

Welcome to DATA WEEK! June 16-17

MISSOURI SW-PBS SUMMER INSTITUTE

VIRTUAL CONFERENCE SUMMER 2021





THANK YOU FOR JOINING US

Session 1 – Work Smarter, Not Harder Begins at 10:45 a.m.

Tweet about your experience!
#SI2021



Welcome to DATA WEEK! June 16-17

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- Keep cameras off
- Keep mics muted
- Participate during engagement opportunities when offered
- Limit use of Chat feature unless otherwise instructed
- This session will be recorded

Tweet about your experience! #SI2021

If you lose connection during the session, go to pbismissouri.org and log back in.

Work Smarter Not Harder

Tiger Tribe Groups: Using Data to Make Decisions in Tier II



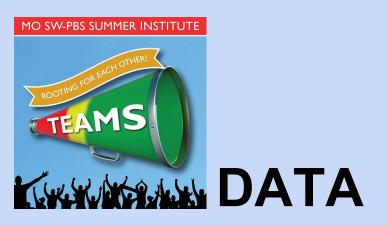
Kirksville R-III Early Childhood Learning Center

DATA

Outcomes

Attendees will learn how to use an evidence-based Tier 1 social emotional curriculum to create social skills groups for Tier II.

Attendees will learn how to use a universal screener to identify students eligible for Tier II social skills.



Demographics

- Rural setting in Northeast Missouri
- 240 Children-6 weeks to Kindergarten eligibility
- 59% Require IEP for developmental delays
- 54% Free and Reduced Lunch
- All teachers are certified in Early Childhood and Early Childhood Special Education
- Fully accredited through Missouri Accreditation
 - -Both infant toddler and preschool



Demographics

- Licensed by the Missouri Department of Health and Senior Services Section for Child Care Regulation
- PBS Gold School
- MSBA Early Childhood Program of the Year-3rd in State





Do you use a universal screener?

Yes



DATA

How Tiger Tribe Groups Were Created

- Tier II Reset
- Cub Chat
 - Tier 1 social skill curriculum taught in the classroom by teachers daily
 - Combined 3 social skill curriculums
 - Second Step by Committee for Children
 - The Trauma-Informed Curriculum for Social Emotional Learning by Heather T Forbes
 - Social Thinking by Michelle Garcia Winner



How Tiger Tribe Groups Were Created

- 5 Tiger Tribe content areas created from Cub Chat Material
 - School Routines Listening rules, focusing attention, etc
 - Identifying Emotions Facial clues & expressions
 - Managing Emotions Cub breathing & calm down steps
 - Peer Interaction Play skills & assertiveness
 - Social Thinking Perspective taking skills
- 10 weeks 2 Groups
- 1 4 children per group



How to Qualify

- Main Route Universal Screener ASQ:SE-2
 - At or above cutoff score
 - Easy for teachers
 - Purchased kit
- Alternative Routes
 - Teacher Input Form (Referral)

OR

Problem Solving Team Nomination

WITH

- Data Decision Rule
 - 4 Majors in 2 Weeks
 - 6 Minors = 1 Major in the same day
 - Targeted Behavior Form



DATA



| | 36 Mont Questionn 33 months 0 days throug | aire h 41 months 30 days | Ages & Stages Questionnaires Social-Emotional SECOND EDITION |
|---|---|---|--|
| Child's information | | | |
| Child's first name: | Child's middle initial: | Child's last name: | |
| Child's date of birth: | | | |
| Child's gender: Male Female | | | |
| First name: | Middle initial: | Last name: | |
| Street address: | | | |
| City: Country: | State/ province: Home telephone number: | ZIP/postal code: Other telephone number: | |
| City: | province: Home telephone | Other telephone | |
| City: | province: Home telephone number: Guardian Teacher Oth | Other telephone number: | |
| City: Country: E-mail address: Relationship to child: Grandpasent other relative | province: Home talephone number: Guardian Teacher Foster Child care parent provider | Other telephone number: | |
| City: Country: E-mail address: Relationship to child: Grandparent other relative People assisting in questionnaire completi | province: Home talephone number: Guardian Teacher Foster Child care parent provider | Other telephone number: | |
| City: Country: E-mail address: Relationship to child: Grandparent other relative People assisting in questionnaire completi | province: Home telephone number: Guardian Teacher Oth Foster parent Provider program use only.) | Other telephone number: | |
| City: Country: E-mail address: Relationship to child: Grandparenti other relative People assisting in questionnaire completi Program information (For | province: Home telephone number: Guardian Teacher Oth Foster parent Provider program use only.) | Other stelephone number: | |

