

Exploring School Leaders' and Teachers' Perceptions of Clinical Supervision: A Multi-Case Study in Indonesian Junior High Schools

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Abstract— This study aims to describe and analyze the perceptions of school principals and teachers regarding the implementation of clinical supervision, based on a multi-case study conducted at SMP Al Falah Assalam Sidoarjo and SMP Bilingual Terpadu Krian Sidoarjo. A qualitative approach with a multi-case study design was employed. Data were collected through participant observation, in-depth interviews, and document analysis. The findings reveal that principals and teachers perceive clinical supervision as: (1) a form of professional support provided by principals to enhance teacher performance; (2) a process that requires teachers' self-awareness and intrinsic motivation to improve; (3) a collaborative effort grounded in collegial relationships; (4) an effective means of enhancing teaching practices and improving the quality of learning; and (5) a process that demands considerable time and commitment.

Keywords— clinical supervision, principal's perception, teacher's perception

I. INTRODUCTION

The Ministry of Education and Culture of the Republic of Indonesia, through Regulation No. 22 of 2016 on the Process Standards for Primary and Secondary Education (Chapter VI), mandates that instructional supervision be carried out through monitoring, supervision, evaluation, reporting, and consistent follow-up. Both school principals and supervisors are responsible for overseeing the quality of teaching and learning in schools. This regulation reinforces the notion that classroom supervision alone is insufficient to improve teaching quality; instead, it requires ongoing and sustainable follow-up, which can be effectively achieved through clinical supervision.

Teachers need continuous professional development programs that support them in shifting from outdated teaching practices to more effective, student-centered approaches. Such programs should empower teachers to apply new competencies in specific contexts that benefit both students and teachers. One such program, known as clinical supervision, was first introduced by Cogan (1973) and focuses on in-class supervision designed to promote professional growth. Acheson and Gall (1987) emphasized that clinical supervision is a form of professional assistance that helps teachers improve their classroom performance. Therefore, clinical supervision plays a critical role in advancing teacher professional development. When implemented effectively, clinical supervision can accelerate teachers' learning and significantly enhance teaching and learning processes in schools. However, it requires a substantial investment of time and a sustained collaborative effort between teachers and school administrators (Sergiovanni, 2006).

The implementation of clinical supervision is crucial in the effort to improve teaching quality. First, conventional instructional supervision conducted in schools often lacks constructive feedback and follow-up mechanisms (Makawimbang, 2013). Second, such supervision tends to resemble inspection visits, which are often unannounced and lack pedagogical depth. Third, clinical supervision serves as professional support for teachers facing various instructional challenges, such as falling behind in technological advancements, repeating the same instructional mistakes, experiencing professional burnout, or losing their professional identity. Fourth, effective implementation of clinical supervision can serve as an indicator of a successful school (Glickman, 2014). Fifth, clinical supervision is typically initiated by either the principal or the teacher, but must be based on mutual agreement and voluntary participation. Sixth, clinical supervision is grounded in collegial relationships, promoting equality and mutual respect between teachers and supervisors. In many schools, teaching quality remains relatively low. First, results from instructional supervision by principals and external supervisors reveal that many teachers still score poorly. These teachers often lack complete lesson plans, struggle with classroom management, continue to use outdated, teacher-centered instructional methods, and fail to integrate technology effectively into their teaching. Second, when teachers employ instructional strategies that do not align with learning objectives, students struggle to comprehend the material, leading to low academic achievement.

This situation reflects the low levels of teacher professionalism and work motivation. As key figures in student development, teachers are expected to demonstrate subject-matter expertise, pedagogical competence, and sensitivity to students' learning needs. However, in practice, not all teachers possess these competencies, which adversely impacts students' learning outcomes. Although student achievement is influenced by multiple factors, the teacher's role remains central to student success. SMP Bilingual Terpadu Krian and SMP Al Falah Assalam Sidoarjo are private junior high schools in Sidoarjo Regency that have implemented clinical supervision to enhance teacher performance and instructional quality. The clinical supervision practices at these two schools exhibit unique, innovative, and exemplary characteristics. Both schools conduct clinical supervision through three key stages: planning conference, classroom observation, and feedback with follow-up. The relationship between principals (as supervisors) and teachers is built on collegiality and equality, rather than hierarchical authority, resulting in a more humanistic supervisory process.

