

## **Systematic Screening for Behavior in K-12 Settings as Regular School Practice:**

### **Practical Considerations and Recommendations**

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#### Abstract

There is a priority for schools to address students' social and emotional needs as we do academic learning. Tiered models of prevention provide a framework for teaching social skills and behavioral expectations, as well as academics, with positive, proactive, evidence-based practices. Central to responding to students' needs is accurate measurement of their performance. Systematic screening for behavior addresses this need. Specific screening tools are presented with brief evidence for their use. Then practical considerations and recommendations are offered for school leadership teams as they plan for using systematic behavior screening as a regular school practice. The paper was framed within tiered models of prevention, however, screening practices may be used outside of tiered models provided structures are in place for responding to student needs when detected. Content is offered to guide school leadership teams as they undertake systematic behavior screening efforts.

*Key words:* systematic behavior screening, K-12, tiered prevention models

From kindergarten to twelfth grade, students come to school with a range of academic, behavioral, and social skill capabilities. Some students begin each school year with the requisite academic skills coupled with excellent interpersonal and self-determined skills (referred to as soft skills; Watson, 2015). With these collective strengths, students are prepared to meet many demands and challenges that lie ahead for successful school experiences. Yet many students struggle in one or more of these domains during their school careers. While teachers indicate they feel confident in meeting students' academic needs, often times they do not feel equally prepared to meet students' behavioral and social needs (Christofferson & Sullivan, 2015).

Data suggest more than a small group of students struggle behaviorally and socially. Point prevalence estimates (i.e., students affected at a specific point in time) suggest 20% of school-age students experience at least mild forms of emotional and behavioral disorders (EBD) which include internalizing (e.g., anxious and socially withdrawn) and externalizing (e.g., aggressive and noncompliant) behaviors (Forness, Freeman, Paparella, Kauffman, & Walker, 2012). Given so much of school and daily life involves social interactions and the negotiation of interpersonal relationships, it is critical to support all students in developing the soft skills they need to achieve not only success in school, but for their goals in life (Farmer et al., 2013).

Fortunately, the educational community is recognizing the priority of addressing behavioral and social competencies. Michael Yudin (Assistant Secretary, Office of Special Education and Rehabilitation, U.S. Department of Education) gave a compelling address at the 2014 National Positive Behavioral Interventions and Supports (PBIS) Leadership Conference in which he encouraged leaders to "pay as much attention to students' social and behavioral needs as we do academics." The message is clear from classroom teachers to political leaders – we must meet students' academic, behavioral, and social skill needs (McIntosh & Goodman, 2016).

Related is the need to focus on systemic change to achieve success for students in these areas. This important shift has inspired school leaders to develop and use proactive school structures, such as tiered models of prevention, rather than relying solely on reactive approaches to manage learning and behavior problems and viewing these challenges as within-child deficits

(Brown-Chidsey & Bickford, 2016). Essential to a proactive approach for responding to student needs is the use of accurate measurement tools for detecting which students may be in need of additional supports before difficulties become persistent and pronounced. Systematic screening tools fill that need (Lane & Walker, 2015). The purpose of this paper is to present practical considerations and recommendations for school leadership teams who are planning for systematic screening for behavior as a regular school practice. While we frame these considerations within tiered models of prevention, screening practices may be used outside of tiered models provided structures are in place for responding to student needs when detected.

### **Tiered Models of Prevention**

There are a number of tiered prevention models that apply similar logic but have differing foci. Proactive tiered prevention models are well established in the frameworks of response to intervention (RTI; Fuchs, Fuchs, & Compton, 2010) addressing academic domains and PBIS (Horner & Sugai, 2015), addressing behavioral expectations, each with a graduated continuum of supports. Most recently, frameworks have been established to attend to students' multiple needs in a comprehensive manner, such as a multi-tiered system of supports (MTSS) integrating academic and behavioral domains (McIntosh & Goodman, 2016) and comprehensive, integrated, three-tiered (Ci3T) model of prevention integrating academic, behavioral, and social skill domains (Lane, Carter, Jenkins, Magill, & Germer, 2015). Ci3T models offer a framework for meeting students' academic and behavioral needs as in MTSS models, but broaden the scope of the model for schools to address students' social and emotional needs at all three levels of prevention. To address social and emotional needs, schools implement a validated social skills curriculum at Tier 1 with a plan for addressing students' needs at Tiers 2 and 3 using data-informed decision making. Schools with Ci3T models in place have procedures for teaching, reinforcing, and monitoring Tier 1 social skills instruction in addition to core academic programs and a PBIS framework addressing behavioral skill sets (Lane, Oakes, Cantwell, & Royer, 2016).

