

**CHALLENGES AND PROSPECTS OF IMPLEMENTING CLINICAL
SUPERVISORY APPROACHES IN SELECTED SECONDARY
SCHOOLS OF WEST HARARGHE ZONE, OROMIA REGIONAL
STATE**

MA THESIS

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Haramaya University, Haramaya

**CHALLENGES AND PROSPECTS OF IMPLEMENTING CLINICAL
SUPERVISORY APPROACHES IN SELECTED SECONDARY
SCHOOLS OF WEST HARARGHE ZONE, OROMIA REGIONAL
STATE**

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MASTER OF ARTS IN SCHOOL LEADERSHIP**

By

MulatuGemeda

April 2017

Haramaya University, Haramaya

HARAMAYA UNIVERSITY

Postgraduate Program Directorate

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DEDICATION

I dedicate this thesis manuscript to my sister **KuliGemechu** and **my family** for encouraged me with affection and love and for their dedicated partnership in the success of my life.

STATEMENT OF THE AUTHER

First, I declared the thesis is the result of my own work and that all sources of materials used for writing it have been duly acknowledged. This thesis is submitted to Haramaya University in partial fulfillment of the requirements for the Degree of Master of Arts and deposited in the library of the university to be made available to be borrowers under the rules and regulation of the library. I declare that I have no submitted this thesis to any other institution anywhere for the award of any academic degree, diploma or certificate.

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BIOGRAPHICAL SKETCH

The author was born in February 1974 in Horro Guduru Woreda Alshaya Dullecha Kebele, Horro Guduru Wollega Zone, Oromia Regional state, in Western Ethiopia. He attended his elementary school education at Shambu Primary School and he attended High School in Shambu Secondary School. He joined Harar TTI in 1995 and graduated on June 30, 1996 with certificate. He joined Adama TTC in 1992 and graduated in October 1997 with diploma in Major Afan Oromo Minor in English. In 2007, he joined Haramaya University and graduated in BED degree in September 2010 GC in Major Afan Oromo Minor English. In 2013 he also continued master program in School Leadership at Haramaya University. He has served for the past 21 years; since 1996 G.C as a teacher and school director in different primary schools in West Harargeh Zone and since 2010 G.C as Secondary School Supervisor in Oda Bultum Woreda of West Harargeh Zone Oromia Regional state.

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ACRONYMS AND ABBREVIATIONS

CPD	Continuous Professional Development
ESDP	Education Sector Development Program
ETP	Education and Training Policy
HU	Haramaya University
MOE	Ministry of Education
NGOs	Non-Governmental Organizations
OREB	Oromia Regional Education Bureau
REB	Regional Education Bureau
SBS	School Base Supervision
SPSS	Statistical Package for Social Sciences
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHZSS	West Harargeh Zone Secondary School
WEO	Woreda Education Office
ZED	Zone Education Department

TABLE OF CONTENTS

DEDICATION	IV
STATEMENT OF THE AUTHER	V
BIOGRAPHICAL SKETCH	VI
ACKNOWLEDGEMENTS	VII
ACRONYMS AND ABBREVIATIONS	VIII
TABLE OF CONTENTS	IX
LIST OF TABLES	XIII
ABSTRACT	XIV
INTRODUCTION	1
1.1. Background of the Study	1
1.2. Statement of the Problem	4
1.3. Research Questions	5
1.4. Objectives of the Study	6
1.4.1. General objectives of the study	6
1.4.2. Specific objectives of the study	6
1.5. Significance of the Study	6
1.6. Delimitations of the Study	7
1.7. Limitation of the Study	7
1.8. Operational Definition of Key Terms	8
1.9. Organization of the Study	9
2. REVIEW OF RELATED LITERATURE	10
2.1. Concepts and Some Definitions of Clinical Supervision	10
2.2. Historical Development of Clinical Supervision	12
2.2.1. Development of educational supervision in Ethiopia	13
2.2. 2. The current practice of educational supervision in Ethiopia	15
2.2.3 Educational supervision practice in Oromia Region	17
2.3. Principles of Clinical Supervision	17

Continuous...

2.4. The Clinical Supervision Model	19
2.5. Approaches of Clinical Supervision	20
2.5.1 Practicing clinical supervisors roles	21
2.5.2 Applying supervisory activities	22
2.5.3 Knowledge translation and evidence-based practice	23
2.6. Procedures of Clinical Supervision.	24
2.6.1. Pre-observation conference	25
2.6.2. Classroom observation	26
2.6.3. Analysis of the observations	26
2.6.4. Post-observation conference	27
2.6.5. Post-conference analysis (critique of the previous four steps)	28
2.7. Prospects of Clinical Supervision in the Educational System.	29
2.7.1. Clinical supervision modifies the relationship between teachers and supervisors	29
2.7.2. Clinical supervision is a designation of professional characteristics of teachers.	30
2.7.3. Clinical supervision is a discovery and innovation of better teaching methods	31
2.8. Advantage and Benefits of Clinical Supervision	31
2.8.1. Benefits of clinical supervision for the supervisee	32
2.8.2. Benefits of clinical supervision to clinical supervisors	33
2.8.3. Benefits of clinical supervision to the organization or schools.	33
2.8.4. Professional development benefits	34
2.8.5. Administrative benefits	34
2.8.6. Program evaluation and research benefits	34
2.8.7. Clinical services benefits	35
2.8.8. Workforce development benefits	35
2.9. Responsibilities of Supervisors and Supervisees as Clinical Supervisors	35
2.10. Challenges of Implementing Clinical Supervisory Approaches	36
2.10.1. Limitations of strategies for implementing clinical supervisory approaches	37
2.10.2. Lack of adequate training on Clinical supervision	38
2.10.3. Teacher supervisory relationship	39
2.10.4. Perception of teachers' towards clinical supervision	40

Continuous...

2.10.5. Lack of personal commitment of teachers and school leaders	41
2.10.6. Supervisee Resistance	41
2.10.7. Counteracting Resistance	42
3. RESEARCH DESIGN AND METHODOLOGY	46
3.1. Description of the Research Site	46
3.2. Research Design	46
3.3. Source of Data	47
3.3.1 Primary data source	47
3.3.2 Secondary data sources.	47
3.4. Population, Sample Size and Sampling Techniques	47
3.4.1. Population of the study	47
3.4.2. Sample size	48
Table 1: Population and Sample Size	48
3.4.3. Sampling technique	48
Table 2: The Distribution of Sample Size and Sampling Technique	49
3.5. Data Collection Instruments	49
3.5.1. Questionnaire	49
3.5.2. Interview guide	51
3.5.3. Documents analysis	51
3.6. Procedure of data Collection	51
3.7. Method of Data Analysis	52
3.8. Ethical Considerations	52
4. RESULT S AND DISCUSSION	53
4.1 Demographic Characteristics of the Respondents and Analysis of the Major Findings	53
Table 3 Characteristics of the Respondent.	54
4.2. Perception of teacher's and leaders in Implementing Clinical Supervisory Approaches in the Secondary School	56
Table 4: Respondents View on Perception of teachers and Leaders ion Clinical Supervision in the Secondary School	56
4.3. Procedures of Classroom Observation	61

Continuous...

4.3.1. Pre observation conferences	62
Table 5: Views of Respondents' on Activities Practiced Before Conducting Classroom Observation (Pre-observation Conference).	62
4.3.2. Observation phase	64
Table 6: Activities Carried out During Classroom Observation	65
4.3.3. Post observation conference	68
Table 7 Respondents' Views on the Utilization of Post Classroom Observation Conference	68
4.4. Analysis of on the Major Challenges that Affect Implementing Clinical Supervisory Approaches	71
Table: 8. Respondents View on the Major Challenges that Affect Secondary School Supervisors while Implementing Clinical Supervisory Approaches in the School	71
4.5. Analysis on the Innovative Mechanisms through which Effective Implementation of Clinical Supervisory Approaches in Place.	78
5. SMMARY, CONCLUSSION AND RECOMNDATIONS	82
5.1. Summary of Findings	82
5.2 Conclusion	85
5.3. Recommendations	87
6. REFERENCES	91
7. APPENDIXCES	98
APPENDIXCE- A	99
APPENDIXCE- B	105
APPENDIXCE- C	106
APPENDIXCE- D	107

LIST OF TABLES

Table 1: Population and sample size	48
Table 2: The distribution of sample size and sampling technique	49
Table 3: Characteristics of the Respondent	54
Table 4: Respondents View about Items Regarding Perception of teachers and	56
Table 5: Views of Respondents' on Activities Practiced Pre-observation Conference.	62
Table 6: Activities Carried out During Classroom Observation	65
Table 7: Respondents' Views on the Post Classroom Observation Conference	68
Table: 8: Respondents View on the Major Challenges that Affect Secondary	71

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MulatuGemeda

ABSTRACT

This study was conducted to assess the Challenges and Prospects of Implementing Clinical Supervisory Approaches of Selected Secondary Schools in West Harargeh Zone, Oromia regional State .To conduct the study, descriptive survey design was employed and Multistage sampling technique was employed to select the sample Woredas, schools, school leaders and teachers. To this end, 6 Secondary Schools, 6 secondary school supervisors6 principals 6 school vice principals, and 24department head teachers and 88 secondary school teachers were included in this study. Questionnaire was the main data gathering instrument for this study. Thus, 85 teachers, 42 school leaders filled the questionnaires. An interview was also conducted to enrich the quantitative data. As a result, six secondary school principals and 6 secondary school supervisors were interviewed. Quantitative data collected through questionnaire was analyzed by using mean scores and t-value test by using SPSS v.20. The data gathered through interview was discussed in line with questionnaire. Consequently, the main findings come out from this study were: the majority of teacher respondents asserted that they were not well oriented and aware towards the clinical supervision activities. The school leaders as well as teachers were not having the awareness of clinical supervisory approaches concepts and its implementation procedures. Clinical supervision was not effectively implemented in their school. the leaders were conduct classroom observation without informing about objectives of class room observation, teachers and supervisors were made agreement on classroom observation; there were no post classroom observation as expected,, the classroom observation checklist were the same for all teachers, there were no frequently classroom observation and giving feedback sometimes the giving feedback were generally as meeting as well as teachers have no commitment for taking feedback leaders have lack of knowledge, skills and experience for implementing clinical supervision.; The study recommends teachers should be trained on clinical supervisory approaches to use modern teaching techniques and methods that are suitable for their students the supervisors should give constructive feedback, identify alternatives of improvement, foster autonomy, appraise themselves and others, and manage their time efficiently. Teachers and leaders should read different professional competence to update their competence, teachers should be organized by clinical supervisory approaches to enable teachers identifying their instructional limitation and develop their strengths, and address their weaknesses.

INTRODUCTION

This portion includes background of the study, statement of the problem, basic question of the study objective of the study, significance of the study, scope of the study, delimitation of the study definition of basic terms and organization of the study.

1.1. Background of the Study

Living in an environment, where knowledge, technology, concepts, philosophies, almost everything is rapidly changing, teaching becomes an extremely complex and demanding occupation. Keeping pace with the continuous changes and developments is considered to be a necessity for the quality of teaching and education. Therefore, ongoing professional development becomes a vital component in teachers' lives. There are various other reasons why ongoing professional development is appreciable in education. First of all, the quality of education demands continuous improvement in teaching.

Supportive supervision is a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems, and helping to optimize the allocation of resources, promoting high standards, teamwork, and better two-way communication within supervisors and teachers or within schools and schools (Getachew 2001). A cornerstone of supportive supervision is working with health staff to establish goals, monitor performance, identify and correct problems, and proactively improve the quality of service. Together, the supervisors, principals and teachers are identify and address weaknesses on the spot, thus, preventing poor practices from becoming routine. Supervisory visits are also an opportunity to recognize good practices and help schools to maintain their high-level of performance

In the same vein, Sidhu and Fook, (2010) reported that in their study teachers pointed out that their supervisors were more negative and 'fault-finders' instead of being supportive and that they did not like the whole process as it was more evaluative rather than supportive. Kutsyuruba, (2003), notes that, "...teachers have a professional responsibility, collectively and individually, to reflect on what is happening and why, as well as the effectiveness of their current teaching." Teachers cannot be expected to be reflective and creative if the

supervisor believes that there is one best method of teaching. If such is the case teachers bend their efforts to discovering and following the method the supervisor accepts.

As Ayeni (2012) stated, if the instructional leader lacks adequate knowledge of supervision and does not know how to meet the needs of the teacher, then an unproductive working relationship may be established. The quality of education cannot be improved by only adding more resources into the system. It also calls for effective management of these resources at the school level, ensuring an effective system of professional supervision, and preventing the deterioration of essential support structures for teachers. Through quality collaboration, teachers could move from their subjectivity and draw some conclusions about their experiences and views. This makes educational supervision, which is a co-operative problem-solving process a crucial concept in the professional development of teachers.

Clinical supervision, therefore, requires time, dedication and more importantly adequate training to qualify for the role. Although it is recommended that educational supervisors should have an understanding of educational theories and practical educational techniques including constructive feedback, communication skills and dealing with difficulties, regrettably this is not the case. It is a matter of fact that all consultants are expected to become qualified educational supervisors with minimal training or interest. Furthermore, even those who are qualified in education find themselves taking on this role with little or no time allocation in their job plans and as an add-on to their clinical commitments.

Furthermore, the theoretical literature on clinical supervision notes that evaluation is the primary vehicle through which supervisors share their knowledge and expertise with supervisees, and that feedback is at the core of evaluation (Bernard & Goodyear, 2004). The research conducted to this point suggests that supervisors and supervisees differ in their perceptions of evaluation and feedback processes in clinical supervision. Another research conducted in Ethiopia revealed that the supervisory support in schools was not rendered so as to meet what teachers' expected from supervisory roles. It was found that clinical supervision has high contribution on the satisfaction of teachers with supervision (Girmacew, 2014). In the same way (Amanuel, 2015) stated that the procedures of clinical supervision were not emphasized by clinical supervisors and also the clinical supervision

was not directly connected with the purpose of teachers' development and for the purpose of instructional improvement.

In line with this (MOE, 2015) by the Ministry of Education stated the importance of providing quality based educational supervision to improve the quality of education. For many years, the field of educational supervision has been suffering from unfriendly and unable relations between teachers and supervision. In addition to this, all teachers are not qualified enough and as a result they need a support from supervisors. To improve teachers' instructional performance; the clinical supervision should be necessary for teachers in flexible and collaborative style. Thus, in order to bring effective education through the improved supervisions should be democratic and cooperative and should get series attention in the school.

At the school level how supervisors should professionally support working with teachers was the discussion about the field of clinical supervision and was main devise for developing the deferent supervision model because produced deferent practice. The aim was to increase the best method by which supervisions could best improve the teachers' performance; provide them with the need assistance for total school improvement and providing quality of education for the learners. MOE (2002) mentioned that the previous years the woreda education experts who are assigned to supervision at school level are not able to solve the problems.

Alternatively, clinical supervision at the school level focuses of this research has been conceived better model for helping teachers, school leaders to expand their knowledge and skills. Clinical supervision is the cycle of activities between supervisor and teacher with the objectives of improving classroom performance to improve students' achievement. Working in supervision reform without having this kind of information is a great deficiency that might misguide the efforts for improvement. Accordingly, the aim of this study is to assess the challenges and prospects of implementing clinical supervisory approaches in some selected secondary school in Western Harargeh Zone regarding the actual clinical supervisory practice implemented in secondary school.

1.2. Statement of the Problem

The main role of school supervision is to monitor the quality of education that is of the schools and teachers. This monitoring is expected to have a positive impact on their quality. In line with this, supervision forms part of an overall quality monitoring and improvement system which includes improving teachers' performance in teaching-learning, increasing quality of education through quality supervisory processes. For this quality achievement, clinical supervision helps teachers to overcome face their new challenges, through reflexive activities and professional conversations. Clinical supervision allow supervisors to help others improve themselves, receive respects develop collegiality from supervisee's fresh ideas and energy because the benefit of clinical supervision are both career related and psychological.

A finding of research done on clinical supervision stated that there is a gap between the supervisory process they under gone. There are some challenges in implementing clinical supervision some are, teachers sometimes unwilling to examine their own behavior and engage in self evaluation, the supervisors have lack of ability to perform, lack of interest and respect responsibly and implementing clinical supervisory approaches take long time process (Gorden ,1999). According to (Panigrah,2012 cited in Tesfaw2012),instructional supervision have failed in calculating in teachers the desired skills attitudes of effective functioning in classroom, there is a weak supervision of teachers, the ways giving feedback for teachers have impact on improving teachers performance, the most feedbacks focused on administrative issue than have less relevant instructional improvement, The another research findings in Jimma Zoneon the clinical supervision indicated that, there is wrong perception on the part of teachers in considering supervisors are a fault finders, lack of experience of supervisors in making views supervision as means of controlling them Tadesse and et.al.(2013). These show that when a positive relationship was developed between the teachers and the supervisors, the clinical supervision is more effective.

Another research conducted on teachers' perception to clinical supervision reveals that Mathematics' teachers have positive perceptions to clinical supervision modalities and their perceptions on the goal of professional in sight and school culture generally improved. From

this the way teachers perceive clinical supervision in the school and classroom important factors that determine the outcome of clinical supervision process (Kamali, 2014).

In addition to the above findings the researcher has 5years of personal experience as secondary school supervisor in one of the woredas of Western HarargehZone the problems that observed repeatedly the reluctant instructional competence of teachers, some teachers not strictly supervised, some teachers do not finish the portion ,render poor teaching that affects educational standards poor classroom managements, poor utilization of instructional resources which results students dropouts inactive participation of students in the classroom and poor academic achievement of students. As well as, the seminars and panel discussions that held at woreda, zonal and regional level the researcher personally participated repeatedly that the problems mostly raised were the current performance of secondary schools teachers, the instructional supervision practiced in the secondary schools the ways school supervisors working with principals and teachers were not improved the students' achievement because of the supervisors, principals and teachers have lack knowledge of content, skills and knowledge of supervisory approaches. However, there was no research done on the related issues in Western Harargeh Zone. Due to this, the researcher intended to assess the challenges, prospects skills, knowledge and commitment of teachers' and supervisors' in implementation of clinical supervisory approaches in selected secondary schools in the Western Harargeh Zone as well as to alleviate the challenges related to implementing clinical supervisory approaches in the Zone

1.3. Research Questions

1. What is the secondary school teachers' perception towards implementing clinical supervisory approaches in the school?
2. To what extent were the clinical supervisory practices being implemented in secondary schools?
3. What are the major challenges that affect secondary school supervisors while implementing clinical supervision in secondary schools?
4. What are the innovative mechanisms through which effective implementation of clinical supervisory approaches in place?

1.4 Objectives of the Study

1.4.1. General objectives of the study

The general objectives of this study was to investigate the challenges and prospects of secondary school teachers towards implementing clinical supervisory approaches in some selected secondary schools in Western Harargeh Zone.

1.4.2. Specific objectives of the study

Specifically, the study was attempted;

1. To identify the secondary school teachers' perception of Western Harargeh Zone towards implementing clinical supervisory approaches in the schools.
2. To assess the extent to which clinical supervisory approaches implemented in the secondary schools.
3. To identify the major challenges while implementing clinical supervisory practices in the selected secondary school of Western Harargeh Zone.
4. To get the innovative mechanisms through which effective implementation of clinical supervisory approaches in place.

1.5. Significance of the Study

The finding of this study was expected to have the following significant. It may help teachers, supervisors and other responsible officers to be aware of the contest to which the clinical supervisory approaches is being implemented; it may provide important information to the teachers, supervisors and some woreda experts for further revise and develop appropriate mechanisms how to implement clinical supervision in secondary schools. In addition, the study may help all school leaders and teachers of Western Harargeh Zone to identify the strength and weakness of current clinical supervision activities in the secondary schools; also it may help to take remedial measures against the challenges that secondary schools faced in implementing clinical supervision and also it may serve as starting point for other researchers who are interested to do their research on the title.

1.6. Delimitations of the Study

Because of many problems for example, insufficient time, money and unmanageable of the study as well as unable to reach all the woredas of Western Harargeh Zone, the study was delimited to 6 woredas out of 16 woredas namely; DaroLebu Gemechis, Chiro Administration Town, Tulo, Mieso, and Boke woredas were selected. In these sample woredas there are 15 secondary schools. Out of 15 secondary schools, 6 secondary schools were taken as sample namely; Mechara Secondary School, Barkume Secondary School, Chercher Secondary School, Hirna secondary School, Mieso Secondary School and BokeTiko Secondary school were selected.

