AN ANALYSIS OF POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS BENCHMARKS OF QUALITY SCORE GAINS ON STUDENT RISK SCREENING SCALE SCORES

By

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I dedicate this research to my daughter Eleanor. Always be brave, give it your all, and never be afraid to fail sweet girl.

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ABSTRACT

Treatment integrity, or the degree to which an intervention is implemented as designed, has been overlooked in research and practice (Gresham, 1998). The Benchmarks of Quality (BoQ) is a treatment integrity tool used to measure the implementation fidelity of School Wide Positive Behavior Intervention and Supports (SWPBIS). The Student Risk Screening Scale (SRSS) is a universal screener that identifies students at risk of developing behavioral issues. This study examined previously collected BoQ and SRSS data from nine middle Tennessee schools. It was predicted: a) schools would increase BoQ scores across years and b) that schools with higher BoQ scores would see an increase in students identified as low risk on the SRSS . All schools dramatically increased BoQ scores. There was an increasing trend in the percentage of students in the low risk category, but the change across years did not reach statistical significance except in one school.

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CHAPTER I

INTRODUCTION

Overview

Treatment integrity can be defined as the level of consistency and accuracy used when implementing intervention components (Gresham, 1989; Yeaton & Sechrest, 1981). The concept of treatment integrity refers to the extent to which an intervention is implemented as designed. The term is often used interchangeably with treatment fidelity, and procedural reliability. Fidelity should be closely monitored throughout an intervention in order to facilitate success and maintain high levels of accurate implementation. It is often assumed that a behavior intervention is effective if student behavior improves after it is implemented and ineffective if student behavior does not change or becomes worse. If the fidelity of implementation is not assessed, it is difficult to determine whether or not the intervention produced change. In order to accurately measure the response to an intervention the components must be implemented as intended and the level of integrity assessed (Fiske, 2008). Treatment integrity has been neglected in both research and practice in the past and present (Gresham, 1998). In one report, 68% of published studies did not mention any form of measurement related to treatment fidelity (Wheeler, Baggett, Fox, & Blevins 2006). The literature addressing procedural reliability is sparse and focuses mainly on small group interventions. Currently, there is very little information addressing treatment fidelity at a school-wide or systems level.

The Benchmarks of Quality (BoQ) is a treatment integrity tool used to measure the fidelity of School Wide Positive Behavior Intervention and Supports (SWPBIS) by evaluating aspects of implementation through team member ratings, observation and interview. SWPBIS is a framework that enables schools to adopt and organize evidence based behavioral interventions in order to enhance academic and social outcomes for students. The BoQ is a resource efficient method of assessing SWPBIS treatment fidelity used to identify areas of strength and weakness through continued progress monitoring. Mortensen and Witt (1998) found that the implementation of even preferred academic interventions could drop within a week if performance is not consistently monitored. Thus, progress monitoring and performance feedback in the form of an instrument such as the BoQ can be an extremely effective practice for maintaining adequate implementation levels.

One of the most commonly used methods for measuring the impact of SWPBIS on behavioral and academic outcomes includes tracking office discipline referrals (ODRs) through a school wide information system that can be monitored over the year. A decrease in ODRs over the course of a school year is considered to indicate a positive response to supports. Generally, schools with higher BoQ scores have fewer ODRs (Childs, Kincaid, George, & Gage, 2015). However, some problems have been identified that impact how change in the rate of ODRs can be viewed. Analysis of ODRs shows that they are subject to bias that can lead to ambiguous results that are hard to interpret (Kern & Manz 2004, McIntosh, Campbell, Carter, & Zumbo, 2009). Bias can occur

intentionally or unintentionally. Some teachers may submit a high rate of ODRs to obtain additional support for their class or they may avoid issuing them if they feel ODRs are viewed as a reflection of poor teaching and inadequate classroom management skills. Further, if a reduction in ODRs is heavily emphasized by the principal, school personnel may refrain from issuing referrals to create the appearance of progress or improvement (Kern & Manz 2004, McIntosh, et al., 2009). In practice, ODRs are a functional way to measure and respond to challenging behaviors, but they cannot effectively promote prevention because an infraction must occur to bring about an intervention or consequence. The use of universal screening provides schools with an alternative preventative approach to the "wait to fail model" when addressing emotional and behavior concerns in schools (Glover & Albers, 2007).

Screening creates an opportunity for schools to identify moderate of high risk students early and provide them with support to prevent current issues from becoming worse or reoccurring. Use of screening has the potential to target students who may require support and aid schools in eliminating and managing challenging behaviors while promoting social emotional learning. However, many school districts do not use screeners in conjunction with SWPBIS due to time and budget constraints (Severson Walker, Hope-Doolittle Kratochwill, & Gresham, 2007).

The Student Risk Screening Scale (Lane, Oakes, Harris, Menzies, Cox, & Lambert) is a free and time efficient measure that can be used for assessment school-wide through classroom teacher ratings. Schools use data to guide their response to student

needs before problems worsen and leads to ODRs or the need for other resource intensive supports. Preventative measures can create an environment where children have more opportunities to succeed academically and behaviorally.

The purpose of this study was to examine previously collected data to determine if higher BoQ scores correspond with greater change in behavior screening scores in the same way that a decrease in ODRs has typically been associated with higher BoQ scores. The assumption is that with a higher level of SWPBIS implementation as indicated by a higher BoQ score, more students will enter into the low risk category on the SRSS screener. This parallels a decrease in ODRs, but the use of screening tool has a couple of distinct advantages. Screening results provide schools with the opportunity to address issues early on and may reduce the ambiguous reporting practices associated with ODRs.

Treatment Integrity

Gresham (2004) defined treatment integrity the degree to which intervention is implemented as planned or intended" (p. 333). It appears that expecting perfect or near perfect implementation is unrealistic. Positive results have often been obtained with levels around 60% and few studies have obtained levels higher than 80% (Durlak & Dupre, 2008).

Dane and Schneider (1998) theorized that measures of intervention integrity should be comprised of five components; adherence to intended procedures, quality of delivery, program differentiation, dosage, and participant responsiveness or engagement. Deficiencies in any of these five areas can confound interpretation of results or diminish

the perceived impact of a program (Dane & Schneider, 1998). Adherence refers to how closely educators follow the specific steps intended by developers. Quality of delivery involves consideration of educators' skills, timing of decisions, and judgment in implementation**.** Program differentiation refers to how distinct a program is when compared to others. Dosage is the length, frequency and duration of the intervention. Participant responsiveness refers to the level of educator and student engagement. In the same literature review by Dane and Schneider (1998), three studies showed a clear relationship between high dosage levels and increased participation scores in a program targeted at teacher and parent skill development.

In order to evaluate integrity of a specific intervention, all aspects of an intervention must be clearly defined. This can be accomplished by creating a checklist or rubric with this information. Two estimates of integrity can be derived from a completed checklist. The first is component integrity, which is the percentage of individual components implemented correctly. The second is session integrity or the mean percentage of intervention components out of the total number of components implemented correctly (Doll, Cummings, & Chapla, 2014).

Gresham, Gansle, Noell, and Cohen (1993) looked at the relationships between percent integrity, effect size and percent of non-overlapping data points (PNOL). The results yielded statistically significant correlations between effect size and percent treatment integrity ($r = .51$, $p < .05$) as well as PNOL and percent treatment integrity ($r = .58$, $p < .05$). Higher treatment integrity can be associated with larger effect sizes.

Assessment of integrity may make it possible to change the course of an intervention and improve outcomes.

If aspects of an intervention are not accurately implemented, it becomes difficult to gauge the scope and effects of an intervention. When treatment integrity is not measured, and reported, problems related to internal and external validity can occur when attempting to replicate interventions. If external validity is low, an intervention might not produce expected changes when implemented in a different setting. Low levels of internal validity make it difficult to determine if an intervention truly was the catalyst that produced change. Other potential threats to treatment integrity include student response differences, concurrently occurring events, regression to the mean, and interactive effects from other interventions (Harris et al., 2006). Additionally, social validity or level of social acceptance and value attributed to an intervention has a high level of influence on the level of fidelity with which a treatment is carried out. Interventions judged to have a high level of social validity are more likely to have higher levels of internal and external validity.

Social Validity

Social validity focuses on consumer or user satisfaction with a process. It involves the assessment of acceptance of a procedure. Acceptance is subjective in nature and can impact how a procedure is implemented. If treatment acceptability is high, the likelihood of using the intervention is much higher. The components of social validity include social significance, social acceptability, and social importance. Social significance refers to the

value of certain behaviors to teachers or administrators. Social acceptability or treatment acceptability refers to whether a treatment is reasonable, fair, and nonintrusive in relation to the problem. It also concerns whether the intervention is consistent with what a treatment ought to be (Kazdin, 1980). Finally, social importance measures the effects produced by an intervention and whether they produce significant change. Social validity is highly valued in school programs and often a prerequisite to intervention implementation. To move forward in SWPBIS implementation schools must obtain at least 80% buy-in from staff (Simonsen, Sugai, & Negron, 2008). SWPBIS is more likely to be implemented with fidelity and bring about desired outcomes if school staff and students involved in the intervention value the methods used to achieve goals. (Sugai, Sprague, Horner & Walker, 2000).

The Benchmarks of Quality (BoQ) Tool

The Benchmarks of Quality (BoQ) tool was created in 2005 by Florida's Positive Behavior Support Project and is used by School Wide Positive Behavior Support (SWPBIS) teams to assess areas of success as well as areas needing improvement. The BoQ tool consists of 53 items spread across 10 subscales: SWPBIS team (e.g., regular team meetings; established mission/purpose), faculty commitment (e.g., faculty involved in determining and reviewing goals; faculty feedback obtained periodically throughout year), effective discipline procedures (e.g., problem behaviors defined; major/minor behaviors clearly distinguished), data entry (e.g., systematic collection of office disciple referral data (ODR); data analyzed monthly), expectations and rules (e.g., 3-5 positively

stated school-wide expectations posted around school; expectations apply to entire school), reward system (e.g., variety of student rewards; rewards tied to expectations and rules), lesson plans for teaching expectations (e.g., expectations and rules taught in curriculum; lessons included in subject area curriculum), implementation plan (e.g., curriculum teaches the discipline system to all staff is developed and implemented; planned rewards schedule), classroom systems (e.g., rules defined for each of the expectations and posted via signage in classrooms; procedures for tracking classroom behavior problems exist) and evaluation (e.g., students and staffed surveyed about SWPBIS; Students and staff can identify set expectations and rules). Twelve items are scored on a 3-point scale (i.e., score of 0 or 1 or 2 or 3), 30 items have a maximum score of 2, and 11 items have a maximum score of 1, totaling a maximum score of 107 (www.pbis.org). Refer to Appendix A for a copy of the BoQ.

Benchmarks of Quality (BoQ) Completion Process. The BoQ should be completed in the spring of each school year by the SWPBIS team. The team includes a coach or facilitator and team members. The team coach facilitates the development and progress of the SWPBIS team. Oftentimes, a staff member that works with multiple schools fills this position. Coach responsibilities include coordinating and leading the team. The coach's role also includes working with the team to communicate with the district, maintaining implementation, creating action plans, facilitating the collection of data, utilizing data, and providing training and assistance. The SWPBIS team should have a broad representation and consist of at least one teacher from each grade level, teachers

from special areas, administrators, and members with expertise in behavior support. Other members might include parents, teaching assistants, and program personnel (www.pbis.org).

The BoQ components consist of a scoring guide, and team member rating form. Refer to appendixes B and C, respectively**.** The coach uses their knowledge of SWBPIS implementation at the school (based on their ongoing interactions with the school team) and direct observations from the BoQ walkthrough to determine ratings. The team members complete a team member rating form and return it to the coach. The team member rating form is a simplified version of the coach's scoring form that does not include the scoring guide. Each item on the form is evaluated by each team member and scored as not in place, needs improvement, or in place. Once the team and coach makes their ratings, the coach completes a team summary form and records areas of discrepancy, strength and weakness. The coach then reports all ratings to the team, addresses any discrepancies and adjusts scores if necessary (Cohen, Kincaid, & Childs, 2007).

Cohen, Kincaid, and Childs (2007) determined that schools with scores of 70% or higher tended to have to greater decreases in the rate of office disciple referrals (ODRs) than schools with BoQ scores of 69% or less. Therefore, a score of 70% of total points on the BoQ is considered to be representative of high implementation.

