

School-wide Positive Behavior Support: Training Readiness Checklist for Individual Schools

School: _____ District: _____ Date: _____

Complete?	Items to Complete Prior to School-wide PBS Training
<input type="checkbox"/> YES <input type="checkbox"/> NO	1. Your entire faculty including your PBS Team participated in an awareness presentation on School-wide PBS such as viewing the overview DVD. Indicate date of presentation and presenter name(s):
<input type="checkbox"/> YES <input type="checkbox"/> NO	2. Majority of your faculty, staff, and administration are interested in implementing School-wide PBS. Attach documentation and/or description and results (i.e., survey form, percentage or range of faculty committed).
<input type="checkbox"/> YES <input type="checkbox"/> NO	3. A Positive Behavior Support (PBS) Team is formed and has broad representation (including some School Improvement Team members, a behavior specialist or team member with behavioral expertise, administrator(s), guidance counselor, and regular and special education teachers). Attach School Commitment Form.
<input type="checkbox"/> YES <input type="checkbox"/> NO	4. PBS Team commits to meet at least once a month to analyze and problem-solve school-wide data. Describe when you meet or plan to meet (days, location, and time) throughout the school year:
<input type="checkbox"/> YES <input type="checkbox"/> NO	5. PBS Team has reached consensus and completed the PBS Initial Benchmarks of Quality and New School Profile. Attach a recent copy of the completed Initial Benchmarks of Quality and New School Profile.
<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Principal commits to School-wide PBS and is aware that PBS is a 3-5 year process that may require ongoing training and/or revisions of the school's PBS Plan. Please provide Principal signature(s) here:
<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Principal or AP who is responsible for making discipline decisions will be an active participant on the PBS Team and agrees to attend all days of the School-wide Training. List participating Administrator(s) here:
<input type="checkbox"/> YES <input type="checkbox"/> NO	8. A School Improvement Plan exists that includes school-wide discipline (i.e., behavior, school safety, school climate) as one of the top school goals. Attach a recent copy of the School Improvement Plan that only addresses behavior, safety, and/or climate. Also attach a copy of your School's Mission Statement.
<input type="checkbox"/> YES <input type="checkbox"/> NO	9. School has allocated/secured funding from their district to support their school-wide initiatives. Identify funding source:
<input type="checkbox"/> YES <input type="checkbox"/> NO	10. List the name of your PBS District Coordinator:
<input type="checkbox"/> YES <input type="checkbox"/> NO	11. PBS Coaches or Facilitators have been identified by the PBS District Coordinator to receive additional training and actively participate in the school-wide initiatives. Name of the person who will be your PBS Coach:

School-wide Positive Behavior Support: SWIS III Readiness Checklist for Individual Schools

(SWIS training is OPTIONAL and follows successful completion of school-wide training)

School: _____ District: _____ Date: _____

Documents/Evidence Complete?	Items to Complete Prior to SWIS Training (only to be completed following successful completion of 3-day SWPBS Training)
<input type="checkbox"/> YES <input type="checkbox"/> NO	12. The school uses an office discipline referral form and problem behavior definitions that are compatible for SWIS. Attach a final copy of the ODR developed during the school-wide training
<input type="checkbox"/> YES <input type="checkbox"/> NO	13. The school has a coherent office discipline referral process. Attach a final copy of the flowchart developed during the school-wide training
<input type="checkbox"/> YES <input type="checkbox"/> NO	14. Data entry time is allocated and scheduled to insure that office referral data will be current to within a week at all times. Describe this process on campus:
<input type="checkbox"/> YES <input type="checkbox"/> NO	15. Three people within the school are identified to receive a 2+ hour training on the use of SWIS. List individuals and their roles:
<input type="checkbox"/> YES <input type="checkbox"/> NO	16. The school has computer access to Internet, and at least Netscape 6 or Internet Explorer 5. Confirm available Internet access: <input type="checkbox"/> Netscape _____ OR <input type="checkbox"/> Internet Explorer _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	17. The school agrees to ongoing training for the team receiving SWIS data on uses of SWIS information for data-based decision making. Confirm: <input type="checkbox"/> Yes OR <input type="checkbox"/> No
<input type="checkbox"/> YES <input type="checkbox"/> NO	18. The school district agrees to allow the PBS Coaches or Facilitators to work with the school personnel on data collection and decision making procedures. List PBS Coach(es) who will work with your school team:
<input type="checkbox"/> YES <input type="checkbox"/> NO	19. The school agrees to continue to input data into the district database until SWIS compatibility with the district database is completed. This may require the school to double enter their discipline data in the meantime. Confirm: <input type="checkbox"/> Yes OR <input type="checkbox"/> No