

Quality Indicators for EBD Programming

	NI	EI	PI	FI
	0	1	2	3
I. Structures/Programs				
A. Physical Environment				
1. Classroom in school building				
2. Classroom in quiet section of building				
3. Multiple settings to access for academic instruction				
4. Access to sensory room				
5. Sensory room contains access to de-escalating tools (calming strategies)				
6. Procedure for students accessing sensory room, including the role of staff support				
7. Quiet space for students to access when escalated with limited materials				

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B. Environmental Management				
<p>1. Classroom organization and management support of functional behaviors.</p> <ul style="list-style-type: none"> ● predictable class routines. ● Transitions are accomplished smoothly and efficiently. ● Exemplars of good student work are displayed in the room. ● Visual cues for good practice of procedures are displayed in the room. ● An organizational system is evident for assignments. 				
<p>2. Resources are adequate, appropriate personnel with expertise in instruction, behavior and emotional needs are adequate and appropriate for the program.</p> <ul style="list-style-type: none"> ● Personnel are available to maintain group instruction, provide emotional support and behavioral management to individuals as needed without undue interference of group or classroom instruction. ● A variety of materials representing a range of ability levels have been selected for content subjects, basic skills and affective purposes. 				
<p>3. Physical space/layout is used intentionally to support students' emotional/behavioral needs.</p> <ul style="list-style-type: none"> ● Physical space that is free from distracting stimuli ● Students can remove themselves to a private space for personal regrouping (break space) ● There is physical space where students can be contained for their own or others' safety (lifespace room - safe space). ● Seating is arranged preferentially for proximity control. ● The teacher has easy visual access to students in the classroom at all times. 				

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<ul style="list-style-type: none"> • The teacher is physically accessible to the students 				
<p>4. The emotional climate is safe as demonstrated by students' willingness to initiate interactions or ask questions.</p> <ul style="list-style-type: none"> • Interactions between student and teacher are genuine. • Students feel free to seek the teacher for support and problem solving at nonscheduled time. • Humor is used effectively to maintain perspective and create a safe, emotional climate. 				
<p>5. Scheduling is done intentionally to support students' emotional/behavioral needs.</p> <ul style="list-style-type: none"> • A person who has expertise in the child's area of need has planning responsibilities and ongoing contact with the student • Schedules are arranged to structure students for success, such as scheduling for content, teachers who work best with student, and students' optimum functioning patterns. • Schedules are arranged to avoid problematic times and places when possible. 				
<p>6. Communication systems facilitate support for the student in the total environment.</p> <ul style="list-style-type: none"> • There is a designated case manager to facilitate support for the student in the total environment. • Effective communication systems exist between special and regular education staff to facilitate support for the student. • Effective communication systems exist between special education staff and parents to facilitate support for the student. • Effective communication systems exist with other agencies to facilitate support for the student. 				

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<ul style="list-style-type: none"> • Case managers advocate for students in all environments. 				
<p>7. Classroom focuses on building connections with the students</p> <ul style="list-style-type: none"> • Positive classroom climate • Culturally responsive classroom practices 				
C. Program Behavior Management				
<p>1. Systems for classroom management facilitate appropriate behaviors</p> <ul style="list-style-type: none"> • Rules and expectations are explicit • Rules are stated positively • Some variances of behaviors are allowed based on individual level of internal control to meet rules and behavior expectations (flexibility) 				
<p>2. Procedures and modifications are utilized to assist students in following the school and/or bus rules.</p> <ul style="list-style-type: none"> • There is a system of reinforcement for desired behaviors • There are options for reinforcement • Reinforcement is realistically attainable • Consequences are clearly stated and consistently applied • The system is written, posted and simple to understand 				
<p>3. Management systems are in place for crisis situations</p> <ul style="list-style-type: none"> • Crisis Plans are developed and are clearly written and easy to follow • Personnel involved in atypical management procedures are identified and their roles described 				
<p>4. There is a system for individual behavior management to facilitate</p>				

