

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

**THE PRACTICE AND PROBLEMS OF CLINICAL
SUPERVISION AND TEACHER DEVELOPMENT IN
SECONDARY SCHOOLS OF JIMMA ZONE**

BY:
AMANUEL HAILU

JUNE, 2015
ADDIS ABABA

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**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF
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SCHOOL OF GRADUATE STUDY

This is to certify that the thesis prepared by Amanuel Hailu: Entitled by the practice and problems of clinical supervision and teachers development in secondary schools of Jimma zone and submitted in partial fulfillment of the requirements for the degree of degree of Master of Arts in educational leadership complies with the regulations of the university and meets the accepted standards with respect to originality and quality.

Sign by the examining committee

Internal examiner Habte Selassie W. Girma signature [Signature] date _____
External examiner Abraham Asfaw signature [Signature] date _____
Advisor Kenenissa Dabi signature [Signature] date _____

Chair of department or graduate program coordinator

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Acronyms

CPD:	Continuous professional development
CRC:	Cluster resource center
DF:	Degree of freedom
ESDP:	Education sector development program
MoE:	Ministry of Education
OEB:	Oromia Education Bureau
SD:	Standard deviation
WM:	Weighted mean values

Abstract

The purpose of the study was to assess the practice and problems of clinical supervision and teacher development in some selected Government first cycle Secondary Schools of Jimma Zone. To accomplish this purpose, a descriptive survey method was employed. The study was carried out in four randomly selected woredas of Jimma zone and the whole eight available secondary schools of the selected woredas. Accordingly, 72 teachers and 52(department heads and senior teachers) were selected by using simple random sampling whereas 25(principals, vice principals and CRC supervisors) were included in the study by using availability sampling techniques. All the 8 principals and 4 cluster supervisors were also involved in the study for interview. Questionnaire was the main instrument of data collection. In addition, interview and document analysis were utilized to substantiate the data gained through the questionnaire. Mean, weighted mean, standard deviation and independent sample t-test were utilized to analyze the data from the questionnaire with the help of computer by using SPSS version 16. The data obtained through open-ended questions, interview and document analysis were analyzed through narration for the purpose of triangulation. The finding of the study revealed that clinical supervisors were not properly performing their role as a clinical supervisors; hence, the clinical supervision being practiced was ineffective in carrying out the procedures of clinical supervision; the contributions made by the clinical supervisors for the teachers' development was practiced poorly since the problems observed during classroom observations were not alleviated by using different mechanisms. Role diversity of clinical supervisor, lack of relevant skills on supervision, the selection and appointment problem of clinical supervisors were among the major problems that hinders clinical supervisors' effectiveness on their role. From the finding of the study, it was concluded that the appointment of supervisors was made without having the prior basic knowledge needed for clinical supervision. Consequently, the procedures of clinical supervision were not emphasized by clinical supervisors and also the clinical supervision was not directly connected with the purpose of teachers' development and for the purpose of instructional improvement. Finally the researcher recommended that Zone Education Offices, Regional Education Bureau and Woreda Education Offices should build supervision capacities of the clinical supervisors by providing them with the necessary supervision training especially before the appointment as a supervisors ;Clinical supervisors are advised to give due attention to the five steps of clinical supervision and should focus to relate with the teachers' development in continuously assisting and provide constructive feedbacks that fill the skill gaps of the teachers for the better improvement of instruction.

Chapter One Introduction

This part deals with background of the study, statement of the problem, objectives of the study, significant of the study, delimitation of the study, organization of the study and definition of key terms.

1.1. Background of the Study

Schools are the 'formal agencies of education' where the future citizens are shaped and developed through the process of teaching and learning process. So schools need to help all students to develop their potentials to the fullest level. This requires the effectiveness and commitment of the stakeholders particularly teachers, school leaders and management (Aggarwal, 1985:104). So schools must improve their basic functions of teaching and learning process that aims at helping and empowering all students to raise their broad outcomes through instructional improvement.

Supervision is one of the functions of education that offers opportunities for schools to be effective and for increasing the professional development of teachers as a means of effectively managing the teaching-learning process (Kutsyuruba, 2003; Arong & Ogbadu, 2010). School supervision in general has existed in all countries for many decades and occupies a pivotal position in the management of education, which can be understood as an expert technical service most importantly concerned with scientific study and improvement of the conditions that surrounds learning and pupil growth (Alemayehu, 2008). According to Sergiovanni and Starratt (2007), when a school's instructional capacity improves, teaching improves, leading to improvements in student performance. To improve schools' instruction the instructional supervision plays an indispensable role in the school. Because of this the Ethiopian Ministry of Education stressed the necessity of teacher supervision and support as a strategy to insure quality of teaching and learning.

The role of the teacher in the process of promoting students performance improvement cannot be underestimated. In order to attain the optimum level of this improvement, teachers need to be well educated and part of the learning community (Tadele & Roelande 2014). Teachers should be guided and encourage to popularize innovative instructional processes taking appropriate

steps to eliminate obstacles that may constrain their ability to adopt and acquire competencies and current ideas that will facilitate growth on the job and increased professional competencies in teaching. In line to this, Okorji (2011) argued that the world of work has enormous potential for providing individuals with enrichments, problems and self development and the success of any school system primarily depends on effective supervision. Instructional supervision is mainly concerned with improving schools by helping teachers to reflect on their practices, to learn more about what they do and why, and to develop professionally (Sergiovanni & Starratt, 2007). Various authors stated that instructional supervision has a clear connection with professional development (Sergiovanni & Starratt, 2007; Zepeda, 2007).

Moreover, clinical supervision of instruction is a supervisory package designed to help teachers improve on instruction and increasing professional growth. Sergiovanni and Starratt (2007: 23), defined clinical supervision as “face- to- face contact with teachers with the intent of improving instruction and increasing professional growth”. It is a sequential, cyclic and systematic supervisory process which involves face-to-face (direct) interaction between teachers (supervisees) and supervisors designed to improve the teacher’s classroom instructions (Kutsyuruba, 2003). Clinical supervision is best suited to help teachers develop those aspects of professionalism that concerns non routine problems and the skills, systematic knowledge, and ethical judgment needed to solve them effectively. In fact, these concerns are at the heart of clinical supervision (Acheson and Gall 2003).

Goldhammer, Anderson and Karjewski (1980) described the structure of clinical supervision that includes pre-observation conference, classroom observation, analysis and interpreting the collected data, post observation conference with the teacher, and critique of the previous four steps/ post-conference analysis. To achieve the expected outcomes, we need to have well selected curriculum; and improved instructional situations and professionally motivated and competent teachers. Of all, the one which is the main input and important is the teacher who needs effective instructional support. The relevant and quality education can be provided for the learners by engaging a well trained and professionally developed teachers at all levels of education. It is meaningless to build schools and distributed educational materials without effective and efficient human power that can transmit the educational content to learners.

It is believed that the improvement of schools would not be accomplished without improving teachers' education. The quality of teachers' education is determined by the provision of adequate clinical supervision support from clinical supervisors. The realization of professional competence of teachers and the quality of education remains questionable unless due emphasis is given from different level education officials to implement clinical supervision model. In Ethiopia as well, supervision is also development oriented and supervisors are responsible for helping teachers to improve the quality of their education under a quality education initiative called 'General Education Quality Improvement Package (GEQIP) which has started since 2007 (MOE, 2008).

Likewise, MOE (1994:16-17) portrayed the role of supervision in the school system in different time and by different researchers. However school supervisors yet could not bring the expected result on the students' performance. Moreover, as our education is entangled with complex quality problems, to address this, the Ethiopian government designed a strategy for education development which serves as the overarching framework by giving high priority to quality improvement at all levels (MOE 2012:1). Because of this the current Ethiopian Education Sector Development Program Iv focus on improvement of the effectiveness of the educational administration at all levels, through capacity development and the creation of motivational work environments.

Generally, this study is designed to access the practice of clinical supervision and teacher development and to identify major problems related to the practices of clinical supervision in government secondary schools of Jima Zone. Therefore, the study was attempted to seek for ways and means of alleviating the problems and establish an improved system of clinical supervision and teacher development that will address the educational goal.

1.2. Statement of the Problem

Working for students' progress towards the established standards and facilitate the planning of various types of instruction are the main tasks of clinical supervision. In line with this, supervisors should ensure that teachers are utilizing information from a variety of valid and appropriate sources before they begin planning teaching lessons. Teachers should use different techniques of teaching methodology considering students' background, academic levels, and interests, as well as other data from students' records to a certain academic needs and to facilitate planning for appropriate initial learning.

The purpose of clinical supervision according to Snow-Gerono (2008) is "to provide support to teachers (to assist) and gradually to increase teachers' abilities to be self supervising" (p. 151). Clinical supervision is a "specific cycle or pattern of working with teachers" (Sergiovanni & Starratt, 1993, p. 222). Nevertheless, the idea of using clinical supervision for evaluation purposes seems untenable considering the models intent to improve teaching, not judge teachers (McFaul & Cooper, 1984). Acheson and Gall (1977) and Haileselassie (1997), quoted clinical supervision refers to face-to-face contact with the supervisor and the teacher intent of improving instructions and increasing professional growth. It is assumed that a one- to one correspondence exists between improving classroom instruction. The analysis of this data and the relationship between teacher and supervisor from the program, procedures and strategies designed to improve the students learning and improving the teacher's classroom behavior. Clinical supervision as a process for developing responsible teachers who were able to evaluate their own instruction, who were willing to accept criticism and use it for change, and who knew where they were headed in their own professional growth.

However, at the regional, zonal and woreda level in community mobilization documents (2004 E.C to 2006 E.C), seminars and workshops repeatedly indicated that secondary school clinical supervision is not performed as expected. The researcher has personally participated on these workshops. And also complains were raised on teachers' teaching behavior from students and students family in different time in the school. Moreover, the researcher has a personal experience as a teacher, woreda education office expert and secondary school CRC supervisor in one of the Woredas of jimma zone and by this the researcher believes the existence of gap between what was demanded and what they were really doing.

A research that was conducted by Gashaw (2008), on the practices of instructional supervision in secondary schools of Asossa Zone shows that the current instructional supervision practices is exposed to multiple problems such as; lack of adequate professional support to newly deployed teachers; less frequent classroom visits to enrich teachers instructionally and peer coaching by instructional supervisor; focus of supervisors on administrative matters than on academic issues (supporting and helping teachers); and less mutual professional trust between supervisors and teachers. In addition, research findings related to the past supervision in schools indicated that there are some problems with its practice. To list some; opportunities that help to improve teaching and learning process were inadequate, training programs were not relevant to real professional development of teachers, there was no properly designed systematic follow up and support systems (Getachew, 2001 and Chanyalew, 2005). Nevertheless, in their study they are limited to link the clinical supervision and teachers' development and also from to the knowledge of the researcher, there was no research conducted on the practices and problems of clinical supervision and teacher development in secondary schools of Jimma Zone.

In light with this, the researcher looked in to the gaps that affects the improvement of quality education on the side of clinical supervision practices as; secondary school CRC supervisor, principal, vice principals, department head and senior teacher did not exert much effort for the success of quality improvement of teachers with the help of clinical supervision; clinical supervisors did not design various interventions to assist teachers' limitation; clinical supervisors did not provide professional support to teachers to improve their instructional skills; supervisors did not conduct training need assessment from the basis of teachers' pedagogical gaps that observed during classroom observation.

In addition to this, the researcher looked in detail of the problems faced on clinical supervisors; like that of overburdened by other works; teaches the same credits with other teachers, highly responsible than teachers; not accepted by teachers or that of teachers challenge them to accept comments . So, relentless efforts were being made to alleviate the listed problems for the success of clinical supervision on the development of teachers' profession. Besides, from the Eleven years Personal teaching, woreda education expert and cluster supervisor experience of the researcher, a large number of secondary schools supervisors seemed to devote most of their time in routine statistical data report activities rather than systematic identifications of teachers' skill

gap and support of teachers on their instructional activities.

Besides, the current initiation for quality of education further rationalized the researcher to deal in the area under discussion, as supervision was a quality monitoring tool. Indeed, these circumstances initiated the researcher to conduct study on the issue. Due to this reason, the researcher intended to assess the practices and problems of clinical supervision and teacher development in secondary schools of Jimma Zone. However in this study specifically focus on clinical supervision and teacher development. And the main purpose of the study is to identify the practice and problems of clinical supervision and teachers' development in Jimma zone secondary schools. In order to address this, the study seeks to answer the following basic questions:

1. To what extent is clinical supervision practiced at secondary schools of Jimma zone?
2. To what extent does clinical supervision contribute to teacher development in secondary schools of Jimma zone?
3. What are the major problems faced in using clinical supervision for teachers development in secondary schools of Jimma zone?

1.3. Objective of the Study

The prevalence of supervision difficulties is believed to negatively affect what goes on in schools and in classrooms. In other words, supervision problems directly or indirectly influence the quality of education. Clinical supervision encourages professional growth and development of staff and high quality classroom performance that promotes improved student learning. Accordingly, the researcher has a belief that identifying the prevailing practice and problems by undertaking a survey and coming up with sound recommendations can have its own role to play in improving the quality of education.

1.3.1. General Objective

The study was designed to assess the current practice and problems of clinical supervision and teacher development and find possible mechanism to minimize the problem of clinical supervision and teachers' development in secondary schools of Jimma zone.

1.3.2. Specific Objectives

Specifically, the study will attempt to;

- ✚ Examine how clinical supervision is practiced in secondary school of Jimma zone.
- ✚ Identify the extent to which the clinical supervision contributes to teacher development in secondary school of Jimma zone.
- ✚ Identify the problems observed pertaining to clinical supervision and teachers' development in secondary schools of Jimma zone.

1.4. Significant of the Study

The findings of the study may have the following significance

- ✚ It may help teachers, supervisors and other responsible officers to be aware of the extent to which clinical supervision is being implemented on the development of teachers' profession.
- ✚ It may provide important information to the national and local policy makers and program designers so that they will further revise and develop appropriate programs.
- ✚ It may help all school leaders and teachers to identify the strengths and weaknesses of clinical supervision activities to take remedial measures against the problems that secondary schools faced in implementing clinical supervision on teachers development
- ✚ It may help as an input and to initiate other researchers to conduct further study around the topic.

1.5. Delimitation of the Study

This study was delimited to access the current practice and problems of clinical supervision and teachers' development in four woredas' of first cycle of secondary schools of Jimma Zone. Namely Limmu Kossa Woreda (Limmu Genet and Ambuye secondary schools), Limmu Seka

Woreda (Atinago and Seka secondary schools) and Mana Woreda (Yebu and Bilida secondary school) and Seka Chokorsa Woreda (Seka and Sentema Secondary school) were delimited. Jimma Zone was selected because of two main reasons. The first is that the practices and problems of clinical supervision and teachers' development in Jimma zone of first cycle of secondary schools were highly observed. The other one is that, the researcher is a colleague with secondary schools supervisors, teachers and school principals where he has been working in one of the Woredas of Jimma zone as secondary school CRC supervisor. Therefore, out of many aspects to be considered in the practice of clinical supervision, the variables were addressed this study was the contribution of clinical supervision for in service teachers' development, techniques of classroom supervisory procedure and factors that affect the practice of clinical supervision and means of improving the current practice.

1.6. Limitations of the Study

It is true that a research work cannot be totally free from limitation. Thus, clinical supervisors were very much busy to fill the questionnaire and to conduct the interview schedules. Similarly, some of the school principals had no willingness to be interviewed. Moreover, some of the teachers were not cooperative to complete the questionnaires on time. However, the researcher managed these shortcomings through patiently discussing with teachers and clinical supervisors and arranged an additional time to bring the paper in its complete form. In addition, the findings of the study might not represent all secondary schools in the Jimma Zone since the researcher selected 4(22.3%) out of 18woredas.

1.7. Definition of Terms

Instructional supervision- supervisory activities and practices aimed at the improvement of instruction, tackling instructional problems and for the professional growth of teachers.

Practices: To do something repeatedly in order to improve performance through instructional supervision.

Professional Development – is any experience that enlarges a teacher's knowledge, appreciation, skills, and understandings of his or her instruction.

Clinical supervisors- personnel's those who functioned the clinical supervision at school level, it includes secondary school cluster supervisors, school principals, vice principals, department heads and senior teacher.

1.8. Organization of the Study

This study comprises five chapters. The first chapter is the introduction which includes the background of the study, problem statement, objective of the study, and significant of the study.

The second chapter presents literature review pertinent to the area of clinical supervision, different approaches to supervisory process, and their connection with teacher development. The third chapter details the research methodology employed in the study. Analysis and interpretation of the research findings are presented in the fourth chapter. Lastly, conclusion, discussions and recommendations are presented in the fifth chapter.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. The Concepts and Definitions of Instructional Supervision

There is no single unifying definition of supervision in the literature. Supervision can be defined according to different aspects of the notion, but from an educational administration perspective, of great interest are the definitions which reveal supervision as a collaborative action aimed at developing effective instruction. However, having clear concept is very crucial to make practices of supervision more fruitful.

Educational supervision has been defined as ‘The provision of guidance and feedback on matters of personal, professional and educational development (Kilminster et al., 2007, p. 2). As Knoll (1987) defines supervision as a leadership role in which the supervisor diagnoses teacher performance needs and then guides, directs, assists, suggests, supports, and consults with the teacher. Similarly Glatthorn (1990) added that supervision is “the comprehensive set of services provided and processes to help teachers facilitate their own professional development so that the goals of the school district or the school might be better attained” (p. 84).

The Dictionary of Education (as cited in Gold hammer et al., 1980) provided the most extensive definition of supervision: All efforts of designated school officials directed toward providing leadership to teachers and other educational workers in the improvement of instruction; involves the stimulation of professional growth and development of teachers, the selection and revision of education objectives, materials of instruction, and methods of teaching, and the evaluation of instruction.(p. 17)

Okumbe (1999) asserts that supervision can be divided into general supervision and instructional supervision. General supervision subsumes supervisory activities that take place principally outside the classroom. Such activities include the writing and revision of curricular, preparation of units and materials of instruction, the development of processes and instruments for reporting to parents and such broad concerns as the evaluation of the total educational programme. Instructional supervision on the other hand is concerned with the pupil learning in the classroom. All those activities which are undertaken to help teachers maintain and improve their

effectiveness in the classroom characterize instructional supervision. It also includes all those activities by educational administrators that may express leadership in the improvement of learning and teaching, such as observation of class instruction, conducting teachers meetings, conducting group and individual conferences and reorganizing curriculum (Olembo et al, 1992: 84).

The other concepts in relation to supervision in education are instructional supervision and inspection. Although instructional supervision and inspection are often used interchangeably, they do not convey exactly the same meaning. The difference between them can be explained in terms of their purpose. Inspection has more to do with checking whether the aims of the curriculum are being carried out (Gurr, 1999). Teachers may be admonished for failing to carry out the goals of the curriculum as required in the syllabus. Instructional supervision, in contrast, is more to do with helping teachers improve instruction by directly assisting them (Glickman et al., 2001). Hoy et al. (2000) define instructional supervision as a responsibility, which entails the act of assessing another's performance with a view to assisting that person to examine their own practice. Glickman et al. (2001) view instructional supervision as the 'actions that enable teachers the quality to improve instruction for students' and as an act that improves relationships and meets both personal and organizational needs. Sergiovanni and Starratt (2002) similarly describe school supervision as 'helping increase the opportunity and capacity of teachers and schools to contribute more effectively towards students' academic successes.

Beach and Reinhartz (2000) regarded instructional supervision as a process that focuses on instruction and provides teachers with information about their teaching so as to develop instructional skills to improve performance. The focus of this improvement, according to Sergiovanni and Starratt (1998), may be on a teacher's knowledge, skills, and ability to make more informal professional decisions or to solve problems better or it may be to inquire into his or her teaching. Such a focus on teachers' instructional improvement permits to achieve higher quality of learning. This fosters instructional supervision to be a behavior officially designated by the organization that directly affects teacher behavior in such a way as to facilitate pupil learning and achieve the goals of the organization.

