

SCHOOL LEADER TASK FORCE-POSITION PAPER

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Recommendations for change are guided by a few basic principles that are, for the most part, already understood and embraced. Nevertheless they shape both the issues and the proposed action. While much of what we have been presented and discussed focuses on preparation, it is important to begin with outcome. Outcome, in this case is about effective building-level leadership.

Necessary for Leadership

- Building-level leadership is central to positive academic outcomes.
- Building-level leadership requires knowledge of effective instruction and evidenced-based curriculum.
- Building-level leadership requires establishing a school-based culture that shares a common vision and goal and provides the opportunities to invest the school staff, students, and parents in that common goal.
- The common goal is always, positive academic outcomes for students.
- Building-level leadership is not only about verbalizing leadership it is about demonstrating leadership (don't tell me you love me, show me).
- Effective instruction and behavior management are not distinct separate activities.
- Managing student behavior requires systemic (building-level) approaches that focus on structural reinforcement of positive behavior.
- Decision-making must be data-based.
- Building-level leadership demands insisting that instructional staff be held accountable for effective instruction and evidenced-based curriculum.
- Delivering effective instruction with evidenced-based curriculum is accomplished only via systemic (building-wide) approaches.

Assumptions and Elephants

- Creating new requirements and expectations while at the same time allowing "alternatives" to acquiring a credential undermines the integrity of the process. If we really believe the process has no integrity (i.e. is the problem) then shut it down.
- The quality of faculty is important. Quality is not determined by part-time vs. full-time or has K-12 experience or doesn't. More clinical faculty (or less for that matter) does not address quality of preparation.
- Mandating the "array" of preparation faculty (e.g. 50% clinical faculty), on the belief that they do a better job than tenure-track faculty, may have unintended consequences.
- Partnerships, cooperating approaches are important to integrated training. They don't help if quality indicators for site selection are not in place.
- Ph.D. or Ed.D. is a peripheral issue. The issue today is less about higher education and more about district-level expectations. Each year more districts want/expect district-level leadership to have a doctorate and often that expectation

exists at the building level. Most don't care if it is Ph.D. or Ed.D. Just as long as it is Dr. Smith.

Possible Directions

- Focus on changes in both program-approval standards as well as credentialing requirements.
- Changes need to be comprehensive; focusing on a different knowledge base than the one used for the last 30 years. The focus must be on leadership, not the principalship. Broadly that includes knowledge and skills in 1) establishing a school-based culture with a common goal/visions that is primarily about positive student outcomes; 2) insisting on and supporting delivering effective instruction; 3) using only evidenced-based curriculum, and; 4) developing and using student-based outcome performance data systems.
- Require clinicals (school-based experiences) that are tied to and integrated with university preparation courses.
- Require a full-year, full-time internship.
- Advance a state-wide data base that permits the tracking of school/classroom/student-based outcomes to professional personnel and their university/program.