

Supporting Data Collection in Early Childhood



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Questions to ask...

- What types of data do we need to collect so the staff can monitor programwide efforts and classroom behavior? Big 5 for Early Childhood?
- What do we need to know and what will be the least intrusive means to get that data?

Tools to help us gather the data...

- Early Childhood Data Collection Tool
- School Safety Survey
- Self Assessment Survey
- EC Universal Support Checklist

Decisions...

- What behaviors to document (what is above and beyond "average" in classrooms?)
- What environmental conditions to note (time, location, probable motivation, etc.)
- Where to send the behavioral reports
- How to monitor the reports and use them in team decision making

Behavior Incident Report

- The type of problem behavior
- The setting (classroom, bathroom, bus, hallway, or playground)
- The routine or type of class activity taking place at that time
- Any triggers to the behavior
- The persons involved
- The consequences of the behavior

Information gathered from the BIR will be used to...

- Show where to focus efforts (reteaching expectations, rules, procedures and increase recognition of students showing appropriate behaviors)
- Communicate information about the children's behavior to parents and staff members
- Provide information about children who need extra support
- Target areas for PD for the staff to better meet the needs of the children.

Remember...

It's important to get input from the staff who will be using the Behavior Incident Reports (both in the development of the forms and follow-up on how well they are working). It is also important to train all staff in how to use the forms consistently.

Early Childhood Data Collection Tool

2013/2014

School Set UP

Set Up

Student Demographics

Data Entry

Data Entry

Big 5 Charts

Majors

Quick Big-5

Behavior

Per Month Totals

Location

Per Day, Per Month

Major ODR per Student

Time

Routine

Behaviors by Intensity

Student and Intensity

Triangle Generators

Triangle Generator

Behaviors: Digging Deeper

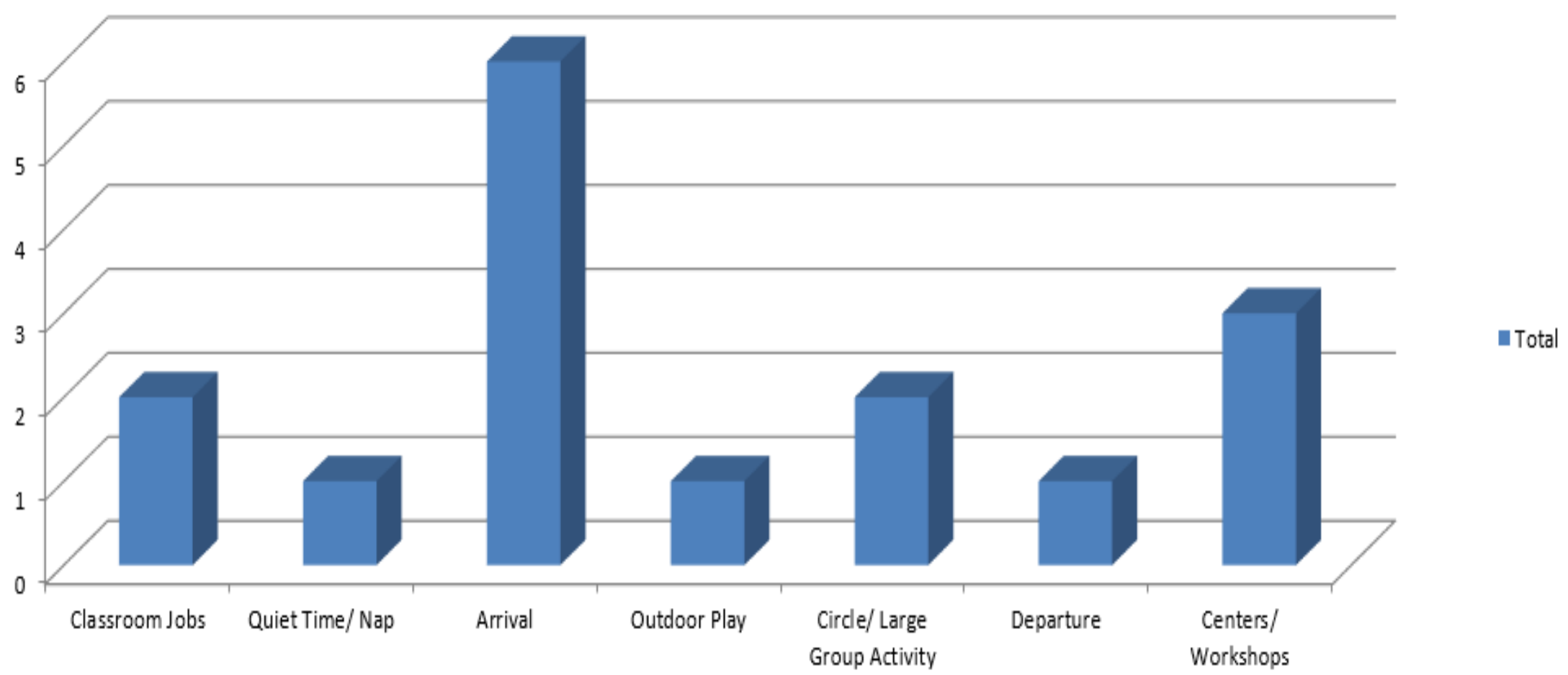
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Student Demographics

Definitions
of
Intensity Levels

Directions: The first time you enter data on a student, you must complete the student demographics record. After that, you will enter the student number, tab over, then complete the ODR record.

Student Number	Last Name	First Name	Grade	Gender	IEP	Ethnicity	Race	Referring Staff Member	Date of ODR	Month	Time (closest 15 min)	Location	Routine	Behavior	Intensity	Trigger	Others Involved



School Safety Survey

Risk Factors

- High Student Mobility
- Expulsions/Suspensions
- Child Abuse at Home
- Poverty
- Deteriorating Condition

Protective Factors

- Professional Development
- Parent Involvement
- Positive Learning Climate
- Diversity Acceptance
- Student Teacher Relationships

Self-Assessment Survey

- Expectations and Rules clearly defined
- Expectations and Rules taught directly
- Expected student behaviors recognized regularly
- Problem behaviors and consequences clearly defined
- Behavior data collected and summarized
- Administrator active participant
- Formal strategies for communicating with families

