

# CHAPTER 4: IDENTIFYING STUDENTS FOR INDIVIDUALIZED SUPPORT

## LEARNER OUTCOMES

At the conclusion of this chapter, you will be able to:

- ▶ Describe the five means to identify students for Tier 3 intervention and:
  1. Assess your data decision rules for nonresponse to Tier 2 intervention
  2. Review your Existing Student Data Inventory
  3. Identify decision rules for intense behaviors
  4. Evaluate the completeness of teacher nomination system
  5. Consider implementing universal screening

When identifying students for Tier 3 intervention, teams may consider:

1. Nonresponse to Tier 2 intervention
2. Chronic behaviors
3. Intense behaviors
4. Teacher Nomination
5. Universal screening

Descriptions of all five methods for student identification are included in this chapter.

*“The same data sources that are used to define the initial level of discrepancy (i.e. screening tool) and the rates of improvement (i.e. progress monitoring tool) are typically utilized to establish the decision making rules for tier movement.”*

Radford, 2008, p. 2

## Nonresponse to Tier 2 Intervention

As part of the Tier 2 system, student progress toward behavior goals in targeted interventions is monitored, and data is collected, graphed, and reviewed regularly to make decisions. When teams consider students for Tier 3 support based upon nonresponse to Tier 2 intervention, existing data is examined. Teams can refer to the *MO SW-PBS Student Progress Monitoring Guide* in this chapter for determining how to evaluate student response to intervention.

## MONITORING STUDENT PROGRESS

**TIER 2 INTERVENTION DATA.** After data collection and graphing methods are established, student data should regularly be reviewed to monitor progress and determine each participant's response to the intervention. Important features to examine within each student graph include:

### *Student level of Performance.*

The student's level of performance is entered each day from the Daily Progress Report or summarized weekly. Performance is indicated by percentage of DPR points earned.

### *Desired level of Performance.*

The desired level of performance is determined by the student's behavioral goal. This line on the graph is called the "Goal Line". The Tier 2 Team will determine an initial goal using baseline data. The goal is then increased as the student shows progress until a final goal is consistently achieved (typically 80%).

### *Trend Line.*

The trend line is a line that is drawn through a series of data points to represent the student's actual rate and level of progress. Rate of progress refers to how long it will take the student to reach the goal line. An increasing, stable, or decreasing trend signifies the level of progress.

The following student data graph provides an example of graphed data that includes baseline performance, a phase change line, student level of performance during intervention, a goal line, and a trend line.

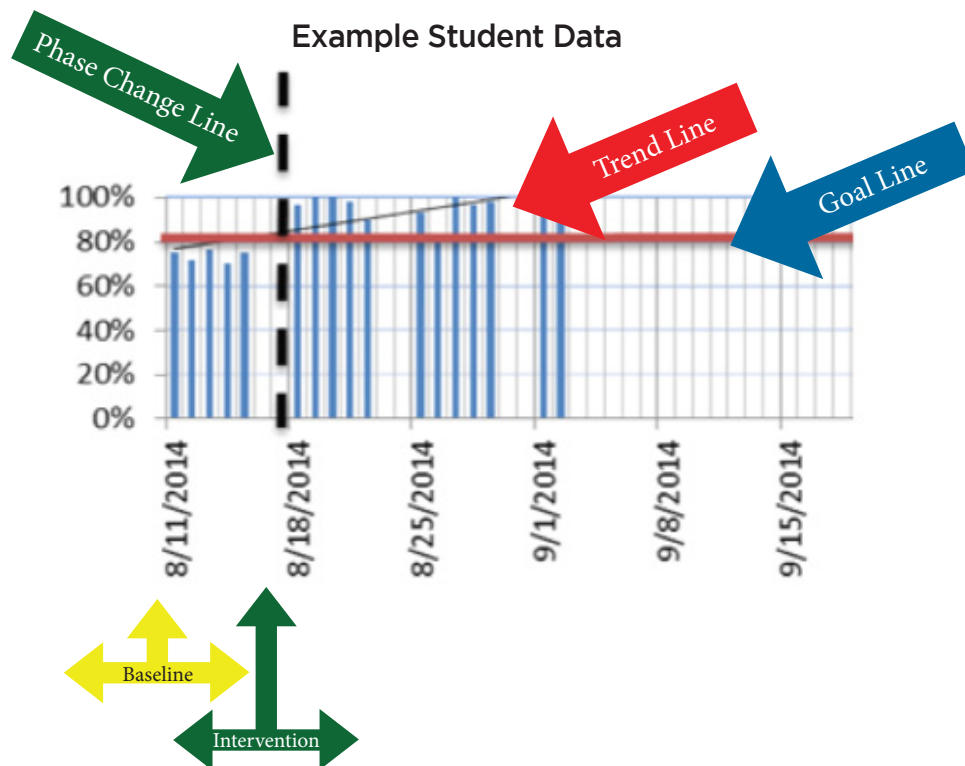


Figure 4.1

## INTERPRETING TIER 2 DATA TO MAKE DECISIONS

How long should a student receive Tier 2 intervention before a team analyzes data to determine response? Sprague, Cook, Wright, and Sadler (2008, p. 77) recommend interventions be implemented a minimum of four weeks. This "allows sufficient time for the student to demonstrate adequate or inadequate response to the supports". Lembke (2010) advises that eight data points collected across at least four to six weeks is generally adequate to provide teams with a stable trend of student performance.

## POSITIVE RESPONSE TO INTERVENTION

If data indicates the student is making progress toward his/her goal and will reach the goal within a reasonable amount of time, the team should determine how long the student is expected to maintain success before intervention components are removed.

In many cases when the Tier 2 Team reviews graphs of student data they will determine the child is responding positively to the intervention (i.e., increasing or stable trend at or above the goal line that occurred shortly after the intervention began).

In situations of a positive response the team can choose from the following:

- ▶ Continue the intervention with the current goal.
- ▶ Continue the intervention with an increased goal.
- ▶ Teach self-management and begin fading intervention components to determine if the student has acquired functional independence (i.e., continues successful behavioral performance with less teacher feedback).

Before deciding to teach self-management, the student should demonstrate a consistently positive response. Tier 2 Teams typically establish specific criteria for success. As a general guideline the following represents a reasonable goal that indicates consistent success: four consecutive weeks with four or more daily data points per week at 80% or higher.

## QUESTIONABLE RESPONSE TO INTERVENTION

When the distance between the student's trend line and the goal line is closing but occurs at an unacceptable rate, the response to the intervention is viewed as *questionable*. When data indicates a questionable response to the intervention, first examine and evaluate fidelity of implementation (i.e., were all components of the intervention delivered consistently and accurately?). Common fidelity checks include use of an observation checklist and/or self-report of intervention implementation.

If the team is satisfied that the intervention has been implemented with fidelity, then the Tier 2 team may decide to modify or intensify the intervention. Techniques to modify or intensify may be applied to any intervention:

1. Reconsider function
  - Ensure the correct function was identified
  - Confirm the intervention aligns with the function
  - Review all features of the implemented intervention to determine alignment with the function

## 2. Reconsider the goal

- Review the initial goal to ensure it was appropriately established based on the baseline data
- Review student's current daily percentages and adjust goal as appropriate to ensure student success; as success is achieved, begin increasing the goal

## 3. Provide more frequent feedback

- Implement additional feedback session with the intervention facilitator
- Allow for more frequent interactions between the student and his or her teachers

## 4. Individualize the feedback procedure

- Allow the student to select the adult with whom he or she will regularly meet to review progress
- Allow the student to use alternative ways to contact the adult that will monitor his or her progress (e.g. e-mail, text messaging, etc.)

