

# Tiered Fidelity Inventory



## TFI Tier 3

# CROSSWALK

Academics

Behavior

Early Childhood

High School

Mental Health



# Tiered Fidelity Inventories (TFI)

## Behavior (SWPBIS-TFI)

*School-wide PBIS Tiered Fidelity Inventory.*  
OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports  
Algozzine, B., Barrett, S., Eber, L., George, H., Horner, R., Lewis, T., Putnam, B., Swain-Bradway, J., McIntosh, K., & Sugai, G (2014).  
<https://www.pbisapps.org/Applications/Pages/PBIS-Assessment-Surveys.aspx#tfi>

## + ELABORATIONS

## Academics (R-TFI)

Reading Tiered Fidelity Inventory Elementary Level & Secondary Level, Version 1.3,  
January 2018. St. Martin, K., Nantais, M., Harms, A.  
<https://miblsi.org/sites/default/files/Documents/Evaluation/Fidelity/RTFI>

## Early Childhood

*Facilitating Individualized Interventions to Address Challenging Behavior*, 2011  
Kwang-Sun Cho Blair, Ph.D. & Lise Fox, Ph.D.

*Prevent-Teach-Reinforce for Young Children: The Early Childhood Model of Individualized Positive Behavior Support.* Dunlap, et al. Paul H. Brooks Publishing Co., Baltimore, Maryland, 2013.

*Prevent-Teach-Reinforce for Families: The Model of Individualized Positive Behavior Support for Home and Community.* Dunlap, et al. Paul H. Brooks Publishing Co., Baltimore, Maryland, 2017.

## High School

*Evaluating Prevent-Teach-Reinforce (PTR) in a High School Setting*, Kaitlin Sullivan-Sullivan. University of South Florida, 2016

*Prevent-Teach-Reinforce 2<sup>nd</sup> edition (in print)* Rose Iovanonne PTR presentation at APBS Conference, 2018. PTR-Secondary adaptation of assessment PTR forms and interventions aligned with typically occurring events in high school.

*Prevent-Teach-Reinforce.* Glen Dunlap, Rose Iovanonne, Donald Kincaid, Kelly Wilson, Kathy Christiansen, Philip Strain, Carie English. Brooks Publishing, 2010.

## Mental Health Integration

*ISF Action Planning Companion Guide to SWPBIS-Tiered Fidelity Inventory, v.2.0*, February 2016,  
[www.midwestpbis.org](http://www.midwestpbis.org)

## 3.1 Team Composition

## 3.2 Team Operating Procedures

<b>Behavior</b> (SWPBIS-TFI)	<p>Tier III systems planning team (or combined Tier II/III team) includes a Tier III systems coordinator and individuals who can provide (a) applied behavioral expertise, (b) administrative authority, (c) multi-agency supports (e.g., person centered planning, wraparound, RENEW) expertise, (d) knowledge of students, and (e) knowledge about the operations of the school across grade levels and programs.</p> <p><b>PBIS Big Idea:</b> Effective PBIS teams are knowledgeable, representative of stakeholders, and have administrative authority.</p> <p>Tier III team meets at least monthly and has (a) regular meeting format/agenda, (b) minutes, (c) defined meeting notes, and (d) a current action plan.</p> <p><b>PBIS Big Idea:</b> Teams with defined roles, consistent procedures, and an ongoing action plan make effective and efficient decisions.</p>
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### + ELABORATIONS

<b>Academics</b> (R-TFI)	<p><b>Elementary:</b> Grade-Level Teams continue to use a problem-solving process to support ALL students with intensive reading needs.</p> <p><b>Secondary:</b> A School Leadership Team defines a process for students with reading skill deficits to access interventions.</p> <p>Both Grade-Level Teams and School Leadership Teams use an effective team meeting process.</p>
<b>Early Childhood</b>	<p>The established Leadership Team examines data monthly and makes decisions resulting in greater implementation and intervention fidelity. This data-decision making team “asks questions” using multiple data sources to identify and understand the complexity of factors influencing an issue or concern identified by examining data. Making a data-based decision is best conducted as a team because multiple perspectives are needed to ensure interpretations of the data are carefully considered.</p>
<b>High School</b>	<p>In High School, a Tier 2/3 systems team includes a coordinator and individuals who have behavioral expertise, administrative authority, multi-agency representation and knowledge about the operations of the school across departments and programs. The Tier 2/3 systems team in high school is responsible for:</p> <ol style="list-style-type: none"><li>1) Identifying students who need additional behavior/academic/social emotional support, as well as those students who have the most significant emotional and behavioral challenges</li><li>2) Designing a continuum of Tier 2/3 interventions</li><li>3) Identifying, training and coaching school staff member(s) to be building-level coaches,</li><li>4) Receiving and providing ongoing technical support and training</li><li>5) Creating entry/exit criteria based on screening data</li><li>6) Using data-based decision making to monitor student progress,</li></ol> <p>All team members need to be involved and committed to a systematic process for team meeting foundations and problem solving.</p>
<b>Mental Health Integration</b>	<p>Tier III systems planning teams include community employed and school employed staff with mental health expertise. These teams include a family and student as active team members. Community partner roles at Tier III are clearly defined through MOU's. Teams review role and utilization of school and community employed clinicians. Staff responsible for implementing individualized Tier III interventions have the credentials, expertise, skill sets needed, and/or receive appropriate professional development.</p> <p><b>ISF Big Idea:</b> Community partners who are familiar with operations of school can enhance the school-based team to promote healthy social emotional functioning for ALL students.</p> <p><b>ISF Big Idea:</b> When community data is reflected in action planning process, this broader context can support the needs of students across home, school and community.</p>