At SMP Bilingual Terpadu Krian, the principal adopts a Collaborative Interpersonal Approach, whereby the principal and teachers work together to analyze instructional challenges and develop joint solutions. Seminars are used as platforms to introduce and deepen teachers' understanding of clinical supervision. In contrast, at SMP Al Falah Assalam Sidoarjo, the principal applies an Indirect Interpersonal Approach, allowing teachers to take the initiative in identifying and addressing instructional issues, while the principal provides encouragement, suggestions, and feedback. Additionally, the school conducts Tazkiyatun Nafs sessions to support teacher reflection, motivation, and character development. These sessions' help foster a culture of continuous self-improvement in teaching practices.

The consistent implementation of clinical supervision at both schools has led to noticeable improvements in teacher performance and instructional quality. The success of these practices is closely linked to the positive perceptions held by both principals and teachers regarding clinical supervision. Therefore, this study aims to explore the perceptions of principals and teachers toward clinical supervision as a basis for guiding other schools in developing more effective and positive approaches to instructional improvement.

II. LITERATURE REVIEW

Clinical Supervision

The term clinical supervision was first introduced by Cogan (1973), who emphasized the need for continuous, professional support programs that assist teachers in replacing outdated instructional behaviors with new, more effective ones. According to Cogan, this form of supervision should empower teachers to implement new competencies in specific classroom contexts for the benefit of students, individual classes, and the teachers themselves. Clinical supervision, therefore, is a structured program that focuses directly on classroom instruction and professional growth.

Cogan and Goldhammer, as cited in Acheson and Gall (1983), further explain that the term clinical signifies a face-to-face, intimate professional interaction between teacher and supervisor, with a concentrated focus on the teacher's instructional practices. This direct and personalized approach to supervision aims to foster reflective teaching and professional dialogue. Sergiovanni (2006) defines clinical supervision as a teacher-centered and classroom-focused practice conducted through direct, collaborative engagement between the supervisor and the teacher. The primary objective is to assist teachers in understanding and improving their instructional behaviors. While experts agree that clinical supervision has the potential to accelerate teacher learning and significantly improve classroom instruction, Sergiovanni also notes that it demands considerable time and effort to be effectively implemented within the constraints of bureaucratic school systems. Nevertheless, he argues that for educators committed to meaningful school improvement, clinical supervision offers a powerful and worthwhile strategy.

Supporting this view, Gregorio (as cited in Suhardan, 2010) asserts that "no school system or educational program is better than the quality of the teaching personnel who compose it." This statement highlights that the quality of education in any school is directly proportional to the competence of its teaching staff. In this context, teaching personnel specifically refers to teachers, who play a critical role in determining the quality of learning within educational institutions. Teachers serve as the central agents in the learning process, and their instructional competence directly influences student achievement. Effective learning experiences—those that are easily absorbed by students—are largely the result of skilled teachers who can meaningfully translate the curriculum into practice. Thus, the professional capabilities of teachers contribute significantly to the overall quality of education offered by a school (Suhardan, 2010, p. 67). Research conducted by the Center for Educational Research and Development (Balitbang Depdikbud) revealed that while many teachers possess high potential for growth, their abilities often go untapped due to a lack of institutional support and effective utilization strategies.

The specific objectives of clinical supervision are fourfold. First, it provides teachers with constructive feedback on their teaching practices, emphasizing the development of self-awareness, self-confidence, and mastery of essential instructional skills. Second, it helps identify problems that arise during the teaching and learning process and supports teachers in resolving them. Third, clinical supervision offers guidance in the application of various teaching strategies. Fourth, it encourages the autonomous and sustainable professional development of teachers throughout their careers. Suhardan (2010) offers a perspective closely aligned with that of Daryanto and Rachmawati, suggesting that supervision for quality improvement should be a voluntary and collaborative process. Rather than relying on top-down enforcement, school leaders are encouraged to create opportunities for teachers to express their ideas and take ownership of instructional innovation. Teachers are more likely to feel responsible and committed when their input is valued and integrated into school policies.

In this context, traditional inspection-based supervision is considered ineffective in promoting lasting changes in teaching behavior. Teachers may become resistant when supervision is perceived as fault-finding rather than supportive. Sustainable instructional improvement stems from the teachers' own awareness—an awareness that often arises when they observe students struggling and recognize the need for alternative instructional approaches.