Though educational supervision approaches encompasses many issues such as collegial supervision, self-directed supervision, informal supervision, inquire supervision and clinical supervision, in order to make the study manageable the conceptual focuses of this study was delimited to the investigation of challenges and prospects of implementing clinical supervisory approaches and to take remedial actions for the challenges in selected secondary school of Western Harargeh Zone, that the other supervision approaches are excluded.

Western Harargeh Zone is divided into three clusters based on areas namely; Gelemso, Tulo and Chiro clusters. From each three clusters two woredas were selected by simple random sampling. From each the sample woredas, first, the schools were stratified based on their years of serves of the schools and number of teachers are in the schools because the structures and capacities of schools are different based on their establishment and the number of teachers within in. Simple lottery sampling technique for schools and simple random sampling technique for teachers were used. The data gathering tools were questionnaires for teachers, for department heads and principals, interviews for principals and school supervisors and document analysis was used. Finally qualitative and quantitative data analyses were employed.

1.7. Limitation of the Study

While carrying out this study, the researcher faced certain constraints. One of the major problems the researcher encountered was the instability created in the study area during data gathering, which caused delay for three months because the school where disturbance for

some political cases in schools selected for data gathering areas. Another problem was it was difficult to get some school leaders for conducting interviews because they were engaged in different activities. Some teachers lack of willingness to participate for filling the questionnaires. The researcher discussed with teachers about the objectives of the questionnaires, finally the teachers filled the questionnaires. The absence of compiled statistical data particularly at school especially in departments also affected the analysis of the study to a little extent. However, the researcher overcomes the problems by managing his time. For instance, until the conditions becomes suitable for dispatching the questionnaires the researcher conducts the interviews with school leaders in general all varieties of secondary data available at all levels were possible to complement the deficiencies of primary data.

1.8. Operational Definition of Key Terms

Approaches: the techniques used by instructional supervisors when conducting classroom observation at school.

Clinical supervision: is a process of supervision of instruction for improvement of professional growth that usually consist several phases to mention that preconference, class room observation, data analysis and post observation face-to-face discussions with teachers to improve teaching and learning in the class.

Challenge: a problem that affect the secondary schools in implementing clinical supervision.

Implement of clinical supervision: application of clinical supervisory approaches in the teaching learning process

Perception: an idea or believes of an image a person has a result of how he/she understand something or views or opinion held by an individual resulting from experience and external factors acting on individual.

Prospect: the expected out come in the future on improving learning and teaching in the class in order to achieving students' outcome.

School Leader: the term school leaders for this study is supervisors, principals and department head of teachers

Secondary school: is a school that includes grade 9 through 10.

Supervision; is an activity that practiced in the school by supervisor in instructional setting and the strategies of classroom practice through observation and evaluation to improve teachers' performance.

1.9. Organization of the Study

The research paper contained mainly five chapters. The first chapter dealt with the introduction part which treats with the background of the study, statement of the problem, basic questions of the study, objectives of the study, significance of the study, delimitation of the study, limitations of the study and definitions of operational terms. The second chapter dealt review of related literature. The third chapter expressed the research design and methodology. The fourth chapter focused on presentation, analysis and interpretation of the data. Finally, the last chapter consists of summary, conclusion and recommendation

2. REVIEW OF RELATED LITERATURE

In this portion, a brief review of literature related to the major topic of the study is described. Thus, the concepts, definitions of supervision and clinical supervision, the historical development of clinical supervision in world and in Ethiopia, principles of clinical supervision, advantages and benefits of clinical supervision, method, technique and challenges of implementing clinical supervision were described.

2.1. Concepts and Some Definitions of Clinical Supervision

Supervision is an intervention provided by a senior member of a profession to a more junior member or members. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the supervisee that the supervisors see and serving as a gatekeeper of those who are to enter the particular profession. According to (Sargiovanni and Starratt, 2002), supportive supervision is a process that promotes quality at all levels of the education system by strengthening relationships within the system and within supervisors and teachers focusing on the identification and resolution of problems and helping to optimize the allocation of resources promoting high standards, teamwork, and better two-way communication in the schools or in the organizations.

Definition of supervision is different from organization to organization even though it has common features shared by all. The following refers some within deferent contexts .Lowery (1985),as cited in Abinet, (2011) the act of overseeing people doing work ,then supervisors are managers who does the overseeing the activities. That means, the supervisor is checking the activities whether it is ongoing in accordance or not. In educational contexts, supervision is vital to the achievements of educational objectives, (HaileSellassie, 2007).

Clinical supervision is, “a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations” (DH, 1993). Clinical supervision is a process of professional support and

learning in which teachers are assisted in developing their practice through regular discussion time with experienced and knowledgeable colleagues Pawulos, (2001).

Launer describes clinical supervision as: "...an opportunity for a professional to change a story about a working encounter by holding a conversation with another professional..." Launer(2003). Another definition has given by Butterworth and Burant, (2009) suggest clinical supervision is a process that enables us to identify training and research needs, appreciate service user as individuals, examine contribution to the multi-disciplinary team, identify and develop practice support teachers with their feelings provide a link between research and practice. According to Mosweta,Bernand (2010) clinical supervision is a "face-to-face contract with teachers with the intent of improving instruction and increasing professional growth". It is a sequential, cyclic and systematic supervisory process which involves face-to-face interaction between teachers and supervisors designed to improve the teacher's classroom instructions (Kutsyuruba, 2003). According to the above definitions clinical supervision is a hand on relationship between teachers and supervisors that works for enhancing the teachers' performance, team working and their professional developments through teaching –learning process.

The purpose of clinical supervision to provide support to teachers (to assist) and gradually to increase teachers' abilities to be self-supervising, (Mosweta,Bernand, 2010).According to (Brihane, 2014). The structure of clinical supervision includes pre-observation conference, class room observation, analysis and strategy, supervision conference, and post-conference analysis. Clinical supervision is officially applicable with inexperienced beginning teachers; teachers are experiencing difficulties, and experienced teachers who are in need of improving their instructional performance. According to (Sergiovanni and Starratt, 2007) stated that clinical supervision is typically formative than summative in its evaluative approach in order to enable beginning teaches "collaborate to research their practices and improve their teaching and learning. As a result of this, the writers further described that the focus of clinical supervision is not on quality control, rather on the professional improvement of the teacher that guarantees quality of teaching and students' performance.

Clinical supervision as a process for developing responsible teachers who were able to evaluate their own instruction, who were willing to accept criticism and use it for change,

and who knew where they were headed in their own professional growth. According to, (Beach and Reinhartz, 2000) indicated “if schools are to improve the quality of instruction, it will be at the local building with the teacher at the heart of the improvement process (productivity through people)”. The focus of clinical supervision is on formative evaluation, which is intended to increase the effectiveness of ongoing educational programs.

2.2. Historical Development of Clinical Supervision

Clinical supervision was first developed by Morris Cogan at Harvard University in the 1970s. The word “clinical” is intended to suggest the meaning of face-to-face interaction between the teacher and supervisor (Zepeda, 1997). It indicates that a key element of the supervisory process is to collect data in the actual classroom teacher’s work. According to (Glickman, 2004) clinical supervision is “that phase of instructional supervision which draws its data from first hand observation of actual teaching events, and involves face-to-face (and other associated) interaction between the supervisor and teacher in the analysis of teaching behaviors and activities for instructional improvement”. Clinical supervision is an effort by the supervisory system to interact directly with a teacher or group of teachers to provide support, assistance, and service to those teachers in order to improve their classroom performance.

As clinical supervision became popular during the 1960s, it emphasized reflective problem solving, targeted individual classrooms directly, and focused on teachers as the agents of change (Bernand, 2010). It focuses on the events that take place in the classroom. Clinical supervision is intended to be a face-to-face Process that allows supervisors and teachers to spend more time together discussing and analyzing what is occurring in the classroom in come up with strategies to overcome any teaching problem and improve the classroom behavior (Zepeda, 1997)According to (Cogan, 1973), the clinical supervision approach is influenced by the behaviorist view of focusing on the external behaviors and planning for modifying them. The supervisor monitors the teacher while teaching, gathers information about his external behavior, and discusses with him the effective ways to modify them.

In line with this, the Educational Training Policy (ETP, 1994) put the direction that, the quality of student learning is directly related to the quality of classroom instruction.

Therefore, one of the most important aspects of instructional leadership is to provide the necessary climate to promote ongoing instructional improvement. Supervisor is responsible to identify the training needs of the teachers and organize in-service programs in the form of work shop, seminars, conference, faculty meeting, intra school and inter school visits and other services are useful to be utilized, so as to realize effective staff professional development and supervision manual (MOE,1994).A major quality concern is how to raise the quality of teaching. The numbers of competent teachers need to be increased, along with an improvement in teacher qualifications and pedagogical skills. The attractiveness of teaching as a profession must be enhanced. Teachers need access to effective professional development programs that will build their skills.

The strengthening of leadership and management skills at the school/institution levels needs to be a prime focus as part of ensuring an effective quality assurance system is in place. The teacher education curriculum needs an increased emphasis on teaching core foundation and pedagogical skills MoE(2015). Accordingly, to achieve the intended program, clinical supervision helps supervisees face their new challenges; through reflective activities and professional conversations.

The General Education Quality Improvement Package (GEQIP) has included school teachers, principals, and supervisors' capacity building strategy with clear objectives to facilitate and support school improvement. As a component of the quality improvement package, the Ethiopian teachers' development program general guideline (Blue Print) is emphasizing the need for school leadership and supervisors that can effectively support schools in various aspects including the development and implementation of vision and strategic plan of school improvement MOE (2012).To ensure this, clinical supervision allowed supervisors to help others, improve themselves, receive respect, and develop collegiality from the supervisees' fresh ideas and energy because the benefits of clinical supervision are both career-related and improving teaching-learning in the class

2.2.1. Development of educational supervision in Ethiopia

According to the educational supervision manual, educational inspection for the first time started in Ethiopian in 1934 E.C. This inspection were headed by the British national named

Lt. Command John Miller and assisted by two Ethiopians, Central Inspection Office was established in 1937 E.C. Their job was to keep record of number of students, teachers, classroom, as well as visit some school in the provinces and write reports. When educational activities became complex and beyond the capacity of the former three inspectors because of the increasing number of students and the opening of new schools, training of inspectors was started in Addis Ababa training school in 1943E.C. From 1934-1946 E.C the school was able to train a total of 24 inspectors and assigned to inspect educational programs and financial accounts. (MOE, 1987 E.C).

In 1948 E.C, the training program was reopened in Kokeb Tsebha School because of the increasing number of schools. Training of both the school directors and inspectors continued for seven years and from 1948-1954 E.C a total of 124 inspectors were graduated. In 1955 E.C the inspection program was changed to supervision to improve the teaching-learning process and supporting of teachers. From 1962-1965 E.C the trained supervisors were expected to serve in a regular education, sport, adult education and educational mass media program supervisors. In 1973 E.C the socialist regime had shifted from supervision to inspection. As a result, the main goal of the program was monitoring and evaluation of the policy, directives, planned programs and strategies as the pre job description at each level of the education system. In 1986 E.C the inspection was replaced by supervision and new offices have been established at federal, regional and Woreda level (MOE, 1987 E.C).

As a consequence and as an extended priority of ESDP IV, maintaining and /or regulating the professional quality of school leaders (principals and supervisors) as a concurrent activity to the teacher quality and development will continue to be one of the top priorities in ESDP V. One of the most common strategies followed in maintaining the quality of teacher and school leader (principals and supervisors) professional development is through preparing and implementing standards of professional competences. To this effect, the whole purpose of this document is with regard to establishing the standards of school supervisors' professional competence. The assumption of developing these supervisor competences is to create a system where school supervisors should go through professional developments that are up to the standards in the first place MOE (2012).

To sum up, the history development of supervision in Ethiopia start from administrative inspection after some years it was changed to supervision and then changed to inspection finally come to supervision. Under each types of supervision their specific activities and their purpose were stated. The researcher opinion is supervision is more preferable than inspection for school improvement in teaching leaning activities.

2.2. 2. The current practice of educational supervision in Ethiopia

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, (Haileselassie, 2007). Hence, supervision has been practiced in this country for long periods. However, its development was not quite sound. Besides, it seemed simply changing the terms supervision and inspection. With this in mind, the history of educational supervision has been passed though four periods. According to (Million, 2010), there are two approaches of organization of supervision in Ethiopia, that help effective and efficient achievement of the intended objectives. These are, out of school supervision and school based supervision. Out of school supervision is given by the Ministry of Education, Regional Education Bureau, Woreda Education Office and Cluster Resource Centers. Further, for each cluster center, the Woreda designated one supervisor who should report to Woreda education.

In the school based supervision the different approaches to instructional supervision were practiced: such as clinical supervision collaborative supervision, peer coaching, cognitive coaching, and monitoring, self-reflected (self-directed development), professional growth, and Portfolios were practiced since 2002. However, research has shown that clinical practice is minimally influenced by training alone for a review of this research.). Pawolos,(2001) point out that “ self-reports of competence . . . bear little or no relationship to actual behavioral proficiency in delivering a treatment” On the other hand, there is some evidence that clinical training combined with ongoing feedback and coaching (such as that provided through supervision) can yield significant improvement (Pawolos,2001). Clinical supervision is, therefore, critical for promoting the use of evidence-based models and tools, as well as an effective means of disseminating these approaches.

Authors in the field identified six approaches for clinical supervision. These are directive supervision, alternative supervision, collaborative supervision, and non-directive supervision, self-help-explorative and creative supervision MOE (1987 E.C). These models are discussed as follows:

In directive supervision, the supervisor shows the 'best' teaching methodology for the teacher and then evaluate whether or not the teacher used this methodology in the class room. The drawbacks of this model are, there is no evidence that the indicated methodology is best or not; teachers remain inactive; and teachers lack self-confidence.

In alternative supervision, the supervisor conducts class observation. After class observation, the supervisor shows other alternatives for the teacher, considering the method use by the teacher as one alternative. Thus, the supervisor do not enforce the teacher to follow one best method, rather he/she motivate the teacher to consider other alternatives In this context teachers are simply following what their supervisors tell them.

In collaborative supervision, both the teacher and the supervisor actively participate and discusses together to solve the problem in the teaching learning process. In this approach, the willingness of the teacher to work together with the supervisor is very important.

In non-directive supervision, the supervisor is expected to listen and respect the opinion of the teacher. The supervisor should explain ideas for the teacher and seek reasonable justification from the teacher. This model helps avoid self defending by teachers. While using this method for inexperienced teachers, care should be taken. In this model the teachers use their experiences and depend on situational in while teaching in the classroom.

In self-help-explorative supervision, the teacher and supervisor continuously work together, until the supervisor believes that the teacher achieved the intended objective. This approach tries to narrow the gap between the supervisor and the teacher.

The creative supervision approach believes in creativeness and use of various supervision methods. This can be achieved by integrating various supervisory approaches; not limiting supervisory activities for one individual (supervisor); and using methods that are effective in other fields. The above supervision approaches shows there are different methods to supervise the educational activities.

2.2.3 Educational supervision practice in Oromia Region

Instructional supervision is service that will be given for teachers, and it is the strategy that helps to implement and improve teaching learning process. In addition it is an activity that is performed for the advantage of students learning achievement. Due to this, the instructional supervisors are expected to act as a coordinator, a consultant, a group leader and a facilitator in teaching learning activities. Similarly, the mission of the instructional supervisor is implementing and strengthening teaching learning process through providing professional support, and also creating conducive situation for the improvement of students' learning in line with the Ethiopian education policy, to achieve the intended regional as well as country educational objectives (OREB, 2007). Thus, at school level based on the number of teaching staff, school based supervision committee assigned in all schools of the region. The committee members are filled by vice principal, unit leaders, department heads and teachers who are recruited and selected among best and experienced teachers (OREB, 2002).

2.3. Principles of Clinical Supervision

Clinical supervision enhances the quality of client care; improves efficiency of counselors in direct and indirect services; increases workforce satisfaction, professionalization, and retention and ensures that services provided to the public uphold legal mandates and ethical standards of the profession. The central principles identified:

Clinical supervision is an essential part of all clinical programs. Clinical supervision is a central organizing activity that integrates the program mission, goals, and treatment philosophy with clinical theory and evidence-based practices (EBPs). The primary reasons for clinical supervision are: to ensure the quality of teachers, to ensure clinical staff continues professional development in a systematic and planned manner and to ensure clinical supervision is the primary means of determining the quality of care provided.

Clinical supervision enhances staff retention and morale. Staff turnover and workforce development are major concerns in the schools so, clinical supervision is a primary means of improving workforce retention and job satisfaction.

Every teacher, regardless of level of skill and experience, needs and has a right to clinical supervision. In addition, supervisors need and have a right to supervise the supervisee.

Supervisor needs to be tailored to the knowledge base, skills, experience, and assignment of each counselor. All staff needs supervision, but the frequency and intensity of the oversight and training will depend on the role, skill level, and competence of the individual. The benefits that come with years of experience are enhanced by quality clinical supervision.

Clinical supervision needs the full support of agency administrators. Just as treatment programs want teachers to be in an atmosphere of growth and openness to new ideas, counselors should be in an environment where learning and professional development and opportunities are valued and provided for all staff.

The supervisory relationship is the crucible in which ethical practice is developed and reinforced. The supervisor needs to model sound ethical and legal practice in the supervisory relationship. This is where issues of ethical practice arise and can be addressed. This is where ethical practice is translated from a concept to a set of behaviors. Through supervision, teachers can develop a process of ethical decision-making and use this process as they encounter new situations.

Clinical supervision is a skill in and of itself that has to be developed. Good supervisors tend to be promoted into supervisory positions with the assumption that they have the requisite skills to provide professional clinical supervision. However, clinical supervisors need a different role orientation toward both program and goals and a knowledge base to complement a new set of skills, (Nambassa, 2003).

Clinical supervision in education most often requires balancing administrative and clinical supervision tasks. Sometimes these roles are complementary and sometimes they conflict often the supervisor feels caught between the two roles. Administrators need to support the integration and differentiation of the roles to promote the efficacy of the clinical supervisor.

School culture and other contextual variables influence the supervision process; supervisors need to continually strive for cultural competence. Supervisors require cultural competence at several levels. Cultural competence involves the supervisors' response to teachers, the supervisor's response to counselors, and the program's response to the school cultural needs of the diverse community it serves. Since supervisors are in a position to serve as catalysts

for change, they need to develop proficiency in addressing the needs of diverse teachers and personnel.

Successful implementation of evidence based program requires ongoing supervision. Supervisors have a role in determining which specific relevant for schools (Nambassa,2003). Supervisors ensure that evidence based programs are successfully integrated into ongoing programmatic activities by training, encouraging, and monitoring counselors. Excellence in clinical supervision should provide greater adherence to the clinical supervisory approaches.

Supervisors have the responsibility to be gatekeepers for the profession. Supervisors are responsible for maintaining professional standards, recognizing and addressing impairment, and safeguarding the welfare of supervisee. More than anyone else in an agency, supervisors can observe teachers' behavior and respond promptly to potential problems, including counseling some individuals out of the field because they are ill-suited to the profession. Finally, supervisors also fulfill a gatekeeper role in performance evaluation and in providing formal recommendations to training institutions and credentialing bodies.

Clinical supervision should involve direct observation methods. Direct observation should be the standard in the field because it is one of the most effective ways of building skills, monitoring counselor performance, and ensuring quality care. Supervisors require training in methods of direct observation and administrators need to provide resources for implementing direct observation.

2.4. The Clinical Supervision Model

Clinical supervision involves the construction of individualized learning plans for supervisees working with teachers. The systematic manner in which supervision is applied is called a model. Training in theory and models of supervision increases supervisor knowledge, and provides guidance for how to direct student learning, as well as how to understand the teacher's experiences and development both the Standards for Supervision. A range of models has been developed or refined to meet the needs of the many diverse groups and the reflective models (Nambassa,2003). While models vary, they tend to encompass aspects of personal and professional support, and the educational and quality assurance

function. This follows Proctor's (1988) model of supervision, which comprises of what she terms restorative, formative and normative elements, which itself mirrored earlier work.

