A Model for Professional Development Training: Evidence-Based Practices to Implement into the General Education Classroom for Students with Emotional and Behavioral Disorders Using a Tiered Model Approach (Project)

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A Model for Professional Development Training: Evidence-Based Practices to Implement into the General Education Classroom for Students with Emotional and Behavioral Disorders Using a Tiered Model Approach by Emily Marie Parrott April 2013

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Chapter One: Project Proposal

Problem Statement

The inclusion of students with emotional and behavioral disorders (EBD) in the general education classroom continues to be a controversial and debatable topic in the area of education (Algozzine & Ysseldyke, 2006; Artilles, Harris-Murri, & Rostenberg, 2006; Bakken, 2010; King, 2003; Strieker, Logan, & Kuhel, 2012). King (2003) explained inclusive education as being “all students within a school regardless of their strengths or weaknesses, or disabilities in any area, become part of the school community” (p. 152). All students should be valued and included no matter their achievements, talents, deficits, or disabilities (Algozzine & Ysseldyke, 2006). What happens when students with EBD enter the inclusion classroom alongside their non-disabled peers? Are they still valued members of the school community when they make inappropriate remarks, have defiant outbursts, provoke other students within the classroom into negative interactions, or become physically aggressive towards themselves or others (Farley, Torres, Wailehua, & Cook, 2012)? More than likely, the answer to the latter question from most would be “no”. But the reality is students with EBD and other disabilities are being included into the general education classroom more and more. Strieker et al. (2010) found that “in the USA, nearly 10% of the school-aged population needs special education services and of that group, 96% are educated in general education classrooms 80% of the time” (p. 1047). As these rates continue to rise, teachers will need better tools, resources, and support to effectively educate the diverse population that enters their classroom.
Based on the Individual with Disabilities Act of 2004, all students with disabilities are entitled to receive a free and appropriate public education that meets their individual needs in the least restrictive environment possible (Bakken, 2010). If inclusion into the general education classroom is what best meets the needs of individuals with EBD, then all educators need a broader knowledge base and more useful and intense training regarding evidence-based practices, or “instructional techniques shown by research to improve student outcomes meaningfully” (Cook, Cook, Landrum, & Tankersley, 2008, p. 76), that could help make inclusion more effective and successful for these students (Gable, Tonelson, Sheth, Wilson, & Park, 2012). Based on the definition given by Lipsky and Gartner (2006), inclusion practices should not just provide support services for students, but for the teachers as well “to assure the child’s success in academic, behavioral, and social areas, and to prepare the child to participate as a full and contributing member of society” (p. 763). With the increase in student ability and diversity in general education classrooms, more emphasis needs to be placed on how educators can effectively support and teach the students that walk into their classrooms (Striker et al., 2012).

**Background of the Project**

Historically, students with EBD have been among the most difficult population of students to teach (Billingsley, Fall, & Williams, 2006; Lane, Kalberg, & Shepcaro, 2009; Landrum, Tankersley, & Kauffman, 2003). Rice and Yen (2010) explain that the challenge of educating students with EBD is due to the vast ranges of deficits that are exhibited by these students in the behavioral, social, and academic areas.
Behaviorally and socially, students with EBD are most often characterized by the externalizing and inappropriate behaviors that are displayed within the classroom setting (Farley, Torres, Wailehua, & Cook, 2012; Kern, Hilt-Panahon, & Sokol, 2009; Rice & Yen, 2010). Externalizing and inappropriate social behaviors could be seen as arguing, teasing, threatening, lose of temper, noncompliance, defiance, aggression, hyperactivity, or impulsivity. These are the behaviors that teachers and peers can see and hear. Behaviors of students with EBD that are internalized, may be more difficult to witness in the classroom since students are not acting out or gaining attention for the given behavior. Common internalizing behaviors that can be exhibited by students with EBD include being shy, anxious, depressed, or withdrawn (Rice & Yen, 2010). Students with EBD can also exhibit co-morbid behavior patterns (Rice & Yen, 2010); meaning individual students could demonstrate behaviors that are both externalizing and internalizing. Fitzpatrick and Knowlton (2009) described behaviors of some students with EBD as being “so disruptive that they can seriously strain relationships with peers, parents, and teachers” (p. 253).

Even though students with EBD are usually characterized by their behavioral and social traits, this population can also struggle with severe academic deficits, (Kern et al., 2009; Mooney, Epstein, Reid, & Nelson, 2003; Rice & Yen, 2010) particularly in the areas of reading, written expression, and mathematics (Trout, Nordness, Pierce, & Epstein, 2003). Students with EBD tend to have lower grades and grade point averages, more course failures, higher retention rates, higher rates of absenteeism, and higher dropout rates (Billingsley et al., 2006; Hodge, Riccomini, Buford, & Herbst, 2006; Kern et al., 2009; Rice & Yen, 2010). Based on reports from the U.S. Department of
Education (2005), only 28.9% of students with EBD graduated with a standard diploma compared to 47.6% of all students with disabilities during the 2000-2001 academic school year. In addition, 65% of students with EBD dropped out of school compared with 41% of all students with disabilities (U.S. Department of Education, 2005; Riccomini et al., 2006). Data collected from longitudinal studies since the 1980's has shown little improvement for these students in the areas of academic achievement and social interactions (Bradley, Dolittle, & Bartolotta, 2008).

Students with EBD that are struggling in any of these three areas may be difficult to educate alongside their non-disabled peers within the general education classroom due to their diverse social, behavioral, and academic needs. However, if educators have the right tools to help intervene, replace, or accommodate the specified deficit areas, inclusion of students with emotional or behavioral problems could be a more successful and effective experience for both teachers and students in the general education classroom (Fitzpatrick & Knowlton, 2009; Taylor, 2011).

**Importance and Rationale**

Dealing with student behavior is often cited as one of the most frustrating aspects of teaching (Taylor, 2011) and can lead to higher rates of teacher stress and burnout (Geving, 2007). From their research conducted in 2010, Tillery, Varjas, Meyers, and Collins concluded that "some teacher preparation programs do not adequately train teachers in several knowledge and skill areas, including using performance assessment techniques and classroom management" (87). The authors go on to suggest that some of the teacher training programs fail to give educators enough knowledge-base in the areas of classroom management and discipline. This limited knowledge and training in these
areas can “lead to misconceptions about behavior and the use of unsuccessful and even harmful practices” (Tillery et al., 87) within these educators’ classrooms, especially if they are working under an inclusion model and have varying levels of student needs. If a lack of training, experience, and knowledge is the issue, then greater importance needs to be placed on specific, on-site, on-going professional development that will help all educators to focus on the individual needs of students being educated in their classrooms and within their school.

With an increasing amount of students with EBD being included in the general education classroom with their non-disabled peers, insuring that these students are not placed into this educational setting without adequate support is more imperative than ever (Strieker et al. 2012). The special education teacher can no longer be solely responsible for trying to “solve” behavior problems of students (Taylor, 2011). All educators need to get on board and learn the underlying concepts of behavioral assessment and implementation of appropriate evidence-based practices and interventions that “any teacher can master with practice” (Taylor, 197). What is needed now is an effective professional development tool that will provide time to educate and train and provide feedback and active support for educators that are struggling with meeting the diverse needs of the students in their classroom.

**Statement of Purpose**

With the numbers of students with EBD included in general education classes on the rise (Strieker et al., 2012), all teachers, general and special education, need to have a greater understanding of evidence-based practices and interventions that could be utilized in the classroom to help make inclusion a more successful and positive experience for
these students. The purpose of this project is to provide a model for professional development training for teachers that educate students with EBD in the general education, inclusion setting. Teachers receiving the training will be supplied with evidence-based practices that target specific intervention approaches to help prevent or remediate behavioral difficulties for students with EBD in the general education classroom. The model will also look at the on-going support that is needed for the educator when dealing with so many variations of student needs within the educational setting. The hope is that teachers educating these students will gain a deeper understanding and meaning of what students with EBD need in order to be successful in the general education classroom.

Objectives

This project includes a model for a professional development training that examines specific evidence-based practices and interventions for supporting students with EBD in the general education classroom. The professional development model includes (a) presentations of the evidence-based practices, (b) rationales behind the practices and interventions (why it works for students with EBD), (c) a guide of how and when to properly implement the evidence-based practices, and (d) emphasis on the need for continued support, collaboration and training for the teachers that educate students with EBD in the inclusive setting on a daily basis.

Evidence-based practices presented in the model professional development training range from daily classroom management practices to individual interventions (ie. Second Step: A Violence Prevention Curriculum, Check-In/Check-Out, and Wraparound). The practices are delivered in a tiered approach similar to that of the
Response to Intervention (RTI) model. Daily classroom management practices offered in the training will try to address the majority of the student population on the first tier. More intense, individualized approaches are offered to remediate or intervene with student behaviors that exhibit on the second and third tier.

Along with presentations of the evidence-based practices, professional staff are supplied with specific reasoning for why the given practices and interventions work for students with EBD. Some students with EBD may require a different level of support or praise from the teacher, have information presented in a different format, be provided with assignments that are modified or reduced, or may even need to be seated in a different location within the general education classroom to assist with focused, controlled behavior.

The model for professional development training for teachers educating students with EBD offers suggestions as to when evidence-based practices should be implemented into the classroom. Educators must remember that early intervention and prevention is key when educating students with EBD. The earlier a student is identified, the more amenable the student will be to interventions and modifications for the specific behavioral deficits (Bradley et al., 2008). Practices implemented into daily routines, addressing problems as they emerge, and teaching skills to negotiate difficult situations are all discussed and reviewed for planning and implementing the specific evidence-based practices.

Teachers working with students of all disability levels must be accommodated with job-embedded, continual, on-going professional development training and support (Stieker et al., 2012). This training will ensure that teachers educating students with EBD
will have the opportunity to expand their knowledge base and skill level to help make the
general education classroom a more positive environment for everyone. The
professional development model also focuses on the need for continued collaboration
among educators that work with students with EBD in order to coach, train, and support
one another (Boudah, Logan, & Greenwood, 2001; Villegas & Lucas, 2002).

As teachers gain access to these strategies and interventions and learn how to
properly implement them into their own classrooms, they can create a more effective and
successful inclusion experience for students with EBD into the general education
classroom setting.
Chapter Two: Literature Review

Introduction

As early as 1968, the educational intent for students with documented disabilities, including students with emotional and behavioral disorders (EBD), was to not only receive specialized instruction or support in a special education resource room but also to receive and participate in academics within general education classes (Zigmond, Kloo, Volonino, 2009). However, throughout history, students with EBD have been segregated in classrooms, schools, and institutions due to the difficulty of providing instruction to students who exhibit such high rates of aggressive or disruptive behaviors within the school community (Robinson, 2007). But as students with EBD are being educated back in the general education classroom more and more, teachers need to be well-equipped with evidence-based practices and strategies in order to provide these students with an education in the least restrictive environment possible.