Technical Adequacy of the Benchmarks of Quality (BoQ). The BoQ has a high test-retest reliability of $r = .978$ and a high interrater reliability of $r = .864$ (Kincaid,

Childs, Blasé, & Wallace, 2007). Internal consistency was determined using Cronbach's coefficient alpha. Each subscale and the full score were analyzed. Coefficient alphas for the subscales ranged from .43 to .87. The overall scale was of $r = .96$. (Cohen. et al., 2007). Refer to Table 1.

Table 1

Internal Consistency Reliability of Benchmarks of Quality (BoQ) Subscales

Subscale	Coefficient Alpha
SWPBIS team	$\alpha = 0.43$
Faculty commitment	$\alpha = 0.75$
Effective procedures for dealing with discipline	$\alpha = 0.81$
Data entry and analysis plan established	$\alpha = 0.74$
Expectations and rules developed	$\alpha = 0.76$
Reward/recognition program establish	$\alpha = 0.87$
Lessons plans for teaching expectations/rules	$\alpha = 0.87$
Implementation plan	$\alpha = 0.79$
Crisis plan	$\alpha = 0.83$
Evaluation	$\alpha = 0.83$

Concurrent validity was established by comparing the BoQ to a similar instrument, the SET. The School-Wide Evaluation Tool (SET) is a research based observation and interview instrument used to measure implementation fidelity of SWPBIS in schools. The SET was designed to evaluate critical features of School-Wide Positive Behavior Support (SWPBIS) each school year. It can be used to assess features in place, determine annual goals, evaluate ongoing progress, and compare school efforts

(Horner et al., 2004). Forty-seven schools participated in a concurrent validity study and it was found that the two instruments have a moderate correlation (Childs, Kincaid, & George, 2010). The moderate correlation seems to be related to the fact that the BoQ is better able to make distinctions/discriminate among schools implementing with fidelity than the SET. The information provided by the SET tends to be about products rather than the implementation process (Cohen, Kincaid, & Childs, 2007). Follow up analysis included 720 schools and found the two to be significantly correlated (Childs et al., 2010). However, it is possible for schools to score 80% on the SET without having many critical features of SWPBIS in place. The SET assessment process also requires a large amount of time from evaluators and access to students and school staff. The BoQ was created to address these specific weaknesses.

Office Discipline Referrals (ODRs)

Office discipline referrals (ODRs) are widely used to document serious violations of school rules and expectation. ODRs are typically entered into some version of a school wide information system to track response to SWPBIS. Schools can track the data in many ways including total number of referrals in a school per day, per month or by student, grade level, location, type of violation, and time of day (Burk et al., 2012; Sugai, et al., 2000). Data gathered from a summary of office discipline referrals is often used to evaluate school-wide student behavior, consequence patterns, social behavioral climates, and effects of social-behavioral interventions.

A student's need for behavioral support or intervention is monitored through a school wide information system tracking the number of ODRs received. That is, the number of referrals a student receives is used to determine needed supports. Per Sugai et al. (2000), students earning zero or one ODRs in a school year can be classified as low risk. A low risk level indicates that student typically can be supported by Tier 1. Students receiving two to five ODRs exhibit a moderate level of risk and may call for selected supports at Tier 2, while students receiving six or more ODRs can be categorized as having a high level of risk and a need for Tier 3 supports (Sugai et al., 2000).

Teacher tolerance, teacher perception of whether a rule has been broken, and degree of administration support influence the validity of ODRs (Kern & Manz, 2004). There appears to be some evidence of differential rates of ODRs by ethnicity as well (Skiba et al, 2008). Students from cultural minority backgrounds tend to receive more ODRs than their cultural majority classmates for behaviors labeled as disrespect and defiance even when socioeconomic status is taken in to account (McIntosh et al, 2009). In comparison to white classmates, African American students receive a high number of ODRs while Latino students seem to receive fewer ODRs than would be expected (Vincent, Swain-Bradway, Tobin, & May, 2011). ODRs typically fall in to two categories (i.e. major and minor offenses) but are not scaled in terms of severity level. Every referral is tallied as one instance irrespective of the nature of the infraction.

The use of discipline referrals to determine a child's risk is a reactive model because a child must break a rule or act out a certain number of times before support is

provided. ODRs are used to guide student support after an incident or several incidents have occurred. In recent years, systematic screening tools such as the Student Risk Screening Scale (SRSS) have begun to be incorporated into multi-tiered systems to accurately detect behavioral challenges earlier (Lane et al., 2015).

School Wide Screening for Behavioral Problems

In some instances, schools or districts are hesitant to screen students because of time restraints, financial resources, and concerns involving labeling (Severson et al., 2007). The practice of screening students for behavioral risk fits easily into schools existing procedures and can be a quick and effective way to determine which students need targeted or selected services (Lane et al., 2015). The Student Risk Screening Scale (SRSS) is a free universal screening tool completed by teachers that is used to determine which students are at risk for behavioral issues. The SRSS is time efficient, free, and does not produce specific labels. Instead it measures level of risk so students can obtain needed support through data analysis versus diagnosis. Utilization of the SRSS has the potential to improve behavioral outcomes through the screening of all students. The proactive nature of the SRSS may make it possible to avoid escalations in problem behaviors and respond to issues before they become more severe. Screening also gives schools a chance to provide preventative support instead of responding to discipline issues.

Student Risk Screening Scale (SRSS) Description and Procedures. The Student Risk Screening Scale is a universal screening tool that can be completed by

teachers and includes 7 items related to externalizing problem behavior as well as 5 items related to internalizing problem behavior that teachers use to assess their students based on their observations of behaviors. Items on the externalizing component of the scale are (1) stealing, (2) lying, cheating and/or sneakiness, (3) behavior problems, (4) peer rejection, (5) low academic achievement, (6) negative attitude, and (7) aggressive behavior. The items on the internalizing component of the scale are (1) emotionally flat, (2) shy; withdrawn, (3) sad; depressed, (4) anxious, and (5) lonely. Results obtained from the measure can be used to way to determine which students need targeted or selected services (Lane et al., 2015). Operational definitions for the items have not been created for the areas because past attempts to include them have taken away from the technical adequacy of the measure. It is also important to note that modifying or deleting any of the items on the SRSS will invalidate the research supporting the tool (http://miblsi.cenmi.org).

Training for the SRSS can be completed effectively at a staff meeting. Teachers can learn to fill out the SRSS and complete it for their classroom within the course of a typical meeting. On average, it takes about 10-15 minutes for a teacher to screen a classroom with about 25 students. The SRSS should be filled out 3 times a year ideally in October, December, and April or May. Use of the SRSS provides schools a systematic process to comprehensively measure student's behavioral needs across the school. Research has validated use with students from kindergarten to 12th grade. The data gathered in the fall can be used to evaluate students who may need Tier 2 or 3 supports,

while winter data can be used to monitor response to placement, and spring data can be used to determine response to support throughout the year and assist with plans for the upcoming school year. To complete the screening scale the teacher assigns a rating for each item for every individual student. The rating scale consists of four possible responses i.e., 0 = Never, 1 = Occasionally, 2 = Sometimes, 3 = Frequently. Then the total score for each student is calculated. A total score of 0-3 is considered low risk, 4-8 moderate risk, and 9-21 is considered high risk. Students exhibiting low risk are coded as green, while those in the moderate range are yellow, and students who fall in the high-risk category are represented by the color red (http://miblsi.cenmi.org).

Technical Adequacy of the Student Risk Screening Scale (SRSS). An initial validity study by Drummond suggested that the SRSS is a reliable tool when used to identify elementary school students with externalizing behavior problems (Drummond, Eddy & Reid, 1998a, 1998b; Drummond Eddy, Reid & Bank, 1994). Evidence of convergent validity (r = .79) was established using the Aggressive Behavior subscale of the Child Behavior Checklist (Achenbach, 1991). Lane, Little, et al. (2009) conducted another validity study with 562 kindergarten through second grade students to determine the extent to which the SRSS displayed sensitivity and specificity using a receiver operating characteristic (ROC) curve analysis to identify students with externalizing or internalizing behavior pattern as established by scores on the Systematic Screening for Behavior Disorders (SSBD, Walker & Severson, 1992). The ROC curve is a plot or visual representation of the true positive rate or sensitivity compared against the false

positive rate or specificity. For the purposes of this study, the sensitivity was related to the proportion of students whose behavior is correctly classified and the specificity refers the ability of a measure to correctly rule out students who are not displaying internalizing or externalizing behavior problems. The ROC curve displays the inverse relationship between sensitivity and specificity (i.e., an increase in sensitivity would be related to a decrease in specificity). SRSS scores were accurate in predicting both internalizing and externalizing behavior problems. The SRSS was slightly better at predicting externalizing behaviors improving chance estimates 45% (area under the ROC curve = .95) versus internalizing behaviors and improving chance estimates 30% (area under the ROC curve = .80). The ability of the SRSS to predict internalizing and externalizing behavior problems was found to be accurate across elementary school grades in a study of 2,588 students kindergarten through fifth grade in middle Tennessee (Lane, Kalberg, Lambert, Crnobori, & Bruhn, 2010).

Oakes, Wilder et al. (2010) found evidence for internal consistency (r = .81-.82) and test-retest stability (r = .86) for the original version of the SRSS that consisted of externalizing items. In their study that included three culturally, ethnically, and economically diverse Midwestern elementary schools, fall SRSS scores predicted year end ODR rates and spring oral reading fluency scores. The measures used in the study included the SRSS, ODRs, and Dynamic Indicators of Basic Early Literacy Skills (DIBELS). Regression analyses from two of the schools indicated that fall SRSS scores predicted end of year ODRs, F (1, 759) = 125.79, p < .0001, accounting for 14% of the

variance. SRSS scores predicted end of year DIBELS scores F (1, 616) = 52.21, $p <$ .0001, accounting for 8% of variance. Correlation coefficients indicated a moderate significant relationship between fall SRSS scores and year-end ODRs (r = .38, $p <$ .0001) as well as a significant inverse relationship between SRSS scores and DIBELS (r = -.28, $p <$ .0001). These results suggest that students rated as having a higher level of risk on the SRSS were more likely to have a higher rate of ODRs and lower oral reading fluency proficiency skills at the end of the year.

Additional studies have looked at the predictive validity of the SRSS. In a study including 286 students' kindergarten through sixth grade, Lane, Oakes, Harris, Menzies, Cox, & Lambert (2012) found that student's fall SRSS scores were related to how many ODRs they received throughout the year and teacher's perceptions of self-control when surveyed at the end of the year. Initial SRSS ratings predicted year-end ODRs earned (r = .48, $p <$ .0001), self-control skills from the Social Skills Rating System (Gresham & Elliot, 1990, r = -.59, $p <$ .0001) and language arts proficiency (r = .23, $p <$ .05).

High levels of internal consistency (r = .81-.82) and test-retest stability (r = .86) have been found for the SRSS (Oakes et al., 2010) as well as a high level of convergent validity with the Aggressive Behavior subscale of the Child Behavior Checklist (r = .79) (Achenbach, 1991).

The Comprehensive Integrated Three Tiered (CI3T) Model of Prevention

The Comprehensive Integrated Three Tiered Model of Prevention (CI3T) is a prevention model adopted by the state of Tennessee in 2014 that addresses academic, behavioral,

and social needs for students. The model provides integrated and comprehensive support across all three tiers of prevention/intervention for academics, behavioral and social skills. The behavioral component uses a SWPBIS framework. The goal of CI3T is to improve schools and increase the number of students supported at Tier 1. See Figure 1.

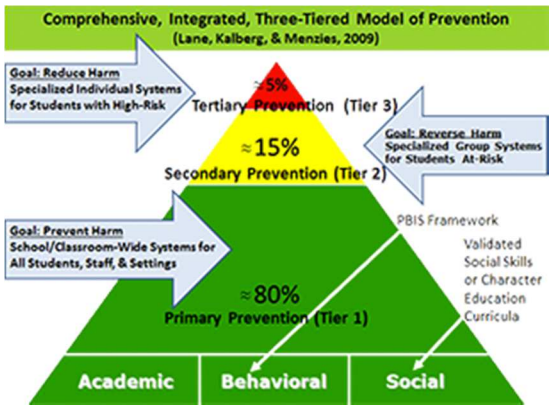

Figure 1. *Comprehensive Three Tiered Model of Prevention Tier Pyramid* (Ullrich et al., 2012).

