

**Professional Performance Review Process (PPRP)  
For the School-Based SLP: A Round Table Discussion  
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**What is the History Behind the PPRP:** ASHA approved *Guidelines for a Professional Performance Review Process for the School Based Speech-Language Pathologist* in 2006 (ASHA, 2006). These guidelines are designed to enhance quality assurance. The focus on quality assurance in educational settings began in the 1980s with the Modern School Reform Movement, a movement that progressed in three phases across three decades. The first phase came out of *A Nation at Risk*, a report published in 1983 by the National Commission on Excellence in Education and focused on issues such as lengthening the school year and requiring more academic courses. The second phase began in the 1990s and shifted in focus to strengthening and validating academic standards. The third phase originated from *What Matters Most: Teaching for America's Future* and placed a strong emphasis on defining what constitutes quality educators (Danielson, 2001; Moore-Brown & Montgomery, 2001; National Commission on Teaching and America's Future, 1996). The third phase of the movement became one of the building blocks of the *No Child Left Behind Act* (NCLB) of 2002. NCLB mandated that by the end of the 2005–2006 school year, all public school teachers in the United States must be “highly qualified” for their positions (U.S. Department of Education, 2005).

**The Issue:** Many schools have adopted union-negotiated evaluation instruments for the purpose of performance review. Typically, these instruments used for evaluating classroom teachers have not reflected the unique roles and responsibilities of the speech-language pathologist (SLP). Frequently, SLPs are not evaluated by someone who has been trained, certified, or licensed in the same discipline. School-based SLPs are often evaluated by an immediate supervisor, principal, or administrator who may not be aware of the various roles and responsibilities that the SLP is required, by federal, state, or local mandates to perform. In consideration of the limitations of general assessment tools or protocols used with teachers and for the sake of quality assurance, the Professional Performance Review Process (PPRP) was developed as a mechanism for evaluating the performance of school-based speech-language pathologists. While quality assurance is an undisputed aspect of performance review, according to Danielson, (2001), there are actually four major purposes of professional performance review: (1) quality assurance, (2) professional development, (3) performance improvement, and (4) feedback for renewal. The PPRP uses a two-phased approach to accomplish the four purposes of performance review.

**Phase I:** The first phase involves a formative process during which the SLP conducts a self-study by rating his or her own level of performance of knowledge and skills relative to performance indicators specific to the roles and responsibilities of the SLP in an educational setting. The rating scale ranges from 0 to 3, progressing from not applicable (rating of 0) to I

believe this is an area of strength (rating of 3). The individual then evaluates the resulting patterns or trends of this self-evaluation, recognizing areas of strength and deficiencies, and proceeds to develop a plan for addressing them. Research on the appraisal process shows strong support for incorporating a self-reflective component into a performance review (Brown, 2000; McCarthy, 2003; Saras, 2003; Vega-Barachowitz, 2003) and research on teaching over the past two decades documents that effective practice is linked to inquiry, reflection, and continuous professional growth (Brown, 2000; Ferraro, 2000, Harris, 1998; McCarthy, 2003; Saras, 2003; Vega-Barachowitz, 2003). As defined by Schon (1996), reflective practice involves considering one's own experiences thoughtfully in applying knowledge to practice while being coached by professionals in the discipline. By gaining a better understanding of their individual teaching styles through reflective practice, teachers can improve effectiveness (Ferraro, 2000). Stones (1994) proposed three important elements for reflection to happen: (1) practical experience, (2) a meaningful knowledge base, and (3) interaction with others.

**Phase II:** The second phase of the PPRP captures the third element that Stones says is necessary for reflection to happen, (i.e., interaction with others). This is accomplished through a summative process. The SLP and the outside evaluator (e.g., principal, administrator, or director of special education) engage in open dialogue; participate in an on-site observation and/or conference; and complete a one-page performance summary using a 0 to 5 rating scale. This second phase may be conducted initially with a peer for additional formative growth and then with the outside evaluator as the summative exercise. The one-page performance summary rating system may serve as: (1) a framework to be used during a conference in the absence of an observation; (2) a means to document four separate observations that focus on specific aspects of performance; (3) a cumulative record of four separate, comprehensive reviews throughout a school year; (4) a supplement to a school district's standard assessment instrument that is applied to all its educators; (5) a complement to an evaluation instrument that has been union-negotiated and is already in use in a district; or (6) a format that is consistent with the local school district's policy regarding performance reviews.

