Participatory Evaluation and Expert Review for Programs Serving Students with Emotional/Behavioral Disabilities (PEER-EBD)

Team Form

Version 7
2021

PEER-EBD - Team Form

Program and School:_____   **Date:**_____

Program Team Members: **Name:**_____   **Role:**_____

                                        Name: _____**Role**: _____

                                        Name: _____**Role**: _____

                                        Name: _____**Role**: _____

                                        Name: _____**Role**: _____

Overview:

The first step of PEER-EBD involves a program self-assessment. This team based self-assessment tool was developed to reflect evidence-based practices, as well as critical indicators of key program features, or domains, such as program foundation and philosophy, classroom or program structure, climate and group process and individualized programming. Your team will use this self-assessment tool to identify program strengths and needs related to indicators of evidence-based practices at each of these domains. This self-assessment contains a list of practices considered by researchers and practitioners to be evidence-based for serving students emotional/behavioral disabilities. Following each practice is a list of indicators that further define this practice, which team members will use to determine the functioning level of the program. See page 5 of the directions for a diagram that illustrates how these various practices and indicators come together to create a comprehensive and effective program.

Team Self-Assessment Directions:

Step One: Creating a Program Team

A program team should be created that includes the following professionals who are regularly involved with your program, such as: the special education teacher(s), paraprofessionals, school psychologist and/or counselors, mental health professionals, and the administrator(s) that works regularly with the program. Next a facilitator is identified for the process. This can be an experienced behavior consultant from outside your district or program (which is often helpful at gathering baseline data) or someone with behavioral expertise within your district. We suggest that it not be the program administrator so that s/he can participate as part of the team. The facilitator will facilitate the team meeting and record the group ratings throughout the process. Once the team has been identified, schedule a 1-1.5 hour meeting within the following few weeks, at which the team will share their individual responses and you will develop a group consensus on your ratings.

Step Two: Preparing for the Self-Assessment Team Meeting

Prior to the meeting, each team member should look over the entire self-assessment and rate each indicator of the evidence-based practice based on the rating scale below. The total for the evidence-based practice is the sum for all of the indicators for that practice. This score is included in the team ratings for each of the practices. Additionally, it is helpful to jot down any comments or questions pertaining to the evidence-based practices and indicators for the purposes of the team discussion.

Step Three: During the Self-Assessment Team Meeting

The team facilitator should schedule a 1-1.5 hour block of time for the team meeting. As the program team you will discuss the results of each member's individual self-assessments to develop a consensus about how your program is functioning compared to the evidence-based practices and indicators listed. The facilitator will record the final ratings on this *Team Self-Assessment* form, along with relevant comments and questions for each best practice statement and/or indicator. The facilitator can also

.

collect current data on such things as office discipline referrals, referrals to student support teams, and other practices referenced in the self-assessment discussion. Documentation such as program descriptions and school policy manuals should be referenced as part of the final rating process.

For each rated practice, the facilitator asks each team member to share his/her total score and records a tally mark representing that score along the scoring bar located under each item. As a team, discuss to what degree each practice is being used in your program, based on the scores being reported and the current data related to each practice. If there is a significant discrepancy between various team members' individual scores, we suggest that the team then discuss the ratings given to each of the indicators listed under the practice to clarify the different perspectives and come to a consensus.

Step Four: Prioritizing Areas for Improvement
As a team, review the entire self-assessment study and identify the evidence-based practices your team rated as either not yet, partially, or moderately in place. Discuss these practices and prioritize which practices and indicators your team feels will bring the greatest enhancement to your program. We suggest that your team identify one evidence-based practice per component to place on the Priorities for Improvement form on the last page of your group's packet. This list will serve as the basis for discussion as you develop a program improvement action plan. Determine what actions, resources, or activities are necessary to enhance the implementation of the identified priorities and establish a timeline for completing them.