With the introduction of education and training policy in 1986 E.C, a shift from inspection to supervision was again witnessed. New departments of supervision of educational program have

been established at federal and regional level with branches up to school level. That is helping teachers for the improvement of educational achievement of students.

There are different component of instructional supervision approaches, such as clinical supervision, self- directed supervision, informal supervision and inquiry based supervision. From these approaches of instructional supervision the writer of this paper will focus on clinical supervision, which is best suited to help teachers develop those aspects of professionalism that concerns nonroutine problems and the skills, systematic knowledge, and ethical judgment needed to solve them effectively. In fact, these concerns are at the heart of clinical supervision. (Acheson and Gall, 2003).

2.2. The Concept and Definition of Clinical supervision

This approach (model) to instructional supervision was developed by Goldhammer and Cogan in the late 1960s (Goldhammer, Anderson & Karjewski, 1980). However, the spirit of clinical supervision is difficult to capture in words (Acheson and Gall 2003). According to Sergiovanni and Starratt (2007), clinical supervision is a “face- to- face contact with teachers with the intent of improving instruction and increasing professional growth” (p. 23).

Sergiovanni (1998:225) expresses clinical supervision as follows:

The purpose of clinical supervision is to help teachers to modify the existing patterns of teaching in ways that make sense to them. Evaluation is, therefore, responsive to needs and services of the teacher. It is the teacher who decides the course of a clinical supervisory cycle, the issues to be discussed and for what purpose... The supervisor's job, therefore, is to help the teacher select goals to be improved and teaching issues to be illustrated and to understand better her or his practice. This emphasis on understanding provides the avenue by which more technical assistance can give to the teacher; thus, clinical supervision involves, as well, the systematic analysis of classroom events.

The purpose of clinical supervision according to Snow-Gerono (2008) is “to provide support to teachers (to assist) and gradually to increase teachers' abilities to be self supervising” (p. 1511). Clinical supervision is a “specific cycle or pattern of working with teachers” (Sergiovanni & Starratt, 1993, p. 222).

Goldhammer et al (1980: 19-20) defined clinical supervision as, that phase of instructional supervision which draws its data from the first hand observation of actual teaching events and involve face to face (and other associated interactions) between the supervisor and the teacher in the analysis of teaching behaviours and activities for instructional improvement. Likewise one of the first advocates of clinical supervision, Cogan (1973) defined clinical supervision as: The rationale and practice designed to improve the teacher's classroom performance. It takes its principal data from the events of the classroom. The analysis of these data and relationship between teacher and supervisor form the basis of the program, procedures, and strategies designed to improve the students' learning by improving the teachers' classroom behaviour. (p. 9).

Sergiovanni and Starratt (1998) described clinical supervision as typically more formative than summative in its evaluative approach. The goal of clinical supervision is not aligned with traditional evaluative measurement procedures intended to make summative statements about the worth of a person's teaching for purposes of quality control. On the contrary, clinical supervision focuses on a teacher's professional growth in terms of improving classroom instruction and relies on more teacher-directed actions as opposed to bureaucratic, hierarchical actions of control by supervisors. Clinical supervision, as a result, becomes less formal and less attached to the teacher's achievement of some preconceived criteria or outside standards. It becomes a process that includes the ideas and voice of the teacher as he or she strives to meet his or her own educational goals in teaching and centers on self- and collegial evaluation, including input from students. Finally, the point of supervision from a clinical standpoint is not quality control for the protection of students and the public from incompetent teaching, rather the point of clinical supervision is the professional improvement of the teacher that "guarantees quality teaching and schooling for students and the public" (Sergiovanni & Starratt, 1998, p. 230).

Supervision should be a relationship that develops between a supervisor and a teacher that is built on mutual trust, through the setting of mutual goals and objectives; through professionalism, harmonious interaction; and through a certain human autonomy which enhances freedom for both the teacher and supervisor to express ideas and opinions about how the method of supervision should be implemented to best improve teaching (Goldhammer et al., 1993).

For clinical supervision to be effective, there are some commonalities that are evident. These

themes include (a) the development of a collegial relationship between teachers and supervisors based on trust, respect, and reciprocity; (b) teachers control over the products of supervision; (c) teachers retain control over decisions that impact their teaching practices; (d) there is continuity in the supervisory process over time; (e) supervisors provide teachers with nonjudgmental observational data; and (f) both teachers and supervisors engage in reflective practice (Nolan, Hawkes, & Francis, 1993).

2.2.1. Benefits Of Clinical Supervision

According to Acheson and Gall (1980:12), the major aim of clinical supervision is "the improvement of teacher's classroom instruction." They also define the goals of clinical supervision to provide teachers with objective feedback on the current state of their instruction, to diagnose and solve instructional problems, to help teachers develop skills in using instructional strategies, to evaluate teachers for promotion, tenure, or other decisions and to help teachers develop a positive attitude about continuous professional development.

2.2.2. Characteristics And Procedure Of Clinical Supervision

As Glickman et al. (2010), clinical supervision is both a concept and a structure. The concept and the structure of clinical supervisions are discussed as follows.

2.2.2.1. Characteristics of Clinical Supervision

Goldhammer ,Anderson and Krajewski 1993) reviewed nine characteristics of clinical supervision as a concept (cited in Gluckman et al., 2010), it is a technology for improving instruction, it is a deliberate intervention into the instructional process, it is goal oriented, combining the schools with the personal growth needs of those work within the school, it assumes a professional working relationship between the teacher(s) and the supervisor(s), it requires a high degree of mutual trust, as reflected in understanding, support, and commitment to growth, it is systematic, although it requires a flexible and continuously changing methodology, it creates a productive (i.e., healthy) tension for bridging the gap between the real and the ideal, it assumes that the supervisor knows a great deal about the analysis of instruction and learning and also about productive human interaction, it requires both pre-service training (for supervisors), especially in observation techniques, and continuous in-service reflection on effective approaches. Having the

concept of these characteristics of clinical supervision is important for any personnel who are in education sector, and to implement the clinical supervision model in the school.

2.2.2.2. The Structure/ Process of Clinical Supervision

Scholars in the field have differences on the procedures of classroom instructional observation, but all follow the same basic pattern except the differences in naming the process or steps. For example, Hapikins (1994:56) and Anderson and Gall, (2003) organized classroom observation in to planning conference, classroom observation and feedback conference (cited in Glickman et.al, 2010: 17). However, Glickman et.al, (2010), the structure of clinical supervision classifies into five steps. These are, Preconference with teacher, Observation of classroom, Analyzing and interpreting observation and determining conference approach, Post-conference with teacher and Critique of previous four steps.

This clinical process is cyclic and should be repeated at least several times during the course of the school year with teachers (Acheson and Gall, 2003). In the process of clinical supervision, a one-to-one correspondence exists between improving classroom instruction and increasing professional growth, and for this reason, professional development and clinical supervision are inseparable concepts and activities (Sergiovanni & Starratt, 2007). Clinical supervision is a systematic, sequential, and cyclic supervisory process that involves the interaction between the supervisors and teachers.

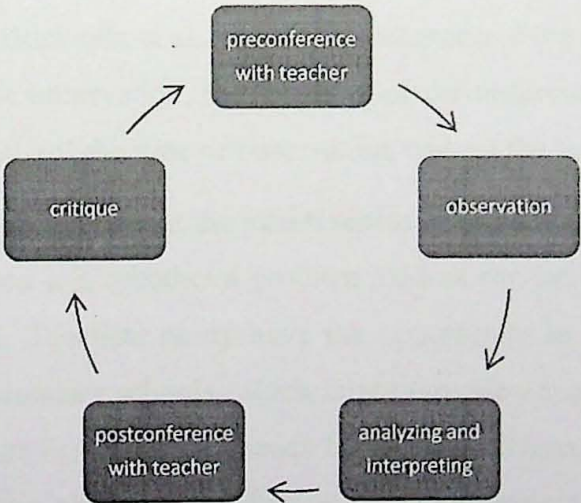


Figure1. The process of clinical supervision cycle

2.2.2.2.1. Preconference With Teacher

The supervisor begins the process of supervision by holding a conference with the teacher. According to Lovell and Wiles (1983), the pre-observation conference (behavior system) provides an opportunity for the supervisor and the teacher to establish relationship mutual trust and respect. The teacher and supervisors get to know each other as fellow professionals. So that it is essential to the establishment of the foundation for the observation and analysis of teaching. This approach is most suitable because the expertise, confidence, and credibility of the supervisor clearly outweigh information, experience, and capabilities as cited by (Glickman *et al.*, 1998).

In the conference, the teacher has an opportunity to state personal concerns, needs, and aspirations. The supervisor's role is to help the teacher clarify these perceptions so that both have a clear picture of the teacher's current instruction, the teacher's view of ideal instruction, and whether there is a discrepancy between the two (Acheson and Gall, 2003:9). They also add, doing properly this stage of clinical supervision cycle, preconference with teacher, establishes supervision as a process in which the teacher and supervisor have joint ownership. The teacher perceives the supervision as someone with whom to share perceptions, thus breaking down the isolation of classroom teaching (i.e., most teachers teach alone). The supervisor likewise perceives the teacher as a partner in making sense of the teacher's classroom instruction and improving it.

In the conference process as Glickman *et al.*, (2010), the teacher and the supervisor determine (a) the reason and purpose of the observation, (b) the focus of the observation, (c) the method and form of observation to be used, (d) the time of observation, and (e) the time for post-conference

Many teachers have a vague anxiety about the effectiveness of their teaching. They do not know whether they are doing a good job, whether a problem student can be helped, or whether their instruction can be improved. Teachers rarely have the opportunity to observe other teachers' classroom performance in secondary schools, which might provide a basis for reflecting on their own performance. Supervisors can meet this need by using a different approach- helping the teacher clarify goals, collecting observational data on classroom events, and analyzing the data for discrepancies. For teachers who are not aware of their goals or how they come across in the classroom, this process can be a useful guide.

According to Goldhammer, how supervisor manages this step depends very much upon what he already knows about the teacher from their earlier work together. Among other things, "it is important in pre-observational activity not to do anything that is likely to unsettle the Teacher before he/ she steps into the class. This approach is most suitable because the expertise, confidence, and credibility of the supervisor clearly outweigh information, experience, and capability. It is very important stage; because it is at this stage that framework of supervisor's observation is developed and agreement is reached about how to proceed thereafter.

2.2.2.2.2. Classroom Observation

The next step, *observation*, is the time to follow through with the understandings of the first stage preconference. In this stage the supervisors observe the teacher at work during formal lesson. Observation creates opportunities for the supervisor to help her/his test reality, the reality of his/her own perceptions and judgments about teaching. The conditions under which observations are made are very important to the teacher. Indeed Goldhammer, Anderson and Karjewski (1980) proposes, "If supervisors were to spend more of their energy in the classroom visits followed by helpful conference, we believe that teacher would probably have more friendly attitudes toward supervision". Obviously, there is no other equally important choice than classroom visits for the betterment of instructions. Classroom observation is a valuable means to obtain first hand information and experience of the classroom atmosphere (Manas Ranjan, 2012).

The supervisor might use any one observation or combinations of observation. As Glickman et al., (2010:289), the methods include categorical frequencies, performance indicators, visual diagramming, space utilization, verbatim, detached open-ended narratives, participant observation, focused questionnaire, and tailored observation systems.

Most supervisors tend to use the general Observation recording checklist. Acheson and Gall (2003) describe the selection of an observation instrument helps to sharpen a teacher's thinking about instruction. Acheson and Gall adds that, 'although complete objectivity is probably not attainable, that is the goal of classroom observation. Skillful clinical supervisors find a way to maintain a neutral stance in the data-collection process, so that the data speak for themselves. This process is facilitated if the teacher has a hand in selecting the observation instrument, or instruments, to be used.' If the teacher and supervisor use the conference only to talk about instruction, the conversation might drift into vague generalities and abstractions. Selecting an

observation instrument brings the teacher “down to earth” by focusing attention on the observable realities of classroom instruction. Either the supervisor or the teacher can suggest appropriate observation instruments and behaviors to be recorded on them.

Classroom observation demands a high level of technical and analytical skills. The supervisors must have the skill of what to look for, how to note, analyze and interpret the data. It involves discovery, verification, explanation, interpretation and evaluation. Each classroom observation is a unique new situation; classroom interactions are never the same. Thus the supervisors need to be alert to watch events as they are happening. In line with this, Pajak (1989:210) more briefly depicted that observation is the phase in which the supervisor records instances when the intended behaviors are seen to occur. In similar way, Harris (1991) as cited in (Chanyalew, 2005) noted that classroom observation is a technique to help teachers improve by indentifying specific needs to satisfy their personal and professional career. In short, the most important aspects of school are the quality of teaching and learning in the classroom. Hence, supervisors should get prepare before classroom observation and list important elements during the classroom observation so as to improve the teacher proficiency.

2.2.2.2.3. Analysis and Interpretation of Data

As soon as the observation has been conducted, the supervisor organizes their observation data into clear discipline for feedback to the teacher. The analysis and interpretations of the observation and determination of approaches are now possible (Glickman et al., 2010). At this step the supervisor leaves the classroom with his or her observations and seeking solitude in an office or corner. He or she lays out the recorded pages of observations and studies the information. The analysis/strategy stage is the core of clinical supervision; the supervisor conceptualizes what was observed in the classroom and converts the analysis into readable data for the teacher (Cogan, 1973; Goldhammer et al., 1993). However, as Anderson and Gall (2003), recommend that at this stage the supervisor and the teacher analyze the data together. The teacher and the supervisor meet to review the observational data, with the supervisor encouraging the teacher to make his or her own inferences about teaching effectiveness.

As Glickman et al., (2010) the last determination for the supervisor to make in the third step of the clinical structure is to choose what interpersonal approach to use the teacher in the post-

conference. These approaches are directive control, directive informational, collaborative, and nondirective approaches. These will be discussed later.

2.2.2.2.4. Post-conference

With the completed observation form, completed analysis, and interpretation form and with the chosen interpersonal approach, the supervisor is ready to meet with the teacher in a post-conference. The effort made during the pre-observation and classroom observation phase can be considered fully successful in and only if they enable effective post-conference to occur. Post-classroom observation conference is regarded as the focal point in clinical supervision process; because it is at this stage that supervisors and teachers come together to review post performance and to identify professional needs of the teacher, and ultimately to determine and agree on future action plans that deserve careful attention during the follow up process (Szilagyi, 1981:563; Bollington et al.,1990:47).

In this stage the major purpose of supervisor is to give feedback to the teacher about the teacher's performance. Research demonstrates that teachers are likely to change their instructional behaviors on their own after their classroom has been described to them by a supervisor. Whether or not any positive change occurs depends on the quality of feedback that is provided (Sullivan and Glanz, 2002).

One of the problems hindering teachers' classroom instruction, there is an absence of systematic feedback for teachers to facilitate their professional growth and improve instruction. Donaldson (2010) concludes that supervisors tend not to provide detailed and concrete feedback after they have observed teachers. Frase (1992) states that feedback has often been "inaccurate, shallow and at times mean spirited, rather than helpful and uplifting"(p. 179). Feeney (2007) determines that "Constructive and meaningful feedback is needed to promote reflection and allow teachers to plan and achieve new goals, which will ultimately lead to an increased sense of efficacy in their teaching"(p. 193). According to Covey (1991), without objective feedback and regular reports on progress and performance, an individual is less likely to achieve his or her professional goals. Constructive and meaningful feedback is needed to promote reflection and allow teachers to plan and achieve new goals, which will ultimately lead to an increased sense of efficacy in their teaching. Quality feedback should support teachers in making decisions about

what to teach and how to teach to better meet the needs of their students (Sergiovanni & Starrat, 2007). An evaluation of classroom instruction has no meaning if it is not interpreted, questioned, discussed and reflected on, ultimately leading to making different and more effective decisions (Feeney, 2007).

Several studies have been conducted relating to teacher feedback. Turnbull, Haslam, Arcaira, Riley, Sinclair & Coleman (2009) found in their study that principals spend less time in providing feedback to teachers than on observations. The study also reported that teachers in several schools stated that their principals provided no individual feedback, choosing instead to focus on group feedback based on checklist criteria. Also, Arlestig (2008) conducted a study of 24 principals in secondary schools and found that few classroom observations were conducted and rarely were teachers provided feedback. To add further, Kelley and Maslow (2005) concluded in their study that meaningful feedback for teacher learning beyond the probationary period did not occur for experienced teachers.

Additionally, some instructional supervisors may hold post observation conference; but since they lack relevant training and do not analyze, synthesize and evaluate in advance the performance data they might have gathered, they simply focus too much on weakness and little on strength of teachers (Pajak, 1989:229). The most effective way of improving performance is to inform teachers of their strengths and weakness during post observation conference.

The post- conference is held to discuss the analysis of the observation and finally to produce a plan for instructional improvement. The post-observation conference allows the supervisor to dialogue with the teacher on the observed lesson (Goldhammer et al., 1993) and allows the teacher to give input on the lesson. And also the supervisor and teacher work together to establish goals to be met at the next observation date. Williams (1989) asserts that classroom observation should be “developmental rather than judgmental” (p. 85) and should provide teachers with opportunities to raise their awareness of classroom dynamics, improve their abilities to assess their own teaching approaches and develop their skills to notice, reflect and enhance their pedagogic skills (Malderez, 2003). In post-observation meeting, observer and observe collaboratively focus on both the strengths and weaknesses to help teachers develop a future plan of action that will help and grow professionally.

In sum, the lack of supervisory feedback usually creates frustration in teachers and this frustration often has negative impact on teachers' performance or instructional improvement. To make the observation scheme successful and beneficial for the teachers, the observers need to be qualified trainers who know what to look for, how to provide effective feedback and how to keep the subjectivity factor to a minimum. Moreover, observation needs to be a "non-judgmental description of classroom events that can be analyzed and given interpretation" (Gebhard, 1999, p.35) in feedback discussions which are integral to teacher professional development. To provide quality focused feedback, a structure needs to occur to promote reflective inquiry and conversations for facilitating the learning of teachers. Conferencing facilitates a collaborative reflective dialogue after a lesson has been observed. According to Feeney (2007), "When a structure to promote reflective inquiry is provided, teachers are more likely to internalize the feedback and make adjustments to improve their teaching"(p. 195).

Generally Acheson and Gall (2003) summarize, the feedback conference include the following steps:

- a. The supervisor display the data recorded during the observation. This is done without evaluative comments.
- b. The teacher described and analyzes what happened during the lesson as evidenced by the data. The supervisor simply helps to clarify what behaviors and events are represented by the recorded data.
- c. The teacher, with the help of the supervisor, interprets the observed behavior. At this stage the teacher becomes more evaluative, because and consequences of classroom events must be discussed as desirable or undesirable.
- d. The teachers, with assistance from the supervisor, decide on alternative approaches for the future to attend to dissatisfactions with the observed teaching or emphasize those aspects that were satisfying.
- e. The supervisor reinforces the teacher's announced intentions for change by agreeing with them or helping the teacher modify the intentions if there is some disagreement.

After the observation, the data have been analyzed carefully, and some strategies have been proposed to solve the problem. In the post-observation conference, the supervisor and the teacher have come together, and gone through the analyzed data, and discussed the alternative solutions to the problem. When the same problem has related to the other staff, a seminar or a workshop has been held by the supervisor.

