Hot Springs School District's
Safe Schools-Healthy Students Grant Initiative
Foundations For Learning Protocol
Early Identification of Social, Emotional, & Behavioral Concerns

1. Purpose: Increase early identification of preschool children with challenging behaviors and join school and families to promote children's social, emotional and behavioral health.

2. Scope: The Safe Schools-Healthy Students Grant Initiative is funding the Foundations For Learning Protocol to promote children's social, emotional and behavioral competence. The Foundations For Learning Protocol will use a three pronged approach to join teachers and families to promote school readiness for eligible children (those identified as having behavioral concerns): (1) conduct universal behavioral screening of preschool age children for early identification of behavioral concerns; (2) implement classroom practices to promote positive behavior and prevent challenging behavior for all children; (3) implement a tiered model for children identified as having behavioral concerns, including assessments of social emotional skills, development of positive behavior support plans and timely access to individualized services and family resources to meet identified needs.

3. Definitions:

3.1 Screening: Brief procedure designed to identify children who should receive more intensive diagnosis or assessment (Meisals & Provence, 1989.)

3.2 Assessment: Evaluation of the child's capacities using clinical observation and standardized, norm referenced instruments that may lead to the realization that there is no significant problem, that additional observation is warranted (I.e. functional assessment), or make a definitive diagnosis and develop a multidisciplinary, comprehensive, individualized plan. (American Academy of Pediatrics, 2006)

3.3 Functional Behavioral Assessment: (FBA) The process of collecting information through direct observation, interviews, and record reviews (e.g. school and/or medical records, lesson plans, individualized education plans, and behavioral rating scales) to develop an understanding of a child's challenging behavior (Carr et al., 1994; O'Neil et al., 1997; Hieneman et al., 1999) by identifying the function of the child's behavior (the reason or purpose why a child behaves as he/she does in specific situations), the events or conditions that increase the likelihood of challenging behavior (setting events), what happens before the behavior occurs (i.e., triggers or antecedents), what the behavior looks like (i.e., the form of the behavior), and what happens after the challenging behavior occurs (i.e., consequences). Once collected, the information is analyzed and used to develop an individualized plan to support the child's behavior.

3.4 Early Identification: Detection of developmental delays or deviations for children known to have risk factors that requires in-depth knowledge of the precursors of the skills (Guralnick, 1997).

3.5 Early Intervention: Provision of services to young children who are discovered to have or to be at risk of developing a handicapping condition or other special need that may affect their development for the purpose of lessening the effects of the condition (remediation) or preventing their occurrence (prevention). Services may be available to the child or the child and the family. Services range from identification (e.g. hospital or school screening and referral services) to diagnostic and direct intervention programs.

3.6 Early Childhood Mental Health Consultant: Promoting emotional and behavioral well-being of children, helping them develop secure attachments and healthy relationships with adults and other children, and identifying and referring children with serious social-emotional disorders.

3.7 Risk Factors: Any circumstances that may increase children's likelihood of poor outcomes. Risk factors are organized into five categories:

(1) individual (antisocial behavior, early onset of aggression, intellectual or developmental disabilities, life stressors, mental health problems);
(2) family (poverty, exposure to violence, exposure to parental substance abuse, child abuse and neglect, poor family management, lack of supervision, single parenthood, maternal depression, domestic violence, having a young mother, parental use of harsh physical punishment and/or erratic discipline);
(3) school (low academic achievement; negative classroom climate, frequent school moves, negative labeling by teachers);
(4) peer group (association with aggressive peers, peer rejection);
(5) community (economic deprivation, feeling unsafe in the neighborhood, disorganized neighborhood).

3.8 Protective Factors: Any circumstances that buffer risk factors by providing a cushion against negative affects or interrupting the processes through which risk factors operate. Protective factors include:
(1) individual (positive/resilient temperament, religiosity, social competence, problem solving skills, perception of social support from adult and peers, healthy sense of self, positive expectations for the future, high expectations);
(2) family (good parent/child relationships, opportunities and rewards for prosocial family involvement, stable family, and high family expectations);
(3) school (positive attitude toward school, attachment to teachers, academic achievement, opportunities and rewards for prosocial involvement, high expectations of children, and presence and involvement of caring, supportive adults);
(4) peer (involvement with positive peer group, good relationships with peers, and parental approval of friends);
(5) community (stable communities, safe and health- promoting environment, positive social norms, high community expectations, community cohesion).