Be sure to determine a criteria or outcome measure that the team feels will indicate that you have successfully made the desired improvements as well as to schedule meetings to evaluate progress towards your action plan. At least annually, the program team should reconvene to complete another full self-assessment to determine if you program is making the desired changes. The results should be compared to measure progress. If your program is gathering baseline data the district/program may want to wait until they receive the report and the recommendations from the consultant(s) to implement this part of the process.

Step Five: Compiling Ratings and Priorities
If your school or program has contracted with PEER-EBD consultant, once your team has completed the self-assessment study and developed an action plan, the Self-Assessment Facilitator will collect the individual and team materials and send a copy of all of the self-assessment forms (with all individually identifying information removed and replaced with a code) to the building or special education administrator, who will share them with the consultants. They will reference it when they visit schools. This information may also be compiled to determine the potential for future development of the self-assessment tool.

The PEER-EBD Review Rating Scale:

5 = This evidence-based practice is **fully in place**. Comprehensive data on program effectiveness is available for review, staff implementation of practice is consistently observable and detailed program documentation has been developed which suggests that each indicator is implemented across program staff with high degree of consistency and fidelity of implementation. The practice requires only maintenance of effort at this time.

4 = This evidence-based practice is **mostly in place**. Ample data on program effectiveness is available for review, staff implementation of practice is frequently observable and enough program documentation has been developed to suggest that most indicators are functioning and are mostly implemented across program staff with consistency and fidelity of implementation. However, one or two indicators are not fully in place, or there may be some issues with the consistency of practice implementation across settings, time of day or staff that suggest this practice requires additional work to be considered fully in place.

3 = This evidence-based practice is **moderately in place**. Some data on program effectiveness is available for review, staff implementation of practice is observed throughout most of the observation and some program

.

documentation has been developed. However, at least half of the indicators need to be further developed and/or there are some issues with the consistency of practice implementation across settings, time of day staff.

2 = This evidence-based practice is only **partially in place**. Little data on program effectiveness is available, staff implementation of practice is intermittent and little program documentation has been developed. Most of the indicators need to be further developed and/or there are several issues with the consistency of practice implementation across settings, time of day and/or staff.

1 = This evidence-based practice is **not yet in place**. Little data on program effectiveness is available, staff implementation of practice is infrequent and no program documentation has been developed. Most of the indicators need to be further developed and/or there are clear issues with the consistency of practice implementation across settings, time of day and/or staff.

Note: If you do not know what a practice or indicator is please enter a 1.

<u>**Team Scoring Example:**</u>
4.6. All aspects of the student's program are culturally responsive. Therefore, staff have:
　　　6.1 Ongoing training in multicultural perspectives, issues, and awareness.
　　　6.2 Access to information and materials related to a variety of cultural perspectives.
　　　6.3 Curriculum resources reflecting diverse cultures and perspectives.