2.2.2.2.5. Critique of the previous four steps/Post-Conferences Analysis

The final phase in the clinical supervision model is an evaluation of the process and outcome. The critique of the previous four steps is a time for reviewing whether the format and procedures from pre-conference through post-conference were satisfactory and whether revisions might be needed before repeating the sequence. The critique can be held at the end of the post-conference. It need not be a formal session but can be a brief discussion, consisting of questions such as: What was valuable in what we have been doing? What was of little value? What changes could be suggested? (Glickman et al., 2010: 293)

The critique has both symbolic and functional value. It indicates that supervisor is involved in an improvement effort in the same way as the supervisee. Furthermore, the feedback from the teacher gives the supervisor a chance to decide on what practices to continue, revise, or change when working with the teacher in the future (Glickman et al., 2010: 293). It is a means of self improvement for the supervisor. It is the time when the supervisor assesses the nature of communication during conference, the effectiveness of the strategies used, the role of the teacher during the conference and the extent to which progress was made on the issue that were discussed. In supporting this Reavis (1978), stated the supervisor must see his role as trying to help teachers achieve purpose in more effective and efficient way.

In sum, to make the observation scheme successful and beneficial for the teachers, the observers need to be qualified trainers who know what to look for, how to provide effective feedback and how to keep the subjectivity factor to a minimum. Moreover, observation needs to be a “non-judgmental description of classroom events that can be analyzed and given interpretation” (Gebhard, 1999, p.35) in feedback discussions which are integral to teacher professional development.

2.3. Interpersonal Approaches/ Supervisory Skill

There are different views on clinical supervision approaches during post-conference with teacher. These interpersonal approaches are directive control, directive informational, collaborative, and non directive. According to Goldddhammer's (1969) text on clinical supervision emphasizes a nondirective interpersonal approach. Cogan's (1973) clinical cycle reflects a collaborative orientation. Hunter's (1980, 1983, 1984, and 1986) (cited in Glickman et al. :2010) clinical model supports a directive approach. As Glickman et al. (2010), views are that directive informational, collaborative and nondirective supervisory approaches are all consistent with the clinical model.

The directive control approach includes the following kinds of supervisory behaviors: directing, standardizing, and reinforcing consequences. The result of this orientation is the mutually agreed-upon plan of action between the supervisor and the teacher. The directive supervisor judges the most effective way to improve instruction by making tasks clear, reassessing the problems and possible solutions, and showing teachers what is to be done. It implies that the supervisor is more knowledgeable in the matter and his or her decisions are more effective for improving the instruction.

In the directive informational approach, the supervisor can suggest and explain two or three alternative observation foci data-collection methods in the preconference and ask the teacher to select from the options provided. In the post-conference, the supervisor can help the teacher to interpret observation data and ask the teacher to choose from a limited range of possible improvement objectives, activities, and follow-ups. (Glickman et al, 2010). This orientation is used to direct teachers to consider and choose from clearly delineated alternative actions. Such an approach is useful when the expertise, confidence, and credibility of the supervisor clearly outweigh the teachers' own information, experience, and capabilities (Glickman et al., 1998). As Kenenissa (2013), on his instructional supervision summer course material summarize the method of interpersonal approach when to use: When the teacher is functioning at fairly low developmental level, when the teacher does not possess the knowledge about an issue that the supervisor clearly possesses, when the teacher feels confused, inexperienced, or is at a loss for what to do and the supervisor knows of successful practices, when the supervisor is willing to take responsibility for what the teacher chooses to try, when the teacher believes that the

supervisor is credible- a person who has the background and wisdom to know where of he/he speaks and when the time is short, the constraints are clear, and quick, concrete actions need to be taken.

The collaborative approach. The supervisor and teacher engaged in a collaborative preconference can consider observation alternatives and select a mutually agreeable observation focus and data- collection method. In the collaborative post-conference, the supervisor and teacher can share decision-making responsibility as they build an action plan for instructional improvement (Glickman et al., 1998:294). This orientation includes the following behaviors: listening, presenting, problem solving, and negotiating, which lead to a development of a contract between the teacher and the supervisor. Collaboration is appropriate when teachers and supervisors have and are aware of similar levels of expertise, involvement, and concern with a problem. Equality is the major issue in this orientation. The result is a contract, mutually agreed upon and carried out as a joint responsibility. Kanenissa (2013), summarizes when to use; when teachers are functioning at moderate or mixed developmental levels, when the teachers and the supervisors have approximately the same degree of expertise on the issue (If the supervisor know the other part), when the teacher and the supervisor will both be involved in carrying out the decision, if the teachers and the supervisor will be held accountable for showing results to someone else, when the teacher and the supervisor are both committed to solving the problem and if teachers wants to be involved, and if leaving them out will lead to low morale and distrust.

In a *non-directive style*, supervisors view teachers as capable of analyzing and solving their own instructional problems. Non-directive behaviors include listening, reflecting, clarifying, encouraging, and problem solving. The purpose of this type of supervision is to provide an active sounding board for thoughtful professionals (Glickman et al., 1998). The outcome is generated by the teacher, who determines the plan of action. The supervisor using nondirective behaviors in a pre-conference can ask the teacher to create an observation system that the supervisor would feel comfortable using. In the post-conference, the supervisor would clarify, encourage, and reflect as the teacher designed his or her own improvement plan (Glickman et al., 2010). When to use are summarized by Kenanissa (2013), when the teacher at high developmental level, when the teacher possesses most of the knowledge and expertise about the

issue, when the teacher has full responsibility for carrying out the decision and the supervisor has little involvement, if the teacher going to be accountable for it and you are not let them solve it and when the teacher is committed to solving the problem but the problem doesn't matter to the supervisor.

In sum, supervisors should select the best interpersonal approaches based on the teacher developmental level, experience, expertise about the issue, accountability, difficulty of the problem, and so on.

2.4. Teachers' Development

Professional development is an important part of an ongoing teacher education concerned with improving teachers' instructional methods, their classroom management skills, their ability to adapt to instruction to meet students' needs, and establishing a professional culture which is important in teaching and learning (Wanzare & Da Costa, 2000). A Teacher Development Program was launched in order to improve teacher qualifications and professional development. Anything supervisors can perform to help teachers develop and strengthen becomes an investment in promoting professional development (Sergiovanni & Starratt, 2007). And thus, professional development allows teachers to make their own decisions regarding their knowledge and skills improvement and to assume personal accountability (Retting, 1999; Kaagan, 2004).

Kutsyruba(2003)defines professional development as, a major component of ongoing teacher education concerned with improving teachers' instructional methods, their ability to adapt instruction to meet students' needs, and their classroom management skills; and with establishing a professional culture that relies on shared beliefs about the importance of teaching and learning and that emphasizes teacher collegiality. (p. 11). Similarly, Wanzare & Da Costa (2000) define, Professional development is a major component of ongoing teacher education concerned with improving teachers' instructional methods, their ability to adapt instruction to meet students' needs, and their classroom management skills, leading to the professional growth of the teacher.

Teacher classroom practice and interaction at classroom level seem to have vital importance in learning improvement. The following idea confirms this point. "In all education systems, the performance of teachers is one of the handful of factors determining school effectiveness and learning outcomes for teachers interaction with learners is the axis on which educational quality

turns” (VSO, 2002:10). With the changing educational reforms new ways of practice, new ways of working and above all, different ways of instructional practice demand continuous improvement and updating of teachers.

Craft (2000) states that the current change in instructional practice demands new knowledge, new skills and increasing commitment to lifelong learning. Fullan (1993) states, the intended educational change at three levels: the teacher, the school and the community, emphasizing on the teacher’s level. The change at teacher’s level is the core as the expected outcome rests on teacher’s activities, which is the closest level to learning that directly affects students’ achievement. The quality of academic and professional development teachers had during pre and in-service training have direct bearing on their performance and on the achievement of students. Quality of teaching, which is the result of pre-service and in-service training of teachers, is the core determining element of students’ achievement (Lockheed and Verspoor, 1991).

To improve the current status of teaching quality, teachers’ professional development is hoped to provide with a way to directly apply what they learn to their teaching. It leads to better instruction and improved student learning when it is connected to the curriculum materials that teachers use, and the academic standards that guide their work, and the assessment and accountability measures that evaluate their success.

Changes in the educational system of a nation and global requirements demand staff development activities. In a major initiative to address problems related to access, equity, and quality of educational provision, the Transitional Government of Ethiopia (TGE) introduced the Education and Training Policy in 1994. The Education and Training Policy (ETP), supported by articles in the Ethiopian constitution, sought to decentralize educational authority to the 11 states and called for new paradigms of education based on relevant, active, and student-centered teaching and learning.

The Education and Training Policy established the foundation for all subsequent strategies; guidelines and programs. The education sector programs were Education Sector Development Programs I, II, III and IV which were developed in 1997, 2002, 2005 and 2010 respectively. In line with the goals of creating “trained and skilled human power at all levels who will be driving forces in the promotion of democracy and [economic] development in the country” (MoE, 2005,

p. 5), the programs have focused on the expansion of the system, increased access for marginalized children and girls, and reduction of attrition. With rapid quantitative expansion, attention has increasingly been directed toward the issue of quality. Improving curricula, providing textbooks, increasing community participation, and augmenting financing for education are among the strategies pursued to address the perceived decline in the quality of education. Moreover, while all policy documents stress the importance of teachers for promoting learning, the emphasis on improving teacher quality is most prominent in the 2005 Education Sector Development Programmed (MoE, 2005).

The quality of student learning is directly related to the quality of classroom instruction. Therefore, one of the most important aspects of instructional leadership is to provide the necessary climate to promote ongoing instructional improvement. Supervisor is responsible to identify the training needs of the teachers and organize in-service programs in the form of work shop, seminars, conference, faculty meeting, intra school and inter school visits and other services are useful to be utilized, so as to realize effective staff professional development (Musazi,1987) and supervision manual (MOE,1994). According to Sergiovanni and Starrat (1998) stated, "since teachers often will not know-how to do what needs to be done, it is important for a supervisors to identify their needs and then to in-service them in the some ways".

Travers (1995) proposed the name of training is staff development, which primarily aim to increase the knowledge and skills of teachers and staff members and thereby increase the potential of the school to attain its goals and objectives. Sybouts (1994) also pinpoint that staff development programs must be predicted on the beliefs that:

- ✚ A school system deliver quality education through quality of its staff and
- ✚ Teacher in a continuous learning process. What is more, Travers (1995) lists benefits that staff development programs can offer to the teacher, to update skills and knowledge in a subject area, to keep abreast of societal demands, to become acquainted with research on new methods of teaching and to become equipped with the advances in instructional materials and equipment.

Improving the quality of education has become an imperative for most education systems, as rapidly expanding enrolments threaten to overwhelm quality gains and progress made in the

introduction of reforms in curriculum and teaching. Education quality depends on a complex combination of factors that come together at the school and classroom levels. The most important of these factors is widely understood to be quality of teachers and teaching. Teacher quality itself is the result of a complex process, with in-service professional development shown to have a strong impact on teacher quality.

However, the plan covered the period 2004/05- 2006/7 and was later on extended through the year 2007/8. "Amongst the major achievements of this program, the following are worth mentioning:

- ✓ The required qualification of teachers at all level increased.
- ✓ An English language improvement program (ELIP) was established from which more than 150,000 teachers have already benefited.
- ✓ Continuing professional development (CPD) for teachers was introduced in most schools." (Education Sector Development program MOE: 2010)

In general, at school level professional development should meet the need of both the individual teacher and the educational system. Professional development at school level is highly important.

2.5. The Contribution of Clinical Supervision for the Promotion of Teacher Development

Instructional supervision is "an organizational function concerned with teacher growth, leading to improvement in teaching performance and greater student learning" (Nolan & Hoover, 2008, p. 6). It is clear that continuous improvement in methods and skills is necessary for every professional, and so the professional development of teachers has become highly important (Anderson & Snyder, 1998; Carter, 2001; Zepeda, 2007).

According to Zepeda (2007), there must be a clear connection of clinical supervision to professional development. She added that the various models or approaches of instructional supervision like clinical supervision have their contributions to enhance teachers' professional development. Research findings on instructional supervision suggested that there is a significant link between instructional supervision and professional development. They are inter-linked and inter-dependent (Burant, 2009). Supporting this, Sullivan (1997) on the other hand, stated that as fields of educational development, instructional supervision and professional development are

interlinked and “can and should overlap as needs and local preferences dictate”.

In the words of Sergiovanni and Starratt (1979:305), “clinical supervision refers to face-to face encounters with teachers about teaching, usually in classrooms, with the double-barreled intent of professional development and improvement of instruction” . Zepeda (2007a) has identified three main aspects of the teacher supervisory process: instructional supervision, professional development, and evaluation.

Similarly, clinical supervision and professional development are linked in several ways. As McQuarrie and Wood (1991) noted one connection to be through the use of data obtained from supervision practices used in planning and implementing staff development as part of instructional improvement and helping teachers improve their skills. A clinical supervisor must also teach supervisees how to utilize the most current and effective evidence-based theories in practice. Evidence-based practice refers to the “conscientious, explicit and judicious use of current best evidence in making decisions” regarding the care of clients (Milne & Reiser, 2011, p. 149. Clinical supervision; it is clear that one can conclude that clinical supervision is an important tool in building effective teachers’ professional development.

Clinical supervision does not exist within a vacuum. It affects and is affected by various processes of teacher development and evaluation that extend from initial teacher licensure to the end of a teacher’s career. Teachers wish to be seen as professional and accorded the same status enjoyed by other professional like doctor and engineer. So clinical supervision need to focus on teachers’ classroom instruction. In line with this, Clinical supervision is best suited method to help teachers develop those aspects of professionalism that concern non-routine problems and the skill, systematic knowledge, and ethical judgment needed to solve them effectively. (Acheson and Gall, 2003)

Sergiovanni and Starratt (2007) stated that clinical supervision is typically formative than summative in its evaluative approach in order to enable teaches “collaborate to research their practices and improve their teaching and learning” (p. 233). As a result of this, the writers further described that the focus of clinical supervision is not on quality control, rather on the professional improvement of the teacher that guarantees quality of teaching and students’ performance.

According to Sergiovanni and Starratt (2007), clinical supervision is a “face- to- face contract with teachers with the intent of improving instruction and increasing professional growth” (p. 23). It is a sequential, cyclic and systematic supervisory process which involves face-to-face interaction between teachers and supervisors designed to improve the teacher’s classroom instructions (Kutsyuruba, 2003). The purpose of clinical supervision according to Snow-Gerono (2008) is “to provide support to teachers (to assist) and gradually to increase teachers’ abilities to be self-supervising” (p. 1511). Clinical supervision is a “specific cycle or pattern of working with teachers” (Sergiovanni & Starratt, 1993, p. 222).

Not only that, clinical supervision has an advantage to retain teachers in the school. Having sufficient time for clinical supervision is important to have settled teachers in the school. In line with this idea, Acheson and Gall (2003) reveal that, giving insufficient time for clinical supervision might be the fact that there is a large amount of turnover, in the teaching profession. Of course, one might argue that more teachers would stay in the profession if they had access to good clinical supervision and other methods of professional development.

The most notable difference between the clinical supervision model and other more traditional models of teacher supervision is that the supervisor and the teacher discuss and agree upon the focus for the observation, i.e. the area of concentration on the observation. That would mean that the supervisor and teacher have got specific and mutually desired data to discuss. This then would form the basis for a cooperative relationship in which the supervisor helps the teacher to develop strategies for improving his or her performance in future lessons. Clinical supervision is based on the proposition that the relationship between supervisor and teacher is mutual, and that the two work together as colleagues rather than in a supervisor-subordinate relationship

Experienced teachers have special professional development preferences and needs, too. Only a small percentage needs intensive clinical supervision that focuses on the essential skills of teaching (Glatthorn, 1990). Also Glatthorn (1990) stated, beginning teachers can be characterized in terms of their preferences for certain kinds of supervisory processes. First, a general view is that most beginning teachers need the intensive assistance of clinical supervision. They can benefit from the developmental processes of the clinical supervision cycle.

In sum, for professional development to be meaningful to both the beginning and experienced teachers, and to lead to the renewal and instructional improvement. The use of clinical

supervision increases teachers' satisfaction with the quality of supervision (Benjamin Kutsyuruba, 2003).

Supervisors who employ clinical supervision should consider the perceptions of teachers. According to Beach and Reinhartz (2000), teachers tend to favor individualized, close and supportive supervision, which addresses their individual needs. Teachers also agree on the basic assumptions and effectiveness of clinical supervision, accepting recommendations for change, which they believe is possible in their classroom behavior.

2.6. Problems/ Problems Related To The Clinical Supervision

Clinical supervision become effective when supervisors (principals, vice principals, department heads, senior teachers, assigned supervisors) focus their attention on building the capacity of supervisee, then giving them the autonomy they need to practice effectively, and finally, enabling them responsible for helping students be effective learners (Sergiovanni & Starratt, 2007).

This section reviews problems which may undermine the clinical supervisory practices at the school level. Because there is a dearth of empirical research about clinical supervision practices, the review will draw on issues from the previous section which may have the potential to undermine the goals of clinical supervision. The main purpose of supervision is to work collaboratively with teachers and provide them with the necessary assistance, guidance, and support to improve instruction. Some support systems in education delivery, as well supervisor characteristics and practices and the context within which supervisors work pose problems to the smooth performance of their duties. Some of the problems are discussed bellow.

Supervisor Incompetence

Garubo and Rothstein (1998) observed that the initial problems of supervisors are usually related to their own sense of competence. Supervision provides an opportunity to promote teacher efficiency, abstract thought, and a reflection on the teacher's own instructional methods (Glickman et al., 1995). If the instructional leader lacks adequate knowledge of supervision and does not know how to meet the needs of the teacher, then an unproductive working relationship may be established (Acheson & Gall, 1980). The teacher could spend time being upset with the

instructional leader and might not devote sufficient effort toward teaching students. More importantly, students' desire, ability, and levels of learning may be affected (Beach & Reinhartz, 2000). When the instructional leader cannot meet the teacher's needs, the entire teaching experience may not be as effective as it could have been (Sergiovanni & Starratt, 1988). Chapman and Burchfield (1994), in reflecting specifically on the African situation, observed that those individuals selected for headship may lack formal training in instructional supervision and, consequently, they may not command sufficient respect among teachers to operate effectively as instructional supervisors. A supervisor unfamiliar with proven supervisory techniques and strategies will perform poorly or will slide into 'supervision avoidance' (Kosmoski, 1997: 25). Empirical studies have also shown that although some supervisors were able to observe lessons, others were unable to do so. Some participants in Pansiri's (2008) study indicated that their supervisors visited classrooms with the intention of supervising instruction but were unable to provide professional support to the teachers.

The early evidence indicates that by Tennessee Department of Education (2013), yet most principals have not developed essential skills, such as accurately assessing teacher performance and providing high-quality feedback. And many principals are ill equipped to have difficult conversations with low-performing teachers.

Similarly, Goldhammer, Krajewski and Anderson (1980) states that, Supervisors don't necessarily need to be master teachers, but they must be experienced, more experienced than those they observe, empathetic and people whom the teachers do not fear. They must have expertise in analysis of teaching and in applying the principles of learning in a practical way (p. 422). Also Olana Dabi (2013), reveal on his findings that "supervisors were not competent enough to achieve supervisory objectives in the school." These competencies may be related to effective planning, sufficient feedback, etc.

Time Constraints

School supervisors have additional activities other than clinical supervision. Giving sufficient time for the process of clinical supervision is important that directly associate to teachers' development. Feedback providers are given a reduced load of other responsibilities in order to free time for observation and detailed feedback. In supporting this idea, Cross and Rice, (2000)

suggested that school principals need to spend the majority of their time in classrooms talking to teachers and students about teaching and learning. And, more recently, Curtis (2002), in a study of the issues high school principals encounter with supervision in the state of Georgia, US, reported that the principals studied unanimously agreed that time constraints and unexpected interruptions frustrated their endeavors to effect meaningful teacher supervision. Alemayehu (2008) found that assigned subject area instructional supervisors in AACA were focused on administrative matters rather than academic issues, and gave less time to support beginner teachers.

