

# MTSS-B SITE VISIT INTERVIEW PROTOCOLS

## Appendix A: Administrator Interview (Year 3)

Data Collector \_\_\_\_\_ Date of Assessment \_\_\_\_\_

School Name \_\_\_\_\_ School System \_\_\_\_\_

Administrator's Name \_\_\_\_\_

### **Introduction (Introduction will be repeated each wave)**

Good morning/good afternoon. My name is [name] and I work with the Multi-Tiered Systems of Support for Behavior (MTSS-B) study team.

We are conducting interviews with school administrators and team leaders to learn their thoughts about behavior support practices at their school. We anticipate the interview will take no more than 30-45 minutes {45-55 minutes}. Your participation in the interview is completely voluntary. We hope you will participate because your perspective is essential to understanding how to improve behavior support practices in schools across the country.

All the information we collect is confidential, and you, your school, or anyone working at or attending your school will not be identified by name. I have a document here describing the study and this interview for your reference.

Do you have any questions before we begin?



## **National Study of Multi-Tiered Systems of Support for Behavior (MTSS-B) Site Visit Interview**

### **What is the purpose of the study?**

This study is evaluating Multi-Tiered Systems of Support for Behavior (MTSS-B), an approach to teaching and reinforcing appropriate behavior for all students and providing additional supports for students with greater needs. Some schools in the study have been randomly selected to receive training and support in MTSS-B and other schools in the study were randomly selected to continue with their existing behavior support practices. Data is being collected to understand how this program works across schools and districts; it will not be used to evaluate individual schools, teachers, or staff members.

The U.S. Department of Education has picked MDRC, a research group, to carry out the study. MDRC is working with partner organizations to collect data for this research study—American Institutes for Research (AIR), Decision Information Resources (DIR) and Harvard Graduate School of Education. These four organizations make up the MTSS-B study team.

### **What am I being asked to do?**

You are invited to complete an interview about behavior support practices. It will take 30-45 minutes {45-55 minutes}.

### **What are the benefits from taking part in this interview?**

We hope that you will feel satisfied knowing that you are helping to improve teaching and learning in your school and throughout the country.

### **What are the possible risks of this interview?**

There are no anticipated risks of participating in this interview. Your responses and personal information will be stored securely and will not be released to any person outside of the research team. Information collected will not be used to evaluate you or other individuals in your school.

### **Who will know about my participation in this interview?**

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.

### **Is my participation in this interview voluntary?**

Your participation in the interview is completely voluntary and your decision will not affect your current or future status in your school. We hope you will participate because your

views and experiences are very important to us. If you begin the interview and change your mind, you can withdraw at any time.

**If I have additional questions, how can I get them answered?**

If you want more information about this study, please contact Pamela Wells at Decision Information Resources (DIR), at [pwells@dir-online.com](mailto:pwells@dir-online.com) or by calling, 832-485-3720. The MTSS-B Project Director, Fred Doolittle, can be reached at [fred.doolittle@mdrc.org](mailto:fred.doolittle@mdrc.org) or by calling 212-340-8638.

***Let's talk about your discipline system...***

1. Do you collect office discipline referral information? (E2)  
**(Please collect referral form)**

Yes No **IF NO: Skip to #4.**

Is there an electronic system (e.g. school information system) to collection office discipline referral information?

- € Yes
- € No
- € Other: \_\_\_\_\_

If yes, what is the name of the system? {Check all that apply}

- € SchoolWide Information System (SWIS)
- € Other: \_\_\_\_\_ {Write name}

2. What do you do with the office discipline referral information? (E2)

3. Who reviews and summarizes the office discipline referral data? (E2)

4. With whom and how often do you share the office discipline referral data? (E3)

5. What type of problems or offenses do you expect teachers to refer to the office rather than handling in the classroom? (D2)

6. What is the procedure for handling extreme emergencies in the building?

How are staff members notified? (**i.e., stranger in building with a weapon/serious fight?**) (D4)

**Let's talk about your school rules or motto...**

7. Does your school have **written** school rules or a motto? (A1)

Yes No

8. How many are there? (A1) (**Please enter numbers ONLY**) \_\_\_\_\_

9. What are the rules/motto? (**Please clearly write down ALL rules**)(B4, B5)

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10. What are they called? (B2, B4) **or** What would I say to a child so that he or she knows what I am asking about?

11. Do you acknowledge students for doing well socially in the same ways that you acknowledge them academically?

Yes      No

12. What are the social acknowledgements/ activities/ routines called (student of month, positive referral, letter home, stickers, high 5's)? **or** What would I say to a child so that he or she knows what I am asking about? (C2, C3)

13. Does your school have an annual action plan to address school-wide behavior support? (F8)

Yes      No

**IF YES: Ask to see a copy of the plan. If no copy is available, please clearly record why/or simply record that you didn't see a copy.**

14a. Do you have a team that addresses school wide discipline?

Yes      No      **(IF NO: Skip to # 22)**

What is the name of the team? \_\_\_\_\_

How many staff members are on the team (excluding the administrator)? \_\_\_\_\_

14b. Has the team taught/reviewed the school-wide behavior support program to staff this year? **(Get a list of team members)** Yes No (B3)

15. Is your school-wide team representative of your school staff? (F3)  
Yes No

16. Are you on the team? (F5) Yes No

17. How often does the team meet **(At least 1x/month, less often than 1x/month, 2x/year, etc.)**? (F6)

\_\_\_\_\_.