Such frameworks include data-informed approaches for Tier 1 (primary prevention efforts for all students), Tier 2 (secondary prevention efforts for some students), and Tier 3

(tertiary prevention efforts for a few students). Within Ci3T frameworks, multiple data sources (e.g., academic and behavior screening data, attendance, office discipline referrals [ODR]) are used together to inform instruction. Specifically, screening data are used to inform (a) overall level of student performance within a school (see Figure 1) with attention to fidelity and efficacy of Tier 1 prevention, (b) data within classrooms (see Figure 2, hypothetical example) with attention to teacher-delivered strategies, and (c) individual student data with attention to Tier 2 and 3 supports (Lane & Walker, 2015).

A core feature of tiered models of prevention is accurate measurement for data-based decisions. For example, it is important to measure stakeholders' views of the system as a whole (e.g., Ci3T: procedures for teaching, reinforcing, and monitoring) and each component constituting the system, as social validity has been found to predict how well people implement Tier 1 efforts (Lane et al., 2009). Measures of the extent to which each level of prevention is implemented as planned (treatment integrity) guide professional learning offerings and teams in drawing accurate conclusions regarding intervention outcomes. For tools to evaluate stakeholders' opinions (social validity) and implementation (treatment integrity) we refer readers to PBIS Office of Special Education Programs (OSEP) Technical Assistance Center ([www.pbis.org](http://www.pbis.org)) and the Ci3T model of prevention website ([www.ci3t.org](http://www.ci3t.org)).

Likewise, measures of student performance are examined, with systematic screening procedures critical to accurately benchmark students' academic, behavior, and social performance at multiple time points each year. While many school systems have effectively implemented academic screening, only in the last decade have systems begun to also focus on behavior screening (Kettler, Glover, Albers, & Feeney-Kettler, 2014). To detect students with behavioral concerns, schools sometimes elect to use ODR data for screening purposes, as they are a typical school collected measure. When standardized procedures are implemented, ODRs may serve as a reliable indicator of school risk, particularly for students with disruptive behaviors (Predy, McIntosh, & Frank, 2014). Schools have research evidence establishing cut scores for categories of risk using ODRs: 0 - 1 low risk, 2 - 5 moderate risk, and  $\geq 6$  high risk

(McIntosh, Campbell, Carter, & Zumba, 2009). However, concerns have been raised about the use of ODRs for screening within tiered systems. For example, students' internalizing behaviors may not readily be detected using ODRs, as behavioral characteristics of internalizing dimensions may be less likely to warrant an ODR (McIntosh et al., 2009). Further, establishing a standardized, reliable system for collecting and monitoring ODRs has been found to be a logistical barrier to PBIS implementation and sustainability (Pinkelman, McIntosh, Rasplia, Berg, & Stickland-Cohen, 2015; Tyre, Feuerborn, & Lilly, 2010). Therefore, while schools with standardized practices in place may use ODR data for screening purposes, the focus of this paper is on validated screening tools that use direct teacher ratings of observed student performance. The next section is a brief review of available behavior screening tools, followed by considerations and recommendations for planning behavior screening data use.

### **Planning for Systematic Screening of Behavior**

#### **Initial Considerations for Screening as a Regular School Practice**

Schools planning to conduct new behavior screenings as a regular school practice communicate early in the process with district leadership. District-level support for screening helps ensure pertinent state and local laws and district policies are followed, aids communication with the parent community, may provide resources to support screening and professional learning activities, and may include access to district experts on data collection, management, and security (see Box 1 for guiding questions).

A plan is made for providing faculty and staff professional learning related to using screening tools and procedures. The focus of the professional learning addresses understanding the purpose and use of screening data, conducting screening with fidelity, using screening data to support instructional decisions, and communicating with parents on this new practice. Parents are informed of the reasons for screening (often part of a student handbook) – that is, not to label or exclude students from school activities but to provide appropriate instructional responses and determine needs at the earliest possible juncture. Screening tools provide a way to capture and

record teachers' observations of student behaviors using validated tools so data may be used for equitable access to needed supports. While some items on screening tools may be seen as sensitive, it is important to remember these are behaviors teachers are already observing. Consider procedures for sharing screening data with parents similar to the way academic screening data would be handled, including informing parents if data suggest Tier 2 or Tier 3 efforts are needed.