Principal's Perception of Clinical Supervision

Acheson and Gall (1987) assert that the effectiveness of clinical supervision is fundamentally influenced by two key factors: the perceptions of principals and teachers toward its implementation, and the degree to which clinical supervision impacts instructional effectiveness. These perceptions shape the way supervision is received, internalized, and acted upon within school environments. Perception itself is a complex cognitive process by which individuals interpret sensory input from their surroundings—whether visual, auditory, emotional, experiential, or olfactory—leading to subjective understandings that often differ from person to person. Thoha (2016) explains that perception is not a direct recording of reality but rather an individualized interpretation shaped by internal mental processes. David Krech, as cited by Thoha, describes perception as a sophisticated mental operation that produces a unique mental representation of reality, which may deviate from the objective situation (p. 142). Similarly, Luthans (2011) emphasizes that perception is broader than mere sensory detection; it is an interpretive process that creates personal meaning from external stimuli, potentially diverging from actual conditions.

All three scholars converge on a central idea: perception is how individuals cognitively construct meaning from information about their environment, resulting in personally filtered versions of reality. In the context of education, clinical supervision is defined as targeted professional assistance provided by school leaders to teachers facing specific instructional challenges. Daryanto and Rachmawati (2015) clarify that not all teachers are subject to clinical supervision; rather, it is designed for teachers who voluntarily seek guidance or are recommended by the principal—with mutual consent—to receive support in addressing instructional issues.

Suhardan (2010) shares a similar view, suggesting that quality-oriented supervision should be rooted in the teacher's own initiative and conducted voluntarily. In this approach, the principal acts as a facilitator, providing the space and support for teachers to develop and implement their instructional ideas. When teachers perceive that their contributions are valued and that they have ownership over improvement efforts, they are more likely to take responsibility and act with commitment. Conversely, top-down inspection-based supervision can hinder instructional improvement. Teachers often become defensive or disengaged when supervision is perceived as fault-finding rather than supportive. The genuine desire to improve often arises from teachers' own awareness of student learning needs, which can spark the realization that new or alternative teaching strategies are necessary.

Providing support to help teachers improve their instructional methods should not be viewed as criticism or a judgment of incompetence. Instead, it is a constructive effort to enhance the quality of teaching already in practice. Principals must recognize that teaching is ultimately the teacher's domain and that most teachers, particularly those with significant experience and qualifications, are capable of managing their classrooms effectively. Teachers who are aware of the need to improve and are willing to change are valuable assets. It is the principal's role to channel this willingness into structured improvement through clinical supervision.

Clinical supervision can also be initiated by the principal if a teacher is reluctant to engage in self-improvement, provided that the process is based on mutual agreement (Daryanto & Rachmawati, 2015). To ensure that the support is targeted and effective, principals must first conduct a thorough analysis of the teacher's strengths and areas for development. This analysis helps ensure that interventions are relevant and positively framed, avoiding the perception of blame or criticism. According to Suhardan (2010), such an approach fosters a sense of appreciation and fulfillment among teachers, who feel their professional needs are being met respectfully and empathetically.

The success of a teacher's instructional performance can often be measured by how well students engage with and comprehend the material. Principals, therefore, must foster an environment of open communication and trust, where ideas for improvement emerge organically from informal interactions. Informal settings often encourage spontaneous, valuable ideas that can evolve into meaningful changes if recognized and supported. Regular and informal conversations with teachers, classroom visits, and genuine inquiries about their progress and challenges are critical components of effective supervision. In this setting, the principal assumes the role of a colleague rather than an authority figure. This aligns with the foundational principle of clinical supervision: collegiality.

Acheson and Gall (1983) emphasize that when principals act as supervisors, they must dedicate sufficient time to conduct objective and relevant classroom observations. Two cycles of clinical supervision per year may be inadequate to detect or support meaningful behavioral change in teaching; six to eight cycles are deemed more realistic and effective. This aligns with Suhardan's (2010) perspective that effective teacher development requires careful planning, clear identification of issues, sufficient funding, and time allocation.

