

Comprehensive, Integrated, Three-Tiered (Ci3T) Model of Prevention
Teacher Self-Report and Primary Intervention Rating Scale: Educator Survey



TSR & PIRS Intro

What is your main school site? (the school you will keep in mind as you complete this measure)

- ☐ School A
- ☐ School B
- ☐ School C

First Name

Last Name

Grade level or department:

Please ensure you are familiar with your main school site's **Ci3T primary plan** before continuing.

TSR

Survey #1: Teacher Self-Report

The Ci3T Teacher Self-Report is a 38-item component checklist that includes the key features of the Ci3T plan's procedures for teaching, reinforcing, and monitoring. Teachers and staff rate themselves based on their implementation of the Ci3T plan. The rating is based on a Likert-type scale ranging from *no, not at all* (0); *yes, some of the time* (1); *yes, most of the time* (2); or *yes, all of the time* (3).

Procedures for Teaching

Please rate each item to evaluate your use of your school's Ci3T primary plan in two ways. First, please consider if you have (yes) or have not (no) participated in each item from your plan in this school year prior to completing this form. If you have not, please select the 0 for the item. If your response is yes, select the frequency that best reflects the extent to which you have participated in that item during this present academic year (from the onset of this academic year until the date you are completing this form). *If you are not a classroom teacher, please consider your setting (e.g., office, bus, cafeteria) as your "classroom" as you answer each question.*

How often did you participate?

	No... Not at all	Yes, I did this... Some of the time	Yes, I did this... Most of the time	Yes, I did this... All of the time
	0	1	2	3
T.1. Did I have our 3-5 schoolwide expectations posted and visible in my classroom (e.g., Be Respectful, Be Responsible, Give Best Effort)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T.2. Did I have the setting expectations posted in my	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

classroom (expectation matrix with all settings)?

T.3. Did my students receive instruction (e.g., videos, PowerPoints, formal lessons) about our schoolwide expectations for each setting (e.g., hallway, classroom, and cafeteria)?

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T.4. Were my students taught (e.g., videos, PowerPoints, formal lessons) the social skills component of our primary plan (e.g., daily, weekly, monthly)?

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T.5. Did I model the behaviors (expectations) stated in the schoolwide plan for my students?

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T.6. Was my instruction linked to the district/state standards?

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T.7. Did I differentiate instruction (academic tasks) as needed?

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T.8. Did I make individual modifications to support students' social or behavioral needs?

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T.9. Did I keep students engaged from the beginning to the end of class?

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T.10. Did I conduct daily starting activities?

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T.11. Did I conduct daily closing activities?

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T.12. Did I consistently use a positive tone during student interactions?

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T.13. Did my school have

procedures in place that foster a safe environment (e.g., emergency or crisis response plan)?

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T.14. Did I provide support to students who missed instruction?

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T.15. Did I check for understanding when giving directions to students?

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T.16. Did I use clear routines for classroom procedures?

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Procedures for Reinforcing

Please rate each item to evaluate your use of your school's primary plan in two ways. First, please consider if you have (yes) or have not (no) participated in each item from your plan in this school year prior to completing this form. If you have not, please select the 0 for the item. If your response is yes, select the frequency that best reflects the extent to which you have participated in that item during the present academic year (from the onset of this academic year until the date you are completing this form). *If you are not a classroom teacher, please consider your setting (e.g., office, bus, cafeteria) as your "classroom" as you answer each question.*

How often did you participate?

No...
Not at all

Yes, I did
this...
Some of
the time

Yes, I did
this...
Most of
the time

Yes, I did
this...
All of the
time

0

1

2

3

R.1. Did I deliver consequences according to my school's reactive plan (e.g., did I do what I am supposed to do when student

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behavior is problematic, such as complete an office discipline referral or phone a parent)?

R.2. Did I give tickets to students demonstrating schoolwide expectations (i.e., in academic, behavioral, and social domains)?

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R.3. Did I use behavior-specific praise during student interactions?

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R.4. Did I use behavior-specific praise when giving tickets to students?