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<p>appropriate behavior</p> <ul style="list-style-type: none"> • Systematic means are available to address problem behaviors that are individual to the student • Students help set own behavior goals • Students are involved in monitoring their own behaviors (target sheets, opportunities for self-reflection) • The teacher modifies ineffective individual behavior plans as needed to structure for success 				
<p>5. Behavioral intervention or interactions are utilized to encourage students to be more responsible for their behavior</p> <ul style="list-style-type: none"> • The teacher is aware of and uses nonverbal cues • The teacher uses nonverbal strategies to redirect problem behaviors • Problem-solving strategies are used to encourage responsibility (do with, not to) • The teacher offers behavior choices to encourage responsibility 				
<p>6. Behavior management systems involve key persons in the student's environment</p> <ul style="list-style-type: none"> • Parents are included in development/review of PBSPs • Administrator's role in behavior management is defined and not limited to "negative" interactions • Involvement of any other significant team members in behavior management is clearly defined (SRO, Dean) 				
D. Milieu or Classroom Environment				
<p>1. Staff use trauma informed practices</p>				

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2. Staff has foundational understanding of willing vs able grid				
3. Each staff member works to develop a positive relationship with students				
4. Staff understands proactive strategies (i.e. avoids power struggles)				
5. Staff understands how to prompt students (i.e. limiting “nagging”)				
6. Staff trained in TCI proactive strategies <ul style="list-style-type: none"> ● Including I ASSIST ● Life Space Interview ● Crisis de-escalation strategies 				
7. Staff work with students to process significant behavioral incidents so that they become learning opportunities.				
8. Classroom staff define unacceptable behavior (safety, both physical and emotional), are clear in these expectations and hold firm in this expectation with students.				
9. Clear policy communicated to parents and students limiting use of phones/technology in classrooms and during periods of upset.				
10. Implementation of individualized coping skills for each student to be applied at the point of performance (generated by school social worker)				
11. Ongoing Clinical Support Provided to Classroom Team				

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12. Immediate feedback provided to staff about behavior management techniques				
13. Clinical supervision provided to classroom team weekly				
14. Critical incident debriefing provided to the team				
15. Social work support available to students on an “as needed” basis to support student needs				
E. Therapeutic Supports				
1. Social Worker has completed comprehensive assessment/intake that informs treatment plan				
2. Clinical treatment goals have been defined and outlined in Treatment Plan				
3. Each student is provided with an individual session of at least 30 minutes weekly				
4. Clinician is providing student with direct instruction regarding skills to be developed using research-based interventions				
5. Clinician communicates strategies student is developing to classroom staff so student can be coached to apply skills at the point of performance				
6. Clinician is providing group instruction to the program at least				

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weekly.				
7. Clinician is using a structured, research-based curriculum with group				
8. Clinician has defined treatment goals with input from family				
9. Clinician is providing ongoing case consultation with classroom team				
10. Clinician is working with family to access outside resources as appropriate (case management, psychiatric services, community-based counseling, trauma focused therapy)				
11. Clinician has obtained release for all outside providers				
12. Clinician is in regular contact with outside providers to define students' treatment needs and progress at school				
13. Full Team meets weekly to debrief, problem solve and plan (teacher, Ed Techs, Administrators, social worker, Psychologist and specialists as needed)				
F. Academic Instruction and Support				
1. Student is receiving direct instruction in content areas that are an area of weakness <ul style="list-style-type: none"> ● Specialized Reading program available (if needed) ● Specialized support provided in Written Language (if needed) 				

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<ul style="list-style-type: none"> • Specialized support provided in math (if needed) 				
2. Students are presented an organized, sequential curriculum				
3. Students are provided with direct instruction from staff				
4. Support for the development of academically related executive skills embedded into the curriculum				
5. High Interest materials are used				
6. Experiential focus used in academic instruction				
7. Modifications/alternatives to regular curriculum are provided when needed (alternate curricula, independent studies)				
8. Systems/structures, accommodations and supports are in place to help maintain LRE (least restrictive environment)				
9. Effective instructional strategies are utilized <ul style="list-style-type: none"> • Instruction is planned, structured, predictable • Instruction is interactive, engaging and relevant • Instruction is direct and explicit • Learning/progress is actively monitored • Strategies to decrease students' frustration are embedded • Strategies to increase motivation are embedded • Instruction incorporates/ties to real-life / meaningful experiences 				

