



**COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCES  
DEPARTMENT OF EDUCATIONAL PLANNING AND MANAGEMENT**

**PRACTICES AND CHALLENGES OF IMPLEMENTING CLINICAL  
SUPERVISION IN PRIMARY SCHOOLS OF DAMOT PULASA WOREDA  
WOLAITA ZONE SOUTH ETHIOPIA REGIONAL STATE.**

**A RESEARCH SUBMITTED TO COLLEGE OF EDUCATION AND  
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**LETTER OF THESIS APPROVAL**

This is to certify that the essay prepared by: Fikire Gutena Ganamo “ Practices and Challenges of Implementing Clinical Supervision in Primary Schools Of Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Regional State and submitted in partial fulfillment of the Degree of Bachelors of Art in Educational Planning and Management complies with the regulation of the university and meets the accepted standards with respected to originality and quality.

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## **Lists of Abbreviations and Acronyms**

ANNOVA:	Analysis of Variance
COSS:	Cluster of School Supervisor
CROP:	Classroom Observation Program
ESDP:	Education Sector Development program
ETP:	Education and Training Policy
GEQIP:	General Education Quality Improvement Package
GPS:	Government Primary School
GER:	Gross Enrollment Ratio
JPA :	Job Performance Appraisal
MoE:	Ministry of Education
NER:	Net Enrollment Ratio
SIP:	School Improvement Program
SPSS:	Statistical Package for Social Science
TDCP:	Teacher Development Coordinator Process
WEO:	Woreda Education Office
ZED:	Zonal Education Department

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## **ABSTRACT**

The main purpose of this study was to assess the practice of clinical supervision in government primary schools in Damot Pulasa Woreda, Wolaita Zone, South Ethiopia. A descriptive survey design with a mixed-methods approach was used. The study aimed to examine how supervisors implement clinical supervision to improve instructional quality and school performance.

A random sample was taken, including 6 supervisors, 7 principals, 7 vice-principals, 28 teachers, 48 department heads, and 6 Woreda education officers — totaling 109 participants (51% of the population). Data collection involved questionnaires for supervisors, principals, and department heads, and interviews (semi-structured and unstructured) for teachers, vice-principals, and Woreda officers. Document analysis was also conducted.

Data were analyzed using SPSS version 20, applying descriptive statistics such as frequencies, percentages, and means.

**Key Words: Practices, challenges, clinical supervision, primary schools**

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

Instructional supervision is an interactive process that depends on the source of supervision between the supervisor and the teacher. Clinical supervision is considered a significant factor in improving instruction which is an operation with only one purpose, and improvement of classroom teaching. The instruction supervision is the necessary conditions for successful learning in schools and institutions worldwide. Supervision in schools is accepted as a general leadership function intended to improve the performance of teachers' teaching and instruction. Glickman, Gordon and Gordon (2004) have placed supervision as the backbone towards determining the effectiveness of school.

A good supervision involves activities that aid, direct and inform teachers of what should be done or have been done and not merely finding faults in the teachers teaching. In the literature on instructional sciences, clinical supervision is a type of supervision that meets the stated requirements of a good supervision. It brings about mutual understanding and cooperation between the supervisor and supervisee because in clinical supervision the supervisee is more willing to assist and cooperate with the diagnosis and prescription process (Adentwi & Barfi- Frimpong, 2010). Therefore, assessing the practices and challenges of instructional supervision is important in implementing successful supervision.

Clinical supervision is one of the most popular and comprehensive approach of contemporary supervision. In the second half of the 21<sup>st</sup> century, under the circumstances forcing educational changes, clinical supervision was reported as an adaptation of the types of supervision approaches helping to preserve the most remarkable classical values of traditional supervision such as rationality, decentralization, and problem solving based on operation (Pajak, 2010). Sergiovanni and Starratt (2007) was introduced the five stages of clinical supervision which give more strategies to improve classroom performance. Such stages are Pre-Observation conference, Observation, (3) Analysis and

strategy, Supervision conference, and Post-conference analysis. Thus, stages can be considered as conditions necessary to establish and maintain trust and honest open communication (Sergiovanni & Starratt, 2007).

Ethiopian practice of education supervision is date back to the early in 1941 with constant shift of its names “Inspection and “supervision”. So in Ethiopia educational system schools have roles plays by both internal and external supervisors; the internal supervisors is who appoints by school staffs, whereas external supervisor who might points by sub offices in Woreda or Zonal. However, as all teachers and school leaders are not qualified enough; they need support from Instructional supervisors (Giordano, 2008:11). Similarly, education in Ethiopia is passing through a period of transition from the emphasis on quantity to emphasis on quality. School supervisors yet could not improve the expected outcome on the students’ performance so as our education contains higher challenges instructional to address this the Ethiopian government designed a strategy for education development which serves as the overarching frame work by giving high priority to quality improvement at all levels (MOE,2012:1).

According to the MOE (1994) cluster supervisors and external supervisors are responsible to carry out educational supervision. In this regard, the Woreda level supervisory educators are structured under external supervisors who have been given responsibility to assist teachers in schools and these bodies are principals, vice principals, heads departments, and senior teachers are categorized under the actors of instructional supervision. Thus, this study is designed to assess the practices and challenges of clinical supervision in primary schools of Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Regional State.

## **1.1.Statement of the problem**

Success of education in attaining its instructional and educational objectives, and achieving its role in developing life, stand on many constituents, such as the educational trends of teachers, and their vocational harmony, and the most significant courses they meet during their work, and their specializations in addition to trainings, either they were educational or non-educational. According to Danielson and McGreal (2000), there are six primary insufficiencies with the current systems of teacher evaluation in the schools today. These include: outdated evaluative criteria, few shared values and assumptions about good teaching, a lack of precision in evaluating performance, hierarchical communication, a lack of differentiation between teachers, and limited administrator experience.

Iwanicki (2001) professed, “If we start with school improvement, support our school improvement efforts with quality staff development, and reinforce staff development through teacher evaluation, then meaningful improvement in teaching and student learning results” (p. 59). Nonetheless, most of the supervisors’ data collection instruments discussed in the contemporary literature are designed primarily with the old methods of classroom observation, and do not get at the heart of helping supervisors truly help teachers in all teaching environments especially those of government secondary schools. To achieve effective clinical supervisions, both parties should have one common realization as the fundamental perspective so significant benefits can be delivered to supervisor and the teachers.

According to Snow-Gerome (2008) argues the aim of clinical supervision is” to provide support to teachers and to increase teachers abilities to be self- supervising”. Under the impetus put forth by the No Child Left behind Act of 2001, teachers from all curriculum areas were expected to implement scientifically research-based teaching strategies that included experiential learning environments within their classrooms; and while at the same time were facing amplified accountability for increased student achievement. Acheson, (1977) and Haile Selassie (1997) quoted that clinical supervision refers to face-to-face contact with the supervisor and teacher intent of improving instruction &

promoting professional growth. Firdisa (2009) argue that an assuring and enhancing the quality of teaching and learning has become a major concern all over the world. The supervisor must have better planning, data-collecting and good analysis of same then human relations skills to boost his/her efforts (Goldhammer, Anderson and Krajewski, 1980).

Through careful and systematic observation, analysis and dialogue with supervisors, effective teaching can be reinforced leading to improvement in teacher's capabilities Orator (2012). However, the practices of supervision in different Primary schools of Ethiopia in different regions by different researchers i.e, Chanyalew (2005), Getachew (2001), Atiklt (2008), and Gezahw (2008) argues that supervisory techniques, procedures, and skills of supervisors are in appropriate for improvement of the quality of teachers and the students achievement of learners. The study, therefore, was designed to assess the practices of clinical supervision and its challenges in Primary schools of Damot Pulasa Woreda, Wolaita Zone South Ethiopia Regional State. This study addresses the following basic research questions.

## **1.2. Research basics Questions**

1. To what extent do teachers gained support from clinical supervisors in order to improve their instructional skills?
2. To what extent do teaching learning based clinical supervisors' practices supervision in their schools?
3. What are the major's challenges do cluster supervisors and school principals' encounter with in their schools?
4. What are the suggested solutions to implement practices of clinical supervision in primary schools of Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Regional State?

## **1.4. Objectives of the Study**

### **1.4.1 General objective of the study**

The main objective of this study is to examine the practices and challenges of clinical supervision in Primary schools of Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Region.

### **1.4.2 Specifics objectives of the study**

1. To assess the level of clinical supervision practices in Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Regional State.
2. To assess results achieved by clinical supervision practices in Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Regional State.
3. To examine the majors challenges that affect practice of clinical supervision in Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Regional State.
4. To identify the solutions to implement practices of clinical supervision in primary schools of Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Regional State.

## **1.5. Significance of the study**

The study has the following significances: It provides awareness for all supervisors, principals and school teachers to implement practices of clinical supervision in schools of primary schools of Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Regional State. It may provide necessity information to educational office heads at woreda and zonal levels to identify supervisory challenge. Finally the study may inform education and training board, parent teacher association and school committee of improvement secondary schools strive to facilitate conditions for instructional supervision in a motivating fruitful manner to enable teachers play active role in the achievement of instructional objectives.

## **1.6. Delimitation of the study**

The study is delimited to the practices and challenges related to clinical supervision. Besides to the delimitation made on specific area of the discipline for the reason stated above, it is also delimited by the geographic area to Damot Pulasa Woreda and by the level of education to government Primary schools to carry out the study easily with the limit resource of the researcher have and it is less problematic to gather dequate data because the researcher is more familiar and has more access to that woreda than the others.

## **1.7 Limitations of the study**

Although the researcher exerts maximum effort to manage the study, she has come across some of challenges that have due impact on the research work. Reluctance of some supervisors and teachers to fill and return the questionnaire was the major challenges that affect the practices of clinical supervision of the study. In addition, the study has limitations of all survey type research such as clarity of wording and respondent understanding of some status. So beyond that getting of some documents (materials) published books, equal as challenging Therefore, because of these limitations the study by no means claims to be conclusive. It would rather serve as a spring to study Practices of clinical supervision in a more detailed and comprehensive way.

## **1.8. Definition of keys terms**

Clinical supervision: "...the aspect of supervision which draws upon data from first-hand observation of actual teaching.

Supervisory practices: A specific series of activities performed by a supervisor during the act of instructional supervision

Supervisor: One who provides a supervisory function over another.

Whole Person Education: A "concept of education, including leadership, personal growth and interpersonal development"

Observational instrument: A tool used by an observer to collect qualitative or

quantitative data within an educational environment

Education is a process by which man transmits his experience, new findings, and values accumulated over the years.

### **1.9. Organization of the study**

This study has four chapters. The first chapter deals with the introduction, statement of the problem, objective of the study, significance of the study, limitation of the study, delimitation and operational definition of terms. The second chapter presents the review of related literature and, the third chapter deals about research design and methodology, sources of data, population, sample and sampling techniques, instruments of data collection and chapter four discusses about presentation, the interpretation and analysis of data, conclusion, summary and recommendation of the major findings of data.

