student teaching experience as a distinct and final step in completing preparation and toward integrating clinical components into the preparation experience early and throughout the program. A number of programs across the country have made this shift, including by incorporating residency models into their teacher preparation programs, but this kind of program design is still relatively uncommon.
Clinical experience and coursework are completed simultaneously in these programs. Such a structure allows students to make real-time connections between theory and practice and to have many more classroom experiences before they complete their preparation. Because clinical experiences in these programs are typically longer than in other preparation programs, prospective teachers are brought into the classroom more fully, acting as co-teachers or otherwise participating as part of a team with the lead teacher—beginning with the first day of school and lasting throughout the entire year.\textsuperscript{32}

Other hallmarks of clinically oriented preparation include a focus on outcome measures such as classroom competencies, especially those related to student learning gains,\textsuperscript{33} and deeper partnerships with other stakeholders in the work, including school districts.\textsuperscript{34}

According to the Blue Ribbon Panel on Clinical Preparation and Partnerships for Improved Student Learning commissioned by the National Council for Accreditation of Teacher Education, clinically based teacher preparation should follow 10 design principles:\textsuperscript{35}

- Student learning is the primary focus of preparation.
- Clinical preparation is integrated throughout teacher preparation and serves as the core of the preparation curriculum.
- Data are used to judge candidates’ progress in the preparation program.
- Programs seek to develop prospective teachers’ content expertise; content pedagogy; and ability to innovate, collaborate, and problem-solve.
- Candidates learn and receive feedback in a collaborative professional community.
- Supervising teachers and clinical faculty are selected rigorously.
- Clinical preparation is supported at specifically selected sites that are funded to support clinical preparation.
- Technology is used to increase the impact of preparation—for example, to facilitate feedback or share best practices.
The program develops a research and development infrastructure in collaboration with partner school districts to support continuous improvement.

Partnerships must be developed with school districts, unions, policymakers, and other stakeholders in order to create successful programs.

Programs that are designed in this way would lead to teachers who are much better prepared for the realities of the modern classroom because rather than just learning about it in a campus lecture, they have experienced it firsthand.

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**Induction programs**

Induction programs are becoming more and more common, with more than 90 percent of teachers reporting that they participated in one during their first year of teaching. Yet as with many education initiatives, the quality of induction programs varies greatly.

To be effective, induction programs need to combine several elements, with mentoring and common planning or collaborative time with teachers in the same subject or grade being the most important. And although induction is often confused with mentorship, mentorship should be only one part of a comprehensive induction program. According to the New Teacher Center, which runs induction programs for new teachers in several districts, high-quality induction programs must include the following:

- Ongoing beginning teacher professional development
- Careful selection and training of mentors
- Mentoring that lasts at least two years
- At least one and up to two and a half hours each week that is protected by teachers and administrators for mentors and new teachers to work together
- Regular feedback that is specific, actionable, and data driven to help beginning teachers grow as professionals and in turn help their students’ learning grow.
Other successful programs have included additional elements such as: reduced course loads; providing a teacher’s aide; observations by former teachers and administrators; and even a crisis line that teachers can call to get a response within a certain time frame from experienced teachers. Overall, the goal is to provide beginning teachers with significant personalized support as they find their bearings in the classroom.

Comprehensive induction as described above requires a significant state or district financial investment—including administrators’ time, which must be spent selecting and training mentor teachers. It also requires funding for teachers and mentors to receive extra release or planning time to meet and work together. Further, induction requires a commitment from the entire school building that time set aside for mentoring and induction is not eaten away by last minute meetings, paperwork, or other administrative duties that can fall on teachers’ shoulders.

When induction programs meet a high bar for quality, they make for a much smoother transition into teaching. What’s more, by encouraging collaboration and reflection, they have the potential to transform the practice of beginning and veteran teachers alike. The support that they provide in turn helps teachers to better serve their students.