Ellet.C. (2003) see models of supervision falling into three major categories. Firstly there are those which describe supervision in relation to the main functions of the supervisory relationship and its constituents. Secondly, there are those which describe the main functions of the role, and thirdly there are those developmental models which emphasize the process of the supervisory relationship. However, Sidhu (2010) argues that in categorizing the literature on supervision into these three forms, the authors have sidestepped debate on the essential differences between a supervisory approach and a therapeutic one. She asserts that supervision is concerned primarily with the client and the professional development of the supervisee. She sees little role for restorative or supportive supervision, in asserting that any supervisee benefits from supervision are merely incidental and secondary to the primary teaching goal of learning therapeutic skills (Reepen 2010).

Kadushin and Harkness (2002) took a broad perspective describing three models, the skill development model, the personal growth model and the integration model. In the skill development model, the goal is to increase the supervisee's skills and conceptual understanding of supervisee. There is a teaching type relationship with a focus on the supervisor followed by a focus on the supervisee's approach to helping the teachers. In the personal growth model, the goal is to increase the insight and affective sensitivity of the supervisee. Pearson C. (2009) adds that the relationship is more like counseling with a focus on the supervisee's personal feelings and thoughts about interpersonal relations with teachers. The integration model has the goal of assisting the supervisee to integrate acquired skills and personal awareness into effective relationships with clients.

2.5. Approaches of Clinical Supervision

In clinical supervision, clinicians can achieve a higher level of expertise in their discipline and/or specialized area of practice. A clinical supervision is the opportunity to reflect on one's own practice, to gain others' opinions and hence develop a more accurate self-appraisal and, through discussion, to draw the links between theory and practice.

Clinical supervisors and teachers work together to develop and maintain productive, goal-oriented supervision. They negotiate the framework in which clinical supervision is carried out, including establishing the frequency of meetings, avoiding outside interference and being prompt. Clinicians define their own learning goals. The goals often arise from the case examples they select. These goals can be met through learning from supervision and from activities teachers undertake beyond the supervisory session. Clinicians prepare for clinical supervision by having an agenda and information pertinent to the case or to clinical dilemmas. Information can include case notes, a care plan and case questions. Case material should represent challenges and difficulties as well as successes.

By choosing to discuss cases where they have encountered difficulties, teachers demonstrate their willingness to take risks and learn from others. The learning process involves dialogue, openness to in-depth reflection on practice, and receiving both challenging and supportive feedback. The clinician records the supervisor's recommendations and the actions or outcomes he or she has taken as a result of clinical supervision in the outpatients' progress notes and in the interdisciplinary plan of inpatients.

2.5.1 Practicing clinical supervisors roles

Clinicians are active participants in clinical supervision and give feedback to the supervisor so they can jointly evaluate the process in relation to the verbal or written supervision contract. Contracting at regular intervals allows the clinician to discuss learning goals, and the clinical supervision process, and to adjust the contract as necessary. It is the responsibility of the teachers to apply what he or she has learnt with clients. Self-evaluation is imperative and allows clinicians to determine when learning goals are met and when the clinician is ready for a more active or autonomous role with clients, such as in leading a group

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School leaders are active participants in clinical supervision and give feedback to the supervisor so they can jointly evaluate the process in relation to the verbal or written supervision contract. Contracting at regular intervals allows the teachers to discuss learning goals, and the clinical supervision process, and to adjust the contract as necessary. It is the responsibility of the teachers to apply what he or she has learnt with clients. Self-evaluation is imperative and allows clinicians to determine when learning goals are met and when the clinician is ready for a more active or autonomous role with clients, such as in leading a group

2.5.2 Applying supervisory activities

Clinicians come to clinical supervision with a diverse array of learning styles, such that the adage "one size fits all" doesn't apply. Recognizing and then adapting teaching to match the learning styles of clinicians is a critical supervisory skill. Observation, discussion, feedback, role play, coaching, demonstrating and questioning are examples of supervisory activities. Supervisors need to master each of these so they can customize learning activities to meet the needs of all the clinicians with whom they are working.

Conceptual frameworks that link theory to practice that's relevant to clients help teachers' work to progress in an intentional and planned manner. Reflection encourages and provides the opportunity for clinicians to consider their experiences in practice, explore feelings invoked through working with clients, and understand the meanings they give to interactions. This process allows clinicians to arrive at more mindful and deliberate subsequent interventions. Critical self-reflection and self-inquiry helps teachers recognize their strength and growth areas.

2.5.3 Knowledge translation and evidence-based practice

Organizations of all sizes are increasingly concerned that clinical practice is based on research where possible. The rise of "best practice" documents and guidelines attests to the urgency of bridging the gap between research and practice and reflects the reality that most clinicians do not read let alone incorporate scientific findings and practice protocol. Funders, consumer groups, researchers and agency/program management have all identified "knowledge translation" as a major challenge.

Knowledge translation has been defined by the Canadian Institutes of Health Research (cihr) as "the exchange, synthesis and ethically-sound application of research findings within a complex system of relationships among researchers and users." There is a growing body of literature on the topic of knowledge translation relevant to health care. The notion that clinical decisions should be made based on evidence-based practices and systematic review has become widely accepted (Nambasa2003). It is also well recognized that the results of research are unevenly adopted in clinical practice. The process of translation does not happen on an immediate or consistent basis because of the varying characteristics of adopters (i.e., practitioners). For example, innovations are picked up first by innovators and early adopters the "champions" of practice innovations followed by the early majority, the late majority and the small group of late adopters. In recognition of the challenges of transferring and adapting research findings to clinical practice, attention has been focused on understanding factors affecting the transfer of knowledge.

Reviews of knowledge transfer literature have suggested that the failure of collaboration and communication between teachers and supervisors professionals has a profoundly negative

effect within the health care system (Kerner et al., 2005; Zwarenstein & Reeves, 2006). To address this issue, it is important to design a clinical supervision process that accommodates the needs of the many professions and disciplines in education system, and to develop good inter-professional collaboration. One of the most common strategies in enhancing or incorporating evidence-based practice has been through clinically focused continuing education workshops.

2.6. Procedures of Clinical Supervision.

The most notable difference between the clinical supervision model and other more traditional models of teacher supervision is that the supervisor and the teacher discuss and agree upon the focus for the observation, i.e. the area of concentration on the observation. For example, if the focus of the observation is to be teacher-student interaction and the supervisor notes that the problem is that of class management, then the reference point has been localized. That would mean that the supervisor and teacher have got specific and mutually desired data to discuss. This then would form the basis for a cooperative relationship in which the supervisor helps the teacher to develop strategies for improving his or her performance in future lessons. According to (Zebda 2007), clinical supervision is based on the proposition that the relationship between supervisor and teacher is mutual, and that the two work together as colleagues rather than in a supervisor-subordinate relationship.

One of the significant merits of this model is that it reduces much of the anxiety usually associated with classroom observation or inspections by the supervisor. If the objectives are clearly stated before the observation and the method of data collection is discussed in a full participatory manner of all key actors during this pre-observation period, there would be no secrets about what the supervisor is doing which can put the teacher off ease, and thereby counterproductive in its desired effect. Let it therefore, be clearly stated that the clinical supervision model is based on several assumptions: Teaching profession is not random but is characterized by regularity in style and approach. The pedagogical skills used by the teacher can be classified and studied.

If the teacher is conscious of his/her behavior, the learning environment is greatly enhanced as is the teacher's overall instructional ability. Through careful and systematic observation,

analysis and dialogue with a supervisor, effective teaching can be reinforced. The Clinical Supervision Model is based on the participation of two people who can be described to be fundamentally equal in being, aim and objective as they share in a common goal and purpose; however, differentiated by functional inequality- the teacher and the supervisor, in that teach within the school administration has his/her specific function to play for the good of the entire system. According to, (Brihane, 2014) proposed the following five-stage process in clinical supervision.

2.6.1. Pre-observation conference

Accordingly the pre-observation conference (behavior system) provides an opportunity for the supervisor and the teacher to establish relationship mutual trust and respect. The teacher and supervisions get to know each other as fellow professionals. So that it is essential to the establishment of the foundation for the observation and analysis of teaching. This approach is most suitable because the expertise, confidence, and credibility of the supervisor clearly outweigh information, experience, and capabilities as cited by (Glickman, 2000).

In the conference, the teacher has an opportunity to state personal concerns, needs, and aspirations. The supervisor's role is to help the teacher clarify these perceptions so that both have a clear picture of the teacher's current instruction, the teacher's view of ideal instruction, and whether there is a discrepancy between the two (Acheson and Gall,). They also add, doing properly this stage of clinical supervision cycle, preconference with teacher, establishes supervision as a process in which the teacher and supervisor have joint ownership. The teacher perceives the supervision as someone with whom to share perceptions, thus breaking down the isolation of classroom teaching (i.e., most teachers teach alone). The supervisor likewise perceives the teacher as a partner in making sense of the teacher's classroom instruction and improving it. To sum up, the main objective of pre observation conference should focus on establishing teachers' acceptance and agreement. To this end, teachers together with their supervisors have much opportunity in discussing and deciding on the purpose, criteria, frequency, procedures, instruments and follow up activities prior to the actual classroom observation.

2.6.2. Classroom observation

In this stage the supervisors observe the teacher at work during formal lesson. Observation creates opportunities for the supervisor to help her/his test reality, the reality of his/her own perceptions and judgments about teaching. To this end, (Sargiovanni, 2007) agree that the selection of an observation instrument will help sharpen the teachers thinking about instruction. Indeed according to (Zebda, 2007) supervisors were to spend more of their energy in the classroom visits followed by helpful conference; we believe that teacher would probably have more friendly attitudes toward supervision". There is no other equally important choice than classroom visits for the betterment of instructions. Classroom observation is a valuable means to obtain first hand information and experience of the classroom atmosphere.

As cited in (Amanuel, 2015) skillful clinical supervisors find a way to maintain a neutral stance in the data- collection process, so that the data speak for themselves. This process is facilitated if the teacher has a hand in selecting the observation instrument, or instruments, to be used.' If the teacher and supervisor use the conference only to talk about instruction, the conversation might drift into vague generalities and abstractions. Selecting an 18 observation instrument brings the teacher "down to earth" by focusing attention on the observable realities of classroom instruction. Either the supervisor or the teacher can suggest appropriate observation instruments and behaviors to be recorded on them.

In similar way, as cited in (Chanyalew, 2005) noted that classroom observation is a technique to help teachers improve by indentifying specific needs to satisfy their personal and professional career. In short, the most important aspects of school are the quality of teaching and learning in the classroom. Hence, supervisors should get prepare before classroom observation and list important elements during the classroom observation so as to improve the teacher proficiency.

2.6.3. Analysis of the observations

As soon as the observation has been conducted; the supervisor organizes their observation data into clear discipline for feedback to the teacher. Collect, analyze, and present data gathered during classroom observations for post observation conferences, with the goal of

strengthening instruction to improve student achievement (Glickman, 2000 and Zepeda, 2007).

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

2.6.4. Post-observation conference

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

As cited in (Donaldson, 2010) many of instructional supervisors do not use this as a means of inputs for themselves for the next stage of clinical supervision and did not evaluate the all processes that have been conducted before. So, from the researchers' point of view, supervisors should tip out the main gaps from what have been observed and conduct further study on the improvement of specified gaps. In this case, it is possible to argue that clinical supervision is a supervisory approach which helps to improve the professional practice of teachers so that they can meet the professional standards set by the school community.

In sum, the lack of supervisory feedback usually creates frustration in teachers and this frustration often has negative impact on teachers' performance or instructional improvement. To make the observation scheme successful and beneficial for the teachers,

the observers need to be qualified trainers who know what to look for, how to provide effective feedback and how to keep the subjectivity factor to a minimum. To provide quality focused feedback, a structure needs to occur to promote reflective inquiry and conversations for facilitating the learning of teachers. Conferencing facilitates a collaborative reflective dialogue after a lesson has been observed. According to Feeney (2007), “When a structure to promote reflective inquiry is provided, teachers are more likely to internalize the feedback and make adjustments to improve their teaching. Amanuel, 2015)

2.6.5. Post–conference analysis(critique of the previous four steps)

The final phase in the clinical model is an evaluation of the process and outcome. It is a means of self improvement for the supervisor. It is the time when the supervisor assesses the nature of communication during conference, the effectiveness of the strategies used, the role of the teacher during the conference and the extent to which progress was made on the issue that were discussed. In supporting this stage, the supervisor must see his role as trying to help teachers achieve purpose in more effective and efficient way.

Some of the key characteristics for an effective clinical supervisor include: an ability to provide a supportive relationship, being able to separate the clinical supervisory role from their work role, being approachable, being open and honest, being non judgmental, having credible knowledge, experience and skills in clinical practice as wells being a role model by demonstrating a commitment to clinical supervision and the supervisee and themselves being a supervisee, an ability to discern clinical needs from personal needs, an organization-wide perspective, a formalized method of recording, methods for creating opportunities for improvement and techniques to manage team dynamics are the main points. Other more specific skills that were seen as important and ones that, as a new clinical supervisor, you may already have experience in or will need to work towards, are: Being a good listener, the ability to facilitate reflection in others through the use of guided questioning, being able to help the supervisee in summarizing a clinical supervision meeting being able to challenge as well as support the supervisee and being able to offer effective feedback.

The critique has both symbolic and functional value. It indicates that supervisor is involved in an improvement effort in the same way as the supervisee. Furthermore, the feedback from

the teacher gives the supervisor a chance to decide on what practices to continue, revise, or change when working with the teacher in the future (Glickman et al., 2010). It is a means of self improvement for the supervisor. It is the time when the supervisor assesses the nature of communication during conference, the effectiveness of the strategies used, the role of the teacher. In sum, to make the observation scheme successful and beneficial for the teachers, the observers need to be qualified trainers who know what to look for, how to provide effective feedback and how to keep the subjectivity factor to a minimum. Moreover, observation needs to be a “nonjudgmental description of classroom events that can be analyzed and given interpretation in feedback discussions which are integral to teacher professional development

2.7. Prospects of Clinical Supervision in the Educational System.

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

2.7.1. Clinical supervision modifies the relationship between teachers and supervisors

When educational guides imposed teaching methods to teachers, influenced by the principles of scientific management, they could discover educational rules and find the best educational methods, leading to supervision over their performance by skilled teachers. Consequently, rigid and autocratic relationship between teachers and educational guide was

replaced by a scientific and logical relationship. Because according to respective scientific rules, neither teachers nor supervisors were superior. The duty of an educational guide is to keep teachers meeting respective standards using various methods

Attitude of teachers and supervisors toward supervision must be an applied and practical one and the educational supervisor must exchange certain subjects with teachers theoretically, aiming at improvement of method of teaching and class administration and in return, the teachers must learn the said subjects, but, they don't practice the same either; and only force and energy are spent in this regard. The responsibility of supervisors is to make certain changes in manner of practice of teachers and they mustn't leave teachers alone until they don't reach this stage (Soltani- 2004).

2.7.2. Clinical supervision is a designation of professional characteristics of teachers.

One of other results of the said theory in education was to designate professional characteristics of teachers. The said characteristics were designated and compiled precisely within particular framework. According to the respective principles, educational guides must make teachers become familiar with details of their work and teaching methods in particular and provide them with required means for achievement of desirable results. The evident result of scientific guidance and supervision in education was to create required motivation for achievement of desirable educational results. Educational guides must lead teachers according to fresh scientific standards and achieve desirable educational results through encouragement of teachers in various forms such as payment of bonus, promotion, encouragement, social respect and assistance with their professional progress.

Extension of self-reliance and independence in work for teachers is among fundamental steps, taken for realization of this great goal. Orientation with application of modern phenomena at schools such as computer, using educational software, learning new expert knowledge and hire of modern educational methods all provide suitable grounds for professional growth of teachers. Acquiring fresh experiences and knowledge, which gives fresh abilities and initiative to teachers, is necessary and significant for promotion of efficiency among teachers, but it is so valuable in change of personality of teachers and

raising spirits and motivation among teachers and for their scientific and occupational promotion (Niknami- 2011).

2.7.3. Clinical supervision is a discovery and innovation of better teaching methods

Another great change, influenced by fresh concepts of educational guidance and supervision was governance of scientific atmosphere over education, i.e. governance of educational atmosphere i.e. the effect of scientific findings on its various dimensions and components. Earlier governing attitude over educational issues was based on personal experiences and on administration systems, which have been established by distinguished individuals. Simultaneously, fresh methods have been innovated for assessment and evaluation of educational activities of students, aiming at modification of general educational rules and old patterns. The element for determining and choosing educational methods was results of scientific researches not thoughts and views of responsible persons, which has been established on experimental rules to great extent (Losio and McNeil- 1969).

In this method, teachers and students become resistant against the elements leading to drop of quality of education and teaching. It means that an educational supervisor offers certain recommendations, teachings and briefing sessions in order to maintain and to promote awareness of teachers and students. However, an educational supervisor doesn't prevent direct relation. Instead, prevention is materialized through correction of structures. For example, one of the elements that cause drop of learning quality is manner of class administration. Preventing indiscipline and undesirable class environment, the educational supervisor must compile certain instructions in advance and notify the said instructions to teachers in order to prevent probable problems in the future. Thus, the educational supervisors must note that it is not their duty to wait for problems to occur; instead, they must prevent probable educational problems before such problems occur. Sometimes, a simple preventive measure shall prevent occurrence of serious educational problems in the future, (Matra Ebrahim, 2013).

2.8. Advantage and Benefits of Clinical Supervision

Clinical supervision is highly regarded by some people because of its advantages and benefits surrounding instruction, collegiality and overall school success. Clinical supervision

a model of supervision that is interactive, democratic rather than directive, democratic rather than authoritarian, and teacher-centered rather than supervisor-centered if it is employed as its creators have outlined. The Clinical Supervision Model's greatest advantage or benefit is its potential to improve the instructional techniques of new educators and those educators already in classrooms. The model allows for the advantage of having supervisors and teachers come together to generate discussion and movement towards improved instruction in the classroom.

Clinical supervision is a method of supervision whereby the supervisor is involved with the teacher in a close, "helping, relationship". Essentially, clinical supervision in education evolves a teacher receiving information from a colleague who has observed the teacher's performance and who serves as both a mirror and a sounding board to enable the teacher critically examine and possibly alter his or her own professional practice, (Dessalegn 2012). Within the context of such supervision, ideas are shared and help is given in order to improve the teacher's ability through the analysis of objective data that is collected during the observation. Although Clinical supervision is used almost in all levels of school of thought, it is increasingly used and successfully too by mentor teachers, peer coaches, and teacher colleagues who believe that a fresh perspective will help to improve classroom success.

However to make this model of supervision work, supervisors must be willing to spend considerable time working with individual teachers on classroom problems or issues that the teachers themselves have identified and about which they want more information. In doing so, the supervisor must have better planning, data-collecting and good analysis of same, and then human relations skills to boost his/her efforts. (Million2010). According to CalveryHealthy Care (2013) the benefits of clinical supervision for supervisor, supervisee (teachers) and for organizations as follow:

2.8.1. Benefits of clinical supervision for the supervisee

Clinical supervision gives benefits for teachers: feel supported, experience less stress, burnout and sickness absence, develop personally, be less inclined to leave their profession notice an increase in their confidence, feel less isolated, develop their clinical competence

and knowledge base. It helps teachers to modify existing patterns of teaching in way that make sense to the teachers and in way that support agreed up on contents or teaching standards,(Sargiovanni 2007).

2.8.2. Benefits of clinical supervision to clinical supervisors

Clinical supervision enables teachers to take the emotional load of caring and have it acknowledged and worked through. It provides a place where personal awareness and self esteem can be increased and where areas of practice which may be hindering the clinician can be explored. Clinical supervision allows an exchange between practicing professionals which may promote debate, challenge existing thinking and generate solutions to problems in practice. in addition, it enhances and informs personal and professional development and may ultimately lead to an engagement in life-long learning and it encourages safe, reflective practice where the clinician is more aware and sensitive to the patients needs, Calvary Health Care (2013).

2.8.3. Benefits of clinical supervision to the organization or schools.

Clinical supervision aims to motivate, while being client-centered and focused on safeguarding standards of client care. Organizations also benefit from: improved service delivery through the use of evaluation systems, new learning opportunities, improved staff recruitment and retention, improved efficiency and effectiveness. Clinical supervision is also important as a tool to support you with elements of clinical governance in the following ways: Quality improvement, risk management and performance management and systems of accountability and responsibility.