3.9 Positive Behavior Support Plan: (PBS) Action plan or classroom tool used within the system of **PBIS** outlining the specific steps to be used to promote the child success and participation in daily activities and routines at home and at school. Behavior support plans use plain language, incorporate the values of the family and the support team, identify any prerequisite resources and training needs for implementation, and include the following

components:

(1) behavior hypothesis statements that include a description of the behavior, triggers or antecedents for the behavior, maintaining consequences, and the purpose of the problem behavior;

(2) prevention strategies designed to reduce the likelihood that the child will have problem behavior including arrangement of the physical environment, personal support, changes in activities, new ways to prompt a child, changes in expectations;

(3) replacement skills to teach to replace the problem behavior;

(4) positive reinforcement strategies for promoting the child's use of new skills or appropriate behavior;

(5) and long term strategies to assist the child and family in meeting family goals

(Heineman et al., 1999).

3.10 Teaching Important Parenting Skills: TIPS for Great Kids! (TIPS)

A comprehensive parenting education program based on the brief intervention (BPI) model, an alternative to the typical multi-week parenting education model, to strengthen families as primary nurtures of their children. Topics are organized into 12 domains research has shown to be important for optimal child health and well-being. Each BPI includes a review of the research literature and recommendations for parents and practitioners (*What the Experts Say*), a brief summary of the main parent message and parenting skills to be taught (*Quick Reference),* and a parenting tip card in Spanish and in English. Each brief lesson is designed to be delivered by well-trained staff through low-cost, informal contacts with parents.

4. Responsibilities:

4.1 *The Safe Schools-Healthy Students Grant Initiative* will coordinate the project, provide trainings to the teachers, paraprofessionals, administrators and other support staff, and evaluate the project.

4.1.A The *Safe Schools-Healthy Students Grant Initiative* will provide the

following workshops:

(1) administering and scoring the *Ages and Stages Questionnaire: Social Emotional (ASQ:SE;* Squires, Bricker, & Twombly, 2002);

(2) administering the *Family Map: Integrated Assessment of the Parenting Environment* (Whiteside-Mansell, Bradley, Conners, & Bokony 2007);

(3) *Teaching Important Parenting Skills; Tips for Great Kids!* TIPS parenting program;

4.1.B The *Safe Schools-Healthy Students Grant Initiative* will conduct training sessions to include:

(1) administering and scoring the *Social Skills Rating System- Teacher Report* (Gresham & Elliot, 1990);

(2) conducting the multidisciplinary *Functional Assessment Interview-Young Child* (O'Neil, Horner, Albin, Sprague, Storey, & Newton, 1997)

(3) developing *Positive Behavior Support Plans* within the **PBIS** system
 (Sugai, 2003);

(4) and specific TIPS topics of interest to teachers and families.

4.2 Targeted sites will conduct universal behavioral screenings for preschool children in the targeted sites.

4.2.A The *Safe Schools-Healthy Students Grant Initiative* will include the appropriate *Ages and Stages Social Emotional Questionnaire* (ASQ: SE; 36 months or 48 months) to be completed by the parent or guardian and returned to the child's assigned teacher at the time of enrollment. A cover sheet will be attached to the ASQ:SE explaining the purpose of the screening and to provide the parent/guardians with the opportunity to participate or not participate. Staff will be available to answer questions.

4.3 Trained teachers or teacher assistants will score the ASQ:SE and complete the Information Summary in a timely manner.

Form A will be used for children scoring in the normal range;

Form B will be used for children scoring above the cutoff;

A copy of the form will be maintained in the child's records. ASQ:SE results should be discussed at the parent/guardian-teacher conference along with

other assessment information. If the score is above the cutoff (59 for 36 months; 70 for 48 months), indicating the child has a problem, the teacher will discuss with the parent/guardian to determine the level of urgency and action steps (see 4.4) and a copy of the summary form will be mailed to the child's primary care physician.

4.4 The targeted sites will assist eligible children's access to services.

4.4.A *Low Urgency* Teachers will implement preventive classroom strategies targeting areas of concern and provide the parent/guardians with TIPS information so parents/guardians and teachers can work together to teach and support the child's acquisition of social and emotional skills using appropriate TIPS topics and ASQ:SE activities.

4.4.B *Moderate Urgency* In addition to implementing preventive strategies and working with the parent/guardians to teach social- emotional skills, the teacher and/or parent/guardians may use the results of the ASQ:SE to request a referral for diagnostic social-emotional and/or developmental assessment. The teacher may use the results of the ASQ:SE to request the services of the Early Childhood Mental Health Consultant.

4.4.C *High Urgency* In addition to implementing preventive strategies and working with the parent/guardians, the teacher may request assistance from the Early Childhood Mental Health Consultant for immediate assistance in the classroom or in the home. Parent/guardians and teachers may be asked to participate in a functional assessment to better understand the child's behavior and to develop a Positive Behavior Support Plan to promote healthy skills and behaviors at school and home. The ECMH Consultant may facilitate a referral to a community mental health provider for a mental health assessment and services.

4.4.D For all children scoring above the cutoff, teachers will administer the Social Skills Rating System-Teacher Report (SSRS) after the child has been in the classroom for four weeks and then again in the spring to monitor progress towards the development of social, emotional, and behavioral

competence.