| child's behavior. Answer questions based on your child's usual behavior, about not behavior when your child is sick, very tired, or hungry. Thank | | questionn estions or nnaire, co | n aire by: r concerns : forward to : | about your | child or |
|---|--------------------|---------------------------------------|--------------------------------------|----------------------------------|----------|
| | OFTEN OR ALWAYS | SOME- TIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN | |
| Does your child look at you when you talk to her? | □² | - | _× | Ov | |
| Does your child like to be hugged or cuddled? | □ z | - - | □× | Ov | |
| 3. Does your child talk or play with adults he knows well? | □z | - | □× | Ov | _ |
| Does your child cling to you more than you expect? | _× | - v | □² | Ov | |
| 5. When upset, can your child calm down within 15 minutes? | _z | □✓ | _× | Ov | |
| 5. Does your child seem too friendly with strangers? | _× | - v | z | Ov | _ |
| 7. Does your child settle herself down after exciting activities? | □z | - - | o× | Ov | _ |



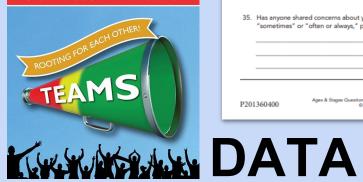
| | | OETEN OP ALWAYS | SOME. TIMES | NEVER | CHECK IF THIS IS A CONCERN | |
|-----|--|--------------------|----------------|------------|----------------------------------|---|
| 8. | Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)? | □² | □✓ | □× | O٠ | |
| 9. | Does your child seem happy? | □z | □✓ | □× | O۲ | |
| 10. | Is your child interested in things around him, such as people, toys, and foods? | _z | □✓ | o× | O۲ | _ |
| 11. | Does your child do what you ask her to do? | □² | □✓ | □× | Ov | _ |
| 12. | Does your child seem more active than other children his age? | _× | - | □z | Ov | |
| 13. | Does your child stay with activities she enjoys for at least 5 minutes (other than watching shows or videos, or playing with electronics)? | □ z | □✓ | - × | Ov | _ |
| 14. | Do you and your child enjoy mealtimes together? | □z | □✓ | □× | Ov | _ |
| 15. | Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or? (Please describe.) | _× | - | □z | 0, | |
| 16. | Does your child sleep at least 8 hours in a 24-hour period? | □² | - | o× | Ov | |
| 17. | Does your child use words to tell you what she wants or needs? | □ ² | □✓ | □× | O٠ | |

| | | OFTEN OR ALWAYS | SOME- TIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN | |
|-----|---|--------------------|----------------|--------------------|----------------------------------|--|
| 18. | Does your child follow routine directions? For example, does he come to the table or help clean up his toys when asked? | □² | - | □× | Ov | |
| 19. | Does your child cry, scream, or have tantrums for long periods of time? | _× | - | □z | Ov | |
| 20. | Does your child check to make sure you are near when exploring new places, such as a park or a friend's home? | □z | o | × | Ov | |
| 21. | Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or? (Please describe.) | □× | - | □z | Ov | |
| | | | | | | |
| 22. | Does your child hurt himself on purpose? | _× | □✓ | □² | Ov | |
| 23. | Does your child stay away from dangerous things, such as fire and moving cars? | _z | □✓ | _× | Ov | |
| 24. | Does your child destroy or damage things on purpose? | _× | □✓ | □² | Ov | |
| 25. | Does your child use words to describe her feelings and the feelings of others? For example, does she say, "I'm happy," "I don't like that," or "She's sad"? | □ z | - | □× | Ov | |
| 26. | Can your child name a friend? | □² | □✓ | □× | Ov | |



