



BLENDING PBIS, SMH, AND RTI



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Learning Objectives

The participant will discuss and identify how to create an Interconnected Systems Framework to effectively blend School Mental Health (SMH), Positive Behavior Intervention and Supports (PBIS), and Response to Intervention (RTI).



Learning Objectives

The participant will learn to analyze and extrapolate data from a universal screener to identify and serve students through School Mental Health (SMH), Positive Behavior Intervention and Supports (PBIS), and Response to Intervention (RTI).



Learning Objectives

The participant will learn to construct effective tiered supports blending school based mental health services, community mental health services, PBIS, and RTI.



Multi-Tiered System of Support



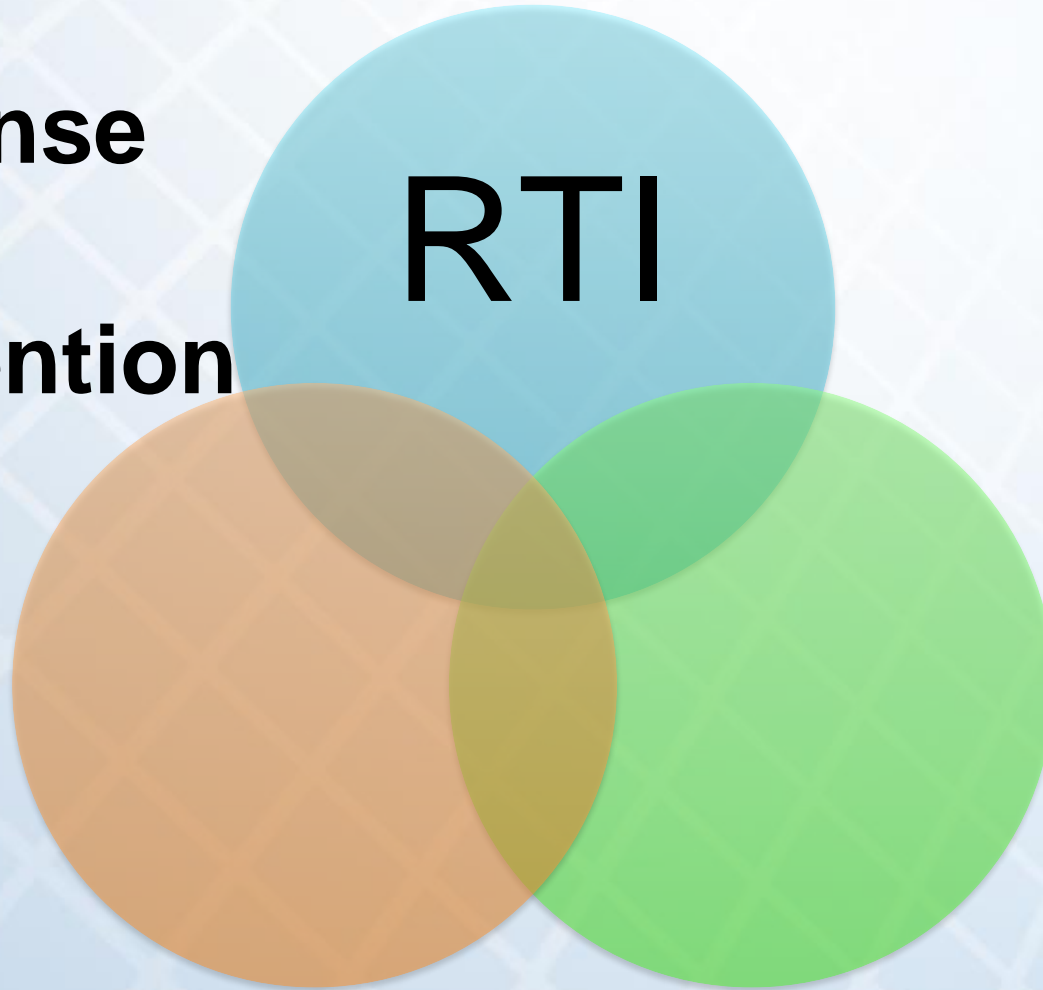
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Multi-Tiered System of Support



Response
To
Intervention

RTI



Pulse Check:
Does your school/system have an EFFECTIVE
RTI process in place?



