

Tier 2 & 3

Processes at the Early Childhood Level

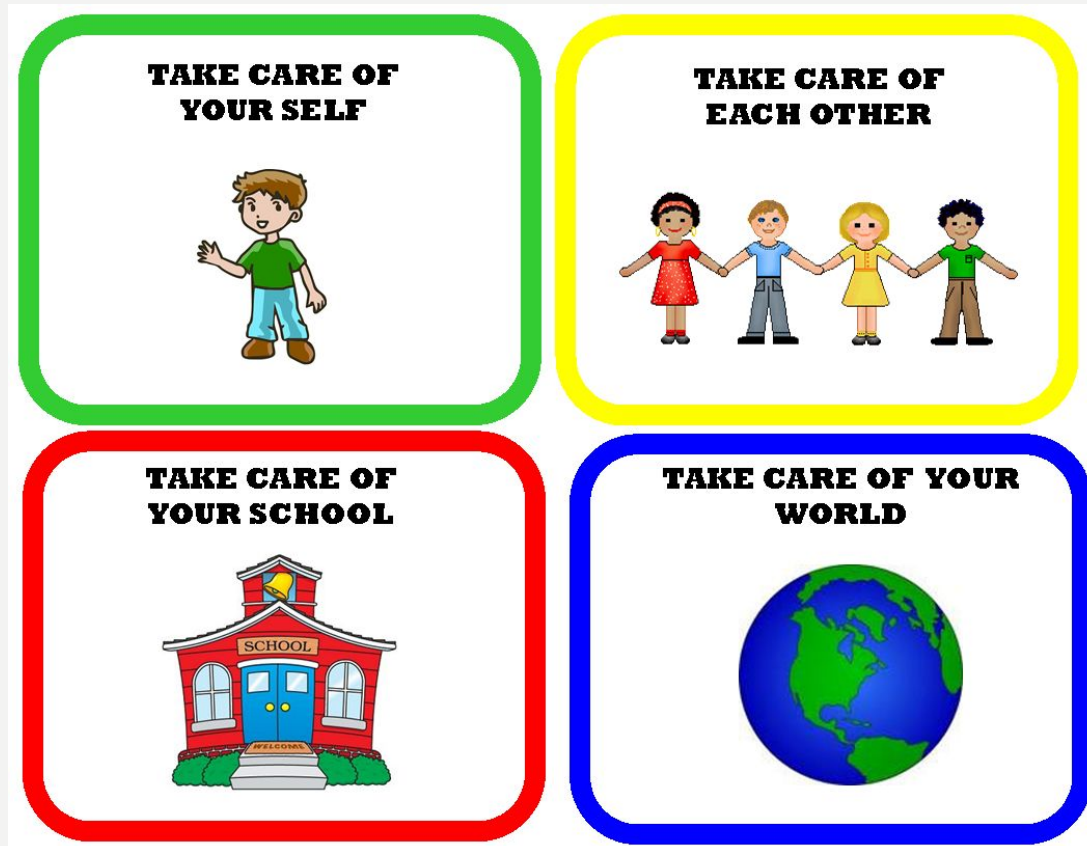
**DON EARL EARLY CHILDHOOD
Fox C-6 School District**

Session Outcomes

- Understand the referral process used at the early childhood level
- Be able to identify the difference between a major and a minor
- Review Tier 2 interventions, the Tier 3 process and data-collection tools utilized in early childhood

Don Earl Early Childhood Center

- Program Overview
- Implemented SW-PBS in 2010



STUDENT IDENTIFICATION

- 1. Major Incident Reports - same as ODR**
- 2. Universal Screener
Strengths & Difficulties Questionnaire (SDQ)**
- 3. Teacher Nomination Forms
Tier 2 Assertiveness Social Skills Group Tier
2 Classroom Yoga**

MAJOR INCIDENT REPORTS

CRITERIA:

A Major Incident Report should be completed when challenging behavior...