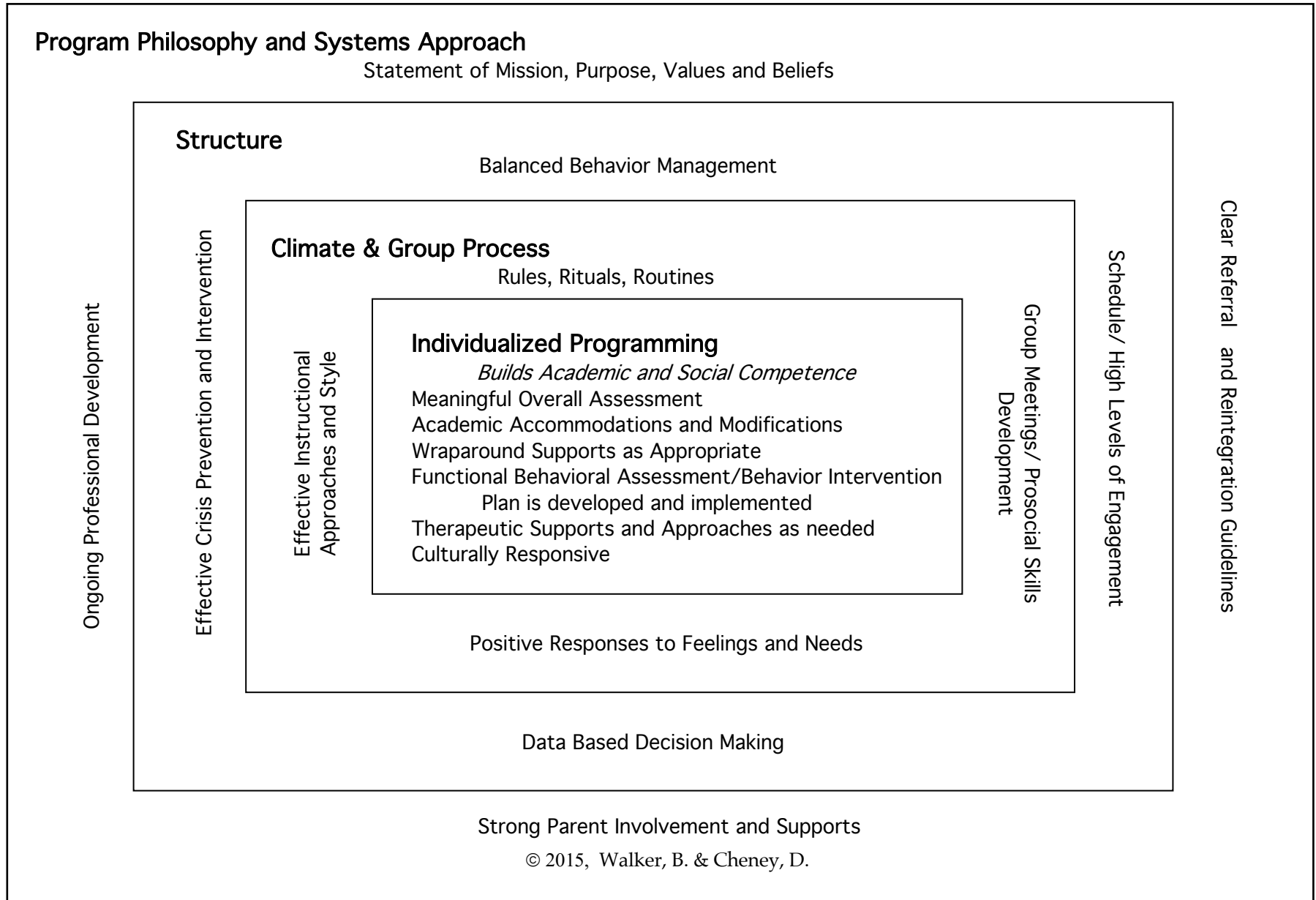| √	√	√ √ √	√	
3 - 4 Not in Place 1	**5 - 7** Partially 2	**8 - 10** Moderately in Place 3	**11 - 13** Mostly 4	**14 - 15** Fully in Place 5

Record a tally mark that represents the total scores of each practice from all the individual team members and then circle the box that contains the majority of the team's scores. This will indicate the level at which this entire evidence-based practice is in place. Where there are larger discrepancies discuss the reasons and perspectives for the ratings and if necessary adjust the scores at the conclusion of the discussion. The goal of this step in the process is to give the team members time to share their experiences and reasoning, then establish a group consensus on the functioning of the practice.

Monitoring progress across time: In order to visually display changes in the scores across time, the leadership team can enter the total scores for each evidence-based practice into a spreadsheet program after each self-assessment meeting. This will allow the team to generate line or bar graphs that display changes in scores over time. This provides an "at a glance" summary of the team's ratings. The team can also use the ratings on the individual indicators to develop an action plan to enhance a particular evidence-based practice.

Thanks for your involvement!
Bridget Walker and Doug Cheney

.

