

Appendix J: Teacher Ratings of Student Behavior

Web-Based Survey

INTRO1

Multi-Tiered Systems of Support for Behavior (MTSS-B)



Welcome to the MTSS-B teacher ratings site! Your school is participating in a federal study evaluating MTSS-B, an approach to teaching and reinforcing appropriate behavior for all students and providing additional supports for students with greater needs. Understanding the impacts of MTSS-B is key to helping districts and schools better support their students. These ratings are a part of that larger study.

Login ID: _____
Password: _____

Begin Survey

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is #1850-NEW. The time to complete this information collection is estimated to average 5 minutes per student, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. The obligation to respond to this collection is voluntary. If you have comments or concerns regarding the status of your individual submission of this form, application or survey, please write directly to Lauren Angelo, U.S. Department of Education, Institute of Education Sciences, 555 new Jersey Avenue, NW, Suite 502h, Washington, D.C. 20208 or email lauren.angelo@ed.gov.

For technical issues: call 832-485-3777 or email mtssb.teacher@dir-online.com

INTRO2

We would like you to answer some questions about students in your classroom. This information is crucial to helping us understand the impacts of MTSS-B on students. As a token of our appreciation you will receive [**AMOUNT**] for completing *all of* these ratings. This amount is determined based on the number of ratings that you are being asked to complete.

When answering the questions, please keep in mind the following:

- o **Participation is voluntary** – You can choose not to answer any question, and your decision to participate will not affect your current or future status at your school. If you skip a question on the web-based survey a screen will appear asking if you intended to skip the question and giving you the option to select “Not Sure” or “Decline to Answer.”
- o **Participation is private** - All your responses will be kept private and will be used only for this study and related research. Your name and the names of your students will never appear in any public document or revealed to people outside of the research team. MDRC, a non-profit, non-partisan social policy research agency based in New York, is conducting this research. Please see www.mdrc.org for more information. The U.S. Department of Education is providing the funding for this study.

Information collected for this study comes under the confidentiality and data protection requirements of the Institute of Education Sciences. All information from this study will be kept confidential as required by the Education Sciences Reform Act of 2002 (Title I, Part E, Section 183). Responses to this data collection will be used only for statistical purposes. Personally identifiable information about individual respondents will not be reported. We will not provide information that identifies you, your school, or your district to anyone outside the study team, except as required by law.

- o **Participation is very easy** – This survey should take approximately 5 minutes per student to complete. You can answer the questions all at once, or over several sittings.
- o **Participation is safe** – We do not anticipate any risks from participating in this survey. Your responses and personal information will be stored securely. It will not be shared externally or used to evaluate you or other individuals in your school.

- o **You can ask questions** – If you have additional questions, you can contact Fred Doolittle of MDRC at (212) 340-8638 or fred.doolittle@mdrc.org.

(Please select “Next” to continue.)

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VOLUNTARY CONSENT

New Screen

Now that we have informed you about the survey, we would like to ask for your consent to continue. If you have any questions or concerns about the MTSS-B research study, please contact Fred Doolittle at MDRC (fred.doolittle@mdrc.org or 212-340-8638).

Please indicate your preference by selecting the appropriate response below:

1. Yes - I consent to participate in the survey **(GO TO S_LIST)**
2. No - I choose not to participate in the survey **(GO TO ENDINTERVIEW1)**

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New Screen

S_LIST

Thank you for agreeing to participate. Below is the list of students in your class for which parent consent was received as of [C_DATE]. If a student is not listed below, it means that their parents did not agree to let them participate and you will not be asked to complete a rating form for them. Should you receive parent consent for a student after the date indicated above, you will receive another link to complete a rating form for them at a later time.

A few other important notes:

1. It will take you ~ 5 minutes to complete a rating for each student—there are 11 questions/scales per student.
2. You may stop and come back at any point; however, once you start a rating for a student, we encourage you to complete all screens for that student before taking a break.
3. If you complete *all* the ratings for your class, you will receive [AMOUNT]. This amount is determined based on the number of ratings that you are being asked to complete.

Please select a student below to proceed. Once you complete a rating for a student, you will be brought back to this screen to select another until all student ratings are complete. Should you need to log off at any time, you can continue where you left off when you log back on.

[S_FNAME1 S_LNAME 1]		[S_FNAME16 S_LNAME 16]
[S_FNAME2 S_LNAME 2]		[S_FNAME17 S_LNAME 17]
[S_FNAME3 S_LNAME 3]		[S_FNAME18 S_LNAME 18]
[S_FNAME4 S_LNAME 4]		[S_FNAME19 S_LNAME 19]
[S_FNAME5 S_LNAME 5]		[S_FNAME20 S_LNAME 20]
[S_FNAME6 S_LNAME 6]		[S_FNAME21 S_LNAME 21]
[S_FNAME7 S_LNAME 7]		[S_FNAME22 S_LNAME 22]
[S_FNAME8 S_LNAME 8]		[S_FNAME23 S_LNAME 23]
[S_FNAME9 S_LNAME 9]		[S_FNAME24 S_LNAME 24]
[S_FNAME10 S_LNAME 10]		[S_FNAME25 S_LNAME 25]
[S_FNAME11 S_LNAME 11]		
[S_FNAME12 S_LNAME 12]		
[S_FNAME13 S_LNAME 13]		
[S_FNAME14 S_LNAME 14]		
[S_FNAME15 S_LNAME 15]		

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New Screen

ENDINTERVIEW1

Thank you for your time. We are sorry that you have chosen not to complete the questionnaire. If you change your mind, please contact DIR at mtssb.teacher@dir-online.com or (832) 485-3777. If you have any questions or concerns about the MTSS-B research study, please contact Fred Doolittle at MDRC (fred.doolittle@mdrc.org or 212-340-8638).