## 3.3 Screening

<b>Behavior (SWPBIS-TFI)</b>	<p>Tier III team uses decision rules and data (e.g., ODRs, Tier II performance, academic progress, absences, teacher/family/student nomination) to identify students who require Tier III supports.</p> <p><b>PBIS Big Idea:</b> Quick access to additional supports increases the likelihood of student success.</p>
<b>+ ELABORATIONS</b>	
<b>Academics (R-TFI)</b>	<p>The school has a formal process, initiated by a students' lack of response to previous interventions, for requesting assistance from the Student Support Team. Teachers use the process for ALL students who have not responded to previous intensive interventions.</p>
<b>Early Childhood</b>	<p>A Decision Tree is used to determine if additional teaching tools are needed for students who are exhibiting challenging behaviors:</p> <ol style="list-style-type: none"><li>1) Gather information and Determine Student Need</li><li>2) Identify Problematic Routines and Determine the levels of Problem Behavior and Engagement</li><li>3) Identify Environmental Stimuli and Determine Functions of Problem Behavior and Child's Preferences</li><li>4) Design a Support Plan by Selecting Strategies from Routine Based Support Guide</li><li>5) Implement the Support Plan and Monitor Child Progress</li></ol> <p>Early Childhood programs develop a mechanism for identifying when a child is having troubling behavior incidents (either internalizing or externalizing). Behavior Incident Reports (BIR) are used to gather initial information about the context surrounding the behavior incident. Data is also collected on the child in collaboration with classroom teacher and family to determine the child's support needs.</p>
<b>High School</b>	<p>High School Tier 2/3 systems team uses decision rules and data (e.g., ODRs, Tier II performance, academic progress, absences, community issues, teacher/family/student nomination) to identify students who require Tier III supports. Additional screening data is collected from the student. Quick access to additional supports and student involvement in the screening process increases the likelihood of student success.</p>
<b>Mental Health Integration</b>	<p>School and community employed staff participate on Tier III Systems teams, along with family/youth, to consider possible screening data, additional screening tools (e.g. trauma screening for individual students) and to review data for students in need of Tier III supports. The integrated Tier III Systems team is trained to fluency in and available to facilitate screening tools with individual families (e.g. "Family Check-up") to assess individualized needs for either school or community-based supports.</p> <p><b>ISF Big Idea:</b> Mental health/community and family/student participation in data review can a) provide a broader perspective and b) offer additional screening tools, for ensuring all youth in need of Tier III are identified as soon as possible.</p>

## 3.4 Student Support Team

### Behavior (SWPBIS-TFI)

For each individual student support plan, a uniquely constructed team exists (with input/approval from student/family about who is on the team) to design, implement, monitor, and adapt the student specific support plan.

**PBIS Big Idea:** A multi-disciplinary approach guided by student and family input and approval is more likely to result in a plan that all will buy-into, actively participate in, thus increasing the likelihood of successful outcomes.

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### Academics (R-TFI)

A Student Support Team is established for each student who has not responded to previous intensive interventions and includes team members with reading and behavior expertise, a classroom teacher, parent and staff providing intensive intervention support. There is a feedback loop established with the school principal to communicate decisions from Student Support Team meetings.

Teams use and effective team meeting process: 1) team meets in person weekly, meeting roles are assigned and used, absent team members receive updates promptly following the meeting, team completed assignments and documents progress outlined on an action plan within designated timelines.