Effective supervisors observe mentor, coach, evaluate, inspire and create an atmosphere that promotes self-motivation, learning and professional development” (CSAT, 2007,). Also, supervision can improve teachers’ outcomes (Carroll, Ball, Nich, Martino, Frankforter, Farentinos, et al., 2006). Finally, supervision increases staff members’ sensitivity and responsiveness to diversity issues among staff, with clients, and between staff and clients.

2.8.4. Professional development benefits

Quality clinical supervision has been shown to increase staff retention through professional skills development and increased competency (Bernard & Goodyear, 2004). Supervision provides the forum for expanding current clinical practices; intellectual stimulation, emotional support, and improvement in critical thinking (see CSAT, 2007). Supervision is part of an organization's career ladder, as it supports staff in obtaining and maintaining professional credentials. It also provides information and guidance about key contextual factors that may influence their work performance such as culture, lifestyles, and beliefs.

2.8.5. Administrative benefits

Clinical supervision enables organizations to measure the quality of services. It ensures that employees follow agency policies and procedures and comply with regulatory accreditation standards while promoting the mission, values, and goals of the organization. Supervision provides administrators with tools to evaluate job performance, maintain communication between administrators and counselors, facilitate conflict resolution, and hold personnel accountable for quality job performance. Clinical supervision is a risk-management tool that increases an organization's ability to respond to risk, thereby reducing overall liability. It also addresses human resource issues, including staff satisfaction and retention of personnel. Finally, supervision provides marketing benefits by improving the overall reputation of the agency in the community and among other service providers.

2.8.6. Program evaluation and research benefits

Implementation of program evaluation and/or research is often misunderstood by counselors and viewed as more work that is unrelated to quality client care. Supervision can mediate in this area by providing staff with the rationale for the initiative, connecting it to client outcomes, and communicating achievements and challenges to the evaluators. Clinical supervision can also provide the mechanism for data gathering and information retrieval in support of the new projects and programmatic innovations.

2.8.7. Clinical services benefits

The goal of clinical supervision is to continuously improve quality client care. Supervision by trained and qualified supervisors helps staff understand and respond more effectively to all types of clinical situations and prevent clinical crises from escalating. It specifically addresses assessment, case conceptualization, treatment strategies, and discharge planning. Supervision aids in addressing the unique needs of each client. It provides a mechanism to ensure that clinical directives are followed and facilitates the implementation and improvement of evidence-based practices (EBPs). “Quality supervision will become a major factor in determining the degree to which EBPs are adopted in community settings” (CSAT, 2007,). Clinical supervision also enhances the cultural competence of an organization by consistently maintaining a multicultural perspective. “Supervision encourages supervisees to examine their views regarding culture, race, values, religion, gender, sexual orientation, and potential biases” (CSAT, 2007,)

2.8.8. Workforce development benefits

Supervision by trained and qualified supervisors is an essential tool in the recruitment and retention of personnel, as counselors often rate training and development as critical factors in their selection of employment. In addition, supervision has been shown to improve staff morale and motivation by making staff feels valued and appreciated (Bernard & Goodyear, 2004). It also assists in promoting counselor wellness, and promotes the overall development of the substance abuse treatment field by upgrading the credentials, knowledge, skills, and attitudes of personnel.

2.9. Responsibilities of Supervisors and Supervisees as Clinical Supervisors

It should be noted from the outset that the supervisor and supervisee should understand and maintain within their supervision the following responsibilities:

Supervisor: Establish a safe environment, explore and clarify thinking, give clear feedback, share information, experience and skills, confront personal and professional blocks, be aware of organizational contracts, respect confidentiality, unless disclosures conflict the law or professional code of conduct, keep a record that supervision has taken place. The supervisor will keep such notes as deemed appropriate and share them with the supervisee.

Supervisee: Initiation and organization of their own personal, professional and practice development and relevant supervision arrangements. Awareness of their professional codes of conduct and competencies, where relevant, identification of practice issues for exploring and improvement of practice, preparation of any materials that might be needed for the session.

Exploration of interventions which are useful, be open to feedback and develop an ability to use this constructively, accountable for his/her work and informing their manager and clinical supervisor of any difficulties, ensure that they fulfill their supervision contract with their clinical supervisor, Keep their manager informed of their clinical supervision arrangements keep notes on the outcome of each session and record when it has taken place. Examples of some of the shared responsibilities in clinical supervision are: Arranging when and where the next meeting will take place, preparing for clinical supervision so time is used effectively, determining the frequency and duration of clinical supervision. Maintaining confidentiality for what goes on in a meeting, periodically reviewing the effectiveness of clinical supervision, knowing the boundaries of clinical supervision in relation to the organizational policy. Calvery Health Care (2013)

2.10. Challenges of Implementing Clinical Supervisory Approaches

As Gordon (1992) stated that earlier in this work, the skills of the supervisor were identified, that clinical supervision has not achieved the expected acceptance because of the supervision lack of ability to perform his or her role effectively. The model assumes that the supervisor is fully capable of fulfilling this role. Gordon speaks of the lack of ability during the stage of face-to-face interaction. At the pre-conference, the supervisor is to make a specific verbal contract regarding what precisely will be observed and the type of data that will be collected. It is here omissions and communication breakdowns occur. The hierarchical relationship between supervisor and teacher is difficult to ignore in the supervision process and can negatively affect the teacher's development. Not only would training of supervisors take time, the process of clinical supervision itself also requires time the teachers will help improve the quality of instruction.

Hilo (1987) explored the perceptions of secondary school teachers for the actual and ideal supervisory practices. The study showed that there was general agreement among teachers that the actual supervisory practices were not being performed by supervisors to the preferred performance, and that they should be performed more frequently than they were actually practiced. There were significant differences between the actual and preferred supervisory practices among the perceptions of teachers. In addition, there was general agreement among the perceptions of teachers that supervisory practices should be performed often or always by supervisors except for the supervisory activity, reflecting an image of their superiority over the teachers.

Clinical supervision is the service provided to help teachers in order to facilitate their own professional development so that the goals of the school might be better attained. However, there are several factors which tend to militate against effective supervision of instruction in schools. Among the challenges, the following can be mentioned.

2.10.1. Limitations of strategies for implementing clinical supervisory approaches

The model assumes that improving education at schools can be achieved only through intervention into the behaviors of teachers in classrooms. The model ignores the other important factors that contribute to the quality of life in schools. These factors must be taken into account in the strategies employed to supervise teachers. Clinical supervision is a powerful way to provide formative evaluative feedback to classroom teachers. The model may be used only when teachers and supervisors share a fundamental respect for each other. Clinical supervision, as Daresh and Playko (1995) stated, will not cure all of the current ills of instruction, however, it offers some very useful strategies for the improvement of the supervisory practice.

The need for discussing the lesson observed by the teacher and the supervisor is also seen as vital. Classroom observation appears to work best if set in a cycle of preparation, observation and feedback, hence the need for the supervisor and supervisee to work hand in hand before and even after the observation process. In doing all these, teachers must feel that the supervisor is there to serve them and to help them become more effective (Lilian, 2007). Various activities push teachers to perceive supervision in negative aspect. In line with this,

researches by (UNESCO, 2007) pointed that, bitter complaints about supervisor's work further include irregular and bad planning of visits, not enough time spent in the classrooms and irrelevant advice. All this does not mean that teachers do not recognize the positive effects of supervisory work but rather that, in their opinion, the problem with supervisors is mainly an attitudinal one. In addition, teachers were also strongly dislike the classic fault finding approach and expect supervisors to treat them as professionals and take into account the specific realities of the school when providing advice.

Similarly Research has revealed on the area of instructional supervision in secondary schools of different regions and zones of our country have shown that, all of the studies examine supervisors' techniques, supervisory procedure, supervisory leadership style and skill, and major functions of supervision. The studies found that supervisory techniques, procedures and skill of supervisors are inefficient to improve the quality of teachers and the achievement of learners. Furthermore, supervisors are not putting the necessary effort in providing in-service training to enhance teachers' effectiveness (Chanyalew, 2005; Getachew, 2001; Million, 2010; and Desalegn, 2012), (Berehane 2014).

Evidence gathered from the study points to the fact that most of the teachers were aware of the basic aims of instructional supervision. They also appreciated the supervision process if it was done in the right manner and with the objective of improving the learning process and the promotion of teacher growth. Teachers preferred having supervision of instruction at least once or twice per term and most teachers regarding clinical supervision as a necessary activity in the learning process. To generalize, teachers' perception of clinical supervision is valuable to improve instruction. Since the objective of supervision is to improve teachers' competence, it is important to consider teachers perception of supervision as well as the schools and supervisors should have commitment and planned properly to implement this model of supervision.

2.10.2. Lack of adequate training on Clinical supervision

Supervisors need continuous and sufficient training to carry out their responsibility effectively. Training programs of supervisors aimed at providing necessary skills for supervisors and make them better equipped at doing their job. As, Alhammad cited in

(Abdulkareem, 2001), lack of training for supervisors, weak relationship between teachers and supervisors and lack of support for supervisors from higher offices affect the supervisory practice in the school. In line with this, (Merga, 2007) pointed out, lack of continuous training system for supervisors to up-date their educational knowledge and skills is obstacle of the practice of supervision. To conclude, training helps to improve the supervisor's performance by teaching the basic knowledge and technique demanded to do it. It also helps to develop the supervisor's capacity to fulfill new responsibilities arising from technical and other changes which might affect his supervisory approaches.

2.10.3. Teacher supervisory relationship

It is believed that the beginning teachers are to be closely supervised and helped by senior teachers. In line with this (Pajak, 2002) indicated that a good supervisor is one which is capable of communicating with his subordinate in order to provide necessary guidelines and assistance to them for professional improvement. In order to in use new ideas in the teaching-learning process, the supervisor is supposed to observe and communicate rapidly to see the effectiveness of the teachers. To minimize factors that affect clinical supervisory practice, supervisors better to make supervisory activities professional and they well communicate with teachers about the objective of clinical supervision to improve the teaching learning activities.

According to, (Beach and Reinhartz (2000) stated that a supervisor will not be able to carry out instructional evaluation effectively if he/she is not well qualified and trained in techniques of evaluation; a sound up date knowledge of the subject matter, a good organizing skill, and ready to accept teachers idea and interest. Scholars, (Danielson and McGreal, 2000) cited limited supervisors experience and a lack of skills as being problems in teacher supervision. He also reported that supervisors did not have enough training in providing constructive feedback while maintaining relationships. According to, Glickman et al. (2001), one of the most important factors that affect supervision effectiveness is the "un clarified, ambivalent relation of teachers to supervisors". He goes on to say that "... teachers as a whole saw the supervisors' job as to effectively bar himself from many areas of direct action with the teacher out of fear of arousing resentment and distrust".

In a study of supervisory behavior and teacher satisfaction Fraser (2000) found that most teachers preferred immediate discussions with their supervisors about the lessons observed. They also expected the supervisor to be caring, understanding and helpful. The relationship between the teacher and the supervisor was expected to be collegial rather than authoritarian. According to Fraser's (2000) assertion most of them indicated that they preferred immediate post instructional discussion. They revealed that this helped them to have a rough idea of what the supervision report would look like. They also added that during this discussion session, weak and strong points of the lesson were highlighted. Teachers also said they welcomed constructive criticism from the supervisor as it helped them to improve on their teaching methods.

2.10.4. Perception of teachers' towards clinical supervision

Supervision of instruction involves "motivating the teacher to explore new instructional strategies". The teacher must be made aware of the educational goals and standards to be implemented. The observer must be objective during the observation process and maintain confidentiality. It is also important for the observer to provide positive feedback and appropriate resources for the teacher to utilize. Classroom observation or supervision is seen as a way of gathering information for appraisal purposes. In this way, classroom supervision also improves the quality of children's education by improving the teacher's effectiveness.

The majority of teachers preferred to be notified about the classroom visits as a formality so that the teacher would be aware that the supervisor would be coming in period 2 or 3 to observe the lesson. This finding tallies with Glickman et al. (2001) who observed that it is important to create conditions that will make the teacher comfortable during the supervision process. For example, where the supervisor and the supervisee have cordial relations, there are high chances of the teacher feeling comfortable during the supervision process. It is also argued that where the teachers are aware of the roles of supervision for their professional development, they are likely to view the classroom observations positively, but where the teachers' views on supervision are negative, it is most likely that the teacher may view observations as the platform for the supervisor to attack him/her (Sergiovanni and Starratt, 2002)

Clinical supervision involves several phases which range from the initial planning through to the conference phase. According to Cogan cited in Reepen and Barr (2010) clinical supervision will require the supervisor to sit down with the teacher and help him/her plan the lesson to be supervised. However, findings from this study revealed that the majority of the respondents did not want the supervisors' inputs in lesson planning as happened in clinical supervision. This was more evident with the experienced teachers who felt that they must be left to do what they knew. These teachers indicated that there was no need for the supervisor to help them plan the lesson to be observed. Only a few untrained teachers indicated that they would welcome the help from the supervisor in planning the lesson.

2.10.5. Lack of personal commitment of teachers and school leaders

This model requires considerable time, which usually is not available for both teachers and supervisors and causes teachers who practice it to feel isolated from the other teachers of the school and set them aside by treating them in a special way. It needs highly motivated teacher to go through this long process also not every teacher, even good teachers, are having the motivation to do so. In addition to this model needs a certain level of intelligence, creativity, and openness that enable the teacher to reflect on and analyze his or her teaching. On the supervisor's part, this model requires highly sophisticated skills in observing and analyzing behaviors. It also needs creativity and skills in communicating ideas with teachers.

2.10.6. Supervisee Resistance

Implicit in the definition of supervision is an ongoing relationship between supervisor and supervisee; the supervisee's acquisition of professional role identity; and, the supervisor's evaluation of the supervisee's performance (Bernard & Goodyear, 1992; Bradley, 1989). Although the goal of helping the supervisee develop into an effective counselor may appear simple, it can be an anxiety-provoking experience. Supervision-induced anxiety causes supervisees to respond in a variety of ways, with some of the responses being defensive. It is these defensive behaviors, which serve the purpose of reducing anxiety that are referred to as resistance.

Although the purpose of this Digest is to describe supervisee resistance and identify ways to counteract it, we want to stress that supervisee resistance is common. While resistance can be disruptive and annoying, the supervisor must keep in mind that resistance is not synonymous with "bad person" or "bad behavior." Instead, resistance occurs because of the dynamics of the supervision process and, in fact, can be an appropriate response to supervision (e.g., supervisor conducting therapy instead of supervision). In other instances, resistance is a response to anxiety whereby it becomes the supervisor's role to deal with anxiety so that the need for resistance will be reduced or perhaps eliminated. The fact that supervision has an evaluative component can provoke anxiety because a negative evaluation by a supervisor may result in dismissal and/or failure to receive necessary recommendations. Supervisee resistance also may result from the supervisor failing to integrate multicultural information into the supervision sessions. Regardless of form, resistant behaviors are coping mechanisms intended to reduce anxiety.

2.10.7. Counteracting Resistance

Although resistance is a common occurrence in supervision, counteract resistance is not simple. Two major factors influence methods used for counteracting resistance. First, the relationship is critical. A positive supervisory relationship grounded by trust, respect, rapport, and empathy is essential for counteracting resistance (Borders, 1989; Mueller & Kell, 1972). The second factor in counteracting resistance is the way the supervisory relationship is viewed. Supervisors viewing the relationship as the focal point in supervision usually advocate full exploration of conflicts. In contrast, supervisors viewing therapeutic work as the primary supervisory focus advocate a more limited exploration of conflicts.

First, she stated the focus should be on identifying the source of anxiety (or threat). Next, the focus should be on brainstorming to locate appropriate coping strategies for dealing with the conflict. The simplest way to cope with supervisee resistance exhibited in games is to refuse to play, it is more effective to share awareness of game-playing with the supervisee and focus on the disadvantages inherent in game-playing rather than on the dynamics of the supervisee's behavior.

Bauman (1972) discussed several techniques for managing supervisee resistance. Interpretation, the most direct confrontation, includes describing and interpreting the supervisee's resistance. Although giving less feedback is also a form of direct confrontation. Clarification uses restatement to aid the supervisee in understanding his/her behavior. Generalizing resistance to other settings takes the focus away from the supervisory relationship and helps the supervisee recognize his/her maladaptive behaviors. Ignoring resistance is recommended only if the behavior can be eliminated without confrontation. Bauman noted that the success of a technique is dependent on the personalities of supervisor and supervisee and on the interaction between them. If confrontation is deemed inappropriate, Masters (1992) suggested positive reframing for reducing resistance. Positive reframing includes: empowering the supervisee, increasing the supervisee's self-esteem, and modeling effective methods of coping with thoughts, feelings, and behaviors.

Generally, to summarize the review literature, many scholars have studied the topic of supervision in recent years, and they came to the conclusion that no unified model of supervision has been developed. Having analyzed several models in this review, it can be stated that a synthesis of different types and styles of supervision, such as clinical, collaborative, developmental, and self-directed can provide a firm ground for effective instruction. Supervision can also ensure the personal and professional development of teachers. Professional development is dependent on the appropriate supervision approach, and can benefit from it.

Inspectorial supervision proved to be ineffective in past decades. Conversely, supervision is viewed as a collaborative process between the supervisors and teachers, teachers and administrators need to join in an effort to achieve the best results in teacher professional growth. Effective supervisors have to ensure a constructive atmosphere during the supervisory process, allow teachers to choose the appropriate model or combination of different types, and value the professional dialogue that occurs. Supervisors can utilize a variety of approaches to evaluate and improve teachers' performance. Along with traditional models of supervision, alternative approaches proved to be very successful in professional growth and development of teachers.

The majority of techniques at present can be referred to as collaborative in nature. They emphasize collegiality and mutual help and interaction of teachers eager to instructionally and professionally improve and develop. Collaborative supervision is premised on participation by equals in making instructional decisions. Teacher's level of development or experience must also be considered in order to provide appropriate approaches. Individual professional needs of the teachers should guide the choice of supervisory practices. Beginning and experienced teachers should be treated with the proper approaches. It is supervisor's responsibility to facilitate the professional growth by analyzing needs of each individual through cooperative communication with them. The supervisor's role is to know where teachers are in the continuum of professional development and to provide the right framework and accountability for their growth.

Supervisors and teachers need to work as a team of professionals being conscious of the goal of supervision, which is the improvement of learning and classroom instruction. Supervision has to be the "glue", that holds the school together, that is a joint, collaborative effort between the teachers and supervisors. Such a foundation should result in staff development that promotes school improvement, a school climate and culture supportive of change, and individual and institutional professional learning. The instructional supervision of teachers can and should be an important component of an effective, comprehensive teacher professional development program.

In a recent study (Alhammad, 2000) Alhammad surveyed the obstacles of the clinical supervisory practice. They are lack of trust between teachers and supervisors, the supervisor's high load of teachers, lack of training for supervisors, lack of support for supervisors from the higher offices, weak relationship between teachers and supervisors, lack of cooperation from principals, the supervisors being engaged of office and paper work, lack of information resources, supervisors are not current, emphasizing the classroom visit as the only practice of supervision, the incompetency of some supervisors and lack of understanding of the modern concept of supervision, from both some teachers and some supervisors. The genesis of supervision and the practice of many supervisors tied its concept to classroom visits and evaluation. It is too difficult to separate supervision from these two

practices, not only in the minds of teachers, but also, for the worse, in the minds of many supervisors.

To sum up, clinical supervision is necessary to train new clinical social workers. The supervisor must approach the process with a great deal of experience and understanding about what the teachers need to learn. The supervisors and teachers should take responsibility for his or her long-term goals and needs during practice clinical supervision. The supervisee and supervisor need to develop a trusting relationship that enhances the ability of the supervisee to develop and improve clinical skills to deliver good care to clients. With the help of an experienced supervisor, the supervision process can be a challenging growing process for the supervisee and rewarding for the supervisor, the impeding factors of supervisory activities believed to be reduced by making supervisory activities professional, well financed and communicated by creating awareness on teachers and supervisors about the objective of school based supervision which is a device to help teachers to improve the teaching learning activities.