Yes

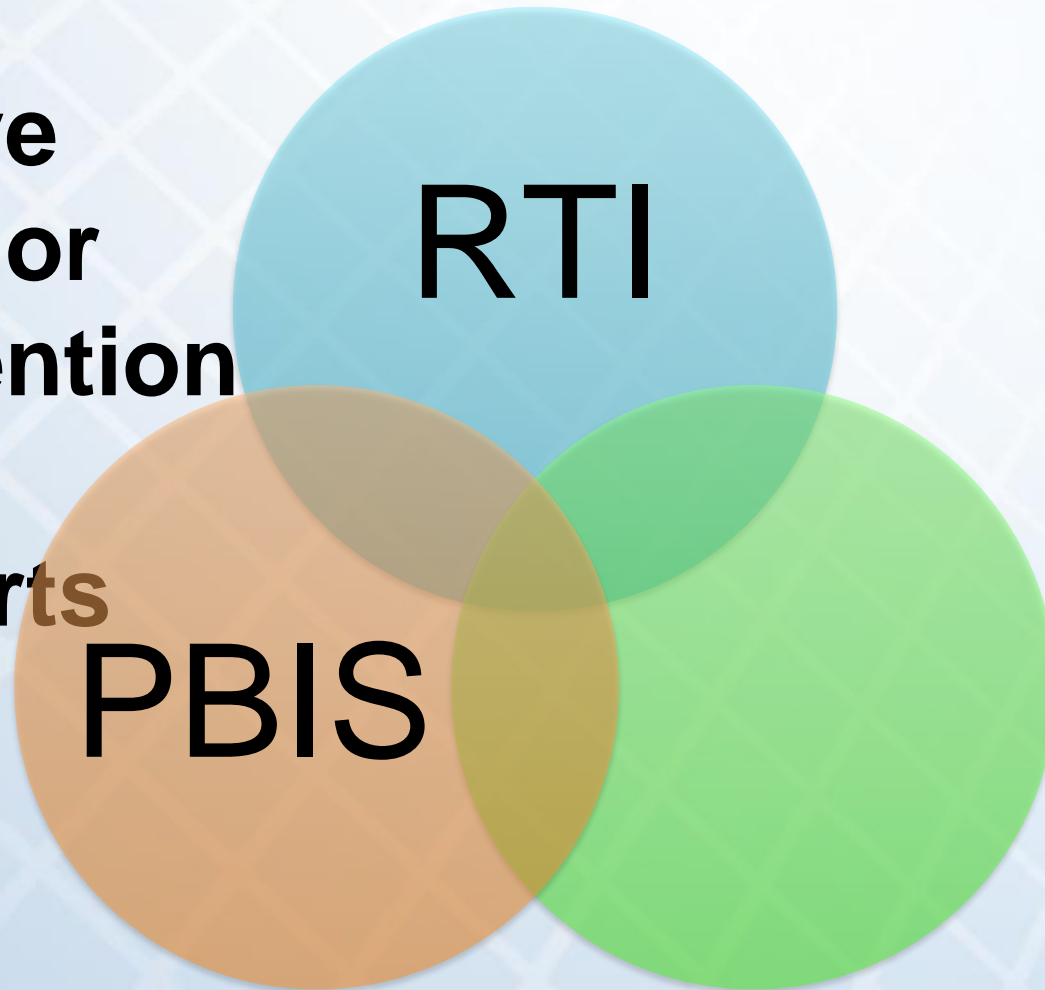
No



Multi-Tiered System of Support



**Positive
Behavior
Intervention
And
Supports**



Pulse Check:
**Is your school/system currently implementing
PBIS?**



Yes

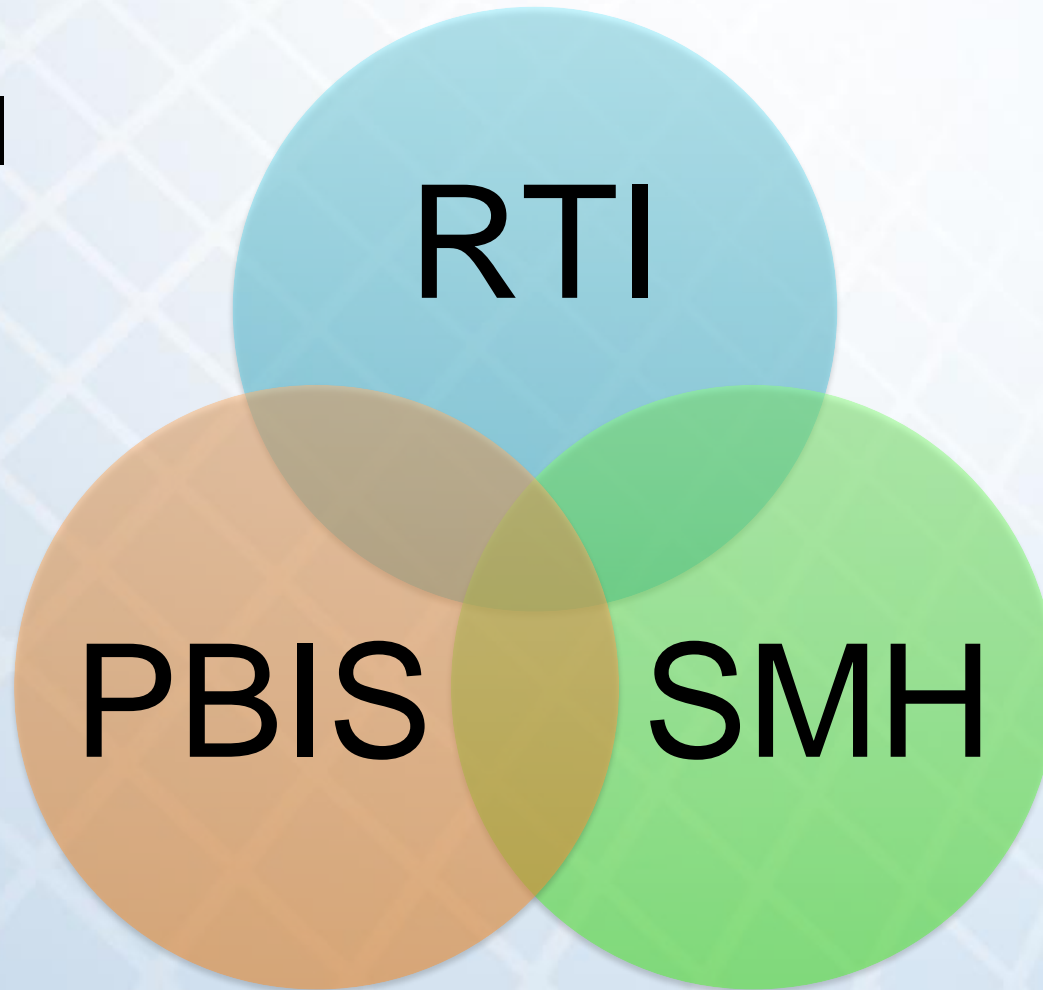
No



Multi-Tiered System of Support



**School
Mental
Health**



Pulse Check:
Does your school/system have a **FORMALIZED**
SMH process in place?

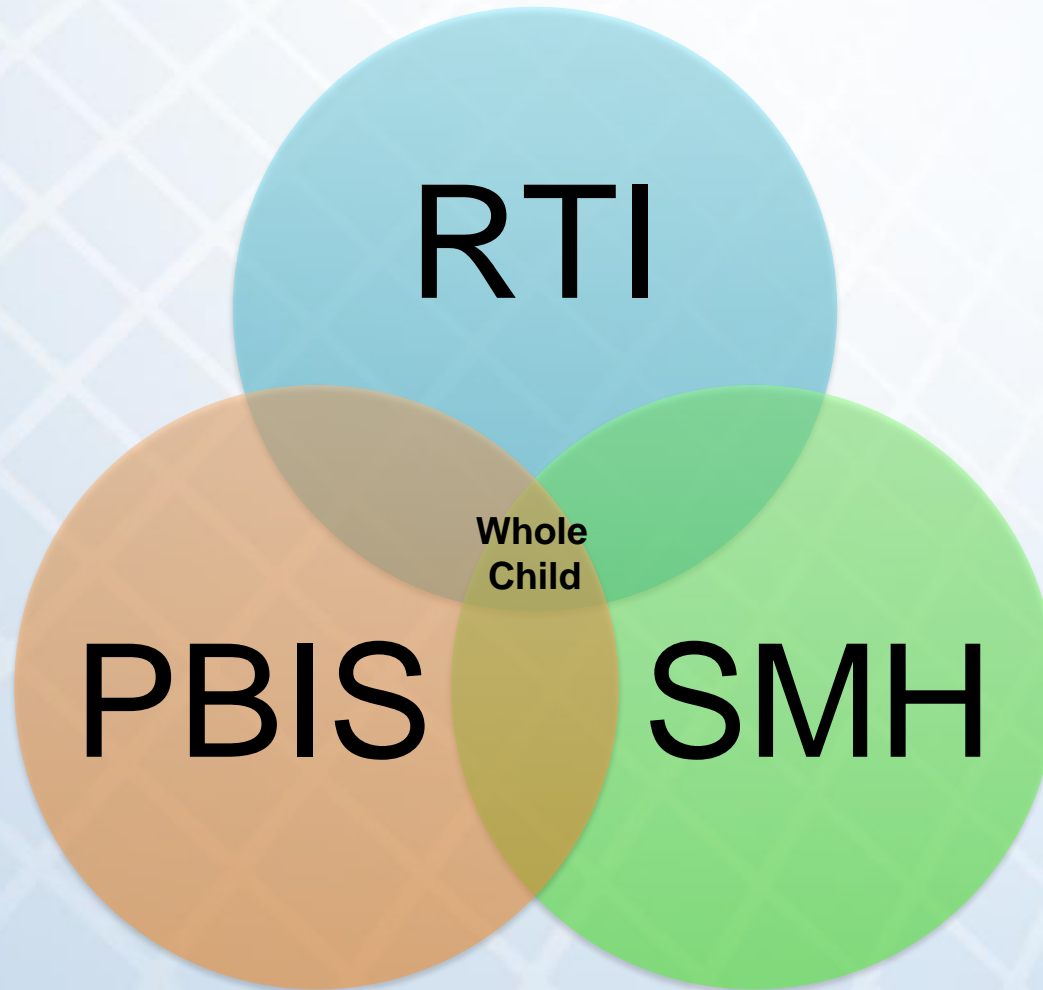


Yes

No



Multi-Tiered System of Support



Pulse Check:
Does your school/system have a TWO
of these frameworks in place?



Yes

No



Pulse Check:
Does your school/system have THREE
of these frameworks in place?



Yes

No





Why MTSS?

- Addresses the needs of ALL students.
- Systematic alignment of resources, initiatives, and supports.
- Continuous improvement process.