- is a SAFETY issue
- is CHRONIC
- is NOT age appropriate
- is causing a significant loss of teacher INSTRUCTIONAL TIME
- is impeding with the LEARNING of self or others
- is NOT responsive to universal supports

MAJORS vs. MINORS

Levels	Intensity	Frequency
1	Behavior is confined only to the focus student.	Once a week or less
2	Behavior disrupts others in the student's immediate area.	Twice a week
3	Behavior disrupts everyone in the class.	Three times per week
4	Behavior disrupts other classrooms or common areas of the school.	At least once per day
5	Behavior causes or threatens to cause physical injury to student or others.	Multiple times per day

DATA DECISION RULES

A Minor is considered to be anything that is Level 1 or 2 in both intensity and frequency.

A Major is considered to be anything Level 3 and above in either intensity or frequency.

3 Minors = 1 Major

3 Majors in 1 month = RED FLAG

[Major Incident Report](#)

Major Incident Reports Reminders/Tips

- Please use the student's full name, i.e. “Nick” should be “Nicholas”, as stated on IEP. Correct spelling is important.
- New students must be exposed to Tier 1 for a minimum of ***4 weeks prior to having incident reports reviewed.***
- Returning students should be given ***2 weeks to recoup after significant breaks*** such as summer and winter, prior to having reports reviewed
- If problem behavior includes physical aggression, always check Level 5 in the Intensity Level section
- Fill out a new incident report ***after at least 15 minutes has passed without problem behavior***
- Incident report must be submitted within **7** days of the incident occurring

Bus Incident Report

FOX EARLY CHILDHOOD SW-PBS BUS INCIDENT REPORT

Student's Name _____

Date _____ Bus # _____ Driver _____

PROBLEM BEHAVIOR:

- UNBUCKLING
- CRYING SCREAMING
- PHYSICAL AGGRESSION
- INAPPROPRIATE LANGUAGE
- OTHER:

NOTES:

Strengths and Difficulties Questionnaire

P 2-4

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Your child's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can stop and think things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

UNIVERSAL SCREENER- STRENGTHS & DIFFICULTIES QUESTIONNAIRE

Completed by parent
at intake

Teacher completes
again 30 days after
start date

If total score is 18 or
above = RED FLAG



ASSERTIVENESS GROUP TEACHER NOMINATION

Student: _____ Teacher: _____ AM/PM Date: _____

At free choice time or recess does the student

- a) Play alone
- b) Invite friends to play with him/her
- c) Responds to peers invite to play

If a peer takes a toy away from the student, does the student

- a) Hit or yell at the peer
- b) Tell the teacher
- c) Not do anything

At circle time, does the student

- a) Actively participate
- b) Not participate

When an adult greets the student, does the student

- a) Respond
- b) Not respond

When you are talking to the student, does the student

- a) Make eye contact
- b) Avoid eye contact

When the student is talking, do they speak

- a) In a quiet voice/whisper
- b) In a loud voice for peers to hear

Does the student exhibit any of the following behaviors (circle all that apply)

- a) Irrational fears/worries
- b) Anxiety
- c) Sadness/depression
- d) Many physical complaints (stomach ache, headache, tired, etc.)
- e) Any nervous habits (thumb sucking, biting nails, chewing on clothing, etc.)
- f) Unresponsive to environment/flat affect

How would you describe the student

- a) Outgoing
- b) Shy/withdrawn

TEACHER NOMINATION - ASSERTIVENESS GROUP

CRITERIA

A Teacher Nomination Form should be completed for students:

-who are shy or withdrawn

-are internalizers

-have been in the program for at least 4 weeks in length with regular attendance

-appropriate cognition and language skills to participate in a group



Yoga Classroom Nomination



Teacher Name _____

AM or PM

I would like to see my students improve in the following areas:	Please check all that apply
Social interactions among classmates	
Showing respect for each other	
Self-control (less reactive and more thoughtful in decision-making)	
Managing their anger	
Focusing their attention for longer periods of time	
Concentrating	
Staying on task	
Ability to manage stress and anxiety	
Self-confidence/ Self-esteem	
Overall mood	
Other	

What are good days/times for yoga in your classroom:

My class would benefit from yoga because:

TEACHER NOMINATION - CLASSYOGA

6 week classroom intervention to help with social behavior, academic behavior and emotional behavior.