## **CHAPTER TWO**

### **2. REVIEW OF RELATED LITERATURE**

#### **2.1. Concepts of Instructional supervision**

The instructional supervision was tightly bound to the theoretical beliefs regarding education over time. Olivia and Pawlas (2001) contend that supervisory practices are based on the “political, social, religious and industrial forces existent at the time” (p. 4). supervision became influenced by personality theories of psychology and the qualities of good teachers (Ellett & Teddlie, 2003). Barr (1931) expanded upon these theories in his work on scientific supervision. He believed that supervision should include an analysis of teaching through the use of scientific data collection. Utilizing this type of collection would lead to discovering approved teaching practices which could lead to standards for supervision (Sullivan & Glanz, 2000).

Clinical supervision in the context of teachers’ personal and professional development in schools was originated by Morris Cogan (who was the mentor of Goldhammer) and Goldhammer at Harvard University in the 1960s. Cogan (1973) argued the central objective of the process of clinical supervision is to help develop a teacher who is professionally responsible, can analysis his/ her own performance, ready to open up to others to help him/her, and also be self-directing. The advocates of concept are of the belief that its focus is a face- to- face interaction between teacher and supervisor with the intent of improving instruction and increase the teachers’ professional growth (Abiddin, 2010).

Clinical supervision is based on the assumption that without guidance and assistance, teachers are not able to changes and improve (Oliva & Pawlas, 2004). careful and systematic observation, analysis and dialogue with a supervisor, effective teaching can be reinforced leading to improvement in teachers’ pedagogical capabilities (Okafor, 2012).

Since the objectives of clinical supervision are clearly stated by the actors (both supervisor and the teacher) before the observation and the methods of data collection are

discussed in mutually trusted manner by the key actors, it reduces much of anxiety or tension associated with traditional classroom observation by supervisors. Goldhammer, Anderson, &Krajewsky (1993) argued five phases in administering clinical supervision in a classroom context. These are pre-observation conference, clinical observation (classroom observation); analysis and strategy; post-supervision conference; and post-conference analysis.

Pre-supervision conference is referred to as pre-observation conference developed by Glickman (1990). This is the preparatory stage where the supervisor meets with the teacher and spells out the reason and purpose for the observation, focus, method and form to be used, and fix time for post-observation conference. The supervisor asks probing and clarifying questions at this stage not with intension to embarrass the teacher but to clarify and assist where need be (Okarfo,2012) Clinical supervision stage which is also known as lesson or classroom observation stage (Glickman,1990) involves the actual lesson presentation and observation. As the teacher teaches,the supervisor documents or captures the teaching as accurately as possible by using chosen method.

## **2.2. Development of clinical supervision**

The terms "inspector" and "inspection" are still being used in various developed and developing countries , including United Kingdom (UK), United States, European countries and some African countries such as Lesotho, Senegal, Tanzania and Nigeria (Grauwe, 2007). Traditionally inspection and supervision are used as important tools to ensure efficiency and accountability in the education system. Later adherents of the terminologies of inspection and supervision are used by different countries in different ways. As Tyagi (2010), noted that an inspection is as a top own approach focused on the assessment and evaluation of school improvement based in stated standards, whereas supervision focus on providing guidance, support and continuous assessment to teachers for their professional development and improvement in their teaching learning process.

According to Grawue (2007), some countries have recently developed more specific terminologies: Malawi, uses "education methods advisor", and Uganda "teacher

development advisor". Each component of supervisory approaches is discussed as follows. The terms clinical supervision was developed at Harvard University by Morris Cogan. Clinical supervision is increasingly being carried out as an aspect of personal and professional development in both primary and secondary care. It is an aspect of lifelong learning with potential benefits for both supervisor and supervisee. Clinical supervision has been defined as 'an exchange between practicing professional to enable the development of professional skills' (Butterworth, 2001). Within the context of primary care Burton and Launer (2003) define clinical supervision as 'facilitated learning in relation to live practical issues.'

### **2.3. Educational Inspection/Supervision of Ethiopia**

#### **2.3.1. Historical of educational supervision**

Education inspection was introduced into the educational system in Ethiopia about 35 years after the introduction of modern (western) type of education into the country. Although available sources do not agree on a specific year, there is evidence to believe that school inspection was for the first time introduced in 1943 E.C. Ato Hiwot Hidaru (1969) one of the pioneer inspectors indicated that school inspection began in Tikimt 19,1934 E.C .

The major responsibilities of the inspectors were to collect and compile statistical data on number of students and teachers, number of classrooms available and class-size, conduct school visits in the capital and in the province and finally, produce reports to be submitted to the ministry of education as well as to the emperor who at the time assumed the minister of education portfolio. It therefore became necessary not only to recruit more inspectors but, also to produce competence inspectors though training program was started in the premises of the then Addis Ababa teacher training school. There were 13 candidates chosen at the first intake into the program drawn from the various provinces.

The selection criteria were A) good conduct B) teaching experience C) good performance record in teaching D) graduation from T.T.Is and E) recommendation from the provincial education officer. The training program was given for six months. From 1943-1946 E.C .i.e. until the training program was discontinued, a total of 24 inspectors were trained. The training program was focused on a various aspect which include teacher's performance assessment, handling files (records) and reporting, sanitation of school compound, psychology and practices teaching. The specific subjects offered by the curriculum were A, educational administration B, English language C, physical and Health education D, music E, drawing and Handicraft and F, educational psychology.

The major responsibilities of the office of the inspectorate can be summarized as follows: Direct inspection of schools by personal visits, investigation of time table with recommendations therein, together with reports on the teaching load s per teacher, allocation of suitable text books recommended by a text- book selection committee and approved by the ministry of Education, preparing and developing curricula for all grades of the primary and secondary schools, setting national examinations at the completion of grades six and eight, conducting rigorous examinations and interviews for all newly recruited Ethiopian with teacher's recommendations as to the subjects they were to teach and grade levels at which they were deemed competent to teach. From beginning 1955 E.C the twenty years the old inspection was replaced by supervision. In only few words the educational supervision manual of 1987 E.C, stated that the replacement of inspection by supervision was found necessary so as to improve educational activities by making the teaching-learning process more efficient and effective by strengthening the man power.

When supervision was introduced, one of the first steps undertaken was preparation of a handbook for supervisors carried out by a seven man committee comprising of three Ethiopian and four American scholars, this was followed by an agreement reached between the ministry of education and the Haileselesie I university to train supervisors.

Accordingly, with 52 students as the first intake, all previously trained inspectors included then the training of supervisors started. This training which was a one year program continued until 1962 E.C.

## **2.4. Educational programs supervision at various levels**

According to the present reclassification of the country to a state structure i.e. in to a Federal Democratic Republic of government, the member states of the federal Democratic Republic of Ethiopia have been reclassified into regions, Zones, and Woreda. Accordingly, the ministry of education is recognized into the central ministry, Regional bureaus, and Zonal and Woreda education offices. The educational programs supervision is, therefore, recognized on this basis. The roles and functions of supervision at these levels would therefore be as follows (MOE, 2002).

### **2.4.1. Role of the school principal in supervision**

The school principal in his/her capacity as the instructional leader, his/ her responsibilities in supervision would be: creating a conducive environment to facilitate supervising activities in the school by organizing all resources (i. e classroom materials, and teaches) for instruction, giving professional assistance and guidance to teachers to enable them realizes instructional objectives; and supervises classes when and as deemed necessary, coordinating evaluation of teaching learning process and the outcome through the initiation of active participation of staff members and the local community at large and cause the evaluation of school community relations and on the basis of the evaluation results strive to improve and strengthen such relations(MOE,2002).

### **2.4.2. Role of the school Deputy Principal in supervision**

The school deputy principal, besides assisting the principal of school in carrying out the above responsibility, is specifically expected to handle mainly the following tasks.

Giving overall instructional leadership to staff members, evaluation lesson plan of teachers and conducting classroom supervision to ensure that the curriculum of the school addresses the needs of the local community (MOE, 2002).

### **2.4.3. Role of the Department head in supervision**

Because of their accumulated knowledge, skills, and abilities in the particular subject, subjects as well as in the overall educational system acquired through long services (experience); the department heads have the competence to supervise educational activities. Those listed below are therefore supervisory functions to be undertaken by the department heads, coordinating the supervisory activities in their respective departments and evaluating teacher's performance, arranging on the job orientation and socialization programs to newly assigned teachers in respective department, initiating and promoting group participation in the planning, implementation and decision-making of instruction and in evaluation of instructional outcomes, selecting and organizing teaching materials (text books, teaching aids, and making them available for use by teachers), encouraging teachers to conduct "Action research" so as to improve and develop subject they teach and methods of teaching as subjects, organizing models teaching programs for in experienced (junior) staff members by initiating senior staff members from the department, coordinating evaluation of the department curriculum and organizing workshops, conferences, seminars, etc. to tackle identified problems of the curriculum, encouraging staff members to conduct meetings regularly to make periodic evaluation of their activities and to seek solutions to instructional problems(MOE,2002).

### **2.4.4. Role of senior teachers in supervision**

To improve and boost the professional status of primary school teachers a professional career structure has been developed by the ministry of education (MOE,2002)on the basis of the education and training policy.

According to the career structure, it is assumed that he/ she Keffitanga Memhir (high

ranking teacher), Tebabari Meri Memhir (associate head teacher) and Meri Memhir (head teacher) are the senior teachers. Thus, such teachers as a result of their accumulated experience and sound detrainning in specific subject's area/ areas are well positioned to supervise other teachers within their department.

In consultation with respective department heads and on the basis of program arranged for them by the department, they can therefor closely assist and guide teachers and also conduct classroom supervision. However, this was followed by the agreement reached between the ministry of Education (MOE) and the Haileselesie I university to train supervisors. Accordingly, with 52 students as the first intake, all previously trained inspectors included among then the training of supervisors started. This training which was a one year program continued until 1965 E.C. As of 1961 E.C, however, it was conducted during the kirmt (long rainy months) instead of being offered during the regular academic calendar; and attendance of three consecutive kiremts was considered equivalent to one year regular program. After 1965 E.C the training program was discontinued.

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 those (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.

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, informal 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 non routine problems and the skills, systematic knowledge needed to solve them effectively. In fact, these concerns are at the heart of clinical supervision (Acheson and Gall, 2003).

## **2.5 The overview aims of clinical supervision**

Clinical supervision models are developed to instructional supervision by Gold hammer and Cogan in the late 1960s (Gold hammer, 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” (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.

Gold hammer et al (1980), 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 behaviors and activities for instructional improvement. 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.

## **2.6. The Steps/ phases 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). These are, Pre-conference 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).

