

Mentoring Interns: Co-Teaching

The BHSU Professional Teacher Preparation Program is implementing *co-teaching* as the model for student teaching internships. While interns **must still demonstrate their ability to do ‘solo’ teaching during the internship**, research informs us that there are effective co-teaching strategies that, if used effectively and reasonably often during the internship, facilitate substantial P-12 student academic growth.

Co-teaching is defined as two co-teachers (clinical faculty and intern) working together with groups of students, sharing the planning, organization, delivery, and assessment of instruction, as well as the physical space. Rather than having an intern ‘take over’ one class or subject at a time on his or her own, both teachers collaborate to teach lessons much (but not all) of the time. The key difference is in who has the *leadership role* in the teaching. At first, the clinical faculty will take on the leadership role in planning lessons with the intern helping with planning and instruction during lessons. As the semester progresses the leadership role in planning and instruction shifts to the intern and the clinical faculty assists in planning and instruction.

Benefits of Co-Planning and Co-Teaching

Co-teaching is a research-based and highly effective way to induct and mentor interns into the teaching profession. It also provides support and professional development for clinical faculty and better meets the needs of P-12 learners. Specifically, co-teaching

- improves the academic performance of students in the classroom
- increases instructional options for all students
- addresses the diversity and class size issues in today’s classrooms
- enhances classroom management
- provides effective mentoring and guidance throughout the experience
- creates an opportunity to plan, teach, and evaluate as a team
- helps interns develop knowledge, skills, and dispositions for teaching

Co-teaching is **not** a less rigorous internship or easier for interns. It differs from traditional approaches to student teaching in that co-teaching is not one person solo teaching a subject or period followed by another who teaches a different subject or period. It is **not** one person teaching while another person prepares instructional materials or sits and watches. It is a **collaborative process** in which the clinical faculty and intern together plan what will be taught, how it will be taught, and how it will be assessed. **Leadership for planning and instruction shifts from clinical faculty to intern across the semester.**

Co-Teaching Strategies

1. **One Teach, One Observe** – one teacher has primary instructional responsibility while the other gathers specific observational information on students or the instructing teacher. The key to this strategy is to have a *focus* for the observation.

| Co-Teaching Strategy 1: One Teach, One Observe | |
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| Important! Co-planning is done collaboratively between clinical faculty and intern prior to lesson. | |
| Works well for lessons in which data on a particular attribute of student/teacher behavior can inform the future planning and instruction by co-teachers. Can be used to help one teacher zoom in on an area in which instruction may be improved and/or give insight on instruction, student behavior, etc. | |
| Clinical Faculty | Intern |
| <ul style="list-style-type: none"> ▪ Leads lesson co-planning and instruction | <ul style="list-style-type: none"> ▪ Observes specific behaviors of student(s) <ul style="list-style-type: none"> ○ Focus on one, a group, or all students for time-on-task, response to instructional strategy used by teacher, behavior, etc. ○ Focus on teacher behavior for management of class time, transitions, response to student behavior, equity in student responses, etc. ○ Report data and results to clinical faculty after lesson for debriefing and reflection |
| As the internship progresses, the intern takes on the co-planning and instructional leadership roles while the clinical faculty does the purposeful observations. | |

2. **One Teach, One Assist** – one teacher has primary instructional responsibility while the other teacher assists small groups of students or individuals with their work.

| Co-Teaching Strategy 2: One Teach, One Assist | |
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| Important! Co-planning done collaboratively between clinical faculty and intern prior to lesson. | |
| Works well for large group instruction where an instructional assistant would be helpful to support student learning and classroom management. | |
| Clinical Faculty | Intern |
| <ul style="list-style-type: none"> ▪ Leads lesson co-planning and instruction ▪ Determines what the co-teaching assistant will do during the lesson | <ul style="list-style-type: none"> ▪ Assists with instruction, working directly with individual students or small groups of students ▪ Role similar to an instructional assistant |
| As the internship progresses, the intern takes on the co-planning and instructional leadership roles while the clinical faculty provides instructional assistance. | |

3. **Station Teaching** – the co-teaching pair divide the instructional content into parts and the students into groups. Groups spend a designated amount of time at each station. Often an independent work station will be used.

