

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

Name: _____ Date: _____

School district: _____ School (main): _____

1. I am <input type="checkbox"/> Male <input type="checkbox"/> Female	2. My age (as of my last birthday) _____
3. I am of Hispanic, Latino, or Spanish origin <input type="checkbox"/> No <input type="checkbox"/> Yes Please check all categories that best describe your race: <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	
4. If you are a school employee: How many years have you worked in education (including this year)? <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> _____ - Do you provide instruction to students (e.g., whole class, small group, 1:1)? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please circle all grade(s) you currently work with: Early childhood PreK K 1 2 3 4 5 6 7 8 9 10 11 12 <i>Mixed grade class (please specify)</i> _____ <i>I do not provide instruction to students</i>	
5. 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: _____ %
6. What is your primary role in your school?: <input type="checkbox"/> General educator <input type="checkbox"/> Related service provider (<i>please specify</i>): <input type="checkbox"/> Special educator (<i>specify setting</i>): <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 (<i>please specify</i>): _____ <input type="checkbox"/> mental health provider <input type="checkbox"/> librarian / library media specialist <input type="checkbox"/> District leader/administrator (<i>please specify</i>): _____ <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: _____	
Please describe your primary role in your school: _____	
7. If you are a teacher, are you certified in the areas/subjects you currently teach? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I am not a teacher	
8. What is the highest degree you have earned (check <u>one</u>)? <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 What was your major area of study (highest degree <u>only</u>)? _____	9. Have you had a course in classroom management? <input type="checkbox"/> No <input type="checkbox"/> Yes

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10. Have you had a professional development or other training in

Academic screenings? No Yes **Behavior screenings?** No Yes

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

Not at all familiar					Very familiar
1	2	3	4	5	

12. 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

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

14. 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