Figure 1. Indicators of an Effective EBD Program for the 21st Century

Program Philosophy and Systems Approach
Statement of Mission, Purpose, Values and Beliefs

Structure
Balanced Behavior Management

Climate & Group Process
Rules, Rituals, Routines

Individualized Programming
Builds Academic and Social Competence
Meaningful Overall Assessment
Academic Accommodations and Modifications
Wraparound Supports as Appropriate
Functional Behavioral Assessment/Behavior Intervention
Plan is developed and implemented
Therapeutic Supports and Approaches as needed
Culturally Responsive

Positive Responses to Feelings and Needs

Data Based Decision Making

Strong Parent Involvement and Supports

© 2015, Walker, B. & Cheney, D.

Ongoing Professional Development

Effective Crisis Prevention and Intervention

Effective Instructional Approaches and Style

Group Meetings/ Prosocial Skills Development

Schedule/ High Levels of Engagement

Clear Referral and Reintegration Guidelines

<u>Domain 1: Program/Classroom Foundation and Philosophy</u>
Evidence-based Practices and Indicators

1.1. The program/classroom has an identifiable, overarching philosophy, including a statement of mission and purpose that guides decision-making and practice. This philosophy and mission statement:

1.1.1   Emphasizes the positive potential of students with EBD.
1.1.2   Is connected to research and evidence-based practices.
1.1.3   Reflects the context of the local community and setting.
1.1.4   Is known by all staff and infused in daily program/classroom activities.
1.1.5   Emphasizes equal attention to building academic/vocational and social/emotional competence.

5 - 7 Not in Place 1	8 - 12 Partially 2	13 - 17 Moderately in Place 3	18 - 22 Mostly 4	23 - 25 Fully in Place 5

1.2. Clear program referral and reintegration guidelines exist that include:

1.2.1   The program philosophy, focus and mission statement.
1.2.2   Types of services available within the setting.
1.2.3   How students with EBD are best served within the setting.
1.2.4   All necessary pre-referral assessments and interventions, such as functional behavior assessment, behavioral plans, progress monitoring data, academic, and cognitive assessments.
1.2.5   Student background information, IEP, and related information
1.2.6   Systematic inclusion and re-integration opportunities that are identified, defined, and integrated throughout the program, as well as in student IEPs.

5 - 7 Not in Place 1	8 - 12 Partially 2	13 - 17 Moderately in Place 3	18 - 22 Mostly 4	23 - 25 Fully in Place 5

1.3. Ongoing professional development is a regularly scheduled part of staff activities:

1.3.1   Professional development is a routine part of every staff's schedule.
1.3.2   Activities support networking with other professionals working with EBD students.
1.3.3   Address relevant topics such as: instructional and assessment strategies, classroom and behavior management techniques, crisis intervention strategies, parent involvement approaches, medications, team building and communication skills.
1.3.4   Includes opportunities to meet supervision and licensure standards.

4 - 5 Not in Place 1	6-9 Partially 2	10-14 Moderately in Place 3	15-18 Mostly 4	19 - 20 Fully in Place 5

1.4. Families are integral to the program and they are involved and supported in:
1.4.1   Developing, supporting and monitoring of their child's program.
1.4.2   Identifying necessary community contacts that work with them/their children.
1.4.3   Collaborating with parent on effective intervention planning and implementation.
1.4.4   Working with parent groups to develop effective advocacy strategies.
1.4.5   Working with families to enhance skills & implement effective student supports as needed.

5 - 7	8 - 12	13 - 17	18 - 22	23 - 25
Not in Place	Partially	Moderately in Place	Mostly	Fully in Place
1	2	3	4	5

Team comments or questions about Domain 1: Program/Classroom Foundation & Philosophy-

Domain 2: Classroom Structure
Evidence-based Practices and Indicators

2.1. Effective and systematic data collection techniques are used to monitor daily functioning, drive program planning, and evaluate student progress.

2.1.1   Meaningful data on student performance is recorded daily and feedback is provided to students throughout their day.
2.1.2   Data collection is efficient, easy to maintain, and useful to staff, students and families.
2.1.3   Data regarding performance and progress is communicated regularly with parents and others involved in student's life and treatment.
2.1.4   Data are reviewed regularly and used for program planning, decision-making, and in IEP development and implementation.