## **CHAPTER THREE**

### **3. RESEARCH DESIGN AND METHODOLOGY**

#### **3.1. Description of the Study Area**

Damot Pulasa woreda is one of the richest woreda among the seventeen woredas and six city administration in the wolaita zone, it is located in the North of Mirab Badawacho Woreda, in the south of Damot Gale Woreda, in the East of Damot Gale woreda and in the west of Boloso Sore. Based on the 2007 E.C Census conducted by the Central Statistical Agency of Ethiopia (CSA), this woreda has a total population of 39,556, of whom 19,722 are men and 19,834 women. The woreda is home to several ethnic groups, religious practices, languages, and physical landscapes.

#### **3.2. Research Design**

According to Dawson (2002), defines the research design as a general strategy or plan for conducting a research study and he also described of the design which indicates the basic structure and goal of the study, the nature of the hypothesis, the variables involved, and the constraints of the environment all contribute to the selection of the research design. Before the design was decided upon this study, type of research study was first determined as to whether it was descriptive or survey design.

The study asked the main question ‘what is the practice of clinical supervision in government primary schools of Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Regional State’? As this question seeks answers in a descriptive research design form. According to Ary, Jacobs, Razavieh& Sorensen (2006), defined a descriptive research design is used instruments as an either questionnaires or interviews for this study to have in depth understanding practices of clinical supervision. This design is helpful to collect information directly from the population and employ simple statistical techniques which can facilitate drawing generalization about large population on the basis of the study of representative sample.

### **3.3. Research method**

In this study both qualitative and quantitative (Mixed) methods are used to find out challenges practices of clinical supervision in government secondary schools of Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Regional State.(Gay,et.al,2009) stated it may be difficult to fully explore the practice of supervision solely through one or single research method. Mixed method is used to offers a way of making research more meaningful, complete and purposeful than is the case when using either a singular either qualitative or quantitative method, and provides the researcher with other valuable tools to add to their research resources.

There are many and immediate benefits to be gained from not separating quantitative and qualitative research into distinct categories, instead, acknowledging and understanding their interrelated nature and processes. Different research questions, refers to the argument that quantitative and qualitative research can each answer different research questions; Utility or improving the usefulness of findings, refers to a suggestion, which is more likely to be prominent among articles with an applied focus, that combining the two approaches are more useful to practitioners and others. Then mixed methods sequential explanatory design consists of two distinct phase: quantitative followed by qualitative ( Plano Clark, et al., 2003).

In this design, a researcher first collects and analyzes the quantitative (numeric) data. The qualitative (text) data are collected and analyzed second in the sequence and help explain, or elaborate on, the quantitative results obtained in the first phase. The second, qualitative phase build on the first, quantitative, phase, and the two phases are connected in the intermediate stage in the study. The qualitative data and their analysis refine and explain those statistical results by exploring participants' views in more depth (Creswell, 2003; Rossman &Wilson, 1985; Tashakkori ).

### 3.4. Sources of Data

#### 3.4.1. Primary Data

It is referred as an original and unique data collected by the researcher directly from the first- hand sources or study object, through observations, surveys, questionnaires, interviews and a like....according to my requirements. It is also a type of data which gathered through perception or questionnaires review in a characteristic setting are illustrations of data obtained in an uncontrolled situation. Therefore, Primary data for this study was the cluster supervisors; principals; vice principals, head departments, teachers and Woreda education offices considered as sources of this data in general.

#### 3.4.2. Secondary Data

As Robson (2002) defined that secondary data which is the data already collected in some other context than the present study. It provides the necessary background information, builds credibility for the research report and helps to clarify the problem during the description research process. Finally it is concluded that source of this data obtained by author from the school documents.

### 3.5. Population of the Study

**Table 1: Total population and Sample Size are**

Types of Respondents	Total population and Sample Size		Sampling Technique
	Population	Sample Size	
Cluster Supervisors	6	6	Purposive Sampling
School principals	22	7	Simple random Sampling
Vice-Principals	22	7	Simple random Sampling
Head of departments	188	70	Simple random Sampling
Teachers	440	13	Simple random Sampling
Woreda Education office	12	6	Purposive Sampling
Total	690	109	

### **3.6. Sample Size Techniques**

A sample is defined as a limited number of elements selected from the whole population to be representative of that population. The sampling technique for this study is employed all the mentioned above.

### **3.7. Data Gathering Tools**

Questionnaire, interviews, documents analysis, and group discussion were the instruments used for the purpose of the study. Therefore, employing multiple data collection instruments help the author to combine, strengthen and amend some of the inadequacies. In other words, open-ended (unstructured) questions, which allowed the research subjects to answer questions in their own words, and close-ended (structured) questions, which are provided the research subjects with a list of responses to choose from. Questionnaires was developed by the author for schools supervisors, principals, head departments, vice- principals, teachers and Woreda education officers. It is used in order to collect data from the relatively larger size of the under study population. The reason why a questionnaire was used is easily to handle and is simple for the respondents to answer within a short periods of time (Koul, 2008).

Interview was developed by the author himself for practice of clinical supervision in schools. It is used in order to collect data from those who would provide information needed for the study. The reason why structured interviews will be employed that the procedure to be used is standardized and determined in advanced as well as to obtained answers to carefully phrased questions (Koul, 2008).The interview has categorized into two parts, the first part is focused on the demographic of teachers, the second part is deal with the overall views activities of clinical supervision practices. The third part is regards to challenges of clinical supervision practice.

### **3.8. Document Analysis**

Document analysis useful for the study including strategic plans of schools, Annual reports of schools, supervision manuals and checklists are included in this study. As Best and Khan (1989) have noted that document analysis are important and relevant sources

of data, useful in yielding information, and exploring clinical supervision practice. Document observations or checking were held with principals and supervisors to examine of schools strategic planning and including the various activities as document of schools.

### **3.9. Procedures of Data Collection**

Questionnaires were distributed for the participants of the study by the author. The respondents will be asked to gather at quite places and made to fill out the questionnaires. Interviews are made after the obtaining the consent of the participants.

### **3.10. Methods and Data Analysis**

Quantitative data obtained using questionnaire are analyzed using descriptive statistics. The collected data from questionnaires and interview are analyzed, and presented by the (Mixed) or both quantitative and qualitative of data analysis method. Based on the nature of the basic questions that was developed, and the data collected from the respondents regarding the present practices and challenges of clinical supervision were analyzed by using SPSS. To analyze, the descriptive statistics like frequency and percentage are used while mean and the independent sample t-test is carried out to determine the significance level of differences in the responses of teachers and principal respondents. Besides, for suitability of analysis the five Likert scale responses of the questionnaires were made to be categorized as Very Low, Low, Moderate, High and Very High. Qualitative data are obtained through interviews are analyzed using narration and interpreted in the light of objectives.

### **3.11. Ethical Considerations**

As the purpose of the study is to examine the practices of clinical supervision in schools, therefore the researcher is expected to express the concept of study to respondents and if they are willing or voluntary to participate in the gathering of information for the study that focused on the academic purpose rather than other purpose.

In addition, to this first researcher took this seriously considering need. Behind, I communicated with other concerned through their voluntary participation and willingness consent without harming and threatening the any personnel. So the researcher ensured commitment and confidentiality by making the participant's unwritten name on the questionnaire forms. With this regard, the researcher controlled the study by protecting the respondents from damage or destruct of any manner in which the research questions and report the findings. Thus, the researcher ensured the participants are safe and the researcher took full responsibility for any harm in this research.

## **CHAPTER FOUR**

### **4. Presentation, Analysis and Interpretation of Data**

#### **4.1 Presentation, analysis and interpretation of the data**

This chapter deals with presentation, analysis, and interpretation of the data gathered from the respondents through questionnaire, interview, focus group discussion and document analysis. It consists of two major parts. The first section deals with the characteristics of all those who took part in the study. The second section presents the analysis and interpretation of the main data. The data were collected through questionnaire, and the researcher approached to respondents himself or through friends for filling the items of the instrument. The data was gathered from a total of one hundred two respondents. That is, all of six (6) supervisors, seven principal(7)s, seven(7) vice- principals, and one hundred fifty three (153) head departments, twenty eight teachers(28) and six (6) Woreda education officers. To these success twenty eight questionnaire distributed to teachers, forty eight questionnaire distributed to department heads, seven questionnaire distributed to vice principals, seven questionnaire distributed to principals, and seven questionnaire distributed for supervisor were filled out carefully and returned respectively.

These account 50 percent for head departments, 20 percent for teachers, 10 percent for supervisors, 10 percent for principals and 10 percent for vice-principals. From total about 50 percent such percentages are taken as appropriate for the purposes of the study. The data was analyzed in both quantitative and qualitative method. The qualitative part was supposed to be complementary to the quantitative analysis. All Woreda education officers in related to classrooms observation strategies, school principals, and supervisors 7 participants took part in the interview and focus group discussions respectively.

A total of 109 questionnaires were prepared and distributed to all 109 respondents, these were supervisors, Principals, vice-principals, head departments, teachers and Woreda education officers.

Therefore supplement data were collected through questionnaire and interview for six Woreda education officers, seven vice-principals and twenty eight teachers.

The frequency and percent scores were used to interpreted data gathered through questionnaire. To compare the frequency and percent scores of six group's respondents was statistically used. Then, the frequency for each group of respondents, Cluster supervisors, principals, Vice-Principals, teachers, head departments and Woreda education officers were generalize and analyzed using in the frequency and percent of each group respondents. To determine the implementation of the different clinical supervisors practices in the government primary schools of Damot pulasa woreda, wolaita Zone, an average point of decision was set accordingly, an average mean point of 1.00-1.80 is considered Very Low, 1.81-2.60 Low, 2.61-3.40 Moderate, 3.41-4.20 High, and 4.21-5.00 Very High respectively. Thus, items involved in t h e questionnaires were classified in to three major categories parts. The first category designed regarding general background information of respondents, the second category deals with the procedures conducting of clinical supervision and it challenges faced during practices of clinical supervision in the Zone. Hence these lead to used different approaches in analyzing the data from the two categories questions or items. Finally, all demographic of respondents were analyzed by using frequency and percentage as related as gender, qualification, age, experience, and specialization included.