Key Components



- Multiple Tiers of Intervention



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Key Components



- Multiple Tiers of Intervention
- Resource Mapping



Key Components



- Multiple Tiers of Intervention
- Resource Mapping
- Universal Screening



Key Components



- Multiple Tiers of Intervention
- Resource Mapping
- Universal Screening
- Problem Solving Teams



Key Components



- Multiple Tiers of Intervention
- Resource Mapping
- Universal Screening
- Problem Solving Teams
- Data Driven Decision Making



Key Components



- Multiple Tiers of Intervention
- Resource Mapping
- Universal Screening
- Problem Solving Teams
- Data Driven Decision Making
- Focus on Skill Building



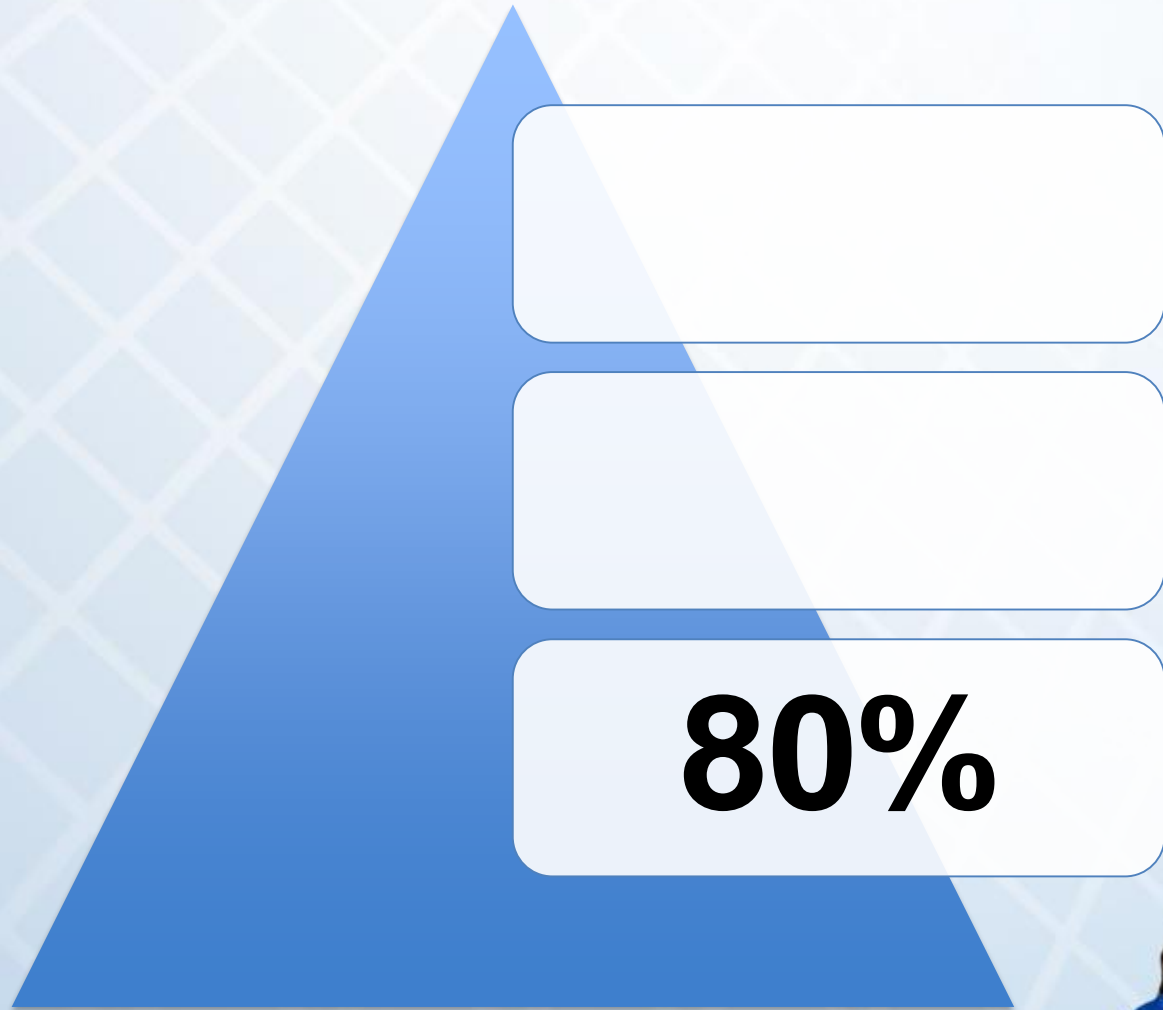
Multiple Tiers of Interventions



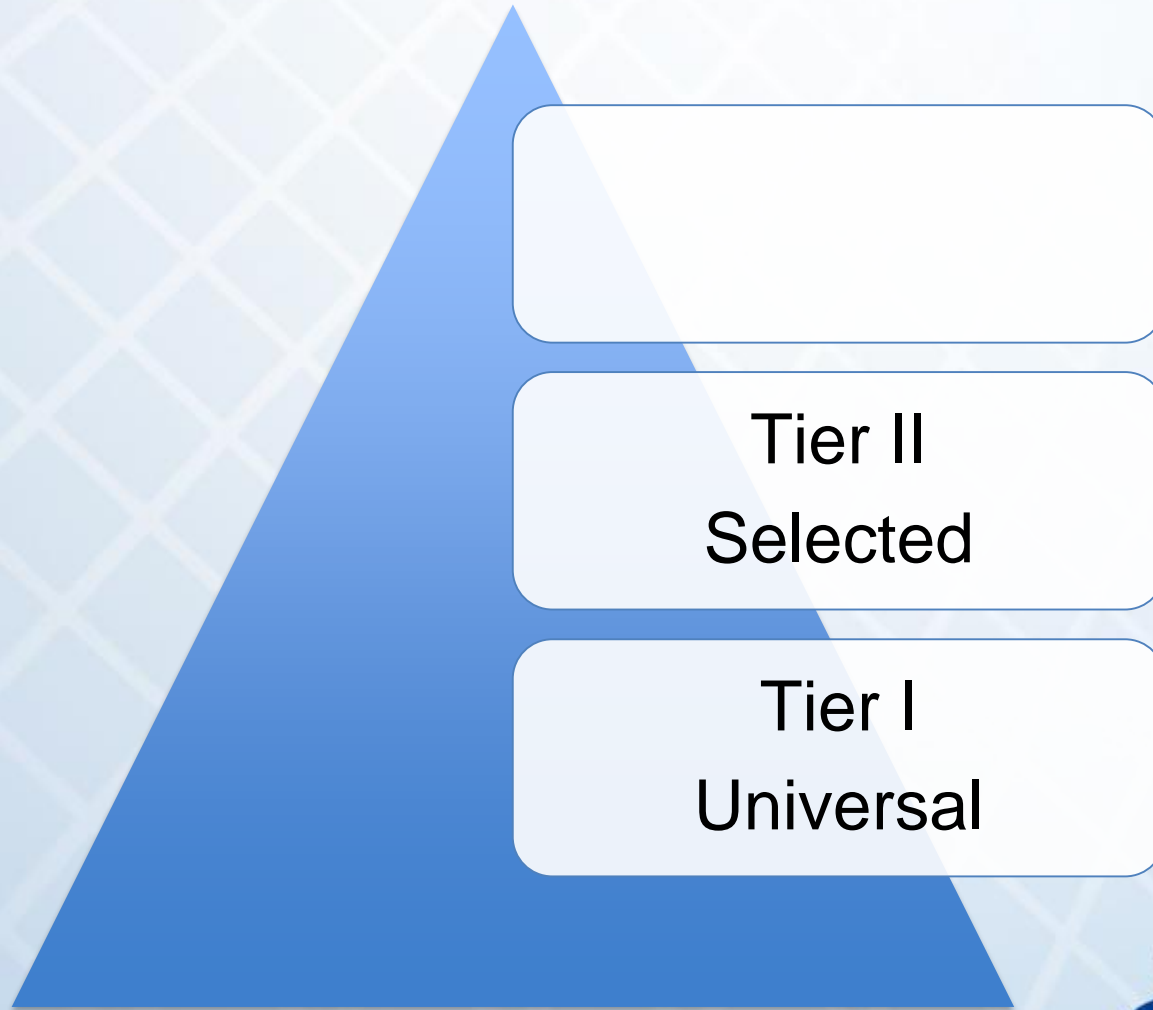
Coordinated Tiered Supports



Coordinated Tiered Supports



Coordinated Tiered Supports

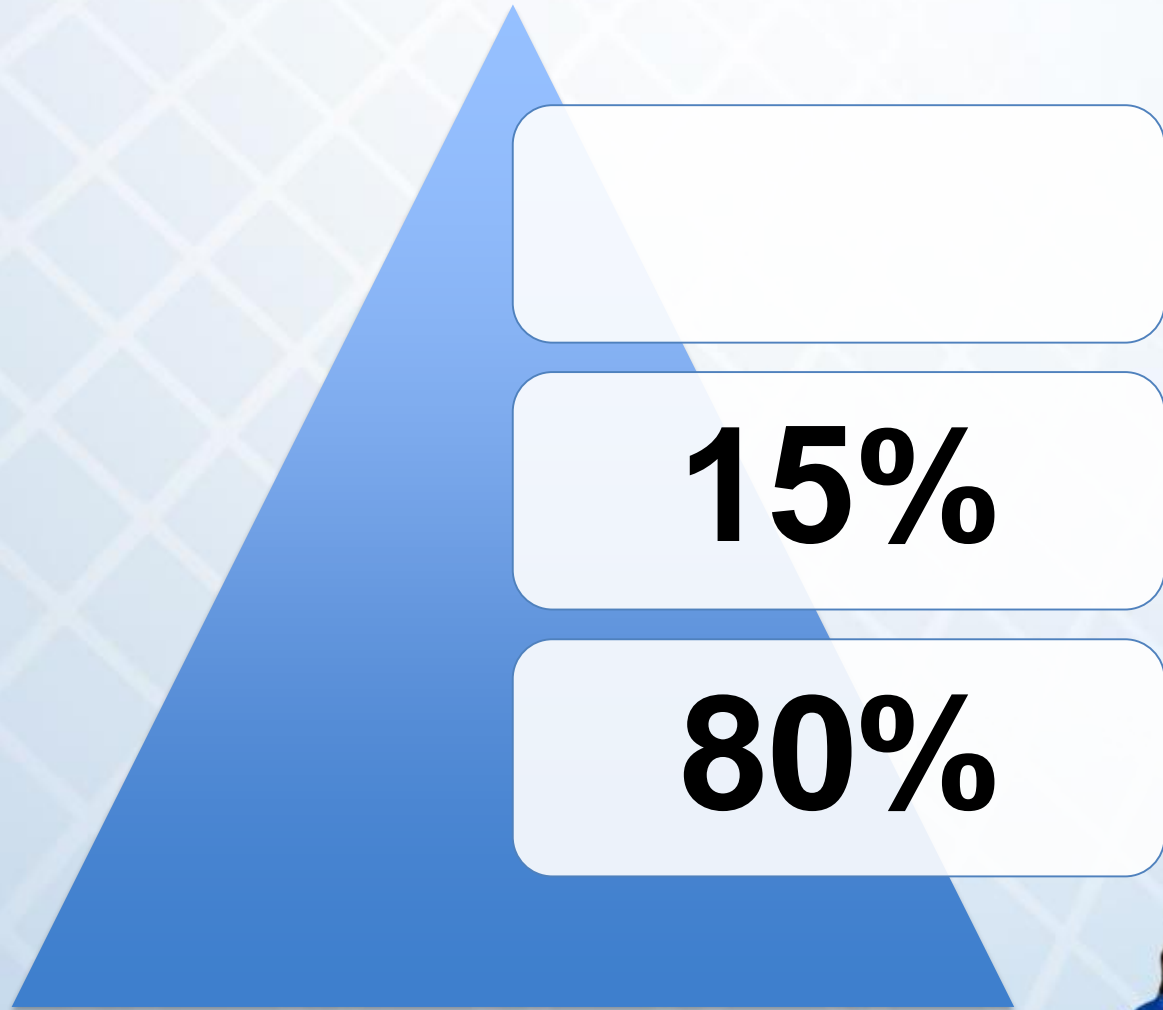


Tier II
Selected

Tier I
Universal



Coordinated Tiered Supports



Coordinated Tiered Supports



Tier III
Intensive

Tier II
Selected

Tier I
Universal



Coordinated Tiered Supports



5%

15%

80%



Coordinated Tiered Supports



Tier III
Intensive

Tier II
Selected

Tier I
Universal



Qualifying for Services



	Tier I	Tier II	Tier III
RTI	<ol style="list-style-type: none"> 1. Academic Universal Screener given to all students 2. Standardized Formative Assessments given to all students 	<ol style="list-style-type: none"> 1. Diagnostic assessment to determine focus of the intervention 2. Students who score NOT PROFICIENT on standardized testing 	<ol style="list-style-type: none"> 1. Tier II results indicate a need for more intensive and/or more frequent interventions. 2. Criteria to receive Tier III services should be stringent and exhaustive.
PBIS	<ol style="list-style-type: none"> 1. 0-1 Office Disciplinary Referrals 2. Universal Screener given to all students 	<ol style="list-style-type: none"> 1. 2-5 Office Disciplinary Referrals 2. Elevated score on Universal Screening 	<ol style="list-style-type: none"> 1. 6+ Office Disciplinary Referrals 2. Criteria to receive Tier III services should be stringent and exhaustive.
