A Comprehensive MTSS Framework for Student Wellness: From Screening to Progress Monitoring and Intervention

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Handout

https://edumetrisis.com/learning-center/illinois-school-psychologists-fall-convention/

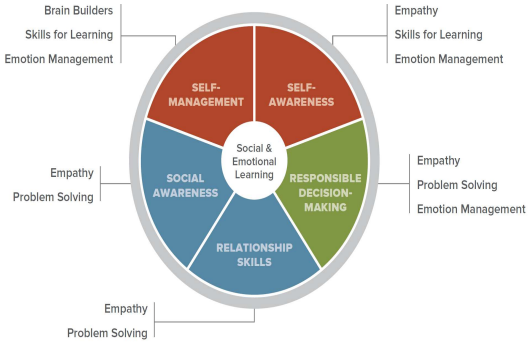
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"Moving our neurons to get ready or prove that we are…"

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Social Emotional Learning Skills



- **Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions (CASEL)**

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Background & Disclaimers

- Professional Training
  - Elementary education.
  - School psychology
- Professional Interests
  - Cognition, intelligence, LD, Plus.!!!
  - Test development.
- Beliefs in Practice
  - Need for science to support practice.
  - Solid Psychometrics in tools.
  - Evidence based interpretation.
- Co- author of tool (BIMAS) to be presented.

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Today's goal's and objectives

Evaluate key components of sustainable MTSS implementation and overcoming common implementation barriers.

Describe effective behavioral and SEL screening practices including methods for collecting and integrating data from students, teachers, and parents.

Interpret and integrate screening results with academic, attendance, and discipline data to support Tier I decision-making.

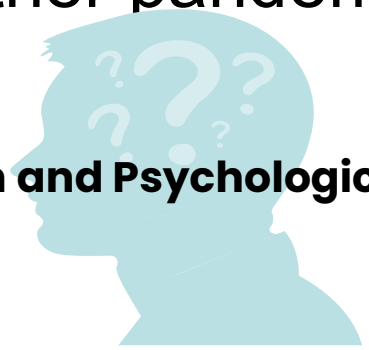
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- **Develop** data-informed intervention plans by applying structured decision-making protocols to select evidence-based supports, monitor intervention fidelity, and evaluate student response to intervention over time with progress monitoring plans (PM) and methods to build them..

Analyze equity considerations within an MTSS framework by examining patterns in screening, discipline, attendance, and academic data to support equitable identification, service delivery, and continuous improvement efforts.

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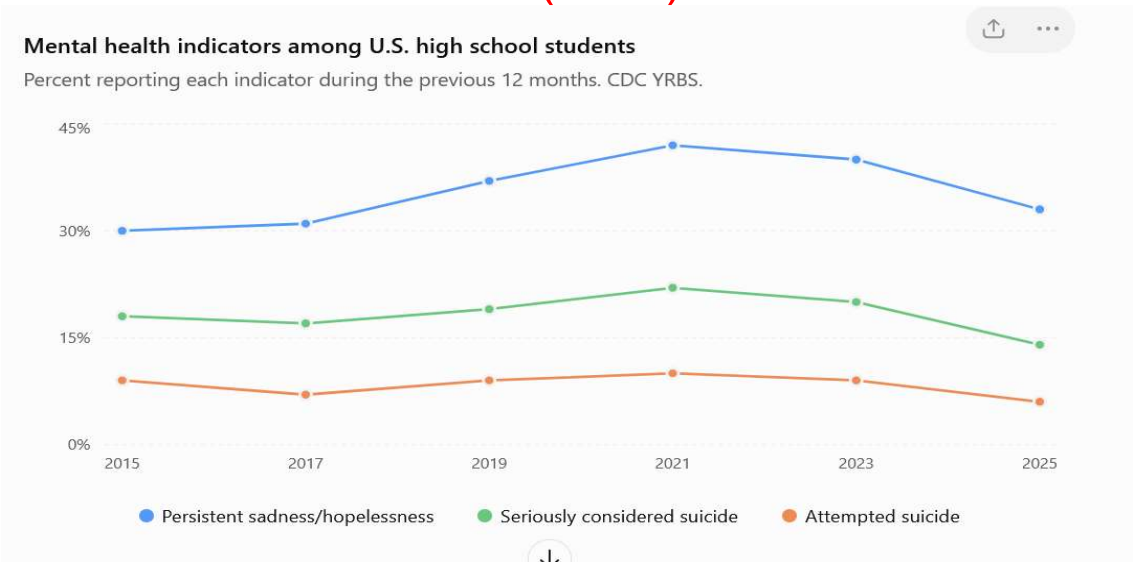
Another pandemic?



Mental Health and Psychological Well-being

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Mental health Needs (USA)



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•ADOLESCENT MENTAL HEALTH | AGES 12–17

•Mental health needs remain substantial

•Reported past-year indicators • 2025 NSDUH figures supplied

•15.1%

•Major depressive episode

•3.7 million adolescents

•11.0%

•Depression with severe impairment

•2.7 million adolescents

•10.3%

•Serious thoughts of suicide

•2.6 million adolescents

•Percentages refer to adolescents ages 12–17; categories overlap.

•Source: SAMHSA NSDUH figures as provided in the supplied image

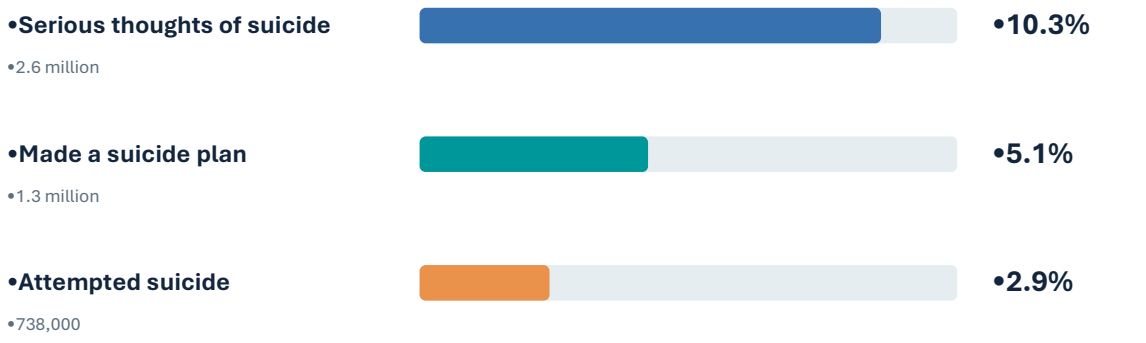
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•RISK INDICATORS | AGES 12–17

•A closer look at suicide-related risk

•Share of adolescents reporting each indicator



•These indicators are not mutually exclusive and should not be added together.

•Source: SAMHSA NSDUH figures as provided in the supplied image

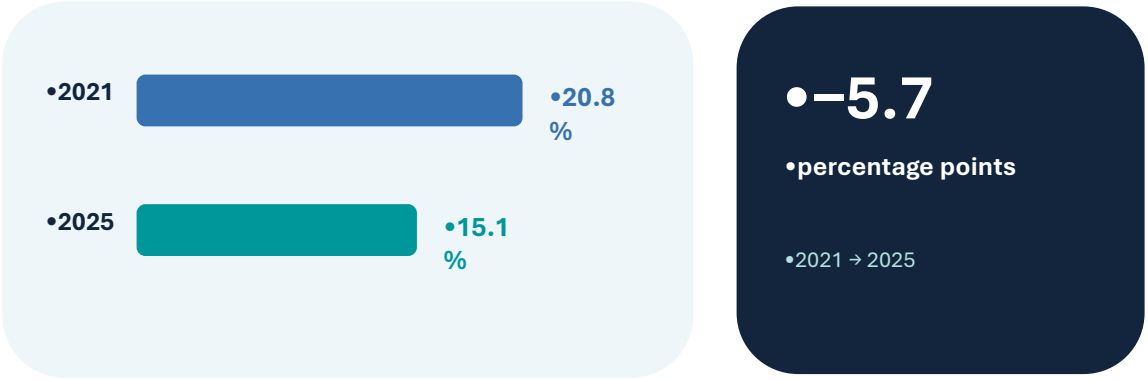
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•TREND AND IMPLICATIONS

•Depressive episodes declined, but needs persist

•Major depressive episode in the past year • adolescents ages 12–17



•Implication for schools: maintain systematic screening, coordinated supports, and progress monitoring.

•Source: SAMHSA NSDUH figures as provided in the supplied image

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Persistent sadness or hopelessness

Reported by female and male students

FEMALE STUDENTS

43.4%



Nearly 1 in 2 students

MALE STUDENTS

23.9%



Nearly 1 in 4 students

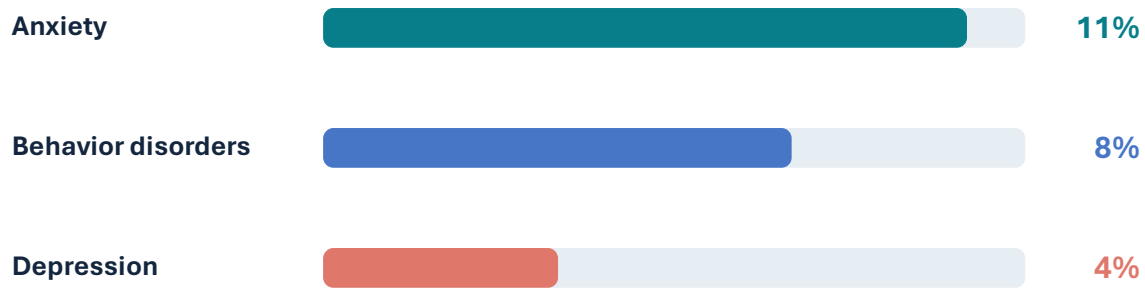
Source: CDC survey (2025), as described in supplied material; original report not independently verified.

