

QUALITY MEASURES

for Education Leadership Development Systems and Programs®

# Principal Preparation Program Quality Self-Assessment Handbook

*2009 EDITION*



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## Introduction

The Quality Measures™ approach to assessing the quality of principal preparation programs uses a calibrated set of research-based rubrics and an evidence-based analysis protocol. The rubrics incorporate the essential *features* and *indicators of quality* of program course content and pedagogy and clinical practices associated with exemplary principal preparation programs in the literature (Darling-Hammond, LaPointe, Meyerson, & Orr, 2007).

Quality Measures™ rubrics and protocols are used by states and districts as they conduct self-assessments of the quality of their principal preparation programs. These tools have been useful in building broader consensus around the features and indicators of high quality programs. The protocols help assessment teams examine supporting evidence against the rubric criteria and draw conclusions about the overall quality of their programs (King, Levinger & Schoener, 2006). The evidence-based self-assessment is designed to be part of a program's formative evaluation process with a lens on continuous improvement. In addition, the self-assessment supports programs as they undertake program redesign.

This Handbook includes information and resources on preparing for and conducting a program self-assessment, including:

- Tips for Getting Started (pages 1-2)
- The Program Self-Assessment Protocol (pages 2-5)
- Sample Meeting Agendas (pages 6-8)
- Program Self-Assessment Record Sheet (pages 10-14)

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## Tips for Getting Started

**TIME:** The time required for a self-assessment varies according to the scope and size of the program. Typically, the self-assessment can be accomplished in a half-day meeting. This assumes that the Program Director has identified and collected relevant evidence in preparation for the meeting. Some programs may decide to break the process into two separate meetings with the gathering of evidence occurring between meetings.

**ORGANIZATION:** Typically, the Program Director serves as Team Convener and is responsible for overall organization of the self-assessment process. The Team Convener coordinates team selection, sets meeting dates, gathers evidence in preparation for the meeting, and submits ratings. Often, the Team Convener also facilitates the self-assessment meeting(s), but in some instances she/he may choose to delegate this responsibility.

**TEAM SELECTION:** Team selection is an important part of the self-assessment process. Particular attention should be given to team composition. The team should include individuals with primary responsibility for designing and implementing the program being reviewed (including program faculty). Team members should be willing to be actively engaged in an in-depth, evidence-based self-assessment process and commit the time to participate from start to finish. Typically, teams consist of five to eight members.

**OTHER LOGISTICS:** A comfortable, convenient meeting space with few distractions is recommended. If possible, an overhead or LCD projector and laptop are helpful for conducting the meeting in an efficient manner.

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## SUGGESTED ROLES AND RESPONSIBILITIES

<b>TEAM CONVENER</b>	The Program Director plays this role and is responsible for organizing all aspects of the process, including team member invitations, meeting planning and scheduling, identifying and collecting evidence, team orientation, and setting process timelines. The Team Convener should be thoroughly familiar with the QM rubrics and with the evidence to be discussed.
<b>MEETING FACILITATOR</b>	Responsible for facilitating the self-assessment meeting(s). Responsible for moving the team through the process in an efficient and effective manner and managing time.
<b>DATA MANAGER</b>	Under the direction of the Team Convener, responsible for organizing evidence (data) and related materials before the meeting(s) and managing the data during the meeting(s) (including all meeting documents, worksheets, the Self-Assessment Record Sheet, etc.).
<b>TEAM RECORDER</b>	Records the information generated throughout the self-assessment. May work with the Team Convener to ensure the submission of the final rating and Self-Assessment Record Sheet.

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## The Program Self-Assessment Protocol

Our experience with program self-assessments has led us to develop the following protocol, which assumes a half-day meeting devoted to the self-assessment. Some programs may find it more effective to conduct the self-assessment in two separate meetings with evidence identification and collection taking place in between. (*Sample Agendas* for conducting the self-assessment either way are provided on pages 6-8.)