**Evidence Base:** The use of formative and summative processes as an approach to performance review has been documented in educational literature for over thirty years. Bloom, Hastings, and Madaus (1971) were the first authors to define the two terms in the educational arena. The concepts of formative and summative assessment processes have been advanced by ASHA's Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and Council For Clinical Certification (CFCC; ASHA, 2001). The combination of the outcomes from the formative phase of the PPRP, using the lengthier self-assessment protocol, and the summative phase of the PPRP, using the shorter, one-page performance summary, may provide the SLP with specific information for creating a professional development plan and/or artifacts for a portfolio. The thirty references drawn upon from educational literature to create the PPRP appear at the end of this handout.

**Summary:** In summary, educational research has paved the way for the use of evaluation approaches such as self-reflection, practitioner empowerment, open dialogue, formative processes, and summative evaluations that are conducted using an objective and evidence-based approach. The PPRP embraces these approaches and is designed to achieve the four important purposes of performance review: (1) quality assurance; (2) professional development; (3)

performance improvement; and (4) feedback for renewal. A description of the Professional Performance Review Process, the multi-page Self-Rating Scale, the single-page Summary Rating Scale, and a comprehensive bibliography is available on line at the ASHA web site: <http://www.asha.org/docs/html/GL2006-00275.html> Phase I and Phase II of the PPRP appear on this handout (below) following the acknowledgment. The bibliography of evidence that supports the PPRP appears at the end of this handout.

**Acknowledgment:** The Professional Performance Review Process Guidelines were developed by an Ad Hoc Joint Committee of ASHA Special Interest Division 11, Administration and Supervision, and Division 16, School-Based Issues, on Professional Performance Review for the School-Based Speech-Language Pathologist. Members of the group were Trici Schraeder (committee chairperson), Sheryl C. Amaral, Susan Bartlett, Susan Floyd, Erin Dyer, DeAnne Wellman Owre, Jeri Berman (ex officio, 2005–2006), and Michelle Ferketic (ex officio, 2006). Vice President for Professional Practices in Speech-Language Pathology (2003–2005) Celia Hooper and Vice President for Professional Practices in Speech-Language Pathology (2006–2008) Brian Shulman served as the monitoring vice presidents. The document was approved by ASHA’s Legislative Council on August 31, 2006.

**Phase I: Self-Reflection Tool  
(Completed by the SLP)**

**Information:**

Name of speech-language pathologist:

Name and title of evaluator:

Date(s) or Self Reflective Process:

Purpose of the Review (circle all that apply): Self-evaluation, Peer review, Supervisor review

<b>Current Roles (circle all that apply)</b>	<b>Current Responsibilities (circle all that apply)</b>
Case manager	Assessment
IEP team member	Prevention and/or Screening
Administrative Duties	Intervention
Mentor/supervisor (CF, other)	School duties (hall duty, bus duty, lunch duty, etc.)
Advocate	Consultation
Committees Work (school or school-wide)	Transition services
Other:	Pre-referral intervention
	Collaboration with regular education
	Third-party billing
	Research
	Continuing education
	Other:

**Current communication disorders and variations composing the current caseload:** \_\_\_Articulation/phonology;

\_\_\_ Fluency; \_\_\_Voice and/or Resonance; \_\_\_Hearing; \_\_\_Swallowing; \_\_\_Receptive & Expressive Language;

\_\_\_Social Aspects of Communication; \_\_\_Cognitive Aspects of Communication; \_\_\_