3. RESEARCH DESIGN AND METHODOLOGY

The purpose of this study was to assess the challenges and prospects of implementing clinical supervisory approaches in some selected secondary schools of Western Hararge Zone. To this effect, the method of the research, source of data, sample drawn from the population and sampling techniques, instruments and procedures of data collection, and method of data analysis are stated here under.

3.1. Description of the Research Site

West Harerge Zone is bordered on the south by the Shebelle River which separates it from Bale Zone, on the southwest by Arsi Zone, on the Northwest by the Afar region, on the North by the Somali region and on the east by East Hararghe Zone. Its Zonal town is known as Chiro which is located at about 320 km from Addis Ababa. The zone is divided into 14 Woredas and two Town Administrations namely Chiro and Bedessa. There are 34 first cycle government secondary schools and 12 upper secondary (preparatory) schools. also number of teachers male 672 females 144 total 816 of secondary schools and male 212 female 14 total 226 of preparatory schools teachers are accomplish learning and teaching processes For the sake of uniformity, the study was conducted on the first cycle secondary (only composing grades nine and ten) schools.

3.2. Research Design

Descriptive survey study design was employed to get the intended outcome quantitative and qualitative data. Descriptive survey is preferred over other methods as it enables of to make investigations with narration of events, comparison, and drawing conclusion based on the information obtained from relatively large and representative samples the large population. Parkash (2005) describes that, a survey research is important to collect detailed descriptions for existing phenomenon with intents of employing the data to justify current conditions and practices or to make more intelligent plan for improving social, economic and educational conditions processes. According to him, existing status, methods and means of improving status can be addressed in the survey studies.

A survey research is important to deal with the incidence, distribution and relationship of educational variables in their natural setting. The research was conducted in six selected government secondary schools of Western Harargeh Zone. The subject of the study was Grade nine and ten teachers, principals and secondary school supervisors from these six secondary schools. The instrument was used for the data collection are questionnaires, interview and documents that both qualitative and quantitative approaches were employed for analysis.

3.3. Source of Data

The primary and secondary data gathering sources were used.

3.3.1 Primary data source

To obtain reliable and objective information data were collected from various sources and efforts were made to cross check the reliability of collected data. For this purpose primary data was collected from teachers, principals and supervisors.

3.3.2 Secondary data sources.

The secondary data was obtained thorough document analysis of the school that was document related to classroom observation, checklist of school supervision and some recorded reports like teacher's portfolio and the given feedback was analyzed.

3.4. Population, Sample Size and Sampling Techniques

3.4.1. Population of the study

According to Western Haregeh Education Department statistical report of 2007 E.C, in Western Hararghe Administrate Zone, there are 34 secondary schools and 12 preparatory schools. The number of teachers, male 672 and females, 144 total 816 of secondary schools' teachers and the number of preparatory schools' teachers are male, 212 and female, 14 total 226. All the 16 woredas of the Western HarergehZone are population of this study. From the 16 woredas, 6woredasnamely, DaroLebu, Gemechis, ChiroTown Administration, Tulo, Mieso and Boke woredas were selected a sa sample. In these selected woredas, there are 15 secondary schools; from the 15 secondary schools 6secondary schools

namely, Mechara Secondary School, Barkume Secondary School, Chercher Secondary School, Hirna secondary School, Mieso Secondary School and Boke Tiko Secondary school were taken as the sample. The number of teachers in these selected schools is male, 206 and females, 52 total 258 were population of this study; in addition to this, principal, department head teachers and school supervisors are the population of the study.

3.4.2. Sample size

The samples of this study are 88 secondary school teachers, 24 department head teachers 12 secondary school principals which means (6principal and 6 vice principals), 6 secondary supervisors were selected.

Table 1: Population and Sample Size

Roll Number	Population	Total number	Simple size	%
1	Woredas	16	6	37.7
2	Secondary Schools (9-10)	15	6	40
3	Principals	12	12	100
4	Supervisors	6	6	100
5	Department Head Teachers	24	24	100
6	Teachers	258	88	34.4
	Total	331	147	44.4

3.4.3. Sampling technique

Western Harargeh Administration Zone is categorized in to three clusters areas that each of two clusters has five woredas and one cluster has six woredas. Form 16 woredas, by simple random sampling technique 6woredaswere taken as sample. In the 6 selected woredas 15 schools were stratified in to two groups that the schools which has above 15 years of services and the number of teaching staffs are above 30 stratified in one group which are 7 in number and the second group schools which have blow 15 years of service and their number of teaching staff are 30 or less than 30 which are 8 in number. From each group 3 schools total 6 schools were selected as a sample by simple lottery method. This is used for collecting appropriate data from each sample. For teachers, by using simple random sampling technique out of 258 teachers, 88 were selected as a sample. Supervisors, principals and department head teachers were selected by available sampling technique.

Table 2: The Distribution of Sample Size and Sampling Technique

Name of S/Schools	Teachers			Department Heads			Principals/vice Principals			Supervisors			Total		
	Population	Sample	%	Population	Sample	%	Population	Sample	%	Population	Sample	%	Population	Sample	%
Mechara	36	12	33	4	4	100	2	2	100	1	1	100	43	19	41.8
Barkume	30	10	33	4	4	100	2	2	100	1	1	100	37	17	45.9
Cher Cher	77	27	35	4	4	100	2	2	100	1	1	100	84	34	40.4
Hirna	61	20	32.7	4	4	100	2	2	100	1	1	100	68	27	39.7
BokeTiko	29	11	34	4	4	100	2	2	100	1	1	100	36	18	50
Mieso	25	8	32	4	4	100	2	2	100	1	1	100	32	15	46.8
Total	266	88	33	24	24	100	12	12	100	6	6	100	308	129	41.8
Sampling Technique	Simple Random Sampling			Availability			Availability			Availability			Simple Random Sampling and Availability		

Source: West Harargeh Zone Education Department, (2007)

3.5. Data Collection Instruments

3.5.1. Questionnaire

Questionnaires is one of the major tools used for data collecting instrument in the study. By constructing appropriate questionnaires closed and open ended the data was collected from secondary school teachers and school leaders (department head teachers, principals and supervisors) to elicit information concerning challenges and prospects of implementing clinical supervisory approaches in the secondary schools. Questionnaire is believed better to get large amount of data from large number of respondents in a relatively shorter time with minimum cost. Hence, before distributing the questionnaires all questionnaires were critically commented and examined by advisors and instructors of Department of Educational Planning and Managements of Haramaya University. Based the given comments sequences of the items, vague questions, and confusing items were modified and restructured to make the questionnaires clear and ready for the final study.

The questionnaires were prepared in English language and administered to all schools principals department head teachers and teacher participants with the assumption that they

can understand the language. Questionnaires were structured with closed and open ended type. Accordingly, 5 point likert scale (1=SD-strongly disagree, 2=D- disagree,3= U- undecided, 4=A- agree and 5= SA- strongly agree)items were prepared for respondents. Because it helps the researcher to know respondent's feeling. In addition, it helps the respondents to choose one option from the given scales that best aligns with their views. In addition to this, open-ended questionnaires were employed in order to give opportunity to express their feelings, perceptions, problems and intensions related to the challenges and prospects to implementing clinical supervisory approaches in the secondary schools.

The pilot test versions of about challenges and prospects of implementing clinical supervisory approach in secondary schools were carried out on 16 teachers of Oda Bultum secondary school 2 principals of Oda Bultum and 1 principal and 1 supervisor of Bedessa Secondary School. The pilot test provided an advance opportunity for the investigator to check the questionnaires and to minimize errors due to improper design of instruments, such as problem of wording or sequence (Adams et al., 2007). Additionally, the reliability of the instrument was measured by using a Cronbach alpha test. A reliability test was performed to check the consistency and accuracy of the measurement scales. As explained by Drost(2004), if the result of Cronbach's coefficient alpha is 0.7 and above it is considered to be satisfactory, indicating questions in each construct are measuring a similar concept.

In addition the researcher was assessing which of the questions are more relevant and which shall be reformulated to direct the work. Finally, taking in to account the suggestions from the respondents to the questionnaire will modify. In the main study, the procedure was followed to collect the data was similar to that of pilot study. Reliability and validity was established for the standardization of instrument to be used in research. Reliability is measures of consistency scores obtain. Focus is on how consistent the score are for each respondent from one administration of an instrument to another and from one set of item to another. The goal of developing reliable instrument is to minimize the influence of or other unrelated to the intent of the measures. The reliability of questionnaires of this study was chanced determine via test re-tests procedures. Validity was the extent to which inferences make based on scores from instruments are appropriate, meaningful and useful. The validity of instruments refers to the extent to which the instrument measures what it was intended to

measure.

3.5.2. Interview guide

In qualitative study, interview is one of the major tools used for data collecting. In this study, interview was undertaken in the form of person to person encounter using semi-structured questions enabling respondents to address matters in their own term and words. Therefore, in this study, in order to get view and opinion about practice and challenges of implementing clinical supervisory approaches interview were prepared for principals and supervisors by the researcher. The selection basis their position to effectively describe the reality in the study area and they can have detailed information about the practices and challenges of implementing clinical supervision. Semi structured interview items were prepared for the purpose of cross checking the result of the questionnaires.

The process of interview was conducted in Afan Oromo language and supported audio (tape recorders) in order to minimize losses of audio information and the recorded data was categorized based on similarities of responses then transcribe in to English languages. Finally, the collected data were summarize and analyzed.

3.5.3. Documents analysis

This instrument is another method of data collections that the researcher has used to dig out additional information from the school's document that regarding schools supervision and teacher perspectives towards implementing clinical supervision. The document was assessed for this purpose were the two years documents (2006-2007) based procedures of implementing clinical supervision, feedback given for teachers, recorded files like teachers' portfolio and checklist items for supervision services.

3.6. Procedure of data Collection

After reassign available literature on issue related to the research problem, the researcher established the basic research questions. Based on that basic research questions the data collection instruments were decided next to sample selections. Then, pilot test was conducted in the schools that are out of sample in order to check the reliability and validity of the questionnaires and data was collected.

3.7. Method of Data Analysis

After collecting all necessary data, the data edited and reduced at first tabulated and processed separately from each item in a way appropriate to answer the research questions. Hence, the data collected through close-ended questionnaires were analyzed qualitatively. Descriptive statistics such as frequency counts, means, standard deviations, and percentages were used to analyzing quantitative data. This is because it was simple and everybody could understand the results presented by parentage. In the same way the data collected from interviews and open-ended questionnaires were analyzed qualitatively using the direct and summarized words of the subject of the study. Similarly, the data collected from schools were narrated, described, stated and interpreted by the researcher. The SPSS computer version 20 software packages were used for further interpretation of the data. The t-test was used to determine whether or not exist a statically significant deference between two groups of respondent. This statistical test was chosen since the two groups (school leaders and teachers) independent.

3.8. Ethical Considerations

Research ethics refers to the type of agreement that the researcher enters into with his or her research participant. The researcher has to see the consent of that his/her is going to interview, observation or see materials from. Moreover he/she has to reach agreements with them about the use of the data and how its analysis were reported and disseminated. According to Bell (2000), the condition for ethical research in practice is that all participants are offered the opportunity to remain anonymous, all information is treated with firm confidentiality and interviews have the opportunity to verify statements. For this study, ethical code in terms of data collection, data analysis and findings are confronted.

To this regard, the researcher contacted the principals of the school personally in order to ask for permission to administer the three research tools. To get adequate information on the purpose of the research, the procedures followed and the use of the results were given to each respondent. The information from respondents was regarded as confidential and anonymity guaranteed. The respondent was given full assurance that the findings of the study would be use strictly for academic purpose

4. RESULT S AND DISCUSSION

This section deals with presentation and discussion of the data obtained from questionnaires, interview and document analysis. The section divided in to five parts. The first part present and deals with the characteristics of respondent in respective of the sex, age, academic qualification and level of work experience. The second part discusses about the analysis of data which was collected from the respondent on the presentation of teachers on implementing clinical supervisory approaches in the secondary schools. The third part of the section presents the analysis of to what to clinical supervisory approaches practice being implemented in the secondary schools. The fourth part of the section presents the analysis of the major challenges that affect the secondary supervisors while implementing clinical supervisory approaches. The fifth and the last part of the section the innovative mechanisms through which effective implementation of clinical supervisory approaches in place. Thus, the qualitative and the quantitative analysis of data were incorporate into this chapter.

The participants involved in the responding to the questionnaire where from the two groups of 127 respondents. That is from 88 teachers 85 (96.59%) of the teachers and 42(100%) school leaders, totally out of 130 respondents 127(97.69%) respondents have filled and returned the questionnaire; in addition 6 secondary school principals and 6 secondary school supervisors were interviewed.

4.1Demographic Characteristics of the Respondents and Analysis of the Major Findings

This section provides some basic information pertaining to sample population that helps to know the overall information of the respondents with the assumption that it might have some kind of relationship shed light on the school challenges and prospects of implementing clinical supervisory approaches in the secondary school studies. In addition, this part of the study is devoted to the presentation, analysis, and discussion of the data obtained from various groups of respondents in relation to the Challenges and Prospects Implementing Clinical Supervisory Approaches in Secondary Schools of West Harargeh Zone. Teachers and school leaders responded to open-ended and closed-ended. The closed-ended questionnaires were responded to and resulting answers interpreted in terms of the frequency, percentage, and mean scores. t-test was also computed to test the significant

difference between the responses of the two groups of respondents; (the school leaders and teachers). Item scores for each category were arranged under five rating scales. The range of rating scales were ≤ 1.49 = strongly disagree, $1.5 - 2.49$ = Disagree, $2.5 - 3.49$ = undecided, $3.5 - 4.49$ = Agree, ≥ 4.5 = strongly agree, in categorizing the rating scales, the frequency and percentage.

Mean scores were also calculated for certain responses. As a result, the analyzed data with a mean value below 2.49 were rated as lower performance in their level of application; mean values from 2.50 to 3.49 were rated as moderate performance and mean value from 3.50 to 5.00 were labeled in the category of high performance. Finally, the data obtained from the interview sessions and document analysis were presented and analyzed qualitatively to substantiate the data collected through the questionnaires and to validate the findings of the study. Accordingly the characteristics of the study groups were examined in terms of sex, age qualification and work experience. The summary of data was presented in table 3 here under.

Table 3 Characteristics of the Respondent.

No	Characteristics	Respondents						
		Teachers		School Leaders		Total		
		NO	%	NO	%	NO	%	
1	Sex	Male	63	74.1	37	88.1	100	78.7
		Female	22	25.9	5	11.9	27	21.3
		Total	85	100	42	100	127	100
2	Age	20-25	19	22.4	6	14.3	25	19.7
		26-30	25	29.4	17	40.5	42	33.1
		31-35	20	23.5	11	26.2	31	24.4
		36and above	21	24.47	8	19	29	22.8
		Total	85	100	42	100	127	100
3	Qualification	BA Degree	46	54.1	10	23.8	56	44.1
		BED Degree	35	41.2	30	71.4	65	51.2
		MA/MSc Degree	4	4.7	2	4.8	6	4.7
		Total	85	100	42	100	127	100
4	Work Experience	1-5	12	14.1	3	7.1	15	11.8
		6-10	22	25.9	12	28.6	34	26.8
		11-15	13	15.5	7	16.7	20	15.7
		16-20	23	27.1	7	16.7	30	23.6
		21 and above	15	17.6	13	31	28	22
		Total	85	100	42	100	127	100

As can be seen in Table 3, item 1, 22 (25.9%) secondary school teachers were female and 63 (74.1%) secondary school teachers were male. The same item portrays that 5 (11.9%) of leaders were females whereas males comprise only the remaining 37 (88.1%). This indicates that female participation in teaching and leaders in secondary schools was less as compared to their male counterparts. The disparity between the number of males and females was very high in the sample schools.

All experts participated in the interview were males. In the same table item 2 with regard to respondents' age, 19 (22.4%) teachers, 6 (14.3%) leaders were between 20-25, 25 (29.4%) teachers and 17 (40.5%) leaders were between the age 26-30, 20 (23.5%) teachers and 11 (26.2%) leaders were between 31-35 and 21 (24.47%) teachers and 8 (19%) leaders were 36 and above. From this one can understand that most of the teachers and leaders (33.1%) were within between 26-30.

As can be noted from the same Table, item 3, only 4 (4.7%) teachers and 2 (4.8%) leaders were qualified in MA/MSc, 46 (54.6%) teachers, 10 (23.8%) leaders were qualified in BA Degree, at the same time 35 (41.2%) teachers and 30 (71.4%) leaders were qualified in BED Degree. From this we can understand that most of the teachers and leaders were qualified in BED and BA Degree.

As can be noted from the same Table 3 item 4, 12 (14.1%) of teachers and 3 (7.1%) of leaders were served between 1-5 years, 22 (25.9%) teachers and 12 (28.6%) leaders were served for 6-10 years while 13 (15.5%) teachers and 7 (16.7%) leaders were served for 11-15 years. On the other hand 23 (27.1%) teachers and 7 (16.7%) leaders were served for 16-20 years as well as 15 (17.6%) teachers and 13 (31%) of leaders were served for 21 and more years. This implies that majority of the teachers served for 16-20 years whereas most of the leaders were served for 21 and above years; from the above discussion it is possible to understand that in addition to their experience as most of the teachers and leaders were served above 10 years.

4.2. Perception of teacher's and leaders in Implementing Clinical Supervisory Approaches in the Secondary School

Table 4: Respondents View on Perception of teachers and Leaders ion Clinical Supervision in the Secondary School

No	Item		Respondent		Av/Mea	T Value	P-Value
			Teachers	Leaders			
1	I believe that teachers perceive clinical supervisory approaches a means to promote teachers' autonomy	Mean SD	3.47 1.41	3.42 1.45	3.45 1.41	0.15	0.87
2	I believe that teachers perceive clinical supervisory approach preferable of teacher	Mean SD	3.62 1.37	3.47 1.45	3.57 1.40	0.55	0.57
3	I believes that clinical supervisory approaches enhance instructional effectiveness in promoting students learning	Mean SD	3.82 1.29	4.14 1.07	3.92 1.22	0.38	0.16
4	I believes that clinical supervisory practice helps teachers to select and use appropriate instructional materials	Mean SD	3.88 1.34	4.02 1.11	3.92 1.10	0.62	0.53
5	I believe that clinical supervisory approached practice teachers to create cooperative spirit within teachers	Mean SD	3.89 1.32	4.14 1.00	3.97 1.23	1.07	0.28
6	I believe that clinical supervisory approaches help teachers to solve the actual instructional problems	Mean SD	3.62 1.43	3.92 1.19	3.72 1.36	1.19	0.23
7	I believe the clinical supervisory approaches help teachers to use appropriate teaching methods	Mean SD	3.96 1.17	4.07 1.13	4.0 1.16	0.48	0.62
8	I believe that clinical supervisory approaches facilitate teachers supervisor relationship	Mean SD	3.92 1.27	4.16 1.08	4.00 1.21	1.038	0.31

M=Mean, S.D = standard Deviation, df= degree of freedom =125 Critical (Table) T-value =1.96,P=0.05

As it can be seen in table 4, responses of teachers and leaders regarding their believe in clinical supervisory approaches a means to promote teachers autonomy, teachers rate with mean value 3.47 whereas leaders rate with the mean value 3.42,it indicates that the mean ratings comparing between the respondents of teachers and leaders the result shows at $df=125$ and the level significance 0.05, the calculated t-value is 0.15less than the critical(table) the value 1.96 there is no statistically significant difference opinion on clinical supervisory approaches promote teacher's autonomy .This implies that teachers and leaders were agreed on the point mentioned. So many interviewees (5 supervisors and 5

principals) said that *'if teachers integrated themselves toward implementing clinical supervision and work in group it can be reached at the desired objectives to achieving teachers 'competence.*

In line with this idea, Acheson and Gall (2003) reveal that, giving insufficient time for clinical supervision might be the fact that there is a large amount of turnover, in the teaching profession. Of course, one might argue that more teachers would stay in the profession if they had access to good clinical supervision and other methods of professional development. From this the researcher concludes that implementing clinical supervisory approaches make teachers free for performing their teaching and learning.