Teaches students mindfulness activities, breathing techniques and yoga poses as self-calming strategies

FAIRS

(Functional Assessment Interview & Reinforcement Survey)

please make sure to complete all 6 sections

Student Name _____ Date _____

Classroom Teacher _____ Age _____

Related Service Providers: _____

SECTION 1: DESCRIPTION OF PROBLEM BEHAVIOR

Brief Description of Problem Behavior	Where/when does it occur the most?	How often/how long does it occur?
1.		
2.		
3.		

SECTION 2: CLASSROOM INTERVENTION

Has the student received instruction on Tier 1 School-wide and Classroom Expectations, Rules and Procedures? **Yes** or **No**

Has the student received recognition recently for following School-wide and Classroom Expectations, Rules and Procedures? **Yes** or **No**

Please list and describe interventions you have attempted. How long were they attempted and what effect did they have on the problem behavior?

Intervention	How long?	Improved	Worsened	No effect
1.				
2.				
3.				

FAIRS FORM

*Functional Assessment Interview & Reinforcer Survey

Our version of the
FACTS

4 page document

Filled out by teacher after student red flags to give Tier 2/3 more information about the function of the behavior and to determine which intervention would benefit the student.

Tier 2/3 AGENDA & MINUTES

This is the working document we use at each meeting

We discuss:

- Action Plan Items
- Student Referrals
- Tier 2 Data
- Tier 3 Cases

Tier 2/3 Team Meeting Agenda & Minutes April 12, 2024

Team Members Present:
Guests:

CURRENT ITEMS

- > Review Action Plan Items
- > SAS Update: 16 responses as of 2/7
- > Complete Tier 2/3 portion of TFI - Completed during meeting
- > Plan for observations/walkthroughs next month

STUDENT IDENTIFICATION

Major Incident Reports

Student	IEP	AM/PM	Teacher	FAIRS Completed	Observation Completed	Initial BX Recommendations?	TEAM Recommendations
	Y	AM	Tara	Y	Y	Tier 3	Tier 3 BSP
	Y	AM	Julie	Y	N	?	2 circle time obs. to be scheduled by RT & DA
	N	PM	Christin	Y	Y	Teacher requesting HUGs referral	Tier 2 H.U.G. Facilitator - Jen
	Y	PM	Megan	N	NA	NA	No support requested

Bus Incidents Review

Student	AM/PM	Bus #	Driver Name	Problem Behavior
	AM	321	Dave	Crying & physical aggression -submit Major Incident Report

TIER 2 INTERVENTIONS

Check-In/Check-Out: H.U.G. (Hello-Update-Goodbye)

Small Group Social Skills: Take Care Groups

- Assertiveness
- Self Management
- Compliance
- Peer Relations

Self - Monitoring

Yoga (Mindfulness)

H.U.G. (Hello...Update...Goodbye)



Procedures

- Distribute FAIRS to classroom teacher to complete
- Meet with classroom teacher (if needed) to review FAIRS and determine probable function of problem behavior
- If function of behavior is primarily attention seeking, student will be referred for H.U.G. intervention
- Baseline data will be collected using the H.U.G. daily progress report for one full week without the student's knowledge
- Tier 2 team will review data and determine goal for student
- Assign facilitator to student
- Inform parents through phone call (using script) or face to face that their child will be participating
- Send parent letter home with copy of feedback example sheet and sample of the daily progress report
- Facilitator will check in with student at the beginning of the day
- Teacher/paraprofessionals will check in with the student throughout the day and rate them using the thumbs scale
- Facilitator will check out with the student at the end of their day, total the points and determine if the student met their goal
- If goal was not met...encourage to try again tomorrow
- If goal was met...roll the dice and celebrate
- Make sure bottom copy of form is replicated, cut off and send copy home in students backpack
- Return top copies of form to H.U.G. coordinator at the end of the each week
- Tier 2 team will meet bi-weekly to review student progress
- When student meets goal for 4 consecutive weeks they will begin fading process
- Fading form letter will be sent home to parent
- Fading = 3 days check-in/out & 1 on their own (self-monitoring), 2 days check-in/out & 2 on their own, then 1 day check-in/out & 3 on their own, this will be continued as long as necessary
- Teacher will fill in for facilitator when absent

H.U.G. (CICO) PROCEDURES

H.U.G. & SELF MONITORING DPR

Child's Name: _____

H.U.G.

