

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 [pbissmissouri.org](http://pbissmissouri.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

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# 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.

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# 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

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# 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-3<sup>rd</sup> in State

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# Do you use a universal screener?

Yes

No

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# 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

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# 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

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# 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

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# ASQ:SE-2



## 36 Month Questionnaire

33 months 0 days through 41 months 30 days



Ages & Stages  
Questionnaires  
Social-Emotional  
SECOND EDITION

Date ASQ:SE-2 completed: \_\_\_\_\_

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

Person filling out questionnaire

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/province: \_\_\_\_\_ ZIP/postal code: \_\_\_\_\_

Country: \_\_\_\_\_ Home telephone number: \_\_\_\_\_ Other telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to child:  Parent  Guardian  Teacher  Other: \_\_\_\_\_  
 Grandparent/other relative  Foster parent  Child care provider

People assisting in questionnaire completion: \_\_\_\_\_

Program information (For program use only.)

Child's ID #: \_\_\_\_\_ Age at administration in months and days: \_\_\_\_\_


Program ID #: \_\_\_\_\_

Program name: \_\_\_\_\_

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## 36 Month Questionnaire



33 months 0 days through 41 months 30 days



Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box  that best describes your child's behavior. Also, check the circle  if the behavior is a concern.

Important Points to Remember:

- Answer questions based on what you know about your child's behavior.
- Answer questions based on your child's usual behavior, not behavior when your child is sick, very tired, or hungry.
- Caregivers who know the child well and spend more than 15-20 hours per week with the child should complete ASQ:SE-2.
- Please return this questionnaire by: \_\_\_\_\_
- If you have any questions or concerns about your child or about this questionnaire, contact: \_\_\_\_\_
- Thank you and please look forward to filling out another ASQ:SE-2 in \_\_\_\_\_ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your child look at you when you talk to her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	_____
2. Does your child like to be hugged or cuddled? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	_____
3. Does your child talk or play with adults he knows well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	_____
4. Does your child cling to you more than you expect? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	_____
5. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	_____
6. Does your child seem too friendly with strangers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	_____
7. Does your child settle herself down after exciting activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	_____


TOTAL POINTS ON PAGE \_\_\_\_\_

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# DATA

# ASQ:SE-2

**36 Month Questionnaire**  Check the box  that best describes your child's behavior. Also, check the circle  if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
9. Does your child seem happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
10. Is your child interested in things around him, such as people, toys, and foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
11. Does your child do what you ask her to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
12. Does your child seem more active than other children his age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
13. Does your child stay with activities she enjoys for at least 5 minutes (other than watching shows or videos, or playing with electronics)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
14. Do you and your child enjoy mealtimes together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
15. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
_____					
16. Does your child sleep at least 8 hours in a 24-hour period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
17. Does your child use words to tell you what she wants or needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
TOTAL POINTS ON PAGE					—

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**36 Month Questionnaire**  Check the box  that best describes your child's behavior. Also, check the circle  if the behavior is a concern.


	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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
19. Does your child cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
_____					
22. Does your child hurt himself on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
23. Does your child stay away from dangerous things, such as fire and moving cars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
24. Does your child destroy or damage things on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
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"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
26. Can your child name a friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	—
TOTAL POINTS ON PAGE					—


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# DATA


# ASQ:SE-2

**36 Month Questionnaire**  Check the box  that best describes your child's behavior. Also, check the circle  if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
27. Do other children like to play with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
28. Does your child like to play with other children? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
29. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
30. Does your child show an unusual interest in or knowledge of sexual language and activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
31. Does your child try to show you things by pointing at them and looking back at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
32. Does your child pretend objects are something else? For example, does he pretend a banana is a phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
33. Does your child wake three or more times during the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
35. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—

TOTAL POINTS ON PAGE \_\_\_\_\_

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**36 Month Questionnaire** 

**OVERALL** Use the space below for additional comments.

36. Do you have concerns about your child's eating, sleeping, or toileting habits?  YES  NO  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

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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# ASQ:SE-2

## 36 Month Information Summary 33 months 0 days through 41 months 30 days



Child's name: \_\_\_\_\_ Date ASQ:SE-2 completed: \_\_\_\_\_  
 Child's ID #: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_  
 Person who completed ASQ:SE-2: \_\_\_\_\_ Child's age in months and days: \_\_\_\_\_  
 Administering program/provider: \_\_\_\_\_ Child's gender:  Male  Female