Program Directors should choose a process that works best for their program and team. No matter which process is used, preparation is key to the self-assessment's success. Selecting the right people to conduct the self-assessment and identifying and assembling the best possible evidence to support quality ratings is critical to a productive program self-assessment. These preparatory tasks are typically the responsibility of the Program Director.

## PREPARATION FOR THE SELF-ASSESSMENT MEETING

### A. Select team and schedule self-assessment meeting

Referring to “Tips for Getting Started” above, select the self-assessment team.” In scheduling the meeting and inviting participants, it is important to provide team members with the purpose of the self-assessment and meeting objectives ahead of time.

### B. Assemble evidence for *Program Course Content and Pedagogy* and *Program Clinical Practice*

Review the *Quality Measures™ Principal Preparation Program Quality Self-Assessment Rubrics* and assemble the strongest evidence to support the indicators of quality for your program’s *Course Content and Pedagogy* and *Clinical Practice*. Use the Self-Assessment Record Sheet to help organize your team’s evidence. The Record Sheet can then serve as the discussion document during the self-assessment meeting.

#### Sample Meeting Objectives:

- Review, analyze and assess selected evidence for two key program two features—  
Course Content and Pedagogy and Clinical Practice
- Collectively rate each program feature along the developmental continuum
- Identify areas of strength and areas for program improvements or modification

### C. Complete Sections A (meeting details) and B (program description) of the *Self-Assessment Record Sheet*

In filling out Section A of the Self-Assessment Record Sheet, provide details about the assessment team members (include each member’s role in the program). Since many issues surface in the review of evidence that are context specific, use Section B to describe the context of the program, its size, the number of participants, the process used for recruitment and selection of candidates as well as the expected path for those who complete the program. In addition, use this section to describe the working conditions that are in place to support program participants and impact the lived experience of the aspiring principals who participate (e.g., release time, distance learning, supervision agreements, contractual commitments or other design attributes of the program).

## THE SELF-ASSESSMENT MEETING

### D. Discuss and agree upon logistical and process issues

After introducing meeting participants, review the goals for the program self-assessment. You may also want to establish team ground rules, and discuss and assign roles and responsibilities (see *Suggested Roles and Responsibilities* above). This is also a good time to distribute and review the materials and confirm the timeline for completing the self-assessment.

### E. Review and discuss the QM Rubrics

The rubrics are at the heart of the assessment process. The assessment team needs to develop a deep understanding of the rubrics in order to assess the program’s level of development and identify appropriate evidence.

Johnson & Svingby (2007) argue that the reliable scoring of performance assessments can be enhanced by the use of rubrics, especially if they are analytic, topic-specific, and complemented with exemplars and/or rater training. The Team Convener should walk through each indicator

of quality at all developmental levels of the rubrics in order to establish a deep understanding among the assessment team of the calibrations in the rubrics .

As the team discusses each indicator of quality at each developmental level along the continuum (*Well-Developed, Developed, Emerging, Beginning*), the conversation should also focus on what the practices indicated at the “Well-Developed” level look like.

**F. Discuss the role of evidence in a program self-assessment process**

Selecting and examining evidence to support program quality claims deepens and grounds team discussions of the essential features and indicators of quality programs, and the extent to which their program meets these quality standards.

Discuss the possible range of types of evidence that can be used for supporting evidence. Identifying the various resources for evidence will help you explore other possible sources as you are looking at the evidence selected thus far.

**G. Review evidence and determine quality rating for your program’s *Course Content and Pedagogy***

In order to determine this feature’s fit along the developmental continuum described in the rubric, review the evidence gathered for the *Course Content and Pedagogy* rubric.

Present and discuss the strongest evidence collected for each indicator of quality for *Course Content and Pedagogy*. You may want to use the Self-Assessment Record Sheet which is designed to help you in organizing and discussing the evidence in a logical, step-wise manner.