#### 4.2. Demographic characteristic of the respondents

**Table 3: Demographic characteristic of the respondents**

Demographic characteristic of respondents																
Variables	Category	Supervisors		Principals		V/principal		H/departmen		Teachers		WEO		Total		
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	
Gender	Male	6	5.8%	7	6.8%	7	6.8%	57	55.8%	7	6.8%	6	5.8%	90	82.5%	
	Female	0	0	0	0	0	0	13	12.7%	6	5.8%	0	0	19	17.5%	
	Total	6	5.8%	7	6.8%	7	6.8%	70	68.6%	13	12.7%	6	5.8%	109	100%	
Age	20-25years	0	0	0	0	1	.5%	9	8.8%	9	8.8%	0	0	19	18.6%	
	26-30year	2	1.9%	4	3.9%	3	2.9%	23	22.5%	6	5.8%	2	1.9%	40	39.2%	
	30-35years	4	3.9%	2	1.9%	1	.5%	12	11.7%	10	9.8%	3	2.9%	32	31.3%	
	36 above	0	0	1	.5%	2	1.9%	4	3.9%	3	2.9%	1	.5%	11	10.7%	
	Total	6	5.8%	7	6.3%	7	6.8%	48	47%	28	27.4%	6	5.8%	102	99.9%	
Experience	0-5years	0	0	0	0	0	0	5	4.9%	8	7.8%	2	1.9%	15	14.7%	
	6-10years	1	.5%	1	.5%	2	1.9%	8	7.8%	11	10.7%	3	2.9%	26	25.4%	
	11-15years	4	3.9%	3	2.9%	5	4.9%	10	9.8%	16	15.6%	0	0	38	37.2%	

+

		>16-20years	1	.5%	3	2.9%	0	0	5	4.9%	13	12.7%	1	.5%	23	22.5%
		Total	6	5.8%	7	6.3%	7	6.3%	28	27.4%	48	47%	6	5.8%	102	99.9%
	Qualificati	Certificate	0	0	0	0	0	0	11	10.7%	4	3.9%	0	0	15	14.7%
		Diploma	0	0	0	0	0	0	9	8.8%	17	16.6%	2	1.9%	28	27.4%
		BA/BSC	4	3.9%	5	4.8%	6	5.8%	5	4.9%	23	22.5%	3	2.9%	46	45%
		MA/MSc	2	1.9%	2	1.9%	1	.5%	2	1.9%	4	3.9%	1	.5%	12	11.7%
		Total	6	5.8%	7	6.8%	7	6.8%	28	27.4%	48	47%	6	5.8%	102	99.9%
	Specialization	Edpm	2	1.9%	3	2.9%	2	1.9%	2	1.9%	5	4.9%	2	1.9%	16	15.6%
		Soc/Science	1	.5%	1	.5%	1	.5%	10	9.8%	18	17.6%	1	.5%	22	21.5%
		Nat/ Science	0	0	0	0	1	.5%	6	5.8%	9	8.8%	1	.5%	17	16.6%
		Others	3	2.9%	3	2.9%	2	1.9%	10	9.8%	16	15.6%	1	.5%	35	34.3%
		Total	6	5.8%	7	6.8%	7	6.8%	28	27.4%	48	47%	6	5.8%	102	99.9%

From the table 3.item 1, regards the demographics characteristic of the respondents were reported below as Figure 1, above the data was an indicating the gender of the research subjects who were involved in this study, 83(81.3%) were male and a small percentage 19(18.6%) were females. The dominance of male composition in most teachers and principals may be attributed to the fact that most female shy from applying or contesting for elective positions while male are aggressive. This emanates from the fact that the government primary schools of Damot Pulasa Woreda, wolaita Zone of South Ethiopia region, is historically a male- dominated schools. More and more male are taking up a dominated in the Damot Pulasa Woreda government primary schools.

Based on the Figure 2, above gives an indication of the age of the participants who had been involved in practices of clinical supervision in government primary schools of the woreda. 19(18%) of the research subjects were in the age group 20 to 25, 40(39.2%) were in the age group 26 to 30, 32 (31.5%) were in the age group 31-35 and whereas 11(10.7%) were in the age group 36 and above, then a large percentage of the research subjects (40(39.2%) were in the age group 26. The findings mean that respondents were comprised of persons aged more than 26 years who are most probably mature or parents. This shows that majority of those sampled were mature and experienced to take up leadership and management of educational institutions in the area of study. The above mentioned data show that the average age of the participants of government primary schools were not more than 40. From the Figure 3, above gives an indication the years of experience that the research participants had in the teaching learning. Fifteen 15(14.7%) of the research participants had an average of between 1 and 5 years' experience in the teaching, 26 (25%) had an average of between 6 and 10 years' experience, 38(37.2%) had an average of between 11 to 15 years' experience and 23(22.5%) had an average of between 16 and 20 years' providing clinical supervision experience.

The study findings show that (37%) of the respondents have worked over 10 years while (25%) have worked for between six and ten years. The findings mean that the respondents have been working for long enough and therefore have work experience which may have influenced practice of clinical supervision in schools for classrooms activities improvement. The above mentioned data shows that the majority of the participants of the schools had more 15 years' experience on the teaching profession.

In the researcher's view, one would assume that since the majority of research participants had more 15 years' experience on the teaching professional, they would be stable and therefore able to cope under any circumstances. However, this is not the case where supervisors observed are concerned. Figure 4, Table 3, the study sought to determine the level of education of the research respondents. This was to establish whether there was any link between respondent's level of education and their practice of clinical supervision in government primary schools of the woreda. The study findings as shown in Figure 4, revealed that (45%) of the respondents had BA/BSC degree holders while (27%) had college Diploma holder's education and the rest were certificate qualified. This clearly indicates that the respondents had the required academic qualification for either appointment as supervisors and principals to participating in practice of clinical supervision.

The findings mean that respondents were comprised of teachers academic qualification had majority were BA/BSC degree holders levels so the practice of clinical supervision could had be role by teachers who have qualified in BA/BSC degree holders in schools of the woreda. As the Figure 5, Table 3 regards the specialization of the research respondents in practice of clinical supervision in government schools of Damot Pulasa woreda, Wolaita Zone, South Ethiopia Region. Thirty four (34.3%) of the research participants had qualified from different subjects in schools, whereas twenty one (21.5%) had qualified from Social science, (16.6%) had teachers who had qualified from the subjects of Natural science and lastly (15.1%) who had qualified from educational planning and management. The study findings show that (34.3%) of the respondents have specialized from the different subjects in each sample of schools, while (15.6%) have qualified from the educational planning and management. The findings mean that the respondents have been qualified from different subjects areas in schools have role plays in practice of clinical supervision in schools for classrooms activities improvement. The above mentioned data shows that the majority of the participants of the government schools of Damot Pulasa woreda, Wolaita Zone, South Ethiopia Region had qualified from different subjects areas in schools. In the researcher's view, one would assume that since the majority of research participants had qualified from the different subject's areas in schools on the teaching professional, they would be stable and therefore able to cope under any circumstances.

**Table 4: View of teachers to what extent do teachers gained support from the cluster supervisors in order to improve instructionally**

Respondents on question of to what extent do teachers gained support from cluster supervisors' in order to improve their instructionally?					
	Response	Sup.=6	Principals=7	Head/ depmt=48	Total
Cluster supervisors are priority problems of lesson during classrooms observation program	Mean	1.00	3.00	1.17	
Cluster supervisors are observed classrooms based on their program planned	Mean	1.33	2.86	3.00	
Clinical supervisors are identify the shortages of teaching aids	Mean	2.67	3.43	2.56	
Cluster supervisors have encouraged teachers to participate in classrooms observation	Mean	3.50	3.29	3.33	

From Table4 of item 1. Respondents asked whether clinical supervisors are prioritize problems of lesson in the classrooms program, the rate were noted that as, the mean score (1.00, 3.00 and 1.17) indicates that, cluster supervisors were not prioritize classrooms problems during classrooms observation program. But most of the principals who participated in the interview do not agreed with the reason that cluster sizes and suppose that it was lack of commitment and said that was the major problem of cluster school supervisors.

From item 2 of table 4; respondents asked whether cluster supervisors are supervisors would observed classrooms as based on their own plan or whether messages from the concern bodies or education offices; accordingly, the mean score (1.33, 2.86, and 3.00 ) indicated that, clinical supervisors are moderate observation classrooms according to their own plan. Similarly all the interviewee principals reveal that cluster supervisors are moderate observe classrooms to improve teaching learning as well as professional performance of teachers in manners.

In item 3 of the same table respondents asked to indicate their level of agreement regarding that, whether supervisors are standby to identify the problems or challenges which encounter in the classrooms observation or not some opinions were a raise by respondents seriously. Accordingly, the mean score and standard deviation of teachers response (2.67, 3.43, & 2.56) indicates that, supervisors are do observe their classrooms according to what they had planned in their cluster schools. The data obtained from open ended question and interview conducted with principals reveals that, many cluster supervisors of government secondary schools were not confident and commit to observe their classrooms because of fears in qualification if supervisor are BA/BSC degree holders he /she would has intended in the way how classrooms observation could be occurred.

In item 4 of the same table respondents asked to indicate their level of agreement regarding that, whether cluster supervisors are encouraged teachers to participate in the classrooms observation program or not response noted that. According to the mean score and standard deviation of (3.50,3.29 & 3.33 ) this result indicate that clinical supervisors are most of the time they encourage moderately but not fit for classrooms observation program.

**Table 5: View on organizing of clinical supervision and how teacher's practices based clinical supervision in their schools**

Respondents on question how supervision is organized and to what teachers based clinical supervisors practice supervision in their schools?					
Variables	Response	Supervisor s=6	Principal s=7	Head depart =48	Total
Clinical supervisor make clear vision, rules, regulations and policies of schools	Mean	1.83	1.86	3.04	
Clinical supervisors conduct schools through well designed strategic plan in schools	Mean	2.50	2.71	3.00	
Clinical supervisors conduct- post conference after all phases in schools	Mean	2.67	2.29	2.85	
Cluster supervisors provide feedback following classrooms observation program	Mean	2.67	2.71	3.46	
Cluster supervisors evaluate schools performance with teachers together to improve instructionally	Mean Total	2.67	2.43	3.15	

In table 5, item 1, the responses of teachers on the extent to which supervisors conduct pre-observation conference with teachers by identifying the purpose and specific objectives of the lesson are portrayed. Accordingly, the school respondents asked whether they were make clear of schools rules, vision, regulations, procedures and policies to their schools, mean score value for three groups respondents were (1.83, 1.83 & 3.04), the result reflected that there were low used well schools designing clear of polices in majority schools of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region particular. Accordingly, to interview some respondents head departments response rated that (thirty-six of head departments (75%) rated the issue as being used low, whereas (24.99%) were slightly moderate used and not frequents in some schools.

In the same table, item 2, respondents asked also if they were follow the procedures of classrooms observation in schools or not some respondents were rated that mean score (2.50, 2.71 & 3.00) the result were noted from the interview respondents supposed that (thirty two head departments (52.4%) confirmed supervisors' agreed that with teachers on the use of classrooms procedures conduction observation in schools.

As shown in Table 5, item 3, similar question was asking principals respondents if clinical supervisors or they might have use conduct post conference in schools, so mean score for this was (2.50, 2.71, 2.85) contrast to result of interview slightly by principals respondents were rated that forty one (67.21%) of the principals respondents, reported that the moderate conduct of post conference stages or phase in such schools. Similarly, during the interview conducted with Woreda education offices, cluster supervisors and group discussion made with department heads, confirmed that supervisors reached an agreement with teachers on the period and the lesson to be observed before actual classroom observation. However, most of the time, they did not make agreement on the objective of the observation.