## 5. Add a Self-Monitoring Component

## 6. Individualize the reinforcer

- Collaboratively develop an individualized contract that specifies the reinforcers the student will earn
- Allow the student to select an adult with whom he or she can spend additional time
- Individualize the reinforcer based on the student's function of behavior

## **POOR RESPONSE TO INTERVENTION**

When the distance between the trend line and the goal line widens, the response to the intervention is *poor*. When data indicate the student's response to intervention is poor, the Tier 2 team first should verify fidelity of implementation. After ensuring the intervention was implemented correctly and consistently, then the Tier 2 team should consider the following questions:

- ▶ Was the primary problem behavior identified correctly?
- ▶ Is the intervention aligned with the function of the student's behavior?
- ▶ Are there other functions to consider?

If the Tier 2 team has addressed these considerations, more intensive, individualized intervention may be warranted. Tier 2 teams should consider students for Tier 3 support (i.e., functional behavioral assessment and Behavior Intervention Planning; FBA-BIP) when the following conditions are met:

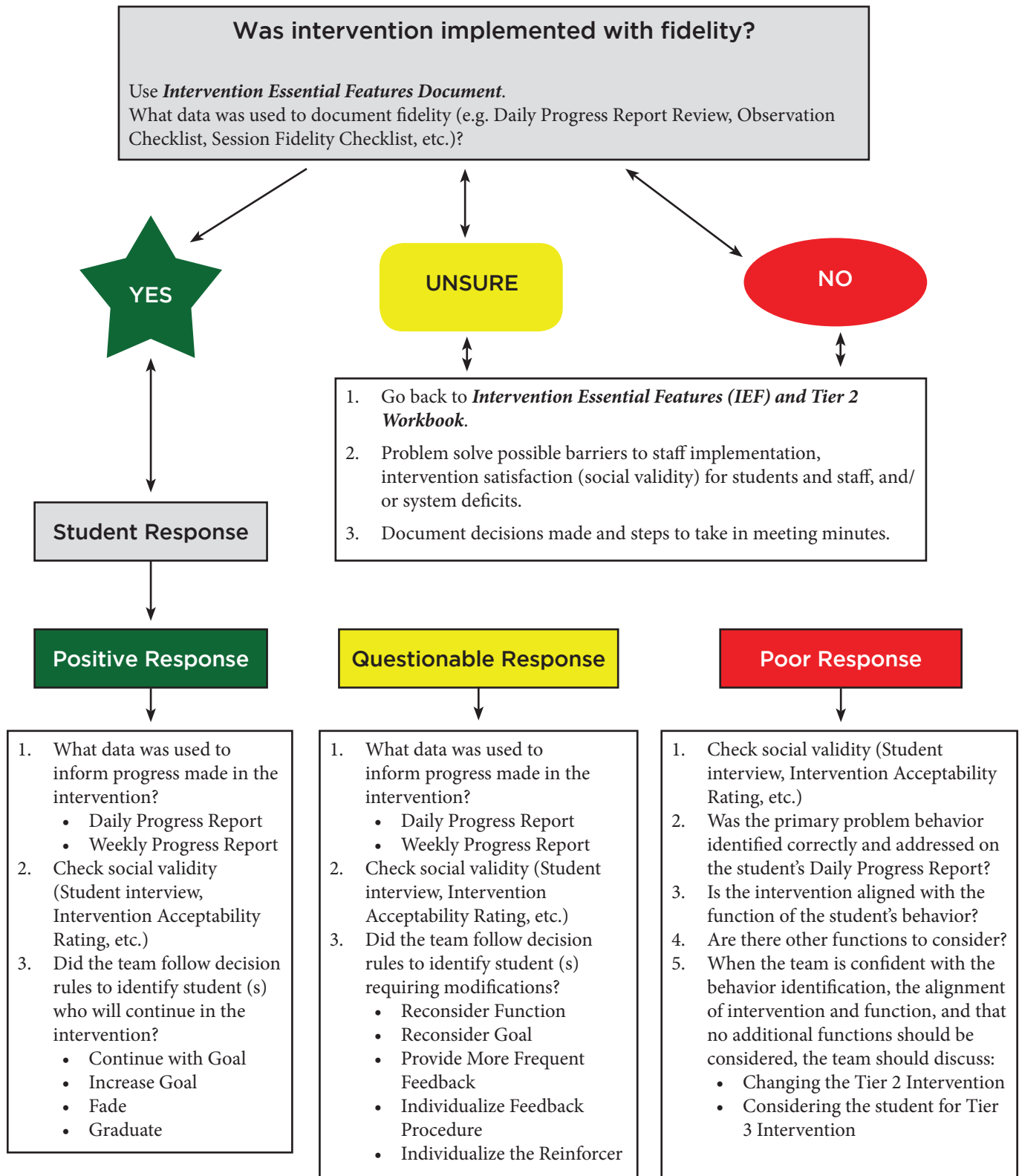
- ▶ Data indicates interventions were implemented with fidelity (*fidelity of implementation checklists*).
- ▶ Student demonstrates persistent non-response to the interventions (*progress monitoring data*).
- ▶ Tier 2 team is reasonably confident that modifications to the current intervention will not result in a better student response.

## **MO SW-PBS STUDENT PROGRESS MONITORING GUIDE**

The *MO SW-PBS Student Progress Monitoring Guide* is a tool developed to provide explicit guidance for Tier 2 teams through the steps of progress monitoring. The goal of the progress monitoring guide is to guide Tier 2 teams to use direct observation data and artifacts as clear evidence of non-response, questionable response or positive response. In establishing consistent decision-making systems, and basing next steps decisions on reliable and valid data, teams are more likely to increase the number of students who successfully progress from identification, through positive response to fading and graduation.

## MO SW-PBS Student Progress Monitoring Guide

Review the Pre-meeting Organizer. Answer the questions below for each student requiring action by the team.



After the Tier 2 team determines all criteria have been met for nonresponse to intervention, the Tier 2/Tier 3 crossover member will communicate the referral information to the Tier 3 Core Team.

#### DISCUSSION



- ▶ How long do you progress monitor student response to intervention in Tier 2 before determining poor response?
- ▶ What is your system for documenting changes in the intervention such as increased intensity, increased fidelity, or a different intervention?
- ▶ What is your system for verifying:
  - Fidelity has been ensured
  - The problem behavior has been correctly identified
  - The function has been correctly identified
  - The intervention is aligned with the function
- ▶ Who is your Tier 2/Tier 3 crossover member?

## Chronic Behaviors

In most literature about the identification of students who may require and benefit from Tier 3 intervention, you will find the term “*chronic*” misbehavior instead of “nonresponse to Tier 2 intervention”. Chronic misbehavior is described by K. McIntosh (personal communication, August 25, 2011) as “**persistent**, unlikely to be temporary” such as a regular pattern over a few months. Similarly, Goodman (2011) defines chronic misbehavior as being “*repeated or reoccurring* over a period of time; the behavior has persisted for a while.”

**Most students with chronic behaviors will first qualify for Tier 2 support**, and should that prove to be insufficient, data decision rules for nonresponse to Tier 2 intervention will be applied. Students who transfer to the school with a history of chronic problem behaviors might be direct referrals to Tier 3. Direct referral to Tier 3 would only occur if the student is at high risk for problem behavior if there is a delay in providing intensive support. This will likely be an unusual occurrence.

It is vital Tier 2 teams review data frequently to identify students at-risk as early as possible, or there is a likelihood of the behavior continuing to escalate and becoming chronic. The University of Oregon PBIS Workgroup (2010) conducted a study of the average cumulative growth in major and minor referrals involving 2,509 schools in 880 districts and 42 states. Results suggested that “students at-risk of developing chronic behavioral problems might not receive adequate support soon enough to change their behavioral trajectories” (p. 5).