Residency programs

Residency programs integrate clinical practice and academic content and theory. Resident teachers work alongside experienced teachers, observing strong instruction and management, receiving valuable feedback, and slowly gaining more responsibility to plan and lead lessons. At the same time, these new teachers often participate in advanced coursework to better understand the content knowledge and pedagogical skills that shape excellent teaching as they begin their practice.

Teacher preparation programs often operate residency programs, but sometimes, alternative certification programs create residencies for new teachers in collaboration with school districts. Teachers can participate in residency programs after they have been hired at a participating school or during their years in a teacher preparation program. The type of residency program—whether run through a teacher preparation program, an alternative certification provider, or a school district—matters less than the quality of the program.
Ideal teacher residency programs are clinically focused, ensure teachers learn from highly effective mentors, and offer teachers scaffolded support and coaching as they refine their practice. Programs have different timelines, but residencies typically include at least one year of clinical practice during which resident teachers work directly with students. During this time, a resident teacher is paired with a highly skilled mentor teacher who acts as an exemplar, a coach, and a co-teacher.

Through yearlong residencies, resident teachers have the chance to observe all aspects of the school year. At first, the resident teacher will primarily shadow the mentor teacher. With time, the resident teacher will take on more responsibility—teaching small groups of students, executing preplanned lessons, and co-leading whole-group instruction. Meanwhile, the mentor teacher provides feedback, support, and strategies to improve the resident teacher’s practice. By the end of the year, resident teachers should have significant instructional and management responsibility in the classroom.

Effective residency programs carefully select mentor teachers who are highly skilled and can provide constructive feedback. Mentors are selected not only for their command over content knowledge, classroom management, differentiation and instructional planning but also because they are able to provide guidance and feedback to develop resident teachers’ skills.

To be most effective, coaching and support should continue past the residency year. Even for teachers who have had a residency year, a new classroom dynamic, varied content, and different students can bring unexpected challenges. Quality residencies offer new teachers coaching, mentoring, and ongoing feedback at least through their first year as a lead teacher. Lastly, teacher residencies should develop new teachers as a cohort. Many new teachers leave the classroom because they feel isolated, and a group of peers can help prevent this feeling by providing needed support and by fostering peer-to-peer learning.

Elements of all three of these existing types of programs—high-quality extended clinical preparation, induction, and residencies—can be mixed, matched, and combined to transform entry into the teaching profession. This would help the United States move from the current haphazard and chaotic system of on-the-job training to a meaningful learning experience in which excellence—rather than mere survival—is both expected and attainable, even in the earliest years of teaching. CAP believes it is possible to go even further than these existing programs currently do and create a lengthier, more gradual transition to full-time lead teaching. This would be a huge improvement not only for new teachers but also for their students.
The evidence: Early results of existing programs for improving entry into the profession

Under the current system, first year teachers tend to be less effective and more likely to leave than more experienced educators. Teachers with three or fewer years of teaching experience also report feeling less prepared to maintain order and discipline in the classroom or to implement state or district curricula. As a result, 10 percent of new teachers leave the classroom after their first year—with most citing classroom management, a lack of time and resources for lesson planning, and unsupportive school environments as their greatest stressors.

Since low-income students are disproportionately taught by inexperienced teachers, they are most greatly affected when new teachers are not prepared or when they burn out and leave the classroom. Conversely, low-income students benefit the most from having a skilled teacher. Thus, improving new teachers’ skills could be a powerful lever for reducing achievement gaps.

With this in mind, programs that improve entry into the profession are gaining momentum across the country. From Boston to Los Angeles, clinically oriented preparation, residency, and induction programs are working to provide teachers with a more robust on-ramp into the profession.