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R.5. Did I allow my students to exchange tickets for rewards (e.g., going to assemblies, going to the store)?

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R.6. Did I allow my students to use tickets to participate in classroom or schoolwide drawings?

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R.7. Did I refrain from taking away tickets from students who already received them?

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R.8. Did I receive positive feedback from my colleagues or administrators about my school's Ci3T plan?

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R.9. Is the perception of my school's Ci3T plan amongst my colleagues and administrators favorable or positive?

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R.10. Did I use tickets to facilitate classroom routines (e.g., select a line leader, messenger, etc.)?

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Procedures for Monitoring

Please rate each item to evaluate your use of your school's primary plan in two ways.

First, please consider if you have (yes) or have not (no) participated in each item from your plan in this school year prior to completing this form. If you have not, please select the 0 for the item. If your response is yes, select the frequency that best reflects the extent to which you have participated in that item during the present academic year (from the onset of this academic year until the date you are completing this form). *If you are not a classroom teacher, please consider your setting (e.g., office, bus, cafeteria) as your "classroom" as you answer each question.*

How often did you participate?

	No... Not at all	Yes, I did this... Some of the time	Yes, I did this... Most of the time	Yes, I did this... All of the time
	0	1	2	3
M.1. Have I consistently filled out disciplinary referrals (e.g., Office Discipline Referrals) according to my school's reactive plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M.2. Did I complete the behavior screeners at each time requested by my principal or Ci3T team?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M.3. Did I accurately complete daily attendance as specified by my school's procedures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M.4. Did I accurately administer curriculum-based measures (e.g., AIMSweb, DIBELS) or other assessments to monitor my students' progress in the content I taught?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

M.5. Did my school (e.g., Ci3T team, an administrator, grade-level team) share schoolwide behavior screening data with the faculty?

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M.6. Did my school (e.g., Ci3T team, an administrator, grade-level team) share schoolwide academic data with the faculty?

☐☐☐☐

M.7. Did I use the behavior data to inform my instruction for at-risk students?

☐☐☐☐

M.8. Did I use academic data to inform my instruction?

☐☐☐☐

M.9. Did I use behavior and academic data together (in conjunction with each other) to inform my instruction?

☐☐☐☐

M.10. Did I make referrals for students who were struggling academically (prereferral intervention teams)?

☐☐☐☐

M.11. Did I make referrals for students exhibiting acting-out behaviors?

☐☐☐☐

M.12. Did I make referrals for students exhibiting shy or withdrawn behaviors?

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Please include any other comments you would like to share about how you see your Ci3T plan being put in place at your school in terms of how you teach the skills, reinforce students, and monitor progress.

Comments:

Source: Lane, K. L., Oakes, W. P., & Magill, L. (2014). Primary prevention efforts: How do we implement and monitor the Tier 1 component of our comprehensive, integrated, three-tiered (Ci3T) model? *Preventing School Failure: Alternative Education for Children and Youth*, 58, 143-158. doi:10.1080/1045988X.2014.893978

PIRS

Thank you for your time so far. Below is one last brief survey for you to share your opinions with your school's Ci3T team and district. Your opinion is valuable in shaping your Ci3T model of prevention for coming school years. Your time is greatly appreciated!



Survey #2: Primary Intervention Rating Scale

Have you had an opportunity to review the current Ci3T primary plan? You may find it in your school's Ci3T implementation manual.

- ☐ No
- ☐ Yes

Thank you for providing your views about the Comprehensive, Integrated, Three-Tiered (Ci3T) Model of Prevention being implemented at your school. The

purpose of this survey is to obtain information that will aid in determining the effectiveness and usefulness of the **Ci3T primary prevention plan components (Tier 1 efforts)** that are intended to be used by all educators (faculty and staff). Please think about the current school year, read the following statements regarding the Ci3T plan developed by your school-site team, and choose the response that best describes your agreement or disagreement with each statement.