4 - 5 Not in Place 1	6 - 9 Partially 2	10 - 14 Moderately in Place 3	15 - 18 Mostly 4	19 - 20 Fully in Place 5

2.2. Scheduling of activities promotes high levels of engagement and student progress is evident throughout the day by:

2.2.1   High levels of positive staff /student interaction occur throughout the day.
2.2.2   Well managed movement between locations and activities.
2.2.3   Use of the Premack Principle, i.e., difficult or low interest activities are followed by high interest, high motivation activities.
2.2.4   Students are engaged in meaningful learning activities for a majority of the day.
2.2.5   Well planned supervision and available activities during unstructured time.
2.2.6   Providing opportunities for success in independent and group activities.

6 - 8 Not in Place 1	9 - 14 Partially 2	15 - 21 Moderately in Place 3	22 - 27 Mostly 4	28 - 30 Fully in Place 5

2.3. Effective behavior management strategies are used by all staff across all aspects of the program:

2.3.1   Behavior management is embedded in instruction and across all daily activities.
2.3.2   Positive reinforcement rates are higher than negative or corrective feedback (5:1 ratio)
2.3.3   Praise statements are specific and descriptive so that students understand how they are using positive behavior.
2.3.4   Staff demonstrate effective limit setting techniques when challenging behaviors emerge.
2.3.5   Data is reviewed to assure program practices and decision-making are equitable and student centered.

5 - 7 Not in Place 1	8 - 12 Partially 2	13 - 17 Moderately in Place 3	18 - 22 Mostly 4	23 - 25 Fully in Place 5

2.4. Meaningful expectations, procedures and routines are integrated into the schedule and program environment, which promote student success and minimize opportunities for disruptive behavior:

2.4.1   Expectations are stated positively, are easy to understand, identify behaviors for success, and are consistently enforced.

2.4.2   Students understand and can articulate rules, expectations, and classroom routines.

2.4.3   Clear expectations are taught and practiced frequently as classroom social skills.

2.4.4   Routines are established and practiced for transitions, classroom activities, ignoring disruptive behaviors, and emergencies such as fire drills etc.

2.4.5   Signals, prompts, or cues are consistently used for communication, transitions, instruction, and classroom management.

2.4.6   Rituals/celebrations involving both staff and students are established for significant life or learning events such as acknowledging student progress, birthdays, or a student joining or leaving the group etc.

6 - 8	9 - 14	15 - 21	22 - 27	28 - 30
Not in Place	Partially	Moderately in Place	Mostly	Fully in Place
1	2	3	4	5

Team comments or questions about Domain 2: Classroom Structure-

Domain 3: Climate and Group Process
Evidence-based Practices and Indicators

3.1. Effective instructional strategies and techniques are utilized by all staff involved in the program, creating a motivating learning environment:
3.1.1   A high level of emphasis is placed on learning and academic/vocational success.
3.1.2   Staff use the basic components of effective instruction (clear objectives, anticipatory set, modeling, check for understanding, guided and independent practice, evaluative feedback and correction, etc.)
3.1.3   A variety of instructional strategies are used daily, such as cooperative learning, direct instruction, group and individualized instruction, etc.
3.1.4   Learning activities are developmentally and cognitively appropriate and are designed so that students experience high rates of success.
3.1.5   Staff and students have access to quality instructional materials, activities, and general education curriculum.
3.1.6   Staff are aware of state and local standards regarding learning goals.

6 - 8	9 - 14	15 - 21	22 - 27	28 - 30
Not in Place	Partially	Moderately in Place	Mostly	Fully in Place
1	2	3	4	5

3.2. Social Emotional Learning (SEL) is part of the daily schedule and opportunities are provided to use these skills in activities that promote skill fluency and generalization.
3.2.1   Targeted skills are identified based on individual student needs.
3.2.2   SEL uses evidence-based curriculum and activities.
3.2.3   Instruction of SEL is integrated with frequent opportunities to generalize new skills in situations throughout the day.
3.2.4   Students learn personal/interpersonal skills that enable them to give constructive and positive feedback to one another as part of class meetings and learning activities.