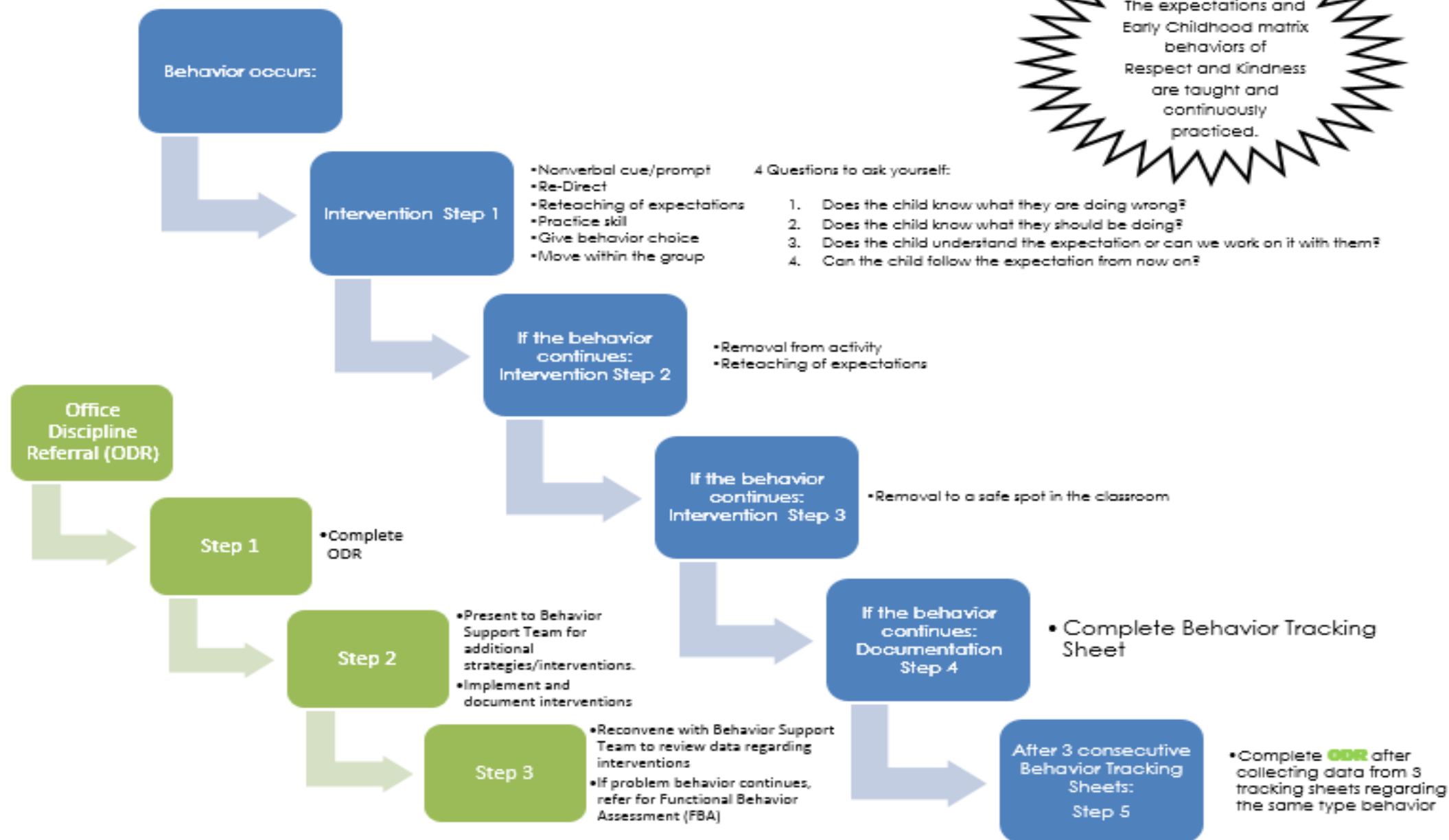
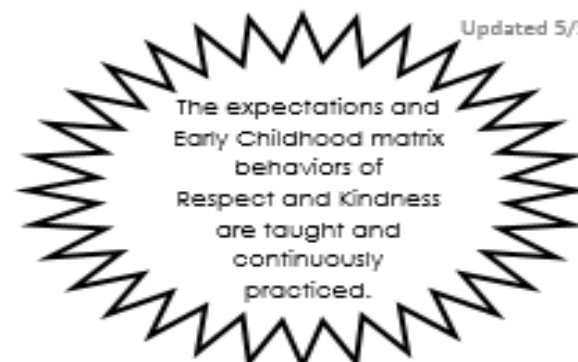
Universal Support Checklist

BUILDING RELATIONSHIPS WITH FAMILIES				
	Implementation Data	Yes	Partially	No
1. Families are provided with age appropriate information on developing home conditions or environments that support learning.				
2. An effective, two-way communication system between families and the EC Program has been established that will reach ALL families and is utilized on a regular basis.				



3. Families are included in the development and revisions of program expectations and have the opportunity to be a part of various decision-making groups within the program.				
4. Families are encouraged to provide information to the teacher regarding their child's goals, strengths, talents and learning style.				
5. Flexible opportunities and schedules for volunteering within the program are provided to all families.				

CHOOSE TO BE A PERSON OF CHARACTER - ROCK	RESPECT	O	C	KINDNESS
		W	OM	
		These will be addressed at the Elementary Level, in schools participating in PBS in the SDOW.		
ALL SETTINGS	<ul style="list-style-type: none"> Keep hands, feet, and all other objects to yourself (Control your body) (KHAFOOTY) Respect supplies and property Use manners 			<ul style="list-style-type: none"> Use kind and appropriate words and actions Help others
CLASSROOM	<ul style="list-style-type: none"> Take turns Use your words Level 1 yellow (Partner) voice 			<ul style="list-style-type: none"> Wait (your turn, with your group, to speak)
HALL	<ul style="list-style-type: none"> Walk Level 0 red (silent) voice 			<ul style="list-style-type: none"> Smile and wave Keep hands off of items displayed in the hall
RESTROOM	<ul style="list-style-type: none"> Level 1 yellow (Partner) voice Wash your hands with soap (2 pumps) Keep water in the sink Use 2 pushes for paper towels then put in the trash can 			<ul style="list-style-type: none"> Give others privacy Flush toilets
SNACK	<ul style="list-style-type: none"> Level 1 yellow (Partner) voice 			<ul style="list-style-type: none"> Say please and thank you
PLAYGROUND	<ul style="list-style-type: none"> Use equipment safely - up the ladder - down the slide (on bottom), rocks stay on the rocks, swing on bottom (front to back) 			<ul style="list-style-type: none"> Share equipment
BUS/VAN	<ul style="list-style-type: none"> Level 1 yellow (Partner) voice Back to back, seat to seat Keep seatbelt on 			<ul style="list-style-type: none"> Greet/Bid Farewell to Driver



School - Early Childhood Special Education

SW-PBS Action Plan

Date _____

Goal: ECSE staff have understanding of PBS plan for 2012-2013 school year, as well as, their role.