When teams received Tier 2 training, they completed the **Existing School Data Inventory** and determined, based on regularly collected data, what would be considered proficient for their school, what would be considered at-risk (which triggers consideration for Tier 2 intervention) and what would be considered high-risk (which triggers consideration for Tier 3 intervention). The “high-risk” column can be considered documentation for chronic behaviors. An example of this inventory is shown below:

**Example Existing School Data Inventory**

Measure	Proficient Score	At-Risk	High Risk
1. ODR	0-1	1-3	4 or more
2. Classroom Minors	0-2	2-5	6 or more
3. Absences	>3/quarter	4+/ quarter	8 quarter
4. Tardy	>4/trimester 3/quarter	4+/ quarter	8 quarter
5. ISS	0-1	2 - 3	4 or more
6. OSS	0	1	2
7. Course Grades	2.5 or higher	D or F in any course	Ds or Fs in multiple courses
8. Reading Inventory	800+	799 or lower	599 or lower
9. Writing Assessment	3 or 4	2	NS; 1





#### ACTIVITY

- ▶ Review your *Existing Student Data Inventory* and established indicators of at-risk for Tier 2 consideration and high-risk for Tier 3 consideration in your school.
- ▶ Do you need to reconsider your indicators for at-risk and high-risk? How will you communicate this to your Tier 2 team?
- ▶ Does your Tier 2 team review data frequently to identify students meeting criteria in a timely manner?

## Intense Behaviors

Teams may determine that students exhibiting intense behaviors are directly referred to Tier 3. What is "intense" behavior? Colvin (2009) defines intensity as the force or magnitude of the behavior, specifically as the level of the behavior's impact on the environment.

The impact a student's behavior has on the learning environment can be determined by asking three questions:

1. Is the child's behavior impacting only the child?
2. Is the child's behavior impacting the child and the learning environment for a few other students?
3. Is the child's behavior impacting the entire class and disrupting the learning environment for everyone?

The following chart is adapted from the *Severity of Disruptive Behavior Rating Rubric*, developed by the Center for Effective Collaboration and Practices (1998), and outlines five levels of intensity along with example behaviors for each level.

“Behavioral intensity is a subjective yet very important variable for developing an intervention plan to address noncompliant behavior. Intensity refers to the extent to which the behavior impacts the classroom. If the behavior significantly disrupts classroom instruction so that instruction cannot continue, or if there is concern for the safety of students and staff, then the behavior is deemed very intense.”

Colvin, 2009, p. 86


**EXAMPLE**

**Behavior Intensity Rating Rubric**

Level	Description	May Include Behaviors Such As:
Level 1	Behavior is confined only to the focus student.	<i>Refusal to get out materials</i> <i>Scowling</i> <i>Crossing arms</i> <i>Pouting</i> <i>Muttering under his/her breath</i>
Level 2	Behavior disrupts others in the student's immediate area.	<i>Slamming textbook closed</i> <i>Dropping book on the floor</i> <i>Name calling</i> <i>Using inappropriate language</i>
Level 3	Behavior disrupts everyone in the class.	<i>Upending desk</i> <i>Running around the classroom</i> <i>Cursing at the teacher or peers</i> <i>Leaving the classroom</i>
Level 4	Behavior disrupts other classrooms or common areas of the school.	<i>Throwing objects</i> <i>Yelling</i> <i>Open defiance of school personnel's directions</i> <i>Leaving the school campus</i>
Level 5	Behavior causes or threatens to cause physical injury to student or others.	<i>Display of weapons</i> <i>Assault on others</i> <i>Bruising/hitting oneself</i>

School staff needs to be **mindful of exceptional situations**. All school districts have established policies and procedures for the most intense behaviors, and school personnel need to ensure that those are being followed. A simple FBA/BIP is generally appropriate for students exhibiting problem behaviors with an intensity level of 3 or lower, with possible consideration of behaviors rated intensity level 4. Tier 2 and Tier 3 teams should consider enlisting the support of a specialist to conduct a complex FBA/BIP for dangerous behaviors.

This *Behavior Intensity Rating Rubric* can be helpful to teams when **determining the intensity level of problem behavior that will result in a direct referral to Tier 3**, even if there is only one instance of the problem behavior.



**ACTIVITY**

- ▶ What are common behaviors exhibited by students in your school for each intensity level? Document them on the *Behavior Intensity Rating Rubric*.
  - How will you gather staff input on the behaviors that are to be documented on the rubric?
- ▶ What intensity level could be direct referral for Tier 3 consideration?
  - How will you gather staff input into this decision?

### Behavior Intensity Rating Rubric

Level	Description	Common behaviors in our school:
Level 1	Behavior is confined only to the focus student.	
Level 2	Behavior disrupts others in the student's immediate area.	
Level 3	Behavior disrupts everyone in the class.	
Level 4	Behavior disrupts other classrooms or common areas of the school.	
Level 5	Behavior causes or threatens to cause physical injury to student or others.	

*Adapted from Center for Effective Collaboration and Practices (1998)*

## Nomination

A second method of student identification is nomination. Classroom or specialist teachers who work directly with students may notice issues before any behavioral data is documented. In addition, some students may demonstrate internalizing behaviors that do not warrant major or minor documentation (e.g., does not spend time with peers, cries, frequent visits to the nurse or counselor). Regardless of whether the behavior meets the criteria for major or minor documentation, if a staff member in your building has concerns about a student's emotional and/or behavioral well-being, it is important that the SW-PBS Leadership (Tier 1) Team is notified. This notification is typically through a nomination, or referral, process. Some schools also allow nominations by families or provide a way for students to nominate themselves for extra assistance.

While staff, students, and/or families can make a nomination any time there is a concern, some schools also schedule a staff nomination process at designated points throughout the school year (e.g., near the end of the first grade reporting period). During this time, teachers are provided a description of risk characteristics and asked to review their class rosters. Names of students who meet risk criteria are submitted to the Tier 1 Leadership Team.

To make the **nomination** document **efficient** and **effective**, Anderson and Scott (2009, pp. 709-710) suggest the form should require less than 10 minutes to complete. The process should be designed for quick response, provide supports for the classroom teacher, and if criteria is met, allow for rapid access to intervention for the student. Information to collect on a nomination form includes:

- ▶ Identifying information
  - Include student name, grade, referring teacher, and date of request.
- ▶ Academic information
  - Provide a way for academic performance to be shared and considered. This may be influencing problem behavior.
- ▶ Information about the problem behaviors
  - Provide a checklist of common internalizing and externalizing concerns as well as a blank space to list specific individual problem behaviors.
    - *Checklists take less time to complete and leave less room for interpretation*
- ▶ Teacher information about strategies that have been tried and the level of success achieved with each strategy
  - Include a checklist of common strategies and a way to indicate level of success. Include a blank space to list other strategies the teacher may have tried to support the student.

*“Typically, a teacher makes the referral, but the referral can also begin with a parent or a nonteaching staff member, such as the lunchroom monitor.”*

Crone & Horner, 2003, p. 30

The next page provides a sample nomination form that includes these features.

## EXAMPLE TEACHER NOMINATION FOR ASSISTANCE

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ IEP: Yes No

Teacher Completing \_\_\_\_\_ Date \_\_\_\_\_

### Academic Information

Overall G.P.A. \_\_\_\_\_

Reading Grade \_\_\_\_\_

Written Language Grade \_\_\_\_\_

Math Grade \_\_\_\_\_

Do you believe that academic skills, including task completion, are impacting the problem behavior?