| Co-Teaching Strategy 3: Station Teaching | |
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| Important! Co-planning done collaboratively between clinical faculty and intern prior to lesson. | |
| Works well with lessons that have discrete parts while utilizing small group instruction. Both co-teachers work with small groups of students at learning stations. | |
| Clinical Faculty | Intern |
| <ul style="list-style-type: none"> ▪ Leads lesson co-planning and instruction ▪ Determines stations for each co-teacher and which students will work with which co-teacher ▪ Provides instruction at one (or more) stations | <ul style="list-style-type: none"> ▪ Provides instruction at one (or more) stations |
| As the internship progresses, the intern takes on the co-planning and instructional leadership roles, determining stations and which co-teacher will provide instruction at which station. | |

4. **Parallel Teaching** – Each teacher instructs half of the students. The two teachers are addressing the same instructional material and present the lesson using the same teaching strategy.

| Co-Teaching Strategy 4: Parallel Teaching | |
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| Important! Co-planning done collaboratively between clinical faculty and intern prior to lesson. | |
| Works well with whole group lessons in which it is useful to have lower student/teacher ratios. | |
| Clinical Faculty | Intern |
| <ul style="list-style-type: none"> ▪ Leads lesson co-planning and instruction ▪ Determines lesson and teaches one half of the class | <ul style="list-style-type: none"> ▪ Teaches the exact same lesson to one half of the class |
| As the internship progresses, the intern takes on the co-planning and instructional leadership roles, determining the lesson. Both co-teachers provide the same instruction to one half of the class at the same time. | |

5. **Supplemental Teaching** – This strategy allows one teacher to work with students at their expected grade level, while the co-teacher works with those students who need the information and/or materials extended or remediated.

| Co-Teaching Strategy 5: Supplemental Teaching | |
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| Important! Co-planning done collaboratively between clinical faculty and intern prior to lesson. | |
| Works well with lessons that need remediation or extension for a group of students. Allows diverse groups of students to have instruction better meeting their individual needs. | |
| Clinical Faculty | Intern |
| <ul style="list-style-type: none"> ▪ Leads lesson co-planning and instruction ▪ Determines student grouping ▪ Teaches lesson to majority of students | <ul style="list-style-type: none"> ▪ Teaches the lesson to students who either need remediation or need extended challenges |
| As the internship progresses, the intern takes on the co-planning and instructional leadership roles. | |

6. **Alternative/Differentiated Teaching** – Alternative teaching strategies provide two different approaches to teaching the same information. The learning outcome is the same for all students; however the instructional methodology is different.

| Co-Teaching Strategy 6: Alternative/Differentiated Teaching | |
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| Important! Co-planning done collaboratively between clinical faculty and intern prior to lesson. | |
| Works well with instructional strategies and lessons that can be tailored to meet the needs of diverse learners. Also reduces teacher/student ratio. | |
| Clinical Faculty | Intern |
| <ul style="list-style-type: none"> ▪ Leads lesson co-planning and instruction ▪ Determines student grouping and the two different instructional strategies based on learner strengths and needs ▪ Teaches one group of students using one strategy | <ul style="list-style-type: none"> ▪ Teaches one group of students using the second strategy |
| As the internship progresses, the intern takes on the co-planning and instructional leadership roles. | |

7. **Team Teaching** – Well-planned, team-taught lessons exhibit an invisible flow of instruction with no prescribed division of authority. Using a team teaching strategy, both teachers are actively involved in the lesson. From a student’s perspective, there is no clearly defined leader, as both teachers share the instruction, are free to interject information, and are available to assist students and answer questions.

| Co-Teaching Strategy 7: Team Teaching | |
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| Important! Co-planning done collaboratively between clinical faculty and intern prior to lesson. | |
| Works well with instructional strategies and lessons that can be tailored to meet the needs of diverse learners. Also reduces teacher/student ratio. | |
| Clinical Faculty | Intern |
| <ul style="list-style-type: none"> ▪ Leads lesson co-planning and instruction ▪ Shares instruction during same lesson with co-teacher | <ul style="list-style-type: none"> ▪ Shares instruction during same lesson with co-teacher |
| As the internship progresses, the intern takes on the co-planning and instructional leadership roles. | |

Clearly, co-teaching cannot happen without careful planning. Clinical faculty and interns need to designate a daily co-planning time to determine what co-teaching strategies will be used and how they will teach collaboratively. Dedicated co-planning time is a necessity! Over the course of the co-teaching phase, each of the co-teaching strategies above should be attempted at least once. Particularly effective strategies may be utilized more regularly based on the clinical faculty’s and intern’s needs. As co-planning occurs, adjust which partner has the lead role in a lesson. Typically, in the early experience the lead role is the clinical faculty. The leadership role shifts to the intern as the experience progresses.