### Early Childhood

A cohesive team is established committed to being involved in a process to help the child with significant challenging behaviors. Team composition involves family members, teachers, and other stakeholders who are responsible for intervention and who exert direct or indirect influence on the life of the child. The size of the team is determined by the needs of the child, the classroom teacher, and available resources/supports in and outside of the program or school.

The primary responsibility of all team members are to:

- 1) attend and participate with team meetings
- 2) contribute to the function-based assessment and intervention planning
- 3) contribute to the implementation of the plan, data collection, progress monitoring and decision-making

Collaborative meetings guide team members in making decisions based on data and provides opportunities for consensus building. Although not all members will be directly involved in the intervention implementation and monitoring process, all members should be responsible for participation in the intervention plan development and evaluation of the child's progress and intervention outcome.

The team assigns and rotates key roles by designating different members at each team meeting to ensure team decisions reflect everyone's contribution and meetings proceed as efficiently and effectively as possible. Roles include facilitator, timekeeper, recorder, observer, and developer of the next meeting's agenda.

### High School

Individual student support teams include the **student**, family, identifying teacher(s), and behavior specialist, a facilitator, multi-agency representation and administration. The facilitator is responsible for guiding the teachers and student through the process.

These student-specific teams contribute information to an FBA, inform intervention choices in the development of the BIP, and review data following implementation to assess the effectiveness of Tier 3 intervention.

All team members need to be involved in the steps, become committed to following through and frequent team meetings. Implementation is an extensive strength-based process and requires effective collaboration between the school-based team and the student. The identified **student plays a major role** in the screening, assessment, intervention and evaluation process of the behavior intervention plan implementation.

### Mental Health Integration

Student support teams include both natural and professional (child serving systems such as child welfare or juvenile justice) support partners who are selected by/agreed upon by the student/family, personnel from both school and community agencies. All members are trained, fluent and available to lead/facilitate individualized youth/family teams.

**ISF Big Idea:** Having one comprehensive plan for each student/family representing input from all stakeholders ensures ease of understanding, increases communication and collaboration, and improves the efficiency and effectiveness of the plan.

## 3.5 STAFFING

<b>Behavior</b> (SWPBIS-TFI)	Staffing: an administrative plan is used to ensure adequate staff is assigned to facilitate individualized plans for the students enrolled in Tier III supports.  <b><u>PBIS Big Idea:</u></b> There is an administrative plan with proper FTE allocations for Tier III supports
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<b>Academics</b> (R-TFI)	The school has an individual(s) to support the use of reading assessments for students with reading deficits. These individuals train appropriate staff in administration and scoring procedures, provide administration and scoring refresher trainings, schedule assessments, ensure teachers have access to usable data reports and assist with data interpretation and analysis.
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<b>Early Childhood</b>	Staffing should consist of a team members who is: 1) committed to unifying a team to make the plan work 2) knowledgeable and experienced with respect to functional assessment, problem solving strategies, activity-based instruction and implementation of behavior intervention plans.
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<b>High School</b>	It is important that there is allocation for staffing to support FBA/BSP development and implementation requiring team-driven assessments and strategies aimed at students who have mild to moderate behavior problems and for those students who had more complex problems are provided with more complex behavioral support plans.
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<b>Mental Health Integration</b>	School employed and community employed clinicians have adequate FTE to deliver evidence-based interventions and ensure adequate supervision to ensure fidelity of delivery of interventions. School employed and community employed clinicians have job descriptions and time allocation/flexible funding that indicate their involvement and participation in Tier III interventions, including conducting function based assessments, developing and implementing behavior support plans, and facilitating individualized interventions (e.g., person center planning, wraparound, RENEW). <b><u>ISF Big Idea:</u></b> Community providers full participation in the Tier III system can ensure adequate staff are available to partner with school staff to facilitate/deliver individualized interventions with fidelity.
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## 3.6 Student/Family/Community Involvement

<b>Behavior</b> (SWPBIS-TFI)	<p>Tier III team has district contact person(s) with access to external support agencies and resources for planning and implementing non-school-based interventions (e.g., intensive mental health) as needed.</p> <p><b>PBIS Big Idea:</b> Individual student support plans require a multi-disciplinary approach that spans home, school, and community.</p>
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<b>Academics</b> R-TFI	<p>The school invites parents/guardians to collaborate on intervention plans for their child through: opportunities for active input/approval of the intervention plan at least two to three times per year; written notification of student intervention plan; and updates on the student's progress and changes to the intervention at least monthly.</p>
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<b>Early Childhood</b>	<p>Families can serve as: partners, consultants, informants, teachers and collaborators. The more involved family members are in the process, the better the overall outcomes. Parents and family members have useful tips and results of previous interventions to contribute. To promote transfer and generalization of the new behavior, families should be part of the development and implementation process. There should be a family or caregiver representative on the team; if they are unable to attend team meetings, they can still be informed of the discussions, decisions and actions related to the process. Involving families as partners not only allows families to contribute valuable information, but it can also help staff build more positive relationships with families.</p>
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While active coordinator with outsider services in not essential (due to logistics complications), it is still encouraged to purposely consider strategies serving to promote communication and carryover across providers and other settings.