High-quality, extended clinical preparation

Teachers whose preparation programs focused on the work of the classroom, provided a supervised clinical experience, and gave them the opportunity to engage in the practices of teaching were able to drive greater learning gains for their students once in the classroom than those who did not receive the same kind of clinically oriented preservice training. Prospective teachers who had a longer clinical experience reported greater confidence in their teaching abilities and were more likely to say that the length of time they spent as a student teacher was adequate, compared with their peers who had shorter clinical experiences.
For example, at the Mary Lou Fulton Teachers College at Arizona State University, the iTeachAZ program was designed to expand and improve the clinical experiences of graduates, which has shown promising results. The program allows for more than double the amount of time that most prospective teachers in other programs in the state spend in the classroom, with seniors spending an entire academic year working alongside a mentor teacher. By the time they exit the program, iTeachAZ graduates have planned and delivered many types of academic content, including individual, small group, and whole class instruction.58

The iTeachAZ program has also been praised for its intensive use of data to drive improvement. Information about teacher candidates’ evaluations, performance assessments, observations, and progress reports is kept on a central data dashboard that allows teacher educators, site coordinators, mentors, and the candidates themselves to review and assess their progress and decide on next steps.59

In follow-up surveys from the earliest cohorts of the program, principals reported that nearly 9 in 10 iTeachAZ graduates scored “effective” or “highly effective” on their evaluation and that the achievement scores of graduates were significantly higher in both reading and math than those of students whose teachers graduated from other programs.60

ITeachAZ is not alone in making these changes, and they are beginning to take root across the country. In 2015, the National Center for Teacher Residencies, or NCTR, published a report detailing 22 such programs housed in teacher preparation programs, including some that provide teachers with a residency experience, others that require two full semesters of student teaching, and still others that incorporate teacher candidates into classrooms as co-teachers. The programs span both rural and urban areas, and programs such as the Rural Teacher Residency Program at California State University, Chico and the Urban Teacher Education Program at the University of Chicago are specifically designed for the needs of the districts with which they work.61

**Induction programs**

Several decades of research have found that high-quality induction programs have positive outcomes for teachers and students. A meta-analysis of a number of studies on mentoring and induction programs found that most had a positive impact on teacher retention, instructional quality, and student achievement, though not all programs were associated with positive outcomes in each of these three domains.62
Induction programs have also been found to accelerate teachers’ ability to drive student learning gains: In one study, new teachers who participated in high-quality mentoring and induction programs were able to lead their students to academic gains equivalent to those of fourth-year teachers who did not receive such support as beginning teachers.63 Similarly, a study of the California Formative Assessment and Support System for Teachers, a statewide induction program, found that the induction program had a positive effect on both instructional practice and student learning, with students attaining a half-year’s additional growth when they were taught by teachers who were highly engaged in the program.64

The gold standard for high-quality induction programs is the Santa Cruz New Teacher Project, which eventually grew into the New Teacher Center, a national organization working with districts to provide high-quality induction, among other services.65 The comprehensive program carefully selects and trains teacher mentors and also provides beginning teachers with intensive instructional support and professional development; opportunities to observe master teachers; and opportunities for ongoing assessment, reflection, and feedback.66

A randomized controlled study of the program conducted by Mathematica Policy Research found that the program’s effects were superior to the typical watered-down induction programs that districts offer. The researchers concluded that comprehensive induction boosts student achievement for teachers who participate in such a program for their first two years of teaching.67

The benefits of induction programs extend beyond those accrued by beginning teachers and their students. Teachers who are selected as mentors also benefit from the experience. In Massachusetts, which has a statewide induction program, an explicit aim of the program is to provide opportunities to veteran teachers,68 as these teachers receive additional training; have an opportunity to grow professionally as they learn to provide guidance and feedback to adult learners; and are recognized for their excellence in the classroom by being selected for this role.