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G. Social/Emotional/Affective Education				
1. Students are provided with information and skills regarding behavior (direct instruction scheduled in regard to specific skill deficits/challenges, strategic grouping)				
2. Evidence-based curriculum materials are used for direct instruction of SEL				
3. Data is collected at specific intervals across the day in order to reflect/redirect/reinforce and teach specific replacement behaviors/new skills				
4. Curriculum is selected based on individual student needs				
5. Transfer and maintenance of skills is systematically planned and taught				

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II. Procedures and Processes

A. Entrance/Exit Criteria				
1. Referral Process Defined				
2. Clear Entry Criteria outlined by team- type of student program is designed to serve (What special education classifications are generally appropriate?)				
3. Clear Entry criteria agreed upon by team				
4. Use of Student Needs for Additional Supports Rubric to determine staffing ratios				
5. Students with low intellectual skills and/or social pragmatic issues provided with separate programming				
6. Highly anxious students (or those with internalizing behaviors) placed in separate setting from students with externalizing behavior				
7. Issues of social maladjustment assessed before student is placed in program				
8. Exit Criteria clearly defined				
B. Evaluation and Assessment of Student Needs				
1. Comprehensive Evaluation of student's social/emotional profile				

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(formal checklists)				
2. Evaluation of student's learning needs (academic and cognitive)				
3. Assessment of student's pragmatic language skills (if needed)				
4. If needed, mechanism in place to obtain and consider (when developing (PBSP, IEP and ITP): <ul style="list-style-type: none"> ● OT input ● Speech and Language input ● Physical Therapy input 				
5. Comprehensive Assessment (including ICD-10 diagnosis) if needed				
6. Assessment if the parent is willing to engage in the treatment process with the school (reference list) - Behavior Management vs. Behavior Change?				
7. Assessment of type of aggression demonstrated (proactive vs reactive) with PBSP outlining appropriate interventions/supports				
C. Individualization and Personalization				
1. Positive Behavioral Supports Plan developed for each student (with crisis plan) with focus on preventative/antecedent strategies and new replacement behaviors to be reinforced				
2. Each student has completed a preference assessment as part of				

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the development of the PBSP				
3. Treatment goals formulated with input from full team, including specialists (OT, Speech and Language, PT, Psychologist, Behaviorist)				
4. Treatment and PBS Plans developed with student input/feedback				
5. Treatment and PBS Plans developed with parent input/feedback				
6. Students who primarily demonstrate proactive aggression (to increase status with peer group) are provided with individualized instruction. Students who primarily demonstrate reactive aggression are provided with group support.				

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III. Staff Competencies

A. Teacher Competencies

1. Has effective communication skills to direct team				
2. Able to create meaningful academic content familiar with specialized instruction (as appropriate)				
3. Able to communicate to team around how to provide instruction				
4. Organized plan for the day				
5. Can follow up with classroom staff about their abilities to meet expectations				
6. Can communicate student needs to social worker and administrator				
7. Provides ongoing communication with parent				
8. Communicates with parents effectively around crises and behavior challenges				
9. Creates agenda for weekly meeting with team				
10. Facilitates weekly meeting with team				
11. Is connected to students in classroom (Simple Interactions)				

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12. Demonstrates reciprocity (serve and return) with students in class (Simple Interactions)				
13. Encourages all students to participate in learning and social interactions (Simple Interactions)				
14. Provides support as students progresses through learning/social situations that are increasingly challenging (Simple Interactions)				
15. Willingness to consult with special education administrator before issuing discipline that involves the student being out of school multiple days				
16. Creates positive classroom climate for students				
17. Able to apply and model crisis co-regulation skills				
18. Ongoing communication with classroom team about student concerns and needs				
19. Able to support team when making decisions about behaviors related to handicapping condition (manifestation determinations)				
B. Special Education Administrator competencies				
1. Understanding of special education law				
2. Strong communication with classroom team and building administrator				