<b>High School</b>	<p>Family members who know the student well are invaluable members of team. Family members provide a unique perspective including information regarding transition goals and objectives.</p>
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Student are also active, contributors and participants of the team. The identified **student plays a major role** in the screening, assessment, intervention and evaluation process of the behavior intervention plan implementation.

High school students are often involved with the community through work, social events, and organizations. These community members may also be valuable members of the team as they may bring another perception of the student's strengths and needs as a member of the community outside of school.

<b>Mental Health Integration</b>	<p>School and community employed staff work collaboratively with students/families and other natural and community supports to facilitate comprehensive individualized plans with identified resources and interventions across home, school, and community. MOU's are established to clarify delivery of resources and interventions through community agencies as needed.</p>
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**ISF Big Idea:** Community partners with established collaborative relationships with school district and buildings can enhance full engagement of students/families and increase opportunity for interventions and support.

## 3.7 PROFESSIONAL DEVELOPMENT

<b>Behavior</b> (SWPBIS-TFI)	<p>A written process is followed for teaching all relevant staff about basic behavior theory, function of behavior, and function-based intervention.</p> <p><b>PBIS Big Idea:</b> All staff members understand and apply basic behavior principals when interacting with students.</p>
<b>Academics</b> (R-TFI)	<p>All staff supporting students with an intensive reading intervention plan receive implementation supports and training which include: how to implement the use of the intensive reading intervention plan; access to a writing protocol for implementation; and coaching support through observation, modeling, co-teaching and feedback over time to ensure the reading intervention is implemented accurately and independently before implementation supports fade.</p>
<b>Early Childhood</b>	<p>Team members are trained and knowledgeable regarding the natural laws explaining how the environment influences behavior. Effective behavior interventions are based on the principles defining the relationships between events in the environment and occurrences of a child's behavior. Professional development focuses on the following principles:</p> <ol style="list-style-type: none"><li>1) Challenging behaviors are communicative</li><li>2) Challenging behaviors are maintained by their consequences</li><li>3) Challenging behavior occurs in context</li></ol>
<b>High School</b>	<p>Opportunities for individual behavior support training and coaching are organized by the district behavior support specialist. All staff members involved in the development and implementation of an individualized behavior plan receive training prior to the implementation. Coaching is available to support the primary implementer through reflective coaching conversations.</p>
<b>Mental Health Integration</b>	<p>Both school and community employed staff qualifications/skills are assessed to determine Professional development plan and resulting common PD calendar for common trainings. Treatment fidelity is used to evaluate the extent to which both school and community employed staff require additional training and support/supervision.</p> <p><b>ISF Big Idea:</b> Cross training with community employed and school employed staff assists everyone in being confident, competent and fluent to consistently deliver evidence-based interventions.</p>



## 3.8 Quality of Life Indicators

<b>Behavior (SWPBIS-TFI)</b>	<p>Assessment includes student strengths and identification of student/family preferences for individualized support options to meet their stated needs across life domains (e.g., academics, health, career, social).</p> <p><b>PBIS Big Idea:</b> Having a strength-based approach with student/family voice and choice encourages a positive, proactive, and contextually relevant support plan.</p>
<b>Early Childhood</b>	<p>Assessment questions from a person-centered approach (the whole child) are used to allow for individual strengths, wants and needs for the child to learn or achieve over a period of years. Questions for long term goals might include: "what skills would we like a child to learn before kindergarten?" "what kinds of social relationships should a student enjoy 3 years from now?" The team devotes a great deal of time to discuss the "big picture" of the child's developmental trajectory. Including family in the assessment process helps understand family priorities and cultural influences affecting such priorities. Families have valuable contributions in identifying functional goals for their child.</p>
<b>High School</b>	<p>It is important to gather data regarding student perceptions. Providing a checklist prior to the meeting and/or engaging in a short Q/A conversation with priming questions can help guide the student with quality of life indicators. Questions might include:</p> <ul style="list-style-type: none"><li>△ What is your dream? What do you want to be doing 3-5 years from now?</li><li>△ What could help you reach your dream? What could school, family, or other people do and what could you do? What opportunities are already available to help?</li><li>△ What is keeping you from your dream? What are the challenges making it hard? What are some of your fears if you don't get to reach your dream?</li><li>△ What choices do you get to make most days? What choices do you wish you could make most days?</li></ul> <p>Family input can also help to identify the scope and topography of a behavior as well as factors influencing the presence of the behavior and effect on emotional well-being.</p>
<b>Mental Health Integration</b>	<p>School, student/family and community partners, work together to identify strengths and needs across life domains and settings.</p> <p><b>ISF Big Idea:</b> Involving community partners increases access to resources and encourages inclusion of student and family community experiences assisting in developing a list of strengths/preferences to expedite achieving goals across home, school, and community.</p>