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COMPARATIVE PREVALENCE

How common are diagnosed conditions?



Source: CDC, Data and Statistics on Children's Mental Health | 2023–2024 estimates

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•Adolescent depression and suicide risk (2025)

•Adolescents ages 12–17

Indicator	Percentage	Estimated number
Major depressive episode in past year	**15.1%**	3.7 million
Major depressive episode with severe impairment	**11.0%**	2.7 million
Serious thoughts of suicide	**10.3%**	2.6 million
Made a suicide plan	**5.1%**	1.3 million
Attempted suicide	**2.9%**	738,000

•Source: SAMHSA, 2025 National Survey on Drug Use and Health (as cited in supplied image)

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Mental health Needs (USA)

Access to mental health services remains a major concern

One particularly important finding in the CDC's October 2026 report concerns students who need mental health services but do not receive them.

Among high school students reporting persistent sadness or hopelessness in 2025:

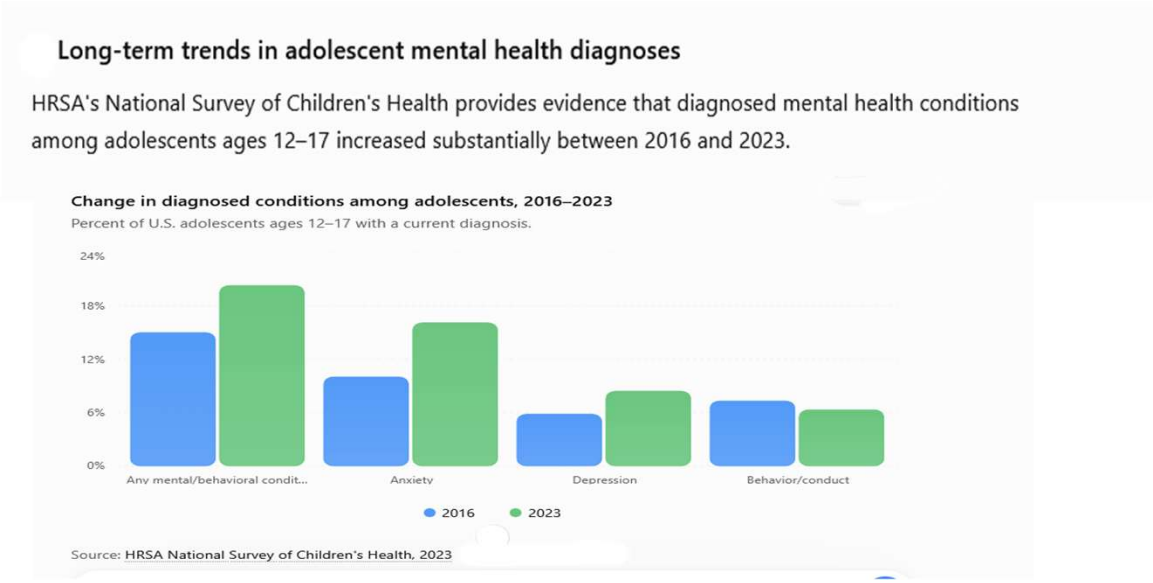
- Approximately one-third received counseling or therapy.
- Another one-third wanted counseling or therapy but did not receive it.
- The remaining students did not report receiving services or an unmet need.

Barriers included cost, uncertainty about where to obtain services, and other access difficulties. MMWR

This finding is especially relevant to school-based mental health screening and MTSS implementation.

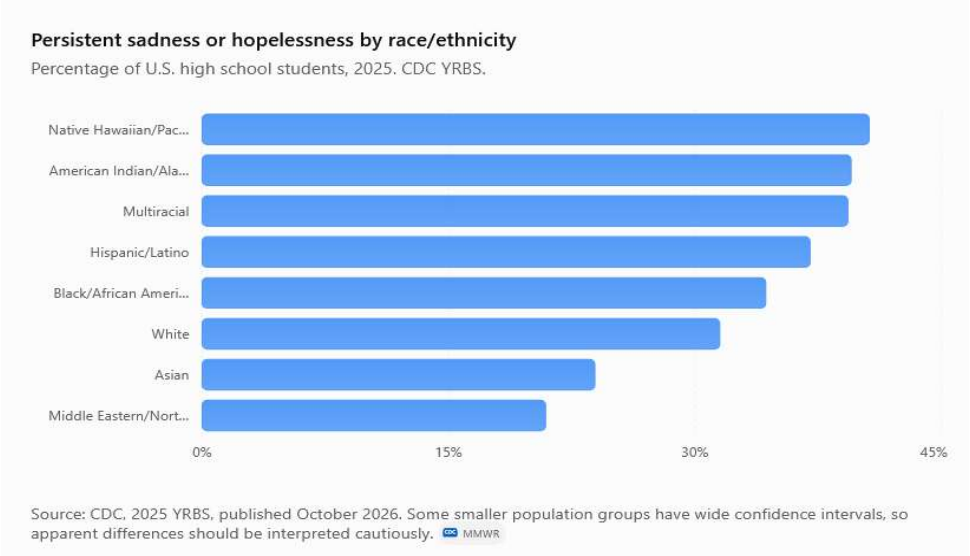
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Mental health Needs (USA)-substantial increase



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Mental health Needs (USA)



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Mental health Needs (USA)

Access to counseling and therapy among students already experiencing persistent sadness or hopelessness

RACE	%
White	36.5
Black	15.4
Asian	15.7
Multi-racial	39.6

Unmet need for counselling for those reporting persistent sadness or hopelessness

RACE	%
Black	33.9
Asian	38.4

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Mental health Needs (USA)

Suicide risk among racial and ethnic minority students (CDC, 2023)

The CDC's 2023 YRBS provides detailed racial and ethnic comparisons for suicide risk.

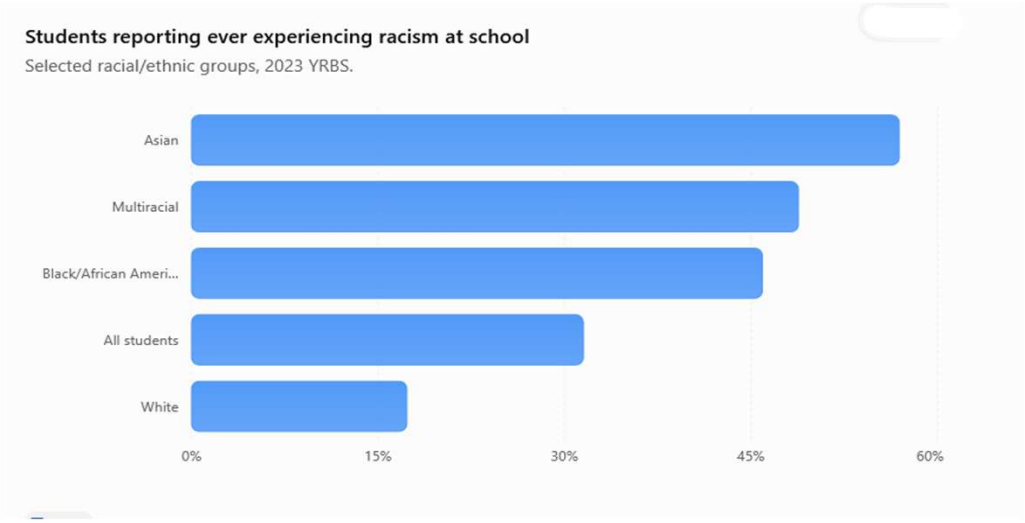
Student population	Seriously considered suicide	Attempted suicide
American Indian/Alaska Native	24.5%	11.5%
Asian	14.4%	8.0%
Black/African American	19.6%	10.3%
Hispanic/Latino	18.2%	10.8%
White	22.1%	8.3%
Multiracial	21.6%	11.4%
All students	20.4%	9.5%

MMWR

An important observation is that Black and Hispanic students reported lower rates of seriously considering suicide than White students, yet higher rates of suicide attempts. This illustrates why examining only depressive symptoms or suicidal ideation may miss important differences in risk.

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Mental health Needs (USA)



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CDC Reports worth reviewing

Reports worth reviewing

Here are three particularly useful original federal reports:

CDC (2026): Unmet Need for Mental Health Services ↗
Most recent national evidence on racial/ethnic disparities in counseling and unmet need among high school students.

CDC (2024): Mental Health and Suicide Risk Among High School Students ↗
Detailed 2023 statistics by racial and ethnic group, including protective factors.