| | | OFTEN OR ALWAYS | SOME- TIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN | |
|-------|--|--------------------|----------------|--------------------|----------------------------------|--|
| 27. [| Oo other children like to play with your child? | | □✓ | _× | O | |
| 28. C | Does your child like to play with other children? | _z | - | _× | Ov | |
| | Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)? | _× | □✓ | □² | Ov | |
| | Does your child show an unusual interest in or knowledge of vexual language and activity? | _× | □✓ | □² | Ov | |
| | Ooes your child try to show you things by pointing at them and ooking back at you? | z | □✓ | □× | Ov | |
| | Ooes your child pretend objects are something else? For example, does he pretend a banana is a phone? | | - | ۰× | Ov | |
| 33. E | Does your child wake three or more times during the night? | _× | □✓ | □z | Ov | |
| | s your child too worried or fearful? If "sometimes" or "often or ulways," please describe: | _× | □✓ | □z | Ov | |
| - | | | | | | |
| | Has anyone shared concerns about your child's behaviors? If sometimes" or "often or always," please explain: | _× | - | □ z | 0* | |

| 36 Month Questionnaire | ASQ:SE2 |
|---|------------|
| OVERALL Use the space below for additional comments. | |
| 36. Do you have concerns about your child's eating, sleeping, or toileting habits? If yes, please explain: | ○ YES ○ NO |
| | |
| 37. Does anything about your child worry you? If yes, please explain: | ○ YES ○ NO |
| 38. What do you enjoy about your child? | |
| | |
| | |
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| Child's r | name: | | Date | ASQ:SE-2 completed: | | | |
|---|--|---|--|--|--|----------------------|----------------|
| Child's I | D#: | | Child's date of birth: | | | | |
| Person v | who completed ASQ:SE-2: | | Chil | d's age in months and d | lays: | | |
| Adminis | stering program/provider: | | _ Chil | d's gender: Male | e O Fen | nale | |
| 1 450-9 | SE-2 SCORING CHART: | | $\overline{}$ | | | | |
| | core items ($Z = 0$, $V = 5$, $X = 10$, Concern = 5). | | - | TOTAL POINTS ON PAGE 1 | | Cutoff | Total score |
| | ansfer the page totals and add them for the to | tal score. | - | TOTAL POINTS ON PAGE 2 TOTAL POINTS ON PAGE 3 | H— I | | |
| • Ro | ecord the child's total score next to the cutoff. | | | TOTAL POINTS ON PAGE 4 | + | 105 | |
| | | | | Total score | | | |
| 2. ASQ: | SE-2 SCORE INTERPRETATION: Review the ap | proximat | te locat | on of the child's total so | ore on the s | es a graph | ic. Then |
| check | off the area for the score results below. | | | | | | |
| | no or low risk | | | 75 | monitor | 105 ^{refer} | → 155 |
| | The child's total score is in the □ area. It is bel | | | | | | (90) |
| follow | | esponses | and tra | nsfer parent/caregiver | comments. Y | ES response: | s require |
| follow | | | | | comments. Y | ES response: | s require |
| follow | -up. | | | | comments. Y | ES response: | s require |
| follow 1–35. | Any Concerns marked on scored items? Eating/sleeping/toileting concerns? | YES | no | Comments: | comments. Y | ES response: | s require |
| 36. 37. 4. FOLLO | Any Concerns marked on scored items? Eating/sleeping/toileting concerns? Other worries? DW-UP REFERRAL CONSIDERATIONS: Mark all Settling/time factors (e.g., ls the child's behavior relathed the factors (e.g., ls the child's | YES YES YES as Yes, Nor the san avior related to he | no no lo, or Ur ne at hi ted to a alth or l | Comments: Comments: Comments: sure (Y, N, U). See pages one as at school?) developmental stage obiological factors?) | : 98–103 in th or delay?) | ne ASQ:SE-2 (| User's Guid |
| 36. 37. 4. FOLLO | Any Concerns marked on scored items? Eating/sleeping/toileting concerns? Other worries? OW-UP REFERRAL CONSIDERATIONS: Mark all Settling/time factors (e.g., ls the child's behavior relat the control of the control | YES YES as Yes, Nor the san avior related to he vior acce | no no lo, or Ur ne at he ted to a alth or le ptable | Comments: Comments: comments: comments: sure (Y, N, U). See pages as at school?) developmental stage o biological factors?) given the child's cultural | 98–103 in th or delay?) I or family co | ne ASQ:SE-2 (| User's Guid |
| 36. 37. 4. FOLLO | Any Concerns marked on scored items? Eating/sleeping/toileting concerns? Other worries? DW-UP REFERRAL CONSIDERATIONS: Mark all Setting/time factors (e.g., ls the child's behavic Developmental factors (e.g., ls the child's behaving the setting of the control | YES YES as Yes, Nor the san avior related to he vior acce | no no lo, or Ur ne at he ted to a alth or le ptable | Comments: Comments: comments: comments: sure (Y, N, U). See pages as at school?) developmental stage o biological factors?) given the child's cultural | 98–103 in th or delay?) I or family co | ne ASQ:SE-2 (| User's Guid |
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| follow 1–35. 36. 37. 4. FOLLO 9. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | Eating/sleeping/toileting concerns? Other worries? OW-UP REFERRAL CONSIDERATIONS: Mark all Setting/time factors (e.g., Is the child's behavior Developmental factors (e.g., Is the child's behavior Developmental factors (e.g., Is the child's behavior Developmental factors (e.g., Is the child's behavior and the child's behavior the child's left recently?) Parent concerns (e.g., Did the parent/caregiver OW-UP ACTION: Check all that apply. Provide activities and rescreen in months. Share results with primary health care provider. | YES YES as Yes, N or the san | no no no no no ted to a althor i | Comments: Comments: Comments: sure (Y, N, U). See pages one as at school?) developmental stage obiological factors?) given the child's cultural occurs about the child's | 98–103 in th or delay?) I or family co | ne ASQ:SE-2 (| User's Guid |
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| 50 follow 1-35. | Eating/sleeping/toileting concerns? Other worries? Other worries? Other worries? OW-UP REFERRAL CONSIDERATIONS: Mark all Setting/time factors (e.g., ls the child's behavior between the setting of the control of t | YES YES As Yes, Nor the san avior related to he vior accept rexpress classes or at caregiv 2-3). cial educa | no no no no no no set la transportation de la trans | Comments: Comments: comments: sure (Y, N, U). See pages ome as at school?) developmental stage o biological factors?) given the child's cultural occurs about the child's t groups. (e.g., grandparent, tead | s 98–103 in th or delay?) I or family co behavior?) | ne ASQ:SE-2 (| User's Guid |
| follow 1-35. 36. 37. 4. FOLLCA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Eating/sleeping/toileting concerns? Other worries? Other worries? Other worries? OW-UP REFERRAL CONSIDERATIONS: Mark all Setting/time factors (e.g., is the child's behavior between the setting of t | YES YES As Yes, Nor the san avior related to he vior accept rexpress classes or at caregiv 2-3). cial educa | no no no no no no set la transportation de la trans | Comments: Comments: comments: sure (Y, N, U). See pages ome as at school?) developmental stage o biological factors?) given the child's cultural occurs about the child's t groups. (e.g., grandparent, tead | s 98–103 in th or delay?) I or family co behavior?) | ne ASQ:SE-2 (| User's Guid |