Tier 1 behavior objectives are consistent with SWPBIS. In this model, schools have improved when Tier 1 supports more students. Schools identify students in need of secondary and tertiary behavioral support through the systematic approach of CI3T combined with screening. The socials skills piece requires staff to implement a social skills curriculum or character education program (e.g., Positive Action; 2008). The curriculum that is chosen should be fitted to the unique need of each school. For

example, a school could have concerns about bullying and choose this as an area to address (Ullrich et al., 2012). The academic component at tier 1 consists of academic curriculum based on state standards and requires the delivery of effective instruction.

Tier 2 supports are offered to small groups of students with similar acquisition or performance deficits. Academic supports at tier 2 might include small group math tutoring or improving oral reading fluency through repeated readings (Chard, Ketterlin-Geller, Baker, Doabler, & Apichatabutra, 2009). Tier 2 supports aimed at improving social skills could involve small group instruction addressing topics such as cooperation, or forgiveness (Kalberg, Lane, & Lambert, 2012) while behavioral support at Tier 2 might include the use of small groups to target anger management and improve conflict resolution capabilities (Kalberg, Lane, & Lambert, 2012) Students who do not respond to secondary support are referred for Tier 3 support.

Tier 3 support is the most intensive and often individualized. Students can be immediately identified for Tier 3 or proceed through each tier. An example of academic support could include an individualized reading program. Support for social skills could incorporate functional assessment-based interventions while support aimed at improving behavioral issues might involve intensive family supports (Ullrich et al., 2012).

Study Purpose

This study examined previously collected data in order to determine if higher BoQ scores correspond to an increase in students identified as low risk on the SRSS. The underlying assumption being that a higher level of SWPBIS implementation and a

corresponding BoQ score will result in larger numbers of students entering a lower risk category on the SRSS screener. The school system that supplied the archival data used in the current study is in the ongoing process of implementing CI3T. Response to Intervention (RTI), The Olweus Bullying Program, and SWPBIS are used to provide academic, social and behavioral supports at the primary, secondary and tertiary level of support. The school system uses the Student Risk Screening Scale (SRSS) to identify students that need additional behavioral supports. Use of screening data by school teams aids schools in maximizing the preventative aspects of the behavioral support component of CI3T. For example, when school teams meet and see a high number of children in a moderate or high-risk range in a particular classroom, the team response is to help insure that Tier 1 supports are in place in that classroom. Also, as CI3T implementation improves and Tier 1 academic, behavioral and social supports become more solid and consistent, this will help prevent students from needing more intensive supports. One possible indication that more intensive supports are needed is a high-risk score on the SRSS.

Study Hypotheses

Hypothesis 1: All schools will have significantly higher BoQ scores in the 2nd year of implementation. The Action Plan process, knowledge of the Spring BoQ fidelity check, and commitment to keep CI3T in place for multiple years by the school district will support the improvement in scores.

Hypothesis 2: Schools with higher BoQ scores will have an increase in the number of students who fall in the low risk range on the SRSS during the same time period the next school year.

CHAPTER II

METHOD

Description of Data Source

Benchmarks of Quality (BoQ) data and Student Risk Screening Scale (SRSS) data, collected by 9 elementary schools in Middle Tennessee during the 2014-2015 and 2015-2016 school year were used in the current study. In 2014, students in the school system were described as 53% Caucasian, 24% African American, 12% Hispanic, 6% Multiracial, 4% Asian, 0.2% Pacific Islander, and 0.03% Native American. Over half (58%), of students received free and reduced lunch. Information from 9 schools was included in the data set. Data were composed of two types of scores from each school year. These include BoQ scores, and SRSS ratings. BoQ scores from the 2014-2015 and 2015-2016 years were compared. SRSS data for kindergarten through second grade students from October, December, and May of each year were compared as well as SRSS scores that represent the entire time frame (October 2014-May 2016).

Data used for analysis by the primary researcher were not identifiable by school or individual student. Permission to use the data was received from the director of schools and permission to conduct the study was provided by Middle Tennessee State University Internal Review Board.

School System Participation in The Comprehensive Integrated Three Tiered (CI3T) Model of Prevention Training. CI3T is a prevention model that promotes academic, behavioral and social success (Kalberg, Lane, & Lambert, 2012). The

behavioral component of CI3T is consistent with school wide PBIS. CI3T was adopted by the state of TN in 2014 and school districts across the state voluntarily participated in training via a grant. Representatives from the nine schools that provided the data for the current study participated. The chair of my thesis committee, Monica Wallace, was a consultant/trainer for the grant and she provided the following description of the training procedures summarized from training agendas, her personal notes and email conversations with district personnel.

Teams made of 8-12 staff that included teachers from different grade levels and administrative staff participated in a one year training and planning process (i.e., 6 different training sessions between October and May that lasted between 2 hours and a full day) where they developed a CI3T implementation manual. The manual described how academic, behavioral and social skills supports would be provided at the primary, secondary and tertiary levels and included other related information such as school mission statement, reactive discipline plan, and responsibilities of various stakeholders in implementing the plan.

The first year of training was dedicated solely to the development of the implementation manual. During this same time period, a district leadership team also met 4 times in an effort to develop an internal support system for CI3T. The BoQ process was reviewed during one of the leadership team meetings and briefly reviewed at the team trainings. School teams were made aware that the BoQ process would be utilized in the spring of next school year as a fidelity check and improvement planning tool.

During the 2nd year of participation in the grant, the school teams began the process of implementing or continued implementation of their Comprehensive Integrated Three Tiered Model of Prevention plan. Three of the nine schools had previously participated in a different iteration of the same grant where PBIS was the focus. CI3T included an academic and social skills component that were not part of the primary focus of PBIS. Each of these schools were in a different point of implementation and maybe a little ahead of the schools that just started the planning process the current school year. For example, they may have already developed a set of expectation and rules by location matrix. BoQ data had been collected for only one of the schools and the score was not strong (i.e., 67%) but approaching the 70% mark, which is considered indicative of a high level of implementation.

Benchmarks of Quality (BoQ) Data Collection, Scoring and Results Review Processes. It was during the spring of the first year of implementation (i.e., 2015) that BoQ data were collected for each of the nine schools. Schools were notified of upcoming site visits by the district behavior supports coordinator. For each of the two data collection years (i.e., spring of 2015 and 2016) the following procedures were followed. Members of the CI3T teams individually completed a BoQ scoring form (See Appendix A). Raters from outside of the school (i.e., grant consultant, my thesis advisor, and district administrator) also visited each of the nine schools and completed a BoQ. The visit was announced in advance. The rating forms and directions for completion by school teams during year one were provided by a faculty consultant from the grant. An

administrator from the school district coordinated the process the 2nd year. The school visit by the two outside raters included interviews with team members, students, administrators, and a review of artifacts (e.g., implementation manual, posted expectations) that typically were provided by the team leader. Each visit lasted about two hours.

The outside raters used a scoring rubric (see Appendix A) developed by the creators of the BoQ and rated each item on the BoQ together during the school visit. The ratings for each school team were summarized by a student volunteer from Middle Tennessee State University. On several occasions, one of the raters followed up with school staff about a particular item where insufficient information had been gathered and the item would be revisited and rated at a later point in time. If there was a discrepancy in ratings on any item of greater than one point between team members median item rating, and the outside rater's score this was noted in the BoQ summary document and reconciled at the review meeting (described below). The BoQ summary document was a packet that included a summary of team member ratings, the scored BoQ completed by the outsider ratings and an action planning document (see Appendix D).

BoQ results from the first year were reviewed in individual meetings with representatives from each school team in May 2015. The same procedures were followed in 2016. At this meeting, the teams were given a template to create an Action Plan (Appendix E) that would target areas of need identified by the BoQ. The areas on the action plan match the areas on the BoQ.

Student Risk Screening Scale (SRSS) Data Collection. Teachers were trained to use the measure in a staff meeting. Free materials and the EXCEL program for scoring were obtained via an online resource by the district behavioral supports coordinator. Data were collected in the fall (October), winter (December) and spring (April) of each school year. Data collected include the percentage of students that fell in the low, moderate and high risk categories for each screening period both school wide and by grade. SRSS data for each of the schools was provided by the school district.

CHAPTER III

RESULTS

Hypothesis 1

I predicted that all schools would attain higher BoQ scores in the 2nd year of implementation resulting in a statistically significant increase in scores system wide. All nine schools included in the study saw increases in BoQ scores, see Table 2. The mean score for year one was 66.77% and the standard deviation was 5.98% while the mean score for year two was 88.84% and the standard deviation was 4.75%/ The paired differences standard deviation for BoQ scores resulting from a paired samples t-test across both years of implementation was 6.16%. All schools saw a minimum score increase of over 2 standard deviations of 6.16% and 6 out of the 9 schools saw increases of over 4 standard deviations of 6.16%. The highest score for year one was 78.50% and the lowest scores was 60.70%. The highest score for year two was 94.39% and the lowest score was 80.00%. As a whole, the school system saw a statistically significant increase in treatment fidelity as documented by increasing BoQ scores; $t(8) = -10.747$, $p < .0001$. The Action Plan process, knowledge of the Spring BoQ fidelity check, and commitment to keep CI3T in place for multiple years by the school district likely impacted the improvement in scores.

Table 2

Benchmarks of Quality (BoQ) Scores from Year One and Two

School	BoQ 2014-2015 Score	BoQ 2015-2016 Score	Difference	Change in SDs
A	60.70%	87.00%	26.30%	4.27
B	61.70%	89.00%	27.30%	4.43
C	65.40%	92.00%	26.60%	4.32
D	74.80%	92.00%	17.20%	2.79
E	65.00%	80.00%	15.00%	2.44
F	66.40%	83.00%	16.60%	2.69
G	65.40%	94.39%	28.99%	4.71
H	63.00%	89.70%	26.70%	4.33
I	78.50%	92.50%	14.00%	2.27

Hypothesis 2

I predicted that schools with higher BoQ scores would see an increase in the number of students who fall in the low risk range on the SRSS at the same time period the following school year. I analyzed SRSS rating results by school and system-wide. A paired samples t-test was used to determine if the average percentage of students from each school and system wide in kindergarten, first, and second grade differed significantly from year to year.

Percentage of SRSS screening scores that fall in the low risk range for School A from October of year one (M = 87.80%, SD = .10.80%) as compared to October of year two (M = 83.01%, SD = 3.38%) did not result in a statistically significant difference; $t(2) = .861$, $p > .05$. Percentage of SRSS screening scores that fall in the low risk range for School A from December of year one (M = 86.40%, SD = 12.56%) as compared to

December of year two (M = 80.94%, SD = 6.73%) did not reach statistical significance $t(2) = .582$, $p > .05$. Data from May of year one for School A was not reported and therefore a comparison across years cannot be made.

Percentage of SRSS screening scores that fall in the low risk range for School B from October of year one (M = 86.09%, SD = 3.84%) as compared to October of year two (M = 86.88%, SD = .4.30%) did not result in a statistically significant difference; $t(2) = -1.956$, $p > .05$. Percentage of SRSS screening scores that fall in the low risk range for School B from December of year one (M = 86.31%, SD = 4.78%) as compared to December of year two (M = 81.41%, SD = 5.29%) did not reach statistical significance; $t(2) = .869$, $p > .05$. Percentage of SRSS screening scores that fall in the low risk range for School B from May of year one (M = 85.78%, SD = 8.34%) and May of year two (M = 88.16%, SD = 4.02%) did not reach statistical significance. $t(2) = -.383$, $p > .05$.

Percentage of SRSS screening scores that fall in the low risk range for School C from October of year one (M = 85.33%, SD = 15.55%) as compared to October of year two (M = 94.84%, SD = 7.62%) did not result in a statistically significant difference; $t(2) = -1.930$, $p > .05$. Percentage of SRSS screening scores that fall in the low risk range for School C from December of year one (M = 81.59%, SD = 21.83%) as compared to December of year two (M = 92.79%, SD = 6.02%) did not reach statistical significance; $t(2) = -1.121$, $p > .05$. Percentage of SRSS screening scores that fall in the low risk range for School C from May of year one (M = 87.63%, SD = 14.80%) and May of year two (M = 92.65%, SD = 6.08%) did not reach statistical significance; $t(2) = -.794$, $p > .05$.

Percentage of SRSS screening scores that fall in the low risk range for School D from October of year one (M = 71.60%, SD = 4.98%) as compared to October of year two (M = 87.86%, SD = 1.44%) resulted in a statistically significant increase from year to year; $t(2) = -7.401$, $p < .05$. Percentage of SRSS screening scores that fall in the low risk range for School D from December of year one (M = 70.85%, SD = 1.00%) as compared to December of year two (M = 82.98%, SD = 8.37%) did not reach statistical significance; $t(2) = -2.293$, $p > .05$. Percentage of SRSS screening scores that fall in the low risk range for School D from May of year one (M = 71.66%, SD = 1.92%) as compared to May of year two (M = 85.71%, SD = 5.93%) reached statistical significance; $t(2) = -4.926$, $p < .05$.