CDC (2024): Experiences of Racism in School and Mental Health ↗
National evidence connecting reported experiences of racism with mental health, suicide risk, and school environments.

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Implications for MTSS, screening, and school climate

- **Mental health needs remain substantial.** Even with recent improvements, approximately one in three high school students reports persistent sadness or hopelessness.
- **Universal screening can identify students** whose needs are otherwise overlooked. Diagnosed disorders represent only part of the population experiencing difficulties.
- **Implementation safeguards.** Establish response protocols for suicide-risk indicators, train staff, document referral pathways, and assess whether services are accessible across languages and communities
- **Screening must connect to intervention.** Identifying risk without adequate follow-up, referral pathways, and progress monitoring is insufficient. Schools need a continuum of universal prevention, targeted interventions, and individualized services.

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Implications for MTSS, screening, and school climate

- **Universal screening with equitable follow-up.** Use validated, culturally appropriate measures and ensure positive screens lead to timely review, supportive conversations, referral, and progress monitoring.
- **Disaggregated data review.** Examine screening rates, referrals, service receipt, waiting times, intervention participation, and outcomes by student group
- **School climate and belonging.** Assess perceived safety, belonging, discrimination, and respectful treatment; use findings to guide Tier I prevention and schoolwide improvement.
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Disparities

- Minorities have less access to mental health services and are less likely to receive needed care.
- Minorities in treatment often receive a poorer quality of mental health care.
- Minorities are underrepresented in mental health research.
- **These findings support evaluating whether screening, referral, and intervention procedures are equitable across racial and ethnic groups,**
- Ensure that assessment tools demonstrate appropriate validity and measurement fairness.
- **Assessment tool offers a means to examine equities**

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SAMHSA 2025 National Survey on drug use and health

Most common mental health disorders for our teens:

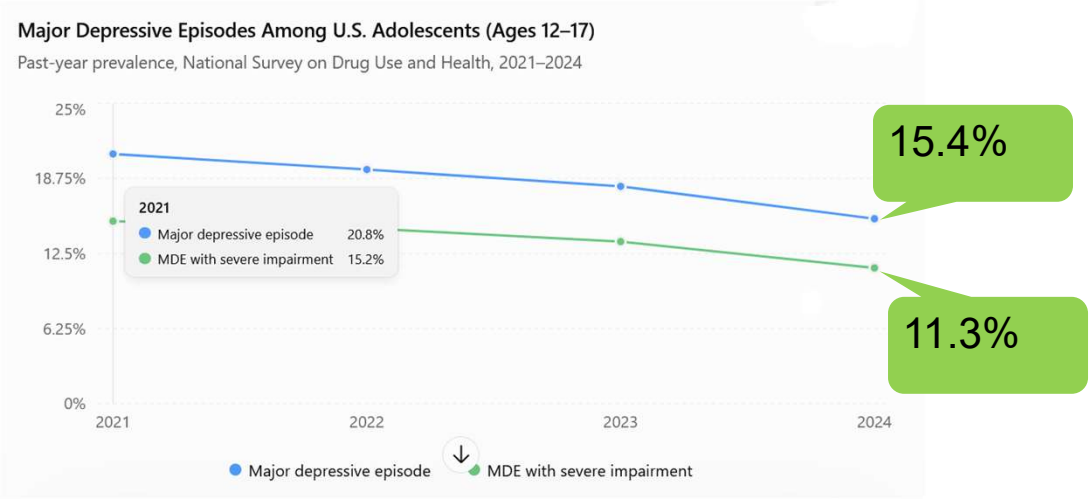
ANXIETY

- **18%** moderate or severe anxiety.
- **10.6%** had moderate symptoms.
- **7.4 %** had severe symptoms.
- **23.6 %** had mild symptoms.
- **58.4** had no or minimal symptoms

https://www.hhs.gov/ash/oah/adolescent-development/mental-health/adolescent-mental-health-basics/common-disorders/index.html

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National Survey on Drug Use and Health, 2021–2024



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Where do kids turn to when suffering?

- Often drugs or alcohol are a coping mechanism.
- 29% of adolescents who recently started using alcohol did so after a major depressive episode.
- same was found for drug use too.
- Seeking comfort in non-healthy relationships and behaviors (gangs, bulling, etc.)

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The COVID pandemic and lessons for Mental Health

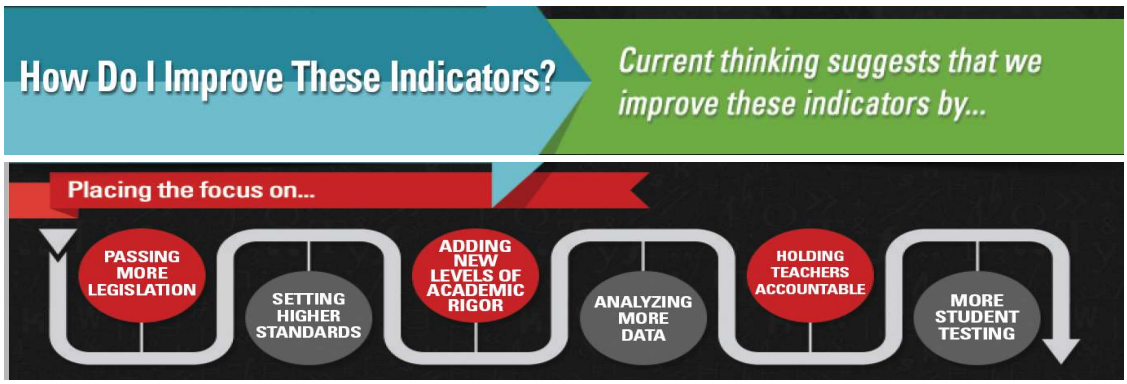
- COVID virus appears. Its status and progress is documented with continuous testing of the general population
- Initial screening data lead to "interventions" for all:
  - Masks for everyone/everywhere
  - Closures of business and schools
  - Distance with each other
- Interventions for those infected
  - Stay home, monitor fever, vaccinations are developed.
  - Hospitalizations for some
- CDC documents mental health pandemic. The 1 in 5 statistic is still there
- **RtI/MTSS frameworks are introduced**
- Tier I interventions are promoted
  - SEL curricula and interventions for ALL are growing and promoted.
  - SEL promotes mental wellness but research suggests that 30-40 % of young people have experienced or currently are impacted by negative mental health issues
  - **Who are they? and what are they experience?**

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•Adopted from flippen group

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How Do I Improve These Indicators?
Current thinking suggests that we improve these indicators by...
Placing the focus on...
PASSING MORE LEGISLATION
SETTING HIGHER STANDARDS
ADDING NEW LEVELS OF ACADEMIC RIGOR
ANALYZING MORE DATA
HOLDING TEACHERS ACCOUNTABLE
MORE STUDENT TESTING

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Groundbreaking Research Demonstrates
High Performing Schools are Distinguished by Exceptional Culture and Climate
"If you have a child's heart, you have their head.™"
- Flip Flippen, Founder and Chairman, The Flippen Group
" Educating the mind without educating the heart is no education at all "
-Aristotle

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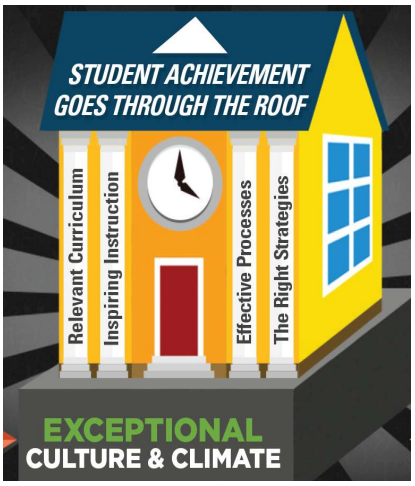
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…..When we create a School Climate…..

- Supported by the building leader
- Programs implemented with fidelity by caring faculty

LEAD TO:

- Student acquisition of prosocial behaviors
- Decrease in student discipline referrals
- Increase in academic performance



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SPEAKING ABOUT SCHOOL CLIMATE

- A positive school climate is related to many positive student outcomes.
  - –Higher academic performance
  - –Better mental health, less bulling
- Improving school climate can be used as a preventative approach to:
  - – reduce disruptive behavior and improve attendance, achievement,
  - – and student and parent satisfaction with school.
- Many assessment tools and interventions have therefore been developed to help school in the climate improve process.

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School Climate

- There is no consensus on the definition or dimensions of school climate.
  - –The essence of a school that leads a child, a teacher, staff member and administrator to look forward to being there each school day.
- Four major domains surface in literature:
  - –safety,
  - –teaching and learning (*academic climate*),
  - –relationships (*community climate*),
  - –the environment.[4]

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Safety

IT IS A GENERAL NEED FOR ALL OF US TO FEEL SAFE.

- **Physical Safety** is the degree to which violence, aggression, and physical bullying are present. What strategies are used by the school to eliminate violence (e.g., security guards and metal detectors).
- **Identity Safety:** how does a school promotes positive relationships and opportunities to learn where students feel they are welcomed, supported and valued as a member of the learning community.
- **Emotional Safety** includes available school-based mental-health services (e.g. counseling services, caring and supportive staff), an absence of verbal bullying, and positive attitudes about individual differences.
- **Order and discipline:** how often students break the school's rules, and how misbehavior is handled. Schools with a positive climate have low rates of delinquency and clearly communicated rules that students consider to be implemented fairly and consistently.

