**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, universal behavioral supports. This form offers assurances that:

* **Administrators** have provided school level behavioral supports and professional development for all classroom teachers
* **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 Behavior 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 Behavior 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