The focus of this chapter is to provide information about the three-tiered intervention model that can be integrated into schools moving towards an inclusive approach to education. Within each specified tier, introductory information is given about evidence-based practices that can be implemented for targeted students within that tier. Research on validated practices within each tier is summarized in order to determine the behavioral effectiveness when the practices are implemented within the three-tiered, inclusion model for students with and without documented emotional and behavioral disorders.

As this project is two-fold, the second half of the chapter is focused on providing information for specific professional development models that are used with educators
today. Incorporating evidence-based practices into one’s classroom is a difficult task, especially if the practices are not fully understood or implemented with fidelity. Therefore, information from previous research is incorporated in order to demonstrate specific aspects of professional development models that are needed in order for evidence-based practices to be implemented with integrity within school systems and individual classrooms.

**Theory**

Research indicates that the behavioral and academic management practices for students that have been formally identified as having an EBD have greatly developed since the 1950’s (Chavis, 2012; Maggin, Robertson, Oliver, Hollo, & Partin, 2010). “Whereas early treatment options were primarily confined to segregated institutions, schools and classrooms have become the main setting for the prevention and treatment of behavioral issues” (Maggin et al., 2010, p. 308). This change in placement opportunity for students with EBD to be educated alongside their general education peers in an inclusive setting can be looked at through a social learning theory model with an emphasis on behavioral therapy.

The social learning theory “focuses on learning that occurs within a social context” (Chavis, 2012, p. 55) and asserts that, within this social context, people learn from one another. This theory also “proposes that people can learn new information and behaviors by observing other people” (Chavis, 2012, p. 55) through direct observation, imitation, or even modeling. Students with EBD that are placed in a residential or segregated setting lose the opportunity to learn from and socialize with non-disabled peers. With schools moving towards an inclusive model for educating all students within
a school community, students with EBD will have more opportunities to observe and learn from their general education peers and hopefully put the positive behaviors into practice.

Including students with EBD in the inclusive, general education classroom can also be emphasized using the principles of behavioral therapy (Chavis, 2012). The focus of behavioral therapy stems from the development of classical conditioning through the research and experimentations of B.F. Skinner (Chavis, 2012). Documented research from B.F. Skinner states that “when behavior occurs, whatever follows it can either increase or decrease the frequency, duration, or intensity of the behavior” (Chavis, 2012, p. 55). Incorporating this information into the inclusion classroom for students with EBD means that educators need to be well-equipped with evidence-based practices that are going to aide in promoting and maintaining positive behavioral and social practices to prepare these students for independent, productive lives. These are students that “must be taught skills that enable them to choose and implement effective and socially acceptable behaviors” (Robinson, 2007, p. 7).

**Part One: Evidence-Based Practices for Inclusion**

Evidence-based practices and interventions that can be implemented for students with EBD being included into the general education classroom can be looked at within a tiered-model approach. This specific model has been utilized by many schools across the country to help promote positive academic, behavioral, and social skills training for students within the school environment (Lane, 2007). Depending on the overall and individual needs of the students with EBD being educated in the general education setting, this specific model “should be used as the basis for changing, modifying, or
intensifying interventions" (Gresham, 2004, p.326) that will best target the needs of the identified students. However, according to Lane (2007), many of these models that are embraced by school systems seem to be underdeveloped or incomplete. The author goes on to suggest that identifying at-risk students early on as well as implementing interventions and practices with fidelity are among some of the most common issues seen with the tiered-model approach. This project does not focus on methods to identify students with EBD that are at-risk and could benefit from more intense, individualized support and services. Rather the focus of chapter 2 is to provide an overview of the three tiers along with specific evidence-based practices and interventions that could be included within the specified tier. Implementing the evidence-based practices with fidelity is addressed in Chapter Three.

**Overview: Tiered-Model Approach**

The primary level, or tier one, of the tiered-model approach is designed to target the entire student population within a given school system. Evidence-based practices that are implemented as this level are universal interventions and strategies geared towards preventative and proactive approaches for teaching all students a given skill set in a specified area (ie. behavior, academic, social skills, etc.) (Sugai, Horner, & Gresham, 2002). The universal interventions that are implemented for primary prevention are effective with approximately 80-90% of a given student population (Sugai et al. 2002; Walker & Shinn, 2002). Techniques utilized at this level help schools to establish a positive environment and support structure for all students while determining a small percentage of students that may require more intense, individualized intervention (tier two or three) for at-risk or chronic problem behaviors (Walker & Shinn, 2002).
Within a tiered-model approach, the secondary level or, tier two, is designed to target approximately 5-10% of the school population (Sugai et al., 2002; Walker & Shinn, 2002). Students included in this tier have shown to be unresponsive to the universal intervention of tier one and exhibit behavior that has become problematic but has not yet reached a chronic or dangerous level (Filter, McKenna, Benedict, Horner, Todd, & Watson, 2007). According to Sugai et al. (2002), students selected for this tier are considered “at risk” for severe behavioral problems that may be due to disability, low socioeconomic status, or even a dysfunctional family structure. Therefore, students with EBD may be selected to receive specified interventions for this tier depending on each students’ response to the intervention models implemented in tier one. Evidence-based practices for students within this tier are tailored towards small group or individualized implementation in order to provide students with the support and services they require. The main goal for students in this tier is to establish healthy and effective social skills and behaviors that would increase their responsiveness to the universal intervention of tier one (Sugai et al., 2002).

The tertiary level, or tier three, is focused on students who have been identified as being severely at-risk for chronic, persistent or even destructive behavior patterns (Walker & Shinn, 2002). Approximately 1-5% of the student population would be candidates for this tier (Sugai et al., 2002), especially students with severe EBD who exhibit signs of severe mental health problems, delinquent activities, violence or even vandalism (Walker & Shinn, 2002). Interventions within this model tend to take a collaborative approach among school, family and community in order to meet the intense, complex, and individualized needs of each student. The objective for students in tier
three is to learn and utilize strategies “to reduce the intensity, frequency, and complexity of their problem behavior patterns” (Sugai et al., 2002, p.321).

**Evidence-Based Practices: Tier One**

Tier one encompasses intervention models that are implemented at the school-wide level. They are intended to establish, teach, and reinforce students for following a given set of positively stated behavioral expectations in order to provide proactive and preventative measures in dealing with school behavioral concerns. (Farkas, Simonsen, Migdole, Donovan, Clemens, & Cicchese, 2012). If implemented with fidelity, these evidence-based practices can demonstrate a positive impact on the disciplinary referrals, suspensions, and expulsions for not only students with EBD, but for students within a school setting that may exhibit poor social skills or behavioral control (Marchant, Anderson, Caldarella, Fisher, Young, Young, 2009). If implemented at the school-wide level and with fidelity, these intervention models could help to increase the behavioral, as well as academic, success rates of students with EBD being educated in the general education classroom setting. Even though research within this area is scarce, literature that supports the implementation of universal, tier one, strategies due to the positive impact of student outcomes within the school setting (Farkas et al., 2012).

Evidence-based practices being categorized as tier one intervention models include, but are not limited to the following; (1) School-Wide Positive Behavioral Support (SWPBS), (2) Violence Prevention Training or Second Step, (3) social skills training programs or even (4) school-wide character building models. All of these intervention models contain an exorbitant amount of information and procedures, school-wide and classroom based, that need to be followed and implemented with 100% fidelity...
by all school staff in order to provide the positive student outcomes that are intended for
the evidence-based practices (Farkas et al., 2012; Marchant et al., 2009; Neace & Munoz,
2012).

More research needs to be conducted to support or disprove the effectiveness of
universal behavioral strategies for supporting students with EBD, specifically in the
inclusion setting. However, some of the research that has been published does show
evidence of positive information and outcomes of universal programs for school-wide
populations, including students that are at-risk or that do exhibit problematic or
behavioral concerns (Neace & Munoz, 2012).

**Tier One Research**

**Second Step: A Violence Prevention Curriculum**

Neace and Munoz (2012) conducted a research study on the implementation of
Second Step: A Violence Prevention Curriculum, used as a tier one evidence-based
intervention practice. The purpose of the Second Step program is to “reduce the risk of
aggressive behavior in elementary school children be increasing their level of social skills
and competence to respond in nonviolent ways” (Neace & Muniz, 2012, p. 48). The goal
is to target a student population as early as possible, before students’ behaviors escalate
and are more apt to be unresponsive to the intervention (Neace & Munoz, 2012). Factors
that become more difficult to change as students get older include “school failure, peer
rejection, persistent conflicts with teachers, and affiliation with other at-risk peers (Neace

The purpose of this study was two-fold; to evaluate the immediate impacts of the
Second Step program on student knowledge, attitudes, and skills in violence prevention
and to measure changes in non-cognitive outcomes (i.e., absences, tardiness, and suspensions) that are important indicators of accountability within the targeted school environments (Neace & Munoz, 2012). The focus of this review is on the primary purpose of the study and impacts of the intervention model itself.

The Second Step curriculum was universally implemented into 12 elementary schools within an urban school district setting (location not given) in which a matching procedure was used to increase the internal validity of the study (Neace & Munoz, 2012). The elementary schools were divided into two cohorts within each school system. The first cohort began receiving the Second Step curriculum one year prior than that of the second cohort in order to minimize potential unnecessary variables (Neace & Munoz, 2012).

Due to a lack in financial funds as well as time, the authors of the study randomly selected students from each cohort that were included in the universal implementation of Second Step that participated in the pre and post-intervention data collection process (Neace & Munoz, 2012). Cohort 1 consisted of 168 students out of 922, and cohort 2 consisted of 220 students out of 1,125 (Neace & Munoz, 2012). All students that received the pre-intervention test for the Second Step curriculum were in the first grade. All demographic information for students’ participating in the cohort groups is provided from the authors as well. The researchers noted that 1.3% of the students in cohort 1 and 2.4% of the students in cohort 2 have a documented emotional or behavioral disability (Neace & Munoz, 2012). However, no specific information is given about this population being responsive or unresponsive to the universal intervention.
In order to obtain results from the study, the researchers used the Evaluation Interview, which is provided by the Second Step curriculum developer, to collect pre and post-intervention information from all randomly selected students (Neace & Munoz, 2012). The Evaluation Interview is used to “assess the degree of knowledge and/or skills a student has before and after the intervention” (Neace & Munoz, 2012, p.55).