Augmentative/Alternative Communication Modalities

Current number of students: \_\_\_\_\_

**Workload:** Hours per month spent in the following categories of service/activities:

Direct Services		Related Services				Professional activities	
Screening		Scheduling				Faculty meetings	
Assessment		Consultation				School duties	
Intervention		Collaboration				Parent meetings	
Classroom Observation		Curriculum development				School/district in-service	
Team Teaching		Preparation				Continuing education	
Co-Teaching		Team meetings				Other:	
Supportive Teaching		IDEA documentation				<b>Total:</b> _____	
Other:		IEP development					
<b>Total :</b> _____		Data collection or analysis					
		Medicaid documentation					
		Transition services					
		Supervision					
		Parent/staff training					
		Travel between schools					
		Other:					
		<b>Total:</b> _____					
Level	# of Students	Individual	Group	Severe	Moderate	Mild	# Sessions Per Month
Birth to Three							
Preschool							
K to 4 <sup>th</sup> Grade							
5 <sup>th</sup> to 8 <sup>th</sup> Grade							
9 <sup>th</sup> to 12 <sup>th</sup> Grade							
18 to 21							

**Rating Scale for Use with the Self-Evaluation Instrument:** 0 = Not applicable; 1 = I believe I need more

information and practice in this area: 2 = I believe this skill is emerging satisfactorily; 3 = I believe this is an area of strength

<b>Rating</b>	<b>Prevention</b>
	1. Promotes healthy lifestyle practices for the prevention of conditions that result in communication disorders in education settings
	2. Fosters others' awareness of communication disorders and their prevention
<b>Rating</b>	<b>Identification</b>
	1. Screening <ul style="list-style-type: none"> <li>a. Administers, scores, analyzes, and interprets results of screening protocols accurately</li> <li>b. Makes appropriate recommendations</li> </ul>
	2. Assessment <ul style="list-style-type: none"> <li>a. Case history               <ul style="list-style-type: none"> <li>i. Obtains information from a variety of sources, including interviews, file review, questionnaires, checklists, minutes of meetings, etc., to gather relevant information</li> <li>ii. Relates case history information to purpose and outcomes of evaluation</li> </ul> </li> </ul>
	3. Evaluation Protocols <ul style="list-style-type: none"> <li>a. Includes assessment strategies that are nondiscriminatory and are based on evidence-based practice or scientific principles               <ul style="list-style-type: none"> <li>i. Uses tools, protocols, and strategies that are the most current and evidence-based</li> <li>ii. Strategies and tools are related to the population(s) served.</li> <li>iii. Rationales for protocols are inclusive of evidence-based practice and theoretical principles</li> <li>iv. Protocols are culturally and linguistically sensitive.</li> </ul> </li> </ul>
	4. Evaluation procedures <ul style="list-style-type: none"> <li>a. Administers standardized measures according to the directions outlined by the tests themselves</li> <li>b. Supplements standardized measures with:               <ul style="list-style-type: none"> <li>i. classroom observations</li> <li>ii. curriculum-based activities (i.e., authentic tasks)</li> <li>iii. dynamic assessment procedures</li> <li>iv. other educationally relevant measures that are aligned with academic standards of the setting</li> </ul> </li> <li>c. Scores data accurately from all standardized assessment procedures</li> <li>d. Scores data accurately from all other sources</li> <li>e. Analyzes and interprets information from standardized assessment measures</li> <li>f. Analyzes and interprets information from all other measures and sources</li> </ul>
<b>Rating</b>	<b>Evaluation</b>
	1. Integrates results from all assessment information <ul style="list-style-type: none"> <li>a. Integrates all results from the evaluation process and develops diagnostic impressions</li> <li>b. Constructs a developmental profile</li> <li>c. Develops a functional needs profile</li> </ul>