Yes     No     Unsure

### What is the Problem Behavior?

Internalizing Behaviors:

- Exhibits sadness or depression
- Sleeps a lot
- Is teased or bullied by peers
- Does not participate in games
- Very shy or timid
- Acts fearful
- Does not stand up for self
- Self-injury (cutting, head banging)
- Withdrawn
- Other \_\_\_\_\_

Externalizing Behaviors:

- Out of seat/assigned area
- Inappropriate Language
- Fighting/physical aggression
- Talking out of turn
- Verbal defiance
- Not following instructions
- Technology violation
- Tardy
- Other \_\_\_\_\_

### Strategies Tried to Address Problem Behavior and Results

	Successful	Somewhat Successful	Not Successful
<input type="checkbox"/> Tangible recognition for expected behavior			
<input type="checkbox"/> 4:1 positive verbal feedback			
<input type="checkbox"/> Retought expected behavior			
<input type="checkbox"/> Multiple opportunities to practice expected behavior			
<input type="checkbox"/> Self-monitoring			
<input type="checkbox"/> Modified assignments			
<input type="checkbox"/> Change of schedule for activities			
<input type="checkbox"/> Extra assistance			
<input type="checkbox"/> Family/Guardian contact			
<input type="checkbox"/> Other (Specify):			



#### ACTIVITY

- ▶ Does your school have an existing nomination/request for assistance form? If so, review your school's form to determine if it contains all nomination form features described earlier. Determine what adjustments/modifications may need to be made to your existing form.
- ▶ If your school does not have an existing nomination/request for assistance form, review the sample provided. Are there modifications to consider to fit your context?

In addition to reviewing/revising your nomination form, the Tier 2 and Tier 3 Core teams need to determine your system for the basic logistics of the nomination process. Valuable staff time can be wasted when a system is not in place. Initial questions for the team to consider when planning staff development are:

- ▶ How will teachers learn the nomination process?
- ▶ How will teachers be trained to recognize internalizing behaviors?

Now consider the following questions about your process. If everyone on your staff can consistently answer these questions correctly, you have a healthy nomination system!

- ▶ How will teachers access the nomination form?
- ▶ Who will they contact with questions about the form and/or to receive assistance in completing it?
- ▶ Who will receive the completed form?
- ▶ How will the team be notified that there is a new referral?

#### DISCUSSION



Review the six questions above and discuss what you may currently have in place. Do you need to make any additions/changes to your current system? Or do you need to develop a system?

How will you know your staff is aware of the nomination process and their role in submitting nominations? How will training be provided so staff recognize internalizing behaviors? How will new staff be trained in the nomination process?

## Universal Screening

A third method for systematically identifying students who may require additional support is use of a brief screening instrument. Typically, screening instruments require a response to short statements about emotional or behavioral characteristics of a student. These instruments can be used to generate risk scores for all students in a grade level, building or district. Use of a screening instrument is designed for identification of students only and not for diagnostic purposes or progress monitoring.

There are a number of potential advantages for developing a systematic identification process that incorporates use of a standardized screening tool.

- ▶ First, responding to a screening questionnaire is generally perceived as a fast, efficient, and respectful process with capacity to include all children and youth of interest.
- ▶ Next, if an error occurs, most often it is on the side of caution with the tendency to over-identify rather than missing or letting students fall through the crack.
- ▶ Third, use of screening scores also informs schools about the needs of their particular student population which can assist with planning and resource mapping by finding groups of students with common needs.
- ▶ Finally, universal screening is recommended as an evidenced-based practice by a number of different influential groups associated with educational policy and practice (e.g., President's Commission on Special Education, 2002; No Child Left Behind Act, 2001; U.S. Public Health Service, 2000).

Unfortunately, there are a number of reasons why universal screening has not become a more common practice yet. The following list represents concerns that often are expressed:

- ▶ Behavior is viewed as purposeful rather than as associated with environmental arrangements.
- ▶ Historically schools tend to be reactive rather than proactive with respect to behavior.
- ▶ There is a widespread impression kids will “grow out of it” regarding problem behavior displayed during the early years of child development.
- ▶ Concerns about profiling or stigmatizing children and youth who meet risk criteria.
- ▶ Fear of costs and potential for identifying large numbers of students with Emotional or Behavioral Disorders (EBD).
- ▶ General perception that it is easier to screen for vision and hearing concerns as the family typically provides follow-up for glasses or hearing assistance.
- ▶ Political realities of managing parent reactions to behavior screenings and addressing issues of confidentiality.
- ▶ Lack of needed skill set. Educators often are not trained to respond to behavior with the same confidence they use when responding to academic concerns.

“An effective comprehensive screening program requires a long-term investment of time, money, and personnel resources. Although the initial investment may be substantial, long-term benefits may include an overall decrease in costly special education referrals and grade retentions. Challenges of the 21st century require a systems approach to early intervention and prevention services informed by valid and reliable data collection. Universal screening programs are essential to ensuring that the children who need services earliest get just that.”  
Henderson and Strain, 2009, p. 4

Within a tiered framework of support one important goal is to “catch” students before academic and/or behavioral challenges become severe. Universal screening provides an opportunity for all children to be considered for risk factors against identified criteria. It shifts focus from a traditional “wait to fail” service delivery model to proactively seeking out children who may be at risk of academic failure and/or behavioral difficulties that would potentially benefit from specific instruction or intervention (Glover and Albers, 2007). This proactive approach minimizes impact of risk and/or may impede further development of more severe problems (Severson, Walker, Hope Doolite, Kratochwill, 2007).

The following pages provide sample questions and score reports from several different screening questionnaires.

Sample items were selected from the instruments listed below:

- ▶ **Social, Academic, and Emotional Behavior Risk Screener (SAEBRS; Kilgus, Chafouleas, Riley-Tilman, and von der Embse, 2013)**
- ▶ **The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)**
- ▶ **The Behavioral and Emotional Screening System (BASC-2 BESS; Kamphaus and Reynolds, 2007)**
- ▶ **The Systematic Screening for Behavior Disorders (SSBD; Walker and Severson, 1994)**



## SOCIAL, ACADEMIC, AND EMOTIONAL BEHAVIOR RISK SCREENER (SAEBRS)

Kilgus, Chafouleas, Riley-Tillman, and von der Embse, 2013  
EBI.missouri.edu

### VALIDATED PURPOSE OF ASSESSMENT METHOD

Screening     Diagnostic     Progress Monitoring

**OVERVIEW:** The SAEBRS is a brief tool supported by research for use in universal screening for behavioral and emotional risk. The measure falls within a broad class of highly efficient tools, suitable for teacher use in evaluating and rating all students on common behavioral criteria (Severson, Walker, Hope-Doolittle, Kratochwill, and Gresham, 2007). The SAEBRS is designed for use in the K-12 setting. It is grounded within a conceptual model, which states that a student's success in school is not only related to his or her academic achievement, but also success within multiple behavioral domains. Research suggests the SAEBRS may be used to evaluate student functioning in terms of overall general behavior, as assessed by a broad Total Behavior (19 items). Research further suggests the SAEBRS may be used to evaluate student behavior within multiple inter-related narrow domains, as assessed by the Social Behavior (6 items), Academic Behavior (6 items), and Emotional Behavior (7 items) subscales.

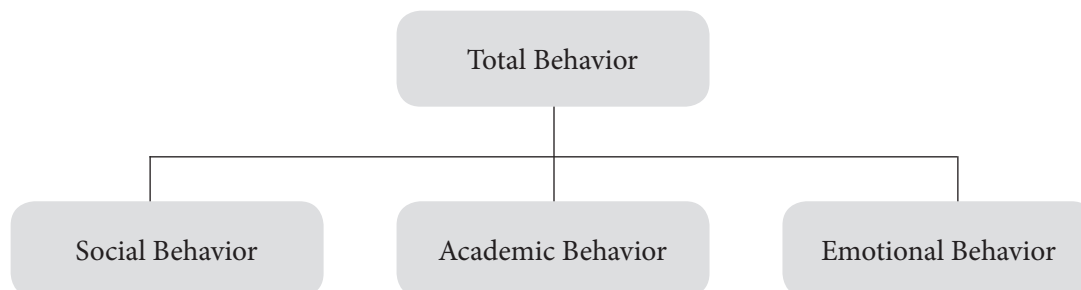


Figure 4.2

**REVIEW OF RELIABILITY AND VALIDITY EVIDENCE:** To date, three studies have yielded evidence regarding SAEBRS reliability, validity, and diagnostic accuracy, with research conducted across elementary, middle, and high school settings (Kilgus, Chafouleas, and Riley-Tillman, 2013; Kilgus, Eklund, von der Embse, and Taylor, 2014; Kilgus, Sims, von der Embse, and Riley-Tillman, 2014). Overall, initial findings yield support for the use of the SAEBRS in universal screening across the K-12 spectrum. Diagnostic accuracy results are particularly encouraging, with sensitivity and specificity values generally falling within optimal or acceptable ranges (i.e.,  $\geq .80-.90$ ; Kilgus, Riley-Tillman, Chafouleas, Christ, and Welsh, 2014). Together, these findings suggest that the SAEBRS might be used to reliably differentiate between at-risk and not-at-risk students, with risk defined through gold standard measures (e.g., *Social Skills Improvement System* [Gresham and Elliott, 2008]; *BASC-2 Behavioral and Emotional Screening System* [Kamphaus and Reynolds, 2007]).