SMH	<ol style="list-style-type: none"> 1. Universal Screener given to all students 	<ol style="list-style-type: none"> 1. Elevated score on Universal Screening 2. Teacher/Faculty/ Parent/Self Referral through counselor 	<ol style="list-style-type: none"> 1. Elevated score on Universal Screening 2. Crisis



Tiered Intervention Comparison



	Tier I	Tier II	Tier III
RTI	<ul style="list-style-type: none"> • Universal Screening • Core Instruction with Heterogeneous Groups 	<ul style="list-style-type: none"> • Homogeneous Small Group Skill Based Instruction for an additional 90 minutes per week • Bi-Monthly Progress Monitoring Assessments 	<ul style="list-style-type: none"> • Homogeneous Small Group Skill Based Instruction for an additional 150 minutes per week • Weekly Progress Monitoring Assessments
PBIS	<ul style="list-style-type: none"> • School-Wide Expectations • Acknowledgement System 	<ul style="list-style-type: none"> • Check-In/Check-Out (Data Collection) • Social/Behavioral Skill Building Groups 	<ul style="list-style-type: none"> • FBA Based Behavior Intervention Plan • Sensory Tools
SMH	<ul style="list-style-type: none"> • Universal Screening • Social-Emotional Learning 	<ul style="list-style-type: none"> • Referral System • Small Group 	<ul style="list-style-type: none"> • Small Group • Crisis Intervention • Outside Services



Tiered Intervention Comparison



Tier I

Tier II

Tier III

<h1>RTI</h1>	<ul style="list-style-type: none"> • Universal Screening • Core Instruction with Heterogeneous Groups 	<ul style="list-style-type: none"> • Homogeneous Small Group Skill Based Instruction for an additional 90 minutes per week • Bi-Monthly Progress Monitoring Assessments 	<ul style="list-style-type: none"> • Homogeneous Small Group Skill Based Instruction for an additional 150 minutes per week • Weekly Progress Monitoring Assessments
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Tiered Intervention Comparison



Tier I

Tier II

Tier III

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Tiered Intervention Comparison



Tier I

Tier II

Tier III

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MTSS
Continuum of
Support for All