Teachers' Perceptions of Clinical Supervision

Teachers form their perceptions of instructional leadership based on the principal's personal character and professional attributes. Effective principals are those who model a love of learning and "walk the talk" by embodying the values they wish to cultivate in their schools. In this way, principals help create a positive and supportive learning environment. Teachers emphasize that principals should demonstrate a strong grasp of all aspects of school professionalism and provide meaningful support to help teachers perform their duties to the best of their abilities.

Teachers also highlight the importance of collegiality and peer support, as well as backing from central government authorities to enable principals to function effectively in their leadership roles. When instructional leadership is implemented effectively, it promotes collaboration among all school staff, fostering a shared commitment to improving student achievement. There is a general consensus among teachers that supervision is essential for evaluating instructional performance. However, teachers expect principals—who often serve as supervisors—to possess the requisite competencies to conduct supervision effectively. This includes the ability to offer constructive guidance for enhancing the quality of teaching and learning (Poirier, 2009). The principal's competence in applying clinical supervision techniques is seen as a major source of teacher trust and professional respect.

A study by James Shinn, as cited in Acheson and Gall (1983), found that teachers prefer principals who utilize a variety of clinical supervision techniques. Furthermore, Amidon and Blumberg discovered that teachers feel more comfortable when supervisors employ indirect communication techniques during the planning conference phase of clinical supervision, as this approach tends to foster more productive discussions. These findings underscore the importance of adopting supervision practices that are both skillful and sensitive to teachers' needs. The perceptions held by principals and teachers play a pivotal role in shaping how clinical supervision is enacted in schools. These perceptions are often reflected through observable behaviors and understandings related to various aspects of clinical supervision. When both parties share a clear, constructive view of the process, the implementation of clinical supervision is more likely to succeed and result in meaningful improvements in instructional quality.

METHOD

This study focuses on the perceptions of school principals and teachers regarding the implementation of clinical supervision. To explore these perceptions meaningfully, the research required an in-depth observation and interview process conducted in a natural, real-life setting. Therefore, a qualitative approach was deemed the most appropriate. Specifically, a multi-case study design was employed to provide a comprehensive and holistic description of two Islamic private junior high schools that have implemented clinical supervision practices. The two schools differ in several aspects, including school type (one being a general Islamic private school, the other a modern pesantren-based Islamic school), student demographics (input and output quality), and geographic location. The study was conducted at SMP Bilingual Terpadu Krian and SMP Al Falah Assalam Sidoarjo, both located in Sidoarjo Regency, East Java, Indonesia. The primary participants in this study were school principals and teachers from both institutions. Additional data sources included supporting documents such as school reports, photos of activities, learning products, and direct classroom observations.

Data in this study were collected using three primary qualitative methods: participant observation, in-depth interviews, and document analysis. These techniques were selected to obtain rich, detailed information from multiple sources and perspectives. Each method provided unique insights into how clinical supervision was implemented and perceived within the school settings. Participant observation enabled the researcher to interact directly with the environment, capturing authentic behavior, communication patterns, and institutional routines. In-depth interviews allowed for the exploration of participants' thoughts, beliefs, and experiences related to clinical supervision. Document analysis—of school reports, supervision records, photos, and activity documentation—served to triangulate data and enrich contextual understanding. As Moleong (2007) notes, qualitative research aims to holistically understand a phenomenon from the participant's perspective, using tools such as observation, interviews, and documentation.

III. RESULTS AND DISCUSSION

Findings from the field indicate that principals at SMP Al Falah Assalam Sidoarjo and SMP Bilingual Terpadu Krian share similar perceptions regarding the implementation of clinical supervision. They view clinical supervision as a form of professional assistance provided by the principal to teachers. During the planning conference stage, the principal conducts in-depth interviews with the

teacher to explore challenges faced in the teaching and learning process until the root of the problem is clearly understood. Teachers are then encouraged to propose alternative solutions, which the principal may refine or enhance using their expertise as an instructional leader. This collaborative planning discussion strengthens the teacher's trust in the principal as a competent supervisor who is always ready to offer professional support to improve instructional practices and enhance classroom learning quality.

In the post-observation conference, the principal's appreciative attitude toward any level of teacher achievement plays a critical role. Rather than focusing on fault-finding or criticism, the principal and teacher collaboratively identify best practices, assess areas for improvement, and formulate constructive feedback. This supportive approach motivates teachers to try new strategies and continuously improve their teaching, knowing that they are backed by a leader who genuinely supports their professional growth. This aligns with Acheson and Gall's (1987) assertion that clinical supervision is designed to help teachers enhance their instructional performance through collaborative participation with their supervisor.