**STRENGTH AND WEAKNESS:** Primary strengths of the SAEBRS include its usability and contextual appropriateness, two characteristics identified as crucial in universal screening (Glover and Albers, 2007).

**Usability:** the SAEBRS is comprised of a small number of items that may be completed in 1-3 minutes for a single student. In addition, given psychometric support for both the SAEBRS broad scale and subscales, schools may choose to only complete those SAEBRS subscales that are relevant to their

concerns and decision making. For instance, a school could choose to only rate students on Social Behavior and Emotional Behavior, thus reducing the number of items that must be completed for each student.

**Contextual appropriateness:** SAEBRS items correspond to categories of behavior found within the literature to be highly relevant to social and academic success in the early childhood, school aged, and adolescent stages of development (DiPerna, 2006; Masten et al., 2005; Walker, Irvin, Noell, and Singer, 1992). These include categories of both (a) adaptive behaviors, including social skills, academic enablers, and emotional wellness factors, and (b) maladaptive behaviors, including externalizing behavior, internalizing behavior, and attentional problems. This balance between both adaptive and maladaptive is in accordance with recommendations from recent research, which has suggested that prosocial behavior and problem behavior each uniquely predict student behavioral outcomes, and are thus important in supporting early identification of behavioral and emotional risk (Kwon, Kim, and Sheridan, 2012).

A weakness of the SAEBRS pertains to its relative novelty, having only been examined through three studies to date. As such, replications of previous work, as well as new research (e.g., examination of diagnostic accuracy in high school), is necessary to yield full support for the SAEBRS within universal screening in school settings.

**ADMINISTRATION STEPS:** Teachers complete the SAEBRS once for each student in their classroom. Therefore, if 15 students are enrolled in a particular teacher's classroom, the teacher will fill out the SAEBRS 15 times. Once a teacher is ready to rate a student, he/she should complete the SAEBRS subscales deemed by the school to be pertinent to their decision making. To complete each SAEBRS item, the teacher indicates how frequently the student in question has displayed each behavior (as described within each item) **ONLY during the previous month**. No other behaviors outside of this time period should be taken into consideration during item completion.

It is common for teachers to request a definition of the behaviors represented within each SAEBRS item. For instance, many seek additional clarification regarding what should be considered a 'temper outburst.' However, as part of standard administration, SAEBRS users are not to be provided with such definitions. Rather, teachers are to use their best judgment in considering what actions are representative of each behavior.

**MATERIALS:** Only the SAEBRS form and writing utensil are required for its completion. No other additional materials or resources are necessary.

**DATA CODING/SORTING/PRESENTING PROCESS:** Once all ratings have been completed, the user adds the scores within each subscale to yield a summed score. Subscale scores can then be combined to yield the Total Behavior scale score. Summed scores range between 0-18 for *Social Behavior* and *Academic Behavior*, 0-21 for *Emotional Behavior*, and 0-57 for *Total Behavior*. Please see guidelines regarding how each item should be scored, as scoring varies from item to item.

## SAEBRS Scoring Guidelines

	NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
<b>SOCIAL BEHAVIOR</b>				
Arguing	3	2	1	0
Cooperation with peers	0	1	2	3
Temper outbursts	3	2	1	0
Disruptive behavior	3	2	1	0
Polite and socially appropriate...	0	1	2	3
Impulsiveness	3	2	1	0

<b>ACADEMIC BEHAVIOR</b>				
Interest in academic topics	0	1	2	3
Preparedness for instruction	0	1	2	3
Production of acceptable work	0	1	2	3
Difficulty working independently	3	2	1	0
Distractedness	3	2	1	0
Academic engagement	0	1	2	3

<b>EMOTIONAL BEHAVIOR</b>				
Sadness	3	2	1	0
Fearfulness	3	2	1	0
Adaptable to change	0	1	2	3
Positive attitude	0	1	2	3
Worry	3	2	1	0
Difficulty rebounding from setbacks	3	2	1	0
Withdrawal	3	2	1	0

**ANALYSIS GUIDELINES:** Within each SAEBRS scale and subscale, higher scores are indicative of better student behavior and more appropriate functioning. Although SAEBRS scores can often be used as continuous variables, it is sometimes convenient to classify scores as *at risk* and *not at risk*. Using the ranges shown below, subscale and scale scores can be dichotomized in terms of risk categories within the Social Behavior, Academic Behavior, Emotional Behavior, and Total Behavior domains.

	At Risk	Not At Risk
Social Behavior	0 - 12	13 - 18
Academic Behavior	0 - 9	10 - 18
Emotional Behavior	0 - 17	18 - 21
Total Behavior	0 - 36	37 - 57

How risk should be defined depends on the specific subscale(s) within which a student falls in the at-risk range. Please see below for a description of each type of risk:

- ▶ **Risk for Social Behavior Problems** – student displays behaviors that limit his/her ability to maintain age appropriate relationships with peers and adults.
- ▶ **Risk for Academic Behavior Problems** – student displays behaviors that limit his/her ability to be prepared for, participate in, and benefit from academic instruction.
- ▶ **Risk for Emotional Behavior Problems** – student displays actions that limit his/her ability to regulate internal states, adapt to change, and respond to stressful/challenging events.

**Additional Resources/Suggestions for further information about Universal Screening:**

- ▶ EBI.missouri.edu
  - The EBI Network has been developed to provide guidance in the selection and implementation of evidence-based interventions in the classroom setting. Participating programs include East Carolina University School Psychology, Indiana University School Psychology, University of Missouri School Psychology, and University of Missouri Special Education.
- ▶ SAEBRS users are referred to works from Kilgus et al. (2014), Kilgus, Eklund, et al. (2014), and Kilgus, Sims, et al. (2014) for more information regarding SAEBRS development, as well as recommendations for how the SAEBRS might be integrated within school-based service delivery models.
- ▶ Users are also referred to various books on the topic of both universal screening (Kettler, Glover, Albers, and Feeney-Kettler, 2013) and multi-tiered systems of support (e.g., Riley-Tillman, Burns, and Gibbons, 2013) for information regarding how universal screening might be used to support student social and academic outcomes.

## THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) is a brief behavioral screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers and educators.

All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales:

1) emotional symptoms (5 items)	} Scales 1 to 4 are added together to generate a Total Difficulties Score (based on 20 items)
2) conduct problems (5 items)	
3) hyperactivity/inattention (5 items)	
4) peer relationship problems (5 items)	
5) prosocial behavior (5 items)	

25 items are included in questionnaires for completion by the parents or teachers of 4-16 year olds (Goodman, 1997). A slightly modified informant-rated version is available for the parents or preschool teachers of 3 and 4 year olds. In addition, questionnaires for self-completion by adolescents also are available and ask about the same 25 traits, though the wording is slightly different (Goodman et al, 1998). This self-report version is suitable for young people in the 11-16 age range, depending on their level of understanding and literacy.