Success: _____

Steps/Activities	Timeline	Resources /Support Needs	Person(s) Responsible	□
	FINISH BY:			
1. DEVELOP A MATRIX	MAY 23	DRAFT OF MATRIX	PBS TEAM	
2. REVIEW ROLES OF TEAM AND ANSWER QUESTIONS ABOUT DUTIES	MAY 23	PAGE 60 IN WORK BOOK – TEAM ROLES AND RESPONSIBILITIES ACTIVITY	ELIZABETH AND MARIA	
3. DISCUSS SEVEN ESSENTIAL COMPONENTS – FOUNDATION	MAY 23	FLOW CHART FOR EACH CLASSROOM STAFF (P. 8-11)	ELIZABETH	
4. SHARE TEAM NAME/MASCOT "BLUEJAY BUDDIES ROCK"	MAY 23	(ERIN WILL DRAW BOX BIRDS WHILE WAITING FOR FANCY ONES)	ERIN	
5. INTRODUCE STAFF TO THE SELF ASSESSMENT SURVEY	MAY 23		ELIZABETH/MARIA	
6. EMAIL INFORMATION REGARDING SAS	AUGUST 19	COPY OF PBIS ASSESSMENT SHEET WITH SCHOOL I.D. # 496672	ELIZABETH	
7. ALL STAFF TAKE SAS	SEPTEMBER 15		ALL STAFF	



Student Initials:																			
Date of Behavior:																			
Behavior																			
Non-compliance	Refusal																		
	Not following directions																		
	Other: please identify																		
Tantrum for more than 2 minutes																			
Inappropriate Language	Cursing																		
Physical Aggression	Hitting																		
	Kicking																		
	Biting																		
	Pulling hair																		
	Pinching																		
	Spitting																		
	Other: please identify																		
Destroying Property	(intentional)																		
Self-Abuse/Stimulation																			
Verbal Aggression	Telling																		
	Teasing																		
	Other: please identify																		
Running Away																			
Unsafe Behaviors	Throwing toys																		
	Climbing on furniture																		
	Other: please identify																		
Disrupt learning for more than 2 teacher redirections																			
Location:																			
	Arrival																		
	Work time																		
	Small Group																		
	Large Group																		
	Music/Movement																		
	Transition																		
	Table time																		
	Snack																		
	Rest time																		
	Therapy-OT																		
	Therapy-P/T																		
	Therapy-Language/ Speech																		
	Outdoor Play																		
	Clean up																		
	Bathroom																		
	Departure																		
	Bus/Van																		

After the same behavior has been tracked 3 consecutive times (using reasonable time comparisons), complete Office Discipline Referral (ODR) for the next behavior and follow steps on Behavior Intervention Flow Chart.

Student Initials:		
Date of Behavior:		
Behavior		
Non-compliance	Refusals	
	Not following directions	
	Other: please identify	
Tantrum for more than 2 minutes		
Inappropriate Language	Cursing	
Physical Aggression	Hitting	
	Kicking	
	Biting	
	Pulling hair	
	Pinching	
	Spitting	
	Other: please identify	
Destroying Property	(intentional)	
Self-Abuse/Stimulation		
Verbal Aggression	Yelling	
	Teasing	
	Other: please identify	
Running Away		
Unsafe Behaviors	Throwing toys	
	Climbing on furniture	
	Other: please identify	
Disrupt learning for more than 2 teacher redirections		

Location:		
	Arrival	
	Work time	
	Small Group	
	Large Group	
	Music/Movement	
	Transition	
	Table time	
	Snack	
	Rest time	
	Therapy-OT	
	Therapy-PT	
	Therapy-Language/ Speech	
	Outdoor Play	
	Clean up	
	Bathroom	
	Departure	
	Bus/Van	

BEHAVIOR TRACKING SHEET

Student:	Date:
Classroom Teacher:	Time of Incident:
Location of Incident:	Incident #:
Reporting Person:	IEP yes/no

REASON FOR REFERRAL

What did the behavior look like? (additional description on back, if needed)

RESPECT

- Physical aggression (i.e. hitting, kicking, biting, spitting, pinching, pulling hair)
- Destroying property (intentional)
- Self-Abuse/Stimulation
- Disrupt learning for more than 2 teacher redirections

KINDNESS

- Noncompliance
- Running away
- Verbal aggression (i.e. yelling, teasing)
- Tantrum for more than 2 minutes
- Unsafe behaviors (i.e. climbing on furniture, throwing toys etc.)
- Inappropriate language (cursing)

Teacher's Signature: _____

Reporter's Signature: _____

Upon completion, send one copy home and keep other for tracking purposes.

ECSE OFFICE DISCIPLINE REFERRAL (ODR)

Student:	Date:
Classroom Teacher:	Time of Incident:
Reporting Person:	IEP <u>yes/no</u>

Location of the incident (Routine)	
<input type="checkbox"/> Arrival <input type="checkbox"/> Work time <input type="checkbox"/> Small Group Time <input type="checkbox"/> Large Group <input type="checkbox"/> Music/Movement <input type="checkbox"/> Transition <input type="checkbox"/> Table Time <input type="checkbox"/> Snack <input type="checkbox"/> Meal <input type="checkbox"/> Rest Time	<input type="checkbox"/> Therapy _____ <input type="checkbox"/> Outdoor play <input type="checkbox"/> One on one activity with _____ <input type="checkbox"/> Large Group <input type="checkbox"/> Small Group <input type="checkbox"/> Clean Up <input type="checkbox"/> Bathroom <input type="checkbox"/> Departure <input type="checkbox"/> Bus <input type="checkbox"/> Other _____

Person(s) involved (check all that apply)	
<input type="checkbox"/> Teacher(s) _____ <input type="checkbox"/> Therapist(s) _____ <input type="checkbox"/> Paraprofessional(s) _____	<input type="checkbox"/> Bus Driver <input type="checkbox"/> Substitute <input type="checkbox"/> Other _____

What happened right before the behavior? (Antecedent)	
<input type="checkbox"/> Told or asked to do something _____ <input type="checkbox"/> Others playing nearby <input type="checkbox"/> End of or change of an activity <input type="checkbox"/> Object removed <input type="checkbox"/> Playing alone <input type="checkbox"/> Object out of reach	<input type="checkbox"/> Nonpreferred activity _____ <input type="checkbox"/> Difficult task/activity _____ <input type="checkbox"/> Others entering their space <input type="checkbox"/> Told "no" or "to stop" <input type="checkbox"/> Other _____

What did the behavior look like? (check all that apply)	
<input type="checkbox"/> Physical aggression (i.e. hitting, kicking, biting, spitting, pinching, pulling hair) <input type="checkbox"/> Verbal aggression (i.e. yelling, teasing) <input type="checkbox"/> Tantrum for more than 2 minutes <input type="checkbox"/> Unsafe behaviors (i.e. climbing on furniture, throwing toys etc.) <input type="checkbox"/> Inappropriate language (cursing)	<input type="checkbox"/> Noncompliance <input type="checkbox"/> Destroying property (intentional) <input type="checkbox"/> Disrupt learning for more than 2 teacher redirections <input type="checkbox"/> Running away <input type="checkbox"/> Self-Abuse/Stimulation <input type="checkbox"/> Other _____

Teaching staff response: (check all that apply)	
<input type="checkbox"/> Nonverbal cue/prompt <input type="checkbox"/> Practice skill <input type="checkbox"/> Re-Direct <input type="checkbox"/> Give Behavior choices	<input type="checkbox"/> Move within the group <input type="checkbox"/> Removal from area/activity <input type="checkbox"/> Re-teaching of expectation <input type="checkbox"/> Removal to a safe spot in the classroom

Upon completion, give one copy to Data Tracking Representative, one for student's file, and one to review with Behavior Support Team.