Percentage of SRSS screening scores that fall in the low risk range for School E from October of year one (M = 78.162%, SD = 2.08%) as compared to October of year two (M = 77.03%, SD = 6.53%) did not result in a statistically significant difference; $t(2) = .356$, $p > .05$. Percentage of SRSS screening scores that fall in the low risk range for School E from December of year one (M = 74.18%, SD = 2.29%) as compared to December of year two (M = 78.09%, SD = 6.25%) did not reach statistical significance; $t(2) = -.946$, $p > .05$. Percentage of SRSS screening scores that fall in the low risk range for School E from May of year one (M = 74.70%, SD = 0.35%) as compared to May of year two (M = 75.72%, SD = 8.23%) did not reach statistical significance; $t(2) = -.206$, $p > .05$.

Percentage of SRSS screening scores that fall in the low risk range for School F from October of year one (M = 92.22%, SD = 6.31%) as compared to October of year two (M = 91.11%, SD = 5.36%) did not result in a statistically significant difference; $t(2) = 1.000$, $p > .05$. Data from December of year one and 2 as well as May of year one for School F was not reported and e a comparison across years cannot be made.

Percentage of SRSS screening scores that fall in the low risk range for School G from October of year one (M = 74.31%, SD = 5.35%) as compared to October of year two (M = 73.50%, SD = 7.89%) did not result in a statistically significant difference; $t(2) = .551$, $p > .05$. Percentage of SRSS screening scores that fall in the low risk range for School G from December of year one (M = 80.74%, SD = 4.66%) as compared to December of year two (M = 76.77%, SD = 1.88%) did not reach statistical significance; $t(2) = 1.355$, $p > .05$. Percentage of SRSS screening scores that fall in the low risk range for School G from May of year one (M = 75.45%, SD = 5.41%) as compared to May of year two (M = 78.56%, SD = 4.00%) did not reach statistical significance; $t(2) = -.575$, $p > .05$.

Percentage of SRSS screening scores that fall in the low risk range for School H from October of year one (M = 90.03%, SD = 2.82%) as compared to October of year two (M = 91.67%, SD = 2.89%) did not result in a statistically significant difference; $t(2) = -.637$, $p > .05$. Percentage of SRSS screening scores that fall in the low risk range for School H from December of year one (M = 81.12%, SD = 6.56%) as compared to December of year two (M = 84.33%, SD = 8.39%) did not reach statistical significance;

$t(2) = -.960$, $p > .05$. Percentage of SRSS screening scores that fall in the low risk range for School H from May of year one ($M = 83.65\%$, $SD = 6.02\%$) and May of year two ($M = 84.67\%$, $SD = 9.07\%$) did not reach statistical significance; $t(2) = -.289$, $p > .05$.

Percentage of SRSS screening scores that fall in the low risk range for School I from October of year one ($M = 72.90\%$, $SD = 7.51\%$) as compared to October of year two ($M = 77.47\%$, $SD = 7.25\%$) did not result statistically significant differences; $t(2) = -1.038$, $p > .05$. SRSS screening scores that fall in the low risk range for School I from December of year one ($M = 76.86\%$, $SD = 4.70\%$) as compared to December of year two ($M = 78.97\%$, $SD = 4.77\%$) did not reach statistical significance; $t(2) = -2.132$ $p > .05$. Data from May of year one for School I was not reported and a comparison across years cannot be made.

Table 3

October SRSS Mean Scores for Grades K-2

	2014-2015		2015-2016			
School	*M*	*SD*	*M*	*SD*	*t(2)*	*p*
A	87.80%	10.80%	83.01%	3.38%	.861	.480
B	86.09%	3.84%	86.88%	4.30%	-1.956	.190
C	85.33%	15.55%	94.84%	7.62%	-1.930	.193
D	71.60%	4.98%	87.86%	1.44%	-7.401	.018
E	78.16%	2.08%	77.03%	6.53%	.356	.756
F	92.22%	6.31%	91.11%	5.36%	1.00	.423
G	74.31%	5.35%	73.50%	7.89%	.551	.637
H	90.03%	2.82%	91.67%	2.89%	-.637	.589
I	72.90%	7.51%	77.47%	7.25%	-1.038	.408

Note: All schools reported October data for both years.

Table 4

December SRSS Mean Scores for Grades K-2

	2014-2015		2015-2016			
School	*M*	*SD*	*M*	*SD*	*t(2)*	*P*
A	86.40%	12.56%	80.94%	6.73%	.582	.620
B	86.31%	4.78%	81.41%	5.29%	.869	.476
C	81.59%	21.83%	92.79%	6.02%	-1.121	.379
D	70.85%	1.00%	82.98%	8.37%	-2.293	.149
E	74.18%	2.29%	78.09%	6.25%	-.946	.444
F	-	-	-	-	-	-
G	80.74%	4.66%	76.77%	1.88%	1.355	.308
H	81.12%	6.56%	84.33%	8.39%	-.960	.438
I	76.86%	4.70%	77.97%	4.77%	-2.132	.167

Note: December data was not reported for both years by School F.

Table 5

May SRSS Mean Scores for Grades K-2

	2014-2015		2015-2016			
School	*M*	*SD*	*M*	*SD*	*t(2)*	*P*
A	-	-	-	-	-	-
B	85.78%	8.34%	88.16%	4.02%	-.383	.739
C	87.63%	14.80%	92.65%	6.08%	-.794	.510
D	71.66%	1.92%	85.71%	5.93%	-4.926	.039
E	74.70%	0.35%	75.72%	8.23%	-.206	.856
F	-	-	-	-	-	-
G	75.45%	5.41%	78.56%	4.00%	-.575	.623
H	83.65%	6.02%	84.67%	9.07%	-.289	.800
I	-	-	-	-	-	-

Note: May data was not reported for both years by School A, School F or School I.

Differences in low risk SRSS screening scores seen system wide across calendar years were analyzed using a paired samples t-test. Average percentage of SRSS scores that fall in the low risk category from each school in October, December, and May of

year one were compared to average SRSS scores that fall in the low risk category from each school at the same time the following year. Results show that scores in October of year one (M = 81.51%, SD = 8.12%) did not significantly differ from October of year two (M = 84.75%, SD = 8.98%); $t(7) = -1.363$, $p > .05$. ; changes seen between December of year one (M = 79.46%, SD = 5.78) %and December of year two (M = 81.34%, SD = 5.30%) were not statistically significant; $t(6) = -0.683$, $p > .05$; and changes from May of year one (M = 79.89% , SD = 6.72%) to May of year two (M = 83.33% , SD = 6.30%) did not reach statistical significance; $t(5) = -1.389$; $p > .05$). Additionally, increases in the number of students rated as having low behavioral risk between October of the first year (M = 82.14%, SD = 7.00%) of implementation and May of the second year (M = 83.59%, SD = 5.80%); $t(6) = -0.498$, $p > .05$) were not statistically significant system wide.

Table 6

SRSS Scores from Year One as Compared to Year Two

	2014-2015		2015-2016			
Session	*M*	*SD*	*M*	*SD*	*t*	*p*
October.1–October 2	81.51%	8.12%	84.75%	8.98%	-1.363	.215
December 1–December 2	79.46%	5.78%	81.34%	5.30%	-0.683	.520
May1–May 2	79.89%	6.72%	83.33%	6.30%	-1.389	.223
Oct.1–May 2	82.14%	7.00%	83.59%	5.80%	-0.498	.636

To further explore the impact of a statistically significant increase in BoQ scores on SRSS results, I divided schools into high and low BoQ groups. The high score group

included schools with BoQ scores above 90% (M = 92.72%, SD = 4.13%), and the low score group included schools with BoQ scores below 90% (M =85.74%, SD = 9.8%). SRSS ratings from year two of implementation in schools were analyzed through a one-way ANOVA to determine if high levels of treatment fidelity as indicated by high BoQ scores as compared to low BoQ scores had an impact on the level of students supported at Tier 1 (i.e., considered low risk) in fall, winter, and spring of year two. Results indicate that schools with higher BoQ scores did not see a significant effect on SRSS scores (October: $F = 6.53$, $p > .05$, December: $F = 1.23$, $p > .05$, May: $F = 3.72$, $p > .05$).

CHAPTER IV

DISCUSSION

The Comprehensive Integrated Three Tiered Model of Prevention (CI3T) addresses student academic, behavioral, and social needs at the primary, secondary and tertiary level of support. The school system that provided data for the current study adopted this model approximately 2 years ago. The behavioral component of CI3T includes a SWPBIS framework. Schools adopt and organize evidence based behavioral interventions with the goal of enhancing student behavioral success (Ullrich, et al., 2012).

As predicted by Hypothesis 1, analysis of archival data showed that nine middle Tennessee schools improved fidelity of SWPBIS implementation as measured by improved BoQ scores. Increases in BoQ scores across two years of implementation ranged between 2 and 5 standard deviations (6.16) gain and improved from the first year system wide mean of 66.77 % to 88.8 % in year 2. These results illustrate that the level of integrity for a *system level* intervention can increase over time when schools adhere to procedures and monitor progress. These findings also support the idea that measurement of treatment integrity can lead to improved implementation (Fiske, 2008). I predicted in Hypothesis 2 that higher BoQ scores would lead to more students falling in the low risk range on the SRSS. However, this was not true for most schools.

Statistically significant increases were seen from year 1 to year 2 in the number of students displaying low levels of behavioral risk for the October and May screenings for School D. No other schools saw significant differences in the level of low risk behavior

ratings between October, May, or December of year 1 and the corresponding rating session in year 2. This may be because many programs and interventions take time to produce large levels of sustainable change. School D has had SWPBIS supports in place longer than any other school in the district and had one of the lowest percentage levels of students in the low risk range year 1. It may be that other schools in the district will need more time to see significant changes. Although changes in SRSS data did not reach statistical significance across two years (the length of time the screener has been used), most schools showed some evidence of an increasing trend in the percentage of students that fall in the low risk range on the SRSS (i.e., can be supported at Tier 1). Perhaps more importantly, the percentage of students rated as displaying low behavioral risk has practical significance. SWPBIS sets parameters (and CI3T follows the same guidelines) regarding the percentage of students generally expected to fall at each tier in the 3 tiered level model of supports. In this model, 80% of students should be supported by universal school wide Tier 1 supports, 15% by Tier 2 by secondary support, and 5% by Tier 3 tertiary supports (Longview Elementary CI3T Manual CI3T Model of Prevention; Lane, Kalberg, & Menzies, 2009).

By May of 2016, four out of the six schools that reported screening scores for both years saw at least 80% of their students fall in the low risk scoring range on the SRSS. This fits with SWPBIS expectations and improved BoQ scores. These schools should start to experience the benefits associated with consistent Tier 1 supports in place including a school climate that feels safe and secure, decreases in school-wide behavior

problems (Cohen, Kincaid, & Childs, 2007) as well as a decrease in student ODRs (Childs et al. 2015).

It is also important to note that current BoQ scores for all schools far exceed the 70% threshold viewed as the marker for acceptable intervention integrity levels for SWPBIS at Tier 1 (Cohen, Kincaid & Childs 2007). The presence of high BoQ scores at each school (i.e., much greater than 70% with second year mean across schools being 88.84%) show that all schools have attained a high level of competence implementing universal supports. An alternative way to interpret non-significant changes in percentage of SRSS low risk ratings is that a ceiling effect is in play. In other words, schools have received the maximum amount of benefit that can be expected from Tier 1 supports and this may be one reason that SRSS scores are slow to change. The goal now is to maintain Tier 1 supports and shift to Tier 2 and Tier 3. Focus on Tier 2 and Tier 3 will enhance outcomes for students displaying moderate and high levels of behavioral risk and may help them eventually be able to rely on Tier 1 supports.

Limitations of the Study

This study focused on student screening data from 9 schools for kindergarten to second grade classrooms only. This is because the SRSS screening procedures were originally implemented in lower grades only in the first year. For this reason, SRSS data for grades 3-6 was not available for comparison. Further analysis incorporating all grade levels would provide more comprehensive information about the effects of behavioral screening and support in schools and district wide. Additionally, not all schools had data available

for all time periods and this placed limitations on data analysis. Future research might address several areas including prolonged implementation of CI3T and SWPBIS in conjunction with use of the SRSS, as well as changes observed at Tier 2 and Tier 3 when these level of supports become the emphasis. It may also be useful to look at data across specific grade levels as a way to take into account developmental differences in children's response to behavioral supports.