If you refer to your primary plan as something different (Tier 1 or universal), substitute that term when you see “primary plan” in the items below.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. The primary plan is acceptable for this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Most educators find the primary plan appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The primary plan should prove effective in meeting the stated purpose(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I would suggest the use of a primary plan to other educators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The primary plan is appropriate to meet the school's needs and mission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Most educators find the primary plan suitable for the described purpose(s) and mission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
7. I am willing to use the primary plan in this school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

setting.

8. This primary plan will not result in negative side effects for the students.

☐ ☐ ☐ ☐ ☐

9. This primary plan is appropriate for a variety of students.

☐ ☐ ☐ ☐ ☐

10. This primary plan is consistent with those I have used in other school settings.

☐ ☐ ☐ ☐ ☐

11. The primary plan components are a fair way to fulfill the plan's purposes.

☐ ☐ ☐ ☐ ☐

12. The primary plan is reasonable to meet the stated purpose(s).

☐ ☐ ☐ ☐ ☐

Strongly
Disagree

Disagree

Slightly
Disagree

Slightly
Agree

Agree

Strongly
Agree

13. I like the procedures used in the primary plan.

☐ ☐ ☐ ☐ ☐

14. The primary plan is a good way to meet the specified purpose(s).

☐ ☐ ☐ ☐ ☐

15. The primary plan's monitoring procedures are manageable.

☐ ☐ ☐ ☐ ☐

16. The primary plan's monitoring procedures give the necessary information to evaluate the plan.

☐ ☐ ☐ ☐ ☐

17. Overall, this primary plan is beneficial for this age group of students.

☐ ☐ ☐ ☐ ☐

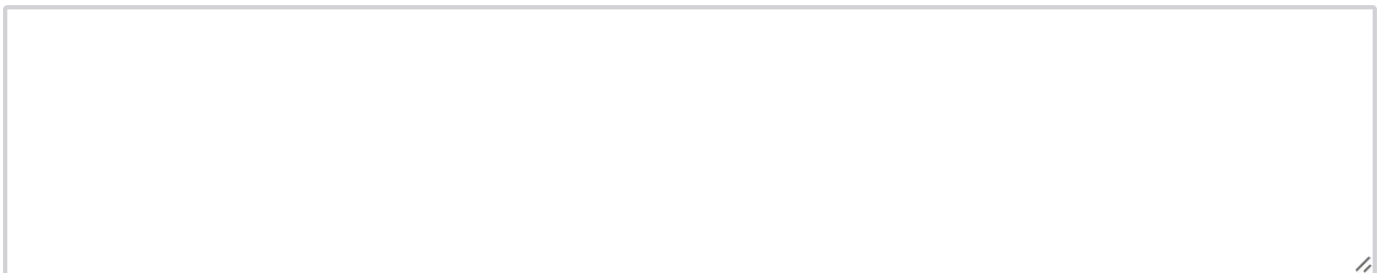
Open-Ended Questions:

1. A) What do you feel is most beneficial about this primary prevention plan's components (Tier 1 efforts)?

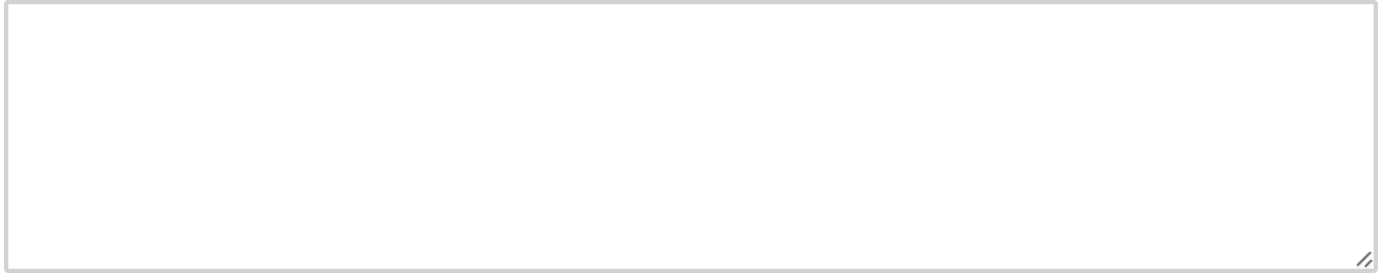
B) What is the least beneficial part?