Individuals that conducted the pre and post-interviews with the students were trained in specified areas in order to reduce the risk of bias when conducting interviews. Pre-intervention interviews for cohort 1 first graders were conducted in the fall semester of the 2000-2001 school year (Neace & Munoz, 2012). The students within this cohort then received the Second Step curriculum throughout that particular school year. In the spring of 2001, the same students were administered a post-intervention interview in order to document any progress the students made in their knowledge, attitudes, and skills in the area of violence prevention (Neace & Munoz). Students selected for cohort 2 began this same process in the fall of the 2001-2002 school year.

Results from this study were very positive across the 12 elementary schools and within the two cohort groups of each elementary school. Every cohort within each school district showed improvement in their knowledge and skills in the area of violence prevention (Neace & Munoz, 2012). Some schools exhibited a larger growth rate than others, but overall, all the groups demonstrated a positive outcome from the implementation of the Second Step curriculum.

Professional educators can take the information provided from this study and realize that there is more to teaching than just providing students with instruction in academic areas. The majority of our students have the ability to benefit from a school-
wide prevention model for behavior and violence and who can learn and use these different skills in their daily lives, including students with EBD. Educators have the ability to help mold, shape, and create the next generation of learners. Implementing new programs can be very time-consuming and some educators can be resistant to change. But implementing this type of universal program could actually decrease problem behaviors within the classroom and allow for more time for instructors to teach (Neace & Munoz, 2012). Second Step is a well-developed and evaluated tool that could help provide positive outcomes for a school community in the areas of knowledge, attitudes, and skills for violence prevention.

Social Skills Training Program

A social skills training program was created by the Society for Prevention of Violence (SPV). SPV is a nonprofit organization that was founded in 1983 in the Cleveland Metropolitan School District (Volosin, McKnight, Sikula, 2011). The mission of this organization is to “integrate social and academic skills to help the nation’s youth reach their potential and contribute to our nation’s society” (Volosin et al., 2011, p. 138). The intended use of this social skills training program is for school-wide implementation to help reduce the prevalence of behavioral patterns and lack of social skills of both children and adults through education (Volosin et al., 2011). The program consists of an eight-step curriculum for social skill development that is used to “guide students from theory to practice through modeling, role playing, and discussion of performance in real life situations” (Volosin et al., 2011, p. 139). School-wide staff training and professional development were also included before and during the study to ensure fidelity among all aspects of the social skills training program.
The purpose of this particular study was to create a more extensive and detailed analysis, examining the core components of the social skills training program developed by the SPV, targeting disruptive behaviors, classroom habits, and social and emotional behaviors of students within the selected school systems (Volosin et al., 2011). Participants included in the study consisted of 1500 students that attended two middle schools (grades six through eight) and one high school (grades nine through twelve) in the Cleveland area (Volosin et al., 2011). Specific demographics of the students included in the study were not given which is unfortunate as information regarding numbers of students receiving special education services for EBD would have been useful in determining whether the program would be beneficial when including this particular population of students in the general education environment.

An instrument was developed comprised of 35 social skills within the core component areas of disruptive behaviors, classroom habits, and social and emotional behaviors. A few specific behaviors within the instrument include “difficulty following rules,” “good team player,” “hard worker,” “hits and harms others,” “good listener,” etc. (Volosin et al., 2011). The instrument was used as a survey to evaluate the research participants in the specific social skills areas both before and after the implementation of the social skills training program (Volosin et al., 2011). The researchers did not state how exactly the evaluation survey was administered to the participants (ie. rating scale, yes/no answers, interviews, open-ended questions), therefore making replication of this study impossible.

Disregarding information that researchers failed to include in their study, results of the study included positive, significant results in 32 out of 35 of the social skills survey
areas (Volosin et al., 2011). The area that showed the most overall improvement across the three schools was "difficulty following rules". Areas that did not show any improvement with the implementation of the social skills training program include "loses temper", "yells during conflict", and "fighting" (Volosin et al., 2011). The authors also noted that there was a 24% decrease in the serious incidents among the schools included in the study (Volosin et al., 2011). However, the authors did not expand on what a "serious incident" actually consisted of (ie. kicked out of class, detention write-up, school suspension, etc.).

Even though the authors themselves note that more needs to be done within their study to tighten the research designs, evaluations, and data collection procedures (Volosin et al., 2011), there is one valid idea that can be drawn from this study: Implementation of a school-wide social skills program could have a positive impact on teaching and promoting students to utilize specific social skills as well as to possibly reduce behavioral problems within a school community. More research should be conducted that would assess the responsiveness of this tier one intervention model for students with EBD included in the general education setting as well as demographics of other students that were unresponsive to the intervention.

Evidence-Based Practices: Tier Two

Tier two practices are designed to be implemented with students that are unresponsive to school-wide intervention models and that demonstrate a relatively high frequency of problematic behaviors within the school setting (Filter et al., 2007; Sugai et al., 2002). Many of the tier two interventions are intended to target small groups of students that may need more assistance in acquiring appropriate social and/or
behavioral skills (Hoyle, Marshall, & Yell, 2011). Students receiving tier two interventions should be identified through a nomination process by classroom teachers and administrators based on increased numbers of office referrals as well as problematic and noncompliant behaviors within the classroom (Mitchell, Stormont, & Gage, 2011). The goal for students that are in need of a more specialized support for behavior or social skills is to reduce cases of problem behavior and to prevent the behavior problems from escalating to an intensity that would require even more intense, tier three interventions (Mitchell et al., 2011).

Tier two evidence-based strategies that are used in some schools today include (a) the Check In-Check Out (CICO) Program, (b) First Step to Success, (c) specific social skills training, (d) mentoring programs, and even (e) behavioral contracting. Research indicates that many of these strategies can be effective in reducing the problem behaviors of targeted students if implemented with fidelity (Filter et al., 2007; Mitchell et al., 2011; Todd et al., 2008). However, more research is needed in determining the effects of these evidenced-based practices for students with specific mental illnesses or behavioral diagnoses that participate in the inclusion setting.

**Tier Two Research**

**Check-In/Check-Out**

A targeted tier two intervention that come to the forefront and has demonstrated empirical support in reducing problem behaviors in the tiered-model approach, is the Check In-Check Out Program (CICO) (Hawken & Horner, 2003). A growing body of research continues to demonstrate how effective the CICO intervention has become in
decreasing the frequency of problem behaviors of students receiving the intervention in
the school setting (Todd, Campbell, Meyer, Homer, 2008).

Todd et al. (2008) wanted to demonstrate the effectiveness of the CICO model as
a tier two evidenced-based strategy to help prevent and address problem behavior for
specified students who were unresponsiveness to a tier one intervention. This specific
study consisted of four elementary aged, male students from a rural elementary school
located in the Pacific Northwest region of the United States. These students were
selected for the targeted intervention not only because they demonstrated little response
to the school-wide positive behavior support plan that was already in place, but they were
also nominated by administration for their frequency of detention referrals and office
visits, as well as verification from classroom teachers that disruptive behaviors were
exhibited regularly by these students in the classroom setting (Todd et al., 2008).

Before the implementation of the study, a functional behavioral assessment was
conducted for each student along with a Functional Assessment Checklist for Teachers
and Staff (FACTS) from each of the primary teachers with students in the research study
(Todd et al., 2008). Direct observations of the students were also used as a way to gather
information on specific behaviors that were exhibited by each student within the
classroom setting (Todd et al., 2008). All of these measures combined helped to create
the baseline of behaviors and reasons for detention referrals for each of the participants.
Detailed demographic information was given pertaining to each of the student
participants including age, ethnicity, academic scores for math and reading, as well as
specific problem behaviors observed within the classroom. No information is given as to
any emotional or behavioral diagnoses or special education labels. This information, had
it been included, would have been helpful for this author in determining if this intervention method would be of good use in the inclusion setting for students with EBD.

The intervention was implemented over a 10-week period at the end of the school year (Todd et al., 2008). Upon completion of the ten weeks, information was again collected using office referral and detention information, FACTS questionnaires from teachers, and direct observations conducted on the students in the classroom setting. Results indicated a 17.5% average decrease in the demonstration of the student participants’ problem behaviors (Todd et al., 2008). According to classroom teachers of the selected students, behavior problems of the students decreased, appropriate social behaviors increased, and the CICO intervention was very easy to implement and worth the time and effort (Todd et al., 2008). School staff involved in the intervention correlated the positive improvement of problem behaviors for the target students from “the immediacy and stability” (Todd et al., 2008, p. 52) of the CICO program model.

Educators must understand that immediate, positive, and consistent feedback is worthwhile for students that demonstrate problematic behaviors within the classroom setting and that are unresponsive to a school-wide, universal intervention model. This study provided a limited number of targeted students for the CICO intervention but demonstrated effectiveness in improving student behavioral problems when implemented with fidelity. More research would be useful in this area regarding students with a specific special education label of EBD that are being included in the general education classroom.

First Step to Success
First Step to Success (FSS) is a secondary-level intervention that is designed to be implemented for elementary-aged students that demonstrate moderate to severe behavioral, social, and/or academic problems (Sumi et al., 2012).

Sumi et al. (2012) conducted a research study involving participation from 48 elementary schools in various locations across the United States to demonstrate how effective execution of the FFS program could be on short-term behavioral and academic outcomes for targeted tier two students when implemented with fidelity. From the 48 schools, 24 were randomly selected as intervention schools and the other 24 were used as comparison/control schools (Sumi et al., 2012). As this is a tier two intervention, administration and teachers within the selected schools nominated students for the FFS program due to increased behavioral concerns or unresponsiveness to the school-wide, tier one intervention. A total of 280 students, from first through third grade, were selected to participate in the study; 137 received the FFS intervention program and 143 were part of the comparison group (Sumi et al., 2012). Demographic information of participating students indicated that 25 students from the intervention group and 21 students from the comparison group already had a behavior support plan in place (Sumi et al., 2012). However, there is no indication that these specific students had been diagnosed with EBD or that they received any type of special education support outside of the general education environment.

Pre-intervention measures were collected for all 280 students using normative teacher rating scales as well as behavioral misconduct and detention referrals. A site coordinator was present at all school locations to help facilitate and collect data in order to ensure reliability and consistency across the multiple school settings (Sumi et al.,
The FFS program was implemented to the 137 students selected from the intervention schools for a three month period (Sumi et al., 2012). Students from the comparison school did not receive any intervention as this time. Upon completion of the FFS program implementation, the same post-intervention measures were administered for each student participating in the study, including students in the comparison group.