The above analysis is consistent with Harris (1963), in Gold hammer (1980:17), assertion that the purpose of pre-observation conferences is to reach an agreement between the supervisor and the teacher on important work to be done before the classroom observation starts in order to provide a mental and procedural framework for the supervisory process. It is clear that the pre-observation conference is a platform for effective classroom observation. But, as shown in the above analysis, it is not well practiced in schools of

Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region

Therefore, from the results, one can conclude that pre classroom observation conference in schools under study have taken place without ensuring mutual understanding and agreement, which affect the process of clinical supervision. As is observed in above , item 1, supervisors, principals, and head departments were asked how to supervision is organized in order to make clear of schools rules, polices, procedures and likes to betterment of classrooms observation at all school levels.

As is it shown in table 5, item 4, clinical supervisors asked whether they might provide appropriate feedback to supervise or not the respondents were slightly that mean score (=2.67,2.71 & 3.46) supervisors, principals and head departments. In a similar manner, the majority of interviewed, supervisors principals and clinical supervisors and group discussion participant department heads assured that supervisors give or provide assists, advice and support to teachers to make the teaching and learning process effective. It is possible to conclude that providing or assists of classroom observation was not properly used since supervisors were failed to take enough time for classroom observation and this may also affect the improvement of teachers in improving their teaching activities.

Similarly, open-ended one question six one supervisors, principals and head departments respondents were asked the clinical supervisors whether they might evaluate schools performance or not with teachers together in order to improve the teaching instructionally and professional the mean score were (2.67, 2.43 & 3.15) . Accordingly, the majority of principals, sixty (60.50%) respondents confirmed that evaluation of classroom observation by clinical supervisors was moderate whereas,25.78% response of head departments were low, and 13.7% were low clinical supervisors had not well evaluate classrooms observation with teachers together to improve instructionally.

**Table 6: Regarding the roles plays of cluster supervisors, principals and head departments based practices clinical supervision to improve classrooms instructionally**

Response on the roles plays of cluster supervisors, principals and head departments based classrooms observation program?	No=61	Number	Mean
Do your cluster supervisors used or prepare schedule for classrooms observation?	Supervisor	6	1.33
	Principal	7	1.14
	Head depart	48	1.23
How many times do your schools cluster supervisors observed Classrooms?	Supervisor	6	1.00
	Principal	7	1.43
	Head depart	48	1.17
Can you provide references for Your clinical supervision?	Supervisor	6	1.83
	Principal	7	1.86
	Head depart	48	1.87
Clinical supervisor encourage teachers to participate in classroom observation through face to contact	Supervisor	6	2.83
	Principal	7	3.00
	Head depart	48	3.00
Clinical supervisor has participate teachers in the classrooms conference session	Supervisor	6	2.50
	Principal	7	2.71
	Head depart	48	2.85
Clinical supervisor will priorities classroom activities which favor students learning than general activities	Supervisor	6	2.67
	Principal	7	2.86
	Head depart	48	2.56
Clinical supervisor will enable have offer good relationship with teacher and sharpen the programs and procedures	Supervisor	6	2.50
	Principal	7	2.29
	Head depart	48	3.00
Clinical supervisor will gives judges on the lesson that has observed in the classroom	Supervisor	6	3.50
	Principal	7	2.71
	Head depart	48	3.33
Clinical supervisor has identify strengthen and weakness of teacher in the classroom	Supervisor	6	2.67
	Principal	7	3.29
	Head depart	48	3.04
Clinical supervisors are needed to have sufficient time for her/ his classroom visitation	Supervisor	6	3.00
	Principal	7	3.29
	Head depart	48	3.15

Average mean	=6	26.9
of Supervisors,	=7	24.14
Principals ,Head	=48	28.8
departments		

As it can be observed from table 6 for item 1, supervisors, principals and head departments were asked as clinical supervisors prepare schools strategic plans and arranges schedule for classrooms observation program with teachers together in order to improve teaching learning process as well as professional performance in schools, and as regards to the pre-observation conference stage issues was rated low as indicated in the mean values of (1.33,1.14and 1.23) by supervisors, principals and head departments respectively with mean value. Thus, there is an agreement between the three category groups in responding the extent to which supervisors are low conduct pre-observation conference with principals, head departments about issues. The less value means there is no significant different between three categories groups respondents with the preparation of schools strategic plans and organize schedules for classrooms observation program.

As depicted in Table6 (item 2), supervisors, principals and head departments replied were asked whether clinical supervisors create awareness that classroom observation program is helping process and they are not keys players in the improvement of classrooms observation program, the mean value (1.00,1.43 and 1.17) of supervisors, principals and head departments response that were; How often do supervisors have role plays in classrooms observation program and also understand that the creation of awareness is assists and support the teachers through classrooms observation program.

So the result was response is rated moderate mean in effective low. When comparing with the set mean as a limit (1.83,1.86 and 1.87) in the same response of respondents on schools strategic and arrangement schedules plan for classrooms observation program was rated as low. Therefore, these three groups had be resulted as supervisors with teachers together they may prepare or design schools strategic planning in government primary schools of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region particular. Item 3, indicates that supervisors, principals and head departments were asked whether

supervisors communicate with the teachers in the way how classrooms observation will conduct the respondents slightly that there was clearly rated (2.83, 3.00 and 3.00) mean value.

This result revealed that supervisors had less skills of how to communicate with teachers on issues of classrooms observation program the response were seem that is no significance difference in others response on these items.

As indicated in item 4, further question also given for respondents to rate whether clinical Supervisors make agreement with the teacher on the methods and form of the observation the mean value (2.50, 2.71 and 2.85) of supervisors, principals and head departments responses respectively rated at low level on the point. Therefore, based on the overall mean= (2.79) slightly on the point it can be said that, supervisors did not make agreement with the teacher on the methods and form of the observation.

As it can be seen in item 5, respondents were asked whether or not clinical supervisors plan with the teacher for post observation discussion time (mean=2.50, 2.29 & 2.33) rate at low level on the point. Therefore, based on the low level on the point it can be said that, supervisors did not plan with the teacher for post observation discussion. For items 5 and 6, it is possible to say that clinical supervisors were ineffective in discussing and agreeing with their supervisees on the objective and methodology of the instructions in the classrooms. As shown in the above table, (item 7), respondents were asked regarding the diagnoses teacher's difficulties at this stage (mean=3.50, 2.71, and 3.33, ) rate at low level that the lesson plan of teachers was not analyzed by the clinical supervisors before the classrooms visitation presentation takes place.

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 cluster supervisors were asked through interview, what the important of steps in clinical supervision they had used from semester to semester for classroom observation in their school. All of respondents were shared the same procedures, stated that the scheduling of observation date program was familiar by them 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 schools was important in clinical supervision and is omitted under which the area study this was conducted.

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.

**Table 7: Respondents View on the major challenges clinical supervisors cluster supervisors and principals encounter by in their schools.**

Respondents responses on challenges practices of clinical supervision							
Variables	No=41	V. low	Low	Moderate	High	Very High	Total
Do your clinical supervisors Prepared plan and schedule for classrooms observation?	Vice-Principals=7	0	28.6	57.1	14.3	0	100
	Teachers=28	1.2	25.0	52.1	16.7	4.2	99.2
	Woreda Education officers= 6	16.7	16.7	66.7	0	0	100
	Total =41	17.9	70.0	175.5	0	0	88.0
Clinical supervisor are do not provide or assists teachers during classrooms	Vice-Principals=7	0	28.6	42.9	14.3	14.3	100
	Teachers= 28	0	25.0	50.0	25.0	0	75
	Woreda Education= 6	0	50.0	50.0	0	0	100
	Total =41	0	100	93.4	99	14.3	100
Clinical supervisors have lack of knowledge and skills techniques to in clinical supervision observation	Vice-Principals=7	0	71.4	28.6	0	0	100
	Teachers=28	3.6	28.6	14.3	35.7	17.9	100
	Woreda Education=6	0	16.7	83.3	0	0	100
	Total =41	3.6	99	99.05	35.7	17.9	100
Clinical supervisors are do motivate teachers for classrooms observation of the the teachers	Vice-Principals=7	0	28.6	71.4	0	0	100
	Teachers= 28	0	17.9	28.6	5.0	28.6	80.1
	Woreda education=6	0	0	66.7	16.7	16.7	100
	Total =41	0	46.5	99.8	21.7	45.3	100
Clinical supervisors are do not arranges of classrooms observation	Vice-Principals=7	57.1%	0	42.9%	0	0	100
	Teachers=28	7.1%	21.4%	14.3%	35.7%	21.4%	99.9%
	Woreda education=6	0	16.7%	33.3%	50.0%	0	100%
	Total =41	64.2%	38.1%	90.5%	85.7%	21.4%	98.8%
Clinical supervisors are poor in practice of classrooms oobservation	Vice-Principals=7	0	28.6	57.1	14.3	0	100
	Teachers=28	21.4%	53.6%	21.4%	3.6%	3.6%	99.04
	Woreda education=6	16.7%	0	33.3%	50%	0	83.3%

	Total =41	38.1%	82.2%	100	67.9%	3.6	98.4
Clinical supervisor would not give feedback to the supervisee in appropriately way because of her/ his seniority	Vice-Principals=7	14.3%	14.3%	14.3%	57.1%	14.3%	98.7
	Teachers=28	25.0	28.6	16.7	0	0	70.3
	Woreda education=6	2.00	0	3.00	1.00	14.3%	20.3%
	Total =41	41.3%	42.9%	34%	68%	28.6%	79.09
Clinical supervisors have rare meeting with teachers together for classrooms observation	Vice-Principals=7	42.9%	0	42.9%	14.3%	0	85.8%
	Teachers=28	0	28.6%	25%	28.6%	17.9%	100%
	Woreda education=6	0	50.0%	16.7%	33.3%	0	100%
	Total =41	42.9%	78.6%	84.6%	76.2%	17.9%	99.8%
Clinical supervisor has big problem of identifying based classrooms observation classroom condition/ situation	Vice-Principals 7	28.6%	14.3%	14.3%	42.9%	0	100%
	Teachers=28	0	21.4%	53.6%	21.4%	3.6%	100%
	Woreda education=6	16.7%	0	33.3%	0	33.3%	66.6%
	Total =41	45.3%	35.7	100	64.3%	36.9	98.9

The analyses of the table 1 reveals that 65.5% of the Cluster supervisors, Principals, Head Departments don't prepared school strategic plans visit classroom to provide professional guidance to teachers whereas 34.5% of the sample group have responded that the teachers are guided and helped in the instructional activities by the supervisors.

It means that the majority of the teachers working in the Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region are performing their duties without any type of supervisory help. There is no body in or outside the school that provides help and guidance in solving the problems that the teachers face in the classroom. The leadership at government secondary schools has no plans to share with the teachers about their problems and difficulties.

The analyses of the table 2 reveals that 71% of the Supervisors, Principals, and Heads of departments don't have friendly, supportive and democratic attitude for the sake of professional guidance in and out of the classroom in dealing with the teachers whereas 29% have responded that their attitude is friendly, supportive and democratic. Table7, item1, regarding to assess practices challenges of clinical supervision in government primary schools of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region, some questions

were given for three groups of respondents; these groups were Vice- Principals, Teachers and Woreda Education officers.