REFERENCES

Achenbach, T. M. (1991). *Integrative guide for the 1991 CBCU4-18, YRS, & TRF profiles.* Burlington, VT: University of Vermont, Department of Psychiatry. doi: 10.1177/10983007070090040301

Burke, M. D., Davis, J. L., Lee, Y., Hagan-Burke, S., Kwok, O., & Sugai, G. (2012). Universal screening for behavioral risk in elementary schools using SWPBS expectations. *Journal of Emotional and Behavioral Disorders, 20*(1), 38–54. doi:10.1177/1063426610377328

Chard, D. J., Ketterlin-Geller, L. R., Baker, S. K., Doabler, C., & Apichatabutra, C. (2009). Repeated reading interventions for students with learning disabilities: Status of the evidence. *Exceptional Children, 75*, 263–281. doi: edsgcl.195672676

Childs, K. E., Kincaid, D., & George, H. P. (2010). A model for statewide evaluation of a universal positive behavior support initiative. *Journal of Positive Behavior Interventions, 12,*198-210. doi: 10.1177/1098300709340699

Childs, K. E., Kincaid, D., & George, H. P. & Gage, N.A. (2015). The relationship between school-wide implementation of positive behavior intervention and supports and student discipline outcomes. *Journal of Positive Behavior Interventions,* June 5, 2015. doi: 10.1177/1098300715590398

Cohen, R., Kincaid, D., & Childs, K. E. (2007). Measuring school-wide positive behavior support implementation: Development and validation of the Benchmarks of Quality. *Journal of Positive Behavior Support, 9,* 203-213. doi: 10.1177/10983007070090040301

Comprehensive Integrated Three Tiered Model of Prevention. Longview Elementary` School Implementation Manual. 2016-2017. Spring Hill, TN.

Dane, A. V., & Schneider, B. H. (1998). Program integrity in primary and early secondary prevention: are implementation effects out of control? *Clinical Psychology Review*, *18*, 23-45. doi:10.1016/S0272-7358(97)00043-3

Doll, B., Cummings, J. A., & Chapla, B. A., (2014). Best practices in population based school mental health services. P. Harrison and A. Thomas (Eds.), *Systems-level services* (pp.149-164). National Association of School Psychologists: Bethesda, MD.

Drummond, T., Eddy, 1. M., & Reid, J. B. (1998a). *Follow-up study #3: Risk screening scale: Prediction of negative outcomes by 10th grade from 2nd grade screening.* Unpublished technical report. Eugene, OR: Oregon Social Learning Center.

Drummond, T , Eddy, J. M., & Reid, J. B. (1998b). *Follow-up study #4: Risk screening scale: Prediction of negative outcomes in two longitudinal samples.* Unpublished technical report. Eugene, OR: Oregon Social Learning Center.

Drummond, T., Eddy, 1. M., Reid, J. B., & Bank, L. (1994, November). *The Student Risk Screening Scale: A brief teacher screening instrument for conduct disorder.* Paper presented at the Fourth Annual Prevention Conference, Washington, DC. doi: 10.1037/t27737-000

Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal Of Community Psychology*, *41*(3/4), 327-350. 24p. doi:10.1007/s10464-008-9165-0

Fiske, K. E. (2008). Treatment integrity of school-based behavior analytic interventions: a review of the research. *Behavior Analysis in Practice*, *1*(2), 19–25. http://europepmc.org/articles/PMC2846589

Glover, T. A., & Albers, C. A. (2007). Considerations for evaluating universal screening assessments. *Journal Of School Psychology*, *45*(Universal Screening for Enhanced Educational and Mental Health Outcomes), 117-135. doi:10.1016/j.jsp.2006.05.005

Gresham, F. M. (1989). Assessment of treatment integrity in school consultation and prereferral intervention. *School Psychology Review*, *18*, 37-50.

Gresham, F. M. (2004). Current status and future directions of school-based behavioral interventions. *School Psychology Review, 33,* 326–43.

Gresham, F. M. (1998). Designs for evaluating behavior change. *Handbook of child behavior therapy*, 23–40. doi:10.1007/978-1-4615-5323-6_2

Gresham, F. M., Gansle, K. A., Noell, G. H., Cohen, S., et al. (1993). Treatment integrity of school-based behavioral intervention studies: 1980–1990. *School Psychology Review, 22,* 254-272. doi:10.1901/jaba.2007.659-672

Harris, A. D., McGregor, J. C., Perencevich, E. N., Furuno, J. P., Zhu, J., Peterson, D. E., & Finkelstein, J. (2006). The use and interpretation of quasi-experimental

studies in medical informatics. *Journal of the American Medical Informatics Association : JAMIA*, *13*(1), 16–23. doi:10.1197/jamia.M1749

Horner, R. H., Todd, A. W., Lewis-Palmer, T., Irvin, L. K., Sugai, G., & Boland, J. B. (2004). The school-wide evaluation tool (SET): A research instrument for assessing school-wide positive behavior support. *Journal of Positive Behavior Interventions, 6,* 3-12. doi: 10.1177/10983007040060010201

Kalberg, J. R., Lane, K. L., & Lambert, W. (2012). The utility of conflict resolution and social skills interventions with middle school students at risk for antisocial behavior: A methodological illustration. Remedial and Special Education. Advance online publication. doi: 10.1177/0741932510362514

Kazdin, A. E. (1980). Acceptability of alternative treatments for deviant child behavior. *Journal of Applied Behavior Analysis*, *13,* 259–273. doi: 10.1901/jaba.1980.13-259

Kern, L., & Manz, P. (2004). A look at current validity issues of school-wide behavior support. *Behavioral Disorders*, *30*(1), 47-59.

Kincaid, D., Childs, K., Blasé, K. A., & Wallace, F. (2007). Identifying barriers and facilitators in implementing schoolwide positive behavior support. *Journal of Positive Behavior Interventions, 9,* 174-184. doi:10.1177/10983007070090030501

Lane, K. L., Kalberg, J. R., Lambert, W., Crnobori, M., & Bruhn, A. (2010). A comparison of systematic screening tools for emotional and behavioral disorders: A replication. *Journal of Emotional and Behavioral Disorders, 18,* 100-112. doi: 10.1177/1063426609341069

Lane, K. L., Little, M. A., Casey, A. M., Lambert, W., Wehby, J., Weisenbach, J. L., & Phillips, A. (2009). A comparison of systematic screening tools for emotional and behavioral disorders. *Journal Of Emotional & Behavioral Disorders*, *17*(2), 93-105.

Lane, K. L., Oakes, W. P., Harris, P. J., Menzies, H. M., Cox, M, L., & Lambert, W. (2012). Initial evidence for the reliability and validity of the student risk screening scale for internalizing and externalizing behaviors at the elementary level. *Behavioral Disorders, 37,* 99-122.

Lane, K. L., Oakes, W. P., Harris, P. J., Menzies, H. M., Cox, M., & Lambert, W. (n.d.). Student Risk Screening Scale--Internalizing and Externalizing. PsycTESTS Dataset. doi:10.1037/t27738-000

Lane, K. L., Oakes, W. P., Swogger, E. D., Schatschneider, C., Menzies, H. M., & Sanchez, J. (2015). Student risk screening scale for internalizing and externalizing behaviors: preliminary cut scores to support data-informed decision making. *Behavioral Disorders*, *40*(3), 159-170. doi: 10.1037/t27738-

McIntosh, K., Campbell, A. L., Carter, D. R., & Zumbo, B. D. (2009). Concurrent validity of office discipline referrals and cut points used in schoolwide positive behavior support. *Behavioral Disorders*, *34*(2), 100-113.

Mortensen, B., & Witt, J. (1998). The use of weekly performance feedback to increase teacher implementation of a prereferral academic intervention. *School Psychology Review*, *27*, 613-627.

Oakes, W. P., Wilder, K., Lane, K. L., Powers, L.Yokoyama, L., O'Hare, M. E., & Jenkins, A. B. (2010). Psychometric properties of the Student Risk Screening Scale: An effective tool for use in diverse urban elementary schools. *Assessment for Effective Intervention, 35,* 231-239. doi: 10.1177/1534508410379796

Positive Action. (2008). *Positive Action: Positive development for schools, families and communities*. Twin Falls, ID.

Severson, H. H., Walker, H. M., Hope-Doolittle, J., Kratochwill, T. R., & Gresham, F. M. (2007). Proactive, early screening to detect behaviorally at-risk students: Issues, approaches, emerging innovations, and professional practices. *Journal Of School Psychology*, *2*, 193. doi:10.1016/j.jsp.2006.11.003

Simonsen, B., Sugai, G., & Negron, M. (2008). Schoolwide positive behavior supports: primary systems and practices. *Teaching Exceptional Children*, *40*(6), 32-40. doi: 10.1177/004005990804000604

Skiba, R., Simmons, A. B., Rilter, S., Gibb, A. C., Rausch, M, K,, & Cuadrado., et al. (2008). Achieving equity in special education: History, status, and current challenges. *Exceptional Children, 74,* 264-288.

Sugai, G., Sprague, J. R., Horner, R. H., & Walker, H. M. (2000). Preventing school violence: The use of office discipline referrals to assess and monitor school-wide discipline interventions. *Journal Of Emotional & Behavioral Disorders*, *8*(2), 94. doi: 10.1177/106342660000800205

Ullrich, J.M. Serpas, C. ,DeBoe, S.. Ferris, G., Gross, E., Haynes, R., Hoy, C., Kennedy, C., Nichols, T., and Paul, J., (2012). Longview Elementary School: School year 2014-2015 implementation manual. Comprehensive, integrated, three tiered model of prevention. http://www.wcs.edu/lves/wpcontent/uploads/sites/ 105/ 2013/11/LvES_Implementation-Manual_Final_14.pdf.

Vincent, C. G., Swain-Bradway, J., Tobin, T. J., & May, S. (2011). Disciplinary referrals for culturally and linguistically diverse students with and without disabilities: patterns resulting from school-wide positive behavior support. *Exceptionality*, *19*(3), 175-190. doi: 10.1080/09362835.2011.579936

Yeaton, W., & Sechrest, L. (1981). Critical dimensions in the choice and maintenance of successful treatments: Strength, integrity, and effectiveness. *Journal of Consulting and Clinical Psychology*, *49,* 156-167. 10.1037/0022-006x.49.2.156.

Walker, H. M., & Severson, H. (1992). *Systematic screening for behavior disorders: technical manual.* Sopris West: Longmont, CO.

Wheeler, J. J., Baggett, B. A., Fox, J., & Blevins, L. (2006). Treatment integrity: A review of intervention studies conducted with children with autism. *Focus On Autism & Other Developmental Disabilities*, *21*(1), 45-54. doi:10.1177/10883576060210010601

APPENDICES

APPENDIX A. SCORING FORM

School-wide Benchmarks of Quality: SCORING FORM (Revised)

School Name: _____ District:_____

Coach's Name:_____ Date: _____

STEP 1: Coach uses the Scoring Guide to determine appropriate point value. Circle ONLY ONE response.

STEP 2: Indicate your team's most frequent response. Write the response in column 2. (in place ++, needs improvement +, or not in place -). If there is a tie, report the higher score.

STEP 3: Place a check next to any item where there is a discrepancy between your rating and the team's rating. Document the discrepancies on page 3.