Results of the study indicated that participants in the First Step to Success intervention showed improvements in both behavior and social skills (Sumi et al., 2012). Based on teacher ratings from pre- to post-test measures, students that received the intervention demonstrated improved social skills, reduced problems behaviors, and improved ability to focus attention and engagement in academic tasks within the classroom (Sumi et al., 2012). The authors suggest that students that have the opportunity to participate in the First Step program can make “significantly greater gains in prosocial and adaptive behaviors and reduce their problem and maladaptive behaviors” (Sumi et al., 2012, p. 75). Students that participated in the comparison group showed consistent results in all areas from pre- to post-intervention (Sumi et al., 2012).

Information regarding the actual improvement areas of students with behavioral support plans in place would have been beneficial for this author to determine if the FFS tier two intervention has the same potential gains for students with EBD in the inclusion setting.

More research needs to be conducted regarding specific tier two interventions and their effectiveness with students with EBD in an inclusive setting. Nevertheless, this present study does offer sound information that a more focused, targeted intervention can lead to improvements for students that struggle with behavioral or social deficits within the school setting.
Evidence-Based Practices: Tier Three

Practices that are implemented for students that have been identified as needing a tier three intervention are more individualized and intense. The interventions typically take place over a longer time frame and depend on collaboration and follow-through from school, parents, and community agencies (Walker & Shinn, 2002). Students that are selected to receive a tier three intervention typically demonstrate escalating behaviors and patterns across multiple settings, going beyond what school personnel can control and remediate within the educational setting (Eber, Breen, Rose, Unizycki, & London, 2008).

As tier three interventions are more intense and focused on individual needs and deficit areas, specific intervention models are not as readily available as they need to go beyond what schools can signally provide. Two models that have been implemented at this level and are more well-known include; (a) Wraparound services and (b) Multisystemic Therapy (MST). Both intervention models are designed for students and youth who demonstrate severe emotional and/or behavioral needs and who need more intense, individualized support and services involving school, home, and community involvement (Burns, Schoenwald, Burchard, Faw, & Santos, 2000; Eber et al., 2008;). Some students who are in need of a tier three intervention may not even be participating in the general education setting but rather are placed in a setting that is more restrictive to meet their intense behavioral needs (Walker & Shinn, 2002). A number of these students may even be at-risk for out-of-home placement as well as higher rates of recidivism or chronic offending if the student already has prior run-ins with law enforcement (Burns et al., 2000). The goal is to keep the student in the home setting while addressing the needs and concerns of both the student and parents in order for the student to gain and exhibit
positive behavior and social skills at home, at school, and in the community (Eber et al., 2008).

**Tier Three Research**

*Wraparound*

Before resorting to more restrictive or exclusive placements for a student needing a tier three intervention, schools need to try and implement interventions that are more proactive and that target the student’s intense, individual needs (Eber et al., 2008). Eber et al. (2008) conducted a study using the Wraparound approach model for one, elementary-aged, male student that had been selected as needing more intense supports of a tier three intervention. The student demonstrated poor attendance, failing grades, lack of homework completion, experienced legal issues within the community, resulting in a court-mandated probation officer, and received counseling services from the Department of Children and Family Services (DCFS) (Eber et al., 2008). The student’s mother had also been researching residential treatment centers due to increased behavioral and social concerns in the home environment (Eber et al., 2008).

The Wraparound process for this student took a four-phase approach; (1) Engagement and team preparation, (2) initial plan development, (3) plan implementation and refinement, and (4) transition. In the initial phase, the wraparound team was identified in order to include adults that had maintained good rapport with the student and mother (Eber et al., 2008). The team comprised of the student’s mother, specific teachers and administrators from school, and the probation officer and counselor that had been working with the student already. Once the team was developed, they shared and
discussed baseline data for the student, student strength areas, and student need areas (Ebeer et al., 2008).

The second phase was designed for planning and developing the wraparound plan for the student. Within this phase, the team focused on ways to provide a more proactive and positive approach to meeting the student's unique strengths and needs (Eber et al., 2008). The team devised a plan that consisted of both tier one and tier two interventions that could be implemented at home, school, and in the community (Eber et al., 2008). The authors noted that the student was included in this phase to help select strategies that were more interesting and rewarding and that he felt he would respond to more positively (Eber et al., 2008). All staff had their own role and interventions to implement with the student, making it important that all team members were on board with their specific part of the intervention plan.

Once the plan was developed, phase three began with putting the plan into action. This phase included much more collaboration and communication among the team as ensuring that specific interventions were working for the student and noting whether adjustments were needed (Eber et al., 2008). Data collection was also a part of this phase as it aided the team in determining if actual progress was being made in specific baseline areas. Even the smallest improvements were shared with the student as a way of reinforcing the continuation of the positive outcomes (Eber et al., 2008).

The goal of phase four was to transition the student out of the wraparound process by decreasing the frequency of interventions and supports while continuing to celebrate with him in his accomplishments. Supports and services that would continue to be implemented were discussed by the team in order to ensure the student continued to
exhibit positive behaviors and social skills at school, home, and in the community (Eber et al., 2008).

Data collected on the student from baseline through phase four of the wraparound intervention indicated that noticeable, positive improvements were exhibited by the student at home, school, and in the community (Eber et al., 2008). The authors specifically noted improvements from the Systematic Information Management for Educational Outcomes (SIMEO) that was used as a pre- and post-intervention measure from adults on the wraparound team. At home, the student's placement risk went from minimal to no risk, high to minimal risk at school, and high to moderate risk in the community (Eber et al., 2008). Even though these results indicate positive improvement across the three areas, the authors acknowledge that the student may continue to need supports and services in different areas throughout his school career.

This study is very limiting in the information that is useable regarding the effectiveness of the wraparound process due to the extremely small sample size. However, research supports this practice as a tier three intervention due to its effectiveness in improving social and behavioral areas for students that demonstrate severe behavioral and emotional disorders (Burns et al., 2000; Eber et al., 2008). The intervention model is very time consuming and requires considerable support and follow-through from the selected team. The wraparound process is a very effective tool when educating a student who is exhibiting chronic behavior problems and needs more intense, individualized support

Part Two: Effective Professional Development Model
As students with EBD and other behavioral concerns are being included in the general education classroom more, educators must be equipped with the right tools and strategies in order to help these students become more successful in this environment (Strieker et al., 2012). Previous research has shown that teachers do recognize the importance of implementing positive, effective behavior management plans and interventions (Tillery et al., 2010). However, teachers tend to choose models randomly with little individualization for students who need more support and rarely collect data to determine if the strategy they are implementing is showing progress (Tillery et al., 2010). Chafouleas, Riley-Tillman, and Sassau (2006) note that teachers tend to implement and apply specific strategies and interventions “in a one-size-fits-all fashion (p.176). Many students, such as those with EBD, do not fit this rationale and need more individualized and targeted supports and interventions. It is time that all educators get on board to learn about new strategies, interventions, and models that could improve problem behaviors within the classroom setting.

One way to improve in this area is by implementing professional development for all staff within a school system that targets the three-tiered model approach and emphasizes specific strategies and interventions for all staff to utilize on the specified tier. In order for this approach to be successful, time and energy needs to be spent on training the staff on the specific interventions that will be used within the school system at specific tier levels as well as offering support and guidance to help implement the strategies into individual classrooms. This is especially important for teachers who have not had any formal training for educating students with EBD, as more and more of these students are being included in the general education classroom (Strieker et al., 2012).
Research by Vaughn and Schrumm (1995) supports that schools, moving towards an inclusion model, need to be more focused with on-going, on-site professional development training in order to assure that school programs are providing supports and services and meeting the individual student needs along with assuring that teachers have the necessary support to implement evidence-based practices and interventions with fidelity.

**Professional Development Model Research**

According to research conducted by Strieker et al. (2012), two of the most common professional development models that have been used for educators include the External Expert Model (EEM) and the Job-Embedded Professional Development (JEPD) model. The EEM focuses on implementing one-day workshops for educators designed to inspire and motivate them to integrate new practices and strategies into their classrooms (Strieker et al., 2012). This model has proven to be very unsuccessful though, as teachers are rarely given enough information or time to really understand how to integrate and implement the new ideas into their own classrooms.

The JEPD model is also geared towards providing new strategies and practices for educators to implement into their classrooms. However, this model focuses more on offering supports and guidance over the long term so that educators are able to implement the new teaching practices with fidelity (Strieker et al., 2012). The JEPD was implemented in this study to help teachers transition students with disabilities from self-contained or resource room classes into inclusive, general education classes (Strieker et al., 2012). Schools that were chosen for the study were all moving towards an inclusion model of education and felt the need to ensure that all staff participating in the three-year
experimental process were equally informed when implementing specific aspects of the inclusion model. Teachers within the six participating schools were provided with ongoing professional development through the support of an inclusion consultant, emotional and technical support from administration and other colleagues, as well as ample amount of “time to experiment, obtain feedback and collaborate on the implementation of new strategies” (Strieker et al., 2012, p.1049).

In order to determine the effectiveness of the JEPD model for staff of the participating schools, data were collected from 338 students with disabilities attending the six schools. Of the total number of students, 14% were classified as having an EBD, along with 59% labeled with a learning disability and 11% with an other health impairment (Strieker et al., 2012). Baseline data were collected the first year, before JEPD implementation with school staff began, in order to obtain information regarding students’ specified disability areas along with percentage of time each student was educated within the general education classroom (Strieker et al., 2012). Every year, the same data were collected on the participating students in order to determine if there was an increase in amount of time students with disabilities were being educated in the general education classroom with the support of the JEPD model for the school staff (Strieker et al., 2012).

The results of this study demonstrated that the JEPD model was successful in aiding teachers with the correct tools and strategies for transitioning students with disabilities into an inclusive setting with general education peers (Strieker et al., 2012). Of the six schools that participated in this process, all six demonstrated between a 7 to 35% increase in the time that students with disabilities received instruction in general
education classrooms over the two year implementation of the JEPD model for staff (Strieker et al., 2012). Even though a breakdown is not given about the results associated with each specific disability group, the overall results offer a good indication that with a "strategic, collaborative, intense, and sustained" (Strieker et al., 2012, p. 1062) approach for supporting and guiding educators, the JEPD model can be effective when transitioning students with disabilities, including student with EBD, into a less restrictive, inclusive setting.

**Summary**

When including students with EBD into general education classrooms with their peers, schools must develop and implement specialized practices that have proven effectiveness with this population. One way to incorporate the evidence-based practices is through a three-tiered model approach in which specific interventions and practices are applied within each of the three tiers for targeted/nominated students.