### **Selecting a Behavior Screening Tool**

Fortunately, validated screening tools are available for use across the PK-12 continuum. Options range in terms of cost, time to administer, materials needed, information provided, and availability of supporting materials for in-depth assessment with rating scales and materials to support intervention (see Table 1). We have included information related to tools available for PK for consideration by elementary schools with PK programs, although the focus of this paper is K-12 school contexts. For schools exploring screening we provide brief summary information on seven screeners most widely used in schools with evidence to support their use with the stated student age ranges (presented in alphabetical order; see Table 1 for representative psychometric evidence regarding technical adequacy). This information is intended to provide a preview for initial decision making. Additional sources are needed once the selection is narrowed in order for school teams to make a fully informed selection. We encourage schools to select tools that meet their identified needs and available resources, and access additional resources for an in-depth review to compare strengths and weaknesses of each tool as they relate to unique school goals. We encourage decision makers to review recent psychometric studies and technical manuals to more fully explore reliability and validity of screening tools prior to selecting and installing a screening tool as part of regular school practices. This is important to ensure any screening tool adopted is appropriate for use within the given school context.

**Behavior Assessment System for Children 3rd Edition: Behavioral & Emotional Screening System (BASC-3: BESS).** The BASC-3: BESS (Kamphaus & Reynolds, 2015) is a commercially-available universal screener measuring behavioral and emotional functioning in

students in grades Preschool-12. The screener can be completed on Scantron® forms and scored manually, with software (scanned or hand entered), or through an online administration, scoring, and reporting system (Q-Global™ Pearson Education, 2016). Items (25-30 depending on form) are rated on a 4-point Likert-type scale of *never*, *sometimes*, *often*, and *almost always* (some items are reverse scored). One score is reported addressing six indices: behavioral and emotional risk, externalizing risk, internalizing risk, adaptive skills risk, self-regulation risk (student), and personal adjustment risk (student). Scoring provides raw scores, percentiles, and risk classifications according to *t*-scores ( $M = 50$ ,  $SD = 10$ ): normal (0-60), elevated (61-70), or extremely elevated (71 or higher). The complete BASC-3 system provides materials such as rating scales for in-depth student assessment (BASC-3; Reynolds & Kamphaus, 2015) and intervention materials for use classwide and in small groups (BASC-3 Behavioral and Emotional Skill Building Guide; Vannest, Reynolds, & Kamphaus, 2015).

**Social, Academic, and Emotional Behavior Risk Screener© (SAEBRS).** The SAEBRS (Kilgus, Chafouleas, Riley-Tillman, & von der Embse, 2013) assesses behavioral and emotional risk for students in K-12 settings. Items (19) in three domains, Social Behavior (SB), Academic Behavior (AB), and Emotional Behavior (EB), are rated on a 4-point Likert-type scale of *never*, *sometimes*, *often*, or *almost always* (some items are reversed scored). Ratings indicate how frequently the student exhibited each behavior during the prior month only. Subscale scores and a Total Behavior score are reported, placing students in one of two categories, at risk or not at risk. This is a newer tool with promising initial evidence (Kilgus, Eklund, von der Embse, Taylor, & Sims, 2016). Evidence suggested it is efficient, reliable, valid, and accurate in differentiating between students at risk and not at risk. We encourage schools to examine evidence as this tool develops for the most current cut scores (Kilgus, Chafouleas, & Riley-Tillman, 2013) and procedures (Kilgus et al., 2016).

**Social Skills Improvement System - Performance Screening Guide (SSiS-PSG).** The SSiS-PSG (Elliott & Gresham, 2008a) is a commercially-available tool offering versions for screening preschool, elementary, and secondary students in the domains of Prosocial Behaviors,

Motivation to Learn, Reading Skills, and Math Skills. Elementary and secondary versions are scored as 1 (red band; *significant difficulty*), 2-3 (yellow band; *moderate difficulty*), and 4-5 (green band; *adequate performance*) for each domain using the criterion-referenced performance guide for each version. The SSiS-PSG is available in booklet form where one booklet is used to screen each class (up to 25 students). The booklet provides a scoring sheet with space to list students and enter scores next to each name for the four domains by circling a score (1 – 5). Criteria for scoring each domain are listed on separate pages so teachers may read the criteria for the domain and score each student on those criteria before moving on to the next domain. When completed scores are presented in a class summary on the scoring page. The complete system provides support materials with rating scales for in-depth student assessment (SSiS Rating Scales; Gresham & Elliott, 2008), school-wide instruction (SSiS – Classwide Intervention Program; Elliott & Gresham, 2008b) and skill-specific intervention materials (Tier 2; SSiS Intervention Guide; Elliott & Gresham, 2008c).

**Strengths and Difficulties Questionnaire (SDQ).** The SDQ (Goodman, 2001) is a free-access tool with versions for ages 2-17. The SDQ assesses emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior. Items (25) are scored using a 3-point Likert-type scale where 0 = *not true*, 1 = *somewhat true*, and 2 = *certainly true*, evaluating occurrence of each behavior during the last six months or current school year. Scores for the first four domains are summed for a Total Problems score. Updated four-band risk categories were established for the total difficulties score and each domain: *close to average*, *slightly raised*, *high*, and *very high* (Youth in Mind, 2015). Updates include externalizing (conduct problems and hyperactivity) and internalizing (emotional symptoms and peer problems) scores, placing students in the same risk categories.