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Teacher Input Form

| | ECLC Teacher Input Form | | Does the child display concerns in the classroom? If so, please explain. |
|--------------------|---|--------|---|
| Date: | | | |
| Name: | | | |
| Class: | | | |
| Birthday: | | | |
| ASQ Score: | Qualify: No / Monitor / Qualify | | |
| | ir child. Tell us about your child's personality, strengths, interests, | | What are the triggers/antecedents of these concerns? |
| developmental dela | ys, struggles and any other pertinent information. | _ | |
| | | - | |
| | | - - | |
| | | - | Have you found any strategies that work for the child? If so, please explain. |
| | | - | |
| | | - | |
| | | - | |
| | | - | |
| How does the child | compare to the peers in his/her classroom? | | If concerns were noticed in the classroom, have they been discussed with the parent/guardian? Yes / No |
| | | - | If yes, what was the parent/guardian response? |
| | | - - | If not, what is the plan to discuss concerns with the parent/guardian? |
| | | - | |
| | | _ | |
| | | | ECLC June 2 |





Waterfall Chat: What does this look like in your setting?

| MO CALERO CLIMATER INICTITUTE |
|---------------------------------|
| MO SW-PBS SUMMER INSTITUTE |
| ROOTING FOR EACH OTHER! TEAMS. |
| THE WORLD |





