

PBIS Within a MTSS Framework: 2019/20 Tier 2 School Level Readiness Checklist

District: _____ Date: _____

School: _____

Coach or Team Lead _____

Completed?	Description and Evidence
<input type="checkbox"/>	<p>1. The Administrator is committed to implementing and supporting Tier 2, which includes regular involvement, resource allocation, the installment of Tier 2 systems and practices, and regular data collection for decision making and sharing with all staff.</p>
<input type="checkbox"/>	<p>2. A Tier 2 Leadership Team is tentatively identified to oversee implementation of Tier 2 practices, data, and systems which includes Check-In/Check-Out. This team:</p> <ul style="list-style-type: none"> a. may consist of either a subgroup of a Tier 1 PBIS or MTSS team b. will meet on a monthly basis c. will attend the 3-day tier 2 school level training days on Oct 10 and 11, 2019 and Feb 7, 2020 <p>List day of week and time of day for your monthly meetings (e.g. 2nd Monday of the month at 3:00)</p> <p>_____</p> <p>Please review the scope of the project and items above with all team members. Have them print and sign their name at the end of this document.</p>
<input type="checkbox"/>	<p>3. The Tier 2 team or a small subset of the team is committed to progress monitoring the impact of Tier 2 interventions on student behavior and analyzing it weekly to make timely, instructional decisions about student response to interventions.</p>
<input type="checkbox"/>	<p>4. The school has implemented Universal/Tier 1 PBIS to fidelity, as indicated by an appropriate score on a PBIS fidelity measure.</p> <p>Mark which measure your school uses:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Benchmarks of Quality (BoQ) <input type="checkbox"/> Tiered Fidelity Inventory (TFI) <input type="checkbox"/> School-wide Evaluation Tool (SET) <p>Total Score on the measure (as a percentage): _____% Date of Completion: _____</p>
<input type="checkbox"/>	<p>5. The school has established schoolwide expectations. Please list your PBIS schoolwide expectations below:</p> <p>_____</p> <p>_____</p> <p>_____</p>

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Completed?	Description and Evidence
	<p>6. The schoolwide expectations are valued and used in the majority of the classrooms. Please estimate the percentage of classrooms that use the <i>schoolwide</i> expectations as the <i>classroom</i> expectations. (Note that the expectations are different than rules.)</p> <p>_____ %</p> <p>Attach any evidence or documentation of use of schoolwide expectations in a classroom(s), such as a classroom rules matrix, photo of a picture of expectations in classroom, etc.</p>
<input type="checkbox"/>	<p>7. Our school utilizes a data system which is able to:</p> <ol style="list-style-type: none"> answer the <i>who, what, when, where</i> and <i>why</i> about behavior office discipline referrals (<i>e.g., referrals by person(s), by what happened, when it happened, where it happened, and why it happened (i.e., function of behavior)</i>) present the data in an easy-to-read graphical format <p>Please indicate which system is currently in use:</p> <p><input type="checkbox"/> SWIS <input type="checkbox"/> Excel spreadsheet <input type="checkbox"/> Other: _____</p> <p>Please indicate any other screening data sources you use for decisions about behavioral support for students:</p> <p>_____</p>
<input type="checkbox"/>	<p>8. The Tier 2 Leadership Team is committed to using fidelity measures to assess implementation of Check-In/Check-Out. These will be provided as part of the training series.</p>
<input type="checkbox"/>	<p>9. The team agrees to share data with CDE for purpose of evaluating state efforts. This includes sharing office discipline referral data, Tiered Fidelity Inventory data, progress monitoring graphs that are non-identifiable, and the number of students with disabilities served in Tier 2.</p>

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As administrator for this school, I understand the commitment and readiness items listed and agree to support the implementation of Tier 2 systems and practices:

Principal Name: _____

Principal Signature: _____

Date: _____

Please review the scope of the project and the items above with those that are attending the training. Have them print and sign their name below.

Name (Please Print)	Title	Signature