## 3.9 Academic, Social & Physical Indicators

<b>Behavior (SWPBIS-TFI)</b>	Assessment data are available for academic (e.g., reading, math, writing), behavior (e.g., attendance, functional behavioral assessment, suspension/expulsion), medical, and mental health strengths and needs, across life domains where relevant. <b>PBIS Big Idea:</b> Using comprehensive data across life domains allows the individual student team to develop measurable and relevant goals.
<b>+ ELABORATIONS</b>	
<b>Academics (R-TFI)</b>	The school uses a variety of data sources to design intensive reading interventions. Data is reviewed to inform interventions plans from student progress with previous interventions, data on previous intervention fidelity, reading diagnostic assessments, and behavior assessment data (attendance, ODRs, Student risk Screening Scale).
<b>Early Childhood</b>	Organizing assessment data helps to understand how the challenging behavior is influenced by the environment, which is the key to developing effective and efficient intervention plans. Three categories of function-based questions are addressed: 1)PREVENT – questions relating to antecedent variables 2)TEACH – questions relating to function and replacement variables 3)REINFORCE -questions relating to consequence variables
<b>High School</b>	Gathering critical warning indicators as data points assists with team development of measurable and relevant goals. These indicators include attendance, behavior and coursework. When asking function-based questions, information regarding antecedents, function, replacement behavior and consequence variable should be obtained for each clearly operationalized problem behavior.
<b>Mental Health Integration</b>	School, family, community partners participate together on individual student team share and review physical, social, emotional, behavioral, academic and community data. <b>ISF Big Idea:</b> Community partners can provide additional perspectives on data sets and provide broader context for considering assessment data.

## 3.10 Hypothesis Statement

<b>Behavior</b> (SWPBIS-TFI)	Behavior support plans include a hypothesis statement including (a) operational description of problem behavior, (b) identification of context where problem behavior is most likely, and (c) maintaining reinforcement (e.g., behavioral function) in this context. <b>PBIS Big Idea:</b> FBA data and hypothesis statement are used to develop a personalized plan.
<b>+ ELABORATIONS</b>	
<b>Academics</b> (R-TFI)	The school uses a variety of data sources to design intensive reading interventions. Data is reviewed to inform interventions plans: student progress with previous interventions; data on previous intervention fidelity; reading diagnostic assessments; and behavior assessment data (attendance, ODRs, Student risk Screening Scale)
<b>Early Childhood</b>	Functional assessment is used to determine the “why,” “purpose,” or “function” of a child’s challenging behavior. Information is collected about the classroom, home and community and is completed by family members and teachers who work directly with the student. This information is used to determine the conditions under which challenging behavior is likely to occur. Data is used to create a hypothesis which includes: <ol style="list-style-type: none"><li>1) Triggering events (antecedents)</li><li>2) Description of the challenging behavior (operationalized)</li><li>3) Responses (consequences)</li><li>4) Purpose (function) of the behavior</li><li>5) Influential environmental setting events</li></ol>
<b>High School</b>	<p>A Function-based Assessment is completed by multiple <b>teachers</b> and includes questions relating to three categories: antecedent variables (Prevent), function and replacement variables (Teach), and consequence variables (Reinforce). <b>Students</b> also complete the FBA-Student Version, either written or verbally depending on student preference.</p> <p>Implementation of a high school behavior intervention plan focuses on how the environment affects behavior outcomes and is specifically designed to affect student outcomes by targeting and influencing teacher behaviors for high fidelity and positive results. Results from the FBA is used to develop a summary statement of the problem behavior.</p>
<b>Mental Health Integration</b>	Community partners, school, family and students collectively participate in the design of the hypothesis statement and use the information to develop the behavior support plan. The teams are encouraged to focus on the community context and potential impact of the problem behavior occurring in school. <b>ISF Big Idea:</b> Community partners provide a broader perspective to ensure development of an accurate hypothesis statement.

