**FORM E**

**Behavior Fidelity Assurances**

(Persons responsible for completion of this form--*Classroom Teacher, PLC/Teacher Teams and School Administrator*)

|  |  |
| --- | --- |
| **Date** |  |
| **Name of Student** |  |
| **Grade** |  |
| **Teacher** |  |
| **Teacher Licensure Level** | □ Level 1 □Level 2 □Level 3 □Alternative Licensure □Sub  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Teacher’s Years of Experience** |  |

MLSS heavily emphasizes the role of district administration, school administration, school leadership team, teacher teams, and the teacher in ensuring that all students receive high quality Layer 1 best first instruction. This form offers assurances that:

* **Administrators** have provided school level supports for classroom teachers (data-driven decision-making, relevant professional learning, teacher collaboration time, and non-evaluative feedback)
* **Teacher Teams (PLCs)** have collaborated to find strategies to support students; and
* **Classroom Teachers** have provided effective classroom level supports for the student (PBIS, reinforcements, etc.)

This reflects a belief that everyone at a school has a piece of the responsibility to ensure student success. This form is to identify gaps and/or additional supports that may need to be addressed before referral to the SAT.

**Part 1: Classroom Teacher**

**Layer 1 Behavior Assurances**

*SS.2. Non-Evaluative Observation and Feedback*

* How often have you received non-evaluative feedback from the school administrator(s) following an observation this year? \_\_\_\_\_\_\_

*L1.2 A demonstrable school-wide system of positive behavioral interventions and supports.* (refer to pps.25-26 of MLSS Implementation Guide)

* What is the positive behavior intervention and support program you currently use?

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* When did you last receive training in the use of positive behavioral interventions and supports? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How are positive behavioral interventions and supports used with fidelity in your classroom?
* Classroom Management: Describe how you teach your expectations and procedures and apply them with consistency. How often do you revisit and reinforce these expectations and procedures?

*L1.4 Teacher Teams Monitor Progress* (refer to pps. 19-20 of MLSS Implementation Guide)

* List the dates the student was discussed at PLCs and recommendation/outcomes that resulted from the discussion.

*L1.5 Core Reinforcements and Supports* (refer to pps. 17-18 of MLSS Implementation Guide)

* What positive reinforcers have you used with this student and how effective were they?
* What negative consequence have you used with this student and how effective were they?

*L2.4 Targeted Behavioral Interventions* (refer to p. 30 of MLSS Implementation Guide)

* List other types of behavioral interventions that have been used and their effectiveness.
* Has a Functional Behavior Assessment (FBA) been conducted? Did it warrant a Behavior Intervention Plan (BIP). Describe the outcome.

**Teacher Assurance:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Teacher signature Date

**Part 2:**

**PLC/Teacher Teams Instruction Assurances**

The signatures confirm the information has been presented and discussed with grade level/departmental PLC/Teacher Teams.

**PLC/Teacher Team Representatives:**

|  |  |
| --- | --- |
| Signature | Title |
|  |  |
|  |  |
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**Part 3:**

**Administrator Instruction Assurances**

*SS.1 Professional Learning*

* What professional learning opportunities, if any, have been provided to the teacher to support working with this student:

*SS.2. Non-evaluative Observation and Feedback*

* How often have you provided non-evaluative feedback following a classroom walkthrough to this teacher this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*L1.2 A demonstrable school-wide system of positive behavioral interventions and supports.*

* What positive behavioral intervention and supports do you see the teacher using with this student?

*L1.4. Teacher Teams/ Professional Learning Communities Monitor Progress*

* Was this student discussed by the Teacher Team? ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administrator(s):**

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Signature Date

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Signature Date