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Academic climate-Teaching and Learning

- **Leadership** refers to the role of the principal and administration.
  - how well do they communicate their vision for the school and how supportive and accessible they are.
- **Teaching and learning** refers to instructional practices
  - curriculum selection; evaluation methods,
  - how teachers communicate their expectations and give feedback to students. These practices influence student motivation and engagement in the classroom, which in turn affect academic performance.
- **Professional development** refers to teacher's access to training programs they find relevant and helpful, and that are in line with the needs of the school.

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Community

- **Relationships** refers the quality and consistency of relationships among students, between teachers and students and between the adults (Principal, staff).
- **Connectedness** refers to students' feelings of attachment and belonging towards the school.
- **Respect for diversity** refers to treating members of any ethnicity, gender, sexual orientation, or religious affiliation equally as well as cultivating awareness and appreciation for other cultures in classrooms.
- **Community partnership** refers to the involvement of parents and other community members in school life. It involves good communication between parents and school staff, high attendance of school events, the development of mentoring programs, and other initiatives that build relationships between students and the larger community.

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Institutional environment

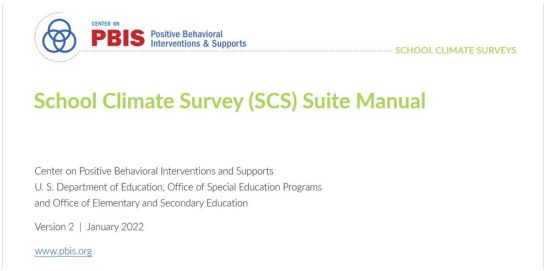
The physical layout, size, material resources of a school, maintenance, etc.

- **Environmental adequacy** refers to the physical characteristics of the school, such as cleanliness, lighting and temperature, and sound control, which all affect teaching and learning.
- **Structural organization** is the physical layout of the school itself (size, classroom size, number of unsupervised areas). It also includes organizational aspects, such as start and end times, and whether students are grouped based on ability. These characteristics can influence both feelings of safety and academic performance.
- **Availability of resources** refers to how much access students and teachers have to equipment, materials, and supplies that improve teaching (e.g., technology, tools, books).

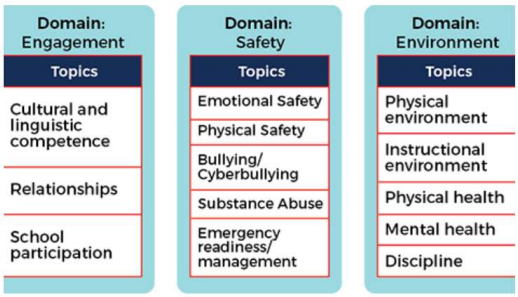
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School Climate Resources

Center on PBIS



National Center for Educational Statistics



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School Climate Resources





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Assessing School Climate through i-ALS

DOMAINS

- Safety
- Student Belonging & Connectedness
- Teaching & Learning Environment
- Respect, Inclusion & Equity

i-ALS
Integrated Assessment Learning Solutions

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Domain 1. Safety



- Physical
- Emotional
- Responsiveness to bulling
- Consistent enforcement of School rules
- Student awareness of available help
- Early intervention and conflict prevention
- Safety reporting and student confidence in reporting concerns
- Staff preparedness for safety emergencies
- Communication of behavioral expectations
- Overall safety of the learning environment

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Safety Questions in i-ALS (Student form)

- I feel safe while I am at school.
- Students at this school treat one another respectfully.
- Adults stop bullying when they see it.
- I know who to talk to if I feel unsafe.
- Students are treated fairly when school rules are enforced.
- I feel safe traveling to and from school.
- Adults at my school help students resolve conflicts before they become serious.
- I feel safe reporting bullying, threats, or other unsafe behavior to an adult at school.
- I know what to do if there is an emergency at school.
- School rules and expectations for student behavior are clearly explained to me.



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Domain 2. Student Belonging & Connectedness



Assesses teachers' perceptions of:

- students' sense of belonging,
- interpersonal relationships,
- emotional connectedness,
- opportunities for meaningful participation in the school community.
- proactive adult outreach, and
- access to supportive relationships

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Student Belonging & Connectedness
Questions in i-ALS (Student form)

- I feel like I belong at this school.
- There is at least one adult at school who cares about me.
- Students include me in activities.
- Teachers listen to students' ideas.
- I am proud to be a student at this school.
- I enjoy coming to school.
- Adults at my school value what students have to say.
- I have opportunities to share my opinions about decisions that affect students at my school.
- Adults at my school make an effort to include students who feel left out or alone.
- I feel comfortable talking to an adult at school when I have a personal or social problem.



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Domain 3. Teaching & Learning Environment



Assesses teachers' perceptions of:

- instructional quality,
- academic expectations,
- learning supports,
- classroom environments,
- practices that promote student engagement and academic success.

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Teaching & Learning Environment
Questions in i-ALS (Student form)

- Teachers help me learn.
- Adults expect me to do my best.
- I receive help when I need it.
- Students are encouraged to work hard.
- My teachers believe I can succeed.
- Most classrooms are good places to learn.
- My teachers use different ways of teaching to help students learn.
- My teachers give me helpful feedback about how I can improve my schoolwork.
- My teachers use my schoolwork and test results to help me improve my learning.
- I have opportunities to set goals for my learning and track my progress.



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Domain 4. Respect, Inclusion & Equity



Assesses perceptions of:

- fairness,
- respect for diversity,
- inclusive practices,
- equitable opportunities and supports for all students.
- active responses to discrimination,
- disability inclusion,
- cultural and linguistic responsiveness,
- equitable access to individualized supports.

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Respect, Inclusion & Equity
Questions in i-ALS (Student form)

- Students from different backgrounds are respected.
- Adults treat students fairly.
- Students are treated with respect regardless of who they are.
- I can be myself at school.
- Students help one another.
- Everyone has opportunities to participate in school activities.
- Adults at my school take action when students are treated unfairly because of their differences.
- Students with disabilities are included in school activities and treated with respect.
- My school respects students from different cultural and language backgrounds.
- All students have fair opportunities to receive academic, social, and emotional support when they need it.

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Domain 4. Respect, Inclusion & Equity



Assesses perceptions of:

- fairness,
- respect for diversity,
- inclusive practices,
- equitable opportunities and supports for all students.
- active responses to discrimination,
- disability inclusion,
- cultural and linguistic responsiveness,
- equitable access to individualized supports.

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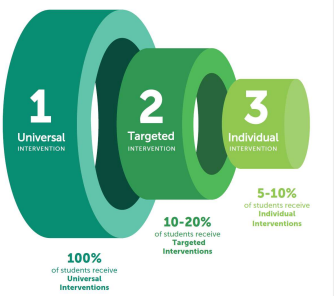
SCHOOL CLIMATE

- A must include data point and conversation item in MTSS
- Measure it frequently. Major or minor events might alter opinions
- SEL curricula and interventions might or not change perceptions
- Look at aggregate data across periods filtered by…
  - Building
  - Grade level
  - Individual student level.

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Spreading the good news of Behavior Health outcomes

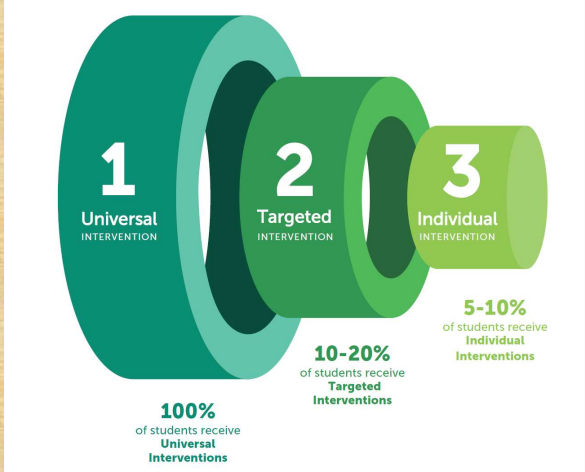
We are NOT doing well with the marketing, promotion and public awareness of our work



NEXT!!! ---MTSS and UNIVERSAL SCREENING

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The MTSS (Multi-Tier Systems of Support) framework



Handout

https://edumetrisis.com/learning-center/illinois-school-psychologists-fall-convention/

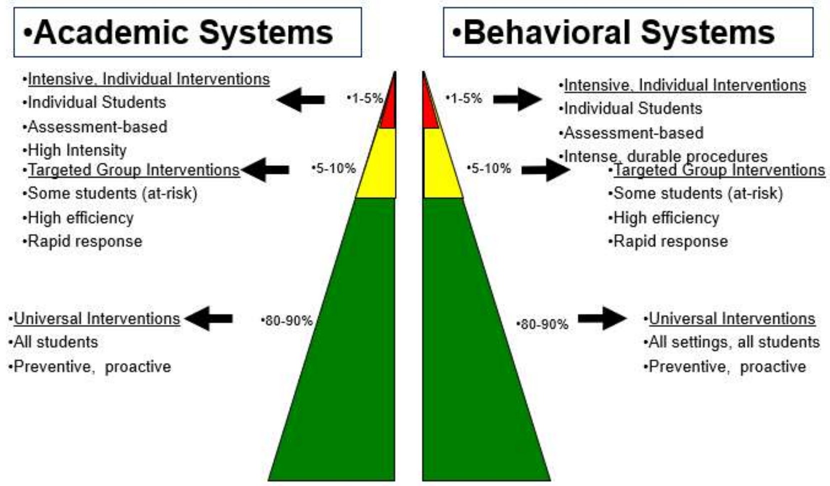
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Multi-Tier Systems of Support (MTSS)

- MTSS is a framework defined by the systematic use of assessment data. To most efficiently allocate instructional and intervention resources to enhance outcomes for all students (Burns, Chapparo, 2026). https://jmtss.org/index.php/jmtss/article/view/21/5
  - MTSS Goals are the improvement of:
    - ❖ student learning across all academic subjects
    - ❖ behavior and social emotional development
- Close to 30,000 articles can be found discussing MTSS, yet the confusion of:
  - ❖ what processes need to be followed
  - ❖ How to support students with disabilities
  - ❖ How to use assessment data to support student of culture and linguistic backgrounds.