Interventions that are implemented at the first tier are designed as universal programs for entire school populations. The majority of the students should respond to this intervention program as most students within a school system do not display signs of frequent or chronic behavioral patterns. However, students that do exhibit more frequent behavior patterns and are unresponsiveness to the tier one intervention will need more specialized support and instruction in acquiring specific social or behavioral skills though a tier two intervention. Tier two evidence-based practices that have been implemented for students with behavioral problems tend to be targeted for smaller groups or individualized implementation. This approach taken to ensure that students needing a more focused intervention will be more apt to acquire the skills needed to be successful
in the inclusion setting. A student nominated for a tier three intervention typically demonstrates chronic patterns of disruptive or aggressive behaviors. The behaviors tend to spread to all areas of the student's life making it that much more difficult for a school to remediate and manage the behaviors on their own. Within a tier three intervention, help and support for implementation is needed from school, home and people within the community in order for the student to learn and acquire the skills that will help him or her be successful in the general education classroom setting.

Research that has been conducted involving specific interventions within the three-tiered model approach has demonstrated effectiveness when implemented for students that exhibit more frequent or chronic behavioral patterns within the school setting (Eber et al., 2008; Sumi et al., 2012; Todd et al., 2008). Even though sample sizes in the majority of the research studies were quite small, results were consistent in that there were documented improvements in social or behavioral areas for targeted students.

In order for specific evidence-based practices to be implemented within a school-wide setting, all staff need to be given the necessary training and tools in order to ensure all students are receiving the same intervention programs. The training and tools can be offered through a job-embedded professional development model in which teachers and other school staff are properly trained and given techniques in order to implement interventions with fidelity. Within the JEPD model, school staff are given ample amount of time to learn about the evidence-based practices, are able to collaborate with colleagues, and are provided with support from an outside consultant or administrator to ensure that all staff are knowledgeable and confident when implementing the interventions in their own classrooms.
Conclusions

Research conducted thus far on evidence-based practices that have been applied in a three-tiered model approach have resulted in positive improvements when implemented for students that exhibit poor social or behavioral skills within the school setting. As more students with EBD and behavioral concerns are being included into the general education classroom, the use of these proven, effective practices may encourage and help these students to be more successful academically, socially, and behaviorally alongside their general education peers. Additional research needs to be conducted that specifically targets interventions and practices that have been implemented for students with EBD participating in the general education classroom. This research would aide in determining if the specific intervention models demonstrate effectiveness for this population or a more general population of students that just exhibit poor behavioral patterns without having a formal diagnosis.

From a classroom teacher perspective, learning and implementing the evidence-based practices is a very time-consuming task that needs to involve on-going and on-the-job training and support. Without time, training and support, classroom teachers are left on their own to try and remediate and manage difficult behaviors within the classroom. School systems and administrators need to step in and take on the challenge of implementing a job-embedded professional development model that will encourage staff and give them the confidence and knowledge to incorporate the interventions into their classrooms.

Educators must realize that there are solutions and strategies that have proven effectiveness when moving towards including students with EBD into the general
education classroom. Yes, they are time-consuming, and yes, they require more training and learning. But the overall goal is to try and allow for teachers to focus more time and attention on academics rather than behavioral issues within the classroom setting. If teachers can be more equipped with practices that have proven effectiveness, students with EBD could be more successful when educated alongside their general education peers in the least restrictive environment possible.
Chapter Three: Project Description

Introduction

Increasingly higher numbers of students with EBD and other disabilities are being educated in the general education classroom (Strieker et al., 2010). With these rates continuing to rise, teachers responsible for educating students with EBD in the inclusion classroom need to be better equipped with practices and interventions that could provide a positive, effective experience for these students in the general education classroom.

One way in which to ensure that teachers are prepared to educate students with EBD in the inclusion classroom is to provide an on-going, job-embedded professional development training that specifically targets evidence-based practices that can be implemented and utilized with this population in the general education setting (Strieker et al., 2010).

The body of research that has been conducted thus far regarding the implementation of specific evidence-based practices with students that exhibit behavioral concerns within the classroom has shown positive results for teaching and training the targeted students appropriate social and behavioral skills (Eber et al., 2008; Sumi et al., 2012; Todd et al., 2008). Within many of the research studies, school staff members who were in charge of implementing the specific interventions for students with persistent behavioral concerns were fully trained and in some cases, were provided with support from a professional consultant. Implementing evidence-based practices and interventions with 100% fidelity does impact the results of the interventions and is necessary in teaching students with EBD to incorporate positive behavioral and social skills into their daily lives.
With the increase of inclusion rates for students with EBD, teachers providing an education for this population of students need to be better equipped with practices and interventions to help remediate and teach skills that go beyond the academic content. In order for teachers to feel comfortable and confident with this new idea, school districts need to provide information and intense training so that teachers can effectively implement interventions with fidelity and to encourage students with EBD to be more successful in the general education classroom.

Purpose

Given the increase of students with EBD included in the general education classroom, this project focuses on providing school systems and educators with evidence-based practices and interventions to target the behavioral and social skills deficits frequently seen in this population of students. Providing school systems and educators with these specific tools will ensure that students with EBD are receiving the support and services needed to be successful alongside general education peers in the least restrictive environment possible.

The project being presented offers an approach that school systems can utilize to educate and train staff on evidence-based practices that can be implemented for the school-wide student body as well as individual classrooms and students. The project includes a Job-Embedded Professional Development (JEPD) model approach to ensure that staff members are equipped with essential information and understanding of the practices and interventions to implement with students that exhibit behavioral concerns in the general education setting using a three-tiered model approach.
The first tier utilizes a school-wide evidence-based practice that encourages positive behavioral expectations of all students (Farkas et al., 2012). Students that do not respond to this approach and continue to exhibit frequent behavioral patterns may require a more targeted, tier two intervention. The tier two intervention would require small group or individualized training to help students with EBD acquire more appropriate social and behavioral skills (Hoyle et al., 2011). A small percentage of students, however, exhibit chronic behavioral concerns, requiring support, services, and interventions at school, home, and within the community (Eber et al., 2008; Walker & Shinn, 2002). The tier three intervention is very intense and targeted towards individual student needs and deficit areas to ensure the student gains positive behavioral and social skills that can be incorporated across all settings.

**Project Components**

This project provides professional development training and support for teachers that educate students with EBD in the inclusive setting. A three-year, JEPD model approach is used in which information and implementation of the given practices and interventions are covered in order to be implemented with fidelity. Necessary information is presented in one-day sessions that focus on the following areas; (a) rationale of implementing specific practices and interventions, (b) steps to implement intervention, and (c) role-playing and application models to allow educators to practice implementation. Throughout the school year, staff will be provided with a consultant or coach who will provide on-going support and training to ensure correct implementation techniques across the school setting. Collaboration between staff implementing the
intervention is also needed to provide support among co-workers and unity in integrating the intervention across classrooms.

Year one of the JEPD model focuses on training staff to implement the universal intervention, Second Step: A Violence Prevention Curriculum. This tier one intervention is designed to increase success for students at school and decrease problem behaviors by equipping students with skills that strengthen their ability to learn, have empathy, manage emotions, and solve problems (Second Step Curriculum, 1997). By providing students with the skills of the Second Step program, the school will become a safer, respectful learning environment that promotes success for all students (Second Step Curriculum, 1997).

The second year of the JEPD model is designed to focus on Check-In/Check-Out (CICO), a tier two intervention. This intervention would be implemented for a smaller group of students that were unresponsive to the Second Step intervention and continued to exhibit frequent behavior problems in the school setting. The CICO intervention is based on a daily system that provides the targeted students with immediate feedback on their behavior as well as increased, positive adult attention (Crone, Homer, & Hawken, 2004). The program includes the following components to ensure that students with EBD are acquiring the necessary behavioral and social skills to be more successful in the school environment; (1) clear expectations, (2) social skills instruction, (3) positive reinforcement for following expectations, (4) contingent consequences for problem behavior, (5) increase positive contact with school staff, (6) opportunities for self-management, and (7) increased communication between school and home (Crone et al., 2004).
As the third year of the JEPD training approaches, the interventions become more intense and individualized to tailor specific student needs and deficit areas. Wraparound is an effective tier three intervention to target students that exhibit chronic behavioral patterns inside and outside of the school setting. Within a school system, there may only be a handful of students that require this type of intervention. Due to the intense individualization of the Wraparound intervention, implementation guides and techniques are not provided in this project as they will need to be tailored for the individual student and compiled with collaboration from school, parents, and other community agencies that work with the student. This project does include the following guidelines and information for the Wraparound intervention; (1) dates to begin determining students in need of a tier three intervention, (2) resource materials to aid in the implementation process, and (3) outside agencies that can provide information and training for staff members implementing the Wraparound services.

**Measurements**

The project includes measurable assessment tools and data collection procedures to determine the effectiveness of both the JEPD model training for school staff members as well as student growth from the implementation of the specific intervention models.

*Primary Data Measurements*

In order to determine the effectiveness of the JEPD model and training opportunities of the given interventions with school staff, surveys will be conducted during specified times throughout the three-year professional development training. A baseline survey will also be given pre-JEPD training in order to determine teachers’ knowledge base and confidence levels regarding implementation of the provided
interventions. The surveys as well as time guidelines to conduct the surveys are provided in the appendix.

Secondary Data Measurements

Secondary data related to student behaviors will be collected by school personnel, pre-intervention and post-intervention, in order to measure the effectiveness of the implementation of the given interventions. Data collected on each student participating in the specific interventions will document the following; (1) demographics of the student (age, race, gender, and grade), (2) information regarding student qualification/diagnoses for special education services, (3) number of office discipline referrals throughout the previous school year, (4) student grades throughout the previous school year, and (5) attendance records. Data collection instruments regarding the necessary student information are provided in the appendix.

Discussion

As inclusion rates continue to rise for students with EBD, educators need to be better equipped with practices and interventions to help integrate these students into the general education classroom setting and ensure that they are successful in meeting academic standards. For this population, education goes beyond academics and needs to incorporate training in acquiring appropriate social and behavioral skills. Implementing a tier one intervention into a school-wide system allows for not only students with EBD, but the entire school community, to learn and use proactive and preventative skills when confronted with challenging and difficult situations. If students demonstrate the ability to utilize these skills when necessary, educators will ultimately have more time to focus on
content within the classroom rather than spending unwanted time and attention on classroom behavioral disruptions.