The Strengths and Difficulties Questionnaire can be administered by hand and scored by hand or by entering scores online. Paper copies of the instrument can be downloaded and photocopies made with no charge.

Online administration and scoring for the SDQ also is available. After answers for each item are entered a summary of results is immediately provided. This report can be saved to a computer and/or printed.

### SDQ Information Sites:

**<http://www.sdqinfo.org>**

This site provides information about the instrument. All versions (teacher, parent, student) are available for download from this site. Go here if you want to administer the SDQ by hand using paper copies and pencil.

**<http://www.sdqscore.org>**

This site can be accessed using a tab from the home page (sdqinfo.org) or by using the above address. This site allows you to enter data from paper versions of the Strengths and Difficulties Questionnaires (SDQs) and obtain an instant report. Use this site if you completed the SDQ by hand, but would like to use the online scoring and reporting tools.

**<http://www.youthinmind.org>**

This site is for parents, teachers and young people who want to complete the SDQ online and get immediate feedback. Reports generated from this site can be saved to a computer and printed.

## SAMPLE ITEMS

### Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) - Parent /Teacher Version Ages 11-17

**INSTRUCTIONS.** For each item, please mark the box for Not True, Somewhat True or Certainly True. Answer all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Often complains of headaches, stomach-aches or sickness			
Often loses temper			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Has at least one good friend			
Generally liked by other youth			
Nervous in new situations, easily loses confidence			
Kind to younger children			
Many fears, easily scared			

## **THE BEHAVIORAL AND EMOTIONAL SCREENING SYSTEM (BASC-2 BESS; KAMPHAUS AND REYNOLDS, 2007)**

The BASC-2 Behavioral and Emotional Screening System offers a reliable, quick, and systematic way to determine behavioral and emotional strengths and weaknesses of children and adolescents in preschool through high school. This screening system consists of brief forms that can be completed by teachers, parents, or students individually or in any combination.

Each form ranges from 25 to 30 items, requires no formal training for the raters, and is easy to complete, taking only 5-10 minutes of administration time. The screener assesses a wide array of behaviors that represent both problems and strengths, including internalizing problems, externalizing problems, school problems, and adaptive skills. It yields one Total Score and corresponding risk classification (Normal, Elevated, Extremely Elevated) that is a reliable and accurate predictor of a broad range of behavioral, emotional, and academic problems.

**Teacher form with two levels:** Preschool (for ages 3 through 5) and Child/Adolescent (for Grades K through 12).

**Student self-report form with one level:** Child/Adolescent (for Grades 3 through 12).

**Parent form with two levels:** Preschool (for ages 3 through 5) and Child/Adolescent (for Grades K through 12)

**SCORING.** The BASC-2 Behavioral and Emotional Screening System may be computer-scored (hand-key entry or scan entry) using ASSIST™ software or hand-scored. Scoring software provides both individual- and group-level reporting options.

**INDIVIDUAL REPORTS.** When reporting scores for a child or adolescent, up to three forms (e.g., teacher, parent, and student) can be selected for inclusion in an individual report. Included in the report are validity index scores, along with the Total Score raw score, T score, percentile, and classification levels.

**GROUP REPORTS.** The ASSIST software can be used to define multiple groups within a setting and generate summary reports for each level within a group. For example, a classroom level report lists the names and scores of all students in a roster. A district level report includes summary statistics for the entire district (e.g., 82% of students in the district fell into the Normal risk range, 10% of students fell into the Elevated range, and 8% in the Extremely Elevated range), schools within the district, and individual classrooms. Reports also can be generated to provide summary data for up to three different administrations of the instrument.

Sample reports and product information (including cost) are available from the following site:  
<http://www.pearsonassessments.com>

## SAMPLE ITEMS

### Behavioral and Emotional Screening System (BASC-2 BESS; Kamphaus and Reynolds, 2007) - Teacher Form Child/Adolescent, Grades K-12

**INSTRUCTIONS.** Listed below are phrases that describe how students may act. Read each phrase, and mark the response that describes how this student has behaved recently (i.e., in the last several months)

If you don't know or are unsure of your response to an item, give your best estimate. A "Never" response does not mean that the student never engages in a behavior, only that you have not observed the student to behave that way.

	Never	Sometimes	Often	Almost Always
Pays attention.				
Is sad.				
Is well organized.				
Is easily upset.				
Is good at getting people to work together.				
Gets into trouble.				
Annoys others on purpose.				
Has headaches.				
Is fearful.				
Is negative about things.				



## SYSTEMATIC SCREENING FOR BEHAVIOR DISORDERS

The SSBD incorporates three gates, or stages. The screening takes into consideration both teacher judgments and direct observations to identify students at-risk for developing ongoing internalizing and externalizing behavior concerns. Stage 1 of the SSBD involves teacher nomination. Stage 2 requires that teachers complete a Critical Events Inventory and a short adaptive and maladaptive behavior checklist for each of the nominated students. Students whose scores on these checklists exceed the established cut off are then candidates for Stage 3. This final stage involves a 15-minute interval observation in both the classroom and on the playground to determine a student’s actual performance in social and classroom interactions.

### SAMPLE ITEMS

#### Systematic Screening for Behavior Disorders (SSBD; Walker and Severson, 1994), Grades K-6

##### STAGE ONE: RANK ORDER STUDENTS ON INTERNALIZING DIMENSIONS

1. Review the definition of internalizing behavior and the list of all students in your class.
2. In Column One enter the names of the 10 students whose characteristic behavior patterns most closely match the internalizing behavioral definition.
3. In Column Two, rank order the students listed in Column One according to the degree or extent to which each exhibits internalizing behavior. The student who exhibits internalizing behavior to the greatest degree is ranked first and so on until all ten students are rank ordered (Walker and Severson, 1994).

##### Examples Include:

- Having low activity levels
- Not talking with other children
- Shy, timid, and/or unassertive
- Preferring to play or spend time alone
- Fearful
- Unresponsive to social initiations

##### Non-Examples Include:

- Initiating social interactions
- Playing with others
- Joining in with others
- Having conversations
- Resolving conflicts appropriately
- Displaying positive social behavior

Column One – List Internalizers	Column Two – Rank Order Internalizers
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

## SAMPLE ITEMS

### Systematic Screening for Behavior Disorders (SSBD; Walker and Severson, 1994), Grades K-6

#### STAGE ONE: RANK ORDER STUDENTS ON EXTERNALIZING DIMENSIONS

1. Review the definition of externalizing behavior and the list of all students in your class.
2. In Column One enter the names of the 10 students whose characteristic behavior patterns most closely match the externalizing behavioral definition.
3. In Column Two, rank order the students listed in Column One according to the degree or extent to which each exhibits externalizing behavior. The student who exhibits externalizing behavior to the greatest degree is ranked first and so on until all ten students are rank ordered (Walker and Severson, 1994).

#### Examples Include:

- Arguing
- Defying the teacher
- Having tantrums
- Disturbing others
- Stealing
- Not following rules

#### Non-Examples Include:

- Cooperating, sharing
- Working on assigned tasks
- Listening to the teacher
- Following directions
- Attending to task
- Complying with requests

Column One – List Externalizers	Column Two – Rank Order Externalizers
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

The following pages provide a summary of characteristics for several research-based screening instruments (e.g., estimated time for administration of the screening, cost (prices may have changed since publication), and ordering information). In addition, regulations associated with parental consent for screening also are included. Finally, a series of key questions that should be considered prior to completing a universal screening are offered.

**NOTE:** The MO SW-PBS Initiative has copies of each instrument reviewed in the next section. These instruments are available for teams to view before making decisions to purchase. In addition, several schools in different regions of Missouri have incorporated use of screening instruments as part of their student identification process. If your team would like more information please contact your MO SW-PBS Consultant. MO SW-PBS does not endorse any individual instrument; rather these are made available as a resource.

