

Pivots During COVID–19: Teachers, Students, Parents, and Supervisors in the Circle of Literacy Clinics

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EXECUTIVE SUMMARY

Multiple stakeholders in literacy clinics around the world were affected by pivoting from face-to-face or online to totally remote platforms during the COVID-19 pandemic. This chapter, after providing some contextual descriptions and theoretical framing, explores findings from two literacy clinics in the United States, one in a rural Midwest area and the other in an urban region along the Eastern Seaboard. The implications from these two sites are representative of other literacy clinics across North America and elsewhere as they made necessary adaptations because of COVID-19.

INTRODUCTION

Literacy clinics historically and currently are sites designed for the professional development of veteran teachers or pre-service tutors. They are required clinical practica, which are significant components of pre-service education of K-12 teachers or a graduate degree as a reading specialist. The teachers (or tutors--if they are pre-service) provide assessments of young students, specifically what strengths and needs they have in word identification, fluent reading, many aspects of comprehension, and written composition. Furthermore, they design appropriate learning environments, and deliver literacy instruction that is tailored for their assigned students based on their assessed needs (Dozier & Deeney, 2013; Laster, 2020a). Across many countries, literacy clinics assist young students to advance their reading and writing within the context of their families (Laster, 1999; Dozier et al., 2019; Dozier & Smit, 2013). Parents or caregivers are often directly involved in extending the instruction.

Since literacy clinics were established in 1921, they have been face-to-face (Laster, 2013), often located at universities. During the last 10 years, some colleges of education, because of physical space limitations, have moved their literacy clinics to online platforms in which the teacher and the student are at one site (usually a school) and the supervisor is located elsewhere (Vokatis, 2017).

Whether face-to-face or online, literacy clinics have been spaces for research and careful examination of literacy processes, student engagement, and teacher learning, as well as other topics (Laster et al., 2016; Laster, et al., 2018; Laster et al., 2021; Ryan, 2013; Vasinda, et al., 2015). Traditionally, literacy clinics have included multiple innovative practices for assessment, instruction, coaching, consultation, and family literacy connections (McAndrews & Msengi, 2013; Pletcher et al., 2019). Typically, professional learning includes autonomous decision-making by the teachers as they choose multiple assessments to determine the child's strengths (i.e., reading comprehension, writing composition, interest, culture, attitude) and areas needed for literacy improvement. Also, teachers are empowered to design appropriate instruction. As teachers assess and provide instruction to students, they receive feedback from a supervisor. Teachers, as reflective practitioners, strive to gain strategic knowledge that enables them to explore, recognize, acknowledge, and make adaptations to their instruction (Shanahan et al., 2013). Furthermore, the graduate students are provided opportunities to peer coach and consult with each other on the best literacy strategies based on each student's needs. This mirrors the role of literacy coach (Evensen & Mosenthal, 1999). Reciprocal and recursive learning by teachers and by students has been a hallmark of literacy clinics with emphasis on culturally responsive pedagogy that recognizes the importance of social justice (Love, 2019). Typically, in literacy clinics, teachers help to advance literacy learning for all students, inclusive of individuals' cultures and identities (Dozier et al., 2019; Laster et al., 2021).

Teaching during the pandemic has been one of the most challenging experiences for educators across disciplines, schools, districts, and literacy clinics (Laster, 2020b). It has also been surprising and rewarding. Faculty in colleges of education, as well as teachers and preservice tutors, have noted the many obstacles of pivoting to *remote* sites (students in their homes, teacher in their home, and supervisor/teacher educator in the third place of their home) during the Covid 19 pandemic. Some of the hindrances that were voiced relate to making authentic connections with students, adapting to technological interruptions, assessment of student understanding of content, and managing work-life balance (Plummer, et al., 2021). On the other hand, teachers have noted some unique opportunities that arose during the pandemic, such as working collaboratively with peers to innovate new approaches to teaching that are engaging, creative, and effective. Others have noted that the modifications necessitated by the pandemic affected social and cognitive aspects of teaching, and that those may enhance future teaching practice, instructional flexibility, internet flexibility, cost effectiveness, and commitment to family or work (Howard, Wickelmen & Shegog, 2019).

Due to the COVID-19 pandemic, the functioning of literacy clinics shifted. Across hundreds of sites, they have had to adapt to different online modalities of instructional delivery, either hybrid or completely remote, conducted asynchronously or synchronously. From this atypical alteration of literacy clinics what will be harvested?

THEORETICAL FRAMEWORKS

Thoughtful collaboration among supervisors, teachers, children, and their parents in online or remote clinics was necessary during the pandemic. Thus, one foundational framework was the ecological per-

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