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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School district:</td>
<td>School (main):</td>
</tr>
</tbody>
</table>

1. **I am** □ Male □ Female

2. **My age (as of my last birthday)**

3. **I am of Hispanic, Latino, or Spanish origin** □ No □ Yes
   **Please check all categories that best describe your race:**
   □ American Indian/Alaska Native □ White
   □ Asian/Pacific Islander □ Other (specify): ______________________
   □ Black □ Decline

4. If you are a school employee:
   **How many years have you worked in education (including this year)?**
   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: ______________
   - **Do you provide instruction to students (e.g., whole class, small group, 1:1)?** □ No □ 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
     - Mixed grade class (please specify) ______________________
     - I do not provide instruction to students

5. **What is your primary role in your school?**:
   □ General educator
   □ Related service provider (please specify):
     □ school psychologist
     □ social worker
     □ counselor
     □ occupational therapist
     □ physical therapist
     □ adaptive physical education
     □ English as a second language
     □ mental health provider
     □ librarian / library media specialist
     □ behavior specialist / interventionist
     □ reading specialist
     □ speech & language pathologist
     □ assistive technology
     □ Title I
     □ other: ______________________
   □ Special educator (specify setting):
     □ inclusion
     □ resource / interrelated
     □ self-contained class
     □ self-contained school
     □ gifted
     □ other: ______________________
   □ Building administrator
   □ Staff (please specify):
     ______________________
   □ District leader/administrator (please specify):
     ______________________

6. **If you are a teacher, are you certified in the areas/subjects you currently teach?**
   □ No □ Yes □ I am not a teacher

7. **What is the highest degree you have earned (check 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)?**
   ______________________

8. **Have you had a course in classroom management?**
   □ No □ Yes

9. **Have you had a professional development or other training in**
   **Academic screenings?** □ No □ Yes  **Behavior screenings?** □ No □ Yes

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Please turn page
## Comprehensive, Integrated, Three-Tiered (Ci3T) Model of Prevention
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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?

<table>
<thead>
<tr>
<th>Not at all familiar</th>
<th>Very familiar</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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?

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

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: __________________ % |