### 1. ASQ:SE-2 SCORING CHART:

- Score items (Z = 0, V = 5, X = 10, Concern = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	Cutoff	Total score
	105	
TOTAL POINTS ON PAGE 2		
TOTAL POINTS ON PAGE 3		
TOTAL POINTS ON PAGE 4		
<b>Total score</b>		

### 2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then check off the area for the score results below.



- The child's total score is in the  area. It is below the cutoff. Social-emotional development appears to be on schedule.
- The child's total score is in the  area. It is close to the cutoff. Review behaviors of concern and monitor.
- The child's total score is in the  area. It is above the cutoff. Further assessment with a professional may be needed.

### 3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

- 1-35. Any Concerns marked on scored items?    **YES**    no    Comments: \_\_\_\_\_
36. Eating/sleeping/toileting concerns?    **YES**    no    Comments: \_\_\_\_\_
37. Other worries?    **YES**    no    Comments: \_\_\_\_\_

### 4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98-103 in the ASQ:SE-2 User's Guide.

- Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)
- Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)
- Health factors** (e.g., Is the child's behavior related to health or biological factors?)
- Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)
- Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

### 5. FOLLOW-UP ACTION: Check all that apply.

- Provide activities and rescreen in \_\_\_\_\_ months.
- Share results with primary health care provider.
- Provide parent education materials.
- Provide information about available parenting classes or support groups.
- Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): \_\_\_\_\_
- Administer developmental screening (e.g., ASQ-3).
- Refer to early intervention/early childhood special education.
- Refer for social-emotional, behavioral, or mental health evaluation.
- Follow up with items of concern.
- Other: \_\_\_\_\_

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# Teacher Input Form

**ECLC Teacher Input Form**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Class: \_\_\_\_\_  
Birthday: \_\_\_\_\_  
ASQ Score: \_\_\_\_\_ Qualify: No / Monitor / Qualify

Please describe your child. Tell us about your child's personality, strengths, interests, developmental delays, struggles and any other pertinent information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does the child compare to the peers in his/her classroom?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the child display concerns in the classroom? If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the triggers/antecedents of these concerns?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you found any strategies that work for the child? If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 2020



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



# MAJOR REFERRAL SHEET



Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Teacher: \_\_\_\_\_

<p align="center"><b>~Possible Motivation~</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Obtain Peer Attention</li> <li><input type="radio"/> Obtain Adult Attention</li> <li><input type="radio"/> Obtain Item / Activities</li> <li><input type="radio"/> Avoid Peers</li> <li><input type="radio"/> Avoid Adult</li> <li><input type="radio"/> Avoid Task or Activity</li> <li><input type="radio"/> Don't Know</li> <li><input type="radio"/> Other: _____</li> </ul>	<p align="center"><b>~Comments~</b></p>	<p align="center"><b>~Problem Behavior~</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Abusive Language</li> <li><input type="radio"/> Fighting / Physical Aggression</li> <li><input type="radio"/> Overt Defiance</li> <li><input type="radio"/> Harassment / Tease / Taunt</li> <li><input type="radio"/> Disruption</li> <li><input type="radio"/> Other: _____</li> </ul>
<p align="center"><b>~Administrator / Teacher Decision~</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Loss of Privilege</li> <li><input type="radio"/> Time Out</li> <li><input type="radio"/> Redirect</li> <li><input type="radio"/> Conference With Student</li> <li><input type="radio"/> Parent Conference</li> <li><input type="radio"/> Individualized Instruction</li> <li><input type="radio"/> Adjustment In Behavior Plan</li> <li><input type="radio"/> Other: _____</li> </ul>	<p align="center"><b>~Involved~</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> None</li> <li><input type="radio"/> Peer/s</li> <li><input type="radio"/> Staff</li> <li><input type="radio"/> Unknown</li> </ul>	<p align="center"><b>~Location~</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Playground</li> <li><input type="radio"/> Bathroom</li> <li><input type="radio"/> Commons</li> <li><input type="radio"/> Classroom</li> <li><input type="radio"/> Arrival / Dismissal</li> <li><input type="radio"/> Other: _____</li> </ul>