Academic RtI +
PBIS + Mental
Wellness
Framework

Acknowledgement: Susan Barrett

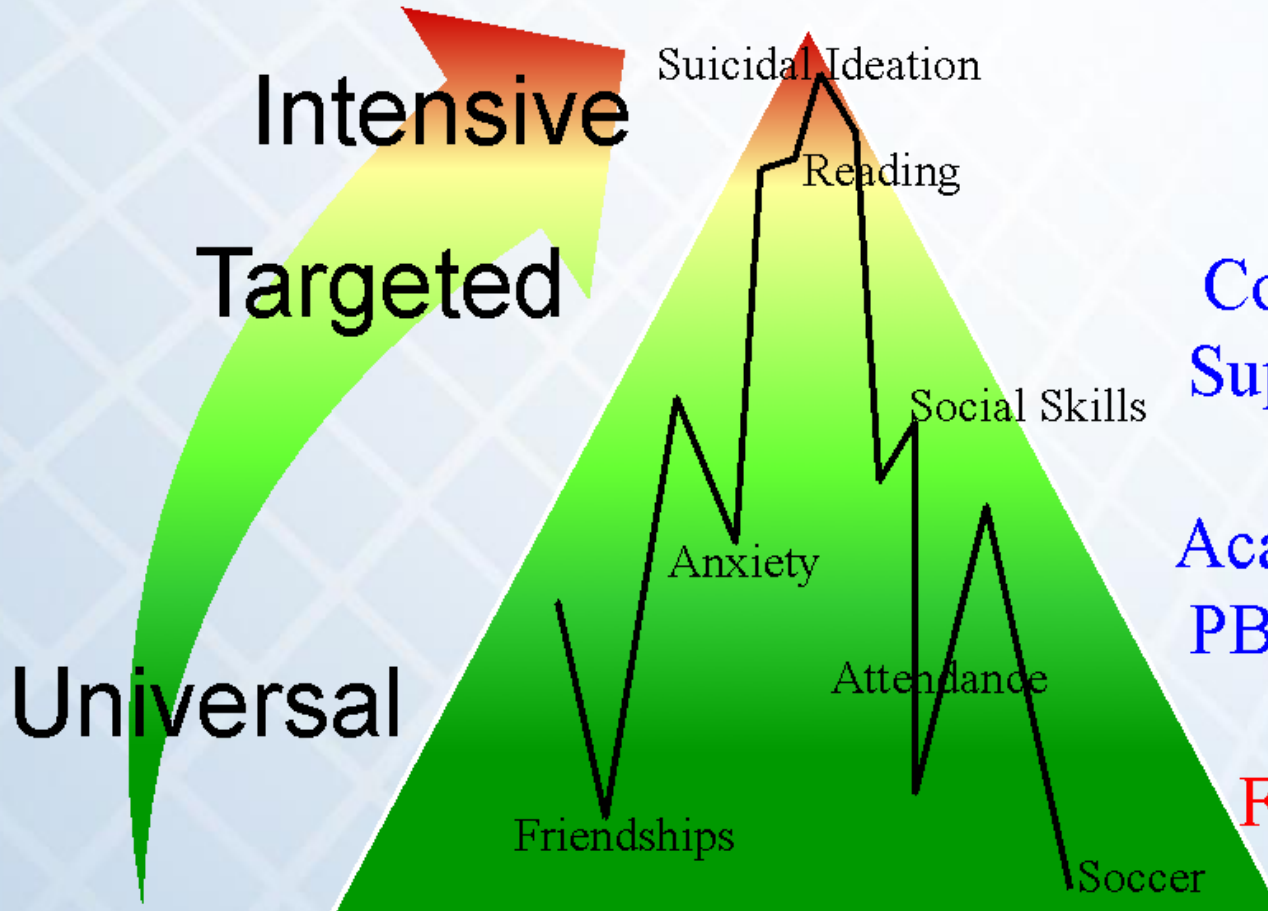




Problem Solving Team



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MTSS
Continuum of
Support for All

Academic RtI +
PBIS + Mental
Wellness
Framework

Acknowledgement: Susan Barrett



Scenario #1



Mario is a seventh grader who lives with his grandmother. He attended the same elementary school from kindergarten through fifth grade. He has attended this middle school since the start of sixth grade. He has no known medical problems.



The seventh grade team reports that Mario started the year with a negative attitude. An investigation of sixth grade shows he was quiet and cooperative until March, when he began accumulating discipline referrals.

At that time, he began to refuse to complete classroom assignments, choosing to put down his head instead. This year, Mario began the year more confrontational. He continues to refuse to complete classroom/homework assignments. His refusals are now verbal confrontations with the teachers. Teachers have not had an opportunity to meet with Mario's grandmother, as she is very ill.

To date, Mario has been sent to ISS four times and has been suspended twice.

Academically, Mario has had marginal grades in all of his core subjects since first grade. He has never passed the state administered standardized tests in any subject. He attended after-school tutoring classes in the second and third grades. There are no known interventions noted for fourth through sixth grade.

Currently, Mario refuses to attend tutoring before or after school.



Scenario #1

- What do you know? What do you still need to know?
- What do you believe is the core problem?
- What supporting evidence does the teacher need to present at Tier I for RTI (academic), behavior, and mental health?
- Who needs to be on the team?



Scenario #2





Cecilia is a fifth grader who has never been retained. She lives with her grandmother. Her mother does not want her, and her father has just been released from jail. Her eye exam shows she needs glasses; she does not yet have them. Grandmother states Cecilia was on medication, but the doctor stopped them. This is Cecilia's third school since starting school in kindergarten.

The teacher reports Cecilia can read words, but has a difficult time comprehending. Additionally, the teacher reports her behavior is disruptive, especially when she is around her sister. She is most disruptive in P.E., music, lunch, and transitional periods. She has better control of her behavior in the classroom.

She is currently failing all of her subjects. She passed the state standardized reading test in third grade, but did not pass it in fourth. She failed to pass the state standardized math test in fourth grade. She passed the state standardized writing test in fourth grade.



Scenario #2

- What do you know? What do you still need to know?
- What do you believe is the core problem?
- What supporting evidence does the teacher need to present at Tier I for RTI (academic), behavior, and mental health?
- Who needs to be on the team?



Who Needs To Be On The Team?





General Education Teacher Who Needs To Be On The Team?



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General Education Teacher
**Who Needs To Be
On The Team?**
Behavior Specialist





Academic Coach
General Education Teacher
**Who Needs To Be
On The Team?**
Behavior Specialist





Academic Coach
General Education Teacher

**Who Needs To Be
On The Team?**

Behavior Specialist
Administrator



Parent/Guardian



Academic Coach

General Education Teacher

Who Needs To Be

On The Team?

Behavior Specialist

Administrator



Parent/Guardian

Academic Coach

General Education Teacher

Who Needs To Be

On The Team?

Behavior Specialist

Administrator

Service Provider



Parent/Guardian

School Nurses

Academic Coach
General Education Teacher
Who Needs To Be
On The Team?
Behavior Specialist
Administrator

Services Provider




Parent/Guardian

School Nurses

Academic Coach
General Education Teacher
Who Needs To Be
On The Team?
Behavior Specialist
Administrator

Services Provider

Student



Jefferson-Spang School District is committed to providing our community through a quality public education.

Who Needs To Be On The Team?





Who Needs To Be
On The Team?

EVERYONE



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Resource Mapping



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Resource Mapping



A resource mapping process should be done at the school level to identify the mental health, academic, and behavior supports provided by the school for youth with different levels of need. Each school should answer the following questions:



Resource Mapping



- What resources are currently in place in our school?
 - Evidenced Based
 - Best Practices



Resource Mapping



- What resources are currently in place in our school?
- How do students access the resources?



Resource Mapping



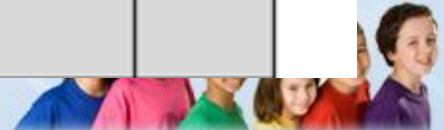
- What resources are currently in place in our school?
- How do students access the resources?
- How many students have been served by these resources?