Date: _____

Facilitator's Name: _____





















(Hello...Update...Goodbye)

Take Care of Yourself, Each Other, School & World

"Always"

"Sometimes"

"Try Again"

	Circle/Group			
	Free Choice/Centers			
	Bathroom			
	Snack			
	Playground/Indoor Gross Motor			

Goal: ___/15

Total: ___/15

Goal: MET or TRY AGAIN TOMORROW

Parent Signature: _____ (please return)

Take Care Groups Small Group Social Skills Intervention

Procedures

1. Distribute FAIRS to classroom teacher to complete and/or teacher fill out and submit Teacher Nomination Form.
2. Meet with classroom teacher (if needed) to review FAIRS or Teacher Nomination Form and determine probable function of problem behavior.
3. If function of behavior is primarily social skill deficit, student will be referred to one of the four groups depending on their score on the social skills rating scale.
4. Baseline data will be collected using the Take Care Group weekly data report for one full week without the student's knowledge.
5. Tier 2 team will review data and determine goal for student.
6. Assign facilitator to this group.
7. Inform parents through phone call (using script) or face to face that their child will be participating.
8. Send parent letter home with copy of feedback example sheet, sample of the weekly progress report, and sample of homework.
9. Facilitator will meet with the group once a week for 20 minutes for 10 weeks.
10. Facilitator will update teacher/paraprofessional of lesson plan learned that week.
11. Teacher/paraprofessionals will rate the student daily for an entire week for that particular lesson and each lesson learned before that one.
12. Return the weekly data sheet to Rm 10 at the end of the each week. A copy will be sent home to the parents and the facilitator will provide the teacher with a new sheet for the new week.
13. Tier 2 team will meet every other week to review student progress.
14. After 10 weeks, the group will terminate. The student's data will be reviewed and if needed, they might be referred to one of the other 4 groups to continue to build on their social skills or be referred to a different tier 2 or tier 3 intervention.

TAKE CARE GROUP (Small Group Social Skills Intervention) PROCEDURES

TAKE CARE GROUP DATA SHEET

Take Care Group *** SELF-MANAGEMENT ***

Child's Name: _____ Facilitator's Name: _____ Teacher's Name: _____ Week of: _____



		Tuesday	Wednesday	Thursday	Monday	Comments
Week 1	Happy/Sad	3 2 1	3 2 1	3 2 1	3 2 1	
Week 2	Other Feelings	3 2 1	3 2 1	3 2 1	3 2 1	
Week 3	Anger	3 2 1	3 2 1	3 2 1	3 2 1	
Week 4	Same/Different	3 2 1	3 2 1	3 2 1	3 2 1	
Week 5	Accidents	3 2 1	3 2 1	3 2 1	3 2 1	
Week 6	Caring/Helping	3 2 1	3 2 1	3 2 1	3 2 1	
Week 7	Feelings in Our Body	3 2 1	3 2 1	3 2 1	3 2 1	
Week 8	Strong Feelings	3 2 1	3 2 1	3 2 1	3 2 1	
Week 9	Disappointment/Anger	3 2 1	3 2 1	3 2 1	3 2 1	
Week 10	Waiting	3 2 1	3 2 1	3 2 1	3 2 1	
Total Daily Points						Total Weekly Points _____
Points Possible Daily						Points Possible for Week _____