In the same table above item 2, teachers and leaders believe in statement that clinical supervisory approaches preferable for teachers, teachers rate with the mean value 3.62 whereas leaders rate at the mean value 3.47; it indicates that the mean ratings comparing between the respondents of teachers and leaders the result shows at $df=125$ and the level significance 0.05, the calculated t-value is 0.55 less than the critical (table) the value 1.96 there is no statistically significant difference opinion on clinical supervisory approaches preferable for teacher's qualities.

So many interviewees (five principals and six supervisors) said that *some of the teachers preferred a supervisor to work with them nondirective; while others preferred a supervisor to work with them collaboratively; whereas the remaining teachers preferred other choices. Therefore, matching the best supervisory approach for the teachers" current developmental levels is very crucial in promoting some degrees of teacher development.*

The purpose of clinical supervision is to help teachers to modify existing patterns of teaching in ways that make sense to them and in ways that support agreed up on content or teaching standards (Sergiovanni & Starratt, 2007). This indicates that the secondary school teachers of the study area choose clinical supervisory approaches than other approaches. From the calculated quantitative data and qualitative data the researcher's view those secondary schools teachers of West Harargeh zone prefer to the clinical supervisory approaches than other approaches.

Believes of teachers and leaders regarding the statement that clinical supervisory approaches enhance instructional effectiveness in promoting students learning the table 4 of item3, teachers rate with the mean value 3.82 whereas leaders rate at the mean value 4.14 it indicates that the mean ratings comparing between the respondents of teachers and leaders the result shows at $df=125$ and the level significance 0.05, the calculated t-value is 1.38 less than the critical (table) the value 1.96 there is no statistically significant difference opinion on clinical supervisory approaches enhance instructional effectiveness in promoting students' learning. The results show that many teachers and leaders have agreed on the point.

So many interviewees (the supervisors and principals) said that *if supervisors evaluate teaching learning process regularly, evaluation comes out with finding of gaps and trainings are offered to fill the gap teacher's inspiration and self-confidence thereby the teaching learning process becomes effective; but the school supervisors didn't implement the clinical supervisor procedures.*

Clinical supervision provides an opportunity to promote teacher efficiency, abstract thought, and a reflection on the teacher's own instructional methods (Greg Miller 2003). If the instructional leader lacks adequate knowledge of supervision and does not know how to meet the needs of the teacher, then an unproductive working relationship may be established. Hence, from the qualitative data, quantitative data and review related literature it can be conclude that clinical supervisory approaches enhances teachers' classroom instruction.

Regarding the statement clinical supervisory practice helps teachers to select and use appropriate instructional materials believes of teachers and leaders in the same table 4 item 4 the mean rating comparison teachers rate with the mean value 3.88 however, leaders rate at the mean value 4. It indicates that the mean ratings comparing between the respondents of teachers and leaders the result shows at $df=125$ and the level significance 0.05, the calculated P-value is 0.622 less than the critical (table) the value 1.96 there is no statistically significant difference opinion on clinical supervisory approaches practice help teachers to select and use appropriate instructional materials. The results show that many teachers and leaders have agreed on the stated issue.

From the interview conducted with principal and supervisors, most of the supervisors and principal (5supervisers and 6 principals) said that,

To organize departments in the school we have to first identify and consider what condition that the departments need. They also think what problems the departments faced in their activities, the level of department heads' capacity to solve the problems they face should be considered in order to organize the departments and make them problem solver in the future but we did not work accordingly. Moreover accordingly, it is important to use the necessary inputs appropriately to increase teachers' professional skills as the result to get fruitful accomplishment. The role of school leaders most of the time begins with equitable supply and allocation of suitable materials along with appropriate distribution and usage of necessary materials.

From this, one can conclude that improving the quality of teaching learning in the classroom is the main goal of most instructional materials that teachers support and development through department can be has positive impact on the content, preparation instruction materials and teaching methods used by teachers.

Concerning teachers and leaders response to the statement that clinical supervisory approached practice teachers to create cooperative spirit within teachers in the above table 4 of item 5 the mean comparison between the respondents teachers rate with the mean value of mean 3.89 whereas the leaders rate with mean value of 4.1 It indicates that the mean ratings comparing between the respondents of teachers and leaders the result shows at $df=125$ and the level significance 0.05, the calculated t-value is 1.07 that less than the critical(table) the value 1.96 there is no statistically significant difference opinion on clinical supervisory approached practice teachers to create cooperative spirit within teachers The result shows that the teachers and the principals were agreed on the stated issue.

So many interviewee said that *teachers should cooperate with team –sprit working together enable them to share and transfer strong experiences. Moreover I also feel that a good working environment can be created if a team spirit exist which in turn, results ensuring persistence of quality of education.*

According to Sergiovanni and Starratt (2007), better teaching means improved student learning. When students are not learning well, and when teachers are not teaching well, one important problem may be the amount (frequency) and quality of clinical supervision the school provides. This revealed that clinical supervisory approaches leads secondary teachers to create conducive environment for accomplishing their teaching-learning collaboratively. From this the researcher conclude that teachers were involved as those who are entitled to professional learning environment while school leaders have crucial role in creating school culture and structure that support professional learning within the teachers.

In the same table above item 6, concerning the statement that clinical supervisory approaches help teachers to solve the actual instructional problems the mean rating comparing between the respondents of both groups teachers rate with the mean value of 3.62 whereas leaders rate with mean value of 3.92. It indicates that the mean ratings comparing between the respondents of teachers and leaders the result shows at $df=125$ and the level significance 0.05, the calculated t-value is 1.19 that less than the critical(table) the value 1.96 there is no statistically significant difference opinion on clinical supervisory approaches help teachers to solve the actual instructional problems. The result shows that both teachers and leaders were agreed on the issues.

As it can be observed from Table 4 item 7, respondents were asked to rate their agreement levels on the clinical supervisory approaches help teachers to use appropriate teaching methods. the mean rating comparison between the respondents of both groups teachers rate with the mean value of 3.96 whereas leaders rate with mean value of 4.07, It indicates that the mean ratings comparing between the respondents of teachers and leaders the result shows at $df=125$ and the level significance 0.05, the calculated t-value is 0.48 that less than the critical (table) the t- value 1.96 there is no statistically significant difference opinion on the issues.

With regard to the statement that clinical supervisory approaches facilitate teacher-supervisor relationship, in the table 4 of item 8, comparison between the two groups that teachers rate with the mean of 3.92 however, the leaders rate with mean of 4.1, It indicates that the mean ratings comparing between the respondents of teachers and leaders the result

shows at $df=125$ and the level significance 0.05, the calculated t-value is 1.03 that less than the critical (table) the t- value 1.96 there is no statistically significant difference opinion on the issues. In light of the forgoing analysis, Johnson and Johnson (2002) teachers have a trust their supervisors to develop positive views towards school based supervision and instruction. When teachers cannot trust their supervisors their ability to deliver quality instruction is seriously impaired. Thus, teachers' perception of supervision is valuable to improve instruction. Thus, from the above analysis, it could be concluded that supervisory activities of school understudy were impede by absence of competent supervisors, and negative perception of teachers towards school supervisors because of insufficient participation of school supervisors facilitating teaching learning process in the study area.

4.3. Procedures of Classroom Observation

The purpose of supervision is to assist teachers to contribute more effectively towards the improvement of student achievement. Thus, supervision of teachers while they are teaching in the classroom is among the better strategies for helping them. As Jones (1993) indicates, classroom observation is a way of gathering data concerning teaching learning activities in the class by taking into account improving teacher effectiveness, then looking at what is actually happening in the classroom. Classroom visit enables supervisors not only to identify any shortcomings of teachers and the problems encountered by them, but also to understand what leads to better performance of the teaching learning process (MoE, 1994). In respect to the procedures of classroom observation, respondents were asked whether or not the procedures have been implemented appropriately in their school. The results obtained are presented as follows:

4.3.1. Pre observation conferences

Table 5: Views of Respondents' on Activities Practiced Before Conducting Classroom Observation (Pre-observation Conference).

No	Item		Respondent		Av/Mean	t-Values	P-Values
			Teachers	SBS			
1	Pre Observation Conferences Supervisor identify teachers' problems regarding learning teaching process before classroom observation	Mean SD	2.37 1.39	3.40 1.54	2.61	3.76	0.00
2	Supervisor discusses with teachers on the main objectives classroom observation before classroom observation	Mean SD	2.50 1.46	3.23 1.51	2.3	2.61	0.01
3	Make agreement with teachers on objectives of classroom observation	Mean SD	2.52 1.51	3.19 1.46	2.84	2.3	0.21

M=Mean, S.D = standard Deviation, df= degree of freedom =125 Critical (Table) T-value =1.96, P=0.05

As it can be seen in the table 6 item 1, regarding the statement that supervisor identify teachers' problems regarding learning teaching process before classroom observation the mean rating comparing between the respondents the teachers rating with mean values 2.37 whereas the leaders rating with mean values 3.4; the result shows that at $df=125$, and at the level significant 0.05 the calculated value 3.76 is greater than the critical (table) value 1.96 there is the significance difference between responses of the teachers and the leaders with the identifying teachers problems before classroom observation.

During the interview, 5 principals and 4 supervisors *suggested teachers were sometimes notified through the notice board before conducting classroom visit, even though, there were times when supervisors visit class without prior notification, and also asked whether the pre-observation conference were usually conducted with teachers or not, they said "not usually common."*

But as stated clearly in the supervision manual of Ministry of Education MoE, (1994) every classroom observation should be implemented based on a clearly stated certain criteria and should be known by the supervisee before the supervisors carry out classroom observation.

Many teachers have a vague anxiety about the effectiveness of their teaching. They do not know whether they are doing a good job, whether a problem student can be helped, or whether their instruction can be improved. Teachers rarely have the opportunity to observe other teachers' classroom performance in secondary schools, which might provide a basis for reflecting on their own performance. Supervisors can meet this needs by using a different approach- helping the teacher clarify goals, collecting observational data on classroom events, and analyzing the data for discrepancies. For teachers who are not aware of their goals or how they come across in the classroom, this process can be a useful guide. But these accounts seem to be less considered by the school supervisors as they were confirmed by the data analysis in above table. Thus, it can be concluded from this teachers might not be well informed before making a classroom visit.

With regard to the statement of Supervisor discusses with teachers on the main objectives classroom observation before classroom observation in the same table item 2, the mean rating comparing between the respondents the teachers rating with mean values 2.5 whereas the leaders rating with mean values 3.32; the result shows that at $df=125$, and at the level significant 0.05 the calculated t-value 2.61 is greater than the critical (table) value 1.96 there is the significance difference between responses of the teachers and the leaders with the supervisor discusses with teachers on the main objectives classroom observation before classroom observation. This means teachers were not satisfied on the discussion of objectives of classroom observation during pre-observation conference.

The data gathered through interview session with the school principals also support the above finding. As a result, almost all (5 of 6) principals, stated that the current supervisors did not make mutual agreements with each supervisee on the purpose for the classroom observation, or for a suitable time; nor for the data which was to be collected during the observation. Rather they entered the class taking the prepared observation format. Moreover the documents available in the school showed that the schedule for classroom observations were prepared by the school-based supervisors and approved by the school principal without participation or individual supervisee involvement. From the result it can be seen that supervisors did not pay attention to machining agreements with the supervisee on the

schedule time for a classroom observation as well as the leaders were not clearly discussed about the objectives of class room observation.

In the same table item 3, supervisor makes agreement with teachers on objectives of classroom observation before classroom observation, the mean rating comparing between the respondents the teachers rating with mean values 2.5 whereas the leaders rating with mean values 3.19; the result shows that at $df=125$, and at the level significant 0.05 the calculated t-value 2.33 is greater than the critical (table) value 1.96 there is the significance difference between responses of the teachers and the leaders with the supervisor makes agreement with teachers on objectives of classroom observation before classroom observation.

According to Gold hammer,(2010), how supervisor manages this step depends very much upon what he already knows about the teacher from their earlier work together. Among other things, “it is important in pre-observational activity not to do anything that is likely to unsettle the teacher before he/ she steps into the class. This approach is most suitable because the expertise, confidence, and credibility of the supervisor clearly outweigh information, experience, and capability. It is very important stage; because it is at this stage that framework of supervisor’s observation is developed and agreement is reached about how to proceed thereafter. 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. Hence, from the quantitative and qualitative data it can be conclude that the pre observation conference with teacher of the first basic stage of clinical supervision is omitted under which the area this study was conducted.

4.3.2. Observation phase

In this stage the supervisors observes the teacher at work during formal lesson. Observation creates opportunities for the supervisor to help her/his test reality, the reality of his/her own perceptions and judgments about teaching. The conditions under which observations are made are very important to the teacher. Classroom observation is a valuable means to obtain first hand information and experience of the classroom atmosphere (ManasRanjan, 2012).

Table 6: Activities Carried out During Classroom Observation

No	Items		Respondent		Av/Mean	t-Value	P-Value
			Teachers	SBS			
4	While Classroom Observation	Mean	2.44	3.5	2.32	3.9	0.00
	Classroom observation is implemented as teachers supervisor agreed upon	SD	1.41	1.46			
5	Classroom observation proceed full period of time	Mean	2.20	2.80	2.5	2.32	0.22
		SD	1.30	1.54			
6	Allow teachers to observe classroom while another teachers teaching	Mean	2.29	3.64	3.29	5.05	0.00
		SD	1.34	1.32			

M=Mean, S.D = standard Deviation, df= degree of freedom =125 Critical (Table) T-value =1.96, P=0.05

As it can be seen in the table 6 of item 4 regarding the statement of classroom observation is implemented as teachers supervisor agreed upon, the mean rating comparing between the teachers and the leaders, the teachers rating with mean values 2.44 whereas the leaders rating with mean values 3.5; the result shows that at $df=125$, and at the level significant 0.05 the calculated value 3.9 is greater than the critical (table) value 1.96 there is the significance difference between responses of the teachers and the leaders on classroom observation is implemented as teachers supervisor agreed upon.

The open ended questionnaire responses that obtained supervisors and principals also confirmed the above idea that supervisors sit at the back during class observation and collect data based on classroom observation checklist. Similarly, Gurnam and Chan (2010) in their study revealed that, in most cases the supervisors sat at the back of the class so that they could get a good view of both teacher and student in action. From the above result, it is possible to say that most supervisors chose the strategic location which enabled them to observe the activities performed in the classroom while conducting class observation in schools under studies. From the document analyzed all (6) sampled secondary schools have their own classroom observation checklist common for all teachers that the supervisors rating their evaluation during classroom observation. However, teachers have different instructional limitation in teaching-learning process. The qualitative data and quantitative

data showed that classroom observation precede that without agreement between supervisors and teachers on the instructional limitation teachers.

Regarding the statement Classroom observation proceed full period of time, in the table 6 of item5, the mean rating comparing between the teachers and the leaders, the teachers rating with mean values low 2.2 whereas the leaders rating with mean values high 2.8; the result shows that at $df=125$, and at the level significant 0.05 the calculated t-value 2.32 is greater than the critical (table) value 1.96 there is the significance difference between responses of the teachers and the leaders on observation proceed full period of time.

The data conducted from the interviews show that most of the principals said that *“supervisors leave the class at the middle of the lesson or before the lesson is completed, they missed relevant information. They added, the classroom observation held once in a semester for the sake of performance appraisal and also focused on newly deployed teachers”*. The result indicated that supervisors might not be as such effective to stay for the entire period in the class while observing the teacher. That means, this result indicates that clinical supervisors did not spend sufficient time in the classroom during observation.

In contrast to this result, the research finding of Gurnam and Chan (2010) showed that, the supervisor was punctual and observed the whole lesson during classroom observation. The purpose of classroom observation is improving the quality of teaching learning activities in the classroom. Hence, the supervisor should stay in the class from the beginning to the end of that period. Since teaching learning process is continuous and holds various activities; observing specific parts of the classroom observation cannot enable to know the detailed performance of the supervisee teacher (MoE, 1994) Similarly, by supporting the above idea, Sergiovanni and Starratt (2007) revealed that, a continuous observation or formative observation should be undertaken for teachers before a final assessment made. However, the data gained from the different instrument shows as the frequency of classroom observation conducted with an individual teacher was inefficient

Concerning the supervisors allow teachers to observe classroom while another teachers teaching on item 6 of table 6, the teachers and the leaders revealed that teachers were against the leaders responses, the teachers rating with mean values 2.29 whereas the leaders rating

with mean values 3.6; the result shows that at $df=125$, and at the level significant 0.05 the calculated- value 5.05 is greater than the critical (table) value 1.96 there is the significance difference between responses of the teachers and the leaders on supervisors allow teachers to observe classroom while another teachers teaching. Therefore, it can be concluded that the schools organizes teachers to conduct peer observation were unsatisfactory in the study areas. From the data gathered most of the respondents said that:

The experience sharing programs do not facilitated by the current supervisors but they simply asked the schools to facilitate the program. Teachers secondary not interested to share their experiences even those high service holders but the school principals and vice principals always visit the teachers in the classroom and sometimes request feedback while as others do not like to give and receive their experiences

The other basic function of clinical supervision is promoting teachers professional development in schools. Therefore, since the competent and skillful teachers are a key component of successful school, staff development is a major function of clinical supervision. As the researcher conclude that, clinical supervisors were not facilitating experience sharing programs between teachers to their pedagogical skill improvement and facilitating experience sharing between teachers is the main duties of clinical supervisors because they might have more experience and they develop different instructional skills through experience and then they should facilitate experience sharing but still the study indicated that there were not done as expected, (Brhane 2014). From this it can be conclude that, the current practice supervisors do not effectively but moderately facilitate experience sharing programs between teachers to their teaching learning skill improvement.

4.3.3. Post observation conference

Table 7 Respondents 'Views on the Utilization of Post Classroom Observation Conference

No	Items		Respondent Teachers	SBS	Av/Mean	t- Value	P- Value
7	Post Observation Conference	Mean	2.47	3.35	2.91	3.29	0.01
	Make conference to examine the consistencies between planned and conducted observation	SD	1.44	1.35	2.62		
8	Give chance for the observed teachers to explain his/her strengthen and weakness about his/her teaching process during observation	Mean	2.50	3.23		2.86	0.10
		SD	1.45	1.52	3.64		
9	Gives constructive support for teachers after classroom observation based on agreement upon	Mean	2.54	3.54		3.04	0.00
		SD	1.50	1.52	3.76		

M=Mean, S.D = standard Deviation, df= degree of freedom =125 Critical (Table) T-value =1.96, P=0.05

Based on the results of items 7 in the table 7, teachers and leaders asked their rating on supervisors make conference to examine the consistencies between planned and conducted observation the mean rating comparing between the teachers and the leaders, the teachers rating with mean values 2.47 whereas the leaders rating with mean values 3.35; the result shows that at $df=125$, and at the level significant 0.05 the calculated t- value 3.29 is greater than the critical (table) value 1.96 there is the significance difference between responses of the teachers and the leaders on making conference to examine the consistencies between planned and conducted observation.

In addition to this from document analyzed in six secondary schools of the study area there were no any written documented materials that show post-classroom observation conference between teachers and supervisors but there was comment given on the checklist of classroom observation in the teachers portfolio. This implies that teachers were not satisfied by the conference made post classroom observation

The semi-structured close-ended questions indicated that, majority of the respondents agreed on the absence of specific mechanisms to identify instructional limitations of teachers in the classroom. Because of those clinical supervisors did not have specific and tangible plan to

specify and identify the limitations of teachers through post classroom observation conference. In general, the compiled result indicates that the current supervisory approaches did not identifying teachers instructional limitations regularly. As a result the teachers had not got enough support to be competent enough in improving the day to day classroom instruction as well as enhance their professional growth because of absence of post classroom observation conference. Thus, this might reduce the effectiveness of students, teacher's initiation as well as the schools goal achievement. Therefore, the school supervisors must use steps of clinical supervisory approaches to solve such problems and must use clinical supervisory skills according to the nature of each teacher to get satisfactory response.

As table 7 item 8 indicates, regarding the statements of supervisors give chance for the observed teachers to explain his/her strengthen and weakness about his/her teaching process during observation, the mean rating comparing between the teachers and the leaders, the teachers rating with mean values 2.5 whereas the leaders rating with mean values 3.23; the result shows that at $df=125$, and at the level significant 0.05 the calculated t- value 2.62 is greater than the critical (table) value 1.96 there is the significance difference between responses on stated issues.