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(RtI) Response to Intervention (1998)



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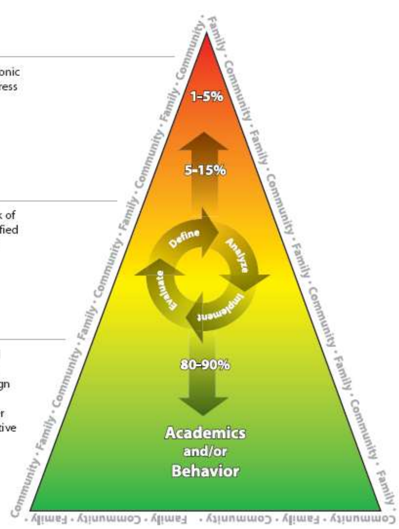
Response to Intervention (RtI)

Colorado Multi-Tiered Model of Instruction & Intervention

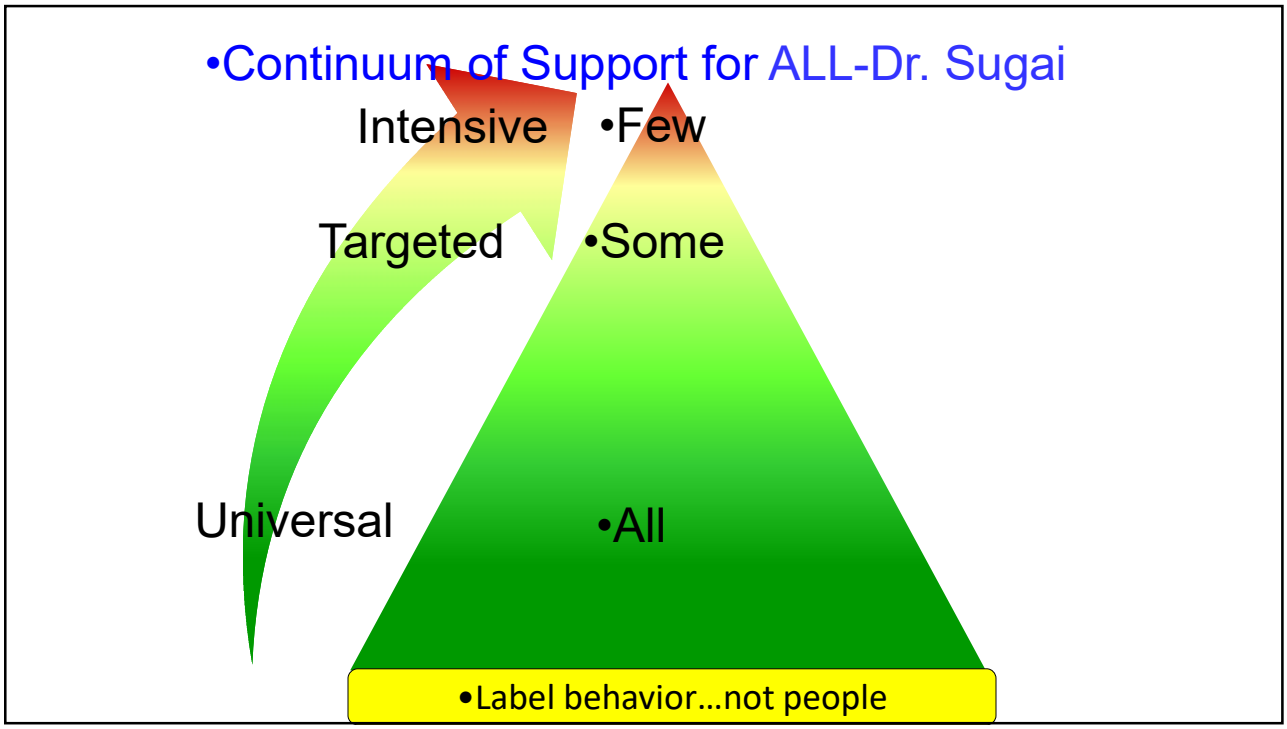
Intensive Level
Interventions are provided to students with intensive/chronic academic and/or behavior needs based on ongoing progress monitoring and/or diagnostic assessment.

Targeted Level
Interventions are provided to students identified as at-risk of academic and/or social challenges and/or students identified as underachieving who require specific supports to make sufficient progress in general education.

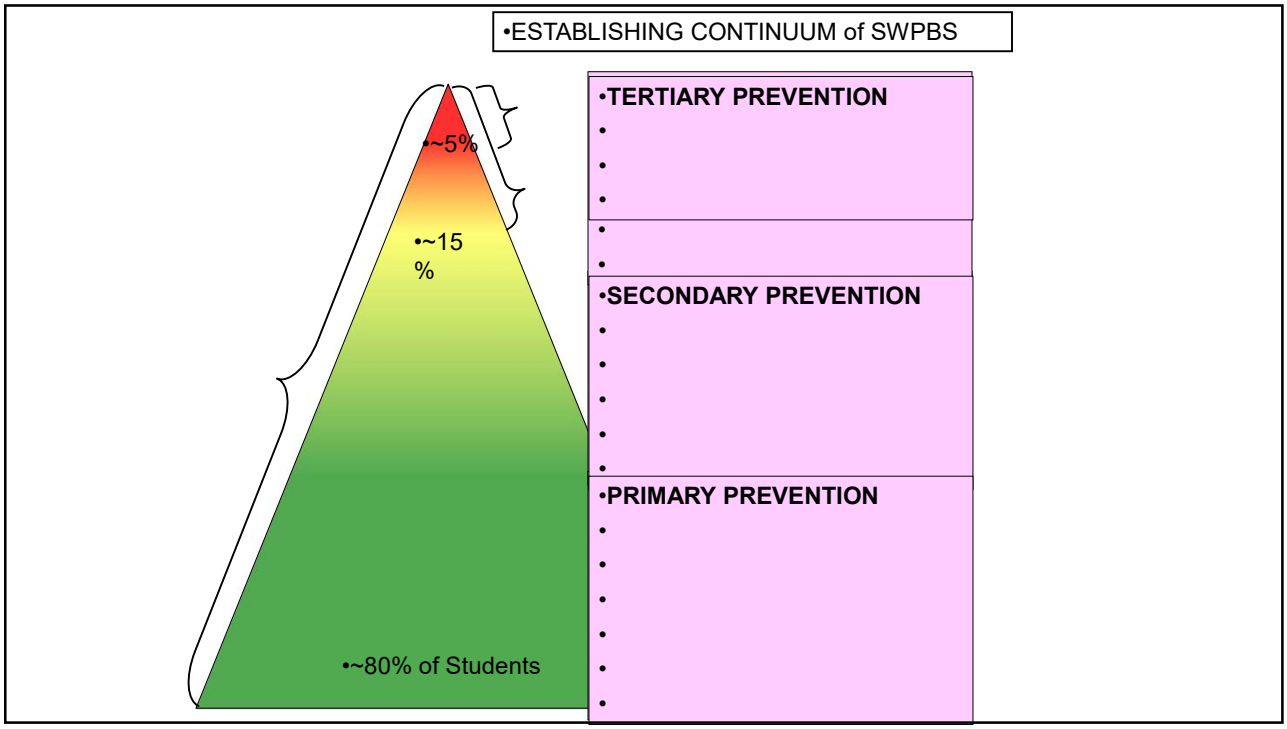
Universal Level
ALL students receive research-based, high quality, general education that incorporates ongoing universal screening, progress monitoring, and prescriptive assessment to design instruction. Expectations are taught, reinforced, and monitored in all settings by all adults. Discipline and other data inform the design of interventions that are preventative and proactive.