Social/Emotional/Behavioral Health Resource Mapping – Project AWARE

Map the Tiered Social/Emotional/Behavioral Supports Available in the Targeted Elementary School*

Tier of Support	Name of Program	Contact Person	Schedule	Grade Level	Eligibility	How to Access	# Served
Tier 1							
Evidence Based Intervention – <u>Schoolwide</u>							
Evidence Based Intervention – <u>Classwide</u>							
Other Tier 1 interventions currently in place							
Other Tier 1 interventions currently in place							
Tier 2							



Gap Analysis

- Describe any gap in Tier 1 supports available to students?
How will that gap be filled?
- Describe any gap in Tier 2 supports available to students?
How will that gap be filled?
- Describe any gap in Tier 3 supports available to students?
How will that gap be filled?
- Describe any gap in Tier 4 supports available to students?
How will that gap be filled?



Example Programs Considered to fill Gaps in Resources



Name of Program	Type of Program	Tier of Intervention
No Place for Hate	Bully Prevention	Tier 1
Sources of Strength	Suicide Prevention Curriculum	Tier 1
Ending the Silence	Mental Health Awareness & Stigma Reduction	Tier 1
Second Step	Social Emotional Learning; Bully Prevention	Tier 1
Staff Training on Universal Screening	Screening and Detection; Staff Awareness and Buy-In	Tier 1
Internalizing Curriculum for Classroom Guidance	Mental Health/Social Emotional Learning	Tier 1
Youth Mental Health First Aid	Mental Health Awareness & Stigma Reduction	Tier 2
Passport to Manhood/Smart Girls	Mentoring	Tier 2
Ladies of Distinction		
Discuss Individual Student-Level Data	Individualized Supports	Tier 3
Georgia Association for Positive Behavior Support	Positive Behavior Support	Tiers 1, 2, & 3



Universal Screening



Universal Screening

Mental Health and Behavior Screening



Pulse Check:

Does your school/system have Universal Behavior/Mental Health Screener in place?



Yes

No



Universal Screening



Elementary – Student Risk Screening Scale – Internalizing/Externalizing (SRSS-IE) – Teacher Report.

Middle School – Strengths & Difficulties Questionnaire (SDQ) – Self-Report.

High School – Strengths & Difficulties Questionnaire (SDQ) – Self-Report.



School-Based Universal Screening Defined



Universal screening seeks to assess all students in a school and to identify students who otherwise might have been missed by reliance on teacher referrals (Eklund et al., 2009)



Why Universal Screening?



- The most widely used methods for detecting students at high risk for emotional and behavioral disorders are ODRs.
- Universal screening is a proactive, efficient, and effective way to consider all students and to identify and improve services for students who are at risk for internalizing and externalizing behaviors.



Levels of screening approaches



- **Universal** – conducted with all children in a classroom, grade or school regardless of the presence or absence of known risk factors
- **Selected** – conducted with children who have elevated risk for developing mental health problems but have not been diagnosed with a mental health problem
- **Indicated** – conducted with children who have been diagnosed with a mental health problem



Informal Screening Occurs Every Day



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UNIVERSAL SCREENING FOR MENTAL HEALTH

As increased federal funding is dedicated to the integration of school and community mental health services, educators are examining ways to identify youth who could benefit from school-based mental health services. Mental health screening is ONE way to identify these youth.



ARE
YOU
READY?

SCREENING READINESS

- Administrator buy-in
- Teacher buy-in
- Parent buy-in
- Resource mapping/Gap analysis



Parental Consent for Screening



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Parental Consent: Ethical and Legal Considerations

Active Parent Consent

- Partnership approach
- Increase communication
- Invest in relationship-building efforts prior to obtaining consent
- Studies using active consent procedures had a mean participation rate of 65.5%

(Blom-Hoffman, J., Leff, S. S., Franko, D. L., Wesintein, E., Beakley, K., Power, T. J., 2008)

- When school-based depression screening process changed from passive consent to active consent, participants decreased from 85% to 66%. (Chartier et al., 2008)

65



Parental Consent: Ethical and Legal Considerations

Passive Parental Consent

- All students participating so one student is not singled-out
- 89% mean participation rates through parental notification process (implied consent)

(Blom-Hoffman, J., Leff, S. S., Franko, D. L., Wesintein, E., Beakley, K., Power, T. J., 2008)

- Ethical concerns
- Concern with assessment around mental health – may raise red flag for parent



Research



- Consent forms distributed along with school information and other school forms during a parent orientation meeting
 - Return rate – 89.8%
 - Consent rate – 69.6%
 - Active refusal – 20.1%
- School mental health clinicians visited student homerooms to distribute consent forms and explain the program to students
 - Return rate – 53.2%
 - Consent rate – 27.9%
 - Active refusal – 25.3%

Stein, Jaycox, Langley, Kataoka, Wilkins, & Wong,
2007



Responses From Parents Who Did Not Consent



- “The school takes enough data on my child already, don't know enough about what the data will be used for and who will see it.”
- “My child does not need these types of services at this time, but a great program that I support.”
- “I don't want my child's behavior flagged and tracked if it is not a problem that the teacher has brought to my attention.”
- “My child has no signs of behavior issues.”
- “The letter was aggressive, intimidating and scary, I don't want my child labeled for behavior in this way.”





Parental Consent for Screening



Student Assent for Screening



Universal Screening



Elementary – Student Risk Screening Scale – Internalizing/Externalizing (SRSS-IE) – Teacher Report.

Middle School – Strengths & Difficulties Questionnaire (SDQ) – Self-Report.

High School – Strengths & Difficulties Questionnaire (SDQ) – Self-Report.



Elementary School



- **WHO** – Completed by classroom teachers for each student on their roster whose parent/guardian has consented (*If the student has not been in a teachers' class for at least 30 days, it is recommended that they DO NOT screen that student.*) 81% of parents consented to the screening.
- **WHEN** – Two times per year:
 - Fall (September) 4 weeks after the start of the school year
 - Winter (January) 4 weeks after the start of second semester

For the first screening, schools allowed extra time for an explanation and directions. Once teachers understand the process and become familiar with the SRSS, the time needed to complete the screener was reduced.



HOW to screen students on the SRSS-IE?



For each student, rate them on each item going across the row horizontally.

DATE:			Student Risk Screening Scale- Internalizing and Externalizing (SRSS-IE) 2.0 ELEMENTARY USE 2014 - 2015														
TEACHER NAME																	
0 = Never 1 = Occasionally 2 = Sometimes 3 = Frequently Use the above scale to rate each item for each student.			Steal	Lie, Cheat, Sneak	Behavior Problem	Peer Rejection	Low Academic Achievement	Negative Attitude	Aggressive Behavior	Emotionally Flat	Shy; Withdrawn	Sad; Depressed	Anxious	Lonely	SRSS TOTAL	SRSS-IE TOTAL	SRSS-IE TOTAL
Student Name	Student ID	No.															
Smith, Sally	11111	0	0	0	3	1	3	3	3	2	2	2	3	0	13	9	22
		1													0	0	0
		2													0	0	0
		3													0	0	0
		4													0	0	0
		5													0	0	0
		6													0	0	0
		7													0	0	0
		8													0	0	0
		9													0	0	0
		10													0	0	0
		11													0	0	0

What do Internalizing Behaviors “Look Like”



- Laying head down on desk
- Sitting alone at lunch
- Playing alone at recess
- Frequent visits to the nurse (frequent headaches, stomachaches, feeling tired)
- “Staring into space”
- Won’t talk
- Crying
- Needing work to be completed perfectly



As you are completing the SRSS-IE...



- Ask yourself
 - “Am I being objective in my ratings of each child?”
 - “For each item, do I have evidence to support my rating on this item?”