The vice-principals response on supervisors whether they had knowledge to used or prepared the school strategic plans or not to improve instructional activities and increase teachers performance as well the learners achievement in schools (57.1%) fell to moderate level out of seven vice-principals, whereas, 25% were rate low level whose are teachers out of 28 claimed that there was low preparing strategic schools planning and schedules programs for classrooms observation by supervisors and lack of skill in applying techniques of with 71%( percent) were claimed that the supervisors had lack of knowledge about the practice of supervision, and also they have lack of commitment for their work, using less participative supervisory approach, and constraints of school finance to support supervisory practices was generalized as a big challenges in each sample school under study. It means that the majority of the teachers working in the Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region are not performing their duties without any type of supervisory help. There is no body in or outside the school that provides help and guidance in solving the problems that the teachers face in the classroom.

The leadership at government schools has no plans to share with the teachers about their problems and difficulties. It means that the majority of the supervisors at secondary schools level behaves with their teachers in non-democratic way and does not give any value to the opinions of the teachers at all; as a result, the supervisors are not able to share their school strategic plans with teachers.

As shown in Table, item 2 with regard to supervisors lack of skill in applying techniques of supervision, about clinical supervision they had lack of knowledge and skills techniques (71.4%) percent of vice-principals claimed that they agreed low to prepare program for classrooms observation and this response could contrary with the rate that slightly 35% percent of teachers claimed high rate level as supervisors had a little knowledge on classrooms observation programs and the strategic designing in schools and from the whole (88%) percent replied response moderate on Supervisors had lack of skill in applying techniques of supervision the supervisors don't encourage innovative and constructive ideas whereas 35% responded that they support and appreciate the teachers who put forward innovative ideas. Change is permanent reality of this universe; and positive changes are

owed to innovative and constructive ideas. It is a frequent complaint against the school that it lacks the capacity to transform and modify itself according to the needs of the day. The supervisors instead of encouraging the innovative ideas tend to suppress them. It shows that the supervisors are completely inclined in following the trodden path instead of encouraging the staff to go for innovative ideas. As a result, the school remains far behind as compared to the forward looking pace of society.

Whereas about 28 percent of vice-principals claimed moderate on supervisor's lack of knowledge about the concept of supervision, in the contrary, about 3.6% percent of Woreda education officers claimed Very low that supervisor's lack of knowledge about the concept of supervision.

As regarding to motivation whether supervisors had skills that requires knowledge to motivate teachers in case practice of clinical supervision for classrooms observation 75% percent replied that supervisors had lack of motivation with teachers in order to improve the classrooms visitation, 28% percent were claimed that supervisors had big problems of motivation on classrooms visitation program and whereas, 17% percent of teachers out of 28 population response that supervisors had low motivation in classrooms observation program.

As regards the participative supervisory approach they used, there was 57% moderate of vice- principals noted that somehow or medium the approaches they used where, 53.6% was low for teachers and 50% was claimed that high of approaches rate by Woreda education officers respondents.

Therefore, the findings of the study from these groups clinical supervisors had practice clinical supervision moderately in schools according to mentioned above while, other question a raised that as clinical supervisors had provide feedback appropriately to teachers in schools vice- principals were rate 42% very low, 42% moderate, 28% were low, and 17% only were high so the result of this item was moderate supervisors they had a little skills to provides and solve some classrooms challenges. Thus, about the percent of teachers 28% rate low on the point in the contrary about 42% were rate low level percent of vice-principals and from the total population about 50%percent slightly with regards to using less provide skills to supervise during classrooms observation.

In the last item, respondents were asked if there would have constraints of school finance to support supervisory practices. Accordingly, majority of vice-principals, teachers and Woreda education officers (42% percent) replied agree on the contrary about 50% percent of teacher's rate low on the point of constraints of school finance to support supervisory practices. The absence of fantastic between the three categories made the researcher look for evidence of documents of supervisory, vice-principals, teachers and Woreda education

officers regarding the issues about the utilization of the school equipment's by the supervisor reveals that the school equipment's are used by the supervisors (Heads departments /Principals) were not used appropriately and judiciously. It means that the majority of the supervisors are not using the school equipment's properly. In this way, they are not competent enough to utilize the facilities that are available to the institution and it will be great loss of the resources of the schools.

In line with this MOE (2012) noted supervisors need to have knowledge to determine school strategic change requirements and opportunities: to support school's principal in developing, implementing and evaluating change strategies. Besides, the data which obtained from teachers reported that supervisory had constrains finance for classrooms. Among them, one interviewee said that. It was so many times reported to the supervisor for classrooms and also school stationary for teaching aids. Sometimes, i was borrowing stationery from other schools unless. In addition to these i spend my salary for transportation and communication for supervisory activities. The other challenges to apply clinical supervision in the schools are using less supervisory approach for classrooms observation, supervisors focus on teacher rather than student's progress, and instructional improvement as well as professional.

Besides, there are some others challenges noted by supervisors constraint of finance was a chronic in government primary schools of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region to support teaching learning process. As interview held with school vice-principals asserted that absences of competent supervisors were hindered to conduct classrooms supervision practices in schools and their numbers were considered as basic challenge. The reason raised by interviewees was most of experienced teacher in schools are not reluctant for hiring as supervisors because of they fear as they might not paid adequate salary in respect to their experiences. The interviewees were also claimed that

absences of upgrading teachers by educational administration on the market enforced to hold back services of supervision. There is an attempt from Government side to spend large expenditure to fulfill school with qualified school leaderships, short and long term training opportunities are given to school teachers, principals, and supervisors so as to improve their qualification develop schooling system and made assign supervisors so that support schools and their teachers in coup gap. In different cluster school supervisors and school principals are hired as merit and kept their career structure though different stage. As (MOE, 1994) stated, “The school management and other educational personnel need to organize basis of professional principles including professional code of ethics, salary working conditions, incentives, professional development, and overall rights and duties”.

In general there are different techniques of supervision mentioned earlier essential to give supervisory support to teachers, and to apply these techniques the supervisor should identify the needs of the teacher before he/she select the techniques. Most of the time classroom observation is very useful to identify challenges of teaching in classroom and find possible solutions together with the teacher by following the steps. Various therefore all mentioned challenges directly and indirectly contribute their own influence towards supervision practices to develop their profession. In line with this (MoE, 2010) in ESDP IV asserted the main challenges concern to teacher professional development, leadership, and management capacities at school level remain weak.

To document observation is not given enough attention by significant number of school leaders and teachers in the study area. Face-to-face group discuss with the supervisors were used to gather data on the challenges. The challenges that supervisors reported with reference to supervision of teachers are as follows: school managing responsibilities of supervisors in Government schools have limited power and authority school leadership and management. Important and final decisions are made by the REB and supervisors do not have full power to deal with undisciplined, disrespectful and failure teachers because of friendship or relationship with the managing directors and no one is punished before. Majority of supervisors reported that some teachers do not want to be supervised by supervisors of schools those to supervise teachers. These teachers think that the supervisors are not worthy of exercising leadership power over them in school and classroom matters

To overcome challenges faced by government secondary school supervisors in supervising schools, however, various efforts are needed from the Regional education bureau and zonal Education Department

### **4.3 Discussion of the finding**

The main aim of the study was to find out the practices of clinical supervision and how they apply in their government secondary schools so as to improve students' learning as well as professional development. Findings from the quantitative data indicate that supervisors have not effective in practices of clinical supervision in government secondary schools. Evidence from the quantitative data further indicate that most of the supervisors have not an open and trusted professional relationship as a result of supervisors' approach in clinical supervision. As regards the demographics characteristic of the respondents were reported below as Figure 1, above the data was an indicating the gender of the research subjects who were involved in this study, 83(81.3%) were male and a small percentage 19(18.6%) were females. The dominance of male composition in most teachers and most principals may be attributed to the fact that most female shy from applying or contesting for elective positions while male are aggressive.

The findings mean that respondents were comprised of persons aged more than 26 years who are most probably mature or parents. This shows that majority of sampled mature and experienced to take up leadership and management of educational institutions in the area of study.

The above mentioned data show that the average age of the participants of government primary schools of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region were not than 40. From the Figure 3, above gives an indication the years of experience that the research participants had in the teaching learning. Fifteen 15(14.7%) of the research participants had an average of between 1 and 5 years' experience in the teaching, 26 (25%) had an average of between 6 and 10 years' experience, 38(37.2%) had an average of

between 11 to 15 years' experience and 23(22.5%) had an average of between 16 and 20 years' providing clinical supervision experience. The study findings show that (37%) of the respondents have worked over 10 years while (25%) have worked for between six and ten

years. The findings mean that the respondents have been working for long enough and therefore have work experience which may have influenced practice of clinical supervision in schools for classrooms activities improvement. The above mentioned data shows that the majority of the participants of the government primary schools of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region had more 15 years' experience on the teaching profession. In the researcher's view, one would assume that since the majority of research participants had more 15 years' experience on the teaching professional, they would be stable and therefore able to cope under any circumstances. However, this is not the case where supervisors observed are concerned. The finding indicates that the respondents had the required academic qualification for either appointment as supervisors and principals to participating in practice of clinical supervision.

The findings mean that respondents were comprised of teachers academic qualification had majority were BA/BSC degree holders levels so the practice of clinical supervision could had be role by teachers who have qualified in BA/BSC degree holders in schools of Damot Pulasa Woreda, wolaita Zone, and South Ethiopia Region. Table 4 item 3, indicates that supervisors, principals and head departments were asked whether supervisors communicate with the teachers in the way how classrooms observation will conduct the respondents slightly that there was clearly rated (2.83, 3.00 and 3.00) and with the Standard deviation mean value (.408, .000 and .772) whereas, the Standard deviation Error mean value (Std. Error) (2.93) was acquired respectively from supervisors, principals and head departments respondents. This result revealed that supervisors had less skills of how to communicate with teachers on issues of classrooms observation program the response were seem that is no significance difference in others response on these items. As shown in the above table 4, (item 7), respondents were asked regarding the diagnoses teacher's difficulties at this stage (mean=3.50, SD=1.225, 2.71, SD=.951 and 3.33, SD=.975) respectively also rate at low level that the lesson plan of teachers was not analyzed by the clinical supervisors before the classrooms visitation presentation takes place. The Std. Error mean= 3.18 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, principals and head departments. From the result it is possible to conclude that the diagnoses teacher's difficulties at this stage were not

evaluated before classroom visit. Clinical supervisors are an image of face-to face relationship between supervisors and teachers, needs to be conducted by seniors teachers; in school who are specialist in the area of supervision and not by consultants who are far from real classroom happenings (Pajak, 1993). In this case, supervisors have low knowledge about clinical supervision in their various clusters of schools, as indicated by them during the interviews. In addition to this, the result of the present study that supervisors practice clinical supervision in government secondary schools of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region, in contrast, with the research finding of Milne and Waterman (2002) that supervisors in the health and education sectors do not practice clinical supervision. It can be argued that the supervisors in this study admission that they practice clinical supervision in schools might derive from the fact that it is part of their duties. On the contrary, findings from the interviews indicated that the supervisors are unable to use their skills in clinical this qualitative finding supports by (Marshal, 2005) stated that teachers teaching in New York (USA) are not properly supervised. The result also supported by Oduro (2008) and Opare (2009) that in Ghana supervision in public schools is rather poor. Come up with reasons by the supervisors, as reported in the qualitative data, inappropriate to use clinical supervision effectively were the size of clusters, other administrative duties and the tedious nature of the process of clinical supervision to effective success. In spite the study findings showed supervisors are inappropriate with practices of clinical supervision. Finally the finding concluded that there low practice of clinical supervision in government primary school of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region.