## Social, Emotional and Behavioral Screening Instruments

### School Age Children and Youth

Instrument	Description	Method(s)	Administration	Cost
<p>Strengths and Difficulties Questionnaire (SDQ)</p> <p>youthinmind.com www.sdq.org youthinmind.info sdqinfo.com</p>	<p>Grades K-12</p> <p>Assesses conduct problems, hyperactivity, emotional symptoms, peer problems, and pro-social behavior</p> <p>Total Difficulties Score reported as Low, Medium or High Risk</p>	<p>Teacher or Parent Report (ages 4-10)</p> <p>Teacher or Parent Report (ages 11-17)</p> <p>Student Self-Report (ages 11-17)</p>	<p>45 min-1hr/class</p> <p>25 items</p> <p>Online administration and scoring available</p> <p>Manual scoring = 10 min/student</p>	<p>No cost if administered and scored online.</p> <p>1 page per student if administered and scored by hand.</p>
<p>Behavioral and Emotional Screening System (BASC-2 BESS)</p> <p>Pearson www.pearsonclinical.com</p>	<p>Grades Pre-K - 12</p> <p>Assesses internalizing problems, externalizing problems, school problems, and adaptive skills.</p> <p>Scores reported as Normal, Elevated or Extremely Elevated</p>	<p>Teacher or Parent Report (ages 3-5)</p> <p>Teacher or Parent Report (K-12)</p> <p>Student Self-Report (Grades 3-12)</p>	<p>5-10 min admin</p> <p>25-30 items</p> <p>Computer scoring available using ASSIST Software</p>	<p>Manual = \$79</p> <p>Teacher forms = \$122 for pkg of 100</p> <p>Data Management System = \$700</p>
<p>Systematic Screening for Behavior Disorders (SSBD) 2nd Ed.</p> <p>Sopris West https://pacificnwpublish.com/products/SSBD-Portfolio.html</p>	<p>Grades Pre-K - 9</p> <p>Uses 3-stage, multi-gate process to screen and identify students who may be at risk of developing behavioral disorders.</p>	<p>Rank order students according to behavior.</p> <p>Top ranked students are individually rated.</p>	<p>45 min-1hr/class (stages 1 and 2)</p> <p>Scoring = 15-30 min/class</p> <p>Online scoring available</p>	<p>Manual w/ video = \$225</p> <p>Online 12 month subscription = \$550 per school</p>

**School Age Children and Youth (cont.)**

<b>Instrument</b>	<b>Description</b>	<b>Method(s)</b>	<b>Administration</b>	<b>Cost</b>
<p>Social Skills Improvement System (SSIS)</p> <p>Pearson www.pearsonclinical.com</p>	<p>Ages 3-19</p> <p>Performance Screening Guide Measure of pro-social behaviors, math skills, reading skills, and motivation to learn for all students in an entire classroom.</p>	<p>Performance Screening Guide Teacher compares student performance as measured against grade level expectations.</p>	<p>Approximately 30 min per class</p>	<p>Performance Screening Guide (\$49/pkg 10)</p>
	<p>Class-wide Intervention Program Provides social skill instructional scripts and resources for teaching 10 skill units.</p>	<p>Class-wide Intervention Program 10 units divided into 3 lessons per week. Each lesson includes 6 phases = Tell, Show, Do, Practice, Monitor Progress, and Generalization.</p>	<p>25-30 min per lesson</p>	<p>Teacher's Guide (\$92)</p> <p>Student Booklets (\$343/pkg 25)</p>
	<p>Individual Student Rating Scales Assessment of an individual's social skills, problem behaviors and academic competence.</p>	<p>Individual Rating Scales Teacher, Parent and Student self-rating options. Compares student performance to national norms.</p>	<p>15-20 min/student</p>	<p>Manual = \$120</p> <p>Rating Forms (\$50/pkg 25)</p> <p>Scoring Software (\$306)</p>
	<p>Intervention Guide Offers in-depth intervention for 20 social skills linked to Individual Student Rating Scales Results.</p>	<p>Intervention Guide Delivered in a small group setting. Designed for students with acquisition deficits.</p>	<p>Two 45 minute sessions per week for 15 weeks</p>	<p>Teaching Guide (\$132)</p>

## Social, Emotional and Behavioral Screening Instruments

### Preschool Age Children

Instrument	Description	Method(s)	Administration	Cost
<p>Devereux Early Childhood Assessment Program (DECA)</p> <p>Kaplan Early Learning Company www.kaplanco.com</p>	<p>2-5 years</p> <p>A Total Protective Factors (TPF) composite score is generated. Scales assess Initiative, Self-control, and Attachment. A 10-item Behavioral Concerns scale assesses behavioral problems.</p>	<p>Parent/ Caregiver</p> <p>Teacher</p>	<p>5-10 min/ student</p> <p>62 items</p> <p>Likert</p>	<p>Starter Kit = \$200</p>
<p>Preschool and Kindergarten Behavior Scales – Second Edition (PKBS-2)</p> <p>Pro-ed www.proedinc.com</p>	<p>3-6 years</p> <p>Measures social skills and problem behaviors.</p>	<p>Parent/ Caregiver</p> <p>Teacher</p>	<p>8-12 min/student</p> <p>76 items</p> <p>Likert</p>	<p>Starter Kit = \$133</p>
<p>Temperament and Atypical Behavior Scale (TABS)</p> <p>Brookes Publishing www.brookespublishing.com</p>	<p>11-71 months (1-6 years)</p> <p>Brief screener identifies potential problems.</p> <p>A separate assessment tool, comprised of a detailed checklist, is used when screening score indicates a concern</p>	<p>Parent/ Caregiver</p> <p>Teacher</p>	<p>15-item Screener 5 min/student</p> <p>55 item checklist 15 min/student</p>	<p>Introductory Kit includes Manual, Screeners and Assessment Tools = \$105</p>

**Preschool Age Children (cont.)**

<b>Instrument</b>	<b>Description</b>	<b>Method(s)</b>	<b>Administration</b>	<b>Cost</b>
<p>Ages and Stages Questionnaire: Third Edition (ASQ-3)</p> <p>Brookes Publishing www.brookespublishing.com</p>	<p>1 -66 months</p> <p>Examines strengths and challenges in Self-Regulation, Compliance, Communication, Adaptive Functioning, Autonomy, Affect, and Interpersonal Interactions.</p>	<p>Parent/ Caregiver</p>	<p>15-20 min/child</p> <p>30 items</p> <p>2-3 min to score</p>	<p>Starter Kit = \$295</p> <p>Reproducible</p> <p>Data management system available</p>
<p>Early Screening Project (ESP)</p> <p>Sopris West <a href="http://esp.ori.org/materials.html">http://esp.ori.org/materials.html</a></p>	<p>3-5 years</p> <p>Process that allows for early intervention and identification of preschool adjustment problems.</p> <p>Screens for Emotional Problems, Speech and Language Difficulties, Impaired Cognitive Ability, Attention Deficits, and Hyperactivity.</p> <p>Scores reported as At Risk, High Risk, or Extreme Risk</p>	<p>Teacher rating followed by direct observation completed by someone other than the classroom teacher</p>	<p>Stage 1 and 2 can be completed in approximately 1 hour.</p> <p>Stage 3 requires two 10-minute observations in unstructured settings.</p>	<p>Provide contact information for some free materials</p>

## REQUIREMENTS FOR UNIVERSAL SCREENING - PARENTAL CONSENT

When student(s) are observed, interviewed or tested, school staff must consider whether parental informed consent for these procedures is required. The Individuals with Disabilities Education Act (IDEA) 2004 permits “screening” procedures, such as determining phonemic awareness proficiency and other progress monitoring activities necessary to inform instructional programming, without parental permission. Many schools are beginning to use academic and behavioral RtI. Assessment plans are not necessary for all RtI activities.