Parent's Signature _____

Week's Percentage _____

Yoga Classroom Intervention

Procedures

1. Teacher fill out and submit Teacher Nomination Form.
2. Meet with classroom teacher (if needed) to review the Teacher Nomination Form and determine if their classroom is in need of the intervention.
3. Baseline data will be collected.
4. Assign facilitator to this classroom.
5. Send parent letter home explaining the yoga intervention.
6. Facilitator will meet with the class once a week for 20 minutes for 6 weeks.
7. A weekly letter will be sent home to parents informing parents of the yoga pose and breathing technique that was reviewed in class that day.
8. Teacher/paraprofessionals will rate the class as whole half way through the intervention and at the end of the intervention and that will be discussed and compared to baseline at the Tier 2 meetings.
9. After 6 weeks, the class intervention will terminate. The classroom data will be reviewed and if extra support is needed with any particular student, they might be referred to a different tier 2 or tier 3 intervention.

YOGA CLASSROOM INTERVENTION PROCEDURES

YOGA DATA SHEET



Yoga Data



Teacher Name _____ AM or PM _____ Date _____

Social Behavior	Not at all				A great deal
-----------------	------------	--	--	--	--------------

Social interaction with classmates	1	2	3	4	5
Respect for others	1	2	3	4	5
Ability to control their behavior	1	2	3	4	5
Ability to manage their anger	1	2	3	4	5

Academic Behavior

Attention Span	1	2	3	4	5
Ability to concentrate on work	1	2	3	4	5
Ability to stay on task	1	2	3	4	5

Emotional Behavior

Ability to deal with stress and anxiety	1	2	3	4	5
Confidence/ Self-Esteem	1	2	3	4	5
Overall Mood	1	2	3	4	5

Total					
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TIER 3: INDIVIDUALIZED INTERVENTIONS

Student Identification routes can include:

- Chronic & High Intensity Behavior (Major Incident Report w/Levels)
 - Screening Instrument Scores (SDQ)
 - Nonresponse to Tier 2 Interventions
-
- When a student is identified at a core team meeting for Tier 3 a Take Care team is formed.

TAKE CARE TEAM

- Member(s) of Core Team
- Behavior Specialist
- Family Support Facilitator
- Classroom Teacher
- Support Staff
- Related Service Therapist(s)
- Family Members(s)

Tier 3 Procedures

1. Student is identified as candidate for Tier 3 supports by Tier 2/3 Team
 - o 3 major incidents in 1 month (3 minors = 1 major), teacher nomination, SDQ, unsuccessful in Tier 2 intervention(s)
2. Take Care Team is created for that student
 - o Classroom teacher, all staff working with student, behavior specialist, Tier 3 teacher rep, if transitioning to KG - school age behavior specialist included
3. Email is sent to the Take Care Team with first meeting date, time & location
4. Prior to first meeting:
 - o Teacher will complete Parent Interview
 - o Team members and parent will complete Motivation Assessment Scale
 - o Teacher will fill out FAIRS Part B or complete as a team if needed
5. Take Care Team Meeting 1 is held and google form is completed during meeting
 - o Summary statement generated
 - o Observation Scheduled
 - o Meeting 2 Scheduled
6. Take Care Team Meeting 2 is held and google form is completed during meeting
 - o Observation is reviewed
 - o Summary statement is confirmed or revised
 - o Behavior Support Plan (BSP) or Behavior Intervention Plan (BIP) is developed
 - o Implementation Plan created
 - o Meeting 3 Scheduled
7. Data sheet created and baseline data collected
8. BSP/BIP implemented and data collected
9. Take Care Team Meeting 3 is held and google form is completed during meeting
 - o Data is reviewed
 - o BSP/BIP is revised if needed and changes are documented
 - o Fidelity and social validity reviewed as needed
 - o Review meetings are scheduled as needed
10. Review meetings are held and google forms are completed during meetings until the team agrees upon dismissal

*If at any time during this process a request is made to discontinue/dismiss Tier 3 supports, a majority of IEP team members must be in agreement and then discussed and agreed upon by the Tier 2/3 team. Once dismissed, a student must be re-flagged and identified and discussed as a candidate through the same procedural process.