Parent Contacted: \_\_\_\_\_

Time: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

~Please make one copy to send home and give one copy to Christy~

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# DATA





# MINOR REFERRAL SHEET



Name \_\_\_\_\_

Date \_\_\_\_\_

	<b>Classroom</b>	<b>In Line</b>	<b>Commons</b>	<b>Playground</b>
<b>Be safe</b>	<ul style="list-style-type: none"> <li>🐾 Walking feet</li> <li>🐾 Keep hands, feet &amp; body to self</li> <li>🐾 Wash hands</li> </ul>	<ul style="list-style-type: none"> <li>🐾 Walking feet</li> <li>🐾 Keep hands, feet &amp; body to self</li> <li>🐾 Body in group</li> </ul>	<ul style="list-style-type: none"> <li>🐾 Walking feet</li> <li>🐾 Keep hands, feet &amp; body to self</li> <li>🐾 Body in group</li> <li>🐾 Wash hands</li> </ul>	<ul style="list-style-type: none"> <li>🐾 Keep hands, feet &amp; body to self</li> </ul>
<b>Be kind</b>	<ul style="list-style-type: none"> <li>🐾 Eyes watching</li> <li>🐾 Ears listening</li> <li>🐾 Body in group</li> <li>🐾 Clean up</li> <li>🐾 Be flexible</li> </ul>	<ul style="list-style-type: none"> <li>🐾 Quiet voices</li> <li>🐾 Eyes watching</li> <li>🐾 Ears Listening</li> <li>🐾 Be flexible</li> </ul>	<ul style="list-style-type: none"> <li>🐾 Wait for our friends</li> <li>🐾 Clean up</li> <li>🐾 Ears listening</li> <li>🐾 Be flexible</li> </ul>	<ul style="list-style-type: none"> <li>🐾 Ears listening</li> <li>🐾 Clean up</li> <li>🐾 Be flexible</li> </ul>
<b>Be a friend</b>	<ul style="list-style-type: none"> <li>🐾 Share/Take turns</li> <li>🐾 Use nice words</li> </ul>	<ul style="list-style-type: none"> <li>🐾 Use nice words</li> </ul>	<ul style="list-style-type: none"> <li>🐾 Push in chair</li> <li>🐾 Use nice words</li> </ul>	<ul style="list-style-type: none"> <li>🐾 Share/Take turns</li> <li>🐾 Use nice words</li> </ul>

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# Targeted Behavior Form & Social Emotional Snapshot

**Targeted Behavior Documentation**

Student: \_\_\_\_\_

Week of: \_\_\_\_\_

Targeted Behavior: \_\_\_\_\_

- Please use a tally mark each time behavior occurs

Monday	Tuesday	Wednesday	Thursday	Friday

Targeted Behavior: \_\_\_\_\_

- Please use a tally mark each time behavior occurs


Monday	Tuesday	Wednesday	Thursday	Friday

Targeted Behavior: \_\_\_\_\_

- Please use a tally mark each time behavior occurs

Monday	Tuesday	Wednesday	Thursday	Friday

**Social-Emotional Snapshot**



Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

**My Strengths:**

**My Goals:**



# DATA

# Making Decisions

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

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# 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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**DATA**

## Tiger Tribe - Tier 2 Social Skills Groups

	ASQ Score - Sept 2020	First Set	Second Set	ASQ Score - Dec 2020	First Set	Second Set	ASQ Score - April 2021
<b>60 Month</b>							
Child A	110/95	School Routines		95/95	Peer Interaction		
Child B	200/95	School Routines	Peer Interaction	175/95	Peer Interaction		
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 Thinking		
Child G	110/95	Social Thinking		40/95			
Child H	150/95	Peer Interaction		110/95	Peer Interaction		
Child I	290/95	Social Thinking		120/95	Social Thinking		
Child J	270/95	School Routines		185/95	School 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		
<b>48 Month</b>							
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			
	95/85	School Routines		105/85	Peer Interaction		
	155/85	School Routines		Absent for last 8 weeks	Absent		
	125/85	School Routines	Peer Interaction	55/85			
	195/85	School Routines		195/85	Moved		
	105/85	School Routines		50/85	Peer Interaction		
	140/85	School Routines		Identifying Feelings	65/85	Peer Interaction	
	185/85	School Routines		Peer Interaction	220/85	Emotion Management	

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# DATA

# 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



**DATA**

# 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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# QUESTIONS



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ROOTING FOR EACH OTHER!

TEAMS

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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.