Attitudes of Teachers' Toward Clinical Supervision

Most of the time, the perception of teachers towards supervision is negative, because supervision during early period focuses on controlling and evaluation of teachers. Because these and other reasons supervision is not a positive experience for teacher. Supporting this idea, Gold Hammer, Anderson and Karjeuski (1980:14) said that "Teachers generally dislike being the object of supervision. They tend to perceive supervision as inherent in the administrative hierarchy and to see the supervisor as being somewhat of threat". This indicates that teachers perceive supervisors as those who control and evaluate them. Kapfunde (1990) stated that teachers usually associate instructional supervision with appraisal, rating, and controlling them. In Ethiopia, many teachers resent or even fear being supervised because of the history of supervision, which has always been biased towards evaluation or inspection (Haileselassie, 1997).

On the other hand, teachers seem to be in line with the supervisors when they feel that supervision work should be more developmental and less control oriented. It is not these teachers who refuse the idea of being controlled: what they dislike is rather the attitude of controllers. The two most frequent complaints are that some supervisors are authoritarian, fault finding and bureaucratic, and moreover, biased, subjective and arbitrary.

Combining Supervision With other Duties Another challenge to supervision is a situation where head teachers, by virtue of their position, are administrators, financial managers and instructional supervisors. Such heads have relatively little time for clinical supervision. When a choice is to be made between administrative and pedagogical duties, the latter suffers (Grauwe, 2001). Grauwe contends that supervisors may focus their attention on administration rather than

pedagogy, because they have much power over administrative decisions.

Studies conducted in some countries (India, Chile and Zimbabwe) showed that pedagogical support and advice, which form the core part of the supervisor's mandate are overshadowed by office work and that more generally, administration related activities tend to take up a sizeable proportion of supervisors time. Supervisors are overburdened with routine administrative tasks some of which have little or nothing to do with their official job description, consequently, the time that they can devote to pedagogical support and advice becomes limited, if not insignificant (UNESCO, 2007).

CHAPTER THREE RESEARCH DESIGN AND METHODOLOGY

The main purpose of this chapter is to provide an overview of the basic research design and methodology that were used to carry out the study. This overview includes the basic research method, data sources, sampling and sampling techniques, measuring instruments, data collection procedure and statistical techniques used to analyze the data.

3.1. Research Method

In this study a descriptive survey method was employed with the intention to get the general picture of the current practice and problems of clinical supervision on teacher development in selected secondary schools of Jimma zone. In supporting this idea, Abiy et al., (2009) suggested that descriptive survey research method is used to gather data at a particular point in time with the intention of describing the nature of existing conditions or identifying standards against which existing conditions can be compared or determining the relationships that exist between specific events. In other words, the descriptive survey is more effective in assessing the current practices in its natural setting.

3.2. Sources of Data

In this study, both primary and secondary data sources are employed to obtain reliable information about the contribution of clinical supervision and teachers' development under the study area.

Primary Sources of Data could be the key informants of the information such as principals, vice principals, department heads, secondary school CRC supervisor, senior teachers and teachers who have direct and indirect involvement in clinical supervision task. All of them were taken as data source to assess their perception towards clinical supervision.

Secondary data collected by direct access to the record offices of the high schools to get relevant information through document analysis to check whether clinical supervisors have classroom observation plan, written feedback, whether the school have a teacher development plan and the common problems observed on teachers' feedback checklist.

3.3. Sample and Sampling Technique

Sample of the data were selected using different sampling techniques based on the 2006 E.C Jimma zone education office report. There are 18 woredas in Jimma zone, out of these four (22%) woredas were selected as a sample for the study using simple random sampling technique. In this regard Gay and Airasian (2003) state that the sample 10% - 20% of the sample population is often used in descriptive research for large population. Meanwhile, all eight first cycle secondary schools were selected by using purposive sampling technique from the selected woredas.

After selecting 8 schools teachers, senior teachers, department heads, vice principals, principals and secondary schools cluster supervisors were identified. Accordingly, from a total of 234 population 144 of them were teachers, 30 department heads, 35 senior teachers, 8 School principals, 13 Vice principals, and 4 secondary school supervisors. Out of these 72(50 %) teachers, 24(80%) department heads and 28(80%) senior teachers were selected using simple random sampling (through lottery system) for it provides equal chance for them to be selected as samples of the study.

Meanwhile, 13(100 %) vice principals, 8(100%) school principals and 4 (100 %) of the secondary school cluster supervisor were selected by using availability sampling since their positions are important in describing the practice of clinical supervision and teacher development. Also they know the strengths and weakness, problems and opportunities of their schools. They can also have detailed information about the current status of clinical supervision and factors that hinder or enhance the practice in their schools. And also know how it serves for the teacher development in their school. This helps the researcher to get more and detail information which is crucial for the validity of the study:

Table 1: Summary of the Population, Sample and Sampling Techniques

	Population	Samples	Sampling Techniques
Woreda	18	4	Random Sampling
Schools	8	8	Purposive Sampling
CRC Supervisors	4	4	Purposive Sampling
Principals	8	8	Purposive Sampling
Vice Principals	13	13	Purposive Sampling
Department Heads	30	24	Simple Random Sampling
Senior Teacher	35	28	Simple Random Sampling
Teachers	144	72	Simple Random Sampling
Total	234	149(64%)	

3.4. Instruments And Procedure of Data Collection

3.4.1. Instruments

In order to obtain relevant information for the study, the researcher employed three instruments. These are questionnaire (both close-ended and open-ended questionnaires), semi-structured interview and document analysis.

3.4.1.1. Questionnaire

Questionnaire is considered as the heart of a survey operation because large samples can be made use of and, thus, the results can be made more dependable and reliable. In addition, collecting data through questionnaire is also relatively economical and probably it is the most common data collection method in descriptive survey (Alreck and Settle, 1995). Accordingly, both open- and close-ended questionnaires were prepared for most of the respondents (72 teachers and 77 clinical supervisors). Close-ended questions have the advantages of easy handling, simple to answer, quick and relatively inexpensive to analyze (Kothari, 2004). Open ended questions were prepared with the assumption that it permits to generate a free response from the respondents and gives them freedom in phrasing a reply. Getting the replies in respondent's own words will contribute a lot to the validity of the study. In addition, open-ended question gives respondents opportunity to express their feelings, perceptions, problems and intensions related to the issue under treatment (Million, 2010).

3.4.1.2. Interview

The interview permits greater depth of response which is not possible through any other means. Thus, the purpose of the interview is to collect more supplementary opinion so as to substantiate and triangulate questionnaire response. The main advantage of structured interview is that, it provides uniform information which assures the comparability of data (Kumar, 1999:109). Thus, in addition to questionnaire, semi-structured interview conducted with eight school principal and four secondary school cluster supervisors for ten to fifteen minutes. The rationale for using semi-structured interview was for the advantage of flexibility for participants. It provides the opportunity to express their feelings, perceptions, problems and intensions related to the instructional supervision practices in the schools.

3.4.1.3. Document Analysis

The documents that analyzed for this study were to check whether clinical supervisors have classroom observation plan, written feedback, whether the school have a teacher development plan and the common problems observed on teachers' feedback checklist. The documents were analyzed in order to get more information on the content of feedback, supervision checklist, plans of classroom visit and if any possible recommendation given to the teachers to improve the area need to improve.

3.5. Procedure of Data Collection

Both the questionnaire and interview were prepared based on the basic questions and review of related literature. Before administering the questionnaire to respondents, a pilot test was conducted at Bege secondary schools with twenty-two teachers and five clinical supervisors. This school was excluded from being involved in the final data gathering. From the experience gained in the pilot test, improvement was effected and modifications were made depending on the comments collected during the tryout. At last, the questionnaire was set in its final form.

Consequently, the questionnaires were administered to respondents after a brief orientation about the purposes of the study was given to them. To maximize the quality of the responses and the rate of return, respondents took the questionnaires to their home and filled it and finally, the completed questionnaires were collected from the respondents with the help of assistant data collectors.

On the other hand, the interview schedule was conducted in English as the researcher assumed that the interviewees could understand the language clearly. For eliciting the desired information, the researcher discussed with the interviewees to arrange a suitable time and place so that they might be at ease during the interview period. Supporting this idea, scholars in the field such as Kothari (2004) stated that knowing some of the daily routines of the interviewees is essential so that convenient time and place will be created. Besides, the purpose of the interview was explained and all possible efforts were made to establish proper rapport with the interviewees because people are motivated to communicate when the atmosphere is favorable. Finally, document analysis was carried out.

3.6. Validity and Reliability Checks

To ensure validity of instruments, initially the instrument was prepared by the researcher and then senior colleagues' secondary school English teachers and instructor of Jimma University were personally consulted to provide their remark. The participants of the pilot test were also taken as firsthand informed about how to evaluate and give feedback on the relevance of the contents, item length, and clarity of items and layout of the questionnaire. Based on the reflections, the instruments were improved before they were administered to the main participants of the study so that irrelevant items were removed, lengthy items were shortened and many unclear items were made clear at the end developed and approved under close guidance of my advisor.

To this end, the reliability of the instrument was maintained through conducting a pilot test on schools before it was used for the actual data collection purpose. The questionnaires were distributed to twenty-two teachers and five clinical supervisors who were later excluded from the actual data collection purpose and the reliability analysis was carried out by using cornbach alpha. Accordingly, the researcher found the coefficient of Alpha (α) of 0.865 by using SPSS version 16 with the help of computer, as suggested by Tech-Hong & Waheed (2011)cited in Abebe (2014:39) the reliability coefficients between 0.70–0.90 are generally found to be internally consistent. Supporting this, George and Mallery (2003) also suggest that, the Cronbach's Alpha result >0.9 excellent, >0.8 good, >0.7 acceptable, $\alpha < 0.6$ questionable, and < 0.5 poor. The table below indicates the computed internal reliability coefficient of the pilot test.

So, the result was regarded as reasonable good to use the question for the research.

No	Major variables	No of items	Cronbach's Alpha
1	Practicing clinical supervision	27	.902
2	Promoting clinical supervision for teacher development	9	.873
3	Problems to clinical supervision	16	.820
	Average reliability statistics		<u>0.865</u>

Table 2: The results of the pilot test

3.7. Methods of Data Analysis

On the basis and types of data gathered and the instrument used techniques of data analysis were employed. To get the collected data ready for analysis, the questionnaires were checked for completion, and then were classified and tailed by the researcher himself.

First, to determine the personal characteristics the respondents of teachers' and clinical supervisors' frequency and percentage were used. And then to measure the practices and problems in clinical supervision and teacher development, information collected through close ended questionnaires were analyzed around the subtopic related to the research questions by using mean, weighted mean and standard deviation. Also independent sample t-test was used to check whether there is a significant difference in the distribution of preferences between groups of respondents in terms of a given items of clinical supervision and teacher development. All the data were computed with the help of computer using SPSS version 16.

Then based on the five point likert rating scales from very high to very low or strongly agree to strongly disagree, the mean and weighted mean values less than 1.49 as very low, 1.50-2.49 as low, 2.50-3.49 as moderate, 3.50-4.49 as high and more than 4.50 as very high in implementation of the items were used for the sake of analysis and interpretation. For the case of analysis very high and high indicate effective implementation of each item, and moderate presents neither positive nor negative agreement and similarly very low and low indicate ineffective implementation of items of the current practice of clinical supervision in the schools.

Finally, both the data gained from the questionnaire (open-ended) and semi-structured interview were compared with the data obtained from document analysis analyzed and reported through narrative description.

3.8. Ethical Consideration

In order to collect data successfully and smoothly, the researcher was voluntary consent of the participants. In addition, showing respect for research participants and explaining the purpose of the study, the reason why they were selected, the amount of time that they were involved and their responsibilities. Furthermore, the researcher was created a healthy rapport with respondents expressing that their responses are decisive for the successful accomplishment of the study. On top of that, the researcher also underlined that their responses will not be used for any other.

CHAPTER FOUR DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This part of the thesis deals with the presentation, analysis and interpretation of the data. Accordingly, presentation, analysis and interpretations were made by making use of the data gathered from eight government secondary school teachers and clinical supervisors in the Jimma Zone of the Oromia Regional National State. This chapter has two major parts. The first part deals with the characteristics of respondents in terms of sex, age, academic qualification, current position (teacher or supervisor), working experience and attended training relating to clinical supervision. The second part comprises analysis and interpretation of the data.

A total of 149 questionnaires were prepared and distributed to the respondents. Out of the questionnaires distributed to respondents 149(100%) were filled and returned appropriately. The interview questions were administered to the CRC supervisor (4) and school principals (8). Based on the responses obtained from respondents the analysis and interpretations of data were presented.

4.1. The Characteristics of the Respondents

Description of the demographic characteristics of the respondents gives some basic information about the sample population involved in the study. Thus, the following table contain about the general characteristics of the respondents.

According to the personal details shown in table 4 bellow, teacher and supervisor respondents were identified in terms of their sex. Accordingly, there were 72 teacher respondents out of which 43 were males whereas 29 were females. Similarly, it is indicated in the table that out of 77 supervisors 53 were male whereas 24 supervisors were females. The participation of females in supervisory position was very low.

Table 3: characteristics of the respondents					
Items	Category of items	Respondents			
		Supervisors		Teachers	
		No	%	No	%
Sex	M	53	69%	43	60%
	F	24	31%	29	40%
Age	20-29 years	18	24	37	51
	30-39 years	28	36	26	36
	40-49 years	27	35	7	10
	50-59 years	4	5	2	3
Qualification	Diploma	-	-	4	6
	First Degree	72	94	68	94
	Second Degree	5	6	-	-
Work experience	≤ 5 years	7	9	11	15
	6-10 years	16	21	20	28
	11-15 year	27	35	23	32
	16-20 year	18	23	13	18
	≥21 years	9	12	5	7
Training attended	Less than one week	6	8	9	12
	1-2 week	7	9	4	6
	3-4 week	9	12	-	-
	1-3 month	4	5	-	-
	More than 3 month	-	-	-	-
	No training attended	51	66	59	82

The age distribution of teacher and supervisor respondents as shown in table 4, 37(51%) teachers and 18 supervisors (24%) were 20-29 years, whereas 26(36%) teachers and 28(36%) supervisors were in the age range of 30-39 years. Moreover, 7(10%) teachers and 27(35%) supervisors were in the age range of 40-49 years whereas 2(3%) teachers and 4(5%) supervisors were between 50-59 years of age. From these, it is possible to realize that on one hand, large numbers of the respondents were found in the productive age group and that on the other hand, the maturity of the supervisor respondents is better than the teachers' which, in turn, could affect the support they provide for teachers.

Regarding the qualification of respondents, 4(6%) teachers and no supervisor had diploma, 68(94%) teachers and 72(94%) supervisors had first-degree whereas no teacher and 5(6%) supervisor have second degree. This revealed that the majority of respondents had first degree. From this, it could be concluded that both teacher and supervisor respondents have the required level of qualification to adequately work for the improvement of teaching-learning.

With regards to the work experience of respondents in the above table, 11(15%) teachers and 7(9%) supervisors had served between 1-5 years, 20(28%) teachers and 16(21%) supervisors served between 6-10 years, 23(32%) teachers and 27(35%) supervisors served between 11-15 years, 13(18%) teacher and 18(23%) supervisors served between 16-20 years and 5(7%) teachers and 9(12%) supervisors served for 21 years and above. From this, consequently, it is possible to argue that teachers and supervisors have similar work experience. This implies that it might be difficult for supervisors to efficiently assist teachers as they have almost equal work experience.

Pertaining to the training attended, 9(12%) of teachers 6(8%) of clinical supervisors and were attend training less than one week, 4(6%) of teachers and 7(9%) of clinical supervisors were attend training from the range of 1 to 2 week, with none of teachers and 4(5%) of clinical supervisors did attend training from the range of 1 to 3 month. On the other hand, 59(82%) of teachers and 51(66%) of clinical supervisors did not attend a training on clinical supervision in their respective schools. From this one can easily understand that, most of the secondary schools respondents did not attend training on the practices of clinical supervision. This may hindered them to carry out their role of clinical supervision practices effectively and efficiently.

4.2. Presentation, Analysis and Interpretation of the Data

This part of the study was devoted to the presentation, analysis, and interpretation of the data obtained from respondents through a questionnaire, interview and document analysis in relation to the practice and problems of clinical supervision on teachers' development selected government secondary schools of the Jimma Zone.

4.2.1. Procedures of Clinical Supervision

The practices of clinical supervisory support for the individual teachers particularly, for teachers at beginning to senior levels are also the task of clinical supervisors. These supervisory services provided for teachers aimed to develop their professional skills and finally to improve the teaching- learning process in the class room. Thus five stages in clinical supervision were treated here under. Based on the five point likert rating scales from very high to very low or strongly agree to strongly disagree, the mean and weighted mean values less than 1.49 as very low, 1.50-2.49 as low, 2.50-3.49 as moderate, 3.50-4.49 as high and more than 4.50 as very high in implementation of the items will be used for the sake of analysis and interpretation. For the case

of analysis very high and high indicate effective implementation of each item, and moderate presents neither positive nor negative agreement and similarly very low and low indicate ineffective implementation of items of the current practice of clinical supervision in the schools.

4.2.1.1.Pre-Observation Conference With Teacher

Table 4: Response on Pre-observation conference with teacher							
How often do supervisors	Respondent	N	Mean	Std. Deviation	Av. Mean	t-obt	Value of p
Conduct the pre-observation conference with teacher?	Supervisor	77	2.09	1.01	2.055	.841	.383
	Teacher	72	2.02	.99			
Create awareness that classroom observation is helping process and not part of the final appraisal of performance?	Supervisor	77	1.97	.94	1.99	.447	-.247
	Teacher	72	2.01	1.02			
Mutually plan lesson observation with teachers?	Supervisor	77	2.22	1.14	2.21	.063	.237
	Teacher	72	2.20	1.25			
Communicate the reason and purpose of the observation clearly?	Supervisor	77	2.15	.94	2.17	-.234	.146
	Teacher	72	2.19	1.06			
Make agreement with the teacher on the methods and form of the observation?	Supervisor	77	2.07	1.02	2.08	-.120	.288
	Teacher	72	2.09	.93			
Plan with the teacher for post observation discussion time?	Supervisor	77	2.16	.95	2.08	1.05	.206
	Teacher	72	2.01	.83			
Diagnoses teacher's difficulties at this stage?	Supervisor	77	2.36	.99	2.13	3.22	0.00
	Teacher	72	1.91	.64			
Average mean	Supervisor	77	2.14		2.10		
	Teacher	72	2.06				

Key: Mean value ≥ 4.50 = very high, $3.50-4.49$ = high, $2.50-3.49$ = moderate, $1.50-2.49$ = low and ≤ 1.49 = very low at $p > 0.05$, $t_{cr} = 1.960$, $df = 147$

As it can be observed from table 5 for item 1, teachers and supervisors were asked as clinical supervisors conduct the pre-observation conference with teacher issues was rated low as indicated in the mean values of (2.09 and 2.02) by supervisors and teachers respectively with (2.05) weighted mean value. Thus, there is an agreement between the two groups in responding to the extent to which supervisors are low conduct pre-observation conference with teacher about issues. The t-test result (.841) is less than the table value (1.96) at ($p > 0.05$) level of significant with 147 degree of freedom. This shows that the difference between the responses of the two groups is statistically insignificant.