	<p>2. Recommendations</p> <ul style="list-style-type: none"> <li>a. Collaborates with members of the educational team to synthesize information from the evaluation to determine: <ul style="list-style-type: none"> <li>i. if there is a disability and its level of severity</li> <li>ii. the extent of its impact on learning</li> <li>iii. eligibility for speech, language, and/or hearing services</li> </ul> </li> <li>b. Contributes to the IEP process to ensure due process and access to free and appropriate public education in the least restrictive environment for the student</li> </ul>
<b>Rating</b>	<b>Intervention</b>
	<p>1. Development of intervention plans (i.e., IEPs, IFSPs) and/or intervention plans:</p> <ul style="list-style-type: none"> <li>a. Collaborates with the educational team to create curriculum-based intervention plans that include: <ul style="list-style-type: none"> <li>i. educationally relevant and measurable long-term goals</li> <li>ii. educationally relevant and measurable short-term goals or benchmarks related to the goals</li> </ul> </li> <li>b. Chooses service delivery model(s) that meets the needs of individual students</li> </ul>
	<p>2. Service delivery:</p> <ul style="list-style-type: none"> <li>a. Prepares for intervention sessions thoroughly by: <ul style="list-style-type: none"> <li>i. Preparing materials</li> <li>ii. Selecting/adapting materials, equipment, devices to meet students' needs</li> <li>iii. Incorporating academic/ instruction/curriculum into intervention strategies to achieve communication goals</li> </ul> </li> <li>b. Accommodates students' unique learning styles</li> <li>c. Develops strategies for students' successful participation in the classroom/curriculum</li> <li>d. Provides sufficient and effective learning opportunities</li> <li>e. Constructs culturally, linguistically, and developmentally appropriate learning activities</li> <li>f. Uses instructional language that is consistent with students' comprehension levels</li> <li>g. Uses teaching strategies to enhance students' participation and learning in the curriculum, e.g., pacing presentation, providing feedback, redundancy, behavior management, etc.</li> <li>h. Enables students to develop self-monitoring skills</li> <li>i. Provides efficient and effective service delivery and maximizes available time to: <ul style="list-style-type: none"> <li>i. achieve students' optimal time-on-task</li> <li>ii. promote students' progress</li> </ul> </li> <li>j. Promotes generalization as an outcome of intervention</li> <li>l. Makes referrals for other services when necessary (audiology, medical, psychology, social, and vocational services)</li> </ul>
	<p>3. Theory–practice relationship</p> <ul style="list-style-type: none"> <li>a. Selects and defends intervention strategies using evidence-based practice and theory related to the populations served</li> <li>b. Understands theoretical models of intervention (sociolinguistic, developmental, ecological, etc.)</li> <li>c. Matches students' needs for services with appropriate intervention models and makes appropriate modifications</li> </ul>
	<p>4. Data collection</p> <ul style="list-style-type: none"> <li>a. Uses data collection systems that are meaningful and manageable</li> <li>b. Collects quantitative data</li> <li>c. Collects qualitative data</li> <li>d. Interprets and uses data to measure progress related to the general education curriculum and other needs related to the student's disability</li> <li>e. Uses data to modify intervention as necessary</li> </ul>

<b>Rating</b>	<b>Managerial Skills</b>
	1. Devises and maintains an efficient and effective schedule for meeting roles and responsibilities of a school-based speech-language pathologist
	2. Prioritizes workload
	3. Maintains accurate records
	4. Meets school district's requirements for timely record keeping
	5. Documents clearly and objectively all activities and correspondence relating to children on the caseload
	6. Writes clearly and succinctly with sensitivity to the readers of any written documentation or correspondence
	7. Organizes workspace, materials, and equipment
	8. Follows established guidelines when enrolling, maintaining, or dismissing children from services
	9. Meets responsibilities for delivering services promptly and consistently
	10. Complies with all state, federal, and local regulatory policies relating to the education of children in a school setting (including knowledge and practice of infection control)
<b>Rating</b>	<b>Interpersonal Skills and Professionalism</b>
	1. Speaks clearly, using accurate grammar, syntax, and enunciation
	2. Demonstrates appropriate nonverbal communication skills
	3. Demonstrates active listening skills with teachers, parents, students, colleagues, etc.
	4. Respects needs and cultural values of others
	5. Maintains professionalism during interaction with teachers, parents, students, colleagues, etc.
	6. Provides information, counseling, and support to individuals, families, educational teams, others regarding a student's communication disorder
	7. Demonstrates competence in written and oral communication
	8. Completes tasks, responsibilities, and documentation on time
	9. Is responsive to suggestions and feedback
	10. Maintains confidentiality
	11. Identifies professional needs; develops and executes a plan for own continuing education
	12. Provides professional development presentations for teachers, parents, administrators, and/or community organizations