Critical Elements	STEP 1					STEP 2 ++, +, or _	STEP 3 ✓
PBS Team	1. Team has administrative support	3	2	1	0		
	2. Team has regular meetings (at least monthly)		2	1	0		
	3. Team has established a clear mission/purpose			1	0		
Faculty Commitment	4. Faculty are aware of behavior problems across campus through regular data sharing		2	1	0		
	5. Faculty involved in establishing and reviewing goals		2	1	0		
	6. Faculty feedback is obtained throughout the year		2	1	0		
Effective Procedures for Dealing with Discipline	7. Discipline process described in narrative format or depicted in graphic format		2	1	0		
	8. Discipline process includes documentation procedures			1	0		
	9. Discipline referral form includes information useful in decision making		2	1	0		
	10. Problem behaviors are defined	3	2	1	0		
	11. Major/minor behaviors are clearly differentiated		2	1	0		
	12. Suggested array of appropriate responses to major (office-managed) problem behaviors			1	0		
Data Entry & Analysis Plan Established	13. Data system is used to collect and analyze ODR data	3	2	1	0		
	14. Additional data are collected (attendance, grades, faculty attendance, surveys) and used by SWPBS team			1	0		
	15. Data analyzed by team at least monthly		2	1	0		
	16. Data shared with team and faculty monthly (minimum)		2	1	0		
Expectations & Rules Developed	17. 3-5 positively stated school-wide expectations are posted around school	3	2	1	0		
	18. Expectations apply to both students and staff	3	2	1	0		
	19. Rules are developed and posted for specific settings (settings where data suggest rules are needed)		2	1	0		
	20. Rules are linked to expectations			1	0		
	21. Staff are involved in development of expectations and rules		2	1	0		

Critical Elements	STEP 1					STEP 2 ++, +, or -	STEP 3 ✓
Reward/ Recognition Program Established	22. A system of rewards has elements that are implemented consistently across campus	3	2	1	0		
	23. A variety of methods are used to reward students		2	1	0		
	24. Rewards are linked to expectations and rules	3	2	1	0		
	25. Rewards are varied to maintain student interest		2	1	0		
	26. Ratios of acknowledgement to corrections are high	3	2	1	0		
	27. Students are involved in identifying/developing incentives			1	0		
	28. The system includes incentives for staff/faculty		2	1	0		
Lesson Plans for Teaching Expectations/ Rules	29. A behavioral curriculum includes teaching expectations and rules		2	1	0		
	30. Lessons include examples and non-examples			1	0		
	31. Lessons use a variety of teaching strategies		2	1	0		
	32. Lessons are embedded into subject area curriculum		2	1	0		
	33. Faculty/staff and students are involved in development & delivery of behavioral curriculum			1	0		
	34. Strategies to share key features of SWPBS program with families/community are developed and implemented			1	0		
Implemen-tation Plan	35. A curriculum to teach the components of the discipline system to all staff is developed and used		2	1	0		
	36. Plans for training staff how to teach expectations/rules/rewards are developed, scheduled and delivered		2	1	0		
	37. A plan for teaching students expectations/rules/rewards is developed scheduled and delivered	3	2	1	0		
	38. Booster sessions for students and staff are planned, scheduled, and delivered		2	1	0		
	39. Schedule for rewards/incentives for the year is planned			1	0		
	40. Plans for orienting incoming staff and students are developed and implemented		2	1	0		
	41. Plans for involving families/community are developed & implemented			1	0		
Classroom Systems	42. Classroom rules are defined for each of the school-wide expectations and are posted in classrooms.		2	1	0		
	43. Classroom routines and procedures are explicitly identified for activities where problems often occur (e.g. entering class, asking questions, sharpening pencil, using restroom, dismissal)		2	1	0		
	44. Expected behavior routines in classroom are taught		2	1	0		
	45. Classroom teachers use immediate and specific praise		2	1	0		
	46. Acknowledgement of students demonstrating adherence to classroom rules and routines occurs more frequently than acknowledgement of inappropriate behaviors		2	1	0		
	47. Procedures exist for tracking classroom behavior problems		2	1	0		
	48. Classrooms have a range of consequences/interventions for problem behavior that are documented and consistently delivered		2	1	0		
Evaluation	49. Students and staff are surveyed about PBS		2	1	0		
	50. Students and staff can identify expectations and rules		2	1	0		
	51. Staff use referral process (including which behaviors are office managed vs. teacher managed) and forms appropriately	3	2	1	0		
	52. Staff use reward system appropriately	3	2	1	0		
	53. Outcomes (behavior problems, attendance, morale) are documented and used to evaluate PBS plan	3	2	1	0		

Scoring the Benchmarks of Quality: _____ / 107 = _____ **Benchmarks Score**
Total pts. / 107

APPENDIX B. SCORING GUIDE

SCORING GUIDE:
Completing the Benchmarks of Quality (Revised) for School-wide Positive Behavior Support (SWPBS)

When & Why
Benchmarks *of Quality (Revised) for School-wide Positive Behavior Support* should be completed in the spring of each school year (Mar/Apr/May). The Benchmarks are used by teams to identify areas of success, areas for improvement, and by the PBS Project to identify model PBS schools.

Procedures for Completing

Step 1 - Coaches Scoring
The Coach will use his or her best judgment based on personal experience with the school and the descriptions and exemplars in the *Benchmarks of Quality(Revised) Scoring Guide* to score each of the 53 items on the *Benchmarks of Quality Scoring Form* (p.1 & 2). Do not leave any items blank.

Step 2 - Team Member Rating
The coach will give the *Benchmarks of Quality(Revised) Team Member Rating Form* to each SWPBS Team member to be completed independently and returned to the coach upon completion. Members should be instructed to rate each of the 53 items according to whether the component is "**In Place**", "**Needs Improvement**", or "**Not in Place**". Some of the items relate to product and process development, others to action items; in order to be rated as "In Place;" the item must be developed and implemented (where applicable). Coaches will collect and tally responses and record on the *Benchmarks of Quality(Revised) Scoring Form* the team's most frequent response using ++ for "In Place," + for "Needs Improvement," and – for "Not In Place."

Step 3 – Team Report
The coach will then complete the *Team Summary* on p. 3 of the *Benchmarks of Quality (Revised) Scoring Form* recording areas of discrepancy, strength and weakness.

> ***Discrepancies*** - If there were any items for which the team's most frequent rating varied from the coaches' rating based upon the Scoring Guide, the descriptions and exemplars from the guide should be shared with the team. This can happen at a team meeting or informally. If upon sharing areas of discrepancy, the coach realizes that there is new information that according to the *Scoring Guide* would result in a different score, the item and the adjusted final score should be recorded on the *Scoring Form*.

Step 4 - Reporting Back to Team
After completing the remainder of the *Benchmarks of Quality(Revised) Scoring Form*, the coach will report back to the team using the *Team Report* page of the *Benchmarks of Quality(Revised) Scoring Form.* If needed, address items of discrepancy and adjust the score. The coach will then lead the team through a discussion of the identified areas of strength (high ratings) and weakness (low ratings). This information should be conveyed as "constructive feedback" to assist with action planning.

Step 5 – Reporting
The coach will enter the final scores from the *Scoring Form* on PBSES, the web-based evaluation reporting system through the PBS Project's website **http://flpbs.fmhi.usf.edu**. The school log-in and password are included on the direction for completing End-Year Evaluation which is distributed by the district coordinator.

Table continued

BENCHMARKS OF QUALITY (Revised) SCORING GUIDE

Benchmark	3 points	2 points	1 point	0 points
1. Team has administrative support	Administrator(s) attended training, play an active role in the PBS process, actively communicate their commitment, support the decisions of the PBS Team, and attend **all** team meetings.	Administrator(s) support the process, take as active a role as the rest of the team, and/or attend **most** meetings	Administrator(s) support the process but don't take as active a role as the rest of the team, and/or attends **only a few** meetings.	Administrator(s) do not actively support the PBS process.
2. Team has regular meetings (at least monthly)		Team meets monthly (**min. of 9 one-hour meetings** each school year).	Team meetings are not consistent (**5-8) monthly meetings** each school year).	Team seldom meets (**fewer than five monthly meetings** during the school year).
3. Team has established a clear mission/purpose			Team has a written purpose/mission statement for the PBS team (commonly completed on the cover sheet of the action plan).	No mission statement/purpose written for the team.
4. Faculty are aware of behavior problems across campus through regular data sharing		Data regarding school-wide behavior are shared with faculty monthly (**min. of 8 times** per year).	Data regarding school-wide behavior are occasionally shared with faculty **(3-7 times** per year).	Data are not regularly shared with faculty. Faculty may be given an update **0-2 times** per year
5. Faculty are involved in establishing and reviewing goals		**Most** faculty participate in establishing PBS goals (i.e. surveys, "dream", "PATH") on at least an annual basis.	**Some** of the faculty participates in establishing PBS goals (i.e. surveys, "dream", "PATH") on at least an annual basis.	**Faculty does not** participate in establishing PBS goals.
6. Faculty feedback is obtained throughout year		Faculty is given opportunities to provide feedback, to offer suggestions, and to make choices in every step of the PBS process (via staff surveys, voting process, suggestion box, etc.) Nothing is implemented without the majority of faculty approval.	Faculty are given some opportunities to provide feedback, to offer suggestions, and to make some choices during the PBS process. However, the team also makes decisions without input from staff.	Faculty are rarely given the opportunity to participate in the PBS process (fewer than 2 times per school year).

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Table continued

Benchmark	3 points	2 points	1 point	0 points
7. Discipline process described in narrative format or depicted in graphic format		Team **has** established clear, written procedures that lay out the process for handling both major and minor discipline incidents. (**Includes** crisis situations)	Team **has** established clear, written procedures that lay out the process for handling both major and minor discipline incidents. (**Does not include** crisis situations.)	Team **has not** established clear, written procedures for discipline incidents and/or there is no differentiation between major and minor incidents.
8. Discipline process includes documentation procedures			There **is a** documentation procedure to track both major and minor behavior incidents (i.e., form, database entry, file in room, etc.).	There **is not a** documentation procedure to track both major and minor behavior incidents (i.e., form, database entry, file in room, etc.).
9. Discipline referral form includes information useful in decision making		Information on the referral form includes ALL of the required fields: Student's name, date, time of incident, grade level, referring staff, location of incident, gender, problem behavior, possible motivation, others involved, and administrative decision.	The referral form includes all of the required fields, but also includes unnecessary information that is not used to make decisions and may cause confusion.	The referral form lacks one or more of the required fields or does not exist.
10. Problem behaviors are defined	Written documentation exists that includes clear definitions of all behaviors listed.	All of the behaviors are defined but some of the definitions are unclear.	Not all behaviors are defined or some definitions are unclear.	No written documentation of definitions exists.
11. Major/minor behaviors are clearly differentiated		**Most** staff are clear about which behaviors are staff managed and which are sent to the office. (i.e. appropriate use of office referrals) Those behaviors are clearly defined, differentiated and documented.	**Some** staff are unclear about which behaviors are staff managed and which are sent to the office (i.e. appropriate) use of office referrals) or no documentation exists.	Specific major/minor behaviors are not clearly defined, differentiated or documented.
12. Suggested array of appropriate responses to major (office-managed) problem behaviors			There is evidence that **all** administrative staff are aware of and use an array of predetermined appropriate responses to major behavior problems.	There is evidence that **some** administrative staff are not aware of, or do not follow, an array of predetermined appropriate responses to major behavior problems.

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Table continued

Benchmark	3 points	2 points	1 point	0 points
13. Data system is used to collect and analyze ODR data	The database can quickly output data in graph format and allows the team access to **ALL** of the following information: average referrals per day per month, by location, by problem behavior, by time of day, by student, and compare between years.	**ALL** of the information can be obtained from the database (average referrals per day per month, by location, by problem behavior, by time of day, by student, and compare between years), **though it may not be** in graph format, may require more staff time to pull the information, or require staff time to make sense of the data.	Only **partial** information can be obtained (lacking either the number of referrals per day per month, location, problem behavior, time of day, student, and compare patterns between years.)	The data system is **not able** to provide any of the necessary information the team needs to make school-wide decisions.
14. Additional data are collected (attendance, grades, faculty attendance, surveys) and used by SWPBS team			The team collects and considers data other than discipline data to help determine progress and successes (i.e. attendance, grades, faculty attendance, school surveys, etc.)	The team does **not** collect or consider data other than discipline data to help determine progress and successes (i.e. attendance, grades, faculty attendance, school surveys, etc.).
15. Data analyzed by team at least monthly		Data are printed, analyzed, and put into graph format or other easy to understand format by a member of the team **monthly** (minimum)	Data are printed, analyzed, and put into graph format or other easy to understand format by a team member **less than once a month**.	Data are **not analyzed**.
16. Data shared with team and faculty monthly (minimum)		Data are shared with the PBS team and faculty **at least once a month**.	Data are shared with the PBS team and faculty **less than one time a month.**	Data are not reviewed each month by the PBS team and shared with faculty.
17. 3-5 positively stated school-wide expectations are posted around school	3-5 positively stated school-wide expectations are visibly posted around the school. Areas posted include the classroom and a minimum of 3 other school settings (i.e., cafeteria, hallway, front office, etc).	3-5 positively stated expectations are visibly posted in most important areas (i.e. classroom, cafeteria, hallway), but one area may be missed.	3-5 positively stated expectations are not clearly visible in common areas.	Expectations are not posted or team has either too few or too many expectations.