As depicted in Table 5 (item 2), supervisors and teachers were asked whether clinical supervisors create awareness that classroom observation is helping process and not part of the final appraisal of performance, the mean value (1.97 and 2.01) of supervisors and teachers responses

respectively and with (2.0) weighted mean value, one can understand that the creation awareness that classroom observation is helping process and not part of the final appraisal of performance is rated low.

When comparing with the set mean as a limit (1.50-2.4) in the same mutually plan lesson observation with teachers was rated as low with weighted mean of (1.006). So, the calculated t-test result (.063 and .237) of both items is below the table value (1.96) at ($p > 0.05$) level of significant and 147 degree of freedom with statistically no significant difference between the opinions of clinical supervisors and teachers.

Table 5 item 4 indicates that teachers and supervisors were asked whether supervisors communicate the reason and purpose of the observation clearly rated (2.15, 2.19) with the weighted mean value (2.0) was acquired respectively from supervisors and teachers respondents. This result revealed that supervisors have less qualities and the t-test result in the table reveals that there is no statistically significant difference in respondents' response on these items.

As indicated on table 5, item 5, further question also rose for respondents to rate whether clinical Supervisors make agreement with the teacher on the methods and form of the observation the mean value (2.07 and 2.09) of supervisors and teachers responses respectively rated at low level on the point and with (2.086) weighted mean value. Therefore, based on the overall mean= 2.086 disagree on the point it can be said that, supervisors did not make agreement with the teacher on the methods and form of the observation. The significant level ($p=.288$) is greater than 0.05, this indicates that there is no significant difference between the opinions of supervisors and teachers.

As it can be seen in Table 5 item 6, respondents were asked whether or not clinical supervisors plan with the teacher for post observation discussion time (mean=2.1688, SD=.95149) and (mean=2.0139, SD=.83063) respectively rate at low level on the point. . Therefore, based on the weighted mean = 2.0914 rate at low level on the point it can be said that, supervisors did not plan with the teacher for post observation discussion. The significant level ($p=.206$) is greater than 0.05, this indicates that there is no significant difference between the opinions of supervisors and teachers. For items 5 and 6 of Table 5, it is possible to say that clinical supervisors were ineffective in discussing and agreeing with their supervisees on the objective and methodology of the lessons before the actual presentation takes place.

As shown in the above table (item 7), respondents were asked regarding the diagnoses teacher's difficulties at this stage (mean=2.3636, SD=.99880) and (mean=1.9167, SD=.64459) respectively also rate at low level that the lesson plan of teachers was not analyzed by the clinical supervisors before the actual presentation takes place. The weighted mean= 2.140 indicated the level of rating on the point become low. The significant level ($p=0.00$) is less than 0.05, this indicates that there is a significant difference between the opinions of supervisors and teachers. From the result it is possible to conclude that the diagnoses teacher's difficulties at this stage were not evaluated before classroom visit.

School principals and CRC supervisors were asked through interview, what is the first step they practiced to conduct classroom observation in their school?, all (12 of 12) respondents, stated that the first step they followed was by posting notice on school board as there is classroom observation. Or they may announce as there will be classroom observation on the staff meeting by the school principals. Also they said that, 'this was practiced without reaching on consensus with individual teacher on the objective and purpose of observation.' Moreover the documents available in the schools showed that the schedule for classroom observations were prepared by the clinical supervisors and approved by the school principal without participation or individual supervisee involvement.

In this case objective and purpose of the observation, individual needs, establishing relationship between clinical supervisors and supervisee, mutual trust and respect with each supervisee clinical supervisors were missed. This indicates that the pre observation conference with teacher of the first basic stage of clinical supervision is omitted under which the area study this was conducted.

The first step of clinical supervision of preconference with teacher, according to Glickman et al., (2010), the teacher and the supervisor determine (a) the reason and purpose of the observation, (b) the focus of the observation, (c) the method and form of observation to be used, (d) the time of observation, and (e) the time for post-conference. Working on the above issues according to Lovell and wiles (1983), provides an opportunity for the clinical supervisor and the teacher to establish relationship mutual trust and respect. Furthermore, as stated clearly in the supervision manual of Ministry of Education (MOE, 1994) every classroom observation should be implemented based on a clearly stated certain criteria and should be known by the supervisee

before the supervisors carry out classroom observation. These criteria were formulated on the basis of the purpose for the observation and in relation to the way of recording necessary classroom information and how to analyze the recorded information easily. However, the data collected through questionnaire and interview revealed that as the first stage of clinical supervision did not emphasized as part of the procedure of classroom observation in the area this study was conducted by clinical supervisors. But, this stage is the backbone of the clinical supervision that play a role of minimizing the conflicts may occur during the next procedure of clinical supervision.

4.2.1.2. During Observation

Table 5: Response on During Classroom Observation							
How often do your school supervisors?	Respondent s	N	Mea n	Std. Dev	W. M	t- obt	p- value
Conduct the planned Classroom observation?	Supervisor	77	1.96	1.05	2.12	-1.82	.071
	Teacher	72	2.27	1.06			
Frequently visit classrooms to provide support to teachers?	Supervisor	77	2.05	1.12	2.13	-.910	.365
	Teacher	72	2.20	.96			
Spend sufficient time in the classroom during observation?	Supervisor	77	2.46	1.18	2.36	1.07 3	.285
	Teacher	72	2.26	1.12			
Collect relevant data during classroom observation?	Supervisor	77	3.41	1.12	3.13	3.25	.022 *
	teacher	72	2.85	1.18			
use observation instrument to collect data on the lesson being thought?	supervisor	77	2.92	1.17	3.05	.702	.484
	teacher	72	3.09	.95			
Focused only on issues of teachers' teaching behaviors and instructional improvement?	supervisor	77	2.45	1.11	2.44	.135	.893
	teacher	72	2.43	1.04			
Average Mean	supervisor				2.53		
	teacher						

Key: Mean value ≥ 4.50 = very high, $3.50-4.49$ = high, $2.50-3.49$ = moderate, $1.50-2.49$ = low and ≤ 1.49 = very low at $p > 0.05$, $t_{cr} = 1.960$, $df = 147$

As it is indicated on item 1, table 6 concerning supervisors conduct the planned Classroom observation the mean value (1.96 and 2.27) is obtained from both supervisors and teachers' responses with (2.11) weighted mean value. Supervisors conducting the planned Classroom observation are rated at low when computing with the mean set as demarcation. The t-test result (1.822) is lower than the table value (1.960) at ($p > 0.05$) which denotes that there is no significant difference between the perceptions of the two group of respondents.

As it is indicated on item 2, table 6, respondents were also asked whether or not supervisors

frequently visit classrooms to provide support to teachers with (mean=2.0519, SD=1.12269) and (mean=2.2083, SD=.96323) respectively with the weighted mean of 2.12 that is rated at low level. The significant level ($p=.365$) is greater than 0.05, this indicates that there is no significant difference between the opinions of supervisors and teachers. The t-test result (-.910) is lower than the table value (1.96) at ($p > 0.05$) which denotes that there is no significant difference between the perceptions of the supervisors and teachers respondents. From the result, it is possible to say that most supervisors are not frequently visit classrooms to provide support to teachers.

In contrast to the gained data, as indicated in the guidelines of the Ministry of Education (MOE, 1994), during classroom observations the supervisor should frequently visit classrooms to provide support to teachers in order to carry out teaching learning activities properly. Similarly, Gurnam and Chan (2010) in their study revealed that, in most cases the supervisors frequently visit classrooms to provide support to teachers.

In the above table 6 item 3, respondents were asked whether or not supervisors spend sufficient time in the classroom during observation with the mean of 2.46 and 2.26 respectively rate at low level. Since, the t-test result (1.073) was below the table value (1.96) at ($P > 0.05$) level of significant difference indicates that there is no statistically significant difference among the two groups of respondents. This result indicates that clinical supervisors did not spend sufficient time in the classroom during observation.

Table 6 item 4 above, revealed that the extent to which clinical supervisors collect relevant data during classroom observation. In this respect, (3.41 and 2.85) mean value are found from supervisors and teachers' responses respectively, consisting of (3.13) weighted mean value which has justified the implementation as moderate level when compared with the mean place as a demarcation. However, the t-test result (3.25) is greater than the table value (1.96) at ($P > 0.05$) level of significant with 147 degree of freedom. This result indicates that difference between the two groups of respondents is statistically significant.

As presented in Table 6 of item 5 also, clinical supervisors and teachers were asked in what extent do clinical supervisors use observation instrument to collect data on the lesson being thought with the mean of 2.92 and 3.09 respectively were registered. Therefore, based on the

weighted mean= 3.05 calculation one can conclude that clinical supervisors use observation instrument to collect data on the lesson being thought moderately. The t-test result (.702) is lesser than the table value (1.96) at ($P>0.05$) level of significant with 147 degree of freedom, this indicates that there is no significant difference between the opinions of supervisors and teachers. The result indicated that supervisors were moderately use observation instrument to collect data on the lesson being thought.

The purpose of classroom observation is improving the quality of teaching learning activities in the classroom. Hence, the supervisor should use observation instrument to collect data on the lesson being thought. Moreover, since teaching learning process is continuous and holds various activities; without using observation instrument to collect data on the lesson being thought, observing specific parts of the classroom observation cannot enable to know the detailed performance of the supervisee teacher (MoE, 1994).

In the same way that the extent to which clinical supervisors focused only on issues of teachers' teaching behaviors and instructional improvement are rated as low with the mean value (2.45 and 2.43) respectively through supervisors and teachers respondents. The weighted mean failed at 2.44 that mean its implementation is practiced at low level. The calculated t-test result (.135) was less than the t-critical (1.96) at ($P>0.05$) level of significant refers that the difference between the two groups of respondents' responses is statistically no significant difference.

Regarding the frequency of classroom observation provided for individual teacher, the obtained data from the open-ended items of the questionnaire (95% of the respondent) and the interviewees (11 of 12 respondent) revealed that classroom observation was carried out once per a semester for each teacher. In relation to this, they also explained that even if the school had a plan to observe teachers 3 to 4 times per year due to various constraints could not conduct classroom observation adequately. With the help of document analysis schools also observed whether they have a classroom observation plan, in this regard in all schools there a plan. However, they are not in line to the plan to conduct classroom observation.

In opposite to the above analysis, the finding of the study conducted in Ukraine showed that, teachers were observed at least five times per year (Benjamin, 2003). Conducting classroom observation once cannot lead to identify the teachers' appropriate implementation of teaching

learning activities in the class. In relation to this, as Ministry of Education (MOE, 1994) in its supervision manual indicated, the necessity of continuous classroom observation is enabling teachers to evaluate their routine tasks and helps to improve their poor performance. Similarly, by supporting the above idea, Sergiovanni and Starratt (2002) revealed that, a continuous observation or formative observation should be undertaken for teachers before a final assessment made. However, the data gained from the different instrument shows as the frequency of classroom observation conducted with an individual teacher was inefficient.

4.2.1.3. Interpreting and Analyzing the Collected Data

Table 6: Response on Analysis and interpretation of data							
How often do your school supervisors	Respondent	N	Mean	Std. Dev.	W.M	t-Obt	p-value
Involve the observed teacher in the process of analyzing and interpreting the collected data?	Supervisor	77	2.99	1.05	2.73	2.92	.003*
	Teacher	72	2.48	1.05			
capable in interpreting and analyzing the observed data?	Supervisor	77	2.66	1.30	2.58	0.56	.871
	Teacher	72	2.50	1.12			
Organize information to give constructive feedback that builds on teacher's capabilities and teaching behaviors?	Supervisor	77	2.58	1.16	2.41	1.80	.073
	Teacher	72	2.25	1.09			
Take in to account teachers experience, nature of the lesson and level of relationship before post observation conference?	Supervisor	77	2.16	1.06	2.05	1.20	.231
	Teacher	72	1.95	1.06			
Interpret and analyze the observed data without bias?	Supervisor	77	2.62	1.32	2.53	-1.84	.823
	Teacher	72	2.84	1.02			
Average mean	Supervisor				2.50		
	Teacher						

Key: Mean value ≥ 4.50 = very high, $3.50-4.49$ = high, $2.50-3.49$ = moderate, $1.50-2.49$ = low and ≤ 1.49 = very low at $p > 0.05$, $t_{cr} = 1.960$, $df = 147$

As it can be observed from the above table 7 of item 1, supervisors involve teacher in the process of analyzing and interpreting the collected data is rated moderate with mean values of (2.99 and 2.48) by clinical supervisors and teachers respectively including (2.73) weighted mean value. However, the t-test result (2.92) was greater than the table value (1.960) at ($P < 0.05$) significant level of 147 degree of freedom demonstrate that there is statistically significant difference between of the two respondents of the responses.

In the same way, the levels of capability of clinical supervisors in interpreting and analyzing the collected data was rated at moderate level by both respondents of clinical supervisor and teachers

with the weighted mean of 2.58. That indicates that clinical supervisors capable in interpreting and analyzing the collected data moderately. Also the independent sample t-test value 0.56 was lower than the critical table value of 1.96 at ($P>0.05$) significant level of 147 degree of freedom demonstrate that there is no statistically significant difference between the clinical supervisors and teachers respondents.

As it can be observed from the above table7 of item 3, with respect to organize information to give constructive feedback that builds on teacher's capabilities and teaching behaviors is rated with (2.58 and 2.25) mean values by supervisors and teachers respondents respectively correspondingly with (2.41) weighted mean value. This indicates that the extent to which clinical supervisors organize information to give constructive feedback that builds on teacher's capabilities and teaching behaviors rated at low level. The computed t-test result (1.80) is lower than the table value (1.960) at ($P>0.05$) level of significant prove that there is no statistically significant difference between the perception of respondents.

As it can be observed from the above table7 of item 4, clinical supervisors take in to account teachers experience, nature of the lesson and level of relationship before post observation conference is rated low with mean values of (2.16) and (1.95) by supervisors and teachers respectively including (2.064) weighted mean value. Meanwhile, the calculated t-test result (1.202) was lower than the table value (1.960) at ($P>0.05$) significant level of 147 degree of freedom demonstrate that there is no statistically significant difference between of the two respondents of the responses. The gained result shows that clinical supervisors are ineffective in selecting in selecting interpersonal approaches before post observation conference.

Is indicated in table 7 of item number 5, clinical supervisors were interpret and analyze the observed data without bias was rated at moderate by both respondent of clinical supervisor and teachers with the mean of 2.62 and 2.84 respectively. The weighted mean failed at moderate (2.53) level, which indicates that clinical supervisors interpret and analyze the collected data without bias they did moderately. For this case the calculated t-test result (1.84) was lower than the table value (1.960) at ($P>0.05$) significant level of 147 degree of freedom demonstrate that there is no statistically significant difference between of the two respondents of the responses.

The data gained from the interview of school principal and CRC supervisors were not far from the above conclusion. Almost all (10 of 12), of their response, the third step clinical supervisors follow in their schools under the area in which this study was conducted is the analysis and interpretation of data that gained from the actual classroom and as they are functioning properly this stage. The clinical supervisors after leaving the classroom observation study and internalize the collected data by themselves before inviting the observed teacher.

In line to this, the analysis stage is the core of clinical supervision; the supervisor conceptualizes what was observed in the classroom and converts the analysis into readable data for the teacher (Cogan, 1973; Goldhammer et al., 1993). However, the study revealed that, clinical supervisors do not have knowledge on the determining interpersonal approach to meet with the teacher for next step. In contrast to this, as Glickman et al., (2010) the last determination for the supervisor to make in the third step of the clinical structure is to choose what interpersonal approach to use the teacher in the post-conference.

4.2.1.4. Post Observation Conference

Table 7: Response on Post- observation conference							
How often do your school supervisors	Group	N	Me an	Std. Dev	Av. M	t- Obt	P valu
Provide immediate face to face feedback to teachers after classroom observation?	Supervisor	77	2.44	1.24	2.35	.818	.415
	Teacher	72	2.27	1.20			
Make a post- observation conference about the things observed during classroom observation	Supervisor	77	3.67	1.12	3.08	2.47	.032*
	Teacher	72	2.49	1.06			
Use the data collected from classroom observation to improve teachers' classroom behaviors?	Supervisor	77	2.70	1.05	2.60	.618	.537
	Teacher	72	2.51	1.14			
Focus too much on weakness than on the strength of teacher?	Supervisor	77	2.64	1.11	2.61	.241	.810
	Teacher	72	2.59	1.15			
Provide a constructive feedback to the observed teacher?	Supervisor	77	3.09	1.18	2.87	3.88	.021*
	Teacher	72	2.65	1.01			
Develop a better strategy that will be used for the next session of clinical supervision cycle at the end of the feedback?	supervisor	77	2.48	1.26	2.39	.791	.430
	Teacher	72	2.31	1.21			
Average mean	supervisor	77	2.83		2.65		
	Teacher	72	2.47				

Key: Mean value ≥ 4.50 = very high, $3.50-4.49$ = high, $2.50-3.49$ = moderate, $1.50-2.49$ = low and ≤ 1.49 = very low at $p > 0.05$, $t_{cr} = 1.960$, $df = 147$

The fourth stage of clinical supervision is looked into the post observation activities of the supervisors and teacher. From the supervisors and teachers' responses depicted in Table 8 of item 1, clinical supervisors in provide immediate face to face feedback for the supervisee as soon as the classroom observation has been taken place with (mean=2.4416, SD=1.24069) and (mean=2.2778, SD=1.20120) respectively rated at low. This indicates that clinical supervisors in providing immediate face to face feedback for the supervisee as soon as the classroom observation has been taken place were rare. The calculated t-test result (.818) is lower than the table value (1.96) at ($P>0.05$) level of significant with 147 degree of freedom. So, there is no significant difference between the perceptions of respondents, it can be concluded that clinical supervisors did not provide immediate feedback for the supervisee as soon as the classroom observation has been taken place.

As it is indicated on item 2, table 8, respondents were also asked the extent to which clinical supervisors make a post- observation conference about the things observed during classroom observation. Supervisors and teachers with of mean 3.67 and 2.49 respectively and with the weighted mean of 3.08 that failed at moderate level. This weighted result shows that clinical supervisors make a post- observation conference about the things observed during classroom observation moderately. However, the calculated t-test result (2.47) is greater than the table value (1.96) at ($P<0.05$) level of significant with 147 degree of freedom. This indicates that there is significant difference between the response of clinical supervisors and teachers.

As it can be seen from the above table 8 item 3, teachers and clinical supervisors were asked whether or not clinical supervisors use the data collected from classroom observation to improve teachers' classroom behaviors. Supervisors and teachers with (mean=2.70, SD=1.05) and (mean=2.51, SD=1.14) respectively rated by the two respondents. When we calculate the weighted mean of the two group respondent we got 2.60, this result failed at moderate level. So, clinical supervisors moderately use the data collected from classroom observation to improve teachers' classroom behaviors in the area this study was conducted. The calculated t-test result (.618) is lower than the table value (1.96) at ($P>0.05$) level of significant with 147 degree of freedom. So, this indicates that there is no significant difference between the opinions of supervisors and teachers.

With regard to item 4 of table 8, respondents were asked to rate their levels of agreement regarding the supervisors focus too much on weakness than on the strength of the observed teacher with (mean=2.64, SD=1.11) and (mean=2.59, SD=1.15) respectively scored. Therefore, based on the weighted mean= 2.61 the issue was functioned moderately. That mean clinical supervisors moderately emphasize focus on both strength and weakness of the observed teacher. The significant level ($p=0.810$) is greater than 0.05, this indicates that there is no significant difference between the opinions of supervisors and teachers. From the above table result analysis, one can realize that supervisors were not totally focus too much on the strength of teachers rather than on their weaknesses.

With the same fashion on the above table item number 5, clinical supervisors provide a constructive feedback to the observed teachers are rated moderately in comparing with the set mean values (3.09 and 2.65) by clinical supervisors and teachers correspondingly with (2.87) weighted mean value. Since, the computed t-test result (3.88) was greater than t-critical (1.96) at ($P<0.05$) assure that there is significant statistical difference among supervisors and teachers response.