<b>Rating</b>	<b>Knowledge of School Culture</b>
	1. Knows and understands the governance of public schools from local, state, and federal levels
	2. Understands how the organization of the district and individual schools impacts the education of students
	3. Understands and upholds the rights and responsibilities of students, parents, teachers and other stakeholders in the education process
	4. Understands how the budget process impacts the work of the SLP
	<b>Supervision (as appropriate)</b>
	1. Clearly defines expectations for the supervisee(s)
	2. Establishes positive working relationships
	3. Provides ongoing support and feedback
	4. Models ethical practices and professional conduct
	5. Responds to concerns in a timely manner
	6. Adheres to schedules for planned observations
	7. Models cultural competence
	8. Conducts regularly scheduled assessments of the supervisees' performance
	9. With the supervisee, makes relevant recommendations for skills that could be developed, refined, and/or strengthened
	10. Summarizes and documents the outcome of all performance reviews and shares the information with the supervisee
	11. Manages paperwork and documentation effectively
	12. Accepts and nurtures individuality

Dates and Signature Indicating When this Self-Reflection Tool was Used:

Date	Signature of the SLP

## Phase II: Performance Review Instrument (Completed by the Reviewer)

Note: This document is flexible and may be used in a variety of ways ( e.g., as a framework that is used during a conference without an on-site actual observation; as a means to document four short observations that focus on different aspects of performance; as a cumulative record of four separate, comprehensive reviews across a school year; coupled with the standard instrument adopted by a school district for use with all educators; coupled with an evaluation instrument that has been union negotiated; or any other format that is appropriate for the local school district's policy regarding performance reviews).

**Name of the Speech-Language Pathologist:**

**Name and Title of the Reviewer:**

**Date of the Professional Performance Review:**

**Rating Scale for Use with the Evaluator's Summary Performance Review Instrument:**

0 = not applicable; 1 = unsatisfactory ; 2 = inconsistent ; 3 = meets expectations; 4 = strength;

5 = demonstrates excellence

Rating	Prevention
	<p>a. <b>Educates</b> and collaborates with educators, families, parents, and the community to eliminate or inhibit the onset and development of communication disorders by minimizing risks and exposure</p> <p>b. Coordinates, supervises, and/or conducts screenings</p>
Rating	Identification
	Participates in the team process of identifying students who may need assessments to determine a continuum of intervention strategies and/or possible eligibility for special education or related services

Rating	Assessment
	Uses standardized and nonstandard zed procedures and tools. a variety of sources including interviews, curriculum, checklists, portfolios, observation, etc.

<b>Rating</b>	<b>Evaluation</b>
	Interprets data to determine the nature and severity of a student's communication disorder, delay, or difference and its effect on academic and social performance. Summarizes all information relative to the student's history, impairment/disability/handicap, and other factors such as age, attention, cognition, sensory deficits, social/emotional development, and cultural and/or linguistic diversity. Contributes to the process of determining eligibility for services and makes appropriate recommendations to the team.
<b>Rating</b>	<b>Caseload Management</b>
	Uses service delivery options efficiently and effectively. Fulfills the duties of case manager as appropriate. Meets responsibilities and obligations to students on the caseload. Follows risk management procedures. Keeps clear and comprehensive records and informs parents and teachers of the students' progress.
<b>Rating</b>	<b>Interpersonal Skills and Professionalism</b>
	Creates a positive learning environment for students and colleagues. Promotes positive interpersonal relationships through open communication, honesty, and respect. Takes responsibility and conducts self in an ethical manner. Advocates for students. Pursues ongoing professional development. Participates in research activities when appropriate. Provides guidance and leadership to school staff.
<b>Rating</b>	<b>Supervision (when appropriate)</b>
	Assists supervisees/mentees to develop goals for achieving and evaluating skills and knowledge. Evaluates supervisee's skills and knowledge for purposes of periodic performance reviews, completion of certification requirements, and/or professional advancement.

**Summary of evaluation activities (e.g., direct observation, discussion, review of work samples, review of portfolio, etc.) & Recommendations:**

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Signature & Date of the Reviewer

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Signature & Date of Speech-Language Pathologist

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