For educators, future research needs to focus on the effectiveness of given interventions that specifically target students with EBD. Findings from the work will help determine useful interventions that can be implemented for this population in order to teach and train in necessary behavioral and social skills areas. As inclusion rates continue to rise for students with all disabilities and deficit areas, pre-service training programs for educators should focus more on classroom management and behavioral techniques within the classroom, rather than solely on the content. This will ensure that all educators will be trained and ready for the diverse population of students that will enter their classrooms every school year.
Bibliography

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SCOPE AND SEQUENCE:
THREE-YEAR PROFESSIONAL DEVELOPMENT PLAN

*Months are provided as approximations for when to implement necessary components of the model
*All materials provided in the Professional Development Plan follow in sequential order as they appear in this outline

YEAR ONE: SECOND STEP

August: Full-day Professional Development Training
- Administer Staff Survey- Year One (provided)
- Power Point Presentation (provided)
- Complete Student Data Sheet- Year One (provided)

September- March: During these months, teachers will sign up to work one-on-one with a professional consultant to implement the Second Step program into each classroom. (sign-up form provided)
Staff meets in small groups on a monthly basis to discuss successes/struggles/questions, etc., about the Second Step program in order to provide support and help between colleagues. (discussion form provided)

April: Staff determines students that need more intense behavioral and/or social skills training. All staff members meet to decide students that will be considered for tier two intervention. (Not provided- Districts provide their own format of how to nominate/select students for the next intervention).

May: End of year wrap-up:
- Administer Staff Survey- Year One (Follow-up) (provided)
- Complete Student Date Sheet- Year One (same form August)

YEAR TWO: CHECK-IN/CHECK-OUT

August: Full-day Professional Development Training
- Administer Staff Survey- Year Two (provided)
- Power Point Presentation (provided)
- CICO Self-Assessment (provided)
- CICO Action Plan for Start-Up Activities (provided)
- Complete Student Data Sheet- Year Two (provided)

September- March: During these months, teachers will sign up to work one-on-one with a professional consultant to implement/understand components of the intervention. Staff that are more involved with the intervention should be provided with more support from the consultant. (provided)
Staff meets in small groups on a monthly basis to discuss successes/struggles/questions, etc., about the Second Step program in order to provide support and help between colleagues. (discussion form provided)

April: Staff determines students that need more intense behavioral and/or social skills training. All staff meet to decide
students that will be considered for tier three intervention. (Not provided- Districts provide their own format of how to nominate/select students for the next intervention).

May: End of year wrap-up:
- Administer Staff Survey- Year Two (Follow-up) (provided)
- Complete Student Date Sheet- Year Two (same form August)

YEAR THREE: WRAPAROUND
As this intervention is very intense and individualized for students that are selected from the school district, training and support will need to be tailored towards the students targeted need areas. Information following is offered as a reference for schools that will need to utilize the Wraparound intervention for selected students.

1. Determination dates: Students selected to be a part of the tier three, Wraparound intervention, should be selected no later than May of YEAR TWO of the Professional Development Plan. The selection date will allow staff more time to obtain parental consent and to coordinate with parents and other community agencies that support the student as well.

2. Resources to aide in implementing the Wraparound intervention;
http://www.pbis.org/school/tertiary_level/wraparound.aspx
   This resource provides an overview of the Wraparound process and offers case examples and other training information and materials.
http://www.apbs.org/Archives/Conferences/8thconference/files/B1Eber.pdf
   This resource provides a Power Point presentation of the three-tiered model with Wraparound as a tertiary intervention. The document offers great detail into the four phases of the Wraparound process.

3. List of outside resources/agencies to help in training and/or implementation of the Wraparound intervention;
   - Local Community Mental Health agency
   - Wraparound/System Reform Coordinator for the State of Michigan, Constance Conklin
   - www.pbis.org: Contact to learn about upcoming information or training materials.
STAFF SURVEY: YEAR ONE

*This survey will be administered before implementation of the Second Step Curriculum

On a scale of 1-5, please rate your knowledge and skill level on the following characteristics or components.

1- Strongly Disagree
2- Disagree
3- Agree/Disagree
4- Agree
5- Strongly Agree

1. I know what a tier two intervention means.

1 2 3 4 5

2. I incorporate positive social and behavioral skills training for students that may need extra support or assistance in learning these skills.

1 2 3 4 5

3. Social skills are just as important to incorporate in the classroom as academic content.

1 2 3 4 5

3. I am familiar with the components of the CICO Intervention.

1 2 3 4 5

3. I am confident in implementing the CICO Intervention in my classroom.

1 2 3 4 5

4. I feel comfortable in speaking with others about how our district is including the Check-In/Check-Out Intervention in our schools.

1 2 3 4 5
Second Step: A Violence Prevention Curriculum

Professional Development Training Overview

Information used in this presentation has been adapted from the Second Step Curriculum to use as an overview for implementation guidelines.
Presentation Overview

- Introduce the idea of universal interventions
- What is the Second Step program?
- Why use the Second Step program?
- How do you implement the Second Step program successfully?
- Activities: Helping school staff understand the importance of adopting the Second Step program
- Questions
What are Universal Interventions?
Universal Interventions

Universal interventions are designed to target an entire student population within a given school system. Universal interventions are effective with approximately 80% of a school's given student population. The goal is to establish a positive environment and support structure for all students. For students that are unresponsive to this intervention, more intense, individualized interventions may be needed. Will look at specific interventions next school year.
All interventions can be looked at using a tiered model approach. This presentation focuses on the TIER ONE approach.

**TIER THREE:**
* Individualized intervention for students severely at-risk and that exhibit chronic and persistent behavioral patterns
* Targeted for approximately 5% of a given population

**TIER TWO:**
* Targeted interventions for students that are unresponsive to universal intervention and exhibit frequent behavioral patterns
* Targeted for approximately 15% of a given population

**TIER ONE:**
* Universal interventions used to target school-wide populations
* Targeted for approximately 80% of a given population
What is the Second Step program?
The Second Step program is...

...a universal, classroom-based program that is designed to:

- Increase student's school success
- Decrease problem behaviors
- Promote social-emotional competence and self-regulation
Kits for Second Step program include materials that target different skill sets at varying grade levels

<table>
<thead>
<tr>
<th>Grades K-3</th>
<th>Grades 4-5</th>
<th>Grades 6-8</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Skills for Learning</td>
<td>• Empathy</td>
<td>• Empathy and Communication</td>
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<td>• Empathy</td>
<td>• Emotion Management</td>
<td>• Bullying Prevention</td>
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<td>• Emotion Management</td>
<td>• Problem Solving</td>
<td>• Emotion Management</td>
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<td>• Problem Solving</td>
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<td>• Substance Abuse Prevention</td>
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</tr>
</tbody>
</table>
Program Skills and Concepts: Grades K-3

Unit 1: Skills for Learning
- Focusing attention
- Listening
- Using self-talk
- Being assertive

Unit 2: Empathy
- Identifying one's own and other's feelings
- Taking others' perspective
- Showing care and concern for others

Unit 3: Emotion Management
- Understanding strong feelings
- Identifying and managing strong feelings
- Calming down strong feeling

Unit 4: Problem Solving
- Calming down and using Problem-Solving Steps
- Making and keeping friends
Program Skills and Concepts: Grades 4-5

Unit 1: Empathy and Skills for Learning
- Using self-regulation skills to succeed in school
- Developing the ability to have empathy
- Expressing compassion

Unit 2: Emotion Management
- Identifying and managing strong feelings
- Using strategies to calm down strong feelings

Unit 3: Problem Solving
- Solving problems on one’s own
Program Skills and Concepts: Grades 6-8

Grade 6 Theme: Rise up to the challenge of being a middle school student
Skills and Concepts: Empathy and communication, bullying prevention, emotion management, problem solving, and an extended focus on substance-abuse prevention

Grade 7 Theme: Engage positively in life and school by staying in control and making good decisions
Skills and Concepts: Builds on Grade 6 skills and concepts and introduces new topics such as decision making, cyber bullying, sexual harassment, and coping with stress

Grade 8 Theme: Focus on leadership and goal setting
Skills and Concepts: Builds on Grades 6 and 7 skills and concepts and introduces new topics such as stereotypes and prejudice, bullying in dating relationships, and goal setting
Why use the Second Step program?
Why use this program?

- Helps improve classroom behavior
- Teaches skills for social and academic success
- Based on research
School and life success

Social-emotional competence + Self-regulation skills
Future Employability Skills

- Listening and verbal communication
- Adaptability: creative thinking and problem solving
- Personal management: self-esteem, goal setting, self-motivation
- Group effectiveness: interpersonal skills, negotiation, teamwork
- Organizational effectiveness and leadership
- Competence in reading, writing, and computation

The Second Step Program helps to prepare students with social and employment skills that they will someday need in their future.
How do you implement the Second Step program successfully?
Important steps to follow when implementing the Second Step program

**Step 1**
- Teach all the Second Step lessons in order
- Teach no more than one lesson per week

**Step 2**
- Teach all the Second Step lesson parts as written
- Have students complete a Reflection Writing Assessment after each lesson

**Step 3**
- Reinforce skills and concepts as explained in Using Lesson Content Every Day
- Complete the Additional Practice and Academic Integration Activities for each lesson

**Step 4**
- Inform parents and caregivers about the program
- Send homework to families after each lesson taught to reinforce skills at home and school
Step 1: Teach all the lessons in order

<table>
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<tr>
<th>Grade Level</th>
<th>Length (mins.)</th>
<th>Number of Lessons</th>
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</thead>
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<td>25</td>
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<tr>
<td>1</td>
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<tr>
<td>5</td>
<td>35-40</td>
<td>22</td>
</tr>
<tr>
<td>6</td>
<td>50 (can be divided into 2 parts)</td>
<td>15</td>
</tr>
<tr>
<td>7-8</td>
<td>50 (can be divided into 2 parts)</td>
<td>13</td>
</tr>
</tbody>
</table>
Step 2: Do all the Daily Practice activities

Before implementing the Daily Practice activities, make sure all students have a partner to pair up with when needed.

Example provided from Grade 5, Unit 1, Lesson 1: Empathy and Respect

**Day 1**
- Teach the lesson.

**Day 2**
- Tell students: In the Second Step program, we will do a lot of movement activities. How can we move respectfully around the classroom? Is acting silly respectful? It is respectful to give activities an honest effort and not be silly. Have students brainstorm ways to move safely around the classroom, then practice them.

**Day 3**
- Play the "Walk, Walk, Walk" music video. Ask students to use the same interview questions they used from Handout 1, but this time interview someone different.

**Day 4**
- At the beginning of the day or during a transition, ask students to turn to a partner and say one respectful thing. Remind students that one way of being respectful is to treat others how you would like to be treated.