As table 8 item 6 revealed that the extent to which supervisors develops a better strategy that will be used for the next session of clinical supervision cycle at the end of the feedback is rated low as indicated in the weighted mean value (2.40) found from the average mean of (2.48 and 2.31) supervisors and teachers responses respectively. Moreover, the t-test result (0.791) is below the table value (1.96) at ($P>0.05$) confirm that there is no statistically significant difference between the responses of the two groups.

Furthermore, the information obtained from school principals and CRC supervisors all of them (12) revealed that the post-classroom observation conferences were carried as the fourth stage of clinical supervision. However, most of the respondents (9 of 12) are said, "we do not have a conducive environment to conduct the conference with the individual observed teacher". There is no room to make the conference with the individual teacher confidentially. They are talked as most of the time as they are used at the field. Also they are argued that as they are not properly carried out the post observation conference as expected due to time constraints and large number of teachers in the schools. However, three of the interviewers said that as they are properly carried out the feedback stage.

Also the respondents revealed that one of the problems they face at this stage was teachers' resistance to accept their weakness. In addition to this, they did not prepare/motivated themselves for better improvement in the future on their weakness. From the document analysis, there is repeatedly the same challenge were written feedback paper on an individual teacher. And there is no step was going on by the clinical supervisors to overcome an individual problem that observed during classroom observation. The data gained from the document analysis, all of schools (8) had written feedback paper for teachers'. Of these, in five schools the written feedback paper was inserted in the document of teachers' portfolio. However, in 3 schools not all teachers have written feedback in their document.

According to Blasé & Blasé (1999) stated that it is the responsibility of supervisors to provide teachers with in-service training sessions, as well as encourage them to attend workshops and conferences to bring them abreast with time in their instructional practices. Some instructional supervisors may hold post observation conference; but since they lack relevant training and do not analyze, synthesized and evaluate in advance the performance data they might have gathered, they simply focus too much on weakness and little on strength of teachers (Pajak, 1989:229) cited in Million Morki (2010). Thus, based on the results of t-test, the data gained from interview and document analysis, it is safe to conclude that the post observation conference was no held properly. This is mainly because, it is failed to address the interest of individual teachers in practicing the different strategies of school clinical supervision

4.2.1.5. Post Conference Analysis

Table 8: Response on Critique/ Post-Conferences Analysis							
How often do your clinical supervisors	Responden t	N	Mean	Std. Deviation	W. Mean	t- Obt	P - value
Evaluate the whole supervisory process for future improvement?	supervisor	77	2.32	1.25	1.53	.231	.818
	Teacher	72	2.27	1.22			
Identify what further strategy could be used to improve once own self supervisory skills?	supervisor	77	2.48	1.37	1.31	.681	.497
	Teacher	72	2.33	1.25			
Select a better strategy that is used for the next session of clinical supervision?	supervisor	77	2.11	1.11	2.14	.339	.735
	Teacher	72	2.18	1.17			
Average mean	supervisor	77	2.3		2.28		
	Teacher	72	2.26				

Key: Mean value ≥ 4.50 = very high, $3.50-4.49$ = high, $2.50-3.49$ = moderate, $1.50-2.49$ = low and ≤ 1.49 = very low at $p > 0.05$, $t_{cr} = 1.960$, $df = 147$

As shown under item 1, table 9, clinical supervisor and teachers with 2.33 and 2.28 mean scores respectively with (2.31) weighted mean value indicated that, clinical supervisors evaluate the whole supervisory process for future improvement is rated low. That mean the culture of evaluating the whole supervisory process at the end of the procedure for future improvement is weak. Moreover, the t-test result (.231) is below the table value (1.96) at ($P>0.05$) confirm that there is no statistically significant difference between the responses of the two groups.

In the same table item 2, clinical supervisor and teachers with 2.48 and 2.33 mean scores respectively with (2.31) weighted mean value indicated that, clinical supervisors identify what further strategy could be used to improve once own self supervisory skills is rated low. The significant level ($p=.497$) is greater than 0.05, this indicates that there is no significant difference between the opinions of supervisors and teachers. From the above table result analysis, one can realize that clinical supervisors were not identify what further strategy could be used to improve once own self supervisory skills.

As shown in the same table item 3, clinical supervisor and teachers with 2.12 and 2.181 mean scores respectively with (2.151) weighted mean value indicated that, clinical supervisors select a better strategy that is used for the next session of clinical supervision is rated low. The computed t-test (.339) was below table value (1.96) at ($P>0.05$) asserts that there is no statistically significant difference between perception of supervisors and teachers on the item.

The interview made with CRC supervisor and school principals all of them shows that, they did not gave much emphasis to the last stage of clinical supervision because of inadequacy of training on it. In beside to the interview, the report of document analysis also shows the same descriptive fact. There is no any document that shows observed teachers is as followed and no plan based on the classroom observation comments/feedback given by supervisors that need to be improved. This post observation analysis stage was rarely practiced in the school.

However the supervisor and supervisee evaluate the outcome of the whole process at this stage. The critique of the four steps is a time for reviewing whether the format and procedures from preconference through post conference were satisfactory and whether revisions be needed before repeating the sequence (Glickman et. al, 2010). Thus, clinical supervisors did not continuously

encourage teachers by identifying teachers' instructional strengths and continuously follow up teachers by helping them to reduce their instructional limitation in the classroom.

4.2.2. The Contribution Of Clinical Supervision For The Promotion Of Teacher Development

Clinical Supervisors have to work effectively for the realization of teachers' development. As it has been indicated in the literature, supervision has the duties to help teachers to organize and provide professional training programs and gives induction orientation to new teachers as a means to achieve professional development of teachers. In respect to this, respondents were requested to suggest whether supervisors perform those tasks during provision of support to teachers. The results obtained are presented in the following table.

Table 9: Response The result obtained on Clinical supervision for teacher development

<i>To what extent do supervisors</i>	<i>Respondent</i>	<i>N</i>	<i>Mean</i>	<i>Std. Deviat</i>	<i>W. mean</i>	<i>t-Obt</i>	<i>p-value</i>
provide feedback on the observed classroom problems faced by the teacher?	supervisor	77	3.15	1.28	2.9	2.23	.027*
	Teacher	72	2.65	1.44			
make the department to discuss and solve classroom problems faced by the observed teacher with in his/her department?	supervisor	77	2.62	1.30	2.58	1.02	.177
	Teacher	72	2.54	1.23			
Solve classroom problems faced by the observed teacher through one – five team group discussion?	supervisor	77	2.51	1.39	2.51	.03	.979
	Teacher	72	2.51	1.22			
facilitate teachers to learn from one another through peer learning?	supervisor	77	2.58	1.35	2.44	1.31	.191
	Teacher	72	2.30	1.22			
assign mentor to continuously assist the observed teacher in order to alleviate the classroom problems?	supervisor	77	2.50	1.45	2.40	.83	.409
	Teacher	72	2.31	1.28			
make the observed teacher to improve his/her classroom problems through CPD activities?	supervisor	77	1.88	1.16	2.01	1.41	.160
	Teacher	72	2.15	1.15			
use experience sharing as a mechanism to overcome problems faced in the classroom?	supervisor	77	2.61	1.32	2.57	.307	.759
	Teacher	72	2.54	1.40			
provide teachers with short term trainings in order to alleviate classroom problems that hinder their effectiveness?	supervisor	77	2.20	1.37	2.05	1.40	.163
	Teacher	72	1.91	1.14			
offer seminars in order to fill classroom skill gaps of teacher?	supervisor	77	2.02	1.05	2.01	.14	.886
	Teacher	72	2.00	1.15			
Average mean	supervisor		2.45		2.39		
	Teacher		2.30				

Key: Mean value ≥ 4.50 = very high, 3.50-4.49 = high, 2.50-3.49 = moderate, 1.50-2.49 = low and ≤ 1.49 = very low at $p > 0.05$, $t_{cr} = 1.960$, $df = 147$

In table 10 of item 1, clinical supervisor, and teachers with 3.15, and 2.65 mean scores respectively with (2.90) weighted mean value indicated that, clinical supervisors did moderately provide feedback on the observed classroom problems faced by the teacher. However, the t-test result (2.237) is greater than the table value (1.96) at ($p < 0.05$) which denotes that there is significant difference between the perceptions of the two group of respondents.

As shown in table 10 items 2, clinical supervisors and teachers with (mean =2.62, SD=1.308,)and (mean=2.54, SD=1.235) mean scores and standard deviations respectively indicated that, clinical supervisors moderately make the department to discuss and solve classroom problems faced by the observed teacher with in his/her department. For this the computed t-test result (1.325) is less than the table value (1.96) at ($p > 0.05$) which denotes that there is no significant difference between the views of the two group of respondents. Similarly, during interview the participants informed as they are sometime use the department to discuss and solve classroom problems faced by the observed teacher with in his/her department. However, clinical supervisors indicated practical problems like overburdened with many tasks.

In the same table 10 item 3, respondents needed to show the level of response that clinical supervisor's support teachers to solve classroom problems faced by the observed teacher through one – five team group discussion. The supervisors and teachers with (mean=2.52, SD=1.391)and (mean= 2.51, SD= 1.221) mean scores and standard deviation respectively indicated that, clinical supervisors do not effectively support teachers to solve classroom problems faced by the observed teacher through one – five team group discussion as expected. As different literatures shows that the teachers solve classroom problems faced by them can lead the achievement of quality education. The computed p value (.979) is less than the table value (1.96). This shows there is no significant difference among respondents. This was cross-checked by the data gathered through interview. As the participants of the interview indicated almost all of them (11 of 12), instructional supervisors do not always support teachers to solve classroom problems faced by the observed teacher through one – five team group discussion because of the team strength.

With respect to item 4, clinical supervisors facilitate teachers to learn from one another through peer learning, the calculated mean value of clinical supervisors (2.58) and teachers (2.30) with (2.44) weighted mean value are found. This value reveals that the item was performed low

relative to other items in the functions. Since, the t-test result (1.315) was below the table value (1.96) at ($P>0.05$) level of significant difference indicates that there is no statistically significant difference among the two groups of respondents.

Concerning clinical supervisors assign mentor to continuously assist the observed teacher in order to alleviate the classroom problems similarly rated at low by both group of supervisors and teachers respondents by calculated mean value (2.51 and 2.32) respectively with (2.41) weighted mean value is rated. The result of t-test (.828) was below table value (1.96) at ($P>0.05$) asserts that there is no statistically significant difference between perception of supervisors and teachers on the item.

As the same table 10 item 6, the respondents requested whether the clinical supervisors make the observed teacher to improve his/her classroom problems through CPD activities or not. On this issue, supervisors and teachers with (mean =1.88, SD= 1.169), (mean=2.15, SD=1.158) mean scores and standard deviation and with (2.015) weighted mean value is rated respectively depicted that, clinical supervisors do not make the observed teacher to improve his/her classroom problems through CPD activities.

The interview data obtained from the school principals and CRC supervisors indicated that, because of the lack of exposure of clinical supervisors most of the teachers under the study area do not enabled to improve his/her classroom problems through CPD activities. However, (MOE, 1987 E.C) indicated that, clinical supervisors are responsible to support teachers to improve his/her classroom problems through CPD as well as different activities in order to solve various instructional problems that teachers face. However, the computed „p“ value (.160) is less than the table value (1.96). This shows there is no significant difference among respondents indicated on the item mentioned.

In the same way on the above table item 7, clinical supervisors use experience sharing as a mechanism to overcome problems faced in the classroom is rated low with mean values of (2.61 and 2.54) by supervisors and teachers respectively including (2.56) weighted mean value. Similarly, concerning provide teachers with short term trainings in order to alleviate classroom problems that hinder their effectiveness is found to be low by both groups of respondent with mean values of (2.21 and 1.92) with (1.705) weighted mean values. So, the t-test result (1.401)

was lower than the table value (1.96) at ($P>0.05$) significant level of 147 degree of freedom demonstrate that there is no statistically significant difference.

Table 10 above depicts that clinical supervisors offer seminars in order to fill classroom skill gaps of teacher the mean value from the two groups of respondents (2.03) supervisors and (2.00) teachers were obtained with (2.01) weighted mean. This result shows that clinical supervisors were performed low to offer seminars in order to fill classroom skill gaps of teachers. The calculated t-test result (.144) was found less than the table value (1.96) at ($P>0.05$) level of significant with 147 degree of freedom revealed that there is no significant difference among supervisors and teachers response.

School principals and CRC supervisors were asked does clinical supervision help for teacher development and how you are practiced in your school. All of the respondents (12) were believed that as clinical supervision help for teachers' development. However, in practice they are not done as expected. Out of the respondents 4 of them were used only through department discussion and one – five team group discussion to overcome problems face the observed teacher. The majority of the respondents (8) replied that in order to alleviate teachers problems observed during classroom observation they use different mechanisms such as through CPD plan, experience sharing and department discussion. The data collected from the document analysis shows, there is no any teacher development program plan based on problems observed in classroom in the school observed. But only there is a plan, how many teachers will observe in a given time.

Generally speaking, from the data gained from the different instrument using clinical supervision for teachers development practiced at low level in the area this research was conducted. However, competent and skillful teachers are a key component of successful school. Clinical supervision of instructions is a supervisory package designed to help teachers improve on instruction and increasing professional growth. According to Sergiovanni and Starratt (2007), defined clinical supervision as "face- to- face contact with teachers with the intent of improving instruction and increasing professional growth" (p. 23). The researcher conclude that, striving to realize change among teachers is the main duties of clinical supervisors because they develop different instructional skills through experience and then they should aspirate for development but still the study indicated that there were not done as expected.

4.2.3. Problems Observed Pertaining to Clinical Supervision and Teacher Development

Table 10: Response on Problems that face Clinical Supervision

Items	Respon.	N	Mean	Std. Dev	W.M	t-Obtain	P-value
Lack of regular classroom visit.	supervisor	77	3.23	1.26	3.455	2.381	.019
	teacher	72	3.68	1.01			
Supervisors do not spend sufficient time in the classroom to observe instruction.	supervisor	77	3.89	.94	3.43	4.488	.000
	teacher	72	2.97	1.49			
Supervisors are incompetent enough to help other teachers.	Supervisor	77	3.58	1.18	3.6	.198	.843
	Teacher	72	3.62	1.31			
Administrative work is given priority than classroom observation.	Supervisor	77	3.83	1.09	3.74	1.088	.279
	Teacher	72	3.65	.89			
Supervisors are authoritarian, fault finding, biased and subjective during classroom observation.	Supervisor	77	2.28	1.03	2.35	.770	.443
	Teacher	72	2.43	1.24			
Supervisors are seldom provided with in-service training.	Supervisor	77	2.97	1.29	3.34	3.694	.000
	Teacher	72	3.72	1.16			
Supervisors are not skilled in selecting the appropriate supervisory interpersonal skills.	Supervisor	77	3.74	1.16	3.63	1.281	.202
	Teacher	72	3.51	.97			
Lack of strong immediate feedback.	Supervisor	77	3.41	1.29	3.34	.698	.487
	Teacher	72	3.26	1.36			
Shortage of budgets to run classroom observation activities.	Supervisor	77	3.64	1.25	3.78	1.516	.132
	Teacher	72	3.93	.98			
Teachers' lack of interest to be observed	Supervisor	77	3.38	1.06	3.36	.312	.756
	Teacher	72	3.33	1.13			
Supervisors are not well trained in carry-out classroom observation	Supervisor	77	3.35	.99	3.51	1.874	.063
	Teacher	72	3.66	1.06			
Supervisors do not create smooth relation among teachers for the improvement of instruction.	Supervisor	77	2.74	1.20	3.18	4.415	.000*
	Teacher	72	3.62	1.23			
Supervisors do not create smooth relation between themselves for the improvement of instruction	Supervisor	77	2.93	1.03	3.17	2.95	.004*
	Teacher	72	3.41	1.11			
Supervisors do not allow teachers to express problems concern freely.	Supervisor	77	3.29	1.15	3.04	2.540	.012*
	Teacher	72	2.79	1.27			
There is lack of follow up the activities of teachers by the supervisors	Supervisor	77	3.45	1.23	3.61	1.601	.111
	Teacher	72	3.76	1.11			
Supervisors have not taken relevant trainings.	Supervisor	77	3.63	1.19	3.57	.539	.591
	Teacher	72	3.52	1.26			
Average mean	Supervisor	77	3.46		3.47		
	Teacher	72	3.49				

Key: Mean value ≥ 4.50 = very high, 3.50-4.49 = high, 2.50-3.49 = moderate, 1.50-2.49 = low and

≤ 1.49 = very low at $p > 0.05$, $t_{cr} = 1.960$, $df = 147$

In table 11 of item 1 above, clinical supervisors were lack of regular classroom visit was rated as moderately agreed (3.23) by clinical supervisors and highly agreed (3.62) by teachers with the average mean value of 3.45. This result shows that there is a lack regularly visiting an individual teacher to alleviate the teacher's gap. However, the calculated t-test result (2.381) was found greater than the table value (1.96) at ($P < 0.05$) level of significant with 147 degree of freedom revealed that there is significant difference among the two groups of respondents regarding the issue. Similarly during interview the participants indicated that, clinical supervisors were currently lack of regular classroom visit because of the overburdened with many tasks. Therefore, almost all of the informants who participated in the interview express that lack of regular classroom visit are the major problem of clinical supervision in their school. Therefore, based on the response of majority, it is possible to conclude that having big workload, lack of regular classroom visit and lack of budget diminishes the clinical supervisors capacity of supervision.

As the same table item 2, supervisors and teachers with 3.89 and 2.97 mean scores respectively with the weighted mean of 3.43 rated as moderately agreed on the issue. This result indicates that, clinical supervisors do not spend sufficient time in the classroom to observe the teacher's teaching. Similar to the above, the calculated t-test result (4.488) was found greater than the table value (1.96) at ($P < 0.05$) level of significant with 147 degree of freedom revealed that there is significant difference among the two groups of respondents regarding the issue. The data obtained from interview that clinical supervisors had higher responsibility than ordinary teachers on spend sufficient time in the classroom to observe instruction but they were not doing so.

The result indicated that supervisors were not as such effective to stay for the entire period in the class while observing the teacher. In contrast to this result, the research finding of Gurnam and Chan (2010) showed that, the supervisor was punctual and observed the whole lesson during classroom observation cited in Abebe Tesema (2014).

As it can be described in item 3 of table 11, respondents asked to indicate their level of agreement regarding on clinical supervisors are incompetent enough to help other teachers. Supervisors and teachers with 3.58 and 3.63 mean scores were obtained with (3.6) mean respectively that indicated that they agreed highly. In short clinical supervisors are incompetent enough to help other teachers. The calculated t-test result (.198) was found less than the table

value (1.96) at ($P > 0.05$) level of significant with 147 degree of freedom revealed that there is no significant difference among the two groups of respondents regarding the issue. Therefore, from result obtained it is possible to suggest that, clinical supervisor have to be competent enough in order to support teachers as possibly by using their maximum efforts.

On the table 11 of item 4, respondents were asked whether or not clinical supervisors administrative work is given priority than classroom observation with (mean= 3.83, SD=1.093 and mean=3.65, SD= .890) respectively. The weighted mean= 3.7 shows the agreement of the total respondents with the point was high. Based on the overall score value clinical supervisors were given priority for administration than class room observation. The significant level ($p = .279$) is greater than 0.05, this indicates that there is no significant difference between the opinions of supervisors and teachers.