## 3.11 Comprehensive Supports

<b>Behavior (SWPBIS-TFI)</b>	Behavior support plans include or consider (a) prevention strategies, (b) teaching strategies, (c) strategies for removing rewards for problem behavior, (d) specific rewards for desired behavior, (e) safety elements where needed, (f) a systematic process for assessing fidelity and impact, and (g) the action plan for putting the support plan in place. <b>PBIS Big Idea:</b> Behavior Support Plan needs to include multiple components.
<b>Academics (R-TFI)</b>	The school alters intervention variables to intensify reading intervention supports. The potential impact is addressed when intensifying reading intervention supports: increased instructional time; smaller group size; increased opportunities to respond with feedback; increased explicitness of instruction; changing intervention program; and changing intervention skill focus.
<b>Early Childhood</b>	The team follows a prescribed process for selecting interventions from each of the three categories (PREVENT-TEACH-REINFORCE), matching assessment data with intervention strategies. High quality supportive classroom practices are incorporated into the behavior intervention plan. Intervention strategies are organized into a behavior intervention plan and specify how, when and by whom the strategies will be carried out. To support successful implementation of the behavior support plan, a coaching process is established, and a fidelity checklist is developed.
<b>High School</b>	Consensus on appropriate secondary strategies (which matches hypothesis) is agreed upon by all team members, with teacher and student given priority in decision-making. Antecedent, behavior and consequence strategies are determined and implemented in the classroom during the targeted class(es) period/routine. The facilitator provides support and coaching to the teachers through modeling implementation of the behavior plan and providing performance feedback on each component of the behavior plan. A fidelity of implementation checklist for all stakeholders and progress monitoring tool is developed and used to measure outcomes of the comprehensive individual student plan.  Self-determination plays a large role for high school <b>students</b> and plans should support the utilization of new found skills as they take a more active and direct role in their own education and across the community.
<b>Mental Health Integration</b>	Community partners are fluent with FBA process and actively engage in process of developing support plans. Community partners are actively participating in development of a comprehensive behavior support plan. <b>ISF Big Idea:</b> Community partners can contribute a needed perspective in development of a comprehensive behavior support plan.

## 3.12 Formal and Natural Supports

<b>Behavior (SWPBIS-TFI)</b>	<p>Behavior support plan(s) requiring extensive and coordinated support (e.g., person center planning, wraparound, RENEW) documents quality of life strengths and need to be completed by formal (e.g., school/district personnel) and natural (e.g., family, friends) supporters.</p> <p><b>PBIS Big Idea:</b> Behavior Support Plan fits unique context of the individual with a person-centered lens.</p>
<b>Early Childhood</b>	<p>The values of an individual student behavior plan are centered on the importance of helping individuals with challenging behavior and the families or persons who support them achieve a quality of defined by their personal choices. Families of young children with challenging behavior often express their hopes and dreams for their child and family is for their child to be happy, have friends, and for the family to enjoy simple everyday activities free of the stress of challenging behavior. These wishes can be incorporated within selected strategies and implemented both at school and home.</p>
<b>High School</b>	<p>In high school, a student may play a more active role as change agents for their own supports as they develop improved skills in self-management, problem solving, cognitive coping, and other skills. Tier 3 supports may include intensive and individualized support to help students develop life skills in preparation for college, jobs, and adult life. It is vital for a student's post-school success for all parties who are familiar with the student to work together in a planning process.</p> <p>Person-centered planning builds collaboration between student, family, and school; with the student's voice at the center of the process. Preference assessments included in person-centered transition planning help to produce long-term goals that encompass and reflect the needs as well as the lifestyle of the student. Students can also be given opportunities to draw on supports and resources from family as they identify their interests, set goals, communicate their choices, take steps to achieve their plans, and evaluate their own progress.</p>
<b>Mental Health Integration</b>	<p>Community partners continuously inform the team of strengths and community resources. The school can consider conducting an internal resource map of the school to identify adults in the building who have skills/interests/hobbies (e.g., tennis, cars, sewing, fashion, etc.) that can be utilized when matching strengths/needs to help meet student goals. If a student presents a goal and a staff member has expertise in this area, he/she could be invited to the team as a fluid team member.</p> <p><b>ISF Big Idea:</b> Active participation of community partners provides the expanded view to help guide how other life domains impact the school setting.</p>