•4


•Continuum of Support for ALL-Dr. Sugai
Intensive
•Few
Targeted
•Some
Universal
•All
•Label behavior…not people

•5


•ESTABLISHING CONTINUUM of SWPBS
•~5%
•~15 %
•~80% of Students
•TERTIARY PREVENTION
•SECONDARY PREVENTION
•PRIMARY PREVENTION

•6

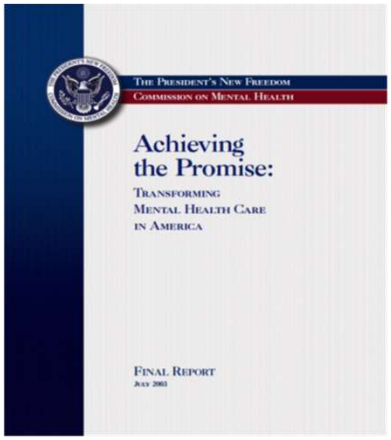
Dear Mr. President:

Yet, for too many Americans with mental illnesses, the mental health services and supports they need remain fragmented, disconnected and often inadequate, frustrating the opportunity for recovery.

Today's mental health care system is a patchwork relic—the result of disjointed reforms and policies. Instead of ready access to quality care, the system presents barriers that all too often add to the burden of mental illnesses for individuals, their families, and our communities.

The time has long passed for yet another piecemeal approach to mental health reform.

(Michael F. Hogan, Ph.D., Chairman, President's New Freedom Commission on Mental Health-July 2003)



•http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html

•7

THE WHITE HOUSE WASHINGTON

NOW IS THE TIME

4: IMPROVING MENTAL HEALTH SERVICES

As President Obama said, "We are going to need to work on making access to mental health care as easy as access to a gun." Today, less than half of children and adults with diagnosable mental health problems receive the treatment they need. While the vast majority of Americans with a mental illness are not violent, several recent mass shootings have highlighted how some cases of mental illness can develop into crisis situations if individuals do not receive proper treatment. We need to do more than just keep guns out of the hands of people with serious mental illness; we need to identify mental health issues early and help individuals get the treatment they need before these dangerous situations develop.

•8

MAKE SURE STUDENTS AND YOUNG ADULTS GET TREATMENT FOR MENTAL HEALTH ISSUES

- Three-quarters of mental illnesses appear by the age of 24, yet less than half of children with diagnosable mental health problems receive treatment.
- **Reach 750,000 young people through programs to identify mental illness early and refer them to treatment:** We need to train teachers and other adults who regularly interact with students to recognize young people who need help and ensure they are referred to mental health services.
- **Project AWARE**

•9

- Role of Schools and School Psychologists

Schools are in a key position to identify mental health problems early and to provide a link to appropriate services. Every day more than **59 million students** attend over 114,000 schools in the U.S. When combined with the **six million adults** working at those schools, almost **one-fifth of the population** passes through the Nation's schools on any given weekday. Clearly, strong school mental health programs can attend to the health and behavioral concerns of students, reduce unnecessary pain and suffering, and help ensure academic achievement.

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THE REMEDY?

Early Identification

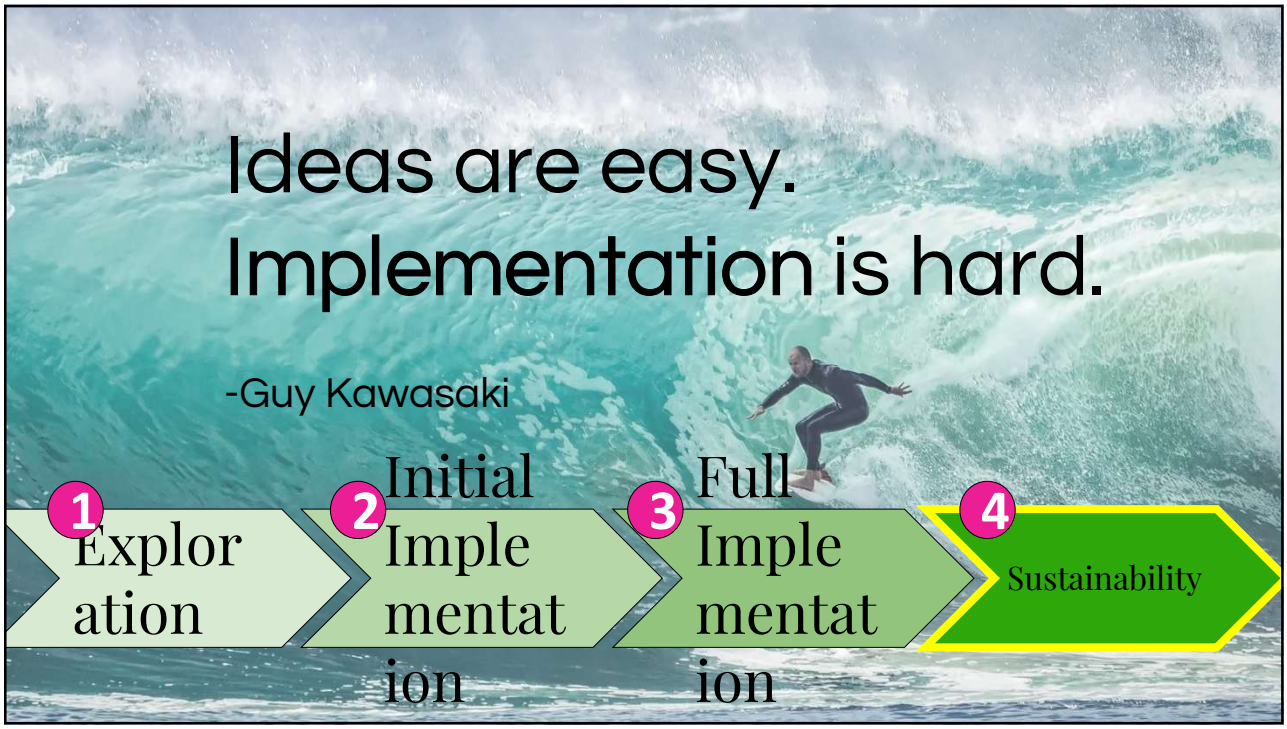
- **early identification & intervention** appears to be the "**most powerful course of action** for ameliorating life-long problems associated with children at risk for [EBD]" (p. 5). Hester et al. (2004)
- **Younger children** are more likely to be responsive to and maintain the positive outcomes from early prevention and intervention programs (Bailey, Aytch, Odom, Symons, & Wolery, 1999
- intervening early can **interrupt the negative course** of some mental illnesses.
- Intervening early can provide students the social emotional skills needed to be successful in school and later on in life.

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Assessment of Behavioral Health: Why?

- Behavior health is **linked to academic** performance and later **success** in life.
- **Goal(s) of any screening:**
  - evaluate all individuals; targeting on **certain** constructs of interest.
  - (a) **Assess** student **behavior health** across the district, building, classroom, and individual student level
    - Identify Social Emotional skills related to core SEL competencies
    - Identify behaviors, emotions and feelings that lead to problematic behaviors
  - (b) allow the **evaluation** of intervention effectiveness
    - Tier I interventions.
      - Q. When would I see the Return of SEL Investment (ROI) --→ 3 years minimum
    - Tier II - Interventions with small groups
    - Tier III - Interventions for individual students

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What are OUR road blocks?



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Alphabet Soup(s)? Framework Soups?

- MTSS
  - Multi Tiered Systems of Support
- PBIS
  - Positive Behavioral Interventions and Supports
- RTI
  - Response to Intervention
- ISF
  - Interconnected Systems Framework

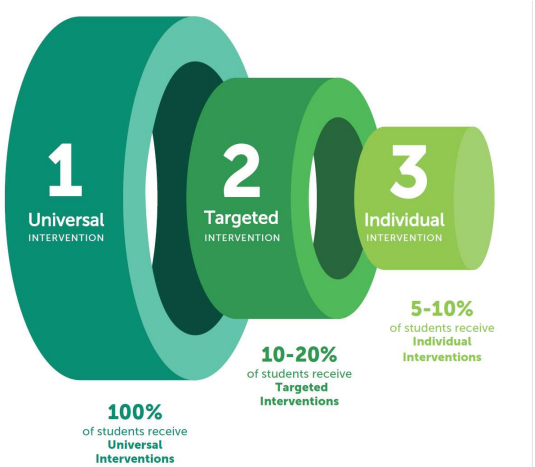




i-MTSS
Integrated MTSS

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The MTSS (Multi-Tier Systems of Support) framework



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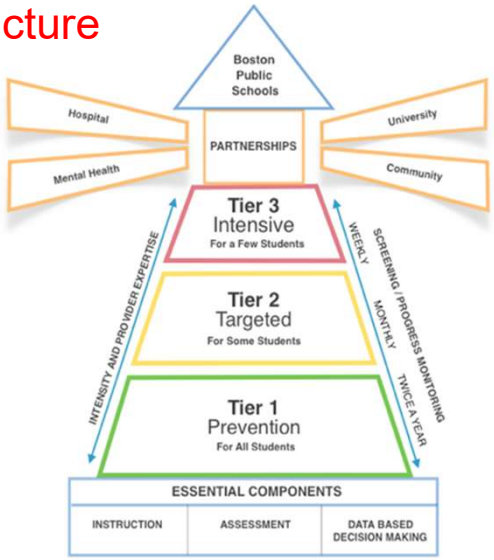
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Core Components of MTSS