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Table continued

Benchmark	3 points	2 points	1 point	0 points
18. Expectations apply to both students and staff	PBS team **has communicated** that expectations apply to all students **and** all staff.	PBS team has expectations that apply to all students **AND** all staff but haven't specifically communicated that they apply to staff as well as students.	Expectations refer only to student behavior.	There are no expectations.
19. Rules are developed and posted for specific settings (settings where data suggested rules are needed)		Rules are posted **in all** of the most problematic areas in the school.	Rules are posted **in some, but not all** of the most problematic areas of the school.	Rules **are not** posted in any of the most problematic areas of the school.
20. Rules are linked to expectations			When taught or enforced, staff consistently link the rules with the school-wide expectations.	When taught or enforced, staff **do not consistently** link the rules with the school-wide expectations and/or rules are taught or enforced separately from expectations.
21. Staff are involved in development of expectations and rules		**Most** staff were involved in providing feedback/input into the development of the school-wide expectations and rules (i.e., survey, feedback, initial brainstorming session, election process, etc.)	Some staff were involved in providing feedback/input into the development of the school-wide expectations and rules.	Staff were not involved in providing feedback/input into the development of the school-wide expectations and rules.
22. A system of rewards has elements that are implemented consistently across campus	The reward system guidelines and procedures **are** implemented consistently across campus. Almost all members of the school are participating appropriately. at least **90%** participation	The reward system guidelines and procedures **are** implemented consistently across campus. However, some staff choose not to participate or participation does not follow the established criteria. at least **75%** participation	The reward system guidelines and procedures **are not** implemented consistently because several staff choose not to participate or participation does not follow the established criteria. at least **50%** participation	There is no identifiable reward system or a large percentage of staff are not participating. less than **50%** participation

Table continued

Benchmark	3 points	2 points	1 point	0 points
23. A variety of methods are used to reward students		The school uses a variety of methods to reward students (e.g. cashing in tokens/points). There should be opportunities that include tangible items, praise/recognition and social activities/events. Students with few/many tokens/points have equal opportunities to cash them in for rewards. However, larger rewards are given to those earning more tokens/points.	The school uses a variety of methods to reward students, but students do not have access to a variety of rewards in a consistent and timely manner.	The school uses only one set methods to reward students (i.e., tangibles only) or there are no opportunities for children to cash in tokens or select their reward. Only students that meet the quotas actually get rewarded, students with fewer tokens cannot cash in tokens for a smaller reward.
24. Rewards are linked to expectations and rules	Rewards are provided for behaviors that are identified in the rules/expectations and staff verbalize the appropriate behavior when giving rewards.	Rewards are provided for behaviors that are identified in the rules/expectations and staff sometimes verbalize appropriate behaviors when giving rewards.	Rewards are provided for behaviors that are identified in the rules/expectations but staff rarely verbalize appropriate behaviors when giving rewards.	Rewards are provided for behaviors that are not identified in the rules and expectations.
25. Rewards are varied to maintain student interest		The rewards are varied throughout year and reflect students' interests (e.g. consider the student age, culture, gender, and ability level to maintain student interest.)	The rewards are varied throughout the school year, but **may not** reflect students' interests.	The rewards are **not** varied throughout the school year and **do not** reflect student's interests.
26. Ratios of acknowledgement to corrections are high	Ratios of teacher reinforcement of appropriate behavior to correction of inappropriate behavior are **high** (e.g., 4:1).	Ratios of teacher reinforcement of appropriate behavior to correction of inappropriate behavior are **moderate** (e.g., 2:1).	Ratios of teacher reinforcement of appropriate behavior to correction of inappropriate behavior are **about the same** (e.g., 1:1).	Ratios of teacher reinforcement of appropriate behavior to correction of inappropriate behavior **are low** (e.g., 1:4)
27. Students are involved in identifying/developing incentives			Students **are often** involved in identifying/developing incentives.	Students **are rarely** involved in identifying/developing incentives.

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Table continued

Benchmark	3 points	2 points	1 point	0 points
28. The system includes incentives for staff/faculty		The system includes incentives for staff/faculty and they are delivered consistently.	The system includes incentives for staff/faculty, but they are not delivered consistently.	The system **does not** include incentives for staff/faculty.
29. A behavioral curriculum includes teaching expectations and rules		Lesson plans are developed and used to teach rules and expectations	Lesson plans were developed and used to teach rules, but not developed for expectations or vice versa.	Lesson plans have not been developed or used to teach rules or expectations
30. Lessons include examples and non-examples			Lesson plans include both examples of appropriate behavior and examples of inappropriate behavior.	Lesson plans give no specific examples or non-examples or there are no lesson plans.
31. Lessons use a variety of teaching strategies		Lesson plans are taught using at least 3 different teaching strategies (i.e., modeling, role-playing, videotaping)	Lesson plans have been introduced using fewer than 3 teaching strategies.	Lesson plans have **not** been taught or do not exist.
32. Lessons are embedded into subject area curriculum		**Nearly all** teachers embed behavior teaching into subject area curriculum on a daily basis.	**About 50%** of teachers embed behavior teaching into subject area curriculum or embed behavior teaching fewer than 3 times per week	**Less than 50%** of all teachers embed behavior teaching into subject area curriculum or only occasionally remember to include behavior teaching in subject areas.
33. Faculty/staff and students are involved in development & delivery of behavioral curriculum			Faculty, staff, and students **are** involved in the development and delivery of lesson plans to teach behavior expectations and rules for specific settings.	Faculty, staff, and students **are not** involved in the development and delivery of lesson plans to teach behavior expectations and rules for specific settings.

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Table continued

Benchmark	3 points	2 points	1 point	0 points
34. Strategies to share key features of SWPBS program with families/community are developed and implemented			The PBS Plan **includes** strategies to reinforce lessons with families and the community (i.e., after-school programs teach expectations, newsletters with tips for meeting expectations at home)	The PBS plan **does not include** strategies to be used by families and the community.
35. A curriculum to teach components of the discipline system to all staff is developed and used		The team scheduled time to present and train faculty and staff on the discipline procedures and data system **including** checks for accuracy of information or comprehension. **Training included all components:** referral process (flowchart), definitions of problem behaviors, explanation of major vs. minor forms, and how the data will be used to guide the team in decision making.	The team scheduled time to present and train faculty and staff on the discipline procedures and data system, **but there were no** checks for accuracy of information or comprehension. **OR training did not include all components** (i.e., referral process (flowchart), definitions of problem behaviors, explanation of major vs. minor forms, and how the data will be used to guide the team in decision making.)	Staff was either not trained or was given the information without formal introduction and explanation.
36. Plans for training staff to teach students expectations/rules and rewards are developed, scheduled and delivered		The team scheduled time to present and train faculty and staff on lesson plans to teach students expectations and rules **including** checks for accuracy of information or comprehension. **Training included all components:** plans to introduce the expectations and rules to all students, explanation of how and when to use formal lesson plans, and how to embed behavior teaching into daily curriculum.	The team scheduled time to present and train faculty and staff on lesson plans to teach students expectations and rules **but there were no** checks for accuracy of information or comprehension. **OR Training didn't include all components:** plans to introduce expectations and rules to all students, explanation of how and when to use formal lesson plans, and how to embed behavior teaching into daily curriculum.	Staff was either not trained or was given the information without formal introduction and explanation.

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Table continued

Benchmark	3 points	2 points	1 point	0 points
37. A plan for teaching students expectations/ rules/rewards is developed scheduled and delivered	Students are introduced/taught **all** of the following: school expectations, rules for specific setting, and the reward system guidelines.	Students are introduced/taught **two (2)** of the following: school expectations, rules for specific setting, and the reward system guidelines.	Students are introduced/taught only **one (1)** of the following: school expectations, rules for specific setting, and the reward system guidelines.	Students are not introduced/taught **any** of the following: school expectations, rules for specific setting, and the reward system guidelines.
38. Booster sessions for students and staff are planned, scheduled, and implemented		Booster sessions are planned and delivered to reteach staff/students at least once in the year and additionally at times when the data suggest problems by an increase in discipline referrals per day per month or a high number of referrals in a specified area. Expectations and rules are reviewed with students regularly (at least 1x per week).	Booster sessions are not utilized fully. For example: booster sessions are held for students but not staff; booster sessions are held for staff, but not students; booster sessions are not held, but rules & expectations are reviewed at least weekly with students.	Booster sessions for students and staff are **not** scheduled/planned. Expectations and rules are reviewed with students once a month or less.
39. Schedule for rewards/incentives for the year is planned			There **is a** clear plan for the type and frequency of rewards/incentives to be delivered throughout the year.	There **is no** plan for the type and frequency of rewards/incentives to be delivered throughout the year.
40. Plans for orienting incoming staff and students are developed and implemented		Team has planned for and carries out the introduction of School-wide PBS and training of new staff and students throughout the school year.	Team has planned for the introduction of School-wide PBS and training of either new students or new staff, but does not include plans for training both. OR the team has plans but has not implemented them.	Team has not planned for the introduction of School-wide PBS and training of new staff or students
41. Plans for involving families/community are developed and implemented			Team has planned for the introduction and on-going involvement of school-wide PBS to families/community (i.e., newsletter, brochure, PTA, open-house, team member, etc.)	Team has not introduced school-wide PBS to families/community.

Kincaid, D**.,** Childs, K., & George, H. (March, 2010).
School-wide Benchmarks of Quality (Revised). Unpublished instrument. USF, Tampa, Florida. 9

Table continued

Benchmark	3 points	2 points	1 point	0 points
42. Classroom rules are defined for each of the school-wide expectations and are posted in classrooms		Evident in most classrooms (>75% of classrooms)	Evident in many classrooms (50-75% of classrooms)	Evident in only a few classrooms (less than 50% of classrooms)
43. Classroom routines and procedures are explicitly identified for activities where problems often occur (e.g. entering class, asking questions, sharpening pencil, using restroom, dismissal)		Evident in most classrooms (>75% of classrooms)	Evident in many classrooms (50-75% of classrooms)	Evident in only a few classrooms (less than 50% of classrooms)
44. Expected behavior routines in classroom are taught		Evident in most classrooms (>75% of classrooms)	Evident in many classrooms (50-75% of classrooms)	Evident in only a few classrooms (less than 50% of classrooms)
45. Classroom teachers use immediate and specific praise		Evident in most classrooms (>75% of classrooms)	Evident in many classrooms (50-75% of classrooms)	Evident in only a few classrooms (less than 50% of classrooms)

Kincaid, D., Childs, K., & George, H. (March, 2010).
School-wide Benchmarks of Quality (Revised). Unpublished instrument. USF, Tampa, Florida. 10

Table continued

Benchmark	3 points	2 points	1 point	0 points
46. Acknowledgement of students demonstrating adherence to classroom rules and routines occurs more frequently than acknowledgement of inappropriate behaviors		Evident in most classrooms (>75% of classrooms)	Evident in many classrooms (50-75% of classrooms)	Evident in only a few classrooms (less than 50% of classrooms)
47. Procedures exist for tracking classroom behavior problems		Evident in most classrooms (>75% of classrooms)	Evident in many classrooms (50-75% of classrooms)	Evident in only a few classrooms (less than 50% of classrooms)
48. Classrooms have a range of consequences/ interventions for problem behavior that are documented and consistently delivered		Evident in most classrooms (>75% of classrooms)	Evident in many classrooms (50-75% of classrooms)	Evident in only a few classrooms (less than 50% of classrooms)
49. Students and staff are surveyed about PBS		Students and staff **are** surveyed at least annually (i.e. items on climate survey or specially developed PBS plan survey), and information **is used** to address the PBS plan.	Students and staff **are** surveyed at least annually (i.e. items on climate survey or specially developed PBS plan survey), but information **is not used** to address the PBS plan.	Students and staff **are not** surveyed.