**Day 5**
- Reflective Writing: What does it mean to show empathy for someone? How have you shown empathy? When is a time you've been respectful of someone else?
Step 3: Reinforce skills and concepts as explained in the ‘Using Skills Every Day’

Example ‘Using Skills Every Day’ taken from Grade 5, Unit 1, Lesson 1: Empathy and Respect

Using Skills Every Day

1. Have students ANTICIPATE times when they might have empathy for a classmate.

2. Notice when students treat others with respect, and REINFORCE the behavior with specific feedback.
   
   “I noticed you all cleaned up around your desks before lining up without me having to ask. That was very respectful.”

   - Model respectful responses to student contributors.
   - Remind students to respond respectfully to their peers during class discussions and other group work.

3. Have student REFLECT on times during the day when they were able to put themselves in someone else’s shoes.
Step 4: Inform parents and caregivers about the program

- All lessons include HOME LINK sections and activities that students can bring home to discuss and work through skills being taught in the classroom with their parents and/or siblings.

- Having parents and caregivers at home to help encourage the skills being taught will help reinforce students to incorporate the new skills into their daily lives.
Activities

Helping school staff understand the importance of adopting the Second Step program
Activity #1: Classroom Management

Think about the following...

• How do you effectively manage your classroom?
• Is your classroom more structured or chaotic?
• Do all students have the opportunity to feel successful in your classroom?
Research suggests that students with Emotional and Behavioral Disorders (EBD) and other disabilities need to be provided with critical factors to prevent behavioral and academic problems within the education setting.

The critical factors include the following...

- Clarity of expectations
- Teaching what is acceptable/unacceptable in your classroom
- Structure and routine
- Predictability/consistency
- Ample amount of practice, modeling, and review of behavioral expectations and rules
- Clear, fair consequences
- Follow-through
- Teacher understanding, flexibility, patience
- Teacher assistance on a personal level

Are these critical factors included into your daily practice as a classroom teacher? Are all students in your classroom receiving the education and training they need to be successful for their academic, social, and emotional well-being?
How effective are you in the critical factor areas?

Rate yourself in the following critical areas as they pertain to classroom management

1- Effective         2- Somewhat Effective         3- Needs improvement

• 1. I express my expectations clearly on a daily/hourly basis.
• 2. I teach what is acceptable/unacceptable in my classroom.
• 3. My classroom provides structure and routine for students.
• 4. I am predictable and consistent with behavioral disruptions in my classroom.
• 5. I allow opportunities for students to practice, model, and review behavioral expectations and rules for my classroom.
• 6. I have clear, fair consequences for behavioral disruptions in my classroom.
• 7. I follow-through with consequences for behavioral disruptions in my classroom.
• 8. I express flexibility and patience when dealing with behavioral disruptions.
• 9. I assist students individually when they are struggling academically and/or behaviorally.
Activity #2: Classroom Behavioral Disruptions

- Respond to the following questions.
- When completed, share your responses with two other colleagues around you.

Think of a student that struggled with behavioral difficulties in your classroom.
- 1. What specific behaviors did the student exhibit?
- 2. How did you respond to the behaviors?
- 3. Could you have responded to the student and their behaviors any differently?
- 4. Do you think the Second Step program could have made a difference for this student in the classroom and/or school environment? If so, how?
All students deserve a fair chance to be successful in the classroom. However, if educators are not provided with the right tools to help our students become successful, then we will never achieve this goal.

The Second Step program will offer teachers the tools needed to help students feel and become successful in the school and classroom environment.

Let’s take this step as a school system and incorporate the Second Step program to try and make steps towards achieving this overall goal!
Questions?
STUDENT DATA COLLECTION SHEET: YEAR ONE

*Student information will be collected both pre- and post-intervention

1) Student Demographics:
Name ___________________  Age _____  Grade ___________________
Gender _____  Ethnicity ____________________________

2) Report of academic grades from previous school year:
   English _______  Social Studies _______
   Math _______  Science _______
   Social Studies _______  Other: _______
   Other: _______  Other: _______
   Other: _______  Other: _______

3) Discipline information from previous school year
   Number of office discipline referrals ________________
   Number of times sent out of class ________________

4) Attendance information from previous school year
   Number of days absent __________
   Number of days tardy __________
   Attendance percentage for school year __________

5) Special Education Qualification
   Does the student qualify for special education services?  (Circle one)  Yes  No
   *If no, survey complete
   What area/s does the student qualify for services?  ____________________________
   What amount of time does the student spend in general education?  (Circle one)
   1. No time in general education  2. 25% of time in general education
   3. 50% of time in general education  4. 75% of time in general education
   5. Full time in general education  6. Receives supports as needed
Second Step: A Violence Prevention Curriculum  
Sign-up sheet for Professional Consultation  
*Depending on size of school, administrators may add more time for support from professional consultant to ensure enough support and guidance is offered to staff.

1. Every teacher MUST sign up for one time slot before October.
2. Every teacher MUST sign up for one time slot between November and March.
3. If teachers want more support, speak with administrator/consultant to schedule extra time.

1. September-October

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2. November-March

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</table>
3. Speak with administrator or consultant in order to schedule extra time for support and guidance in order to implement Second Step program.
SMALL GROUP DISCUSSION FORM: SECOND STEP

As a group, please read through and discuss the following questions.
Return to supervisor after completed.

Date ______________________

Group Members: ____________________________________________

1. What parts of the program have been easy to implement into your classroom?

2. What parts of the program have been difficult to implement into your classroom?

3. Are there any areas that you feel you need further information, assistance, or guidance?

4. Are the students responding to the program? Do you notice changes within the classroom or school setting?

5. Have students had opportunities to use the targeted skills in their daily lives? Success stories?
STAFF SURVEY: YEAR ONE (Follow-up)
*This survey will be administered after implementation of the Second Step Curriculum

On a scale of 1-5, please rate your knowledge and skill level on the following characteristics or components.

1- Strongly Disagree
2- Disagree
3- Agree/Disagree
4- Agree
5- Strongly Agree

1. I know what a tier one intervention means.
   1   2   3   4   5

2. I incorporate positive social and behavioral skills training into my classroom regularly.
   1   2   3   4   5

3. Social skills should be taught in the classroom along with academic content.
   1   2   3   4   5

2. I am familiar with the components of the Second Step Curriculum.
   1   2   3   4   5

3. I am confident in implementing the Second Step Curriculum in my classroom.
   1   2   3   4   5

4. I feel comfortable in speaking with others about how our district is including the Second Step Curriculum as a universal intervention.
   1   2   3   4   5

5. The training I received helped me to implement the Second Step Curriculum into my own classroom.
   1   2   3   4   5

6. I prefer the Job-Embedded Professional Development model more than a one-day professional development training or workshop.
   1   2   3   4   5
STAFF SURVEY: YEAR TWO

*This survey will be administered before implementation of the Check-In/Check-Out (CICO) Intervention

On a scale of 1-5, please rate your knowledge and skill level on the following characteristics or components.

1- Strongly Disagree
2- Disagree
3- Agree/Disagree
4- Agree
5- Strongly Agree

1. I know what a tier two intervention means.

1 2 3 4 5

2. I incorporate positive social and behavioral skills training for students that may need extra support or assistance in learning these skills.

1 2 3 4 5

3. Social skills are just as important to incorporate in the classroom as academic content.

1 2 3 4 5

3. I am familiar with the components of the CICO Intervention.

1 2 3 4 5

3. I am confident in implementing the CICO Intervention in my classroom.

1 2 3 4 5

4. I feel comfortable in speaking with others about how our district is including the CICO Intervention in our schools.

1 2 3 4 5
Check-In/Check-Out (CICO): The Behavior Education Program

Professional Development Training Overview

Information used in this presentation has been adapted from the following resource to use as an overview for implementation guidelines;

Presentation Overview

• Introduce the idea behind tier two interventions
• What is the CICO intervention?
• Reasons why CICO is an effective tier two intervention
• Before setting up the CICO program...
• Developing an action plan for CICO implementation
• Questions?
What are Tier Two interventions?
Tier Two Interventions

- Designed to target students that have been unresponsive to the implementation of a tier one, universal intervention and that exhibit frequent behavioral disruptions within the school setting.
- Tier two interventions target approximately 15% of a given school population.
- Goal of tier two interventions is to establish healthy and effective social and behavioral skills that will increase a student’s effectiveness to the tier one intervention.
All interventions can be looked at using a tiered model approach. This presentation focuses on the TIER TWO approach.

**TIER THREE:**
* Individualized intervention for students severely at-risk and that exhibit chronic and persistent behavioral patterns
* Targeted for approximately 5% of a given population

**TIER TWO:**
* Targeted interventions for students that are unresponsive to universal intervention and exhibit frequent behavioral patterns
* Targeted for approximately 15% of a given population

**TIER ONE:**
* Universal interventions used to target school-wide populations
* Targeted for approximately 80% of a given population
Major features of tier two interventions

• Intervention is continuously available to students
• Consistent with the tier one intervention already in place in school system
• Implemented by all staff within a school system
• Student willingness to participate
• Home/school linkage
• Flexible interventions based on student assessment results
• Adequate resources and time for staff planning and coordination
• Continuous monitoring by staff for decision-making purposes
What is the ClCO intervention?
CICO is a tier two intervention that offers daily support for students that are at risk for developing serious or chronic behavior problems.
10 defining characteristics of the CICO intervention

1. CICO is an effective system that is capable of providing behavioral support to a moderate-sized group of at-risk students at the same time.
2. CICO is continuously available within the school system, so a student who is identifies as needing support can get access as needed.
3. The “backbone” of the CICO intervention involves a daily “check-in” and “check-out” with a respected adult.
4. CICO is designed to increase the likelihood that each class period begins with a positive interaction with the teacher.
5. CICO increases the frequency of contingent feedback from the teacher.
6. CICO requires low effort from teachers. (Teachers should experience large changes in student behavior even though the individual teacher’s involvement with the intervention may be minimal.)
7. CICO links both behavioral and academic support.
8. CICO is implemented and supported by all administrators, teachers, and staff in the school building.
9. Students choose to participate and cooperate with the CICO intervention. It is not a requirement.
10. CICO offers continuous monitoring of student behavior and active use of data for decision-making purposes.
CICO Process

- The student arrives at school and checks-in with an adult (e.g. CICO coordinator). Student receives his or her Daily Progress Report (DPR).
- Student carries DPR throughout the day and hands it to the teacher at the start of the day or each class period (depending on grade level).
- Student retrieves the DRP after each class period or activity and receives feedback from the teacher related to expected social behaviors.
- At the end of the day, the student returns the DPR to the CICO coordinator, receives a reward, and carries a copy of the DPR home.
- Family members receive the DPR, deliver recognition for success and sign the form. The next morning the student returns the signed DPR to the CICO coordinator.
Check-in Check-out Cycle

- BEP Plan
- Morning Check-In
- Class Check-in
- Afternoon Check-out
- Teacher Checks
- Class Check-out
- Weekly BEP Meeting
- 9 Week Graph Sent
- Program Update

EXIT
Personnel Needs of CICO intervention

• First and foremost, all school staff need to be trained and kept up-to-date on students receiving the CICO intervention and their daily targeted goals.