MAJOR REFERRAL SHEET



| Name: | Time: | ~Problem Behavior~ Abusive Language Fighting / Physical Aggression Overt Defiance Harassment / Tease / Taunt Disruption Other: |
|--|--|--|
| Obtain Peer Attention Obtain Adult Attention Obtain Item / Activities Avoid Peers Avoid Adult Avoid Task or Activity Don't Know Other: ~Administrator / Teacher Decision~ | | Abusive Language Fighting / Physical Aggression Overt Defiance Harassment / Tease / Taunt Disruption |
| | lesses based | |
| Time Out Redirect Conference With Student Parent Conference Individualized Instruction Adjustment In Behavior Plan Other: | ~Involved~ None Peer/s Staff Unknown | ~Location~ Playground Bathroom Commons Classroom Arrival / Dismissal Other: |

| ~Please make one copy | to send home a | and give one copy | to Christy- |
|-----------------------|----------------|-------------------|-------------|
|-----------------------|----------------|-------------------|-------------|



| Name | Date |
|------|------|
| | |

| | Classroom | | In Line | | Commons | | Playground | |
|---------|-----------|--------------------|---------|--------------------|---------|--------------------|------------|----------------|
| Be safe | \$ | Walking feet | * | Walking feet | * | Walking feet | \$ | Keep hands, |
| | \$ | Keep hands, feet & | * | Keep hands, feet & | * | Keep hands, feet & | | feet & body to |
| | | body to self | | body to self | | body to self | | self |
| | €: | Wash hands | * | Body in group | * | Body in group | | |
| | | | | | * | Wash hands | | |
| Be | \$ | Eyes watching | * | Quiet voices | \$ | Wait for our | * | Ears listening |
| kind | \$ | Ears listening | * | Eyes watching | | friends | * | Clean up |
| | \$ | Body in group | * | Ears Listening | * | Clean up | * | Be flexible |
| | \$ | Clean up | * | Be flexible | * | Ears listening | | |
| | * | Be flexible | | | \$ | Be flexible | | |
| Be a | * | Share/Take turns | \$ | Use nice words | \$ | Push in chair | * | Share/Take |
| friend | \$ | Use nice words | | | * | Use nice words | | turns |
| | | | | | | | * | Use nice words |
| | | | | | | | | |

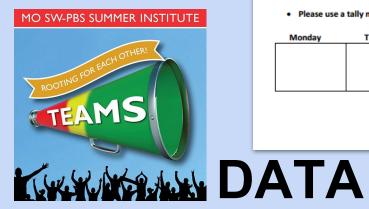




Targeted Behavior Form & Social Emotional Snapshot

| tudent: | | | | |
|--|----------------------------------|----------------------|----------|--------|
| Veek of: | | | | |
| argeted Behavio | r: | | | |
| Please use a | a tally mark each t | ime behavior occurs | s | |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | | |
| | | | | |
| | • | • | • | • |
| | | ime behavior occur | | _ |
| Please use a | a tally mark each t | | 5 | Friday |
| Please use a | a tally mark each t | ime behavior occur | 5 | Friday |
| Please use a | a tally mark each t | ime behavior occur | 5 | Friday |
| Please use a | a tally mark each t | ime behavior occur | 5 | Friday |
| Please use a Monday | a tally mark each t | Wednesday | Thursday | Friday |
| Please use a Monday Gargeted Behavior Company Company | Tuesday | Wednesday | Thursday | Friday |
| Please use a Monday argeted Behavior | Tuesday | Wednesday | Thursday | Friday |
| Please use a Monday Gargeted Behavior Company Company | Tuesday | Wednesday | Thursday | Friday |
| Please use a Monday argeted Behavio Please use a | Tuesday T: a tally mark each t | Wednesday Wednesday | Thursday | |
| Please use a Monday argeted Behavio Please use a | Tuesday T: a tally mark each t | Wednesday Wednesday | Thursday | |

| ₩ ₩ Co. | cial-Emotional Snapshot |
|---------------|-------------------------|
| NI: | ame: |
| Те | eacher: |
| . D: | ate: |
| * | |
| 25 | My Strengths: |
| * | |
| * | |
| * | |
| * | Atusanta |
| 445 | My Goals: |
| igs etc | |
| * | \$ |
| \$ \ | 13 |
| + | |