Kincaid, D**.,** Childs, K., & George, H. (March, 2010).
School-wide Benchmarks of Quality (Revised). Unpublished instrument. USF, Tampa, Florida. 11

Table continued

Benchmark	3 points	2 points	1 point	0 points
50. Students and staff can identify expectations and rules		**Almost all** students and staff can identify the school-wide expectations and rules for specific settings. (can be identified through surveys, random interviews, etc…) at least 90%	**Many** students and staff can identify the school-wide expectations and rules for specific settings. at least 50%	**Few** of students and staff can identify the expectations and rules for specific settings OR Evaluations are not conducted less than 50%
51. Staff use referral process (including which behaviors are office managed vs. which are teacher managed) and forms appropriately	Almost all staff know the procedures for responding to inappropriate behavior, use forms as intended and fill them out correctly. (can be identified by reviewing completed forms, staff surveys, etc…) at least 90% know/use	Many of the staff know the procedures for responding to inappropriate behavior, use forms as intended and fill them out correctly. at least 75% know/use	Some of the staff know the procedures for responding to inappropriate behavior, use forms as intended and fill them out correctly. at least 50% know/use	Few staff know the procedures for responding to inappropriate behavior, use forms as intended and fill them out correctly OR Evaluations are not conducted. less than 50% know/use
52. Staff use reward system appropriately	Almost all staff understand identified guidelines for the reward system and are using the reward system appropriately. (can be identified by reviewing reward token distribution, surveys, etc…) at least 90% understand/use	Many of the staff understand identified guidelines for the reward system and are using the reward system appropriately. at least 75% understand/use	Some of the staff understand identified guidelines for the reward system and are using the reward system appropriately. at least 50% understand/use	Few staff understand and use identified guidelines for the reward system OR Evaluations are not conducted at least yearly or do not assess staff knowledge and use of the reward system. less than 50% understand/use
53. Outcomes (behavior problems, attendance, and morale) are documented and used to evaluate PBS plan	There is a plan for collecting data to evaluate PBS outcomes, **most** data are collected as scheduled, and data are used to evaluate PBS plan.	There is a plan for collecting data to evaluate PBS outcomes, **some** of the scheduled data have been collected, and data are used to evaluate PBS plan.	There is a plan for collecting data to evaluate PBS outcomes; however nothing has been collected to date.	There is no plan for collecting data to evaluate PBS outcomes.

Kincaid, D**.,** Childs, K., & George, H. (March, 2010).
School-wide Benchmarks of Quality (Revised). Unpublished instrument. USF, Tampa, Florida. 12

APPENDIX C. TEAM MEMBER RATING FORM

School-wide Benchmarks of Quality (Revised)

TEAM MEMBER RATING FORM

Directions: Place a check in the box that most accurately describes your progress on each benchmark.

Critical Elements	Benchmarks of Quality	Check One: In Place (++)	Check One: Needs Improvement (+)	Check One: Not In Place (-)
PBS Team	1. Team has administrative support			
	2. Team has regular meetings (at least monthly)			
	3. Team has established a clear mission/purpose			
Faculty Commitment	4. Faculty are aware of behavior problems across campus through regular data sharing			
	5. Faculty involved in establishing and reviewing goals			
	6. Faculty feedback is obtained throughout the year			
Effective Procedures for Dealing with Discipline	7. Discipline process described in narrative format or depicted in graphic format			
	8. Discipline process includes documentation procedures			
	9. Discipline referral form includes information useful in decision making			
	10. Problem behaviors are defined			
	11. Major/minor behaviors are clearly differentiated			
	12. Suggested array of appropriate responses to major (office-managed) problem behaviors			
Data Entry & Analysis Plan Established	13. Data system is used to collect and analyze ODR data			
	14. Additional data are collected (attendance, grades, faculty attendance, surveys) and used by SWPBS team			
	15. Data analyzed by team at least monthly			
	16. Data shared with team and faculty monthly (minimum)			
Expectations & Rules Developed	17. 3-5 positively stated school-wide expectations are posted around school			
	18. Expectations apply to both students and staff			
	19. Rules are developed and posted for specific settings (settings where data suggest rules are needed)			
	20. Rules are linked to expectations			
	21. Staff are involved in development of expectations and rules			
Reward/ Recognition Program Established	22. A system of rewards has elements that are implemented consistently across campus			
	23. A variety of methods are used to reward students			
	24. Rewards are linked to expectations and rules			
	25. Rewards are varied to maintain student interest			
	26. Ratios of acknowledgement to corrections are high			
	27. Students are involved in identifying/developing incentives			
	28. The system includes incentives for staff/faculty			

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School-wide Benchmarks of Quality (Revised). Unpublished instrument. USF, Tampa, Florida

Critical Elements	Benchmarks of Quality (Revised)	In Place (++)	Needs Improvement (+)	Not In Place (-)
Lesson Plans for Teaching Expectations/ Rules	29. A behavioral curriculum includes teaching expectations and rules			
	30. Lessons include examples and non-examples			
	31. Lessons use a variety of teaching strategies			
	32. Lessons are embedded into subject area curriculum			
	33. Faculty/staff and students are involved in development & delivery of behavioral curriculum			
	34. Strategies to share key features of SWPBS program with families/community are developed and implemented			
Implementation Plan	35. A curriculum to teach the components of the discipline system to all staff is developed and used			
	36. Plans for training staff how to teach expectations/rules/rewards are developed, scheduled and delivered			
	37. A plan for teaching students expectations/rules/rewards is developed scheduled and delivered			
	38. Booster sessions for students and staff are planned, scheduled, and delivered			
	39. Schedule for rewards/incentives for the year is planned			
	40. Plans for orienting incoming staff and students are developed and implemented			
	41. Plans for involving families/community are developed & implemented			
Classroom Systems	42. Classroom rules are defined for each of the school-wide expectations and are posted in classrooms.			
	43. Classroom routines and procedures are explicitly identified for activities where problems often occur (e.g. entering class, asking questions, sharpening pencil, using restroom, dismissal)			
	44. Expected behavior routines in classroom are taught			
	45. Classroom teachers use immediate and specific praise			
	46. Acknowledgement of students demonstrating adherence to classroom rules and routines occurs more frequently than acknowledgement of inappropriate behaviors			
	47. Procedures exist for tracking classroom behavior problems			
	48. Classrooms have a range of consequences/interventions for problem behavior that are documented and consistently delivered			
Evaluation	49. Students and staff are surveyed about PBS			
	50. Students and staff can identify expectations and rules			
	51. Staff use referral process (including which behaviors are office managed vs. teacher managed) and forms appropriately			
	52. Staff use reward system appropriately			
	53. Outcomes (behavior problems, attendance, morale) are documented and used to evaluate PBS plan			

APPENDIX D. SCHOOL ACTION PLAN

Action Plan for No Name Elementary CI3T
2015-2016 School Year

Team members:

Date plan developed:
Dates plan reviewed (it is recommended that you look at your plan at each team meeting:

Keeper of the plan (person or persons who follow up on tasks and report to team:

Directions for completion:

1. You may not have tasks for each critical element and this is expected.
2. Use BoQ results and other sources of data (e.g., SRSS, ODRs, etc.) to help guide your plan. Prioritize and be realistic.
3. You may also want to refer to the BoQ scoring guide as a reference point for what is expected.
4. Critical Elements correspond with the different sections on the BoQ. . There is also a section for the social emotional component of CI3T (i.e., OBPP) and for Academic Supports.
5. Activity Task Analysis refers to the specific steps that will need to be taken in order to address a goal. For example, if a specific goal is that data will be analyzed by the team monthly, specific steps to accomplish this might include:

   1. Assign different team members to bring different types of data to meeting.

   2. Get someone to remind those persons assigned to bring data via email at least 3 days before the meeting. It is those specific steps that are written in this section of the form.

` Who refers to person or persons responsible for task completion.
When is projected date of completion. Check off tasks as completed.

Critical Element	Activity Task Analysis	Who	When
CI3T team			
	.		
	.		
Faculty Commitment			
Effective Procedures for Dealing With Discipline			
	.		

Critical Element	Activity Task Analysis	Who	When
Data Entry and Analysis Plan Established	.		
Expectations and Routines Developed			
Rewards and Recognition Program Established			

Critical Element	**Activity Task Analysis**	**Who**	**When**
Lesson Plans for Teaching Expectations and Rules			
	.		

	.		
Implemen-tation Plan			
Classroom systems			
	.		
Critical Element	Activity Task Analysis	Who	When
Evaluation	.		
Olweus Bully Prevention Progam			

Academic Supports			

APPENDIX E. BOQ INTRODUCTION

Introduction to the Benchmarks of Quality (BoQ)

What is the BoQ?

- Tool that can be used to assess the fidelity of *Tier 1* PBIS implementation; in other words are we implementing the plan we developed? Spring of year is the suggested time frame for completion.

- The BoQ (Team Member Rating Form is attached) consists of 53 questions that cover the 10 critical elements associated with Tier 1: Team, Faculty Commitment, Procedures for Dealing with Discipline, Data Entry and Analysis Plan, Expectations and Rules, Rewards and Recognition, Lesson Plans and Teaching Expectations, Implementation Plan, Classroom Systems, Evaluation.

- Ratings are completed by the team and by at least one observer(s) who is not a regular staff member at the school (e.g., Kim Frank, MTSU grant consultant.

- Ratings of both groups are compiled and provided to the team; in instances where the team and observer(s) disagree the team can provide additional information to the observers before the final score is calculated.

- School will be asked to use the ratings as they update their action/implementation plan for next school year.

- Goal is to create a spirit of collaborative evaluation, recognition and celebration of accomplishments, rather than a punitive or "checking up on you" process.

- Score of at least 80% is considered minimum rating for school to be described as having fidelity at *Tier 1.*

Completion steps

- Outside observer(s) score BoQ via a school visit; interview random students and staff, meet with a sample of team members; possibly visit team meeting, look at manual, etc. OUTSIDE OBSERVERS TO MAKE VISIT BETWEEN MARCH 2ND AND APRIL 25TH.
- Team members make ratings- 2 options- (a) complete individually and return to team leader to summarize or (b) team to complete collaboratively (agree upon ratings) at a monthly meeting; RATINGS TURNED INTO KIM FRANK BY _____
- Outside observer completes Team Summary form that summarizes both group's ratings and provides to team
- Team reviews summary form and has opportunity to ask outside observers questions at district team meeting on _____
- Team uses feedback for action planning and action plan shared with Kim Frank by _____

APPENDIX F. SCHOOL BOQ SUMMARY

Summary of Benchmarks of Quality (BoQ) Assessment for
No Name Elementary for Spring, 2015

Purpose of the BoQ Assessment:
The BoQ assessment provides an opportunity for our school teams to reflect on whether or not, and to what degree, the school has implemented each element of the CI3T plan they developed. The BoQ helps teams highlight what has been accomplished, evaluate where work is still needed, and provides data that teams are encouraged to use in order to modify the plan for the next school year. Research has demonstrated that a score of at least 70% on the BoQ is the starting point for seeing results that contribute to children's social, emotional and academic success.

BOQ Process:
1) Each CI3T team member was invited to individually complete a BoQ.
2) Kim Frank and Monica Wallace filled the role of coach and reviewed the CI3T manual created by the school and made a school visit. During the school visit a sample of administrators, staff, teachers and students were asked questions about CI3T implementation. Based on these observations and interviews, schools were rated on each of the 53 items of the BoQ. Ratings were summed and a percentage computed.
3) Coach reviews BoQ results with Team Leader and school administrator.

Documents attached:
1) BoQ scoring form that summarizes walk-through ratings made by Kim Frank and Monica Wallace, CI3T team member ratings, and points out items where the team and coach ratings are discrepant.
2) Copy of the scoring rubric used by coaches to make ratings.
3) Narrative that includes summary of *Celebrations* and *Areas of Need*
4) *Action Plan* template

How to Use the BoQ Results:
1) Teams are encouraged to set aside time at a team meeting to review the results.
2) Teams are encouraged to provide coaches with additional information if they think critical elements were not accurately scored.
3) Teams should use the BoQ results as one source of data to modify their CI3T plan and procedures for the upcoming school year. Record the planned updates on the *Action Plan* template. Turn in template to Kim Frank by .

No Name Celebrations:
Effort to get buy-in from all teachers/staff
Students who were interviewed could state the school-wide expectations
Behavioral expectations were posted throughout the school
Behavioral matrix posted in target areas (bathroom, cafeteria, etc.)
Integration of CI3T with Olweus
Consistent class meetings - same time each week across all grades
Teachers Provided CI3T training to all new employees and to teachers who were not implementing w/ fidelity
Improved climate in the cafeteria
Spring Madness—seems to be an awareness that reinforcements needs to be revitalized throughout the school year
Culture/climate of the school "feels" positive

No Name Areas of Need:
Establish major/minor offenses and define to guide office referrals
Release time for CI3T team leader
Include discussions regarding social/emotional/behavioral needs of individual students into PLC meetings
Adjust Check-in/Check-out program to include behavioral pre-correction and feedback regarding behavior (add CI/CO point system)
Students were not consistently able to identify what consequences follow appropriate behaviors. Increase school-wide incentives to promote appropriate behavior among students and staff. Pair positive social feedback with other incentives.
Implement a plan to teach routines and procedures at the beginning of the school year and following all breaks

No Name BoQ score: 70/107= 65.4% (note- this score fits with expectations for year one implementation of CI3T)