

## Comprehensive, Integrated, Three-Tiered (Ci3T) Model of Prevention Demographic Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School district: \_\_\_\_\_ School (main): \_\_\_\_\_

<b>1. I am</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>2. My age (as of my last birthday)</b> _____
<b>3. I am of Hispanic, Latino, or Spanish origin</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Please check all categories that best describe your race:</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Black <input type="checkbox"/> Decline	
<b>4. If you are a school employee:</b> <b>How many years have you worked in education (including this year)?</b> <i>Include the current school year as one year (e.g., if this is your first year, write 1 instead of 0) and round to the nearest whole number.</i> _____  <b>- Do you provide instruction to students (e.g., whole class, small group, 1:1)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>- Please circle all grade(s) you currently work with:</b> <i>Early childhood    PreK    K    1    2    3    4    5    6    7    8    9    10    11    12</i> <i>Mixed grade class (please specify) _____    I do not provide instruction to students</i>	
<b>5. What is your primary role in your school?:</b> <input type="checkbox"/> General educator <input type="checkbox"/> Related service provider (please specify): <input type="checkbox"/> Special educator (specify setting): <input type="checkbox"/> inclusion <input type="checkbox"/> school psychologist <input type="checkbox"/> resource / interrelated <input type="checkbox"/> social worker <input type="checkbox"/> self-contained class <input type="checkbox"/> counselor <input type="checkbox"/> self-contained school <input type="checkbox"/> occupational therapist <input type="checkbox"/> gifted <input type="checkbox"/> physical therapist <input type="checkbox"/> other: _____ <input type="checkbox"/> adaptive physical education <input type="checkbox"/> Building administrator <input type="checkbox"/> English as a second language <input type="checkbox"/> Staff (please specify): _____ <input type="checkbox"/> mental health provider _____ <input type="checkbox"/> librarian / library media specialist <input type="checkbox"/> District leader/administrator (please specify): _____ <input type="checkbox"/> behavior specialist / interventionist _____ <input type="checkbox"/> reading specialist _____ <input type="checkbox"/> speech & language pathologist _____ <input type="checkbox"/> assistive technology _____ <input type="checkbox"/> Title I _____ <input type="checkbox"/> other: _____	
<b>Please describe your primary role in your school:</b> _____	
<b>6. If you are a teacher, are you certified in the areas/subjects you currently teach?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I am not a teacher	
<b>7. What is the highest degree you have earned (check one)?</b> <input type="checkbox"/> High school diploma <input type="checkbox"/> Associate's degree / technical <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Master's degree +30 <input type="checkbox"/> Doctoral, Educational Specialist, J.D. degree <b>What was your major area of study (highest degree only)?</b> _____	<b>8. Have you had a course in classroom management?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>9. Have you had a professional development or other training in</b> <b>Academic screenings?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Behavior screenings?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	

*Please turn page*

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**10. On a scale from 1 – 5, what is your current level of familiarity with Comprehensive, Integrated, Three-Tiered (Ci3T) Model of Prevention?**

<b>Not at all familiar</b>					<b>Very familiar</b>
1	2	3	4	5	

**11. On a scale from 1 – 5, to what extent have you accessed the following professional learning materials related to Comprehensive, Integrated, Three-Tiered (Ci3T) Model of Prevention?**

	Not at all					A great deal
ci3t.org	1	2	3	4	5	
Other websites (e.g., pbis.org, individual school websites, state websites)	1	2	3	4	5	
Ci3T interactive eBook	1	2	3	4	5	
Pre-service training related to Ci3T (e.g., university course)	1	2	3	4	5	
District-provided Ci3T professional learning	1	2	3	4	5	
Ci3T research staff-led professional learning (e.g., EMPOWER sessions)	1	2	3	4	5	
Social media	1	2	3	4	5	
Other:	1	2	3	4	5	

**12. Are you a member of your school's Ci3T Leadership Team?**     No     Yes

**13. If you are a Ci3T Leadership Team member, what is your role on the team?**

- Building administrator
- District representative
- General education teacher
- Special education teacher
- Parent representative
- Optional (specify):
- Ci3T Coach
- Not a Ci3T Leadership Team member

**14. What school(s) do you work at? Please provide your percentage of time assigned to each building (add all that apply if you support additional schools).** \_\_\_\_\_

\_\_\_\_\_

School 1: \_\_\_\_\_ %  
 School 2: \_\_\_\_\_ %  
 School 3: \_\_\_\_\_ %  
 School 4: \_\_\_\_\_ %  
 School 5: \_\_\_\_\_ %