- ❑ 1. Resources for ALL students.
- ❑ 2. Universal Screening.
- ❑ 3. Specialized, evidence-based (not just research based), targeted interventions for those who might need them, with whatever intensity they need them.
- ❑ 4. Progress monitoring for ALL. Progress Monitoring is not for Special Education only
- ❑ 5. MTSS requires in-house resources but also community involvement

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The CBHM structure



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Tier 1 Essential Components

for behavior

INSTRUCTION

PBIS is a framework for teaching students about behavioral expectations throughout the school building

SEL Curricula are instructional programs that teach students how to manage emotions, maintain positive relationships, and make responsible decisions

Want to know more?

www.pbis.org
www.casel.org

ASSESSMENT

Universal Screening is completed for all students to help schools understand student strengths and needs

Boston Public Schools use the following universal screening tools for behavior:

Grades K2-12: BIMAS

Grades K0 & K1: BESS

DATA BASED DECISION MAKING

Problem Solving Processes help school teams use screening and progress monitoring data to make decisions about core instructional programming

School teams should use a variety of data sources for problem solving

For example:

Universal Screening Data
Attendance Data
School Climate Data
Discipline Data

PBIS = Positive Behavioral Interventions and Supports
SEL = Social Emotional Learning Curricula

BIMAS = Behavioral Intervention & Monitoring Assessment System
BESS = Behavioral and Emotional Screening System

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Tier 1 Foundations – MUST BE or MAKE them Strong

- **High-quality instruction**
- All students receive foundational supports before they experience struggles (behavior or academic)
- Clear expectations across buildings and classrooms
- Positive relationships between staff and students
- A clear impact on outcomes will surface, with a reduction in office referrals, fewer suspensions, an overall positive school climate.
- All of these are measurable.



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Tier I for behavior and SEL supports

- **Are you a PBIS school? If so….**
  - You are teaching behavior expectations clearly
  - You reinforce them
  - They are consistent across classrooms and other school settings.
  - Your students know what to expect when they move from one class to another, from grade to grade
  - With all the above you are enjoying good results (i.e. less disruptions)
- **SEL integration.**
  - Your students learn skills through the SEL curriculum.
  - You can see the learned SEL skills taught integrate themselves into students' everyday life in school, parents reports positive changes at home!!
  - You observe problem-solving skills, collaborations, health choices?

•22

Tier I for behavior and SEL supports

- What are some of the proactive mental health initiatives in place?
  - Mental health literacy programs
  - Suicide prevention curricula
- Students are exposed and learn how and where to seek help when a need arises. It feels more normal, less stigma attached.
- Students know where to look for support for themselves and for other students.

If you look at the data and you realize that 40 to 50% of your students need Tier II support, it is time to stop and look at Tier I.---

prevention—prevention--prevention

•23

Your sources of Tier I data (5-7 minutes)

- Please look at the yellow sheet and fill in (alone)
- What **data** (not resources—that's the green sheet) do you have available that you can review for your building?
- How easy is it for you to access it?
- How often do you review it at the building level to assess Tier I effectiveness?
- Do you use this data when working with individual students?

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WHY DATA PROTOCOLS are IMPORTANT?

- Offer a structure process for analyzing ad interpreting data
- The ensure objectivity, consistency, promote collaboration in the decision making process
- Help with the identification of patterns, trends, and assist with the early and next steps discussions for intervention



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Putting our data-informed lense to work multiple sources of data

- These general conditions that are in existence in your school, not add-on programs (i.e. SEL)
- **Attendance patterns**
- **Academic standards and performance**
- **Behavior/SEL screening data**
- **Nurse logs**
- **School climate**
- **Examine data patterns across**
  - buildings
  - grades
  - gender
  - race



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DATA PROTOCOLS – **The Team Initiated Problem Solving (TIPS)**

- Developed at the University of Oregon
- It provides a structured framework for school teams to:
  - Identify and prioritize problems using data.
  - **Define problems precisely rather than relying on general impressions.**
  - Develop hypotheses about why problems are occurring.
  - Select interventions that directly address identified needs.
  - Establish measurable goals and implementation plans.
  - Monitor progress and evaluate whether interventions are working.

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Define problems precisely rather than relying on general impressions.

Primary Problem Statement

- "Many students are experiencing behavioral and emotional difficulties."
  - This statement is too general to guide intervention planning.

Precision problem statement:

- Among sixth-grade students, 24% were identified as having elevated internalizing concerns on the fall universal screening.
- Who are these students?
- Rates were higher among students with chronic absenteeism.
- Check school climate data
  - is school connectedness and access to support contributing factors?

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• Applying TIPS to MTSS behavioral screening and SEL data

TIPS protocol using BIMAS-2 screening data, attendance, and academic information.

- **1. Identify problem**: Fall screening identifies 28% of students with elevated behavioral or emotional concerns in one or more BIMAS-2 subscales
- **2. Establish goal:** Reduce the percentage to 15% by spring, using comparable screening criteria.
- 3. **Develop solution:** Strengthen Tier I SEL instruction and establish targeted Tier II supports for identified students.
- 4. **Implement:** Assign intervention responsibilities, establish timelines, and document fidelity.
- 5. **Monitor:** Review progress-monitoring ratings, attendance, and behavioral indicators every 4–6 weeks.
- 6. **Evaluate:** Determine which supports to maintain, modify, intensify, or discontinue.

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Other data protocols – 5 Whys

- "Data tell us what is happening. The 5 Whys help us investigate why it may be happening.
- Don't jump to intervention discussion when a problem is identified, ask "Why is this happening?" repeatedly until the team develops a plausible explanation that can guide action.
  - American Society for Quality — Five Whys and Five Hows
  - Institute for Healthcare Improvement — 5 Whys Worksheet (PDF)
  - CMS — Five Whys Root Cause Analysis Tool (PDF)
- Grow the Green protocol (BPS)

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Other data protocols
Grow the Green (Boston Public Schools)

- A strengths-based approach to school data review, emphasizing the identification, understanding, and expansion of successful practices.
- Rather than focusing exclusively on students, classrooms, or schools experiencing difficulties, examine where **outcomes are positive, determine what is working, and explore how those successful practices can be extended.**

•32

Common, VERY NORMAL pitfalls when examining data

- Personalizing the data.
  - Am I really a bad (teacher, SEL coordinator, classroom interventionist?)
  - People tend to feel evaluated than supported with this process
  - This test and its data does not measure what we teach.
  - Other people look at this quite frequently. Why do I have to be involved?
- Externalizing the issue
  - Our parents do not seem to care much about attendance (add more :!!)
- Students!!!
  - We see no interest being here, more interest in {……} than learning.
  - Given the neighborhood I wouldn't expect any better
- We have been trying for so long there is not much hope.

•33

From defeat thinking to growth-oriented, solution focused outcomes

- Data is the fuel that drives continuous improvement.
- HOW CAN I USE **THIS DATA** TO IMPROVE OUTCOMES?
- Go beyond a SINGLE data point
- Stop, ponder, check and question all the assumptions you are making
- Do not jump to conclusions.
- Keep in mind personal biases.
- Observe carefully (roughness and friction in hallway example)

•34

More Sources of Tier I Behavior data

- Universal Screeners for behavior and SEL
- Counselor referrals
  - Who is referring the students
    - Faculty
    - Self referrals
    - Is there a "waiting list"
- School Climate
  - Is there aggregate but also individual data
  - Are there cross-validated data (Teachers, students, parents)
  - Frequency of data collection
- **BE AWARE OF POLITICS and DYNAMICS**

•35

Tier II and III data protocols

- Step 1. Create a "Resource map"
- Step 2. Determine entry criteria to Tier II and III supports
- Step 3. Identify outcome measures (formative measures)
- Step 4. Identify exit criteria

•36

Create a Resource map

- Please take 5 minutes (SD=2) and review and fill in the green sheet in your handout. Identify INTERVENTIONS you have in place.
  - ❖ Check-In/Check out
  - ❖ Social Skills Training
  - ❖ DBT
  - ❖ CBT
  - ❖ Self management
  - ❖ Daily report cards
  - ❖ Restorative practices
  - ❖ Anti-bulling
  - ❖ Anti-discrimination
  - ❖ Counseling

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Determine entry criteria to Tier II and III supports

- Cut-point(s) or thresholds that determines a "review" should be taking place
  - ❖ Some might require immediate actions (i.e. need for hospitalization, housing issues).
  - ❖ In some areas more than one incident or combo of more than one might require action. ODR, SWISS data, seeking/needing/referring counseling.
  - ❖ Other data combinations
    - ❖BIMAS-2 (ratings in one or more areas)
    - ❖BIMAS-2 cross validation data
    - ❖Attendance
    - ❖Failed courses or overall academic concerns.
    - ❖Nurse visits
    - ❖ Other? _____what do you have in your school that we missed?
    - ❖DATA PROTOCOLS REVIEW PRINCIPLES AND METHODS APPLY HERE TOO

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Next……UNIVERSAL SCREENING Handout PART 2A

https://edumetrisis.com/learning-center/illinois-school-psychologists-fall-convention/



•39

INTRODUCING THE

BIMAS™ 2

Behavior Intervention Monitoring Assessment System

www.BIMAS2.COM

By James L. McDougal, Psy. D., Achilles N. Bardos, Ph.D., & Scott T. Meier, Ph.D.