## 3.13 Access to Tier 1 and 2 Supports

<b>Behavior (SWPBIS-TFI)</b>	<p>Students receiving Tier III supports have access to, and are included in, available Tier I and Tier II supports.</p> <p><b>PBIS Big Idea:</b> Interventions are layered, continuously available and allow students full participation in the school. Students benefit from the Tier I social core curriculum as well as the opportunity to receive additional teaching, practice, and acknowledgement of skills.</p>
<b>Early Childhood</b>	<p>Following the Pyramid Model, the multi-tiered framework for developing social emotional competence, includes universal, high quality and supportive classrooms focusing on:</p> <ol style="list-style-type: none"><li>1) 5 to 1 ratio</li><li>2) Predictable visual schedules</li><li>3) Teaching routines within routines within routines</li><li>4) Explicit teaching of positive behavioral expectations</li><li>5) Embedding peer-related activities</li></ol> <p>Secondary interventions focus on intentional instruction for ALL children with social rules, self-regulation, and peer interaction.</p>
<b>High School</b>	<p>At a Tier 1 level, classroom-based interventions focus on:</p> <ol style="list-style-type: none"><li>1) increasing student engagement with school through mentoring relationships</li><li>2) positive interactions with teachers</li><li>3) active engagement with the curriculum.</li></ol> <p>In addition, student competence and academic independence is enhanced by teaching organizational strategies and study skills.</p> <p>At a Tier 2 level, students participate in social skill targeted group interventions, such as Check-in Check-out and participate in self-monitoring systems for progress monitoring of newly developed social and academic skills. Additionally, students might receive extra instruction with career to college readiness behaviors.</p>
<b>Mental Health Integration</b>	<p>All staff, families, and students are aware of interventions, understand their role and actively participate in the intervention, and encourage the transfer of knowledge of key aspects of the intervention across home, school, and community.</p> <p>Community Partners assist with installing broader range of interventions that foster pro-social and coping skills, emotional regulation and management, and the team can articulate how they are linked to lower level tiers.</p> <p><b>ISF Big Idea:</b> Community partners' participation on teams can provide a broader context to ensure linkage of tiered interventions and full access of school and community learning environments for all students.</p>

## 3.14 Data System

<b>Behavior</b> (SWPBIS-TFI)	<p>Aggregated (i.e., overall school-level) Tier III data are summarized and reported to staff at least monthly on (a) fidelity of support plan implementation, and (b) impact on student outcomes.</p> <p><b>PBIS Big Idea:</b> Sharing data with staff increases staff buy-in and leads to their willingness to participate in interventions when appropriate.</p>
<b>Academics</b> (R-TFI)	<p><b>Elementary.</b> Staff collects diagnostic data with fidelity. Diagnostic data are gathered when more in-depth information is needed to inform intensive intervention plans. Staff adhere to standard test administration and data collection protocols.</p> <p><b>Secondary.</b> The school uses a data system to display student reading progress. The data visually displays small group and individual students' progress and student groups compared to a goal. The data denotes intervention changes and is easily accessible to teaching staff. There is a protocol to monitor fidelity of intervention. Data is collected for student attendance, intervention duration and frequency, and implementation quality. Staff collects and progress monitors diagnostic data with fidelity.</p>
<b>Early Childhood</b>	<p>Team establishes a practical system of data collection for measuring levels at which the challenging behavior and the desirable behaviors are occurring. Using a 5-point, individualized behavior rating scale (IBRST) is recommended. Data collection should NOT be complicated and difficult. It should be SIMPLE and VALUABLE to both the team and teacher collecting the data. Data collected should be: reasonably accurate, reliable and valid.</p>
<b>High School</b>	<p>The Individual Behavior Rating Scale Tool (IBRST) can be utilized as a measurement tool to monitor progress from the teacher's perspective. It uses a 5-point Likert-type scale developed to guide the teacher in selecting the most appropriate measurement (e.g., frequency, duration, percentage of time) for each operationally defined behavior and to establish the behavior range for each Likert point. The teacher decides if they want to utilize the IBRST during a targeted period/routine or throughout the entire day. It can be utilized by the student as a self-regulation tool when indicated during the fading process. Teachers initially rate the target and replacement behaviors using the IBRST. After the last data point of intervention is collected, teachers and student complete a social validity form to assess the effectiveness and acceptability of the behavior intervention plan.</p>
<b>Mental Health Integration</b>	<p>School and community employed staff review data from interventions both for fidelity and impact.</p> <p>This data review informs decisions regarding changes in the goals or plan.</p> <p><b>ISF Big Idea:</b> Sharing data with community partners increases buy-in and leads to their willingness to participate in and expand options of interventions when appropriate.</p>

