

Comprehensive, Integrated, Three-Tiered (Ci3T) Model of Prevention
Ci3T Model of Prevention: Feedback Form



Default Question Block

First Name

Last Name

What is your primary school site?

- School 1
- School 2
- School 3

If you work at additional school sites, please list them below:

Ci3T Feedback Form

Your Ci3T Leadership Team has drafted a comprehensive, integrated, three-tiered (Ci3T) model of prevention to put in place at your school beginning next fall. You are welcome to use this opportunity to provide input on this draft. Please read the attached Ci3T Blueprint, revised with your previous feedback, and then answer these few questions. Thank you!

Have you had an opportunity to review the drafted Ci3T Blueprint?

Yes

No

What are the strengths of the plan?

What concerns do you have about the plan?

What suggestions do you have for modifying the plan?

To what extent do you think the plan will achieve the intended

goals/objectives?

Please rate each of the following statements:

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strc Ag
I think the plan targets important goals and/or objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think the plan is feasible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think the plan is likely to be put in place as planned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will implement the plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think the plan will produce the desired outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1718 Ci3T Website Demo

Demographic Survey

At this time, we invite you to complete this brief demographic survey.

NameFirst Name Last Name **School district**

- School district 1
- School district 2
- School district 3

What is your main school site?

- School 1
- School 2
- School 3
- School 4
- School 5
- School 6
- School 7
- School 8
- School 9
- School 10
- School 11
- School 12
- School 13
- School 14
- School 15
- School 16
- School 17
- School 18
- School 19
- School 20
- District office

If you also work at other schools, where else do you work?

- School 1
- School 2
- School 3
- School 4
- School 5
- School 6
- School 7
- School 8
- School 9
- School 10

- School 11
- School 12
- School 13
- School 14
- School 15
- School 16
- School 17
- School 18
- School 19
- School 20

I am

- Male
- Female

My age (as of my last birthday)

I am of Hispanic, Latino, or Spanish ethnicity

- Yes
- No

Please check all categories that best describe your race:

- American Indian / Alaska Native
- Asian / Pacific Islander
- Black
- White
- Other (specify)
- Decline

I am a

- School / district employee
- Not a school employee (e.g., parent member of the Ci3T Leadership Team)

Experience

Include the current school year as one year (e.g., if this is your first year, type 1 instead of 0) and round to the nearest whole number.

How many years have you worked in education (including this year)?

How many years have you worked at your current school level [elementary, middle, high school] (including this year)?

Do you provide instruction to students? (e.g., whole class, small group, 1:1)?

- Yes
- No

Please click all grade(s) you currently work with (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> 7 |
| <input type="checkbox"/> Pre-Kindergarten | <input type="checkbox"/> 8 |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> Mixed grade class (please specify) |
| | <input type="text"/> |
| <input type="checkbox"/> 5 | <input type="checkbox"/> I do not provide instruction to students |
| <input type="checkbox"/> 6 | |

What is your primary role in your school?

School role

Subcategory 1

Subcategory 2

Please describe your primary role in your school:

If you are a teacher, are you certified in the areas / subjects you currently teach?

- No
- Yes
- I am not a teacher

What is the highest degree you have earned (select one)?

- High school diploma
- Associate's degree / technical
- Bachelor's degree
- Master's degree
- Master's degree +30
- Doctoral, Educational specialist, J.D. degree

What was your major area of study (highest degree only)?

Have you had a course in **classroom management?**

- No
- Yes

Have you had a professional development or other training in **academic screenings?**

- No
- Yes

Have you had a professional development or other training in **behavior screenings?**

- No
- Yes

Are you a member of your school's Ci3T Leadership Team?

- No
- Yes

If you are the Ci3T Leadership Team parent member, do you work outside the home?

- No
- Yes. If yes, what is your job?
- I am not the Ci3T Leadership Team parent member.

Ci3T Feedback Form & Demographics

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