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New Screen

SNAME

The next set of questions are about **[S_FNAME1] [S_LNAME1]**. Please select continue to begin.

If **[S_FNAME1]** is no longer in your class, please select Exit to go on to the next student.

- 1. Continue
- 2. Exit (**GO TO S_LIST**)

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New Screen

[S_FNAME1] [S_LNAME1]

A1. Has **[S_FNAME1]** been present in your classroom for a majority of the school days (i.e., at least 8 days) *during the last three weeks*?

- 1. Yes
- 2. No

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[S_FNAME1] [S_LNAME1]

New Screen

The following questions ask about **[S_FNAME1]**'s behavior, performance in class, and interactions with his/her classmates.

A2. *In the last three weeks*, would you say **[S_FNAME1]**...

	Never	Rarely	Some- times	Often	Very Often	Almost Always
a. was liked by classmates?	1	2	3	4	5	6
b. bullied others?	1	2	3	4	5	6
c. was withdrawn?	1	2	3	4	5	6
d. didn't get along well with others?	1	2	3	4	5	6
e. paid attention?	1	2	3	4	5	6
f. worked hard?	1	2	3	4	5	6
g. was sad?	1	2	3	4	5	6
h. broke rules?	1	2	3	4	5	6

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New Screen

[S_FNAME1] [S_LNAME1]

A3. *In the last three weeks, would you say [S_FNAME1]...*

	Never	Rarely	Some- times	Often	Very Often	Almost Always
a. harmed others?	1	2	3	4	5	6
b. yelled at others?	1	2	3	4	5	6
c. had many friends?	1	2	3	4	5	6
d. fought?	1	2	3	4	5	6
e. stayed on task?	1	2	3	4	5	6
f. was easily distracted?	1	2	3	4	5	6
g. got angry when provoked by other children?	1	2	3	4	5	6
h. showed empathy and compassion for others' feelings?	1	2	3	4	5	6
i. lied?	1	2	3	4	5	6

New Screen

[S_FNAME1] [S_LNAME1]

A4. *In the last three weeks, would you say [S_FNAME1]...*

	Never	Rarely	Some- times	Often	Very Often	Almost Always
a. teased classmates?	1	2	3	4	5	6
b. harmed property?	1	2	3	4	5	6
c. learned up to ability?	1	2	3	4	5	6
d. was rejected by classmates?	1	2	3	4	5	6
e. completed assignments?	1	2	3	4	5	6

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New Screen

[S_FNAME1] [S_LNAME1]

A5. *In the last three weeks, would you say [S_FNAME1]...*

	Never	Rarely	Some- times	Often	Very Often	Almost Always
a. was friendly?	1	2	3	4	5	6
b. was easily upset?	1	2	3	4	5	6
c. was nervous?	1	2	3	4	5	6
d. stopped and calmed down when angry or upset?	1	2	3	4	5	6
e. was fearful?	1	2	3	4	5	6

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New Screen

[S_FNAME1] [S_LNAME1]

A6. *In the last three weeks, would you say [S_FNAME1]...*

	Never	Rarely	Some- times	Often	Very Often	Almost Always
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a. changed mood quickly?	1	2	3	4	5	6
b. worried?	1	2	3	4	5	6
c. was easily frustrated?	1	2	3	4	5	6
d. concentrated?	1	2	3	4	5	6
e. was impulsive?	1	2	3	4	5	6

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New Screen

[S_FNAME1] [S_LNAME1]

A7. For disciplinary reasons, *since the start of the school year*, how often has [S_FNAME1] been sent...

	None	One time	Two or more times
a. to the principal's office?	0	1	2
b. to an in-school suspension setting?	0	1	2
c. home or removed from school (e.g. suspended)?	0	1	2
d. to an alternative classroom?	0	1	2

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[S_F

New Screen

NAME1] [S_LNAME1]

The following questions are about different supports [S_FNAME1] may have received at your school.

A8. Has [S_FNAME1] been referred to the Child Study/Student Support Team this year?

1. Yes

2. No

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New Screen

[S_FNAME1] [S_LNAME1]

A9. Does [S_FNAME1] currently receive...

	Yes	No
a. additional educational programs or supports at school (e.g. tutoring, homework club)?	1	2
b. additional behavioral services or supports at school (e.g. Check-In Check-Out)?	1	2
c. additional counseling or psychological services at school ?	1	2
d. additional counseling or psychological services outside of school ?	1	2

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New Screen

[S_FNAME1] [S_LNAME1]

A10. Does [S_FNAME1] currently receive special education services?

1. Yes
2. No

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New Screen

[S_FNAME1] [S_LNAME1]

A11. Have you or anyone else referred [S_FNAME1] to be assessed for special education services this school year?

1. Yes

2. No

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New Screen

Z1.

Thank you for completing the ratings for your class. You [**AMOUNT**] gift will be emailed to you at the end of the data collection period for your school, which is approximately six weeks from the initial invitation. At that time, we will email you an Amazon.com gift card via email.

New Screen

CLOSE

Thank you for your participation in the MTSS-B research study. Remember, we may be back in touch if we receive parental consent for additional students in your class.

If you have any questions or concerns about the MTSS-B research study, please contact Fred Doolittle at MDRC (fred.doolittle@mdrc.org or 212-340-8638).

(Please select "Next" to exit the survey.)

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