**Student Risk Screening Scale (SRSS).** The SRSS (Drummond, 1994) is a free-access tool for detecting K-12 students at risk for antisocial behaviors. Items (7) predictive of antisocial behavior patterns (Drummond, 1994; e.g., steal, aggressive behavior) are rated using a 4-point Likert-type scale: *never* = 0, *occasionally* = 1, *sometimes* = 2, *frequently* = 3 (available at



<https://miblsi.org>). Items are summed for total scale scores, with scores placing students in one of three risk categories: low (0-3), moderate (4-8), or high (9-21).

**Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE).** To extend the scope of the SRSS, a few additional items associated with internalizing behavior patterns (rated using the same 4-point Likert-type scale developed for the SRSS) were added to the existing seven SRSS items most associated with externalizing concerns (Lane, Oakes, Swogger et al., 2015). At the elementary level (K-6), there are 12 total items yielding two subscale scores: the SRSS original items (externalizing, SRSS-E7) and five additional items (internalizing, SRSS-I5) placing students into one of three risk categories on each subscale score. For the SRSS-I5 categories are as follows: low (0-1), moderate (2-3), or high (4-15). For the middle and high school level, preliminary evidence suggests the same 12 items yielded two subscale scores (SRSS-E7 and SRSS-I6; Lane, Oakes, Cantwell, Schatschneider et al., 2016). For secondary students, the original SRSS item Peer Rejection loaded on the internalizing scale resulting in the SRSS-I6). SRSS-I6 categories are as follows: low (0-3), moderate (4-5), or high (6-18). SRSS-IE scores predict important student outcomes in secondary schools (e.g., grade point average, course failure, and in school suspensions; Lane, Oakes, Cantwell et al., 2017). We encourage schools selecting the SRSS-IE to keep current on developing research related to the internalizing subscale.

**Systematic Screening for Behavior Disorders (SSBD).** The SSBD (Walker, Severson, & Feil, 2014; [www.pacificnwpublish.com](http://www.pacificnwpublish.com)) represents the gold-standard of universal screening. It is a multi-gated tool for students in grades PK-9 designed to detect students experiencing internalizing or externalizing patterns of behavior. In stage 1, teachers compare students' behaviors to definitions of externalizing and internalizing characteristics. Teachers nominate five students most like the characteristics for each domain. Next, they rank order the list of students and the top three students on each list pass through Gate 1. More detailed scales (e.g., Critical Events Index and Combined Frequency Index), are completed in stage 2. In stage 3, a professional observes students' behaviors in classroom and playground settings and reviews

students' educational records using the School Archival Records Search (SARS). Authors state stage 3 is optional, citing issues of cost and time to conduct direct observations. However, the information gleaned in stage 3 provides a more complete picture of a student's performance.

### **Planning for Using Screening Data for Decision Making**

Next are considerations for planning to use screening data in response to detected student needs. Tiered prevention models provide the framework for responding. In the next section, we provide planning considerations for Tier 1 prevention, teacher-delivered strategies, and Tier 2 and 3 interventions and supports. We later revisit these three areas to provide additional recommendations after screening data are collected.

**Using screening data to inform Tier 1 prevention efforts.** Nationally, 80% of students are expected to respond to high-quality Tier 1 prevention efforts (Sugai & Horner, 1999). Also as part of Tier 1 prevention, data are collected on multiple important school and student outcomes and used for decision making by leadership teams according to established structures (e.g., Ci3T blueprint). The intent is to examine data to inform decision making regarding Tier 1 implementation and student performance. When fewer than 80% of students score within the low risk category on the selected screener, Tier 1 is targeted for improvement. Establishing school leadership team structures (e.g., regular meetings, point person for data reporting to the team, plan for sharing data with teachers) to examine data from screening procedures provide the forum for systematic data-based decision making.

School leadership teams review the tools in place for collecting data to monitor the level of implementation of the Tier 1 plan. If schools are not currently doing so as part of their tiered system of support we recommend they consider adding these procedures to their assessment plans. As you will read in subsequent sections, interpretation of student screening data are done in light of implementation data – that is, are Tier 1 prevention practices in place as planned so accurate assessments of student performance can be made? If practices are not in place as planned (i.e., low treatment integrity), then student performance may not show desired responses. In the absence of treatment integrity data these decisions are very difficult to make. In

fact, school teams may decide to implement Tier 2 and Tier 3 practices for large numbers of students (straining available resources beyond capacity) when improvements in Tier 1 implementation may be warranted.