Residency programs

The results of clinical residency programs are promising. Because of a lack of homogeneity among residency programs, however, confounding details make it difficult to make conclusive claims about the impact of particular aspects of clinical residency programs.69
One of the most studied residencies is the Boston Teacher Residency, or BTR, a one-year residency that recruits high-achieving college graduates and career changers into teaching. Although research shows that BTR graduates are initially not more effective at raising student test scores than other new teachers, the effectiveness of BTR graduates improves rapidly over time, and by their fourth and fifth years in the classroom, BTR graduates outperform other veteran teachers. Further, principals are very satisfied with the performance of former residents in their building: A recent survey conducted by BTR found that 97 percent of principals who employ teachers who are alumni of BTR “would recommend hiring a BTR graduate to a colleague.”

In addition to a more structured and gradual on-ramp to teaching, BTR has also prioritized diversity. BTR graduates are more racially diverse than other new teachers in Boston Public Schools; they are also more likely to teach in science, technology, engineering, and math fields and to remain teaching in the district through their fifth year—when data show teachers tend to be at or close to their peak effectiveness. Eighty-seven percent of all BTR graduates are still teaching, and 90 percent are still working in the field of education.

The Memphis Teacher Residency, or MTR, which provides free tuition, free housing, and a stipend during its residency year in exchange for a three-year commitment to teach in a local low-income school, has some of the strongest student achievement data of any residency program or teacher preparation program in the state. According to an evaluation conducted by Shelby County Schools, MTR graduates had above average overall effectiveness as measured by a variety of assessments of student growth used in the school district. MTR teachers also outperformed their non-MTR peers by one standard deviation, as calculated using student growth scores, and one effectiveness level, based on the district’s evaluation system.

On the Tennessee state report card of educator preparation providers, MTR has also fared very well. In 2012, MTR was named the most effective provider in the state, and in the most recent report card, MTR graduates had a statistically significant positive effect on students’ value-add scores in a number of grades and subjects, as compared with beginning teachers who completed other teacher preparation programs in the state.

Another exemplar residency program is the Relay Teaching Residency. Founded in 2007 and supported by Relay Graduate School of Education, the Relay Teaching Residency is a two-year program that provides residents with a structured, gradual on-ramp into the profession, along with a master’s degree. During their residency,
students work with master resident advisors and transition into lead teaching roles during their second year.\textsuperscript{78} Residents set ambitious learning goals for their students; the program reported that 94 percent of graduate students attending Relay’s New York school met or exceeded the learning goals for students in 2014.\textsuperscript{79}

Some research indicates that these results may hold true across programs. According to NCTR, first-year teachers in NCTR programs are more effective—based on student learning gains—than their novice teacher peers and an overwhelming majority of principals would recommend hiring a teacher who has experienced a clinical residency to a colleague.\textsuperscript{80}

Residencies are also very effective at reducing teacher attrition. A recent report on the retention outcomes of teachers trained through residencies had promising findings: Teachers who participated in a residency program were more likely to remain teaching in the same district than teachers who had not participated in a residency program. Eighty-two percent of residency teachers and 72 percent of other teachers remained in the same district from spring 2012 to fall 2013.\textsuperscript{81}

According to a 2014 report of graduates of NCTR programs, 87 percent of teachers were still teaching after three years.\textsuperscript{82} A study done from 2011 to 2012 found that new teachers stayed in the classroom after three years at the same rate as NCTR teachers,\textsuperscript{83} but teachers in NCTR programs work in schools that are difficult to staff in high-needs areas, where teacher retention is especially problematic. Further, more than 50 percent of NCTR graduates teach in subject areas that are hard to fill, including secondary math, science, or special education classrooms.\textsuperscript{84}

While there could be any number of effective supported entry program designs, clinically oriented preparation, induction, and residency programs are all promising models for accomplishing a shared goal: to improve the skills of teachers as quickly as possible so they can provide excellent instruction to their students early in their careers. The benefits for students of having a more skilled teacher are obvious, but such programs also have benefits for teachers, whose first years can become a time for learning and mastering the skills of their profession rather than merely surviving.
The proposal: Expand supported entry opportunities for new teachers

It is in the national interest to ensure that teachers are receiving high-quality clinical training that improves their practice. Investing in teachers early in their careers, when they are still形成 habits and when they need the most support, has the potential to create lasting change in the quality of instruction that teachers provide their students. Around 172,000 new teachers are hired each year, but only a very small percentage have access to any kind of high-quality supported entry experience.