## **CHAPTER FIVE**

### **5. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS**

This chapter has consists of three sections these are summary, conclusion, and recommendations. The first section it presents summary of the findings. Next section, it presents the major conclusions of the findings, and lastly, it provides recommendations on the basis of the data findings.

#### **5.1. Summary of the study**

The objectives of the study were to find out the level of clinical supervision, the results achieved by clinical supervision, the major challenges of clinical supervision and the suggested solutions to implement clinical supervision in the government primary schools so as to improve students' learning as well as professional development. Findings from the quantitative data indicate that supervisors have not effective in practices of clinical supervision in government schools. Evidence from the quantitative data further indicate that most of the supervisors have not an open and trusted professional relationship as a result of supervisors' approach in clinical supervision. As regards the demographics characteristic of the respondents were reported below as Figure 1, above the data was an indicating the gender of the research subjects who were involved in this study, 83(81.3%) were male and a small percentage 19(18.6%) were females. The dominance of male composition in most teachers and most principals may be attributed to the fact that most female shy from applying or contesting for elective positions while male are aggressive.

The findings mean that respondents were comprised of persons aged more than 26 years who are most probably mature or parents. This shows that majority of those sampled were mature and experienced to take up leadership and management of educational institutions in the area of study. The above mentioned data show that the average age of the participants of government schools of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region were not than 40.

From the Figure 3, above gives an indication the years of experience that the research participants had in the teaching learning. Fifteen 15(14.7%) of the research participants had an average of between 1 and 5 years' experience in the teaching, 26 (25%) had an average of between 6 and 10 years' experience, 38(37.2%) had an average of between 11 to 15 years' experience and 23(22.5%) had an average of between 16 and 20 years' providing clinical supervision experience. The study findings show that (37%) of the respondents have worked over 10 years while (25%) have worked for between six and ten years. The findings mean that the respondents have been working for long enough and therefore have work experience which may have influenced practice of clinical supervision in schools for classrooms activities improvement. The above mentioned data shows that the majority of the participants of the government schools of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region had more 15 years' experience on the teaching profession. In the researcher's view, one would assume that since the majority of research participants had more 15 years' experience on the teaching professional, they would be stable and therefore able to cope under any circumstances. However, this is not the case where supervisors observed are concerned.

The finding indicates that the respondents had the required academic qualification for either appointment as supervisors and principals to participating in practice of clinical supervision. The findings mean that respondents were comprised of teachers academic qualification had majority were BA/BSC degree holders levels so the practice of clinical supervision could had be role by teachers who have qualified in BA/BSC degree holders in schools of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region. Table 4 item 3, indicates that supervisors, principals and head departments were asked whether supervisors communicate with the teachers in the way how classrooms observation will conduct the respondents slightly that there was clearly rated (2.83, 3.00 and 3.00) and with the Standard deviation mean value (.408, .000 and .772) whereas, the Standard deviation Error mean value (Std. Error) (2.93) was acquired respectively from supervisors, principals and head departments respondents.

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The significant level ( $p=0.00$ ) is less than 0.05, this indicates that there is a significant difference between the opinions of supervisors, principals and head departments. From the result it is possible to conclude that the diagnoses teacher's difficulties at this stage were not evaluated before classroom visit. Clinical supervisors are an image of face-to face relationship between supervisors and teachers, needs to be conducted by seniors teachers; in school who are specialist in the area of supervision and not by consultants who are far from real classroom happenings.

In this case, supervisors have low knowledge about clinical supervision in their various clusters of schools, as indicated by them during the interviews. In addition to this, the result of the present study that supervisors practice clinical supervision in government schools of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region in contrast, with the research finding of Milne and Waterman (2002) that supervisors in the health and education sectors do not practice clinical supervision. It can be argued that the supervisors in this study admission that they practice clinical supervision in schools might derive from the fact that it is part of their duties. On the contrary, findings from the interviews indicated that the supervisors are unable to use their skills in clinical this qualitative finding supports by (Marshall, 2005) stated that teachers teaching in New York (USA) are not properly supervised. The result also supported by Oduro (2008) and Opare (2009) that in Ghana supervision in public schools is rather poor.

To come up with reasons by the supervisors, as reported in the qualitative data, inappropriate to use clinical supervision effectively were the size of clusters, other administrative duties and the tedious nature of the process of clinical supervision to effective success. In spite the study findings showed supervisors are inappropriate with practices of clinical supervision. Finally the finding concluded that were low practice of clinical supervision in government school of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region.

## **5.2. Conclusion of the study**

The conclusion of the study reveals that the supervisors don't visit schools to find out the problems of teachers and provide supervisory support in the solution of their problems. The teachers are working without any type of help and guidance from the internal and external supervisors. Their attitude in dealing with the staff is authoritarian and the teachers are not able to share their problems with them. They don't give any value to the opinions of the teachers at all. They do not believe in the concept of supervision as a process of sharing support, helping, and guiding, counseling and motivating teachers to solve problems which they face while teaching in classroom rather they follow fault finding and authoritative approach to get them frightened and to bully them. They practice and follow the principles of inspectoral model of supervision, which has no place in this modern time. They do not give value to the innovative and constructive ideas offered by the teachers. Questioning and creative ideas are taken as breach of discipline. They are themselves not competent enough to help and lead the team; and as a result, the teachers are unable to share their problems with them because of lack of competency and their authoritative attitude.

They also don't perform any role for locating and provision of instructional material to facilitate their teachers in the instructional activities in the classroom. It is also revealed that the majority of the Head of schools are not competent enough to guide their staff to perform the educational activities in the classroom. It indicates that we have to review the procedure of promotion of the Head of the schools that entirely based on seniority of service.

They don't plan the academic activities at the start of academic year. It is very difficult to achieve the targets with- out any type of planning on the part of teachers. It is also concluded that the supervisors don't delegate the responsibilities to the staff members. They try to keep all the matters under their own arm. In this way, they are not able to utilize the potential of their team effectively. They even don't involve the staff in decision making process, and they don't own the decision and they are imposed on them. The team members will not put their all-out efforts in the activity when they are not involved in decision making process. They don't encourage innovative and constructive ideas that bring healthy changes in the environment of the school, and the school climate remains static and stereotyped. They are inclined in following the trodden path instead of encouraging the staff to go for innovative ideas. It is the nature of human beings that they put their all-out efforts when they are fully convinced about the importance and the need of work. The majority of the supervisors does not explain the rationale of the decisions and demand blind following from the staff working in their institutions. As a result, they take it as a burden on themselves and develop a reaction against the authority. It makes the school climate very tiring and frustrating.

They are unable to perform to the level of their abilities when they are considered as a blank slate or non- living organism that are at the disposal of the Heads to be used according to his own whims and likings; and leaving no space for the expression of personal opinions. They take this situation as a threat to their autonomy and freedom. It has been observed the supervisors do not properly utilize the facilities and equipment available to the educational institutions. In this way, it is wastage of the resources that are available to school. The study adopted descriptive survey design in which it targeted a population of 207 respondents government schools of Damot Pulasa Woreda, wolaita Zone, South Ethiopia Region, 7 schools, six cluster supervisors in the 7 schools, seven school principals, seven school vice-principals, twenty eight teachers, forty eight head departments, and six Woreda education officers from three targeted Woreda of study; who were selected by used of both purposive and simple random sampling methods.

A sample of seven government schools was picked through random sampling with six supervisors, seven principals, seven vice-principals, twenty eight teachers, forty eight head departs and six Woreda education officers from each schools in Woreda out of 207 total population 102 (50%) were taken through the sampling random methods. Data was collected from supervisors, principals and head departments by used of questionnaires, Whereas, interviews was held for teachers, vice- principals and Woreda education officers both semi- structure-unstructured or open ended and closed ended used interview was employed and documents analysis as guides schedules.

However, it was conclude that the practice of clinical supervision in classroom observation programs and preparation of schools strategic planning for classrooms observation in schools slightly were moderate improved teaching learning conditions in the schools at zone particular. Regarding the educational qualification majority of respondents had BA/BSC degree holders and whereas, regarding the experiences high score of respondents were between 10 to 15 years work experiences and another regards to age the majority at range group of 26 to 30 respectively so that the schools have old enough teachers to practice of clinical supervision, the supervisors and principals were moderate in roles such as assisting, supporting and advise teachers during the classrooms observation program in schools.

Finally, the study recommend that the responsible bodies of supervisory in both at Zonal and Woreda levels have to assign well equipped supervisors in supervisory task or work, and schools principal's should have select through the national criteria's in the Zone in order to improve teaching learning as well as teachers performance, and last the Zonal education department should has to an enhance schools performance by selecting well trained supervisors and principals for their schools. The responsible bodies should provide the supervisors and principals with training so as to enhance their skills in practice of classroom observation and improve their teacher's performance in schools so as to ensure that the schools attract only the best talents in Damot Pulasa Woreda.

### **5.3. Recommendations of study**

To achieve the objectives of the study such as the level of clinical supervision, the results achieved by clinical supervision, the major challenges of clinical supervision and the suggested solutions to implement clinical supervision in the government primary schools so as to improve students' learning as well as professional development the researcher has made the following recommendations

1. Zonal Education Department and with Woreda education offices to gather should be look for over qualified teachers to assign for the position.
2. Zonal Educational Department are expected to reconsider their existing structure in manner of increasing transparency, accountability and responsibility among the supervisors and school principals as well as teachers in general
3. The Woreda Education Offices are expected to design the ways of producing fees sources for the supervisors to increasing the participation of teachers on classroom observation at all schools levels in the Zone
4. Adequate time should be given for clinical supervision by school leaders such as supervisors, principals, department heads, and senior teachers to improve classroom teaching
5. Clinical supervisors should be scheduled programs which concern classroom observation frequently practiced
6. The educational bureau of the region and other sectors at various levels should take a wise decision budgeting to upgrade knowledge and skills of both principals and school clinical supervisors
7. Training should be offered to supervisors and teachers in how supervision should be practices or implemented to raise awareness on specifically particular clinical supervision.
8. Unique or mutual relationship has to be paramount essential between teachers and supervisors at all levels of regional State
9. Supervisors should be assigned based on specialize subject areas in order to minimize instructional challenges.