**Using screening data to inform teacher-delivered strategies.** As part of Tier 1, all teachers take responsibility for using research-based strategies to maximize engagement and minimize disruptive behaviors. Professional learning on these topics is important for all faculty and staff (Lane, Carter, et al., 2015). Additional teacher supports such as coaching or performance feedback (Briere, Simonsen, Sugai, & Myers, 2015) may be considered when screening data suggest more than 20% of students in a given classroom score in elevated risk categories. Investing resources to support teachers in making small shifts in the instructional environment may benefit large numbers of students. Teachers might first refine low-intensity instructional delivery and classroom management procedures through strategies such as increasing their use of behavior-specific praise (Stormont & Reinke, 2009), precorrection, increasing students' opportunities to respond (Partin, Robertson, Maggin, Oliver, & Wehby, 2009), and building in instructional choice (Royer, Lane, Cantwell, & Messenger, 2017). Research-based, time-efficient, and practical strategies support student engagement, facilitate instruction, and reduce rates of problem behavior (Lane, Menzies, Ennis, & Oakes, 2015; Simonsen et al., 2014). As schools explore screening procedures for adoption, developing teachers' skill-sets with low-intensity strategies will support the swift response to screening results. Teachers may benefit from high-quality professional learning opportunities to continue to develop and refine the use of such strategies. Keeping aligned with the goal of working "smarter not harder," the intent is to determine if simple yet powerful shifts in teacher behavior can facilitate desired changes in students' performance prior to moving to more intensive intervention efforts (Horner & Sugai, 2015).

**Using screening data to connect students to Tier 2 and Tier 3 efforts.** As part of planning for screening practices, schools will want procedures in place to respond to individual student needs identified by screening data. School leadership teams work to organize all

available resources within their building, with attention to those meant for some (Tier 2) and supports designed for a few (Tier 3; Lane, Oakes, Ennis, & Hirsch, 2014). When supports are documented, school practices are transparent to all educators, parents, and the larger community. Screening data used with other data sources guide a systematic response for meeting students' needs, which may help narrow achievement gaps through early response.

Tier 2 and 3 intervention grids are one tool for schools to organize currently available interventions (Lane et al., 2014). Intervention grids are part of schools' Ci3T plans and contain the following elements: (a) name and description of each available intervention, (b) identified entry criteria with data sources and cut scores, (c) established progress monitoring tools, and (d) identified exit criteria with data sources and cut scores for when students no longer require the support (see Figure 3). Intervention grids support instructional decision making at the individual student, classroom, and school levels.

When using data for Tier 2 or 3 decision making, there are a number of considerations to keep in mind. First, multiple sources of data are used to inform intervention efforts rather than relying solely on one measure (i.e., screening tools, academic measures, attendance, ODRs, grade point average). Performance across academic, behavioral, and social skill domains often affect each other, so multiple data sources aid in fully informed decision making. For example, a student may need a behavioral support (e.g., self-monitoring checklist) to fully engage in academic instruction (e.g., Algebra I). Second, screening data are not intended to label students, but to detect students who may have one or more academic, behavior, or social skill need that requires efforts beyond Tier 1. Students may have Tier 2 or 3 needs – they are *not* Tier 2 students, but students with Tier 2 needs in a specific skill area. Third, Tier 2 and 3 supports are additive in nature, meaning students also continue to participate in Tier 1 efforts including core academic instruction with teacher-delivered strategies in the classroom. In some instances, Tier 2 supports may involve small groups such as those focusing on improving a specific academic skill or building social skills. Other Tier 2 supports may involve behavior contracts, self-monitoring interventions, or validated programs such as Check-in/Check-out (Crone, Hawken, & Horner,

2010). Schools will want to plan time in the master schedule for Tier 2 and 3 small group or individual supports that does not overlap with core instruction at Tier 1. A Tier 2 intervention block in the master schedule facilitates access to supports for all students. A few additional considerations are to provide enrichment for students exceeding expectations in all areas, facilitating peer-mediated instructional groupings (Scruggs, Mastropieri, & Marshak, 2012), and reserving the time of the most skillful instructors in the targeted areas to work with students demonstrating the greatest need (e.g., school counselors to work with students with behavioral risk, reading teachers to address reading needs).

### **Logistics for Behavior Screening Practices**

Next, we offer practical considerations for (a) preparing structures for systematic screening, (b) conducting screening administration, (c) scoring screeners, (d) interpreting data, and (e) responding to results. An illustration is offered for responding to data, mainly focusing on using the SRSS and SRSS-IE, as these are free-access tools used by schools in several states. We conclude with a summary of the importance of screening responsibly.

