



School-wide Positive Behavior Support Team Process Evaluation

Date: _____ Name of School: _____

Frequency of Team Meetings: weekly bi-monthly monthly other _____

Average Length of Team Meetings: _____

The following items relate to the functioning and effectiveness of the PBS team throughout the year. Please rate each item on the following scale:

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Not Applicable		
	1	2	3	4	5	NA		
1.			1	2	3	4	5	NA
2.			1	2	3	4	5	NA
3.			1	2	3	4	5	NA
4.			1	2	3	4	5	NA
5.			1	2	3	4	5	NA
6.			1	2	3	4	5	NA
7.			1	2	3	4	5	NA
8.			1	2	3	4	5	NA
9.			1	2	3	4	5	NA
10.			1	2	3	4	5	NA
11.			1	2	3	4	5	NA
12.			1	2	3	4	5	NA
13.			1	2	3	4	5	NA

Mid-Year Report Item 4



14.	Systems issues in the school or district do not impede the team structure and functioning.	1	2	3	4	5	NA
15.	School policies and procedures support the PBS process.	1	2	3	4	5	NA
16.	The agencies that agreed to work with the team to meet the school's needs continue to be involved.	1	2	3	4	5	NA
17.	There has been an increase in the number of community entities that support the school.	1	2	3	4	5	NA
18.	My vision for a positive future for this school has improved.	1	2	3	4	5	NA

What was most critical to the success of the Team in working collaboratively to develop and implement an effective support plan for the school?

What most impeded the Team in working collaboratively to develop and implement an effective support plan for the school?

Please list any additional comments regarding the PBS process.