4 - 5	6 - 9	10 - 14	15 - 18	19 - 20
Not in Place	Partially	Moderately in Place	Mostly	Fully in Place
1	2	3	4	5

3.3 Group/Class Meetings (e.g. morning meeting, goal setting, check in etc.) are a part of the daily schedule and provide opportunities for students to develop and practice effective interpersonal skills in realistic situations:
3.3.1   Staff effectively use the stages of group formation and the dynamics of effective group management.
3.3.2   Staff and students participate in well-managed group meetings and activities together.
3.3.3   Students are taught the steps of effective group meetings and cooperative learning and participate in facilitating them when appropriate.

3 - 4	5 - 7	8 - 10	11 - 13	14 - 15
Not in Place	Partially	Moderately in Place	Mostly	Fully in Place
1	2	3	4	5

3.4. Positive responses to feelings/needs are evident throughout staff and student interactions. Expectations are developed and enforced that protect staff and students' psychological and physical safety, and that promote positive interactions:

3.4.1   Students acknowledge the contributions of all members of the group.

3.4.2   Staff respond to the feelings related to a specific behavior when a student is becoming dysregulated or otherwise struggling.

3.4.3   Students are taught effective ways to communicate their needs, feelings, and opinions and staff respond to these expressions.

3.4.4   Staff model effective feedback and communication skills with one another, students, and family members.

4 - 5 Not in Place 1	6 - 9 Partially 2	10 - 14 Moderately in Place 3	15 - 18 Mostly 4	19 - 20 Fully in Place 5

3.5. Effective crisis prevention and early intervention strategies are used which emphasize the use of restorative, trauma informed approaches and non-aversive approaches:

3.5.1   Staff understand the levels of escalating behaviors and implement appropriate corresponding intervention strategies.

3.5.2   A clear process for addressing dysregulated behavior early and redirecting the student prior to self-calming strategies is observed in the environment.

3.5.3   The setting provides a private area away from the center of activity for students to regain control, talk privately with staff, and problem solve effectively (e.g. calming or reset corner, sensory space etc.).

3.5.4   Staff are routinely trained in and practice crisis intervention strategies, verbal de-escalation techniques.

3.5.5   Following any crisis, staff use techniques such as debriefing, problem solving, and reintegration discussions, while maintaining student dignity and rebuilding staff/student relationships.

3.5.6   Staff know and follow state and district guidelines for the use of aversive interventions.

3.5.7   Crisis intervention techniques are explained in detail to parents and students as they enter the program.

3.5.8   Staff understand the dynamics of counter aggression and its effects on their behavior (e.g. the conflict cycle).

3.5.9   Sensory options and/or spaces are available to students to assist in self-calming and regaining regulation.

9 - 13 Not in Place 1	14 - 22 Partially 2	23 - 31 Moderately in Place 3	32 - 40 Mostly 4	41 - 45 Fully in Place 5

Team comments or questions about Component 3: Climate/Group Process-

Domain 4: Individualized Programming
Evidence-based Practices and Indicators

4.1. Individual student programming is based on a meaningful overall assessment:

4.1.1   Academic, SEL and behavioral informal assessments are administered frequently.

4.1.2   Student strengths as well as areas of concerns are identified as part of a whole child focus.

4.1.3   Academic, social/emotional, developmental, communication and transition needs are identified

4.1.4   An assessment of the student's ecology; including family, other care providers and relevant community connections is included.

4 – 5	6 - 9	10 - 14	15 - 18	19 - 20
Not in Place	Partially	Moderately in Place	Mostly	Fully in Place
1	2	3	4	5

4.2. A Functional Behavior Assessment (FBA) regarding the student's ongoing pattern of behavior is completed and regularly updated throughout the program.

4.2.1   The FBA is based on data and information taken within the setting, as well as taking into account contributing factors from the student's history and ecology.