### **Practical Considerations for Conducting Screening**

School (or district) leadership teams are encouraged to consider, work through, and make decisions about practical logistics for planning and conducting screening. We recommend two school-site leadership team members take lead responsibility for screening procedures, often this includes one specialist in assessment (e.g., school psychologist, behavior specialist). These individuals collaborate to oversee practical considerations are addressed, working with others to achieve these goals (e.g., technology specialists, principals for scheduling).

**Preparing.** Security of student data is a primary consideration. A secure method for collecting and storing data is needed. Often schools have secure teacher network drives (requiring a district password). Others ensure confidentiality of data by avoiding the saving of data on teacher desktops or sharing through email which may be intercepted or made public.

Decisions will need to be made as to who will have access to student data to inform instructional programming, keeping in mind legal requirements regarding educational records.

Next, preparation of the selected screener is determined by the screener format (e.g., prepared booklets for the SSiS-PSG, paper or online forms for the SSBD and the BASC-3: BESS). As mentioned, the SRSS and SRSS-IE are used for illustration purposes. The SRSS and SRSS-IE are prepared in an electronic spreadsheet (e.g., Microsoft Excel). Some school districts have programmed electronic systems allowing the data to be captured, summarized, and reported back at the district, school, grade, teacher, and individual student level. Other schools manage spreadsheets at the teacher and school leadership team level. At any level of preparation it is critical that items and scoring anchors are reviewed for accuracy, all students enrolled (and attending) at the school for at least 30 days are screened, and screeners are ready for teachers to access on the day of screening. Often, school or district screening leaders prepare screeners which are then reviewed by principals for accuracy.

Screenings occur three times per year with all students screened at each time point. In terms of scheduling, screening windows (about two weeks in length) are decided on before the start of the year and posted on the master school calendar and assessment schedule. Most often, teachers screen only one class period of students. A period for screening (e.g., all teachers screen their fifth period class) is selected at a time when all students are in the school building, avoiding times when students may be out of the building for early release or late start. This decision is typically needed only for middle and high school levels as at the elementary level homeroom teachers most often have students the majority of the day and so they screen their students. At the high school level, screening scores for a period after lunch when all students are in an assigned class (most of which were study hall periods) have been found to be most predictive of end of year outcomes relative to screening that occurred earlier in the day (Lane et al., 2013). When screening in middle and high schools, it is important to keep the chosen period (e.g., fifth period) stable to enable comparisons over time.

**Conducting.** Screening administration may be conducted in a variety of ways, such as during regularly scheduled faculty, department, or grade level meetings, or individually during teachers' planning time within the screening window. We recommend school faculty initially come together to conduct screening so the school leadership team can monitor and ensure uniform procedures (e.g., teachers screen independently, all students are rated on all items), answer clarifying questions, and support use of technology. As teachers become familiar with procedures, smaller group or individual completion may be deemed appropriate. Screening protocols or informational guides to support teachers in logging into the data system and to provide reminders for completion and scoring are recommended (see [www.ci3t.org](http://www.ci3t.org)). Further, manuals for commercially-available tools provide this information and may be made into a one page tip sheet for teachers to facilitate the process.

**Scoring.** Scoring of screeners may be done through formulas programmed into the master spreadsheet (SRSS, SRSS-IE), through online scoring programs (BASC-3: BESS, SSBD), or using other manual-prescribed scoring (BASC-3: BESS, SAEBRS, SDQ). For the SRSS and SRSS-IE, total columns are entered into the spreadsheet with locked formulas prepared for summing total score (SRSS) and two subscales (SRSS-IE), color coding results according to risk category (e.g., conditional formatting of red for high risk, yellow for moderate risk, and green for low risk scores). To check the reliability (or accuracy) of scoring, the school screening leaders or an assigned teacher-partner checks all items are completed for all students (i.e., no missing data), formulas capture the correct items, and the color coding captures the correct scores per risk category. For screeners requiring manual scoring, decisions will be needed regarding who will score and who will rescore for reliability. Teams will want to plan training for the person(s) responsible for computer or hand scoring, if used.

**Interpreting.** Some advanced planning is needed for school teams and teachers to make instructional decisions using screening data in conjunction with other school data. For example, consider logistical decisions such as who will prepare school-level and grade-level reports (see Figures 1 and 2). These reports, as well as student-level data, are made available to teachers in a

timely way for decision-making. Student level data are reported as total or subscale scores rather than item level data (also referred to as raw data). Reports often include data about school Tier 1 implementation (treatment integrity data), stakeholder perceptions (social validity), and graphed student outcome data (see Figure 1). Recommendations are for school leadership teams to aggregate and share school and grade level behavior data with faculty and staff at least three times per year (Sugai, Lewis-Palmer, Todd, & Horner, 2005). We recommend doing this in conjunction with treatment integrity and social validity data to support accurate decision making as previously discussed. Data are compared over time for making Tier 1 school level decisions.