As you discuss, revise Section C of the Self-Assessment Record Sheet to reflect the team’s discussion and agreement on the strongest evidence for each indicator of quality. Check the type(s) of evidence presented and note which developmental level (*Well-Developed, Developed, Emerging, Beginning*) the evidence supports for each indicator of quality.

Use the evidence presented as data to agree on an overall rubric rating (from *Beginning* to *Well-Developed*) that most closely matches the supporting evidence for *Course Content and Pedagogy*. Check the appropriate rating in Section D of the Record Sheet.

Note any significant findings from the data gathering process and record observations for follow up in Section D of the Record Sheet.

**Considerations when Selecting Evidence:**

- Figuring out what to look at, listen to and read is an important part of the process and should be discussed at length by the team prior to examining any evidence.
- The only criterion for selecting evidence is that the items presented capture the essence of a desired indicator and feature and clearly indicate the degree to which the quality standard is met.
- In addition to written documents, evidence can take the form of face-to-face interviews, observations, multi-media presentation, or any other relevant program-related materials or experiences.

**H. Review evidence and determine quality rating for your program's *Clinical Practice***

Repeat the process detailed in Step 6 to establish a quality rating for your program's *Clinical Practice*.

**I. Check over the Self-Assessment Record Sheet**

Review the Record Sheet and the lists of evidence to ensure that they are complete and accurately reflect the team's discussion of the evidence and agreement on ratings.

**J. Agree on next steps for using the data gathered through the self-assessment**

In order to build on the data and the learning generated through the self-assessment, take a few minutes to plan for how to use this data in continuous improvement efforts. The "Notes" sections (Section D for *Course Content and Pedagogy* and *Clinical Practice*) will help you recall areas of strength and possible areas for improvement or modification for your program. Discuss and agree on next steps to be taken.

**AFTER THE MEETING**

**K. Submit ratings for your program's *Course Content and Pedagogy* and *Clinical Practice***

**SAMPLE AGENDA 1**

**QM Program Self-Assessment Meeting**

*Meeting Duration: approximately 4 hours*

ACTIVITY	FACILITATOR	SUGGESTED TIME
<b>1. Introduction of Team Members and the Self-Assessment Process</b>	Project Director / Team Convener <sup>1</sup>	5-10 minutes
<b>2. Meeting Objectives</b>	Project Director / Team Convener	5 minutes
<b>3. Logistics (assessment team roles and responsibilities, timeline for completion, distribution and review of materials)</b>	Project Director / Team Convener	10-15 minutes
<b>4. Review QM Rubrics and the Role of Evidence in the Self-Assessment</b>	Project Director / Team Convener	30-45 minutes
<b>5. Review Evidence and Determine Quality Rating for <i>Program Course Content and Pedagogy</i></b>	Project Director / Team Convener	60 minutes
<b>6. Review Evidence and Determine Quality Rating for <i>Program Clinical Practice</i></b>	Project Director / Team Convener	60 minutes
<b>7. Check for Team Agreement and Finalize the Self-Assessment Record Sheet</b>	Project Director / Team Convener	5-10 minutes
<b>8. Agree on Next Steps for Using the Data from the Self-Assessment and Adjourn</b>	Project Director / Team Convener	30-45 minutes

<sup>1</sup> If a program has requested EDC facilitation support, a QM Specialist may also facilitate some portion of the meeting or serve as co-facilitator with the Program Director.