Making Decisions

- Beginning Tiger Tribe Which Group
 - o ASQ:SE-2
 - Teacher Input
 - Majors, Minors, Targeted Behavior Forms
 - IEP Social Emotional Goal Data & Progress



Making Decisions

- After 5 Weeks of Tiger Tribe Groups
 - Repeat Group, Modify Group, Fade or Graduate
 - Teacher Input, Anecdotal Notes, Daily Data, IEP Social Emotional Goal Data & Progress
- After 10 Weeks of Tiger Tribe Groups
 - Repeat Group, Modify Group, Fade or Graduate
 - ASQ:SE-2, Teacher Input, Anecdotal Notes, Daily Data, IEP
 Social Emotional Goal Data & Progress



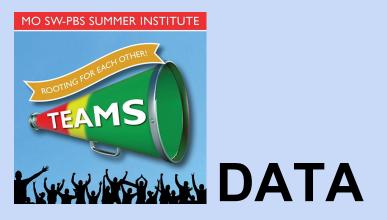
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| | 4 |

| | ASQ Score - Sept 2020 | First Set | Second Set | ASQ Score - Dec 2020 | First Set | Second Set | ASQ Score - April 20 |
|------------------------------------|-----------------------|--------------------------------------|------------------|-------------------------|--------------------|------------|----------------------|
| 60 Month | | | | | | | |
| Child A | 110/95 | School | Routines | 95/95 | Peer Int | eraction | |
| Child B | 200/95 | School Routines | Peer Interaction | 175/95 | Peer Int | eraction | |
| Child C | 150/95 | Social | Thinking | 150/95 | Social Thinking | | |
| Child D | 235/95 | School | Routines | 165/95 | School Routines | | |
| Child E | 265/95 | School | Routines | 205/95 | School Routines | | |
| Child F | 340/95 | Social | Thinking | 180/95 | Social T | hinking | |
| Child G | 110/95 | Social | Thinking | 40/95 | | | |
| Child H | 150/95 | Peer Ir | nteraction | 110/95 | Peer Int | eraction | |
| Child I | 290/95 | Social | Thinking | 120/95 | Social T | hinking | |
| Child J | 270/95 | School | Routines | 185/95 | School F | Routines | |
| Child K | 110/95 | School Routines | Peer Interaction | 150/95 | Emotion Management | | |
| Child L | 100/95 | Social | Thinking | 95/95 | Social Thinking | | |
| Child M | | N/A | Peer Interaction | 105/95 | Peer Interaction | | |
| Child N | | N/A | N/A | 140/95 | Social Thinking | | |
| | | | | | | | |
| 48 Month | | | | | | | |
| Child O | 130/85 | School | Routines | 90/85 | Peer Interaction | | |
| Child P | 245/85 | Identify Feelings | Left to Michelle | 85/85 | Social Thinking | | |
| Child Q | 135/85 | School | Routines | 30/85 | | | |
| /-PBS SUMMER INSTITU | JTE 95/85 | School Routines | | 105/85 | Peer Interaction | | |
| | 155/85 | School Routines | | Absent for last 8 weeks | Absent | | |
| ACH OTHER! | 125/85 | School Routines | Peer Interaction | 55/85 | | | |
| TING FOR EACH | 195/85 | School Routines | Peer Interaction | 195/85 | Mov | ved | |
| 1.46 | 105/85 | School Routines | Peer Interaction | 50/85 | Peer Interaction | | |
| 105/85 140/85 185/85 DATA | | School Routines Identifying Feelings | | 65/85 | Peer Interaction | | |
| | 185/85 | School Routines | Peer Interaction | 220/85 | Emotion Ma | anagement | |
| | | | | | | | 1 |



End of Year Universal Screener

- Universal Screener of all children at the end of the year (April)
 - Measure yearly progress
 - ECLC revolving door for new children
 - Able to provide ESY Tiger Tribe groups to those who qualify



Work Smarter, Not Harder Padlet

How could you take this process and make it work in your setting?

https://padlet.com/sdaniels65/rh5v51114djzr000









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Welcome to DATA WEEK! June 16-17

MISSOURI SW-PBS SUMMER INSTITUTE

VIRTUAL CONFERENCE SUMMER 2021





THANK YOU FOR JOINING US!

Please complete the Evaluation Survey.

Session 2 will start at 1:15 p.m.

Please use the same Zoom meeting link to join the next session.