Additionally, teachers' access to student-level data for their classes in a usable format supports decision making in terms of responding to classwide (teacher delivered strategies) and individual student needs (Tiers 2 and 3). In addition to screening data, other school data (e.g., ODRs, attendance, academic screening, and course grades) would be accessible for a full picture of student performance. For example, in Figure 2 one elementary teacher's class (hypothetical example) displays behavior screening data for the SRSS-IE (externalizing scale E7 and internalizing scale I5), attendance data, ODRs, and AIMSweb math and reading academic screening data (Pearson Education, 2015). Some schools print hard-copy reports and have data folders ready for each teacher. After teachers conduct behavior screenings, additional data sources are hand entered into the screening results spreadsheets. Other schools have efficient technology supports to export multiple data sources through electronic data management systems. Regardless of the resources available, all schools can create structures for interpreting and reporting data. Teachers, grade-level teams, or department teams then use data sheets in conjunction with intervention grids to determine appropriate responses for primary (Tier 1) prevention, teacher-delivered strategies as part of Tier 1, and Tier 2 or Tier 3 supports.

**Responding.** In general, systematic screening data can be used to inform Tier 1 efforts (including teacher-delivered strategies) and connect students to Tier 2 and 3 efforts according to individual need. We briefly discuss recommendations for these uses in the following sections to parallel considerations addressed during initial planning.



***Using screening data to support Tier 1 prevention efforts.*** When conducting systematic behavior screening practices, first examine results at the school level to identify the percentage of students adequately supported by Tier 1 prevention efforts (see Figure 1). Keep in mind nationally, high-quality Tier 1 prevention efforts support about 80% of students (Sugai & Horner, 1999). If the percentage of students scoring at low-risk is less than 80%, consideration is given to the level to which Tier 1 is being implemented (treatment integrity) including the increased use of teacher-delivered low-intensity strategies for increasing engagement and motivation and decreasing disruptive behavior (e.g. behavior-specific praise, opportunities to respond, instructional feedback), rather than first focusing solely on implementing resource-intensive Tier 2 or 3 intervention efforts for more than 20% of students. To be clear, this a general guide and is not to suggest students with clear Tier 2 and 3 needs are “waiting” for support until 80% is achieved. Schools will certainly have Tier 2 and 3 supports (e.g., reading groups, individualized plans) ready for responding to student needs.

Figure 1 shows data from an example school’s first implementation year’s winter screening time point, with less than 80% of students in the low risk category (73.03% for externalizing and 70.04% for internalizing), so the school team first considers faculty and staff perceptions (social validity) and level of implementation (treatment integrity) of the Tier 1 plan. In this example, data show stakeholders have some unmet concerns about implementing the plan indicated by social validity results at 61.76%. As social validity data have been shown to predict treatment integrity (Lane et al., 2009) it is important the team attend to specific concerns shared and respond with clarifications, professional learning, and discussing plan revisions for the following year – never make changes to the plan within a school year as it is not possible to accurately evaluate progress for that year. Next, treatment integrity data show implementation ranges from 60% on the Schoolwide Evaluation Tool (SET; Sugai et al., 2005) Behavioral Expectations Taught category to 88.29% on the teacher perspective of the Ci3T direct observation tool (Lane, 2009). The school may respond by improving Tier 1 prevention practices for all students. For the school in the illustration, recommendations include: teaching the

schoolwide behavioral expectations to all faculty, staff, and students for all school settings through formal lessons and informally through the use of behavior-specific praise intermittently paired with the school reinforcement system (e.g., tickets). In contrast, winter screening data in year two show an increase in the percentage of students at low risk. Data show students experiencing low levels of internalizing behavior concerns above the 80% target, social validity data are approximately 80%, and while treatment integrity data are below ideal implementation rates (80%), students are showing a positive response to the Tier 1 prevention efforts. Data suggest the school continue to focus on Tier 1 prevention schoolwide and the team proceed with plans for systematic responding with Tier 2 and 3 efforts.

***Using screening data for increasing teacher-delivered low-intensity strategies.***

Continuing the illustration, screening data are examined at the classroom level to support individual teachers with classes of students experiencing higher levels of risk. The initial response is the use of low-intensity strategies to support a large number of students to maximize efforts and resources as well as to benefit the largest number of students. Figure 2 illustrates screening data at the classroom level with over 20% of students scoring in the moderate (light grey) and high risk (dark gray) categories. Rather than beginning by supporting so many students with Tier 2 and 3 intervention efforts, teachers select strategies to maximize student engagement and decrease challenging behavior. This can be accomplished swiftly and efficiently with the support of high-quality professional learning on how to embed these feasible, effective strategies into instruction (e.g., Simonsen et al., 2014; see modules on [ci3t.org/pl](http://ci3t.org/pl)). Tier 2 and 3 efforts may be used to support some students in this class; however, the class as a whole will benefit from the use of teacher-delivered strategies as part of the Tier 1 plan.