**SAMPLE AGENDA 2.1 (Annotated)**

**QM Program Self-Assessment Meeting**

**Part One: Team Orientation and Rubric Review**

*Meeting Duration: approximately 2 hours*

ACTIVITY	FACILITATOR	SUGGESTED TIME
<p><b>1. Introduction of Team Members and the Self-Assessment Process</b> Conduct brief introductions and give a short description of the self-assessment process.</p>	Project Director / Team Convener	5-10 minutes
<p><b>2. Meeting Objectives</b> Review the meeting objectives.</p>	Project Director / Team Convener	5 minutes
<p><b>3. Logistics</b> Assign assessment team roles and responsibilities, discuss timeline for completion, distribute and review materials.</p>	Project Director / Team Convener	10 minutes
<p><b>4. Review QM Rubrics and the Role of Evidence in the Self-Assessment</b> Discuss the evidence-based self-assessment process and review and discuss the <i>Rubrics for Course Content and Pedagogy</i> and <i>Clinical Practice</i>.</p>	Project Director / Team Convener	30-45 minutes
<p><b>5. Plan for Gathering Evidence Before the Next Meeting</b> Discuss the various resources for identifying evidence to support the program features. Agree on a plan for retrieving and organizing evidence prior to the next meeting.</p>	Project Director / Team Convener	15-20 minutes
<p><b>6. Agreeing on Next Steps and Adjourn</b> Review agreements made during the meeting and logistics for the next meeting.</p>	Project Director / Team Convener	10 minutes

**SAMPLE AGENDA 2.2 (Annotated)**

**QM Program Self-Assessment Meeting**

**Part Two: Team Review, Analysis and Assessment**

*Meeting Duration: approximately 3 hours*

ACTIVITY	FACILITATOR	SUGGESTED TIME
<p><b>1. Introductions and Meeting Objectives</b> Introduce participants and review the meeting objectives and agenda.</p>	Project Director / Team Convener <sup>1</sup>	10 minutes
<p><b>2. Review Evidence and Determine Quality Rating for Program Course Content and Pedagogy</b> Team members present and discuss the strongest evidence collected for each indicator of quality for this feature. Using the evidence as data, the team collectively agrees on an overall rubric rating. Team members note significant findings for follow up.</p>	Project Director / Team Convener	60 minutes
<p><b>3. Review Evidence and Determine Quality Rating for Program Clinical Practice</b> Team members present and discuss the strongest evidence collected for each indicator of quality for this feature. Using the evidence as data, the team collectively agrees on an overall rubric rating. Team members note significant findings for follow up.</p>	Project Director / Team Convener	60 minutes
<p><b>4. Check over the Record Sheet and Agree on Next Steps for Using the Data Gathered</b> Check that the team’s discussion and agreements are accurately reflected on the Record Sheet. Review the findings from the “Notes” section for both <i>Course Content and Pedagogy</i> and <i>Clinical Practice</i> and discuss next steps for incorporating the learning from the self-assessment into ongoing program improvement efforts.</p>	Project Director / Team Convener	30-45 minutes
<p><b>5. Summary and Adjourn</b> Close the meeting with any concluding remarks and reflections on the process.</p>	Project Director / Team Convener	5-10 minutes

<sup>1</sup> If a program has requested EDC facilitation support, a QM Specialist may also facilitate some portion of the meeting or serve as co-facilitator with the Program Director.

## **Bibliography**

Darling-Hammond, L., LaPointe, M., Meyerson, D., & Orr, M. (2007). *Preparing school leaders for a changing world: executive summary*. Stanford, CA: Stanford University, Stanford Educational Leadership Institute.

Johnson, A., & Svingby, G. (2007). The Use of Scoring Rubrics: Reliability, Validity and Educational Consequences. *Educational Research Review*, 2 (2) 130-144.

King, C., & Levinger, B., Schoener, J. (2006). *Leadership development quality assessment process*. Newton, MA: Education Development Center, Inc.

## **PROGRAM SELF-ASSESSMENT RECORD SHEET**

### **Section A: Meeting Details**

**Program Name:** \_\_\_\_\_

**Director:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Review Team Members** (please include team member's role and/or position):

\_\_\_\_\_

### **Section B: Brief Description of Program**

*Please provide important descriptive information about this program including year of inception, number of participants served, and any other key features of the program in the box below.*

\_\_\_\_\_

## Section C: Supporting Evidence

Use the table below to list the evidence that best supports each indicator of quality. Indicate the type(s) of evidence. Note the developmental level (well-developed, developed, emerging, beginning) the evidence supports for each indicator of quality.

Indicators of Quality for <i>COURSE CONTENT &amp; PEDAGOGY</i>	Title of Supporting Evidence	Type of Evidence				Evidence supports...
		Document	Observation	Interview	Other	
1. Requires course work in <b>each</b> of the following content domains: <input type="checkbox"/> Vision for learning <input type="checkbox"/> School culture <input type="checkbox"/> Instructional supervision <input type="checkbox"/> Management of resources and operations <input type="checkbox"/> Ethical practices, and <input type="checkbox"/> Political, social, economic, legal and cultural contexts						<i>Well-Developed</i>  <i>Developed</i>  <i>Emerging</i>  <i>Beginning</i>
2. <b>All</b> required courses are logically and sequentially organized and <b>specifically</b> aligned to state and professional leadership standards						<i>Well-Developed</i>  <i>Developed</i>  <i>Emerging</i>  <i>Beginning</i>
3. <b>All</b> required courses incorporate project based learning methods as the comprehensive approach to instruction that includes adequate opportunities for students to practice an array of skills in real school contexts						<i>Well-Developed</i>  <i>Developed</i>  <i>Emerging</i>  <i>Beginning</i>
4. <b>All</b> required courses <b>explicitly link</b> successful completion of coursework to current performance expectations for school principals						<i>Well-Developed</i>  <i>Developed</i>  <i>Emerging</i>  <i>Beginning</i>
5. <b>All</b> required courses implement <b>well-defined</b> formative and summative assessment measures for use by faculty, the candidate, <b>and</b> peers to evaluate candidate performance						<i>Well-Developed</i>  <i>Developed</i>  <i>Emerging</i>  <i>Beginning</i>

## Section D: Program Quality Rating

**Quality Rating for COURSE CONTENT & PEDAGOGY:** (tick one)

*Well-Developed*

*Developed*

*Emerging*

*Beginning*

**Notes for continuous improvement/future program planning for COURSE CONTENT & PEDAGOGY:**

## Section C: Supporting Evidence

Use the table below to list the evidence that best supports each indicator of quality. Indicate the type(s) of evidence. Note the developmental level (well-developed, developed, emerging, beginning) the evidence supports for each indicator of quality.

Indicators of Quality for <b>CLINICAL PRACTICE</b>	Title of Supporting Evidence	Type of Evidence				Evidence supports...
		Document	Observation	Interview	Other	
1. Includes <b>developmentally sequenced</b> opportunities for intern to further develop, apply, and practice leadership skills in real-world clinical settings for <b>at least one year</b> under the direct supervision of both university faculty <b>and</b> expert field practitioners						Well-Developed Developed Emerging Beginning
2. Requires intern to complete a <b>comprehensive series</b> of problem-based projects and activities that are <b>explicitly linked</b> to ISLLC standards (2008) <b>and</b> district performance expectations for principals						Well-Developed Developed Emerging Beginning
3. Provides intern with expert coaching and mentoring support that includes <b>daily</b> opportunities for intern to be observed and receive feedback from experts while practicing and developing their skills						Well-Developed Developed Emerging Beginning
4. Provides <b>formal</b> formative and summative assessments of intern performance <b>at scheduled intervals</b> throughout the clinical practice experience						Well-Developed Developed Emerging Beginning
5. Offers intern the opportunity to develop competencies in <b>more than one</b> school level (elementary, middle and high) <b>and</b> demographic contexts						Well-Developed Developed Emerging Beginning

## Section D: Program Quality Rating

**Quality Rating for *CLINICAL PRACTICE*: (tick one)**

*Well-Developed*

*Developed*

*Emerging*

*Beginning*

**Notes for continuous improvement/future program planning for *CLINICAL PRACTICE*:**