TIER 3 PROCEDURES

PARENT/GUARDIAN INTERVIEW

1. Describe a typical day for your child.
2. What does your child do before or after school?
3. What opportunities does your child have to engage with peers their own age outside of school?
4. What are some things your child does very well?
5. What are some of your child's challenges?
6. Are there any behaviors that you would like to see improve at home?
 - Under what circumstances does this behavior occur?
 - What do you usually do or what usually happens when this behavior occurs
7. What are your goals for your child at home & school?
8. Potential follow-up questions:
 - How much sleep does student get
 - Food intake/diet
 - Who lives in home
 - Recent changes in the home
 - Any outside therapies?

Motivation Assessment Scale

Questions	Answers
1. Would the behavior occur continuously, over and over, if this person were left alone for long periods of time? (For example, several hours)	0 1 2 3 4 5 6
2. Does the behavior occur following a request to perform a difficult task?	0 1 2 3 4 5 6
3. Does the behavior seem to occur in response to you talking to other persons in the room?	0 1 2 3 4 5 6
4. Does the behavior ever occur to get a toy, food, or activity that this person has been told that he or she can't have?	0 1 2 3 4 5 6
5. Would the behavior occur repeatedly, in the same way, for very long periods of time, if no one were around? (For example, rocking back and forth for over an hour.)	0 1 2 3 4 5 6
6. Does the behavior occur when any request is made of this person?	0 1 2 3 4 5 6
7. Does the behavior occur whenever you stop attending to this person?	0 1 2 3 4 5 6
8. Does the behavior occur when you take away a favorite toy, food, or activity?	0 1 2 3 4 5 6
9. Does it appear to you that this person enjoys performing the behavior? (It feels, tastes, looks, smells, and/or sounds pleasing.)	0 1 2 3 4 5 6
10. Does this person seem to do the behavior to upset or annoy you when you are trying to get him or her to do what you ask?	0 1 2 3 4 5 6
11. Does this person seem to do the behavior to upset or annoy you when you are not paying attention to him or her? (For example, if you are sitting in a separate room, interacting with another person.)	0 1 2 3 4 5 6
12. Does the behavior stop occurring shortly after you give this person the toy, food, or activity he or she has requested?	0 1 2 3 4 5 6
13. When the behavior is occurring, does this person seem calm and unaware of anything else going on around him or her?	0 1 2 3 4 5 6
14. Does the behavior stop occurring shortly after (one to five minutes) you stop working or making demands of this person?	0 1 2 3 4 5 6
15. Does this person seem to do the behavior to get you to spend some time with him or her?	0 1 2 3 4 5 6
16. Does the behavior seem to occur when this person has been told that he or she can't do something he or she had wanted to do?	0 1 2 3 4 5 6

	Sensory	Escape	Attention	Tangible
1.	2.	3.	4.	
5.	6.	7.	8.	
9.	10.	11.	12.	
13. _____	14. _____	15. _____	16. _____	
Total Score =	_____	_____	_____	_____
Mean Score = <i>(divide the total score by 4)</i>	_____	_____	_____	_____
Relative Ranking <i>(high score to low score)</i>	_____	_____	_____	_____

If there is a tie for the highest score or if the means of the top two categories are within .25 to .50 points (and you have clearly specified the behaviour and setting), then both are considered as influences that may be causing the problem behaviour to continue.

FAIRS - Part B

SECTION 5: DESCRIPTION OF THE ANTECEDENT

Rank order the top two predictors of problem behavior in the context identified in Part A. Then ask follow-up questions to get a detailed understanding of each predictor.

Antecedents (Rank order top 2 predictors)		Follow Up Questions – <i>Be as Specific as possible</i>
_____ a. Circle/Group	_____ f. Task too hard	If a, b, c, d or e – Describe setting/activity/context in detail _____
_____ b. Small Group Activity	_____ g. Task too easy	_____
_____ c. Free Choice/Centers	_____ h. Task too long	If f, g, h, or i – Describe task/demand in detail _____
_____ d. Transition	_____ i. Physical Demand	_____
_____ e. Unstructured Activity	_____ j. Correction/reprimand	If j – Describe purpose of correction, voice tone, volume _____
	_____ k. Other	_____
		If k. - Explain _____

SECTION 6: DESCRIPTION OF THE CONSEQUENCE

Rank order the consequences that appear most likely to maintain the problem behavior in the context identified in Part A. Ask follow-up questions for consequences ranked #1 & 2.