Moreover, regarding the statement of supervisor gives constructive support for teachers after classroom observation based on agreement upon, as indicated in the same table of item 9, the mean rating comparing between the teachers and the leaders, the teachers rating with mean values 2.54 whereas the leaders rating with mean values 3.5; the result shows that at $df=125$, and at the level significant 0.05 the calculated value 3.64 is greater than the critical (table) value 1.96 there is the significance difference between responses of the teachers and the leaders on of supervisors gives constructive support for teachers after classroom observation based on agreement upon.

From the interview conducted all school leaders were giving feedback to teachers after classroom observation; from the document analysis, there is repeatedly the same challenge were written feedback paper on an individual teacher, the schools used one-five team procedures for experience sharing and there is no step was going on by the clinical supervisors to overcome an individual problem that observed during classroom observation

However, the feedback given from supervisors to teachers was not constructive and did not meet the expectations of teachers with regard to actual situation of teaching learning process. This clinical process is cyclic and should be repeated at least several times during the course of the school year with teachers (Acheson and Gall, 2003). In the process of clinical supervision, a one-to-one correspondence exists between improving classroom instruction and increasing professional growth, and for this reason, professional development and clinical supervision are inseparable concepts and activities (Sergiovanni&Starratt, 2007). Clinical supervision is a systematic, sequential, and cyclic supervisory process that involves the interaction between the supervisors and teachers.

The data collected from the document analysis shows, there is no any teacher development program plan based on problems observed in classroom in the school observed. But only there is a plan, how many teachers will observe in a given time. Generally speaking, from the data gained from the different instrument using clinical supervision for teachers development practiced at low level in the area this research was conducted. However, competent and skillful teachers are a key component of successful school.

Clinical supervision of instructions is a supervisory approach designed to help teachers improve on instruction and increasing professional growth trough immediate given feedback for teachers and facilitating experience sharing. Based on the qualitative and quantitative data the researcher can be conclude that post- classroom observation, teachers of the study area were not satisfied by the feedback given from school based supervisors.

4.4. Analysis of on the Major Challenges that Affect Implementing Clinical Supervisory Approaches

Table: 8. Respondents View on the Major Challenges that Affect Secondary School Supervisors while Implementing Clinical Supervisory Approaches in the School

No	Item	Respondent		Av/ Mean	t-Value	P- Value	
		Teachers	SBS				
1	Knowledge Teachers have lack of knowledge about concept of clinical supervisory approaches to implement.	Mean	3.55	3.64	3.58	0.32	0.74
		SD	1.48	1.37			
2	School leaders focusing on administration rather than focusing on instructional/teaching – learning areas	Mean	3.70	3.33	3.58	1.4	0.16
		SD	1.34	1.52			
3	School leaders have lack of experience about concept of implementing clinical supervisory approaches.	Mean	3.87	3.76	3.38	0.45	0.65
		SD	1.26	1.30			
4	Skills School leaders evaluate teachers only through their class room performance	Mean	2.02	3.04	2.36	4.17	0.00
		SD	1.64	1.54			
5	The school leaders use a standard instrument and process for gathering data during classroom observation	Mean	2.17	3.42	2.59	4.8	0.00
		SD	1.33	1.45			
6	School leaders have skill for implementing clinical supervisor approaches.	Mean	2.31	3.23	2.62	3.38	0.01
		SD	1.41	1.49			
7	Commitment Teachers have readiness to accept their instructional limitation during feed back	Mean	2.62	2.30	2.51	1.14	0.25
		SD	1.49	1.35			
8	Teachers have lack of commitment towards applying clinical supervisory approaches	Mean	3.54	3.47	3.51	0.23	0.8
		SD	1.47	1.40			
9	There is lack of following up the activities of teachers' by school leaders	Mean	3.78	2.90	3.49	3.44	0.01
		SD	1.30	1.47			

M=Mean, S.D = standard Deviation, df= degree of freedom =125 Critical (Table) T-value =1.96,P=0.05

As table 6 item 1 indicates, regarding the statements that teachers have lack of knowledge about concept of clinical supervisory approaches to implement, the mean rating comparing between the teachers and the leaders, the teachers rating with mean values 3.55 whereas the leaders rating with mean values 3.64; the result shows that at $df=125$, and at the level significant 0.05 the calculated t-value 0.32 is less than the critical (table) value 1.96 there is no the significance difference between responses of the teachers and the leaders on that teachers have lack of knowledge about concept of clinical supervisory approaches to

implement. From the conducted interviews, most of the interviewee said that *'it is clear that the existing supervisory system did not contribute much to help teachers improve for better teaching and this could have impact on student learning.*

The evidence from findings of previous studies in Ethiopia shows that, teachers were not properly supported by supervisors in tackling instructional problems or in applying new curriculum and instructional technique Chanalaw (2005). School supervisors design and develop systematic and cyclic data collection, analysis, professional development implementation and reflection procedures, to monitor and promote continuous changes and improvements in the school achievements as well as use systematic approaches and procedures to monitor, support, and evaluate the attainments of the set standards, MoE (2012). Therefore, it can be concluding that the current instructional supervisory practice in secondary school of the study areas is inadequate to help teachers improve their instructional practice.

With regarding to the statements of school leaders focusing on administration rather than focusing on instructional/teaching –learning areas as indicated in the table 6 of item 2, the mean rating comparing between the teachers and the leaders, the teachers rating with mean values high 3.7 whereas the leaders rating with mean values low 3.33 the result shows that at $df=125$, and at the level significant 0.05 the calculated t-value 1.4 is less than the critical (table) value 1.96 there is no the significance difference between responses of the teachers and the leaders on that teachers school leaders focusing on administration rather than focusing on instructional/teaching –learning areas.

The data conducted from interviews it is possible to say that supervisors were ineffective in organizing activities so as to assist teachers properly. This indicates that supervisor's lack of technical experts in supporting teachers regarding facilitating student learning. Therefore, attention was not given by school leaders to assist teachers competent in their classroom teaching. However, it was to be done of the core tasks of school leaders to support teachers and foster student learning. Supporting this assumption Hayilesillasie(2007)point out supervisors as an educational leaders and coordinator in curriculum development must be knowledgeable of how learning in structured and organized. Because, when teachers are effective in their classroom student learning in turn will be effective and enable achievement

of instructional objectives. This shows the agreement of the total respondents with the point was high. Based on the overall score value the existing clinical supervisors were given priority for administration than class room observation

In the same table item3, regarding the statements of school leaders have lack of experience about concept of implementing clinical supervisory approaches the mean rating comparing between the teachers and the leaders, the teachers rating with mean values 3.87 whereas the leaders rating with mean values 3.76; the result shows that at $df=125$, and at the level significant 0.05 the calculated value 0.45 is less than the critical (table) value 1.96 there is no the significance difference between responses of the teachers and the leaders on school leaders have lack of experience about concept of implementing clinical supervisory approaches.

In relation to this assumption, as indicated in the literature explains that the problem of supervision in relation to our context: the shortage of time, insufficient fund and lack of qualified principal and supervisor who are facilitating the teaching learning process and supervisors need to have knowledge to determine strategic change requirements and opportunities: to support school's principal in developing, implementing and evaluating change strategies MOE (2012).The qualitative and quantitative data can be lead the researcher to conclude that the current practice of clinical supervisors in the study area were not have effective experience on implementing clinical supervisory approaches.

Moreover, as indicated in the table 6 of item 4, regarding the statements of School leaders evaluate teachers only through their class room performance, the mean rating comparing between the teachers and the leaders, the teachers rating with mean values 2.02 whereas the leaders rating with mean values 3.04 the result shows that at $df=125$, and at the level significant 0.05 the calculated t-value 4.17 is greater than the critical (table) value 1.96 there is the significance difference between responses of the teachers and the leaders on the problem.

Furthermore, the information obtained from school principals, and school supervisors revealed that the post-classroom observation conferences were sometimes carried on the

department level, not on an individual teacher basis. Most of the respondents of interview argued that school supervisors might not get situations comfort to conduct post class conference with individual teacher to evaluate teachers based on classroom performance this is due to time constraints and large number of teachers in the schools.

Thus, based on the results and the data gained from interview, it is safe to conclude that the post observation conference was no held properly. This is mainly because, it is failed to address the interest of individual teachers in practicing the different strategies of school based supervision. In light to the above analysis, Harris (1991:100) as cited in Chanyalew (2005) revealed that the major purpose of post observation conference is to get feedback to the teacher about her/his performance. Following up activity involves some kind of re-recording of data analysis, a plan for feedback other teacher and other appropriate activities growing out of observation. However, the finding indicates that secondary teachers of the study area were not evaluated based on their classroom performance.

Hence as table 6 of item 5 shows, regarding the statement that the school leaders use a standard instrument and process for gathering data during classroom observation, the mean rating comparing between the teachers and the leaders, the teachers rating with mean values low2.17whereas the leaders rating with mean values high3.42 the result shows that at $df=125$, and at the level significant 0.05 the calculated t -value 4.8 is greater than the critical (table) value 1.96 there is the significance difference between responses of the teachers and the leaders on school leaders use a standard instrument and process for gathering data during classroom observation. Similarly, from interview conducted and the session document analyzed, all school principals revealed that there was no supervision manual in their school which can be used as a guideline for school-based supervisors. Most of the school principal (5to 6) said that:

In addition to the absence of in-service training programs for school supervisors, lack of supervision manuals adversely affects school-based supervision in our school. As a consequence, the school supervisors were inefficient on how to assist other teachers in a proper way; they lack how to prepare appropriate criteria to help teachers and how to gather necessary information when conducting supervisory activities.

Besides the interview the analyzed classroom observation checklist were not clearly show teacher's knowledge and skills of teaching learning performance. From the result finding, it is possible to say that resources such as lack of supervision manuals and lack of adequate experience on clinical supervision adversely influence the proper implementation of clinical supervisory approaches in secondary schools of the study area.

On item 6 of table 6 about school leaders have skill for implementing clinical supervisor approaches in the school, the mean rating comparing between the teachers and the leaders, the teachers rating with mean values low 2.31, whereas the leaders rating with mean values high 3.23. The result shows that at $df=125$, and at the level significant 0.05 the calculated t-value 4.8 is greater than the critical (table) value 1.96 there is the significance difference between responses of the teachers and the leaders on skills of school leaders to implementing clinical supervisory approaches in secondary schools.

In line with (MOE, 2012, School supervisors should be able to promote, support and create conducive environment for effective learning and teaching activities at schools. They are also expected to be able to create and maintain safe, inclusive and challenging learning environments and promote fair and equitable behavior management system. They need to use simple and appropriate communication techniques; to have a repertoire of effective supervisory work strategies and use them to implement well-designed support, control and evaluation programs

Hence, based on the results of data obtained from interview, it is possible to conclude that lack of competent and experienced supervisors in secondary schools negatively influence the clinical supervisory approaches activities in the study area. The result also revealed that current clinical supervisors were overloaded with routine tasks and were not well trained to conduct clinical supervision in upgrading their supervisory responsibilities and support teachers effectively.

In the same table ,item 7 regarding the statement that teachers have readiness to accept their instructional limitation during feedback, teachers rate with mean value of high 2.62 whereas leaders rate with the mean value of low 2.3, the mean rating comparing between teachers and leaders the result shows that at $df=125$, and at the level significant 0.05 the calculated t-

value 1.14 is less than the critical (table) value 1.96 there is no the significance difference between responses of the teachers and the leaders on the stated problem.

As conducted from interviews most of the participant school principals and supervisors said that *"some teachers showed their resistance against the supervisory activities. They missed their regular teaching classes during classroom observation. Because; they suspect supervisors as they find out poor performance of teachers"*.

Regarding this professional competency of supervision manual states that school supervisors should have skills of communication and teamwork skills to analyze, interpret structurally intricate information in the area being researched; consult with target groups using a range of communication techniques; and present research results creatively to meet audience needs; planning and organizing skills to construct an educational research strategy with consideration of available resources, initiate educational research activities and manage an educational research projects; and problem-solving skills to develop and examine the validity of hypotheses using a range of educational research techniques,(MoE,2012).Thus, from the above analysis, it could be concluded that negative perception of teachers towards accepting their instructional limitations adversely affects the practice of clinical supervision in secondary schools of the study areas.

Moreover, as it can be seen in table 6 of item 8 regarding the statements that teachers have lack of commitment towards applying clinical supervisory approaches, mean rating comparing between teachers and leaders, teachers rate with mean value of high 3.54 whereas leaders rate with the mean value of low 3.47 the result shows that at $df=125$, and at the level significant 0.05 the calculated t-value 0.237 is less than the critical (table) value 1.96 there is no the significance difference between responses of the teachers and the leaders on teachers have lack of commitment towards applying clinical supervisory approaches

In same way the table 6 shows that regarding the statement of item 9, there is lack of following up the activities of teachers' by school leaders, the mean rating comparing between the teachers and the leaders, the teachers rating with mean values 3.78 whereas the leaders rating with mean values 2.9 the result shows that at $df=125$, and at the level significant 0.05 the calculated t- value 3.44 is greater than the critical (table) value 1.96

there is the significance difference between responses of the teachers and the leaders on the point that lack of following up the teachers activities by school leaders.

Ministry of Education (MoE, 1994) in its supervision manual indicated, the necessity of continuous classroom observation is enabling teachers to evaluate their routine tasks and helps to improve their poor performance. Similarly, by supporting the above idea, Sergiovanni and Starratt (2002) revealed that, a continuous observation or formative observation should be undertaken for teachers before a final assessment made. Supporting this, the response from the rest of the interviewee, the three supervisors and five principals said that *there were not enough programs arranged for teachers to solve instructional problems*'. Thus, it might be concluding that there is no frequent clinical supervisory program arranged for teachers to solve instructional problems in the schools under study area.

4.5. Analysis on the Innovative Mechanisms through which Effective Implementation of Clinical Supervisory Approaches in Place.

Supervisors are expected to work effectively for the success of implementation of school-based supervision in their respective schools. As it has been indicated in the review of related literature, supervisors have the responsibility to help teachers in improving professional development of teachers and instruction through various activities such as conducting classroom visit, organizing and providing short term training programs at school level, and facilitating the exchange of model experiences among teachers. To this end, respondents were requested to report the mechanisms being employed to reduce the challenges of implementing clinical supervisory approaches in the secondary schools.

Data conducted from the open ended questionnaire for the item that the mechanisms to be used by supervisors/principals to implement clinical supervisory approaches in the school most of the respondents were gave their opinion that examining clinical supervision on the selected teachers especially those have less performance on teaching and learning to determine the effectiveness, raising awareness about clinical supervision for all teachers and school leaders and School leaders should have skills and knowledge of clinical supervision Sergiovanni as cited in Netsanet(2014), explained that in education; technical skill assumes an understanding of and proficiency in the method process, procedures and techniques of teaching and learning activates. Therefore, in order to manage the teaching learning activities properly and improve the teaching learning process, the supervisor must have adequate technical skill than other skills.

Regarding the item asked to give respond the strategies that the school uses to strengthen clinical supervisory approaches in the school most of the respondents reflected that school leaders should know procedures of implementing clinical supervisory approaches, identifying the strength and weakness of the current school based supervision, the school leaders should participate teachers, department heads and through conducting pilot test for implementation of clinical supervision. As (Munson, 2002), stated that while the core dynamics and skills of supervision are similar in the cases of intermediate-level and advanced supervisors, the latter's extensive experience should enable them to be more

effective in the interpretation of practice, more skillful in interaction with supervisees, and better able to generalize from specific practice issues.

Similarly for the item they asked how their school does solve the challenges faced during implementing clinical supervisory approaches in your school most of the respondents reflect their ideas: first identifying the teachers problems in leaning teaching, discuss with teachers in what mechanisms of supervision to alleviate the problems giving training on the clinical supervision. If the objectives of clinical supervisory approaches are clearly stated before the observation and the method of data collection is discussed in a full participatory manner of all key actors during this pre-observation period, there would be no secrets about what the supervisor is doing which can put the teacher off ease, and thereby counterproductive in its desired effect. Everything works better in a climate and environment devoid of tension and mutual suspicion.

Blase and Blase, (2010) found that teachers believe good principals use the following five strategies during instructional conferences: making suggestions for instructional improvement, giving feedback on classroom observations, modeling good instruction, using inquiry to discover what teachers think, and soliciting advice and opinions from teachers.

Moreover majority of the teachers, principal and supervisors respond for the item what to be done to solve the challenges while implementing clinical supervisory approaches in their school that training is necessary on the clinical supervision for the school leaders and teachers. The supervisor must approach the process with a great deal of experience and understanding about what the supervisee needs to learn. The supervisees should take responsibility for his or her long-term goals and needs during supervision. The supervisee and supervisor need to develop a trusting relationship that enhances the ability of the supervisee to develop and improve clinical skills to deliver good care to clients. With the help of an experienced supervisor, the supervision process can be a challenging growing in process for the supervisee and rewarding for the supervisor.

In order to use new ideas in the teaching-learning process, the supervisor is supposed to observe and communicate rapidly to see the effectiveness of the teachers. To minimize factors that affect clinical supervisory practice, supervisors better to use clinical supervisory

activities and procedures professionally and they well communicate with teachers about the objective of clinical supervision to improve the teaching learning activities. As evidenced by the study, the efficiency and effectiveness of clinical supervision program in the study area is affected by major problems like inadequate communication skills of instructional supervisors, insufficient manpower in the secondary schools of Western Harargeh Zone supervision department, and inadequate training for the program. Therefore, to alleviate these problems, school principals, supervisors and department head teachers should understand the technique and procedures of applying clinical supervisory approaches as well as use effectively.

To sum up, the impeding factors of supervisory activities believed to be reduced by making supervisory activities professional, well financed and communicated by creating awareness on teachers and supervisors about the objectives of clinical supervision which is a device to help teachers to improve the teaching learning activities. Several key ideas can be summarized from the above discussion regarding the impact, role, and responsibilities of school based supervisors. Among others, school size, level, and organization, influence the presence and nature of instructional leadership. Clinical supervisor in larger, departmentalized secondary schools find it necessary to delegate responsibilities and lead in more indirect ways. District support, rather than control, is connected to strong, effective instructional leadership; principals and teachers need autonomy of governance in order to succeed.

Personal traits such as principal's gender, age, and prior teaching experience correlate positively with active instructional leadership. A remarkable consistency of findings regarding the likelihood that principals can be effective instructional leaders is evident in some research results; the general conclusion is that the impact of instructional leaders in schools and student achievement is indirect. Although, they may appear to be directly involved in the teaching and learning of students, instructional leaders influence outcomes through others.

A school's mission, founded on academic goals and high expectations, is the most important and influential responsibility of school based supervisors, clinical supervisor's efforts to create and promote a positive school climate, through resource provision, and consensus-building, are also key responsibilities. There is little empirical evidence that principals'

direct, active involvement in schools' instructional program impacts on student achievement. Clinical supervision is only one of many responsibilities of principal and supervisors. Many supervisors lack the expertise, autonomy, and/or the inclination to act as instructional leaders. Typical models of instructional leadership place too much responsibility and power on the role of a principal, neglecting the importance of involving other role players in the running of the school.

5. SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Summary of Findings

This part of the study deals with the summary of the major findings, general conclusion drawn on the bases of the findings and recommendations which are assumed to be useful to enhance the practices clinical supervision secondary schools of West Harargeh Zone are forwarded for all concerned academic staffs.

Clinical supervision is a means for achieving effectiveness in professional development of teachers, curriculum development, and ultimately signifies to students learning through teacher's improvement of classroom teaching learning activities. Thus, the clinical supervision at the school level helps teachers to be competent in their teaching learning activities; it encourages them to find suitable strategies for better students learning. Therefore, the central purpose of this study was to assess status of the Challenges and Prospects of Implementing Clinical Supervisory Approaches in Secondary Schools of West Harargeh Zone. To address this purpose, the following basic research questions were raised:

1. What is the secondary school teachers' perception towards implementing clinical supervisory approaches in the school?
2. To what extent is clinical supervisory practices are being implemented?
3. What are the major challenges that affect secondary school supervisors while implementing clinical supervision?
4. What are the innovative mechanisms through which effective implementation of clinical supervisory approaches in place?