## 3.15 Data Based Decision Making

<b>Behavior</b> (SWPBIS-TFI)	Each student's individual support team meets at least monthly (or more frequently if needed) and uses data to modify the support plan to improve fidelity of plan implementation and impact on quality of life, academic, and behavior outcomes. <b>PBIS Big Idea:</b> Making decisions based on data allows the Tier III team to efficiently and effectively monitor intervention fidelity and student outcomes.
<b>Academics</b> (R-TFI)	Reading intervention plans are adjusted based on decision rules to maintain, adapt, modify and improve support for student receiving Tier 3 reading intervention. Decisions are made as soon as data indicates a change or modification.
<b>Early Childhood</b>	<p>Progress monitoring of data includes outcome and fidelity data. Outcome data is usually the IBRST (a 5 point Likert scale) and the fidelity data is usually the Fidelity Checklist created by the classroom teacher and coach.</p> <p>Data-based decision making depends on comparative data trends from intervention and baseline information. Teams follow a decision-making tree which establishes what to do if progress is good and what to do if progress is unsatisfactory.</p>
<b>High School</b>	<p>A process is established for teams to make effective data-based decision. Typically, the following data decision rules apply:</p> <ul style="list-style-type: none"><li>△ At a minimum, the team should review the post-intervention data every two weeks.</li><li>△ Review baseline data<ul style="list-style-type: none"><li>▪ Determine selected behaviors were truly significant</li><li>▪ Determine accuracy of anchor points</li></ul></li><li>△ Evaluate postintervention data-information obtained after intervention strategies implemented<ul style="list-style-type: none"><li>▪ Improvement, staying the same, or deteriorating</li></ul></li></ul> <p>Behavior improvement does not signal the termination of the plan, only a change in focus from skill acquisition to mastery and maintenance.</p>
<b>Mental Health Integration</b>	<p>School and community employed staff receive adequate training, coaching, and technical assistance in the implementation of individual student interventions. Barriers to intervention success (e.g., a student was present to receive access to the intervention) are reviewed and discussed.</p> <p><b>ISF Big Idea:</b> Cross system collaboration and communication enhances student performance data.</p>



## 3.16 Level of Use

<b>Behavior</b> (SWPBIS-TFI)	<p>Team follows written process to track proportion of students participating in Tier III supports, and access is proportionate.</p> <p><b>PBIS Big Idea:</b> Approximately 1-5% of students would benefit from Tier III interventions.</p>
<b>Academics</b> (R-TFI)	<p>Secondary. The school monitors data on student access to reading intervention supports. Student support teams gather data on the percent of students with reading skill deficits who are accessing reading interventions at the beginning of each marking period. The school Leadership Team uses the aggregated data to determine when problem solving is needed to ensure all student with reading skill deficits are receiving reading intervention supports. The school also monitors the percent of student who are responding to reading interventions using pre-identified decision rules and progress monitoring data.</p>
<b>Early Childhood</b>	<p>A simple Implementation Checklist for teacher to self-record their implementation of the plan or strategies is developed to facilitate teacher's consistent and correct implementation of the Routine-based Support Plan across time and routines. The self-recorded implementation data should be reviewed with the teacher to provide feedback on their levels of implementation and to suggest strategies to increase consistency of implementation.</p> <p>Daily Routine and Behavior Rating Scales are used to monitoring data on the child's target behaviors and skills. A plan is developed to monitor the child's progress in the target areas is developed during the plan implementation is and while evaluating the outcome at the end of the implementation phase. Teachers record target behaviors and skills within challenging or problematic routines or activities to track the child's progress toward an expected outcome.</p>
<b>High School</b>	<p>Evaluation guidelines are used to monitor systems implementation and effectiveness of student support plan. Team determine implementation fidelity, current level of student proportions, trends in student proportions and trends in overall progress. Questions that are asked include:</p> <ol style="list-style-type: none"><li>1) What percentage of system features is in place?</li><li>2) What proportion of our students is receiving Tier III supports?</li><li>3) What are the trends of overall progress across students with Tier 3 supports?</li><li>4) What percentage of students receiving Tier 3 support for 6 weeks are progressing and have met goals?</li></ol>
<b>Mental Health Integration</b>	<p>School and community employed clinicians have dedicated time and resources to assess individual students and provide individual interventions according to data and need.</p> <p><b>ISF Big Idea:</b> A review of cross-system data (i.e., school and community) can enhance the team's ability to connect students with the greatest need and/or risk to individual support teams.</p>