SRSS-IE Cut Scores

Externalizing Scale Score

Scores below 3

Scores of 4 – 8

Scores of 9 or more

“No indication of concern”

“Slightly raised”

“Elevated”

Internalizing Scale Score

Scores of 0 – 1

Scores of 2 – 3

Scores of 4 or more

“No indication of concern”

“Slightly raised”

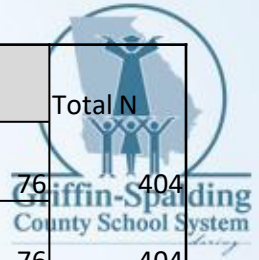
“Elevated”

BASE RATE = ‘SLIGHTLY RAISED’ + ‘ELEVATED’



Schoolwide (N=404) Base Rates

	Total Screened	No indication of concern		Slightly Raised		Elevated		Not Screened		Total N
		%	N	%	N	%	N	%	N	
SRSS Externalizing	328	76.5%	251	18.6%	61	4.9%	16	18.8%	76	404
SRSS Internalizing	328	84.5%	277	10.4%	34	5.2%	17	18.8%	76	404



		Slightly Elevated Ext.		Slightly Elevated Int.		Slightly Elevated Ext.		Elevated Int.		Elevated Ext.		Slightly Elevated Int.		Elevated Ext.		Elevated Int.		
	N Total	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	% Total
School	404	2.48%	10	1.49%	6	0.50%	2	0.74%	3	5.20%								
K	62	0.00%	0	3.23%	2	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	3.23%
1	69	4.35%	3	1.45%	1	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	5.80%
2	72	6.94%	5	1.39%	1	2.78%	2	4.17%	3	15.28%								
3	49	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
4	74	1.35%	1	0.00%	0	0.00%	0	0.00%	0	1.35%								
5	75	1.33%	1	2.67%	2	0.00%	0	0.00%	0	4.00%								

Grade	Teacher	Slightly Elevated Ext.		Slightly Elevated Int.		Slightly Elevated Ext.		Elevated Int.		Elevated Ext.		Slightly Elevated Int.		Elevated Ext.		Elevated Int.	
K	Green					101118, 103045											
1	Thompson Moran	101627 87072, 92825				86439											
2	Coe Echols Barkley	101417, 101995 71668, 87193 88067				78149				81313, 78441				86976, 101941, 94068			
4	Cook	88066															
5	Butler Ingram	94092															



Secondary School



- **WHO** – Completed online by students using **Survey Monkey**.
- **WHEN** – Two times per year:
 - Fall (September) 4 weeks after the start of the school year
 - Winter (January) 4 weeks after the start of second semester



SDQ – Secondary School



- **HOW to administer the SDQ –**

- All students whose parent/guardian's have consented complete the SDQ using the web-based Survey Monkey form.
- Students enter their grade, gender, race/ethnicity and unique ID #'s into the survey form. The universal screening data coordinator de-identifies the data before sending it to GSU for analysis.
- Per the action plan, the SDQ is administered in the school's computer lab. Students rotate through the computer lab throughout the day.
- Per the action plan, at least two educators will coordinate the process on the day(s) of screening.



The Strengths & Difficulties Questionnaire (SDQ)



- A brief behavioral screening questionnaire administered to adolescents using self report.
- 25 items that can be grouped and scored on a number of scales. For low-risk or general population samples the SDQ can be divided into "internalizing problems" and "externalizing problems" for screening purposes.
- It exists in several versions to meet various needs, including alternate forms for parent or teacher completion.

(Goodman et al., 2010)

(Goodman, 2013)

(Goodman, Lamping, & Ploubidis, 2010)



SDQ Administration & Scoring Criteria



- The SDQ is comprised of five scales with five corresponding items
- Each item is scored on a three-point Likert type scale
 - Not true=0; Somewhat true=1; Certainly true=2
- Factor analytically derived tool based on standard classification of psychological disorders



SDQ Scales

- Emotional Problems
- Peer Problems
- Behavioral Problems
- Hyperactivity Problems
- Pro-social Behavior
- Internalizing
- Externalizing

Goodman, Lamping, & Ploubidis, 2010



SDQ Overview

SDQ scales and corresponding items

Emotional Symptoms Scale	Conduct Problems Scale	Hyperactivity Scale	Peer Problems Scale	Prosocial Scale
Often complains of headaches, stomach-aches...	Often has temper tantrums or hot tempers	Restless, overactive, cannot stay still for long	Rather solitary, tends to play alone	Considerate of other people's feelings
Many worries, often seems worried	Generally obedient, usually does what...	Constantly fidgeting or squirming	Has at least one good friend	Shares readily with other children
Often unhappy, downhearted or tearful	Often fights with other children or bullies them	Easily distracted, concentration wanders	Generally liked by other children	Helpful if someone is hurt, upset or feeling ill
Nervous or clingy in new situations	Often lies or cheats	Thinks things out before acting	Picked on or bullied by other children	Kind to younger children
Many fears, easily scared	Steals from home, school or elsewhere	Sees tasks through to the end, good attention span	Gets on better with adults than with other children	Often volunteers to help others



Sample SDQ Form



Strengths and Difficulties Questionnaire

P or T ¹¹⁻¹⁷

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

Young person's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example books, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SDQ Cut Scores

Externalizing Scale Score

Scores below 8

Scores of 9 – 10

Scores of 11 or more

“No indication of concern”

“Slightly raised”

“Elevated”

Internalizing Scale Score

Scores of 0 – 6

Scores of 7 – 8

Scores of 9 or more

“No indication of concern”

“Slightly raised”

“Elevated”

BASE RATE = ‘SLIGHTLY RAISED’ + ‘ELEVATED’



Externalizing Data

Slightly Elevated
Level of Concern
+ Elevated Level
of Concern
= Base Rate

Fall 2016 Data

SRSS-IE

0-3 No Indication of Concern
(77.7%)

4-8 Slightly Elevated Level of
Concern (14.5%)

9+ Elevated Level of Concern
(7.9%)

SDQ

0- No Indication of Concern
(81.5%)

9-10 Slightly Elevated Level of
Concern (10.3%)

11+ Elevated Level of Concern
(8.2%)

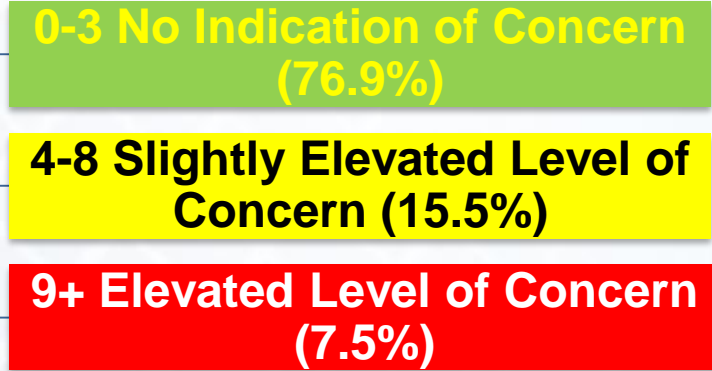


Externalizing Data

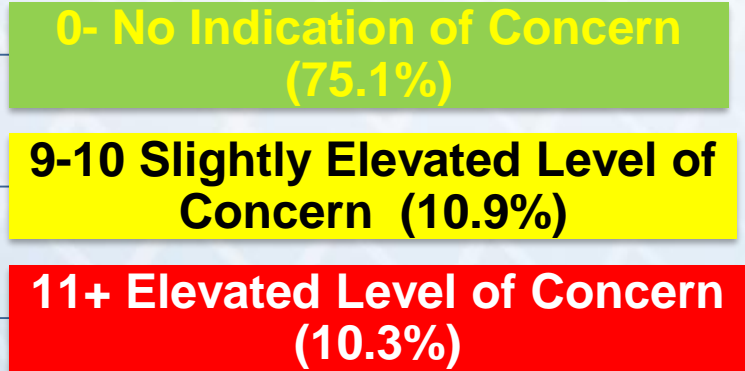
Slightly Elevated
Level of Concern
+ Elevated Level
of Concern
= Base Rate