ABC Analysis

Name: *George*

Description of behavior(s) of interest: *humming loudly, telling an inappropriate joke, putting head on desk, refusal to participate, throwing books.*

Date	Time	Antecedent	Behavior	Consequence	Possible Function
2/7/99	9:40am	<i>Teacher announces it is time for reading</i>	<i>Tells inappropriate joke</i>	<i>Peers laugh, class disrupted</i>	<i>Escape/Atten.</i>
2/7/99	9:45am	<i>Teacher calls on George to read first</i>	<i>Throws book</i>	<i>Sent to office</i>	<i>Escape</i>
2/8/99	9:35am	<i>Teacher asks George to pay attention</i>	<i>George crouches down so he can't see</i>	<i>George can't see instruction</i>	<i>Escape</i>
2/8/99	9:40am	<i>Teacher instructs class to move into reading groups</i>	<i>George sighs, puts head on desk</i>	<i>George doesn't join his group</i>	<i>Escape</i>
2/8/99	9:42am	<i>Teacher asks George to move to his reading group</i>	<i>George slams his book shut</i>	<i>George's teacher warns him not to throw book</i>	<i>Escape</i>
2/8/99	9:50am	<i>Teacher says go to your group</i>	<i>George throws his book and walks out of the class towards the principal's office</i>	<i>Avoids reading group</i>	<i>Escape</i>

Students Name: _____

Date of Meeting: _____

Pre-Meeting for PST

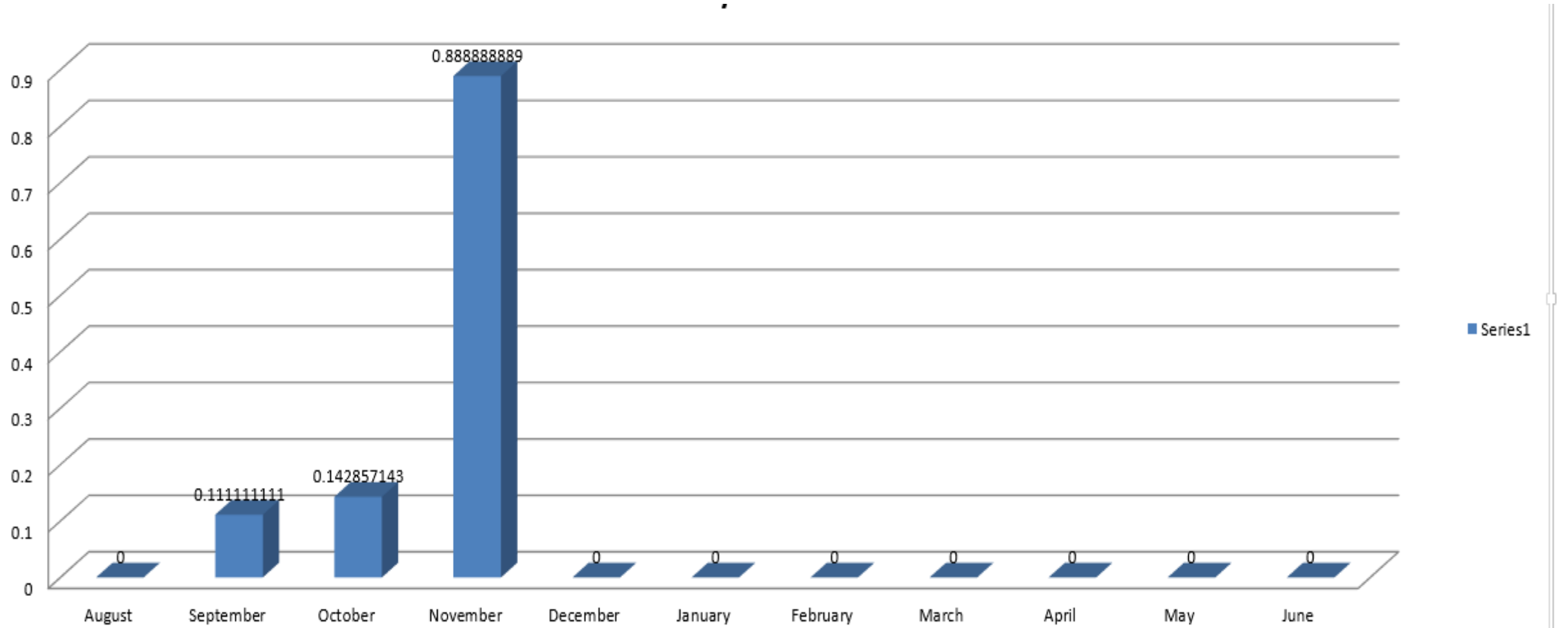
Members in Attendance	Members Role

Qualifies for:

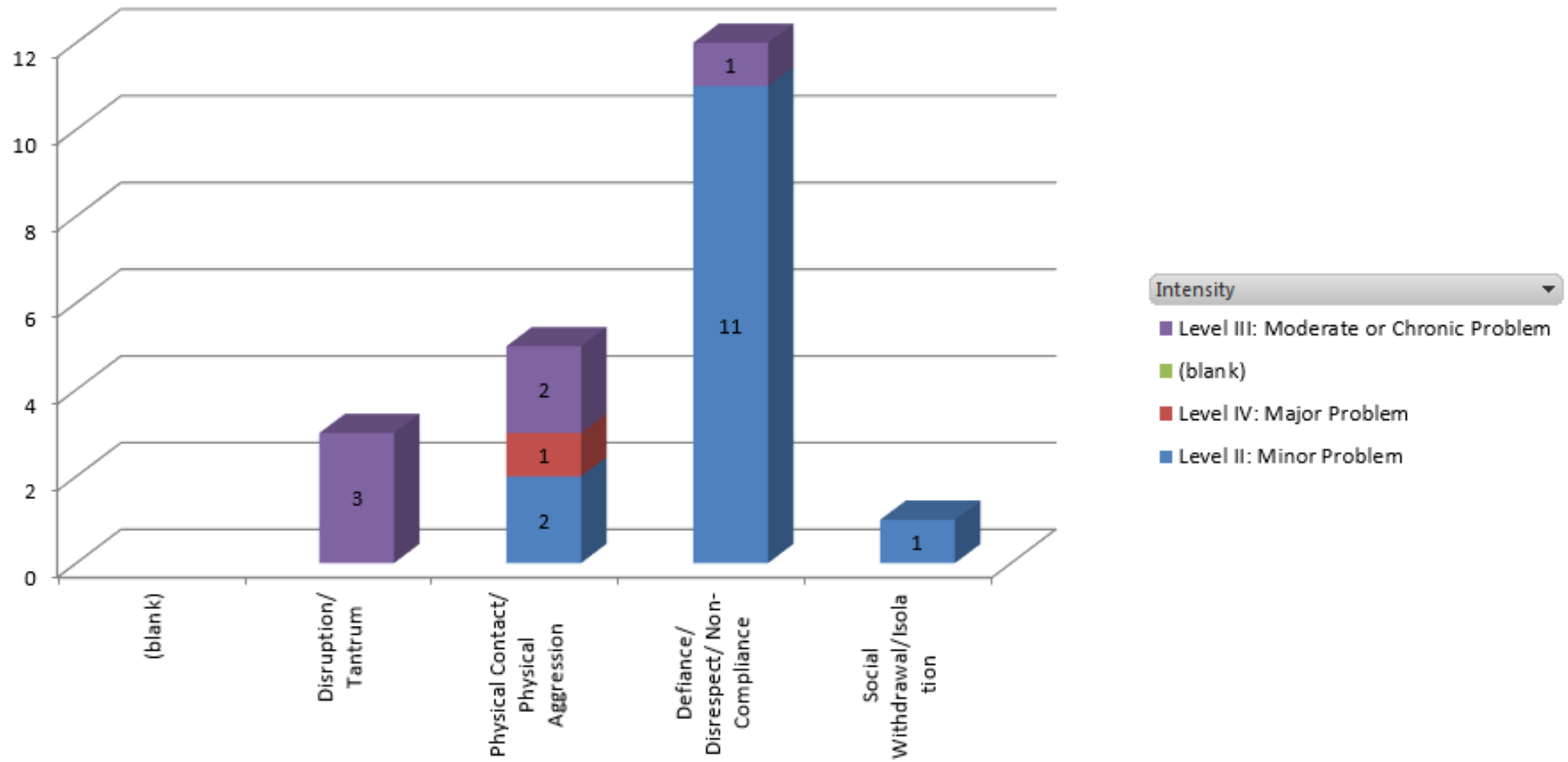
IEP date:

Current areas of Concern:

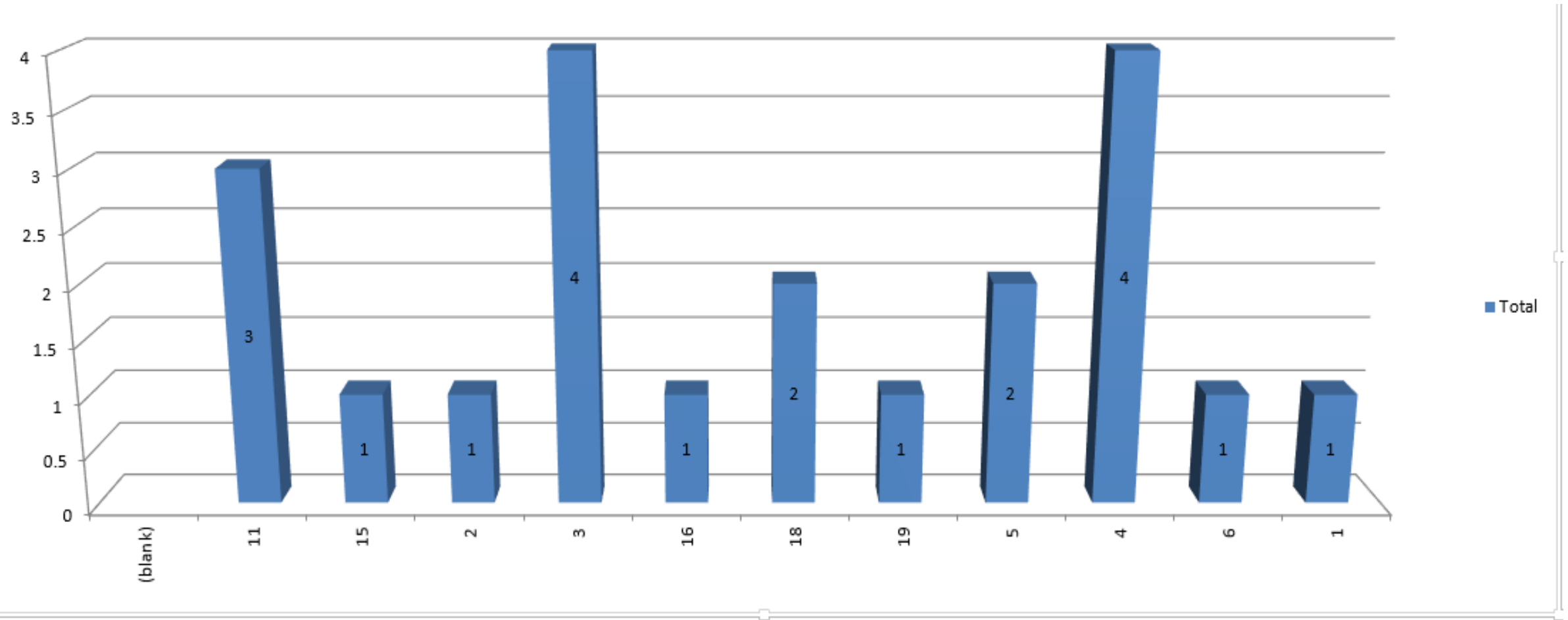
Per Day Per Month



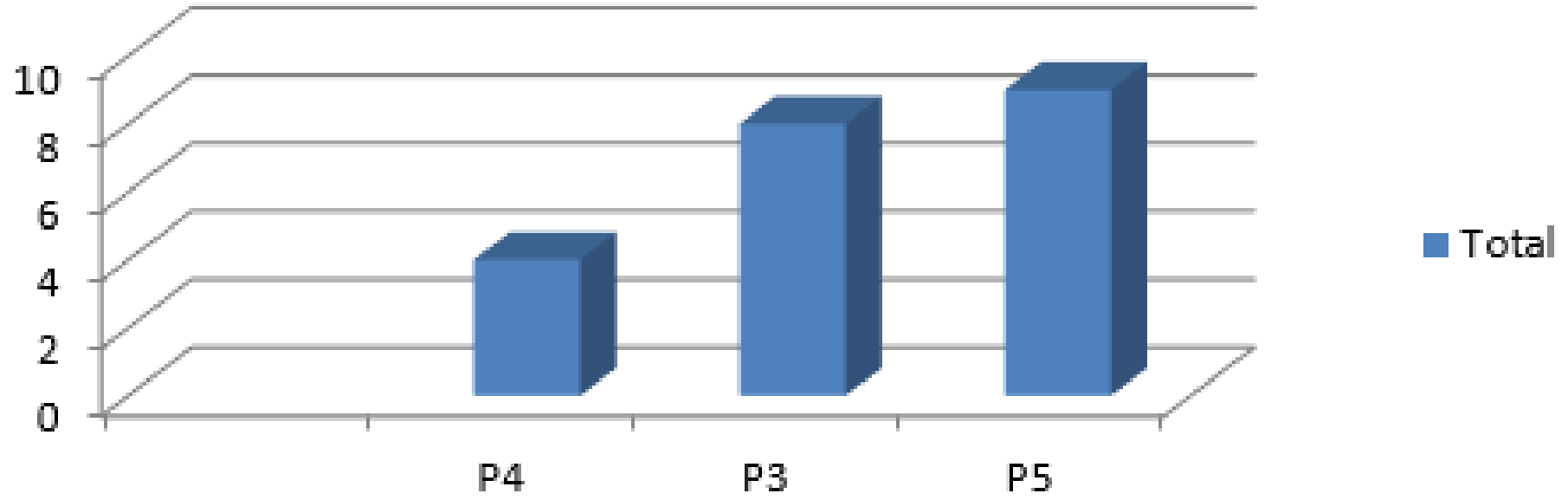
Behaviors by Intensity



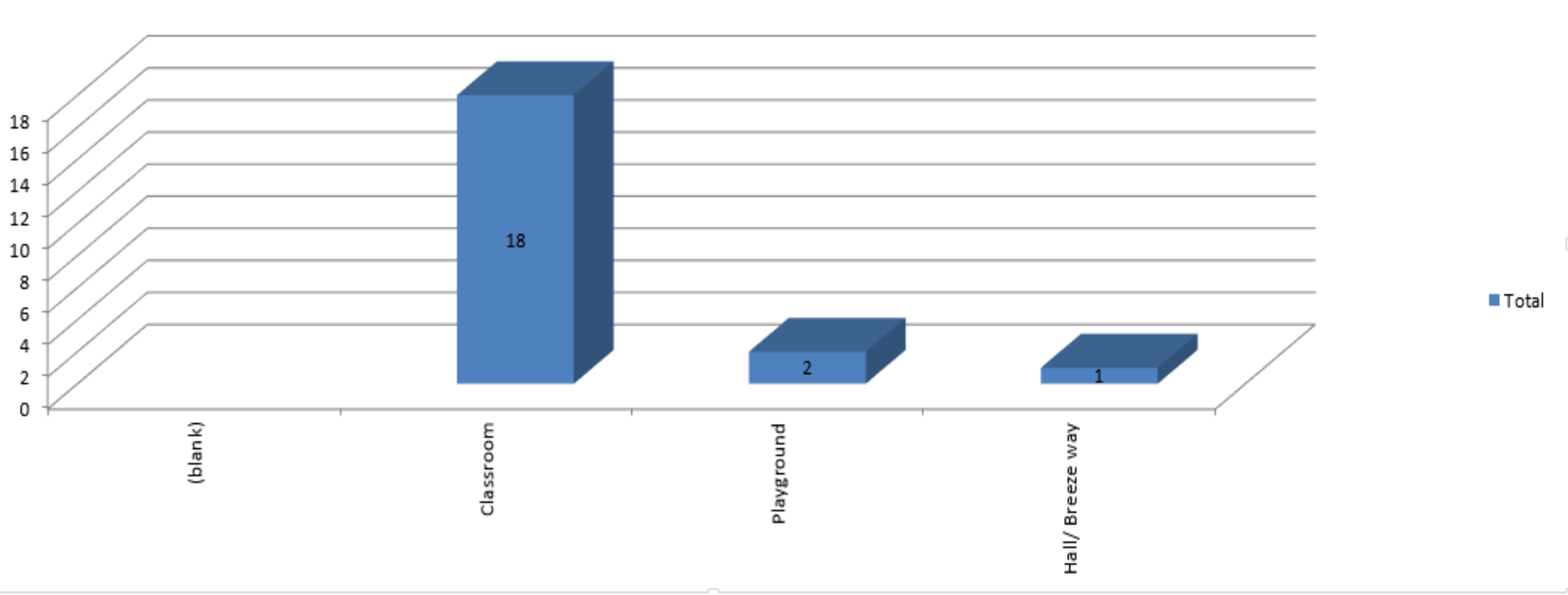
Behavior per Student



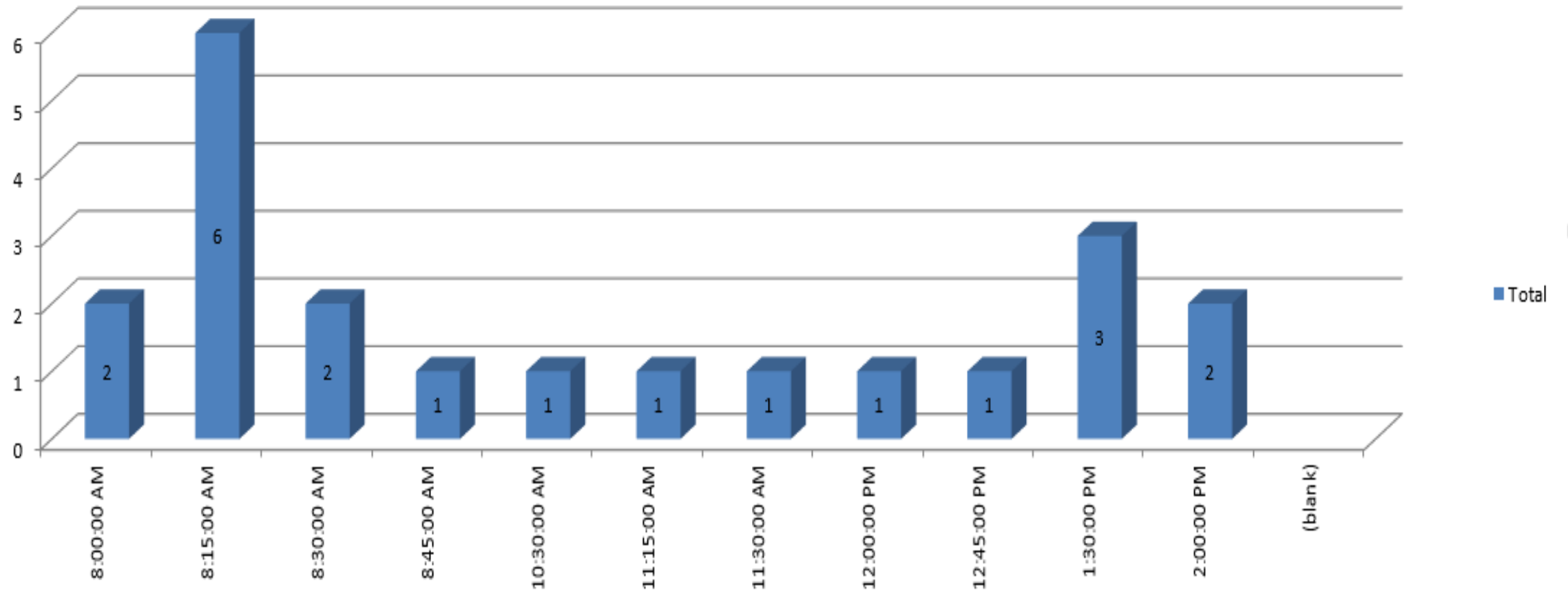
Behaviors by Grade Level



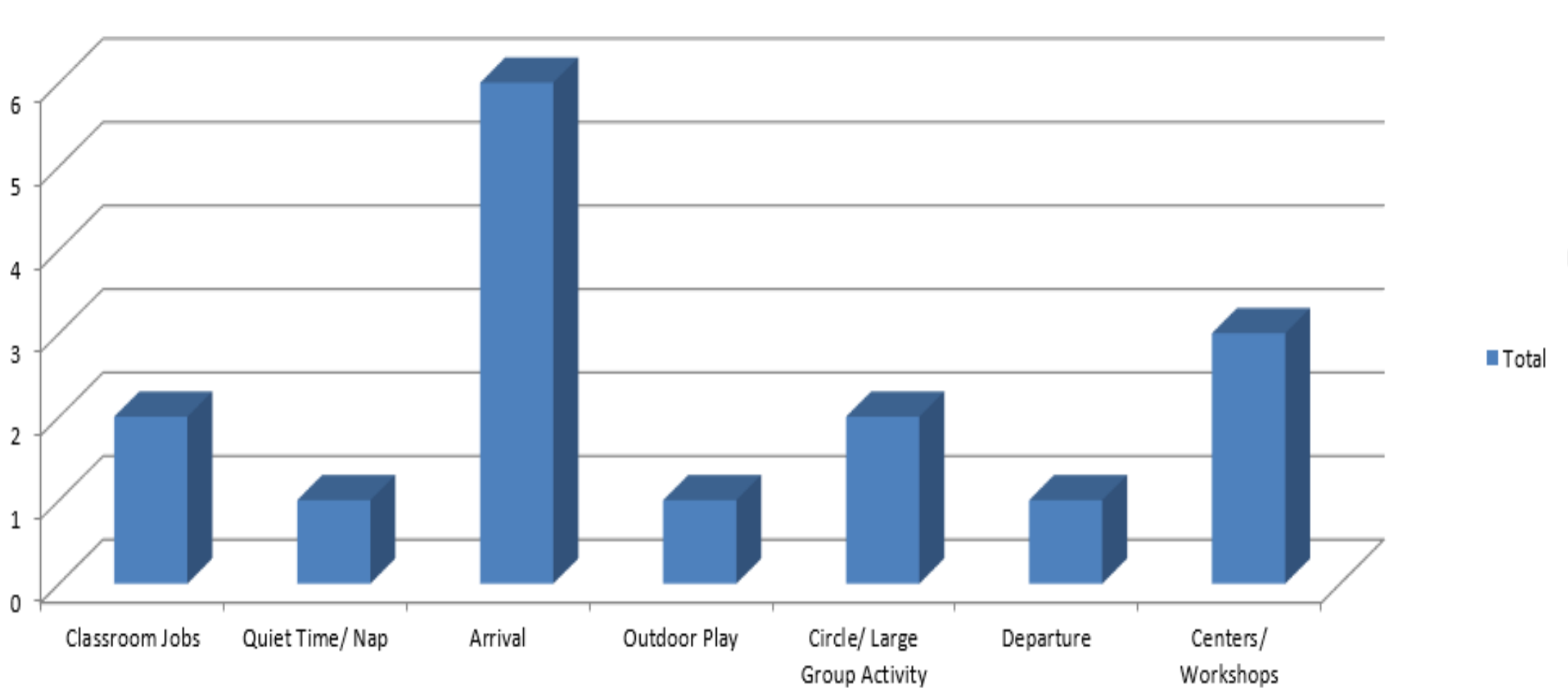
Location



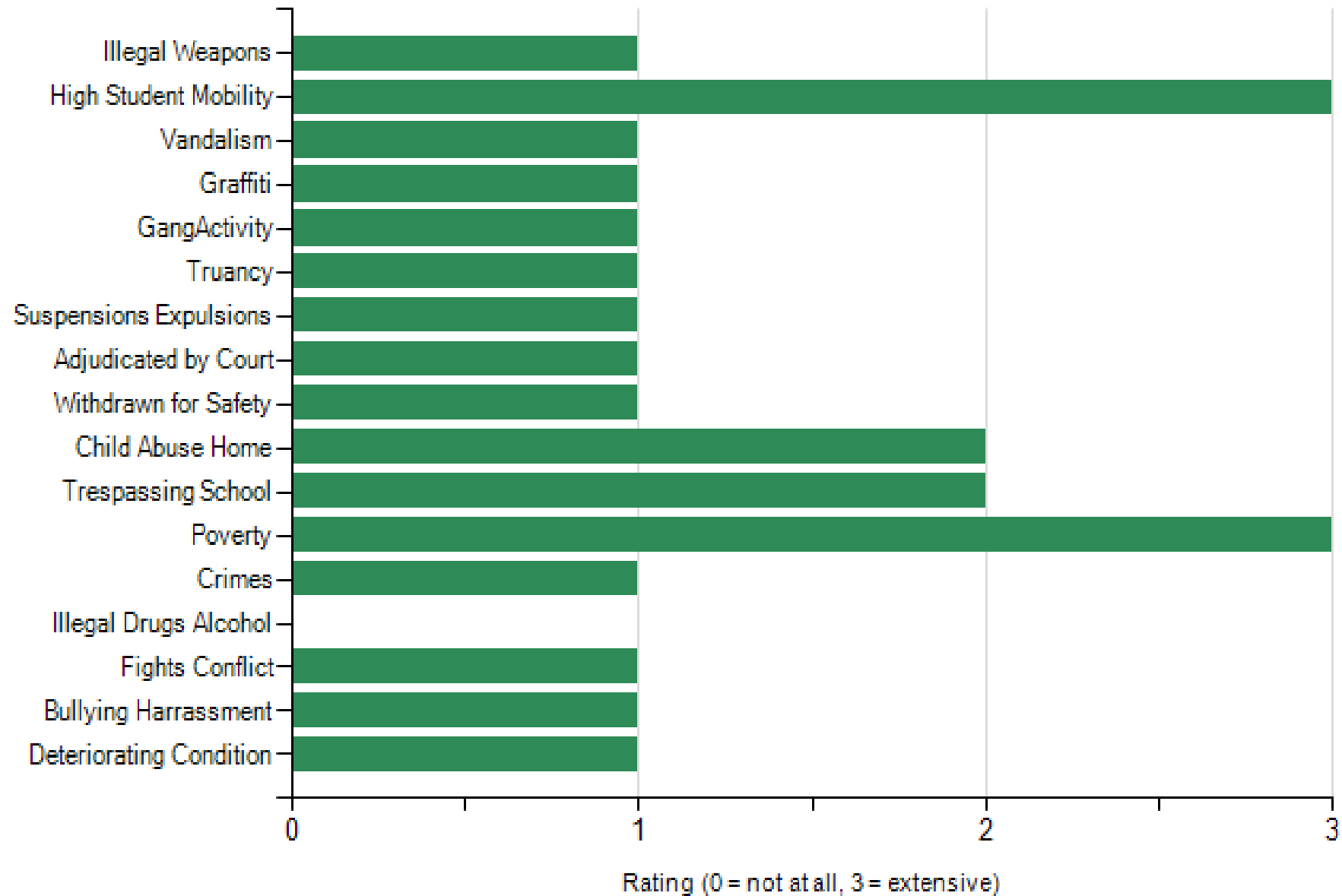
Time



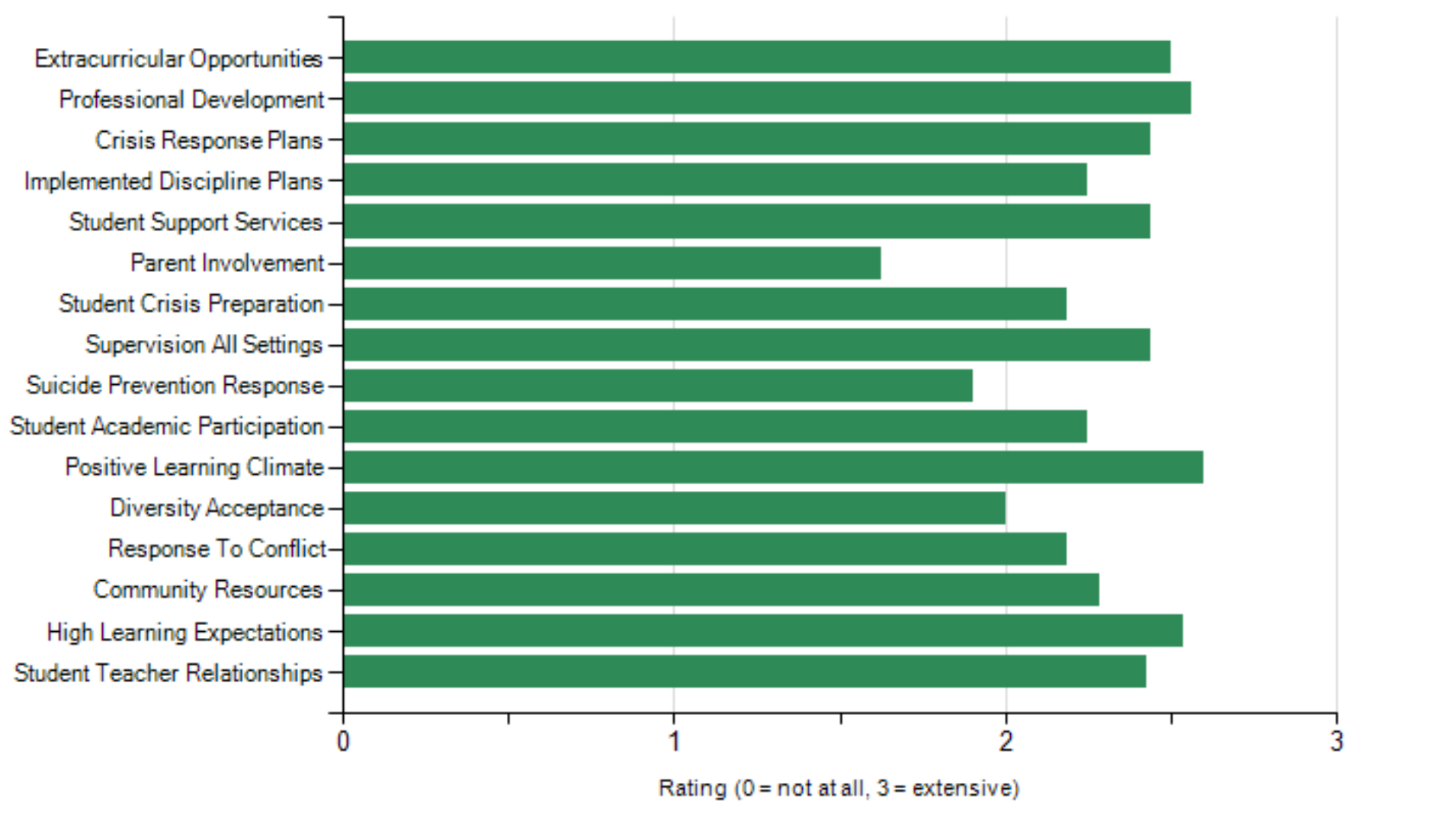
Routine



School Safety Survey Risk Factors



School Safety Survey Protective Factors



Self-Assessment Survey

Current Status			Feature	Improvement Priority		
In Place	Partial	Not	System: schoolwide	High	Medium	Low
100 %	0 %	0 %	1. A small number (e.g. 3-5) of positively and clearly stated student expectations or rules are defined.	0 %	0 %	100 %
100 %	0 %	0 %	2. Expected student behaviors are taught directly.	0 %	0 %	100 %