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3. Ability to facilitate meetings about “higher level” student concerns				
4. Understanding of best practices <ul style="list-style-type: none"> • Academic support • Behavioral support 				
5. Can support the team in making manifestation determinations				
C. Educational Technician Competencies				
1. Has completed full BHP training				
2. Has completed Safety Care /TCI/CPI				
3. Is connected to students in classroom (Simple Interactions)				
4. Demonstrates reciprocity (serve and return) with students in class (Simple Interactions)				
5. Encourages all students to participate in learning and social interactions (Simple Interactions)				
6. Provides support as students progresses through learning/social situations that are increasingly challenging (Simple Interactions)				
7. Effective in prompting positive behavior				
8. Effective in providing instructional support				

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9. Effective in applying co-regulation strategies				
10. Effective in using Life Space Interview with students to promote learning				
11. Can effectively communicate concerns to lead teacher				
12. Is able to follow directions from lead teacher				
13. Can operate independently to meet behavioral needs of students				
14. Can operate independently to meet instructional needs of students				
15. Appropriate use of personal technology (phone, computer)				
16. Applies information learned in ongoing professional development				
17. Uses trauma informed practices				
18. Spends time circulating among students while in the classroom				
D. Clinician Competencies				
1. Understanding of trauma informed practices				
2. Ability to engage students in treatment				
3. Ability to consult with classroom staff				
4. Able to develop specific, measurable skills with students during				

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individual sessions				
5. Ability to lead therapeutic groups in classroom <ul style="list-style-type: none"> • Targeting specific skills • Utilizing structured curriculum • Overarching treatment goals considered 				
6. Consulting regularly with outside community providers (psychiatrist, case manager, outside therapist)				
7. Ability to connect families with outside providers as appropriate				
8. Able to define coping skills to be coached by classroom staff at the point of performance				
E. School Psychologist Competencies				
1. Ability to evaluate social/emotional needs using standardized instruments				
2. Ability to conduct comprehensive evaluations of students' learning needs				
3. Ability to assess social pragmatic issues/Autism Spectrum using standardized means				
4. Ability to assess social maladjustment vs ED				
5. Can translate evaluations into applied recommendations				

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6. Social history obtained in evaluation to inform comprehensive assessment				
7. Can form integrated assessment plan with other providers				
F. Speech and Language Therapist Competencies				
1. Can assess social pragmatic issues				
2. Can assess general language functioning and consult around how these issues may impact behavior.				
3. Can assess general language functioning and consult around how these issues may impact academic performance.				
4. Ability to provide direct instruction around social thinking to students (individual and group)				
G. Occupational Therapist Competencies				
1. Can provide recommended calming strategies in sensory room				
2. Can recommend supports for students to use in the classroom (emotional regulation, attention)				
3. Assessment of sensory needs (as needed)				
4. Assessment of OT needs with recommendations provided for how to support academics in the classroom (for example, assistive technology, help with slow processing speed)				

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5. Ability to consult with classroom team around how to apply supports in classroom at the point of performance				
H. Behavior Interventionist Competencies				
1. Ability to conduct Functional Behavior Assessments as indicated (to include Functional Analyses if indicated)				
2. Ability to identify functionally equivalent replacement behaviors for identified interfering behaviors				
3. Ability to develop appropriate schedules of reinforcement and thin as appropriate				
4. Ability to conduct preference assessments from which to base reinforcement				
5. Ability to develop systems to monitor behavioral progress				
6. Ability to graphically represent behavior change over time				

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Indicator	Definition/Criterion	Score
NI	<u>Not Implemented</u> - No evidence of implementation; not introduced; half or more items in domain at the NI level	0
EI	<u>Emerging Implementation</u> - not all indicators are addressed but at least one indicator is at the PI or FI level AND half or more are at the EI level	1
PI	<u>Partially Implemented</u> - every indicator is addressed with at least one indicator not at the FI level AND half or more at the EI level	2
FI	<u>Fully Implemented</u> - every indicator in the domain is implemented at the fully implemented level (in all settings, with all curricula, with all staff members and for all students)	3

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