10. In formulating the overarching goals of clinical supervision tasks at secondary school level, the supervisory agents must strive to recognize the relevance of factors that must be taken into account. It is advisable to involve supervisory agents in the stages of program planning and development so that all participating parties can jointly consider potential improvements. This role can solve some of the problems in the field of education and avoid problems during and after the classrooms observation program.
11. The supervisory agents should ensure that adequate attention is given to the various schools of supervisors and principals during the classrooms observation program to implement of the programs.
12. The supervisory agencies must verify that those responsible for learner recruitment and placement offer guidance and counseling regarding directions for personal development, and those they provide organized information on the programs offered, the diplomas awarded, and the future opportunities they open up. Supervisory agents should verify that appropriate learning conditions prevail in all classrooms.
13. It is advisable that supervisory personnel ensure the existence of a support and guidance system to help participants cope with problems that arise during their observation program, e.g.: time management observation, emotional support, reinforcement of teachers' mutual commitment, and the like. To reduce the phenomenon of fear from teachers' supervisory bodies should verify that an introductory session is held for each group of teachers to clarify and coordinate expectations. It is recommended that all teachers be made aware of potential challenges (in terms of the difficulty of the session conducts), and the need for them to have support and encouragement from their top bodies and responsible actors. It is recommended that supervisory bodies act to provide teachers during the classrooms observation program with access the resources necessary for classrooms observation program. In conclusion, supervisory bodies must contend with the main challenges involved in teachers and learners, and in conducting.

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## **Appendices (Appendixes)**

Appendix- A: Practices and challenges of clinical supervision in government primary schools of Damot Pulasa woreda, Wolaita zone, South Ethiopia Region.

Questionnaires to be filled by Supervisors/ Principals

Dear respondent: the purpose of this questionnaire is to gather relevant data that help to assess practices of clinical supervision in government primary schools of Damot Pulasa woreda, Wolaita zone, South Ethiopia Region.. I would like to assure you that this purely for academic purpose and hence would not affect any way as all the information will be kept confidential. Rather the result of this study is believed to be as an input to supervision. Hence, your genuine, frank and timely responses are of prime importance for the success of this study. Therefore, you are kindly requested to respond to each question carefully and responsibly.

Please Note that:

You do not need to write your name on the questionnaire

For questions with alternative choices put tick mark “✓” in the bracket mark  
Write your opinion briefly for open ended questions on the space provided.

Thank you in advance for your cooperation! Sincerely

## I. Background of information

1. Name of Woredas

2. Name of School

3. Gender: Male      Female

4. Question related qualification Certificate  Diploma  MA /MSC degree  any other

5. Question related Age: below20

21 – 25 years  31 – 35 years    26 – 30 years  36+ years above

6. Question related experiences

1-5years  6-10 years  11-15 years

16-20 years  21-25 years  26+ and above

7. Question related to area of specialization:  School Leadership

English  Biology    Civics  any others

### 4.4. Organized of classrooms observation program/ Procedures of classrooms observation

2. How is supervision organized and to what do teachers based clinical supervisors practice supervision in their schools?

Table 5, View on organizing of clinical supervision and how teachers practices based clinical supervision in their schools

Respondents on question how supervision is organized and to what teachers based clinical supervisors practice supervision in their schools?

	Response	VL	L	M	H	VH	Total
Clinical supervisor make clear vision, rules, regulations and policies of schools							
Clinical supervisors conduct schools through well designed strategic plan in schools							
Clinical supervisors conduct-post conference after all phases in schools							
Clinical supervisors provide feedback following classrooms observation program							
Clinical supervisors evaluate schools performance with teachers together to improve instructionally							

## II. Process conducting of classroom-observation

Process of clinical supervision visits, below is some statements pertaining to procedure of classroom observation in supervision. So, you are kindly requested to respond to the practices of class observation and tick mark "(✓)" under your preferred response number in the column provided below.

Responses: VL= Very Low =L=Low, M=Moderate, H= High, VH=Very High

I. How do clinical supervisors of Damot Pulasa Woreda , government schools practice clinical supervision?

	Statement	Scale Responses					Total	
		VL	L	M	H	VH	No	%
		1	2	3	4	5		
1	Clinical supervisor are designing the schedule for classroom observation							
2	Clinical supervisors have provided references for classroom observation							
3	Clinical supervisor would encourage teachers to participate in classroom observation through face to face contact.							
4	Clinical supervisor has knowledge of identifying strength and weakness of the teacher during the classroom visits.							
5	Clinical supervisors have allotting time for classroom observation							
6	Supervisor would give feedback to the supervisee in appropriately way							
	Total							

Choose from the following rating scales where:

Very Low= VL, Low=L, M= Moderate, H=High and Very High=VH

II. What are mechanisms of clinical supervisors to minimize challenges of clinical supervision in classrooms observation?

No	Statement	Scale of responses				
		VL	L	M	H	VH
		1	2	3	4	5
01	Clinical supervisors identify teachers deficiencies to improve learners academic achievement during the classroom observation					
02	Clinical supervisors identify the skill gaps of through the lesson that has given by them to the learners in the classroom					
03	Clinical supervisors provide feedback to teachers to use appropriate learning in methods the classroom					
04	Clinical supervisors encourage teachers in order to develop instructional goals and objectives					
	Total					

8. If there are any other techniques of identifying classrooms strength and challenges of teachers, please mention them briefly

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3. To what extent do clinical supervisors, principals and head departments design various interventions so as to assist teachers to their challenges?

No	Statements	Scale of responses				
		VL	L	M	H	VH
		1	2	3	4	5
1	Clinical supervisor are arranging classrooms visitation with teachers together in orders to improve instructional and professional development					
2	Clinical supervisors in the school assist teachers in planning lessons					
3	Clinical supervisors facilitate experience sharing programs with teachers and resulted in best students achievement					

4	Clinical supervisors assist teachers in developing instructional materials for their schools					
5	Clinical supervisors spread new teaching methodologies among school of teachers to maximize performance of learners					
	Total					

9. If there are any other alternatives of intervention by clinical supervisors to assist or teachers to improve their instructional challenges in the classroom, please write down briefly\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What are the Major challenges practices of clinical supervision in government 1o schools?

IV. Major challenges of clinical supervision in government secondary schools?

No	Items	Scale of responses				
		VL	L	M	H	VH
		1	2	3	4	5
1	Clinical supervisors are overloaded with many tasks					
2	Supervisors are not well trained enough in school based supervision to give support to teachers					
3	Teachers have no awareness for classrooms observation to accept their instructional faults/ failures					
4	Schools do not allocate adequate budget for classrooms observation program.					
5	Schools do not provided appropriate for supervisors					
6	Clinical supervisors have limit time to support teachers through clinical supervision					
	Total					

10. If there are any other challenges faced by clinical supervisors while observation classrooms in government secondary schools please mention as possible briefly.

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**Appendix- B:** Practices and challenges of clinical supervision in government primary schools of Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Region

Questionnaire for Woreda Education Officer dear interviewee

The aim of this interview is to collect data about the implementation of the Clinical Supervision at secondary schools in your Woreda. The type information you will provide determines the quality of the study. Please be sure that the information you will forward is used only for academic purpose. Therefore, you are kindly requested to give factual information for the interview.

Thank you for your cooperation!

I. Background Information

1. Name of Woreda-----
2. Name of school-----
3. Age: below 20-25 years  26-30years  31-35 years   
36-40 years  41 years above
4. Gender:  male  female
5. Work experience: Certificate  Diploma  Bachelor c  21 years above   
BSC  Master of Art/ MA  above
6. Level of qualifica of Art /BA  
Bachelor of Science/ation: Educational Leadership  Natural Scienc
7. Area of specializè Social Science  Other
8. Have you been trained on Supervisory areas? Yes  No
9. Did your office arrange any training opportunity for the Secondary schools Supervisors/ Principals on issues related to Supervision? Yes  No
10. What are the roles of Principals /Supervisors on practices of clinical supervision to teaching learning as well as curriculum and professional development? Yes  No
11. How does your office job perform follow up, Monitor and supervise the effectiveness of Clinical Supervision implementation?

**Appendix- C: Practices and challenges of clinical supervision in in government primary schools of Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Region**

Questions filled by head departments

First of all I would like to thank you for consulting to spend your time to discuss with me on the implementation of the school improvement program in your school. The purpose of the interview is to collect data about the implementation of school improvement. It is also assured that the information that you would provide can be kept confidentially as the data to be used only for academic purpose.

Since the information you will provide is invaluable for the success of the study.

You are kindly requested to provide genuine information.

Thank you for your cooperation!

Sincerely

I. Background Information

1. Name of Woreda \_\_\_\_\_

2. Name of the school \_\_\_\_\_

2. Age: below 20-25 years  26-30 years  31 -40years   
41years a above

3. Gender: male  female

4. Question related to experiences as ordinary teacher 1-5years  6-10years  10-15  
years  16-20 years  21years; above

5. Work experience as principal: 1-5years  6-10years  11-15years  16-  
20years

6. Question related to academic background: certificate  diploma  BA/BSC  
 MA/ MSC  Others

7. Question related to area of specialization: Social Science  Natural Science  
 School Leadership (SCL)  Others

8. What are the roles plays of head departments on clinical supervision practices to create awareness on school improvement program implementation in your school?

9. What challenges do you think constrain effective implementation of the clinical Supervision in your school?

Part Two: Indicate your responses for the following Likert scale items using "√" or "X" mark to write in the box corresponding to an action.

1=Very Low (VL), 2=Low (L), 3=Moderate (U), 4=High (H), 5=Very High (VH)

To what extents do clinical supervisors of in government primary schools of Damot Pulasa Woreda, Wolaita Zone, South Ethiopia Region provides assists to supervise and identify problems of teachers during classrooms observation program?

Nos	Items					
		VL	L	M	H	VH
		1	2	3	4	5
01	Clinical supervisors are do frequent observed classrooms problems with teachers together					
02	Clinical Supervisors assists the problems of classrooms during observation program?					
03	Clinical Supervisors encourage and motivate school teachers in order to improve teaching learning process as well as professional performance					
04	Clinical supervisors provide appropriate advice teachers to use necessity of teaching methods in the classroom					
05	Clinical Supervisors design appropriate intervention to improve the identified challenges of teachers in the classrooms					

6. If there are any other means of identifying classrooms observation and problems of teachers, please you are highly welcome write them brief\_\_\_\_\_

I. What are the mechanisms of clinical supervisors to minimize challenges of classrooms observation?

No	Items	Scales				
		VL	L	M	H	VH
		1	2	3	4	5
01	Clinical supervisors are participating with teachers together in order to minimize challenges of classrooms during observation program?					
02	Clinical Supervisors can assists the teachers problems and motivate the supervisee in the classrooms during observation program					

03	Clinical Supervisors encourage and motivate school teachers in order to improve teaching learning process as well as professional performance					
04	Clinical supervisors provide appropriate support and advice to teachers through the necessity of teaching methods in the classroom					
05	Clinical Supervisors design appropriate intervention to improve the failures or challenges of teachers in the classrooms					