However, federal funding could greatly expand new teachers’ access to such high-quality supported entry programs. Indeed, funding for these types of programs is not unprecedented: The federal government plays a crucial role in the support and operation of medical residencies, the most critical clinical training experience for new doctors. Medical residency programs receive more than $11 billion in federal dollars annually from Medicare and Medicaid. This means that 1,000 teaching hospitals across the country receive funding to train 115,000 medical residents.

While finding funding at the scale of medical residencies may be unfeasible in the short term, there is already public support for expanding programs that provide teachers with better preparation and supports early in their careers. According to a recent Phi Delta Kappa/Gallup poll, the majority of Americans believe that teachers should spend at least one year practicing teaching before entering classrooms of their own—44 percent of respondents said one year and 27 percent said two years. Only 4 percent of Americans said that teachers should spend six weeks practice teaching before assuming responsibility for their own class, a length of time far closer to the current reality for many prospective teachers.
Programs for improving entry into the teaching profession lack a dedicated funding source

Many programs designed to improve entry into the teaching profession struggle to scrape together funding from various sources, none of which are specifically designed to fit their needs. For example, existing teacher residencies, in addition to seeking money from districts or foundations, can access federal funding through two main programs: the Teacher Quality Partnership, or TQP, that is authorized through the Higher Education Opportunity Act and AmeriCorps. The TQP also funds clinically oriented preparation programs. There is no federal funding stream for induction programs, but funds from the Every Student Succeeds Act Title II, Part A and the Teacher and School Leader Incentive Grants program can be used for this purpose.89

The TQP is designed to improve the skills of new teachers through partnerships between institutions of higher education and high-needs local schools. The program encourages teacher preparation programs to develop residencies or otherwise expand clinical preparation in order to receive grants. Although this program gives priority to residencies for about half of its grantees and the remainder go to clinically oriented preparation programs, it is too small to make much of a difference in terms of the number of supported entry opportunities available nationally: In the most recent round of new grantees, fiscal year 2016, the program was only able to make $5 million in awards, which will provide for three to five new grants.90 The most the program has ever given out in a year was 28 awards in FY 2009.91

Likewise, AmeriCorps funds a number of programs that supported entry programs have accessed—as have alternative certification programs such as Teach For America—but that do not entirely fit their needs. The Education Corps is designed to provide tutoring and after-school support but not necessarily to train future teachers.92 The VISTA program matches corps members with a nonprofit organization to perform capacity building and provides yearlong stipends, but it is not intended for provision of direct services.93 The Professional Corps, which specifies teaching as one of its qualified positions, allows participants to access Segal AmeriCorps Education Awards—which recipients can use either for loan forgiveness or for paying tuition and other qualifying educational expenses—but increases residency program costs because residents are prohibited from receiving stipends through AmeriCorps and must therefore be paid through their program or the school district.94 None of these programs were designed for supported entry specifically; thus, programs dedicated to providing a gradual on-ramp to the teaching profession can sometimes find it hard to meet their definitions and requirements.
Policy recommendations

Expanding access to supported entry programs should be a high priority for education policy so that teachers can meet their students’ needs as early in their careers as possible. The following paragraphs detail two possible policy options for expanding the number of prospective and new teachers who participate in successful clinical residency gradual entry programs.

Option 1: Expand supported entry through a new program administered by the Corporation for National and Community Service

Policymakers should seek to expand clinically oriented preparation, teacher residencies, and induction programs, among other options, for a more gradual entry into the teaching profession and to build the evidence base for their effectiveness. To do so, CAP recommends creating a program funded through the U.S. Department of Education but administered by the Corporation for National and Community Service, or CNCS, a federal agency that typically manages volunteer service programs but has often supported education-related opportunities as well. The funding could be accessed by repurposing a small percentage of Title II funds, which can already be used for residencies; by expanding the Teacher Quality Partnership Grant Program and dedicating a specific percentage of these funds solely to such supported entry programs; or by allocating new dollars through the appropriations process.

Administering the funding through CNCS would allow teacher residents to more easily access both AmeriCorps stipends and Segal education awards simultaneously. It would also allow CNCS to issue regulatory guidance that would be more tailored to the needs of programs designed to improve entry into the profession. Dedicated funding from the Department of Education would allow for the expansion of these programs without making it more difficult for other important service programs to access AmeriCorps funding.
CNCS is already allowed to enter into partnerships and cost-sharing agreements with other agencies, so there is a precedent for such a program. For example, the Department of Education used part of its School Improvement Grant, or SIG, funding to create the School Turnaround AmeriCorps program, which placed volunteers in SIG priority schools across the country to help provide interventions and supports to students.95

Option 2: Create a competitive grant program for districts to expand supported entry programs

Another possible way to structure this program would be to create a competitive federal-to-district grant program to expand the number of programs that support teachers’ entry into the profession. Through this competitive program, districts would apply for federal funds to institute supported entry programs, possibly in partnership with institutions of higher education or nonprofit organizations. This funding could be configured in a variety of ways: by repurposing a percentage of Title II funds; by expanding TQP and dedicating a specific percentage of these funds solely to supported entry programs; or by allocating new dollars through the appropriations process. Aside from a small amount of funding for regulation—a set-aside of 5 percent for district administration and 2 percent for national activities—the majority of the funding would go directly to supported entry programs for training and education, mentor teachers, and teacher candidates themselves.

Such programs would need to find ways to build or access the capacity needed to provide high-quality, individualized professional learning to prospective teachers, residents, or new teachers. The program should include reduced teaching schedules at full salary for both mentor teachers and those in the supported entry programs so that both parties have the time to observe, meet, discuss, and reflect on how to improve their teaching. For clinically oriented preparation programs to receive grants, they should differentiate themselves from more standard student teaching or shadowing and observation experiences by demonstrating how their students gain experience working alongside and leading a classroom for an extended period of time—at least one year. Likewise, high-quality residency and induction programs must also demonstrate how they are different from the watered-down induction and new teacher supports that districts typically provide. Costs for a program of this type could be calculated by using funding allocations for previous competitive federal-to-district grant programs and might include expenses such as release time, resident or prospective teacher stipends, and training for mentor teachers.
Tying it all together: A more supported entry into the profession for improved student learning

We must do away with a common rite of passage, whereby newly minted teachers are tossed the keys to their classrooms, expected to figure things out, and left to see if they (and their students) sink or swim.96

– Randi Weingarten, president, American Federation of Teachers

Research shows that effective teachers have lifelong positive impacts on their students. Students assigned to great teachers are more likely to go to college and earn higher incomes,97 and the top 20 percent of teachers generate five to six more months of student learning each year than a poor performer.98 On average, having a great teacher for one year raises a students’ cumulative lifetime income by $80,000.99

The value of supported entry programs is twofold: Clinical training experiences will increase the number of teachers who are effective from the start; they also increase the proportion of teachers who are able to reach excellence and mastery in their early teaching years, thereby increasing the number of expert, experienced teachers in the highest-need classrooms.

Like medical residencies, programs that improve prospective and beginning teachers’ skills early on could transform the experience of the first years of teaching. Rethinking teachers’ entry into the profession would offer prospective and new teachers the opportunity to learn from the best, practice teaching, and master essential skills before being handed keys to their own classrooms. If every teacher experienced a more gradual entry into the profession, they could move from sink or swim to backstroke or butterfly.
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