SELECTED RESEARCH SUPPORTING SUSTAINABLE FUNDING FOR QUALITY
TEACHER PREPARATION

In countries where school systems have improved dramatically, pre-service teacher education has become more integrated with the regular school system. Aspiring teachers, while studying for their certification, are paid to practice under the guidance of an effective classroom teacher for a full year before seeking certification. Increasingly, evidence from the U.S. also indicates that such a model is effective. In fact, four persistent teacher quality challenges facing schools and districts can be positively impacted through the establishment of funded year-long pre-service clinical placement:

1. **Attracting strong, diverse candidates into the profession:** Many alternative preparation providers that offer financial incentives for participation have attracted well-qualified candidates from diverse backgrounds. In addition, high-quality programs have demonstrated that year-long learning opportunities in high-functioning schools can provide aspiring teachers with the hands-on experiences needed to become good teachers. Establishing stipends for quality year-long pre-service clinical placements for all teacher candidates would develop a more diverse and effective teacher pool.

2. **Ensuring all aspiring teachers have the skills they need before teaching children:** Clinical practice expectations currently vary dramatically both within and between states, from a few hours of observation, to several weeks of student teaching, to less common year-long experiences. Year-long placements should be the norm, since evidence is increasingly clear that aspiring teachers who work alongside an expert teacher during a year of guided learning build bridges between theory and practice, hone their teaching skills, and develop the confidence and know-how needed to be successful in their future roles as teachers. Currently, though, only a lucky few candidates, usually through grant or philanthropic funding, get such practice.

Other fields have long embraced and financially supported apprenticeship models. Doctors, dentists, nurses, architects, accountants—these professions expect candidates to master content and to perform well throughout extended, paid periods of clinical practice as precursors to being certified as professionals. In fact, the nation spends 11.5 billion public dollars a year—roughly half a million for every newly licensed doctor—to support medical practitioners in their clinical practice. The same clinical learning focus should be required—and supported—for those entrusted to educate our youth.

3. **Having a strong pool of qualified candidates for high-needs positions:** Current educator preparation pathways are often disconnected from the specific licensure needs of districts. Many aspiring teachers pursue certifications that do not qualify them for available jobs, so they often seek supplemental licensure that allows them to teach in high-need fields. Unfortunately, supplemental certifications require very little clinical preparation, meaning these teachers are technically qualified but woefully underprepared to serve their students well. In addition, most new teachers did not attend schools like those where districts have the greatest need. Absent programs that ensure high-quality clinical
practice in high-need schools, most new teachers are unprepared for the settings in which they most likely will be employed.\textsuperscript{viii}

4. **Retaining teachers, especially in schools serving low-income and diverse families:** Although quick-entry alternative programs have efficiently addressed annual hiring needs, the turnover rate of their graduates precludes districts from building a strong, stable teaching force, which is associated with improved educational outcomes.\textsuperscript{ix} Districts spend 2.2 billion a year as a result of turnover costs, including “finders fees” of roughly a million dollars for every 200 recruits to fill these positions. On the other hand, a positive track record exists for candidates who pursued their clinical practice in high-functioning schools while working alongside an expert teacher for an extended period of time. These aspiring educators are more likely to be effective early career teachers and to remain in the profession, even when later hired in schools that are high-need and hard to staff.\textsuperscript{x}

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**NOTES**


\textsuperscript{vi} Catherine Dower et al., “Health Policy Brief: Graduate Medical Education” (Health Affairs, August 16, 2012).

\textsuperscript{vii} United States Department of Education, “National Teacher Preparation Data.”

\textsuperscript{viii} Staub and Frank, “Clinically Oriented Teacher Preparation.”


\textsuperscript{x} Heilig and Jez, “Teach for America: Evidence”; Haynes, Maddock, and Goldrick, “On the Path to Equity.”