4.2.2   The FBA should identify one or more hypotheses about the function of the behavior based on this information.

4.2.3   Hypotheses are verified through environmental manipulations.

4.2.4   The FBA involves a data based assessment of behavior, including setting events, triggering antecedents, the problem behavior, and maintaining consequences.

4.2.5   Staff are trained in completing the FBA, integrate this information into a Behavior Intervention Plan (BIP), and coordinate it with the IEP.

4.2.6   Results of the FBA/BIP are shared with family members and/or care providers.

6 - 8	9 - 14	15 - 21	22 - 27	28 - 30
Not in Place	Partially	Moderately in Place	Mostly	Fully in Place
1	2	3	4	5

4.3. Behavior intervention plans (BIP) are based on the FBA and other information gained from the assessment and are regularly updated as part of the student's individualized program. The BIP:

4.3.1   Addresses triggering antecedents, problem behaviors, and consequences.

4.3.2   Emphasizes achieving academic, vocational, and/or social success

4.3.3   Addresses the function of the problem behavior, skill deficits and environmental conditions that interfere with the use of positive SEL skills.

4.3.4   Is regularly updated based on relevant data.

4.3.5   Is implemented consistently by all staff.

5 - 7	8 - 12	13 - 17	18 - 22	23 - 25
Not in Place	Partially	Moderately in Place	Mostly	Fully in Place
1	2	3	4	5

4.4. Therapeutic supports are used for students' psychological, emotional and /or mental health needs. These supports:

4.4.1   Emphasize helping the student understand and address issues or conditions that may be underlying or driving their behaviors of concern.

4.4.2   Focus on strengthening social cognitive development such as problem solving, increasing social awareness, enhancing self-awareness and developing self-regulation skills.

4.4.3   Help students understand how their thoughts, feelings, and perceptions may be contributing to patterns of problematic behaviors.

4.4.4   Are directly connected to other aspects of the student's program.

4 - 5	6 – 9	10 - 14	15 - 18	19 - 20
Not in Place	Partially	Moderately in Place	Mostly	Fully in Place
1	2	3	4	5

4.5. Wraparound supports are used when appropriate for the student and the family to involve other agencies in supporting the student. School staff:

4.5.1   Are familiar with a multi-agency wraparound approach.

4.5.2   Are involved with other agencies or providers as necessary to provide other types of support for the student and/or family.

4.5.3   Are included as needed with representatives from other agencies in the planning and implementation of a student's comprehensive program.

4.5.4   Advocate for the student's needs within the larger social service network.

4.5.5   Have a schedule that allows them to make contact with other services and supports when needed.

5 - 7	8 - 12	13 - 17	18 - 22	23 - 25
Not in Place	Partially	Moderately in Place	Mostly	Fully in Place
1	2	3	4	5

4.6. All aspects of the student's program are culturally responsive. Therefore, staff have:

4.6.1   Ongoing training in culturally responsive teaching, multicultural awareness, diverse identities, and equitable practices.

4.6.2   Access to information, experiences and resources related to the cultural and ethnic backgrounds of the students that can be integrated into student plans and instruction.

4.6.3   Curriculum resources reflecting diverse cultures, identities and perspectives are part of daily instruction and activities.

3 - 4	5 - 7	8 - 10	11 - 13	14 - 15
Not in Place	Partially	Moderately in Place	Mostly	Fully in Place
1	2	3	4	5

Team comments or questions about Domain 4: Individualized Programming-

Determine Priorities for Improvement:

- Review the results of the self-assessment and identify at least one evidence-based practice for each component to focus on improving throughout the next year. Review the indicators listed with these practices to help you develop specific, measurable objectives for improvement.

- In the space below, record these objectives, briefly summarize the activities related to addressing each objective, as well as a plan for measuring progress. Throughout the year review progress made towards fully implementing these objectives.

Objective for Domain 1:	Activities:	Evaluation:
Objective for Domain 2:	Activities:	Evaluation:
Objective for Domain 3:	Activities:	Evaluation:
Objective for Domain 4:	Activities:	Evaluation: