Co-Teaching Models for Clinical Practice

The following two pages provide some information and ideas on models for co-teaching. Clinical interns and cooperating teacher are *not* required nor restricted to implementing the following co-teaching models in the classroom.

Models of Co-Teaching:

Small Group	Whole Group
Station Teaching	One Teach, One Observe
Parallel Teaching	Synchronous Team Teaching/Teaming
Alternative Teaching	One Teach, One Assist

Co-Teaching Approaches: (as posted on Dr. Marilyn Friend's website at <u>http://marilynfriend.com/approaches.htm</u>)

One Teach, One Observe. One of the advantages in co-teaching is that more detailed observation of students engaged in the learning process can occur. With this approach, for example, co-teachers can decide in advance what types of specific observational information to gather during instruction and can agree on a system for gathering the data. Afterward, the teachers should analyze the information together. The teachers should take turns teaching and gathering data, rather than assuming that the special educator is the only person who should observe.

Station Teaching. In this co-teaching approach, teachers divide content and students. Each teacher then teaches the content to one group and subsequently repeats the instruction for the other group. If appropriate, a third "station" could give students an opportunity to work independently. As co-teachers become comfortable with their partnership, they may add groups or otherwise create variations of this model.

Parallel Teaching. On occasion, students' learning would be greatly facilitated if they just had more supervision by the teacher or more opportunity to respond. In parallel teaching, the teachers are both teaching the same information, but they do so to a divided class group. Parallel also may be used to vary learning experiences, for example, by providing manipulatives to one group but not the other or by having the groups read about the same topic but at different levels of difficulty.

Alternative Teaching: In most class groups, occasions arise in which several students need specialized attention. In alternative teaching, one teacher takes responsibility for the large group while the other works with a smaller group. These smaller groups could be used for remediation, pre-teaching, to help students who have been absent catch up on key instruction, assessment, and so on.

Teaming: In teaming, both teachers share delivery of the same instruction to a whole student group. Some teachers refer to this as having "one brain in two bodies." Others call it "tag team teaching." Most co-teachers consider this approach the most complex but satisfying way to co-teach, but it is the approach that is most dependent on teachers' styles.

One Teach, One Assist. In a final approach to co-teaching, one person would keep primary responsibility for teaching while the other professional circulated through the room providing unobtrusive assistance to students as needed. This should be the least often employed co-teaching approach.

Suggested Co-Teaching Timeline

In the beginning: <u>One Teach, One Observe</u> is natural – the clinical intern observes the cooperating teacher. As the clinical intern begins delivering individual lessons, the cooperating teacher observes the intern and offers constructive criticism, guidance, and assistance for improvement. This model should be utilized on an ongoing basis. In addition, the <u>One Teach, One Assist</u> model is a good way for the intern to start becoming more familiar with the students and for the students to start becoming more accepting of the intern.

As the clinical intern is increasing responsibility: <u>Station Teaching</u>, <u>Parallel Teaching</u>, and <u>Alternative Teaching</u> are good methods to have the intern become more involved with the planning of more lessons, increase interactions with students, and have the students see the intern and the cooperating teacher as a team.

When the clinical intern has full responsibility of all instruction – Part 1: When the intern assumes full responsibility, for about a three week period of time, it is important that the intern does all of the planning and instruction to experience the amount of work involved in having the full responsibility. The part of <u>One Teach</u>, <u>One Observe</u> where the cooperating teacher observes the student teacher and offers constructive criticism, guidance and assistance for improvement should continue.

When the clinical intern has full responsibility of all instruction – Part 2: After the intern has experienced "doing it all" for three weeks or so, the intern and cooperating teacher should attempt <u>Synchronous Team Teaching/Teaming</u> – where the they appear to be "equal team members" and the quality of the instruction should utilize the strengths of the teachers in a cooperative, complementary way. Use of the <u>Station Teaching</u>, <u>Parallel Teaching</u>, and <u>Alternative Teaching</u> models would also be appropriate.

When the clinical intern is returning the responsibility back to the cooperating teacher: Any or all models would be appropriate.

(Model for Suggested Co-Teaching Timeline adapted from a presentation of co-teaching at the 2010 annual PDS National Conference, by Bernard Badiali (Penn State), and Jodi Kamin and Nicole Titus (State College Area School District) and materials provided by the College of St. Elizabeth's.)