18. Do you attend team meetings consistently? (F5) Yes No

19. On average, what percent of the team meetings have you attended in the past 6 months? \_\_\_\_\_

20. Who is your team leader **(Please clearly record First & Last name)**? (F4)

\_\_\_\_\_

21. Does the team provide faculty updates on activities & data summaries?  
Yes No (E 3)

IF YES: How often? \_\_\_\_\_  
**(Please indicate # of times per year)**

22. Do you have a behavior support “coach” who provides technical assistance regarding your school-wide positive behavior support systems development (i.e. **PBIS coach**)?

Yes                      No (G2)

**IF YES:** Who? (*Please clearly record First & Last name*)

\_\_\_\_\_

**IF YES:** How often is the coach visiting your school? {Check one}

- € *Less once a month*
- € 1-3 times per month
- € Once per week
- € More than once per week
- € Other \_\_\_\_\_

23. What are your school improvement goals? What are the top 6 goals (F1) (*Please list in ORDER of importance*)?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

**Have you seen the actual goals?      Yes              No**

24. Is there a documented (written) system for teaching **school-wide** behavioral expectations (e.g. matrix or lesson plans) to students? (*Please note what material you have seen.*)

25. Is there a documented (written) **school-wide** system for rewarding student behavior? Ex. written description of program, newsletter (*Please note what material you have seen.*)



26. Is there a documented (written) system for dealing with and reporting specific behavioral violations? (Ex. discipline handbook) **(Please note what material you have seen.)**

27. Does the school budget contain an allocated amount of money for building and maintaining school-wide behavioral support? Yes No (G1)

**IF YES:** Where does the money come from?

***I have a few more questions about your students who need additional support...***

28. Is there a school-wide team that receives requests for behavioral assistance, develops behavior support plans, and monitors the impact of support? (e.g., Targeted Assessment Team, Tier II Assessment, Student Support Team (SST), Child Study Team; i.e., a process focused team)

a. Yes or No

b. What is the name of this team?

c. What is the name of the person who leads this process? **(i.e. the person who will be interviewed in the next section)**

29. Is there a specific person who coordinates targeted interventions (Tier 2) for all students (not just students with IEPs) in the school? **(i.e., Intervention Coordinator)** Is this person on school staff?

30. Is there a specific person who coordinates intensive individualized interventions

(Tier 3) for all students in the school? **(i.e., Intervention Coordinator)** Is this person on school staff?

31. Is there a documented (written) process for notifying and following up with family members when a student needs targeted or individualized behavior support? **(Please note what material you have seen, e.g., sample letter)**

32. Is there a person in the school who is trained to conduct functional behavioral assessments (FBAs) and implement behavior support plans? What kind of training has this person had (graduate level course)?

33. Has your school received any training about school-wide systems for supporting student behavior (e.g. Tier I or schoolwide reinforcement systems; classroom management strategies this school-year ? {Check One}

- € Yes
- € No

**IF YES → Ask 33a-33d**

**If No → Skip to 34:**

33a. Who provided this training? {Check One Or Write Response in Other}

- € MTSS-B/PBIS Coach
- € Other district staff
- € Other Schools
  - o Please Name \_\_\_\_\_
- € Outside Training Provider
  - o Please name: \_\_\_\_\_
- € Other \_\_\_\_\_

33b How long was the training {Check one Or write response in other}

- € Less than ½ a day
- € half a day
- € full-day

- € 1-2 days
- € 2 + days
- € Other \_\_\_\_\_

33c. Who was trained? {Check all that apply}

- € Less than 3 individuals
- € A team (e.g. MTSS-B team; SLT team)
  - o Name the teams \_\_\_\_\_
- € All-staff
- € Other (please specify) \_\_\_\_\_

34. Has your school received any training about targeted or intensive behavior supports for students with additional needs? {Check One}

- € Yes
- € No

**IF YES→ Ask 34a-34c**

**If No→ Skip to 35:**

34a. Who provided this training? {Check One Or Write Response in Other}

- € MTSS-B/PBIS Coach
- € Other district staff
- € Other Schools
  - o Please name: \_\_\_\_\_
- € Outside Training Provider
  - o Please name: \_\_\_\_\_
- € Other \_\_\_\_\_

34b How long was the training {Check One Or Write Response in Other}

- € Less than ½ a day
- € half a day
- € full-day
- € 1-2 days
- € 2 + days
- € Other \_\_\_\_\_

34c. Who was trained? {Check all that apply}

- € Less than 3 individuals
- € A team (e.g. Tier II team, Student Support Team)
  - o Name the teams \_\_\_\_\_
- € All-staff
- € Other (please specify) \_\_\_\_\_

35. Would you describe your school as implementing Multi-tiered systems of support for behavior (MTSS-B) this school- year?

- € Yes {Check all that apply}
  - o Tier I (Schoolwide)
  - o Tier II (Targeted)
  - o Tier III (Intensive or Individualized)

€ No

**If YES → Ask 35a and 35b**

**If NO → End Interview**

35a. I have some cards here describing factors that may help to facilitate implementation of MTSS-B. Out of this pile, can you select the three cards that you think have been most important to facilitating your school's implementation of MTSSB this school-year?

Top choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Notes:

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35b. I have some cards here describing factors that could present barriers to a school in their mplementation of MTSS-B. Out of this pile, can you select the three cards that you think have posed the greatest barriers to your school's implementation of MTSSB this school-year?

Top choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Notes:

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