To this effect, the study was conducted in 6 government secondary schools. Consequently, 88 teachers and 42 school-leaders were selected as a sample by using simple random and purposive sampling techniques respectively. For the study, primary and secondary data sources were employed. The data was gathered through both quantitative and qualitative tools. Accordingly, 88 copies of a questionnaire were prepared and distributed for teachers and 42 copies of questionnaires for school leaders. From the distributed questionnaires, 3 teachers did not return the questionnaires. On the other hand, to obtain qualitative data,

interview sessions were conducted with 6 principals and 6 supervisors, from the sample schools. Moreover, document analyses were used to obtain qualitative data.

The quantitative data gathered through questionnaires were analyzed in frequency, percentage, and mean value. The t-test was also utilized to check the statistical significance where there is difference or not between the opinions of the respondents assisted by a computer SPSS program version 20. Whereas, the qualitative data gathered through the open-ended questionnaire, interview and document were analyzed by narration.

Hence, the findings of the study are summarized as follows:

- Concerning teachers' perception towards clinical supervision; teacher and leaders respondents gave their opinions. The result shows that the teacher and school leader's respondents have the same view. Teachers and leaders replied that clinical supervisory approaches activities promote teachers autonomy, it increases instructional effectiveness, it helps teachers to select appropriate instructional materials and enables them to sharing experience. On the contrary, the majority of teacher respondents asserted that they were not well oriented and aware towards the clinical supervision activities.
- From the data conducted through interviews the majority of the respondents indicated that among the different options - such as clinical, informal, collegial and self-directed supervision, most of the time informal supervision was relatively more practiced in their school; whereas the rest of possible options, especially clinical supervision were not effectively implemented in their school.
- Concerning supervisors identifying teachers' problems before classroom observation, teacher and leaders respondents gave their opinions. The result shows that the teacher and school leader respondents have different views. School-leaders respondents replied that we have identified teachers' instructional problems before classroom observation. On the contrary, the majority of teacher respondents assert that they were not well oriented and aware towards the activities and significance of classroom observation from leaders. As a result, the leaders did not consider teachers' instructional problems before classroom observation to help teachers to improve students' learning; leaders did not assume implementing clinical supervision needed the collaboration of stake holders, and also they

didn't realize clinical supervision could enable them to utilize various helpful teaching technique.

- The majority of teachers concerning supervisors gave awareness the objectives of classroom observation and teachers and supervisors made agreement before classroom observation, the result shows that the teacher and school leader respondents have different view, School-leaders respondents replied that we have discussed and made agreements on the objectives of classroom observation; on the contrary, the majority of teacher respondents asserted that they were not discussed about the objectives and were not agreed upon the pre-classroom observations. As a result, the leaders did not consider the agreement and objectives of classroom observation to help the teachers in teaching and learning process.

- The findings revealed that the majority of teacher respondents including the interviewee school principals confirmed that the supervisors did not implement the pre-class observation conference in a proper manner. However, from the data conducted in questionnaires most of the leaders respondent revealed that they were made agreement and conduct as their agreements. As teachers revealed, the supervisors carried out the classroom observation without taking into account planning or making an agreement as to the purpose and methodology with the supervisee, and also conducted the observation without deciding on a suitable time by mutual agreement between the supervisee and the supervisor.

- The findings of the study showed that the supervisors failed to use the observation properly, and in particular, they left the classroom before the period was over. Furthermore, data gathered through the interview sessions, document analyses of the sample schools and open-ended questions of the questionnaire show that classroom observation was typically conducted once per a semester.

- The findings of the study revealed that the current supervision activities supervisors were not efficient in assisting teachers in conducting required regular meetings with teachers, in organizing conferences experience sharing g while classroom observation . This in turn has poor effect in helping teachers to observe each other and evaluating the current teaching task for possible further improvement; in conducting regular classroom observation, and in providing sufficient professional assistance for other teachers In the

same way the supervisors were not made post classroom observation conference properly to give chance for teachers to explain their strengths and weaknesses for the further improvement of teaching learning.

Regarding the factors that hinder the implementation of clinical supervisory approaches; the respondents confirmed that: the incapability of supervisors and principals for effective supervisory activities, lack of knowledge and skills of school leaders and teachers, lack of relevant training programs to update the supervisors; the scarcity of experienced supervisors in clinical supervision activity; the supervisors' heavy workload by routine tasks; lack of commitment of teachers towards supervision, and the absence of any supervision manual in the school, are the major ones. All these are presumed factors that could hamper the activities of effective clinical supervisory approaches in secondary schools of the study area.

5.2 Conclusion

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

As the central goal of schools is providing learning through effective teaching, school leaders such as supervisors, principals and department head teachers are expected to provide effective clinical supervision approaches for the attainment of the school goal. However, the study revealed that most leaders have not given due attention to this part of their role much of their time is spent on administrative tasks. As a result, clinical supervision is not provided strongly by most of school leaders. Moreover, the majority of leaders did not perform effectively in each supervision dimension. The classroom supervision/visits were used neither for assisting the teachers in improving their professional competence nor to use the result for improving the teaching learning process. The study also indicated that principals and supervisors were not doing well in using evaluation results for the improvement of instructional processes and for providing timely individual feedback to teachers. Furthermore, school leaders did not organize how to implement clinical supervision in the school.

Clinical supervision is related to self-development, professional growth and career development of the supervisees. The supervisor's role is to help learners to achieve their

goals by acting as counselor, facilitator and advisor. Counseling is an important function in relation to the clinical supervision because it can lead to unimproved relationship between the supervisor and supervisee. It consists of support, feedback, providing counsel, consultation, teaching, evaluation, motivation and the monitoring of professional issues. However, the school leaders as well as teachers were not having the awareness of clinical supervisory approaches concepts and its implementation procedures.

The finding of the study revealed that with regarding to the technique of classroom observation procedures, that is pre-observation conference classroom observation process and post classroom observation conference the performance in improving teaching learning process were very low. In addition, by the way of illustration planning for classroom observation had not been done including teachers enough time for classroom observation was not given. Item to included during classroom observation was not describes and feedback reports after classroom observation were not discussed and weak points were not taken positive to be strengthen in the future

Based on the findings of the study, teachers gained professional support from the current supervisory approaches in order to improve their instructional skills are insufficient. Leaders do not; support teachers to prepare different instructional materials for teaching learning effectiveness; do not support teachers on pedagogical skill improvement of teachers; do not facilitate short term training to teachers continuously; do not advice teachers to use model effective teaching methods do not create competition among teachers by designing different evaluation programs on pedagogical skill improvement. From the above findings, one may conclude that, teachers did not gain proper professional support from the current supervision in order to improve their instructional skills and so teachers' instructional skills remain unchanged.

Since schools are relatively complex compared to other social organizations, the supervisors' responsibility is also challenging. Accordingly, the study revealed that West Harargeh Zone secondary schools leaders were faced with challenges such as lack of training in I clinical supervisory approaches and inability in managing problems of teachers regarding effective teaching , inability to participate department heads and teachers

5.3. Recommendations

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

- Clinical supervisors have neither attended any clinical supervision training course since ranked as a clinical supervisor, nor have training during their tenure of service as a teacher. The researcher recommends that at least basic clinical supervision training should be given for assigned clinical supervisors by woreda, zonal or regional education experts.
- Finding of the study revealed that the five procedures of clinical supervision were not emphasized by clinical supervisors in the schools. Therefore, in order to make the clinical supervision more functional, clinical supervisors are should pass through the following five stages: At the first stage of preconference with teacher, clinical supervisors are required to create an opportunity to discuss on the purpose and objectives of the observation so as create awareness that the classroom observation is helping process and not part of the final appraisal of performance. The clinical supervisors are also should be mutually plan the lesson to be observed with teachers in order to make an agreement with the teacher on the methods and form of the observation.
- From the findings of the study it was found out that at the second stage of clinical supervision clinical supervisors failed to visit regularly an individual teacher, did not spend sufficient time during the observation, they did not only focus on the issue of teachers' teaching behaviors and instructional improvement. So, clinical supervisors are should be regularly visit an individual teacher for better improvement of instruction and teacher development, spend time from the beginning to the end of the provided period and focus only on the teachers' teaching behaviors and instructional improvement.
- The findings of the study pointed out that the practice of the third stage of clinical supervision did not function as expected. So, clinical supervisors should be involve the observed teacher in the process of analyzing and interpreting the collected data, interpret and

analyze the observed data without bias, take in to account teachers experience, nature of the lesson and level of relationship before post observation conference, and organize information to give constructive feedback that builds on teacher's capabilities and teaching behaviors.

- At the fourth stage of clinical supervision as the study show clinical supervisors were failed to provide a constructive feedback to the observed teacher, focus too much on strength than on the weakness of teacher and use the data collected from classroom observation to improve teachers' classroom behaviors. So clinical supervisors strongly recommended to provide immediate face to face feedback to teachers after classroom observation, make a post- observation conference about the things only observed during classroom observation, use only the data collected from classroom observation to improve teachers' classroom behaviors, focus too much on strength than on the of teacher weakness because teachers may prepare themselves for better improvement, provide a constructive feedback to the observed teacher and develop a better strategy that will be used for the next session of clinical supervision cycle at the end of the feedback. Critique of the previous four steps is the last cycle of clinical supervision.
- At this stage is a time for reviewing whether the format and procedures from pre-conference through post conference were satisfactory and whether revisions might be needed before repeating the sequence. Thus, clinical supervisors are strongly recommended that to evaluate the whole supervisory process for future improvement, identify what further strategy could be used to improve once own self supervisory skills and select a better strategy that is used for the next session of clinical supervision should consider under this stage.
- The purpose of clinical supervision is to provide support to teachers (to assist) and to increase teachers' abilities to be self supervised. However, the study revealed that the role of clinical supervisors in promoting teachers development were not functioned properly. So, clinical supervisors should alleviate problems what they observe during the classroom observation and invest their potential to make teachers professionally competent through different mechanisms.

- These mechanisms may include facilitate teachers to learn from one another through peer learning, offer seminars in order to fill classroom skill gaps of teacher, making the observed teacher to improve his/her classroom problems through CPD activities, providing teachers with short term trainings in order to alleviate classroom problems that hinder their effectiveness, in assigning mentor to continuously assist the observed teacher in order to alleviate the classroom problems. Clinical supervisors strongly advised to have a plan of teachers development program in their school based on problems observed during the classroom observation.
- The study revealed that the effectiveness of clinical supervision practices in West Harargeh Zone is hindered by many factors. To alleviate these problems, therefore, it is advisable for clinical supervisors to visit classrooms on a regular basis and when they do so, they have to spend sufficient time in the classroom so as to have fuller information about teachers' classroom behavior and provide productive comments accordingly. The finding of the study indicated that supervisors were not given enough training to properly carry out their practices. Therefore, Oromiya Regional Education Bureau, Woreda Education Office and Zonal Education Department in collaboration with local non- governmental organizations are recommended to organize short term refreshment training and in-service trainings in the form of workshop, experience sharing and disseminating best practices to clinical supervisors. Moreover, it is advisable that clinical supervisors be free of teaching loads so as to focus on their primary responsibilities.
- Those who were assigned as clinical supervisors have to be motivated through additional incentives especially for department heads and senior teachers and creating a conducive environment for them is very interesting. And also allocating a budget for training is advisable. However, the finding of the study disclosed that there is shortage of budget to run clinical supervision services adequately. Therefore, it is better if schools think over it.
- Regular and effective professional development activities school leaders read the educational supervision manuals, educational sectors development (ESDP V) and they should read different professional competence to update their competence, teachers should

be organized by clinical supervisory approaches to enable teachers identify and develop their strengths, and address their weaknesses.

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

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7. APPENDIXCES

APPENDIXCE-A

HARAMAYA UNIVERSITY

POST GRADUATE PROGRAMEDIRECTORATE

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCE

DEPARTEMENT OF EDUCATIONAL PLANIG AND MANAGEMENT

This questionnaire will be filled by secondary school teachers, department heads, school principals, vice- principals and school supervisors.

The purpose of this questionnaire is to collect data for **MA** thesis entitled “**Challenges and Prospects of Implementing Clinical Supervisory Approaches in Selected Secondary Schools of West Harergeh Zone.**” Your responses are vital for the success of the study. So, you are kindly requested to read all questions and fill the questionnaire with genuine responses. Be sure that the responses are used only for educational purposes and information is kept confidential.

Please note the following points before you start filling the questionnaire:

- Do not write your name on the questionnaire.
- Read all the questions before attempting to answer the questions.
- There is no need to consult others to answer the questions.
- Provide appropriate responses by using “√ “mark to choose one of the selected Likert scales.
- Give your answer for all questions

❖ Thank you for cooperation in filling and returning this questionnaire.

Part I: Background of the Respondents

Sex: A) Male B) Female

Age: A) 20 -25 B)26-30

C) 31-35 D) 36 and above E) specify if any

3. Academic qualification

Diploma B)BA degree C)BED degree

D) BSC degree E) MA/MSC degree F) if any

4. Work Experience

1-5 years B)6-10 years

C) 11-15 years D) 16-20 years E) 21 and above

Current Position

Teacher B) head of department

C) Vice- Principal D) Principal E) Supervisor

Part II: 1. Items regarding your perception on implementing clinical supervisory approaches in school

Instruction: Indicate your response to the following items by using \surd mark in the box with the response:

Indicate your level of agreement to the statement concerning your perception regarding implementing clinical supervisory approaches in your school. **1=Strongly Disagree (SD) 2=Disagree (D) 3= Undecided (U) 4=Agree (A) 5= Strongly Agree (SA)**

No	Items	Scales				
		SD	D	U	A	SA
1	I believe that teachers perceive clinical supervisory approaches a means to promote teachers' autonomy	1	2	3	4	5
2	I believe that teachers perceive clinical supervisory approach preferable of teachers	1	2	3	4	5
3	I believes that clinical supervisory approaches enhance instructional effectiveness in promoting students learning	1	2	3	4	5
4	I believes that clinical supervisory practice helps teachers to select and use appropriate instructional materials	1	2	3	4	5
5	I believe that clinical supervisory approached practice teachers to create cooperative spirit within teachers	1	2	3	4	5
6	I believe that clinical supervisory approaches help teachers to solve the actual instructional problems	1	2	3	4	5
7	I believe the clinical supervisory approaches help teachers to use appropriate teaching methods	1	2	3	4	5
8	I believe that clinical supervisory approaches facilitate teachers supervisor relationship	1	2	3	4	5

Part III. Information on to what extent to clinical supervisory approaches practices are being implemented in your school.

Instruction: Indicate your response to the following items by using “√” mark in the box with the response: 1= **Strongly Disagree (SD)** 2=**Disagree (D)** 3= **Undecided (U)** 4) =**Agree (A)** 5= **Strongly Agree (SA)**

No	Items	Scales				
		SD	D	U	A	SA
1	Pre Class Room Observation Supervisor identify teachers’ problems regarding learning teaching process before classroom observation	1	2	3	4	5
2	Supervisor discusses with teachers on the main objectives classroom observation before classroom observation	1	2	3	4	5
3	Make agreement with teachers on objectives of classroom observation	1	2	3	4	5
4	Classroom observation Classroom observation is implemented as teachers supervisor agreed upon	1	2	3	4	5
5	Classroom observation proceed full period of time	1	2	3	4	5
6	Allow teachers to observe classroom while another teachers teaching	1	2	3	4	5
7	Post classroom observation Make conference to examine the consistencies between planned and conducted observation	1	2	3	4	5
8	Give chance for the observed teachers to explain his/her strengthen and weakness about his/her teaching process during observation	1	2	3	4	5
9	Gives constructive support for teachers after classroom observation based on agreement upon	1	2	3	4	5

PartIV.Information on the major of challenges that affect secondary school supervisors while implementing clinical supervisory approaches in your school.

Instruction: Indicate your response to the following items by using “√”mark in the box with the response **1= strongly Disagree (SD) 2=Disagree (D) 3= Undecided (U) 4=Agree (A) 5= Strongly Agree (SA)**

(School leaders in this contexts: Supervisor, principals, vice principals, department head teachers)

No	Items	Scales				
		SD	D	U	A	SA
	Knowledge					
1	Teachers have lack of knowledge about concept of clinical supervisory approaches to implement.	1	2	3	4	5
2	School leaders focusing on administration rather than focusing on instructional/teaching –learning areas	1	2	3	4	5
3	School leaders have lack of experience about concept of implementing clinical supervisory approaches.	1	2	3	4	5
	Skill					
4	School leaders evaluate teachers only through their class room performance	1	2	3	4	5
5	The school leaders use a standard instrument and process for gathering data during classroom observation	1	2	3	4	5
6	School leaders have skill for implementing clinical supervisor approaches.	1	2	3	4	5
	Commitment					
7	Teachers have readiness to accept their instructional limitation during feed back	1	2	3	4	5
8	Teachers have lack of commitment towards applying clinical supervisory approaches .	1	2	3	4	5
9	There is lack of following up the activities of teachers’ by school leaders	1	2	3	4	5

Part V. Information on the innovative mechanisms through which effective implementation of clinical supervisory approaches in place

Instruction: please, answer the following questions briefly related to the mechanisms to reduce the challenges of implementing clinical supervisory approaches in your school

1 .What are the mechanisms to be used by supervisors/principals to implement clinical supervisory approaches in your school?

2 .What are the strategies that the school uses to strengthen clinical supervisory approaches in your school?

3 .How your school does solve the challenges faced during implementing clinical supervisory approaches in your school?

4 .What to be done to solve the challenges while implementing clinical supervisory approaches in your school?

APPENDIXCE-B

HARAMAYA UNIVERSITY

POST GRADUATE PROGRAMEDIRECTORATE

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCE

DEPARTEMENT OF EDUCATIONAL PLANIG AND MANAGEMENT

Interview guides to conduct with principals and supervisors

The purpose this interviews is to collect data for MA thesis entitled “**Challenges and Prospects of implementing Clinical Supervisory Approaches in Selected Secondary Schools of West Harergeh Zone.**” Your responses are vital for the success of the study. So, you are kindly requested to read all questions and fill the questionnaire with genuine responses. Be sure that the responses are used only four educational purposes and information is kept confidential.

Tank you in advance for your cooperation

Part I: General information and personal data

1. Position_____
2. Qualification_____
3. Present position_____ 4. Experience at present position_____

Part II: Give your response To the following questions in short and precise.

1. What is your understanding about clinical supervision?
2. What is your opinion regarding the overall clinical supervisory practice in promoting teachers professional competencies?
3. What supervisory procedures and techniques do clinical supervisors should follow in conducting classroom observation?
4. . What are the problems encountered during the implementation of clinical supervisory approaches in your school?
5. What do you suggest as solution for the problems as principals /supervisor?

APPENDIXCE-C

HARAMAYA UNIVERSITY

POST GRADUATE PROGRAMEDIRECTORATE

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCE

DEPARTEMENT OF EDUCATIONAL PLANIG AND MANAGEMENT

Document Review Checklist

The document review checklist will conduct based on the following school documents

School _____

No	Documents	Are there in school?		Remark
		YES	NO	
1	School checklist to visit classroom			
2	Department checklist to visit classroom			
3	Documents indicates pre and post class room observation conference			
4	Teachers portfolio feedback for teachers from: Supervisor/principal Department heads Peer group/the same subject teachers			
5	Professional competence standard for school principals			
6	Professional competence standard for school supervisor			
7	Professional competence standard for school teachers			
8	Any supervision document from MOE/OREB			

APPENDIXCE- D

HARAMAYA UNIVERSITY

POST GRADUATE PROGRAMEDIRECTORATE

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCE

DEPARTEMENT OF EDUCATIONAL PLANIG AND MANAGEMENT

Checklist for Following the Procedure of Implementing Clinical Supervision in the School

Name of the School _____

_____ Subject _____ Grade _____ Section _____ Date _____

Steps on clinical supervision

Step One

Is there pre-observation conference? _____

If there is what are the main points the supervisor and supervisee was agreed upon? _____

Step Two

Tools used for classroom observation _____

The main problems identified during classroom observation _____

Step Three

Interpretationphase _____

Step Four

Post observation conference _____

Step Five

The points that they were agreed upon-----

The Results of the Pilot Test

No	Major variables	No of items	No of Cronbach'sAlpha
1	Perception on implementing clinical supervisory approaches in school	8	.802
2	Clinical supervisory approaches practices are being implemented in your school.	9	.87
3	The major of challenges that affect secondary school supervisors while implementing clinical supervisory approaches in your school.	9	.805
4	Average reliability statistics	26	0.825