100 %	0 %	0 %	3. Expected student behaviors are rewarded regularly.	0 %	0 %	100 %
53 %	47 %	0 %	4. Problem behaviors (failure to meet expected student behaviors) are defined clearly.	0 %	29 %	71 %
53 %	47 %	0 %	5. Consequences for problem behaviors are defined clearly.	0 %	29 %	71 %
87 %	7 %	7 %	6. Distinctions between office v. classroom managed problem behaviors are clear.	0 %	17 %	83 %
93 %	7 %	0 %	7. Options exist to allow classroom instruction to continue when problem behavior occurs.	0 %	0 %	100 %
100 %	0 %	0 %	8. Procedures are in place to address emergency/dangerous situations.	0 %	20 %	80 %
93 %	7 %	0 %	9. A team exists for behavior support planning & problem solving.	0 %	0 %	100 %
100 %	0 %	0 %	10. School administrator is an active participant on the behavior support team.	0 %	0 %	100 %
80 %	20 %	0 %	11. Data on problem behavior patterns are collected and summarized within an on-going system.	0 %	25 %	75 %
93 %	7 %	0 %	12. Patterns of student problem behavior are reported to teams and faculty for active decision-making on a regular basis (e.g. monthly).	0 %	0 %	100 %
47 %	53 %	0 %	13. School has formal strategies for informing families about expected student behaviors at school.	0 %	0 %	100 %
67 %	33 %	0 %	14. Booster training activities for students are developed, modified, & conducted based on school data.	0 %	0 %	100 %
93 %	7 %	0 %	15. School-wide behavior support team has a budget for (a) teaching students, (b) on-going rewards, and (c) annual staff planning.	0 %	0 %	100 %
93 %	7 %	0 %	16. All staff are involved directly and/or indirectly in school-wide interventions.	0 %	20 %	80 %