• BEP Team: Should contain approximately eight school staff that meet on a weekly basis and participate in the following responsibilities;
  – Contribute to decision regarding individual CICO students
  – Conduct orientation meetings with students and parents
  – Gather information on individual students
  – Contribute to student/staff development workshops and feedback sessions on the CICO intervention

• BEP Coordinator: One person from the school will be given this title along with the following responsibilities;
  – Lead morning check-in and afternoon check-out
  – Maintain daily records of students to help monitor progress, make decisions, and evaluate outcomes.
  – Lead CICO team meetings
CICO Examples

• The following slides contain specific examples from the CICO intervention
  1- DPR
  2- CICO Home Report
  3- Graphs used by the CICO team for decision-making purposes
<table>
<thead>
<tr>
<th>Teacher initials</th>
<th>Be Your Personal Best</th>
<th>Be Safe</th>
<th>Be Respectful</th>
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<tbody>
<tr>
<td></td>
<td>Follow directions</td>
<td>Keep hands, feet, and objects to self</td>
<td>Use kind words and actions</td>
</tr>
<tr>
<td></td>
<td>Working in class</td>
<td></td>
<td></td>
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<tr>
<td>Class</td>
<td>0 1 2</td>
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<td>0 1 2 2</td>
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<td>Recess</td>
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<td>Class</td>
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</table>

Total Points = Today 0 / Goal 0 / Points Possible = 50

%
CICO Home Report

Name: ________________________________
Date: __________

_____ I met my goal today

_____ I had a hard day

One thing I did really well today was: ________________________

Something I will work on tomorrow is: ________________________

Comments:

Parent/Guardian Signature: ________________________________
Comments: ________________________________
**Individual Student Count Report**

**Jane Doe**  
September 4 - October 13, 2006

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<th>School Days</th>
<th>Avg Daily %</th>
<th>ODR Count</th>
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<td>Some reason why the plan changed</td>
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<tr>
<td>2</td>
<td>10/0/2006</td>
<td>And yet another reason why the plan changed</td>
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**CICO points earned**

Trevor

**Rachelle's BEP Performance 2000-2001**

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<td>80</td>
<td>02/08</td>
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Reasons why CICO is an effective tier two intervention
Why does CICO work?

• 1. Improved structure
  - Prompts are provided throughout the day for correct behavior
  - System linking student with at least one positive adult
  - Student chooses to participate

• 2. Student is “set up for success”
  - First contact each morning is positive
  - First contact each class period or activity is positive and sets up successful behavioral momentum
  - “Blow-out” days are pre-empted

• 3. Increase in contingent feedback
  - Feedback occurs more often
  - Feedback is tied to student behavior
  - Inappropriate behavior is less likely to be ignored or rewarded
• 4. Program can be applied in all school locations
  - Classroom, playground, cafeteria (anywhere that is supervised)

• 5. Elevated reward for appropriate behavior
  - Adult and peer attention delivered each target period
  - Adult attention delivered at end of day

• 6. Linking behavior support and academic support
  - For academic-based problem behaviors, incorporate academic support

• 7. Linking school and home support
  - Provide format for positive student-to-parent contact

• 8. Program is organized to morph into a self-management system
  - Increased options for making choices
  - Increased ability to self-monitor performance and progress
Before setting up the ClICO program...
Before the CICO action plan can be implemented, staff need to determine the following:

• 1. Are faculty and staff ready to make the commitment?
   - Is problem behavior a major concern?
   - Are staff willing to commit 5 min per day?
   - Is CICO a reasonable option for us?

• 2. Are team members available?
   - CICO Coordinator
   - Team (with one member stepping in as team leader)

• 3. Do we already have a tier one intervention in place?
   - School-wide expectations are already defined and taught
   - We have an operating reward system in place
   - We have clear and consistent consequences for problem behavior

• 4. Is there a process set up to determine students who may be appropriate for CICO?
   - Is the student unresponsive to the tier one intervention?
   - Does the student find adult attention rewarding?
Developing an action plan for CICO implementation
Action plan to implement CICO intervention

1. Distribute copies of the “Check-In/Check-Out Self-Assessment” to all staff members

2. After everyone has completed the assessment, divide up into groups of 3 or 4 to discuss results.

3. Other areas to discuss within small group:
   - What areas do we need to improve in before CICO can be successfully implemented at our school?
   - Develop ideas within small group to improve in specified areas

4. Distribute copies of “Action Plan for Completion of Start-Up Activities”
   - Either in small groups or as a full staff, determine specific steps that need to be taken in the given areas to ensure that all aspects of CICO intervention are set-up and ready go before implementing the intervention with students.
Questions?
Check-In / Check-Out Self-Assessment

School: ___________________________ Date: ________________________

Instructions: As a team, review and record each of the CICO elements. For all elements that are rated as "in progress" or "not in place" build action planning steps.

<table>
<thead>
<tr>
<th>CICO Element</th>
<th>In Place</th>
<th>In Progress</th>
<th>Not In Place</th>
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<tbody>
<tr>
<td>1. Faculty and Staff Commitment for CICO</td>
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<td>2. Team Defined and Coordinator Available</td>
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<td>3. School-wide PBIS in place</td>
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<td>4. Student Identification Process for CICO</td>
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<td>5. Daily CICO progress report card developed</td>
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<td>6. Home report process defined</td>
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<td>7. Point Trading System established</td>
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<td>8. Process for collecting, summarizing and using data</td>
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<td>9. Morning check-in routine established</td>
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<td>10. Teacher check-in/ check-out routine established</td>
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<td>11. Afternoon check-out routine established</td>
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<td>12. Home review routine established</td>
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<td>13. Team meeting schedule, routine, process</td>
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<td>14. Planning for Success (fading support; establishing self-management elements)</td>
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<td>15. Planning for Individualized Support Enhancement</td>
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<td>16. Substitute Teacher routine</td>
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<td>17. Playground, cafeteria, bus routine (Other areas)</td>
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</table>
Check-In / Check-Out Action Plan for Completion of Start-Up Activities

School: ___________________________ Date: ________________

Instructions: For all elements that were rated as “in progress” or “not in place” from the CICO Self-Assessment, build action planning steps.

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<th>Activity</th>
<th>Activity Task Analysis</th>
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<td><strong>Student Identification Process in Place</strong></td>
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### Data Collection, Summarization and Use for Decision-making Defined

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### Morning Check-in Routine

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### Teacher Check-in Check-out Routine

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### Afternoon Check-out Routine

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### Home Review Routine

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### Team Meeting Schedule

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<td>Process defined for moving off CICO</td>
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<td>Process defined for use of self-management strategies within CICO</td>
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<td>Process defined for moving student into Individualized Support Systems</td>
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<td>Process defined for informing substitute teachers</td>
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<td>Process defined playground, cafeteria, bus areas</td>
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STUDENT DATA COLLECTION SHEET: YEAR TWO
*Student information will be collected both pre- and post-intervention

1) Student Demographics:
Name __________________________ Age ______ Grade ________________
Gender ______ Ethnicity __________________________

2) Report of academic grades from previous school year:
English ________ Social Studies ________
Math ________ Science ________
Social Studies ________ Other: ________ ________
Other: ________ ________ Other: ________ ________
Other: ________ ________ Other: ________ ________

3) Discipline information from previous school year
Number of office discipline referrals ________________
Number of times sent out of class ________________

4) Attendance information from previous school year
Number of days absent __________
Number of days tardy __________
Attendance percentage for school year __________

5) Special Education Qualification
Does the student qualify for special education services? (Circle one) Yes No
*If no, survey complete
What area/s does the student qualify for services? ________________
What amount of time does the student spend in general education? (Circle one)
1. No time in general education 2. 25% of time in general education
3. 50% of time in general education 4. 75% of time in general education
5. Full time in general education 6. Receives supports as needed

6) Is this student targeted for the CICO/tier two intervention? (Circle one) Yes No
Check-In/Check-Out (CICO)
Sign-up sheet for Professional Consultation
*Depending on size of school, administrators may add more time for support from professional consultant to ensure enough support and guidance is offered to staff.*

1. Every teacher MUST sign up for one time slot before the end of October.
   *Staff that are more involved with implementation of the CICO intervention should sign up at least twice between September and November.*

2. Every teacher MUST sign up for one time slot between December and March.

3. If teachers want more support, speak with administrator/consultant to schedule extra time.

1. September-November

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2. December – March

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3. Speak with administrator or consultant in order to schedule extra time for support and guidance in order to implement Second Step program.
SMALL GROUP DISCUSSION FORM: CHECK-IN/CHECK-OUT

As a group, please read through and discuss the following questions.
Return to supervisor after completed.

Date ________________

Group Members: ________________________________________________________________
____________________________________________________________________________

1. What parts of the program have been easy to implement into your classroom?

2. What parts of the program have been difficult to implement into your classroom?

3. Are there any areas that you feel you need further information, assistance, or guidance?

4. Are the students responding to the program? Do you notice changes within the classroom or school setting?

5. Have students had opportunities to use the targeted skills in their daily lives? Success stories?
STAFF SURVEY: YEAR TWO (Follow-up)
*This survey will be administered after implementation of the Check-In/Check-Out (CICO) Intervention

On a scale of 1-5, please rate your knowledge and skill level on the following characteristics or components.

1- Strongly Disagree
2- Disagree
3- Agree/Disagree
4- Agree
5- Strongly Agree

1. I know what a tier two intervention means.
   1  2  3  4  5

2. I incorporate positive social and behavioral skills training for students that may need extra support or assistance in learning these skills.
   1  2  3  4  5

3. Social skills are just as important to incorporate in the classroom as academic content.
   1  2  3  4  5

3. I am familiar with the components of the CICO Intervention.
   1  2  3  4  5

3. I am confident in implementing the CICO Intervention in my classroom.
   1  2  3  4  5

4. I feel comfortable in speaking with others about how our district is including the CICO Intervention in our schools.
   1  2  3  4  5

5. The training I received helped me to implement the CICO Intervention into my classroom.
   1  2  3  4  5

6. I prefer the Job-Embedded Professional Development model over a one-day, professional development training or workshop.
   1  2  3  4  5