Consequences (Rank order top 2 consequences)	Follow-Up Questions – <i>Be as Specific as possible</i>
_____ a. adult(s) respond (look at or talk to student)	If a or b – Which adults or peers respond? _____ How did the adults or peers respond? _____
_____ b. peer(s) respond (look at, laugh or talk to student)	_____
_____ c. get specific activity	If c, d or e – What specific item, activity or sensory input did the child get? _____
_____ d. get specific object	_____
_____ e. get specific sensory input	If f or g – From which adults or peers was the child removed?
_____ f. removed from adult(s)	_____
_____ g. removed from peer(s)	If h or I – Describe specific task/activity/sensory input removed. _____
_____ h. specific activity removed	_____
_____ i. specific sensory input removed	_____
_____ j. Other _____	If J - Explain _____ (Specifically describe the type of work within subject areas) Can the student independently perform the task? Y N Is further assessment needed to ID specific skill deficits? Y N

SECTION 7: SETTING EVENT(S): Rank order any events that happen outside of the immediate context (at home or earlier in the day) that commonly make problem behavior more likely or worse in the context described above.

_____ hunger _____ lack of sleep _____ illness _____ missed medication
 _____ conflict at home
 _____ conflict at school _____ absences _____ change in routine _____

SECTION 8: Fill in boxes below using top ranked responses and follow-up responses from corresponding categories.

FAIRS PART B

Once a student is identified as Tier 3, the teacher will be given FAIRS Part B to fill out.

If the teacher prefers to complete it as a team, that is also an option.

Take Care Team Meeting 1

Date:

Student's Name:

Team Members Present:

SUMMARY OF RECORD REVIEW:

FAIRS (Functional Assessment Interview & Reinforcement Survey)

MAS (Motivation Assessment Survey)

Parent Interview:

Identify specific antecedents and consequences of problem behavior in each identified context and generate a summary statement:

FAIRS B

Summary Statement:

Staff member to conduct student observation:

Date/Time of next scheduled team meeting:

Notes or additional information for next meeting:

TAKE CARE TEAM MEETING NOTES

Working document

Shared with all team
members

Stored in google drive

TAKE CARE TEAM MEETING

Summarize record review and interview information (e.g. Information reported on FAIRS– Part A)

- Identify specific antecedents and consequences of problem behavior in each identified context and generate a summary statement (e.g. Complete FAIRS– Part B.)
- Schedule Observation(s)
- Schedule Meeting 2

1

Review and summarize observation information
If Summary Statement is not confirmed, determine details for addition observations and schedule next meeting. If Summary Statement is confirmed, the team will develop a Competing Behavior Pathway and: identify strategies for BIP -setting event, antecedent, behavioral instruction, consequence, response to misbehavior, and safety plan Develop BIP implementation plan Develop monitoring and evaluation plan Identify generalization and maintenance strategies
Schedule Meeting 3

2

- Review fidelity of BIP implementation
- Review progress monitoring data
 - Based on data, the team will determine whether to: reteach adults and/or students; continue; modify; intensify
- Schedule the next review meeting

3


- Typically will be every 2 weeks, case specific.
- Meetings will try to be scheduled before school (8:35-8:50), some might be during recess or free choice time, lunch time, or Fridays depending on the availability of the Take Care Team members.

4

WHERE TO GET MORE INFO

- [PBIS Google Folder](#)





When a flower
doesn't bloom you
fix the environment
in which it grows,
not the flower.

- Alexander Den Heijer -

www.livelifehappy.com

REFERENCES

Strengths & Difficulties Questionnaire (SDQ):

<https://www.sdqinfo.org/a0.html>

Second Steps Curriculum:

<https://www.secondstep.org/early-learning-curriculum>

Motivation Assessment Scale:

<https://www.scribd.com/document/339772555/MotivAssessScale-Durand-pdf>

CONTACT INFORMATION

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