### General Principles:

- ▶ If educators are *collecting new data* for the purpose of determining disability, an assessment plan is necessary.
- ▶ If educators are *reviewing existing data*, such as how a student is responding to behavior supports or academic instruction for the purpose of assisting the teacher in instruction components or instructional methods, no assessment plan is required.

**The Federal Register/Vol. 71, No. 156/Monday, August 14, 2006/Rules and Regulations:** Parent Consent is **not** required:

- ▶ Before administering a test or other evaluation to all children 300.300(d)(1)(ii)
- ▶ Before reviewing existing data 300.300(d)(1)(i)
- ▶ When screening for instructional purposes 300.302

### Specific wording:

Regulations: Part 300 / D / 300.300 / d / 1

(1) Parental consent is not required before–

(i) Reviewing existing data as part of an evaluation or a reevaluation; or

(ii) Administering a test or other evaluation that is administered to all children unless, before administration of that test or evaluation, consent is required of parents of all children.

Regulations: Part 300 / D / 300.302

Sec. 300.302 Screening for instructional purposes is not evaluation.

The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services.(Authority: 20 U.S.C. 1414(a)(1)(E))

An example letter of notification to parents follows.



## EXAMPLE

### Parent Notification Letter for Universal Screening

Date:

TO: All Parents and Guardians

FROM:

RE: Response to Intervention and Screening Tools for Behavior

[School District] has begun the process of creating systems of academic and social-emotional support linked directly to the assessed needs of our students. This system, known as Response to Intervention or RtI, provides all students with timely and targeted interventions based upon the results of universal screening tools in reading, math and behavior.

Universal screening helps school staff to determine which students may be academically or behaviorally “at risk.” These screenings can include recent results of state or district tests as well as specific academic or behavior screening tests; these screening assessments are typically administered to all students two or three times per year. Students whose scores fall below a certain cut-off are identified as possibly needing more specialized academic or behavior interventions. The use of universal screenings refines and strengthens our efforts to help all of our students be successful by allowing us to take positive and preventative measures as early as possible.

The universal screening tools in math and reading are very similar to tools we use every day to help us determine where students might have gaps in knowledge and need assistance. The behavior screening tool, [insert name of screener], focuses on social-behavioral behaviors affecting academic engagement.

The [insert name of screener] is completed by teachers and is available at your school for your review. The results of the tool will be used to provide identified students with mentoring, social skill building and other supports to help them engage positively in learning. As with our academic universal screenings, you will be notified if your student is selected for participation in an intervention program. After reviewing the [insert name of screener], please contact your child’s principal if you have questions about your child’s participation.

Thank you for your willingness to assist [School District] in building a system of student supports that is linked directly to data. This will ensure that each of our students has the opportunity to receive the assistance they need to achieve academic and social-emotional success. Please do not hesitate to contact me if you have questions.

**DISCUSSION** Discuss your school/district parent notification process/policy.



Does a letter exist? Who sends? When?

For schools and districts considering adding Universal Screening to their student identification process, the following guide *Universal Screening Considerations* is useful for planning.

## Universal Screening Considerations

(Adapted from Muscott, 2008)

Documented Purpose and Policy		
Minimum Feature	Questions to Consider	Team Notes/ Tasks to Complete
1. The person who can authorize social-emotional / behavioral screening is identified and approval is obtained to design and implement the process.	a. Who provides approval? <ul style="list-style-type: none"> <li>• Is it the school board, school superintendent, special services director, a leadership team and/or building level principal?</li> </ul>	
2. A clear purpose and intended outcome of screening is documented and aligns with district and building level mission, priorities and improvement goals.	a. Is the alignment with district and building level mission, priorities and improvement goals documented? b. Is there an existing system for identifying at-risk students? c. Is the existing system effective in finding students with externalizing or internalizing types of concerns? d. Are there any groups of students who are not consistently identified? e. How will the results be used? f. How will screening be distinguished from a diagnostic process?	
3. The policy and procedures for screening in non-behavior areas is used to inform development of screening system for social-emotional / behavioral concerns.	a. What are the current policies and procedures regarding vision, hearing and academic screening? b. Is that policy effective and can it be used for social- emotional / behavioral concerns?	
4. The policy and procedures for social-emotional / behavioral screening include decision rules for parent notification, parent consent and use of the results.	a. How will awareness of the process and its benefits be developed among stakeholders? b. How will parents be notified of the screening? c. When in the process will parental consent be obtained? Will parental consent be active or passive? d. How will results of the screening be shared with parents? Will all parents be notified of results or will only parents of students identified be informed? e. How will results of the screening be used?	
5. The policy and procedures for social-emotional / behavioral screening comply with district child find procedures.	a. Have the policy and procedures been reviewed and approved by the appropriate district-level personnel?	
6. A point of contact at the district and building level who will take responsibility for oversight of the screening process is identified.	a. Whose role is most aligned to complete this work?	

Clearly Defined Procedures		
Minimum Feature	Questions to Consider	Team Notes/ Tasks to Complete
7. Timeline for administration(s) is determined and is frequent enough to catch transient students –first administration in Fall.	<ul style="list-style-type: none"> <li>a. How often and when will screenings occur?</li> <li>b. Is there a process in place to address concerns if a child demonstrates risk in between occurrences of screening?</li> </ul>	
8. The screening process includes provision that all students are considered and the process is suitable to identify students with internalizing or externalizing concerns.	<ul style="list-style-type: none"> <li>a. Which teachers will complete the screening so that all students have an equal chance of being considered?</li> </ul>	
9. An evidence based instrument with appropriate psychometric properties and norms is identified.	<ul style="list-style-type: none"> <li>a. What are the advantages and disadvantages of the instruments under consideration?</li> </ul>	
10. Clear instructions to complete w/ training for all on how to complete.	<ul style="list-style-type: none"> <li>a. Who will provide training and instructions for the screening process including how to complete the instrument, use of results and follow up obligations of participating teachers?</li> </ul>	

Availability of Supports		
Minimum Feature	Questions to Consider	Team Notes/ Tasks to Complete
11. Resources are available to support universal screening (e.g. personnel, materials and time for professional learning).	<ul style="list-style-type: none"> <li>a. What materials will be required to complete the process?</li> <li>b. How will materials be obtained?</li> <li>c. How much time will be needed for screening and when will time be given for this to occur?</li> </ul>	
12. A team exists that can support the student, family, and classroom teacher in determining what response should be taken for students who are identified as at-risk.	<ul style="list-style-type: none"> <li>a. What is the responsibility of the team?</li> <li>b. How are screening results processed once they reach the team?</li> </ul>	
13. School and community-based supports for responding to identified students are available and adequate to serve the level of need.	<ul style="list-style-type: none"> <li>a. What supports are available for students who are identified?</li> <li>b. How do students, families and teachers access these supports?</li> </ul>	

## Next Steps

Below are some next steps to consider as you develop the student identification process of your Tier 3 system. Some of the steps involve active staff input. Be sure to build your action plan with that in mind.

See Tier 3 Action Planning – Identifying Students for Tier 3 Support

1. Develop system to determine nonresponse to Tier 2 intervention to:
  - Identify data decision rules for poor response
  - Confirm fidelity of implementation
  - Ensure problem behavior is correctly identified
  - Confirm function of behavior correctly identified
  - Confirm intervention aligns with function
  - Document intervention changes
2. Identify data decision rules for students who exhibit chronic behaviors
3. Identify decision rules for students who exhibit intense behaviors
4. Review and revise as needed current nomination form for essential features. Essential features include:
  - current level of academic performance
  - description of problem behavior
  - settings in which the problem does and does not occur
  - possible function of problem behavior
  - strategies already tried to address the problem behavior
  - Review and revise as needed current procedures for accessing, completing, and submitting the nomination form.
5. Develop a system for implementing universal screening (optional)