In item 5 of the same table 11 respondents asked to indicate their level of agreement regarding that, whether clinical supervisors are authoritarian, fault finding, biased and subjective during classroom observation. Supervisors and teachers with 2.28, and 2.43 mean scores respectively indicates that clinical supervisors are not totally authoritarian, fault finding, biased and subjective during classroom observation. The calculated t-test result (1.088) was found less than the table value (1.96) at ($P > 0.05$) level of significant with 147 degree of freedom revealed that there is no significant difference among the two groups of respondents regarding the issue.

As can be seen from Table 11 item 6, respondents were asked whether teachers perceived clinical supervisors are seldom provided with in-service training with (Mean= 2.97, SD=1.297 and mean=3.72, SD= 1.21) respectively. The weighted mean= 3.34, this result indicates that the respondent moderately agreed on the clinical supervisors are not provide in-service training for teachers to overcome problems observed during the classroom observation. Based on the overall scored value teachers perceived as clinical supervisors are seldom provided with in-service training. The significant level ($p = 0.26$) is greater than 0.05, this indicates that there is no significant difference between the opinions of teachers and supervisors.

Table 11 items 7 depicts, supervisors and teachers with 3.74 and 3.51 mean scores respectively indicated that clinical supervisors are highly they are not skilled in selecting the appropriate supervisory interpersonal skills in the schools under the study was conducted. With regard to this

item, the calculated t-test result (1.281) was found greater than the table value (1.96) at ($P>0.05$) level of significant with 147 degree of freedom revealed that there is no significant difference among the two groups of respondents regarding the issue.

Thus, based on the response of majority, it is safe to conclude that there is lack of experienced supervisory personnel that negatively affect clinical supervision. In relation to this assumption, as indicated in the literature, MOE (1984:6-7) explains that the problem of supervision in relation to our context: the shortage of time, insufficient fund and lack of qualified personnel who are facilitating the teaching learning process. Furthermore, the big workload of the supervising teachers was the major burden to carry out their supervisory role in the schools.

As it can be described in item 8 of table 11 respondents asked to indicate their level of agreement regarding on clinical supervisors lack of strong immediate feedback. Supervisors and teachers with 3.41 and 3.26 mean scores were obtained with (3.3) weighted mean respectively indicated that, clinical supervisors lack of strong immediate feedback. The calculated t-test result (.698) was found less than the table value (1.96) at ($P>0.05$) level of significant with 147 degree of freedom. This depicts that there is no significant difference between the two respondents response.

As in table 11 item 9 indicated, respondents were asked to rate their level of agreements concerning shortage of budgets to run classroom observation activities with (mean= 3.64, SD=1.254 and mean=3.93, SD= 1.254) respectively. The weighted mean= 3.78 shows the agreement of the total respondents was high with the idea. Therefore, based on the weighted mean score value that sufficient budget has not been allocated for supervisory activities in the school. The significant level ($p=.132$) is greater than 0.05, this indicates that there is no significant difference between the opinions of supervisors and teachers responses.

Concerning the willingness of teachers towards the activities of supervision, on item 10 of table 11, supervisors and teachers revealed that teachers' lack of interest to be observed respondents were asked their opinion with (mean= 3.38, SD=1.065 and mean=3.33, SD= 1.138) respectively. The weighted mean= 3.36 shows the agreement of the total respondents were high with the point. Based on the overall score value supervisors and teachers were lack of interest to be observed supervisory classroom observation. The significant level ($p=.756$) is greater than 0.05, this indicates that there is no significant difference between the opinions of supervisors and teachers.

In table 11 item 11 supervisors and teachers with (3.35) and (3.66) mean scores respectively with weighted mean 3.5 was registered. This result indicated that, the respondents were highly agreed that as clinical supervisors are not well trained in carry-out classroom observation. The calculated t-test result (1.874) was found less than the table value (1.96) at ($P>0.05$) level of significant with 147 degree of freedom revealed that there is no significant difference among the two groups of respondents regarding the issue.

As the same table 11 item 12, supervisors moderately agreed while teachers highly agreed with 2.74 and 3.62 mean scores respectively. However, the average mean failed at 3.18 that indicate highly agreed on the raised issue. In short, clinical supervisors do not create smooth relation among teachers for the improvement of classroom instruction. However, the calculated t-test result (4.415) was found greater than the table value (1.96) at ($P<0.05$) level of significant with 147 degree of freedom revealed that there is significant difference among the two groups of respondents regarding the issue.

Similar to the above on item 13, the weighted mean 3.17 score shows there is a problem among clinical supervisors relationship. However, the calculated t-test result (2.95) was found greater than the table value (1.96) at ($P<0.05$) level of significant with 147 degree of freedom revealed that there is significant difference among the two groups of respondents regarding the issue.

As it can be described in item 14 of table 11, respondents asked to indicate their level of agreement regarding on clinical supervisors allow teachers to feel free to express problems of concern to them. Clinical supervisors highly agreed (3.29) and teachers moderately agreed on the issue. So, the weighted mean score obtained (3.04) indicated that, clinical supervisors do not allow teachers to feel free to express problems of concern to them moderately. The calculated t-test result (2.540) was found greater than the table value (1.96) at ($P<0.05$) level of significant with 147 degree of freedom. This depicts that there is significant difference between the respondents response.

In the same table 11 item 15, respondents were asked to check there is lack of follow up of the activities of teachers by the clinical supervisors in their school. Both groups agreed on the dimension as moderate performance with the average mean values of (3.61). Therefore, based on the weighted mean score value supervisors and teachers agreed that there was lack of follow up

teachers activities by the clinical supervisors in their school. The calculated t-test result (1.6) was found less than the table value (1.96) at ($P>0.05$) level of significant with 147 degree of freedom revealed that there is no significant difference among the two groups of respondents regarding the issue.

The above table 11 of item 16, respondents were requested to rate their level of agreements regarding supervisors have not taken relevant trainings to undertake their responsibilities in proper way with (mean= 3.63, SD=1.19 and mean=3.52, SD= 1.26) respectively. The weighted mean= 3.57 shows the respondents were highly agreed on the issue. The significant level ($p=.591$) is greater than 0.05, this indicates that there is no significant difference between the opinions of supervisors and teachers.

In addition to the above problems the data gained through open ended questionnaire, interview and document analysis the common problems observed in clinical supervision are the lack of the availability of convenient place to provide feedback, resistance of teachers to accept feedback, school administrators were waste their time more on political issue of meeting than methodological, most of teachers were not prepare themselves for better change, classroom observation was conducted for the sake of reporting, clinical supervision committee member most of the time were selected by school principals and those who are nearest to the school administration.

CHAPTER FIVE SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary of the major findings, conclusions and recommendations that are assumed to be useful not only to show the status of the implementation of clinical supervision and teacher development, but also to alleviate the problems that clinical supervision is facing currently in secondary schools of the Jimma Zone of Oromia Regional State.

The main purpose of this study was to assess the practice and problems of clinical supervision on teachers' development in selected secondary schools of Jimma Zone. In order to achieve the purpose, the following basic research questions were raised:

1. To what extent is clinical supervision practiced at secondary schools of Jimma zone?
2. To what extent does clinical supervision contribute to teacher development at secondary school Jimma zone?
3. What are the major problems faced in using clinical supervision for teachers development in secondary schools of Jimma zone?

In order to address the basic questions, relevant and related literatures were reviewed. To this end, the study was conducted in eight government secondary schools by using the purposive sampling techniques. Consequently, 72 teachers and 77 clinical supervisors were selected as respondents through simple random and availability sampling techniques. All of, 72 teachers and 77 clinical supervisors administered to the questionnaires. And in addition to the questionnaire 12 clinical supervisors (8 school principals and 4 CRC supervisors) also administered to the interview. The study employed both primary and secondary data sources. Questionnaire (both open and close-ended) were prepared, interview and document analysis were used to gather data. The questionnaires were piloted and revised before the actual administration.

In addition, interview was conducted with school principals and CRC supervisors to extract information that need clarification. The relevant data gathered through questionnaires, interviews and document analysis were analyzed and interpreted by using frequency, percentage, mean, weighted mean, average mean, standard deviation and independent sample t-test. Depending on

the result of data presentation and analysis the following major findings were obtained. The data gathered through interview were analyzed using narration mode.

5.1. Summary of the Major Findings

Based on the review of literature and analysis of the data, the study came up with the following findings:

The practices of clinical supervision

- Based on the findings of the study, the majority of teachers and clinical supervisors rate their response on clinical supervisors create meeting before conducting the actual classroom observation with the mean of 2.02 and 2.09 scores respectively, this indicated that clinical supervisors did not create an opportunity to discuss on the observation before conducting the actual classroom observation. And also there were six questions raised for both group, the result show clinical supervisors failed on creating awareness; mutually plan the lesson; communicating the reason and purpose of the observation, plan on post observation conference with teacher and diagnosing the teacher difficulties at this stage. In other word the mean of these scores all were less than 2.3(at low level practiced), it show the pre observation conference with teacher did not give as part of clinical supervision to conduct the actual observation or they did not give emphasis on the pre conference with teacher. The data gained through interview, all of the respondents also reveal that as they did not communicate with each and individual teacher before conducting the observation because of shortage of time, workload and large number of teacher and they jump this stage by posting on school notice board or by announcing in the meeting as there is classroom observation.
- Similarly, respondents teacher and clinical supervisor gave their response on clinical supervisors were conducting the classroom observation as planned, frequently visiting, spend sufficient time in the classroom and focusing only on issue of teachers' teaching behavior and instruction during classroom observation with the average mean of 2.12,2.13,2.36.and 2.44 respectively. Those mean values indicated that these issues practiced at low level by clinical supervisors at school level. Nevertheless, clinical supervisors in using observation instrument to collect data on the lesson being thought scored at moderate level by both respondents with the weighted mean of 3.05.

And also data gained from the open ended questionnaire (95% of respondents) and interview (11 of 12 respondents) revealed that, the frequency of visiting an individual teacher only once in a semester. With the help of document analysis schools were observed whether they have a classroom observation plan,

- Regarding to the analysis of the observed data clinical supervisors in similar fashion practiced at moderate level in the area this study was conducted. On organizing clearly the observed data and taking in to account the observed teachers' experience nature of the lesson and level of relationship before post observation conference were practiced at low level by both respondents of clinical supervisors and teachers the weighted mean failed at 2.41 and 2.05 respectively. But, the rate of clinical supervisors' capability in interpreting and analyzing the observed data and clinical supervisor interpret and analyze the observed data without bias with weighted mean of 2.58 and 2.53 respectively were practiced at moderate. However, the data gained through the interview almost all respondents (10 of 12) are said that as they are functioning properly this stage.
- The findings of the study confirm that, post-observation conference was rated as moderate performance with the average mean values of 2.65 scored by the respondents. Regarding to clinical supervisors make a post- observation conference about the things observed during classroom observation, provide a constructive feedback to the observed teacher, focus too much on weakness than on the strength of teacher and using the data collected from classroom observation to improve teachers' classroom behaviors were rated moderate with the weighted mean of 3.08, 2.60, 2.61 and 2.87 respectively.

Moreover, the two respondents mean weighted revealed that clinical supervisors in Provide immediate face to face feedback to teachers after classroom observation and develop a better strategy that will be used for the next session of clinical supervision cycle at the end of the feedback 2.35 and 2.39 respectively rated at low level. All of the interviewed respondents said that as they done the feedback conference for the observed teacher. However, they faced with different problems like shortage of time, no convenient place to provide feedback so they did not carried out this stage as expected.

The data gained from the document analysis, all of schools (8) had written feedback paper for teachers'. Of these, in five schools the written feedback paper was inserted in

the document of teachers' portfolio. However, in 3 schools not all teachers have written feedback in their document.

- The overall assessment of post-conference analysis, clearly show that there is an agreement between the responses of clinical supervisors and teachers on the extent to which post-conference analysis was not well practiced in their respective secondary schools. The interview also reveals the data gained from questionnaire in similar idea. The interview made with CRC supervisor and school principals all of them shows that, they did not gave much emphasis to the last stage of clinical supervision because of inadequacy of training on it.

Clinical supervision in teacher development

- Concerning to the extent to which clinical supervisors discharged their role in alleviating teachers' problems observed during classroom observation through making the department to discuss and solve classroom problems faced by the observed teacher with in his/her department, solving classroom problems faced by the observed teacher through one – five team group discussion and use experience sharing as a mechanism to overcome problems faced in the classroom were rated at moderate by both respondents.
- However, clinical supervisors and teachers revealed that on the extent to which clinical supervisors in facilitate teachers to learn from one another through peer learning, offer seminars in order to fill classroom skill gaps of teacher, making the observed teacher to improve his/her classroom problems through CPD activities, providing teachers with short term trainings in order to alleviate classroom problems that hinder their effectiveness, in assigning mentor to continuously assist the observed teacher in order to alleviate the classroom problems rated with the weighted mean of 2.44,2.40,2.01,2.05 and 2.01 respectively were registered. This result indicates that the practice of alleviating problems observed during classroom observation by clinical supervisors were inefficient.
- Similarly, the data obtained from interview and document analysis not far from the data obtained from the questionnaire. All of the respondents (12) they believed that as clinical supervision help for teachers' development. However, in practice they are not done as expected. Out of the respondents 4 of them were used only through department

discussion and one – five team group discussion to overcome problems face the observed teacher. The majority of the respondents (8) replied that in order to alleviate teachers problems observed during classroom observation they use different mechanisms such as through CPD plan, experience sharing and department discussion. The data collected from the document analysis shows, there is no any teacher development program plan based on problems observed in classroom in all school observed.

Problems observed in clinical supervision

- Clinical supervision was posed by different problems in the school. In light of this, sixteen different questions have been raised to identify the major problems affecting the practices of clinical supervision for both groups. Majority of the respondents highly agreed on clinical supervisors were incompetent enough to help other teachers, administrative work is given priority than classroom observation, supervisors are not skilled in selecting the appropriate supervisory interpersonal skills, shortage of budgets to run classroom observation activities, supervisors are not well trained in carry-out classroom observation, there is lack of follow up the activities of teachers by the supervisors and supervisors have not taken relevant trainings with the weighted mean of 3.6, 3.74, 3.63, 3.78, 3.51, 3.61 and 3.57 respectively. However, clinical supervisors and teachers were moderately agreed on supervisors are authoritarian, fault finding, biased and subjective during classroom observation, lack of strong immediate feedback and teachers' lack of interest to be observed.
- In addition to the above problems the data gained through open ended questionnaire, interview and document analysis the common problems observed in clinical supervision are the lack of the availability of convenient place to provide feedback, resistance of teachers to accept feedback, school administrators were waste their time more on political issue of meeting than methodological, most of teachers were not prepare themselves for better change, classroom observation was conducted for the sake of reporting, clinical supervision committee member most of the time were selected by school principals and those who are nearest to the school administration.

1.2. Conclusion

Based on the findings of this study, the following conclusions were drawn:

- I. The finding of the study data gained from the personal characteristics of the respondent, those who are assigned as clinical supervisors and also supervisees were not gained enough training to properly carry out their practices of clinical supervision in their school.
- II. The focus of clinical supervision is a face-to-face interaction between teachers and supervisors with the intent to improve instruction and increase professional growth of teachers. However, the findings of this study showed that the clinical supervisors were not following the procedures of clinical supervision appropriately. Particularly, the supervisors did not make a mutual agreement with the supervisee teachers on the purpose of observation, on the data to be collected, and the time of the observation. Especially at the first stage of preconference with teacher and at the end stage of post conference analysis of the procedure of clinical supervision were rarely held in the schools. The researcher enforced to conclude that teachers were visited without pre announced and without understanding the purpose and objective of the observation. And also there is no follow up of the observed teacher by the clinical supervisors.

Furthermore, the finding of the study disclosed that supervisors didn't visit classrooms on a regular basis nor spent sufficient time during the actual supervision. As a result, school supervision failed in improving the teaching-learning process and students' academic achievement in the area under the study. As a result, teachers were less supported by clinical supervisors for the effectiveness of classroom performance.

- III. The main purpose of clinical supervision is to overcome problems observed during the classroom collaboratively with the observed teacher through different mechanisms. Like through department discussion, one- five team group, short term training, CPD activities, seminars etc clinical supervisors can fill the gap observed during the classroom observation. However, clinical supervisors as shown by the findings of the study had not effectively and efficiently discharge the expected role to alleviate the problems observed during the

classroom observation using the above mechanisms. Using clinical supervision for promoting teacher development at the secondary school of this research was conducted at risk. From this finding, it can be concluded that, teachers couldn't get the maximum contribution from clinical supervisors. And in all schools there were no teachers development plan based on problems observed during the classroom observation. Therefore, the teaching and learning process was not enriched by well supported teachers' professional development.

- IV. Finally, the results of the study discovered that clinical supervision was negatively affected by many problems; such as; Supervisors are incompetent enough to help other teachers, administrative work is given priority than classroom observation, supervisors are authoritarian, fault finding, biased and subjective during classroom observation, supervisors are not skilled in selecting the appropriate supervisory interpersonal skills, lack of strong immediate feedback, shortage of budgets to run classroom observation activities, teachers' lack of interest to be observed, supervisors are not well trained in carry-out classroom observation and there is lack of follow up the activities of teachers by the supervisors. As a result clinical supervision was less supportive for effective teaching and learning process.

1.3. Recommendation

In light of the findings of the study and conclusion drawn, the following recommendations are forwarded to improve the practice of clinical supervision in secondary schools of Jimma zone.

1. Clinical supervisors have neither attended any clinical supervision training course since ranked as a clinical supervisor, nor have training during their tenure of service as a teacher. The researcher strongly recommends that at least basic clinical supervision training must be given for assigned clinical supervisors by woreda, zonal or regional education experts.
2. Finding of the study revealed that the five procedures of clinical supervision were not emphasized by clinical supervisors in the schools. Therefore, in order to make the clinical supervision more functional, clinical supervisors are strongly advised to pass through the following five stages:

At the first stage of preconference with teacher, clinical supervisors are required to create an opportunity to discuss on the purpose and objectives of the observation so as create

awareness that the classroom observation is helping process and not part of the final appraisal of performance. The clinical supervisors are also expected to mutually plan the lesson to be observed with teachers in order to make an agreement with the teacher on the methods and form of the observation.

From the findings of the study it was found out that at the second stage of clinical supervision clinical supervisors failed to visit regularly an individual teacher, did not spend sufficient time during the observation, they did not only focus on the issue of teachers' teaching behaviors and instructional improvement. So, clinical supervisors are advised to regularly visit an individual teacher for better improvement of instruction and teacher development, spend time from the beginning to the end of the provided period and focus only on the teachers' teaching behaviors and instructional improvement.

The findings of the study pointed out that the practice of the third stage of clinical supervision did not function as expected. So, clinical supervisors advised to involve the observed teacher in the process of analyzing and interpreting the collected data, interpret and analyze the observed data without bias, take in to account teachers experience, nature of the lesson and level of relationship before post observation conference, and organize information to give constructive feedback that builds on teacher's capabilities and teaching behaviors.

At the fourth stage of clinical supervision as the study show clinical supervisors were failed to provide a constructive feedback to the observed teacher, focus too much on strength than on the weakness of teacher and use the data collected from classroom observation to improve teachers' classroom behaviors. So clinical supervisors strongly recommended to Provide immediate face to face feedback to teachers after classroom observation, make a post- observation conference about the things only observed during classroom observation, use only the data collected from classroom observation to improve teachers' classroom behaviors, focus too much on strength than on the of teacher weakness because teachers may prepare themselves for better improvement, provide a constructive feedback to the observed teacher and develop a better strategy that will be used for the next session of clinical supervision cycle at the end of the feedback.

Critique of the previous four steps is the last cycle of clinical supervision. At this stage is a time for reviewing whether the format and procedures from pre-conference through post-

conference were satisfactory and whether revisions might be needed before repeating the sequence. Thus, clinical supervisors are strongly recommended that to evaluate the whole supervisory process for future improvement, identify what further strategy could be used to improve once own self supervisory skills and select a better strategy that is used for the next session of clinical supervision should consider under this stage.