Spring 2017 Data

SRSS-IE



SDQ



Internalizing Data

Slightly Elevated
Level of Concern
+ Elevated Level
of Concern
= Base Rate

Fall 2016 Data

SRSS-IE

0-1 No Indication of Concern
(86.5%)

2-3 Slightly Elevated Level of
Concern (7.5%)

4+ Elevated Level of Concern
(5.9%)

SDQ

0-6 No Indication of Concern
(63.2%)

7-8 Slightly Elevated Level of
Concern (16.9%)

9+ Elevated Level of Concern
(19.9%)



Internalizing Data

Slightly Elevated
Level of Concern
+ Elevated Level
of Concern
= Base Rate

Spring 2017 Data

SRSS-IE

0-1 No Indication of Concern
(87.8%)

2-3 Slightly Elevated Level of
Concern (6.6%)

4+ Elevated Level of Concern
(5.5%)

SDQ

0-6 No Indication of Concern
(60.1%)

7-8 Slightly Elevated Level of
Concern (15.2%)

9+ Elevated Level of Concern
(21.1%)



Universal Screening Results



School-Wide Base Rate > 20%

Tier I Universal System Support

Sources of Strength

Social-Emotional Curriculum

School-Wide Base Rate < 20%, but Classroom Base Rate > 20%

Tier I Classroom Support

Classroom Check Up

PBIS Classroom Web Chats

School-Wide Base Rate < 20% & Classroom Base Rate < 20%

Tier II Group or Individual Support

Positive Action

Second Step



Universal Screening Academic Screening



Pulse Check:
**Does your school/system have Universal Academic
Screener in place?**



Yes

No



MAP Assessments

What is MAP?

- Measures of Academic Progress® (MAP®) assessments- measure students' growth during the year, inform how educators can differentiate instruction within the classroom, and project proficiency on high-stakes tests (created by Northwest Evaluation Association- NWEA)
- They are computer-based and adapt to each student's instructional level



MAP Assessments

What is MAP?

- They measure specific academic skills and concepts the student has already learned and which ones they're yet to learn (NWEA, 2016).
- They assess grade-level specific content in Math, Reading, and Science



MAP Assessments

What is MAP?

- Millions of K-12 students take MAP assessments nationwide each year.
- MAP assessments are given 3 times per year to monitor students' academic growth and to support teachers' instructional decisions in real-time.



The mission of the Griffin-Spalding County School System is to empower students to graduate college and career ready.

MAP Assessments

MAP In Georgia:

- MAP scores are nationally normed, and scores are linked to different states' high-stakes tests' proficiency scores - including Georgia.



The mission of the Griffin-Spalding County School System is to empower students to graduate college and career ready.

MAP Assessments

MAP In Georgia:

- MAP assessment scores in Math and Reading for Georgia students correlated to Georgia Milestones proficiency scores in grades 3-8 between .79 and .87 correlation: (NWEA MAP Georgia Linking Study, 2016).
 - Extremely strong statistical link between MAP and Milestones proficiency scores
 - Statistical correlation is measured between -1.0 and 1.0
 - 1.0= strongest possible correlation



MAP Assessments

MAP in Griffin-Spalding County Schools:

- MAP assessments serve 3 valuable purposes for Griffin-Spalding County Schools' teachers:

1. **Universal Screener**- To begin the year our teachers assess each student's current mastery of grade-level Math and Reading skills, to support teachers' instructional planning, intervention, remediation, and enrichment decisions.



MAP Assessments

MAP in Griffin-Spalding County Schools:

- MAP assessments serve 3 valuable purposes for Griffin-Spalding County Schools' teachers:

2. Progress Monitoring: During the school year our teachers may utilize different features of MAP assessments to monitor individual students' academic progress based on specific academic interventions teachers provide them



MAP Assessments



MAP in Griffin-Spalding County Schools:

- MAP assessments serve 3 valuable purposes for Griffin-Spalding County Schools' teachers:

3. Growth Over Time: Our teachers utilize MAP to measure students' overall academic growth for the school year. Growth is unique to each student's starting and ending point from Fall to Spring resulting in an "apples to apples" comparisons of how much progress each student specifically made for the year.



MAP Assessments

MAP in Griffin-Spalding County Schools:

- We began administering MAP assessments in Math and Reading in grades K-10 during the 2016-17 school year.
- **We now administer MAP assessments in:**
 - Math (K-10),
 - Reading (K-10)
 - Science (Gr. 3-8)
- **We administer them in:**
 - Fall - August/September
 - Winter - November/December
 - Spring - April/May



MAP NORMS



READING STUDENT STATUS NORMS						
	BEGIN YEAR		MID YEAR		END YEAR	
GRADE	MEAN	SD	MEAN	SD	MEAN	SD
K	141.0	13.54	151.3	12.73	158.1	12.85
1	160.7	13.08	171.5	13.54	177.5	14.54
2	174.7	15.52	184.2	14.98	188.7	15.21
3	188.3	15.85	195.6	15.14	198.6	15.10
4	198.2	15.53	203.6	14.96	205.9	14.92
5	205.7	15.13	209.8	14.65	211.8	14.72



The mission of the Griffin-Spalding County School System is to empower students to graduate college and career ready.

3RD GRADE READING FALL NORM = 188.3



Overall Reading:

	Low	Low Avg	Avg	Hi Avg	Hi	Mean RIT	Standard Deviation
RDG	46%	22%	15%	11%	6%	178	15.2

Informational Text :

	Low	Low Avg	Avg	Hi Avg	Hi	Mean RIT	Standard Deviation
RDG	39%	26%	17%	11%	8%	178	16

Literature:

	Low	Low Avg	Avg	Hi Avg	Hi	Mean RIT	Standard Deviation
RDG	37%	31%	16%	12%	4%	177	15.9

Vocabulary Acquisition and Use:

	Low	Low Avg	Avg	Hi Avg	Hi	Mean RIT	Standard Deviation
RDG	43%	20%	16%	14%	6%	178	16.1



ABILITY TO TIER INTERVENTIONS



Overall Reading:

	Low	Low Avg	Avg	Hi Avg	Hi	Mean RIT	Standard Deviation
RDG	46%	22%	15%	11%	6%	178	15.2

Informational Text :

	Low	Low Avg	Avg	Hi Avg	Hi	Mean RIT	Standard Deviation
RDG	39%	26%	17%	11%	8%	178	16

Literature:

	Low	Low Avg	Avg	Hi Avg	Hi	Mean RIT	Standard Deviation
RDG	37%	31%	16%	12%	4%	177	15.9

Vocabulary Acquisition and Use:

	Low	Low Avg	Avg	Hi Avg	Hi	Mean RIT	Standard Deviation
RDG	43%	20%	16%	14%	6%	178	16.1





Data Driven Decision Making



Griffin-Spalding County School System is transforming our community through a quality public education.

Data-Based Decision Making



- **Data-based Decision Making – The Cycle of Inquiry**

At the heart of MTSS is the use of a data-driven decision making process that provides high quality first instruction for each student and connects students quickly to remedial or enrichment supports. This process supports our classroom teachers by giving them the tools that they need so that the majority of students are successful in core instruction and provides evidence-based Tier 2 and Tier 3 interventions for our most at-risk students. District and school based teams review multiple sources of data and ask these four key questions in the Cycle of Inquiry:

- **Collect and Analyze Data** - What are the needs?

- **Plan and Implement** - What are we going to do about it?

- **Monitor and Adjust** - Is the intervention working?

- **Evaluate and Readjust** - Do we need to change, modify or replace interventions?



Focus on Skill Building





Instagram: [gscsaware](#)



Facebook: [GSCS Project AWARE](#)



Tumblr: [gscsaware](#)



Twitter: [@gscsaware](#)



Griffin-Spalding County School System is transforming our community through a quality public education.

**“It is easier to build
strong children than
to repair broken
men.”**

~ Frederick Douglass





Questions and Comments

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