Furthermore, the principals believe that effective clinical supervision is driven by a teacher's intrinsic motivation and self-awareness of instructional weaknesses. They emphasize the need for teachers to maintain a desire for professional growth, job satisfaction, and recognition. When conducted humanistically, clinical supervision fosters such motivation—not by highlighting deficits, but by offering solutions and pathways for improvement. As Makawimbang (2013) notes, the quality of clinical supervision has a direct impact on teacher motivation and instructional improvement. Additionally, both principals highlight the importance of collegial relationships in the supervisory process. A school climate characterized by openness, collaboration, and mutual support creates a sense of comfort for teachers to communicate freely and seek assistance. Teachers are treated as professional partners rather than subordinates, fostering mutual respect and engagement. In this environment, teachers and principals jointly identify problems, develop action plans, implement instructional changes, and evaluate outcomes. This reflects Sergiovanni's (2006) and Makawimbang's (2013) view that clinical supervision should be collaborative and focused on problem-solving rather than control or punishment.

The findings also reveal that clinical supervision positively impacts the quality of teaching and learning. Its success is closely tied to the principal's supervisory competence. Teachers feel supported and confident in improving their practices when guided by a knowledgeable and empathetic leader. Such a climate reinforces a positive perception of supervision and cultivates a sustainable culture of continuous instructional improvement. Suhardan (2010) emphasizes that when teachers are given the opportunity to implement their ideas with the support of school leadership, they feel respected, heard, and responsible—conditions that reinforce a positive perception of supervision.

However, principals also acknowledge that clinical supervision requires time and commitment. Each phase—planning, observation, and post-conference—demands active involvement from both the principal and teacher. Teachers must engage in reflective practices, while principals need to conduct thorough discussions and analyses. This aligns with Salma et al. (2018), who found that time constraints are one of the main barriers to clinical supervision. To address this, Pidarta (2009) suggests focusing supervision on specific, high-priority instructional issues and limiting it to a manageable number of class sessions. Additionally, Makawimbang (2013) proposes using video recordings of classroom instruction as a flexible alternative for observation. Teachers can record their lessons using smartphones or enlist students to assist with filming. The recorded video can then be analyzed collaboratively during feedback sessions, allowing for greater flexibility in scheduling and reducing pressure during classroom observations. This strategy not only supports teacher confidence but also enables principals to conduct observations without physically entering the classroom, making supervision more efficient and less intrusive.

In summary, the findings indicate that both principals and teachers share a positive perception of clinical supervision. They see it as professional assistance rooted in mutual trust, driven by intrinsic motivation, built on collegial relationships, and capable of improving instructional quality—despite the time investment it requires. With the right strategies and a collaborative spirit, clinical supervision can be a powerful tool for sustained school improvement.

IV. CONCLUSION

This study concludes that principals and teachers share similar perceptions regarding the implementation of clinical supervision. They view clinical supervision as a form of professional support provided by the principal to assist teachers in improving their instructional practices. Teachers are expected to possess self-awareness and intrinsic motivation to enhance their performance. The process of clinical supervision is built upon collegial relationships that foster openness and collaboration between principals and teachers. Additionally, clinical supervision is perceived as an effective strategy for improving teaching behavior and the overall quality of learning in the classroom. However, it is also recognized that clinical supervision requires a significant investment of time to carry out its various stages effectively.

Principals are encouraged to continuously enhance their supervisory competencies to provide effective professional support through clinical supervision. Building collegial relationships with teachers is also essential to create a safe and open environment where teachers feel comfortable sharing instructional challenges. Principals may also consider using alternative supervisory methods, such as video recordings of classroom instruction—conducted by teachers or assisted by students—to address time constraints. For teachers, it is recommended to engage in regular reflection on their teaching practices, which can increase their awareness and motivation to address instructional issues and improve the quality of learning. Finally, future researchers interested in similar topics can use this study as a reference and further explore perceptions of clinical supervision in similar educational contexts, such as those found in SMP Al Falah Assalam Sidoarjo and SMP Bilingual Terpadu Krian.

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