***Using screening data to respond at Tier 2 and Tier 3.*** With the previous considerations for Tier 1 prevention in mind, school teams also examine screening data along with other data sources for individual students (see Figure 2). The Tier 2 and 3 intervention grids (see Figure 3), mentioned previously, support teachers in selecting appropriate interventions by comparing student data to intervention entry criteria. The teacher or school team makes decisions about the

most appropriate support for students meeting entry criteria. Intervention grids serve as a tool to support the decision making process. Effective interventions are selected when viewed by the teacher and student as socially valid: is it viewed as acceptable, feasible, and effective for meeting the goals. Parents participate in intervention selection according to school/district policies for passive or active permission or participation.

Part of any tiered intervention is monitoring how well the intervention is implemented as planned; often schools create treatment integrity intervention checklists with step-by-step procedures for teachers to self-monitor implementation (see Lane, Menzies et al., 2015 for examples). School leadership teams consider ways to solicit feedback (social validity) from teachers, students, and parents on the intervention prior to implementation and at the end of the intervention before students exit (according to exit criteria). Information from social validity surveys are used to improve interventions in terms of appropriately targeting outcomes, meeting desired goals, and feasibility of procedures. For example, a student may meet the criteria for a self-monitoring intervention (see Figure 3), but on the social validity survey the student reports feeling embarrassed by carrying a recording form to class. In this case, the student's use of an electronic system may increase the integrity of the intervention (i.e., the student is more likely to use the intervention). Finally, student outcome data are gathered according to intervention grids (data to monitor progress) and used to determine if the intervention is having the desired effect.

### **Implications for Practice**

As school or district leadership teams plan for and conduct systematic screening as part of regular school practice, we have underscored the importance of having a clearly-articulated structure in place to respond to the data gleaned. In this paper, illustrations show how to analyze data to inform Tier 1 prevention efforts, teacher-delivered strategies, and Tier 2 and 3 intervention efforts for students for whom Tier 1 efforts are insufficient (Lane et al., 2013). Clear procedures with documented plans aid transparency and assist in narrowing gaps in student performance by closing gaps in access to high-quality interventions and supports, with the

screening data paramount to accurately detect students and inform instruction at each level of prevention (Cook & Tankersley, 2013). While there are many benefits of systematic screening, with screening comes responsibilities.

We encourage system leaders to consider the following responsibilities. First, build stakeholders' expertise to support the selection, use, and evaluation of evidence-based practices at each level of prevention. Second, develop the structures to sustain and improve practices. Careful attention is devoted to building district and school capacity to sustain existing practices and engage in a continuous improvement to stay current on learning from the research community. Third, screen responsibly. It is imperative protocols are developed to ensure accuracy of administration, screening of all students, confidentiality of data collected, and a planned response to identified needs. Fourth, consider legal implications. Know the state and local laws and district policies related to screening.

Finally, this process is not linear, schools and systems are engaging in dynamic and systemic responses to school-level data (social validity and treatment integrity), student screening, and student outcome data. Recommendations for focusing efforts on achieving and sustaining high-quality Tier 1 prevention efforts to reduce the number of students in need of more intensive supports does not imply schools will not also address the needs of students with currently existing concerns through available supports.

Great lessons have been learned from practitioner leaders who are advancing these efforts (see Box 2). We invite you to visit [www.ci3t.org](http://www.ci3t.org) for videos of principals and assistant principals who use systematic behavior screening. They use screening data along with treatment integrity and social validity data to inform practices from elementary (see T. Becker) to high school (see M. Brungardt and B. DeWitt). For example, some instructional leaders have used these multiple sources of data to focus professional learning activities for their faculty and staff. Specifically, they have examined school- and class-level screening data to determine where additional supports might be necessary (e.g., when the percentage of students scoring in moderate or high risk categories tend to be stable or increasing). Then, they examine treatment integrity data to

determine which components (e.g., use of behavior specific praise) are implemented with low fidelity or misunderstood by faculty and staff (e.g., comments in the social validity data suggesting praise is akin to bribery). This information is used to inform professional learning activities at the school and district level. This is but one illustration of the application of how multiple sources of data can be used to inform data-informed professional learning. As leaders move forward with installing systematic screenings as a regular school practice for all schools, we recommend screening occur responsibly and with sufficient preparation.

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