3. The purpose of clinical supervision is to provide support to teachers (to assist) and to increase teachers' abilities to be self supervised. However, the study revealed that the role of clinical supervisors in promoting teachers development were not functioned properly. So, clinical supervisors strongly advised to alleviate problems what they observe during the classroom observation and invest their potential to make teachers professionally competent through different mechanisms. These mechanisms may include facilitate teachers to learn from one another through peer learning, offer seminars in order to fill classroom skill gaps of teacher, making the observed teacher to improve his/her classroom problems through CPD activities, providing teachers with short term trainings in order to alleviate classroom problems that hinder their effectiveness, in assigning mentor to continuously assist the observed teacher in order to alleviate the classroom problems. Clinical supervisors strongly advised to have a plan of teachers development program in their school based on problems observed during the classroom observation.

4. The study revealed that the effectiveness of clinical supervision practices in Jimma Zone is hindered by many factors. To alleviate these problems, therefore, it is advisable for clinical supervisors to visit classrooms on a regular basis and when they do so, they have to spend sufficient time in the classroom so as to have fuller information about teachers' classroom behavior and provide productive comments accordingly. The finding of the study indicated that supervisors were not given enough training to properly carry out their practices. Therefore, OREB, WEO and ZED in collaboration with local NGO are recommended to organize short term refreshment training and in-service trainings in the form of workshop, experience sharing and disseminating best practices to clinical supervisors. Moreover, it is advisable that clinical supervisors be free of teaching loads so as to focus on their primary responsibilities.

Those who were assigned as clinical supervisors have to be motivated through additional

incentives especially for department heads and senior teachers and creating a conducive environment for them is very interesting. And also allocating a budget for training is advisable. However, the finding of the study disclosed that there is shortage of budget to run clinical supervision services adequately. Therefore, it is better if MOE, OREB, ZEO, WEO, and Schools think over it.

In a nutshell, woreda education offices and the zonal education department should work closely with clinical supervisors and give them awareness, advices, guidance and distributing supervision materials and guidelines to clinical supervisors so that they can monitor and maintain quality instruction in the school.

Finally, to better address the problems, it can be suggested that further studies need to be conducted in this area with regard to; practices and problems of clinical supervision on teachers' development of selected secondary schools; clinical supervisors and teachers' perception on the clinical supervisory practices and conduct a similar study on way females participate on supervisory position etc.

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APPENDIX A
ADDIS ABABA UNIVERSITY
COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES
DEPARTMENT OF EDUCATIONAL PLANNING AND MANAGEMENT
Questionnaire to Be Filled By Teachers

Dear Respondent,

The purpose of this questionnaire is to collect data on the practice and problems of clinical supervision that focus on teacher development. Your responses are crucial for the successful accomplishment of this study. Therefore, you are kindly requested to read all the Questions and fill with genuine responses. Please, feel free to indicate your opinion because no response is treated as wrong. Be sure that your responses will not be used for other purpose except for academic purpose and remain confidential.

Thank you for your cooperation

Instruction:

1. No need of writing name on the questionnaire;
2. Read all the instructions before you answer the questions;
3. There is no need to consult others to fill the questionnaires;
4. Please, provide appropriate response by using a tick mark “√” or “X” to choose one of the given likert scales. But, kindly write your opinion briefly for the short answer questions on the space provided.
5. Clinical supervisors include **secondary school CRC supervisor, principals, vice principals, department heads and senior teachers** who are responsible to closely support and advise teachers.
6. Please, do not leave the questions unanswered

Section One: General Information

Please insert tick mark (√) or circle on the appropriate category for you.

- Sex: A. Male ☐ B. Female ☐
- Age: A. 20 to 29 ☐ B. 30-39 ☐ C. 40-49 ☐ D. 50-59 ☐
- Qualification: A. Diploma ☐ B. First degree ☐ C. Second degree ☐

- Work experience in years A.1-5 ☐ B.6-10 ☐ C.11-15 ☐
 : D. 16- 20 ☐ E. 21 and above ☐
- Training attended related to clinical supervision
 A. Less than One Week ☐ B. 1-2 Week ☐ C. 3-4 Week ☐
 D. 1-3 Month ☐ E. More than 3 Month. ☐ F. No attend ☐

Section Two: Questionnaire

Part 1: Procedures of clinical supervision cycle

Clinical supervision is a face-to-face interaction between teacher and clinical supervisor with the intent to improve instruction and increase professional growth of teachers. The clinical supervision may have five stages, these are 1. Pre-classroom observation conference with teacher 2. Classroom observation 3. Analysis and interpretation of data 4. Post- observation conference and 5. Critique of the previous four steps. Therefore, in order to make sure that to what extent clinical supervisors follow the right procedure as per their responsibilities, the following questions have been raised.

Please insert tick mark (✓) or "X" to show your response from the given likert scales that characterizes your school clinical supervisors.

Key: Key: 1= Very low, 2= Low , 3= Moderate , 4= High , 5= Very High

1. Pre-classroom observation

No	How often do your school supervisors	1	2	3	4	5
1.	Conduct the pre-observation conference with teacher?					
2.	Create awareness that classroom observation is helping process and not part of the final appraisal of performance?					
3.	Mutually plan lesson observation with teachers?					
4.	Communicate the reason and purpose of the observation clearly?					
5.	Make agreement with the teacher on the methods and form of the observation?					
6.	Plan with the teacher for post observation discussion time?					
7.	Diagnoses teacher's difficulties at this stage?					

2. During Classroom Observation

No.	How often do your school supervisors?	1	2	3	4	5
1	conduct the planned Classroom observation?					
2	frequently visit classrooms to provide support to teachers?					
3	spend sufficient time in the classroom during observation?					
4	collect relevant data during classroom observation?					
5	use observation instrument to collect data on the lesson being thought?					
6	focused only on issues of teachers' teaching behaviors and instructional improvement?					

3. Analysis and interpretation of data

No	How often do your school supervisors	1	2	3	4	5
1	involve teacher in the process of analyzing and interpreting the collected data?					
2	capable in interpreting and analyzing the observed data?					
3	organize information to give constructive feedback that builds on teacher's capabilities and teaching behaviors?					
4	take in to account teachers experience, nature of the lesson and level of relationship before post observation conference?					
5	capable in interpreting and analyzing the observed data?					

4. Post- observation conference

No	How often do your school supervisors	1	2	3	4	5
1	Provide immediate face to face feedback to teachers after classroom observation?					
2	Make a post- observation conference about the things observed during classroom observation.?					
3	use the data collected from classroom observation to improve teachers' classroom behaviors?					
4	focus too much on weakness than on the strength of teacher?					
5	provide a constructive feedback to the observed teacher?					
6	develop a better strategy that will be used for the next session of clinical supervision cycle at the end of the feedback?					

5. Critique/ Post-Conferences Analysis

No	How often do your clinical supervisors	1	2	3	4	5
1	evaluate the whole supervisory process for future improvement?					
2	identify what further strategy could be used to improve once own self supervisory skills?					
3	Select a better strategy that is used for the next session of clinical supervision?					

Part Two. Clinical supervision in promoting teacher development

This is to confirm that the relationship between clinical supervision and teacher development and whether clinical supervisors provide teachers with in-service training in the form of workshops, conferences, ect to equip them with expertise as a form of professional development. Based on this idea, the following questions are raised.

Key: Key: 1= Very low, 2= Low , 3= Moderate , 4= High , 5= Very High

no.	To what extent do supervisors	1	2	3	4	5
1	provide feedback on the observed classroom problems faced by the					
2	make the department to discuss and solve classroom problems faced by the observed teacher with in his/her department?					
3	solve classroom problems faced by the observed teacher through one – five team group discussion?					
4	facilitate teachers to learn from one another through peer learning?					
5	assign mentor to continuously assist the observed teacher in order to alleviate the classroom problems?					
6	make the observed teacher to improve his/her classroom problems through CPD activities?					
7	use experience sharing as a mechanism to overcome problems faced in the classroom?					
8	provide teachers with short term trainings in order to alleviate classroom problems that hinder their effectiveness?					
9	offer seminars in order to fill classroom skill gaps of teacher?					

Part Three. Problems that face Clinical Supervision at the school level

There are a number of problem that hinder the effective implementation of clinical supervision in schools. Among them the following problems are listed in the table below. To what extent do they characterize your school clinical supervision problems in improving instruction and teachers' development? Please insert tick mark (✓) or "X" to show your response from the given likert scales that characterizes your school clinical supervisors.

Key: Key: 1=Strongly Disagree (SD), 2=Disagree (D), 3=Undecided (UN) 4= Agree (A)
5=Strongly Agree (SA)

No.	Items	1	2	3	4	5
1.	Lack of regular classroom visit.					
2.	Supervisors do not spend sufficient time in the classroom to observe instruction.					
3.	Supervisors are incompetent enough to help other teachers.					
4.	Administrative work is given priority than classroom observation.					
5.	Supervisors are authoritarian, fault finding, biased and subjective during classroom observation.					
6.	Supervisors are seldom provided with in-service training.					
7.	Supervisors are not skilled in selecting the appropriate supervisory interpersonal skills.					
8.	Lack of strong immediate feedback.					
9.	Shortage of budgets to run classroom observation activities.					
10.	Teachers' lack of interest to be observed					
11.	Supervisors are not well trained in carry-out classroom observation.					
12.	Supervisors do not create smooth relation among teachers for the improvement of instruction.					
13.	Supervisors do not create smooth relation between themselves for the improvement of instruction.					
14.	Supervisors do not allow teachers to express problems concern freely.					
15.	Supervisors have not taken relevant trainings.					
16.	There is lack of follow up the activities of teachers by the supervisors					

Part Four: Open-ended Questions

Briefly list the problems that clinical supervision/classroom observation/ facing currently in your school.

1.....

2.....

3.....

4.....

How many times classroom observation is conducted for individual teacher in academic year?

.....

APPENDIX A
ADDIS ABABA UNIVERSITY
COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES
DEPARTMENT OF EDUCATIONAL PLANNING AND MANAGEMENT
Questionnaire to Be Filled By clinical supervisors

Dear Respondent,

The purpose of this questionnaire is to collect data on the practice and problems of clinical supervision that focus on teacher development. Your responses are crucial for the successful accomplishment of this study. Therefore, you are kindly requested to read all the Questions and fill with genuine responses. Please, feel free to indicate your opinion because no response is treated as wrong. Be sure that your responses will not be used for other purpose except for academic purpose and remain confidential.

Thank you for your cooperation

Instruction:

7. No need of writing name on the questionnaire;
8. Read all the instructions before you answer the questions;
9. There is no need to consult others to fill the questionnaires;
10. Please, provide appropriate response by using a tick mark "√" or "X" to choose one of the given likert scales. But, kindly write your opinion briefly for the short answer questions on the space provided.
11. Clinical supervisors include **secondary school CRC supervisor, principals, vice principals, department heads and senior teachers** who are responsible to closely support and advise teachers.
12. Please, do not leave the questions unanswered

Section One: General Information

Please insert tick mark (√) details or circle the appropriate category for you.

- Sex: A. Male ☐ B. Female ☐
- Age: A. 20 to 29 ☐ B.30-39 ☐ C.40-49 ☐ D. 50-59 ☐
- Qualification: A. Diploma ☐ B. First degree ☐ C. Second degree ☐
- Current position: A. CRC supervisor ☐ B. school principal ☐ C. department head ☐
- D. senior teacher ☐
- Work experience in years: A.1-5 ☐ B.6-10 ☐ C.11-15 ☐ D.16-20 ☐
- E.21 and above ☐

➤ Training attended related to clinical supervision

A. Less than One Week ☐ B. 1-2 Week ☐ C. 3-4 Week ☐
D. 1-3 Month ☐ E. More than 3 Month. ☐ F. No attend ☐

Section Two: Questionnaire

Part 1: Procedures of clinical supervision cycle

Clinical supervision is a face-to-face interaction between teacher and clinical supervisor with the intent to improve instruction and increase professional growth of teachers. The clinical supervision may have five stages, these are 1. Pre-classroom observation conference with teacher 2. Classroom observation 3. Analysis and interpretation of data 4. Post- observation conference and 5. Critique of the previous four steps. Therefore, in order to make sure that to what extent clinical supervisors follow the right procedure as per their responsibilities, the following questions have been raised.

Please insert tick mark (✓) or "X" to show your response from the given likert scales that characterizes your school clinical supervisors.

Key: 1= Very low, 2= Low, 3= Moderate, 4= High, 5= Very High

1. Pre-classroom observation

No	How often do you	1	2	3	4	5
1	Conduct the pre-observation conference with teacher?					
2	Create awareness that the classroom observation is a helping process and not part of the final appraisal of performance for					
3	plan lesson observation mutually with teachers?					
4	Communicate the reason and purpose of the observation clearly?					
5	Make agreement with the teacher on the methods and form of the observation?					
6	Plan with the teacher for post observation discussion time?					
7	Diagnoses teacher's difficulties at this stage?					

2. During Classroom Observation

No.	How often do you	1	2	3	4	5
1	conduct the planned Classroom observation?					
2	visit classrooms to provide support to teachers?					
3	spend sufficient time in the classroom during observation?					
4	collect relevant data during classroom observation?					
5	use observation instrument to collect data on the lesson being thought?					
6	focus only on issues of teachers' teaching behaviors and instructional improvement?					

3. Analysis and interpretation of data

No	How often do you	1	2	3	4	5
1	involve teacher in the process of analyzing and interpreting the collected data?					
2	capable in interpreting and analyzing the observed data?					
3	organize information to give constructive feedback that builds on teacher's capabilities and teaching behaviors?					
4	take in to account teachers experience, nature of the lesson and level of relationship before post observation conference?					
5	Interpret and analyze the observed data without bias?					

4. Post- observation conference

No	How often do you	1	2	3	4	5
1	Provide immediate face to face feedback to teachers after classroom observation?					
2	Make a post- observation conference about the things observed during classroom observation?					
3	use the data collected from classroom observation to improve teachers' classroom behaviors?					
4	focus too much on weakness than on the strength of teacher?					
5	provide a constructive feedback to the observed teacher?					
6	develop a better strategy that will be used for the next session of clinical supervision cycle at the end of the feedback?					

5. Critique/ Post-Conferences Analysis

No	How often do you	1	2	3	4	5
1	evaluate the whole supervisory process for future improvement?					
2	identify what further strategy could be used to improve once own self supervisory skills?					
3	Select a better strategy that is used for the next session of clinical supervision?					

Part Two. Clinical supervision in promoting teacher development

This is to confirm that the relationship between teacher development and clinical supervision and whether clinical supervisors provide teachers with in-service training in the form of workshops, conferences, etc to equip them with expertise as a form of professional development. Based on this idea, the following questions are raised.

Key: Key: 1= Very low, 2= Low , 3= Moderate , 4= High , 5= Very High

no.	To what extent do you	1	2	3	4	5
1	provide feedback on the observed classroom problems faced by the					
2	make the department to discuss and solve classroom problems faced by the observed teacher with in his/her department?					
3	solve classroom problems faced by the observed teacher through one – five team group discussion?					
4	facilitate teachers to learn from one another through peer learning?					
5	assign mentor to continuously assist the observed teacher in order to alleviate the classroom problems?					
6	make the observed teacher to improve his/her classroom problems through CPD activities?					
7	use experience sharing as a mechanism to overcome problems faced in the classroom?					
8	provide teachers with short term trainings in order to alleviate classroom problems that hinder their effectiveness?					
9	Offer seminars in order to fill classroom skill gaps of teacher?					

Part Three. Problems that face Clinical Supervision at the school level

There are a number of problem that hinder the effective implementation of clinical supervision in schools. Among them the following problems are listed in the table below. To what extent do them characterize your school clinical supervision problems in improving instruction and teachers' development? Please insert tick mark (✓) or "X" to show your response from the given likert scales that characterizes your school clinical supervisors.

Key: Key: 1=Strongly Disagree (SD), 2=Disagree (D), 3=Undecided (UN) 4= Agree (A)
5=Strongly Agree (SA)

No	Items	1	2	3	4	5
1.	Lack of regular classroom visit.					
2.	Supervisors do not spend sufficient time in the classroom to observe instruction.					
3.	Supervisors are incompetent enough to help other teachers.					
4	Administrative work is given priority than pedagogic practices.					
5	Supervisors are authoritarian, fault finding, biased and subjective during classroom observation.					
6	Supervisors are seldom provided with in-service training.					
7	Supervisors are not skilled in selecting the appropriate supervisory interpersonal skill.					
8	Lack of strong immediate feedback.					
9	Shortage of budgets to run supervisory activities effectively.					
10	Teachers' lack of interest to be supervised.					
11	Supervisors are not well trained in crying out clinical supervision.					
12	Teachers develop anxiety and frustration which stem from inadequate communication skill of supervisors.					
13	Supervisors not create smooth relation among teachers and between themselves for the improvement of instruction.					
14	Supervisors not assist teachers to feel free to express problems of concern to them.					
15	Supervisors have not taken relevant trainings.					
16	There is lack of follow up the activities of teachers by the supervisors					

Part Four: Open-ended Questions

Briefly list the problems that clinical supervisors facing currently in your school.

- 1.....
- 2.....
- 3.....
- 4.....

How many times classroom observation is conducted for individual teacher by clinical supervisors in academic year?

APPENDIX B
ADDIS ABABA UNIVERSITY
COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES
DEPARTMENT OF EDUCATIONAL PLANNING AND MANAGEMENT

Guides to interview conducted with CRC supervisor and school principal

Dear respondents

The aim of the interview is to investigate issues related to practice and problems in clinical supervision focus on teacher development in secondary schools of Jimma Zone. The information obtained from the respondents will help to suggest solutions to the problems encountered during the implementation of clinical supervision in the schools. The data obtained will be used for research purpose only.

Thank you in advance for your cooperation

Part I: General Information

Section One: General Information

Please insert tick mark (✓) details or circle the appropriate category for you.

Sex: A. Male ☐ B. Female ☐

Age: A. Up to 29 ☐ B.30-39 ☐ C.40-49 ☐ D. 50-59 ☐ E. 60 and above ☐

Qualification: A. Diploma ☐ B. First degree ☐ C. Second degree ☐

Current position: A. CRC supervisor ☐ B. school principal ☐ C. department head ☐

D. senior teacher ☐

Work experience: A.1-5 ☐ B.6-10 ☐ C.11-15 ☐ D.16-20 ☐

E.21 and above ☐

Part II: Give your response to the questions in short, and be precise

1. As a clinical supervisor what steps do you follow in conducting classroom visits in your school? Please discuss on each step what you are doing
2. Does clinical supervision help teacher for development? How?
3. How often do you conduct clinical supervision/classroom observation/ in your school?
4. What are the problems encountered during the practice of clinical supervision in your school?
5. How did you overcome the problems encountered in conducting clinical supervision/ classroom observation?

APPENDIX-C
ADDIS ABABA UNIVERSITY
COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES
DEPARTMENT OF EDUCATIONAL PLANNING AND MANAGEMENT

Checklist for Document Analysis

1. Does the schools have classroom observation plan?

2. Do the schools have written feedback paper for teacher?

3. Does the school have teacher development program plan based on problems observed in classroom?

4. What are the common problems of teachers as observed in classroom?

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DECLARATION

I the under signed, declare that this thesis is my original work and has not been presented for degree in any other university and that all sources of materials used for the thesis have been duly acknowledge.

Name: Amanuel Hailu

Signature -----

Date -----

This thesis has been submitted for examination with my approval as University Advisor

Name: Ato Kenenissa Dabi

Signature: -----

Date: -----