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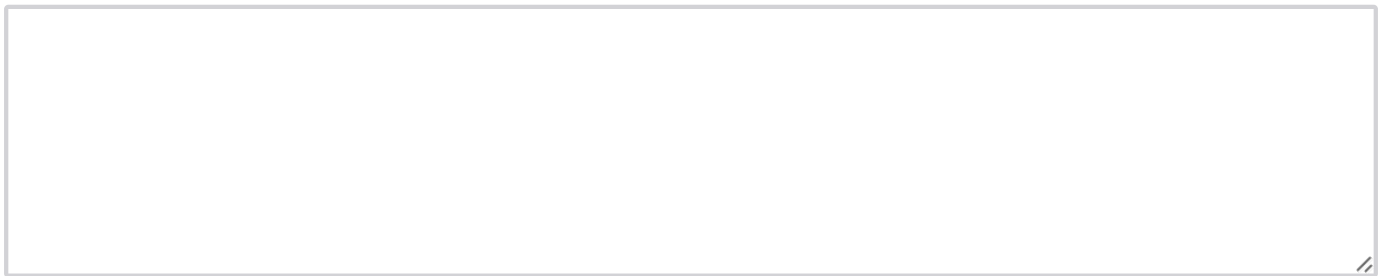
2. Do you think that your and your students' participation in this Ci3T plan will cause your students' behavior, social, and/or learning problems to improve? Why or why not? Or if so, how?

A large, empty rectangular text box with a thin gray border, intended for the respondent's answer to question 2. A small cursor icon is visible in the bottom right corner.

3. What would you change about this plan (components, design, implementation, etc.) to make it more student-friendly and educator-friendly?



4. What other information would you like to contribute about this plan?



From: Lane, K. L., Kalberg, J. R., & Menzies, H. M. (2009). *Developing schoolwide programs to prevent and manage problem behaviors: A step-by-step approach*. New York, NY: Guilford Press. Adapted from Witt, J. C. & Elliott, S. N. (1985). Acceptability of classroom intervention strategies. In T. R. Kratochwill (Ed.). *Advances in school psychology*, Vol. 4 (pp. 251-288). Mahwah, NJ: Erlbaum. Used with permission from Joe Witt and Stephen Elliott.

Reference: Lane, K. L., Robertson, E. J., & Wehby, J. H. (2002). Primary Intervention Rating Scale. Unpublished rating scale.

DEMO

Demographic Survey

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

Name

First Name

Last Name

School district

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

What is your main school site?

- | | |
|---------------------------------|---------------------------------------|
| <input type="radio"/> School 1 | <input type="radio"/> School 12 |
| <input type="radio"/> School 2 | <input type="radio"/> School 13 |
| <input type="radio"/> School 3 | <input type="radio"/> School 14 |
| <input type="radio"/> School 4 | <input type="radio"/> School 15 |
| <input type="radio"/> School 5 | <input type="radio"/> School 16 |
| <input type="radio"/> School 6 | <input type="radio"/> School 17 |
| <input type="radio"/> School 7 | <input type="radio"/> School 18 |
| <input type="radio"/> School 8 | <input type="radio"/> School 19 |
| <input type="radio"/> School 9 | <input type="radio"/> School 20 |
| <input type="radio"/> School 10 | <input type="radio"/> District office |
| <input type="radio"/> School 11 | |

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

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> School 1 | <input type="checkbox"/> School 11 |
| <input type="checkbox"/> School 2 | <input type="checkbox"/> School 12 |

- ☐ School 3
- ☐ School 4
- ☐ School 5
- ☐ School 6
- ☐ School 7
- ☐ School 8
- ☐ School 9
- ☐ School 10

- ☐ 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):

☐ Early Childhood Special Education

☐ Pre-Kindergarten

☐ Kindergarten

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

☐ Mixed grade class (please specify)

☐

☐ I do not provide instruction to students

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: Teacher Self-Report and Primary Intervention Rating Scale

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