•1

Three authors coming together from three different perspectives



James L. McDougal



Achilles N. Bardos

Scott T. Meier



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What is the BIMAS-2?

A web-based behavior Assessment Platform that includes:

(a) A brief behavior rating scale designed for :

Universal Screening-

- detect students in need of behavior/SEL support further assessment
- identify areas of behavior concerns and adaptive skills

Progress Monitoring of:

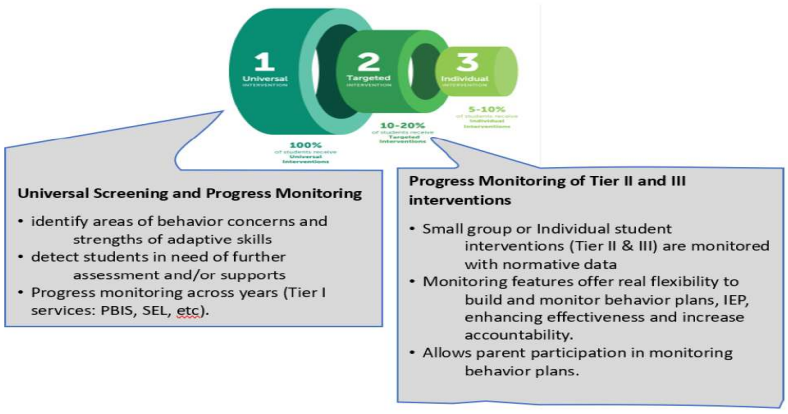
- System-wide interventions (Tier I- PBIS; SEL)
- Small groups interventions (Tier II)
- Interventions for individuals (Tier III)

(b) A platform with FLEXIBITY to build and monitor BIP, IEP plans.

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The BIMAS-2 within an MTSS framework



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FORMAT & FEAUTERS OF THE BIMAS

A multi-informant assessment system

- Teacher & Parent (pre-K to 12th grade)
  - ❖ parent form delivered in English and Spanish both in text and audio format
- Self form (3rd to 12th grade)
  - ❖ form is delivered in multiple languages and in audio format (English and Spanish)
- Manual entry of forms is available (printable at no cost)

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BIMAS-2 features

- Paper/pencil or technology format?
  - Delivery of the Standard Form for both the Universal Screening and Progress Monitoring is digital for all parties
    - TEACHERS,
    - PARENTS (English and Spanish)
    - STUDENTS
    - OUTSIDE Mental Health providers

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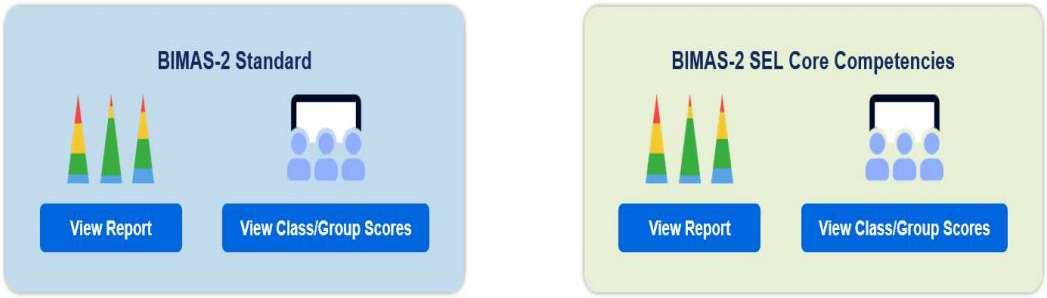
USES OF THE BIMAS

- **For School-based mental health providers who are required, wish or ordered to implement**
  - **A broad universal screener of mental health/SEL, an outcome measure sensitive to monitor and detect intervention gains.**
- Public/private organizations providing school or community-based intervention programs
- community mental health agencies
- Private practitioners

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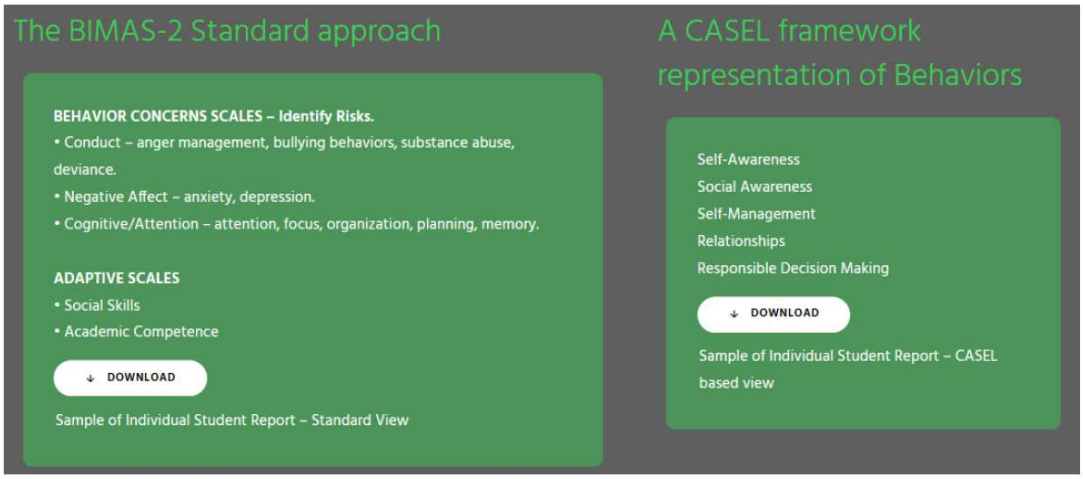
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A screener with a dual-view of student behaviors



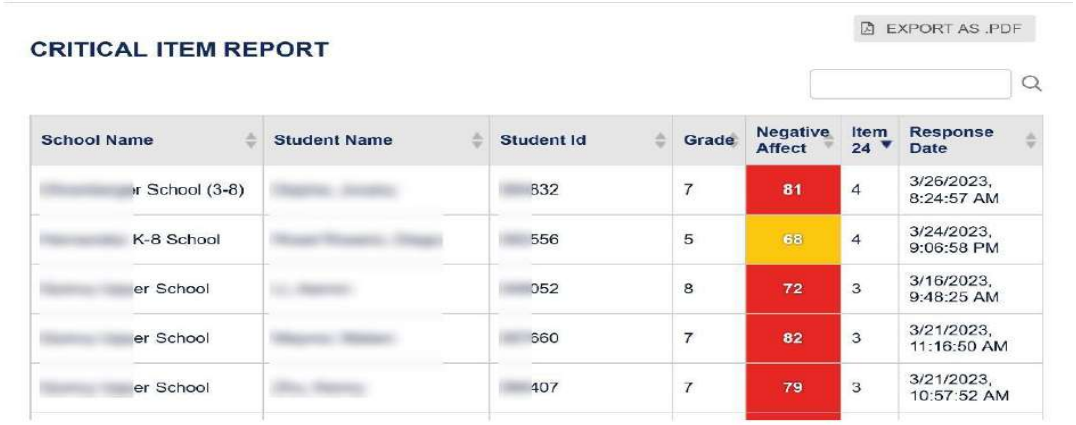
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The BIMAS-2 dual-view scales



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Identifies within seconds the students reporting thoughts of SELF-HARM



School Name	Student Name	Student Id	Grade	Negative Affect	Item 24	Response Date
r School (3-8)		832	7	81	4	3/26/2023, 8:24:57 AM
K-8 School		556	5	68	4	3/24/2023, 9:06:58 PM
er School		052	8	72	3	3/16/2023, 9:48:25 AM
er School		660	7	82	3	3/21/2023, 11:16:50 AM
er School		407	7	79	3	3/21/2023, 10:57:52 AM

•10

A Mental Health Screening Saved Students' Lives In This District

A district that deployed a universal mental health screening was able to intervene immediately with five students who had suicide plans



By Caitlynn Peetz

If you or anyone you know is struggling with thoughts of self-harm or suicide, help is available. Call or text 988 to reach the

Along with identifying students in imminent danger of self-harm, the screener administered in January 2022 also flagged students at "high" and "some" risk for such behaviors, as

none of this has anything to do with you or your performance," Knuth said. "This is about the kids, and it's imperfect, but if even one of those kids puts you on alert and lets you

Chalkbeat

Education news. In context.

MENTAL HEALTH

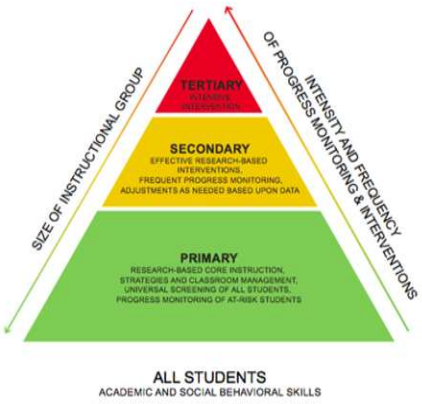
'It's OK to not be OK': How one high school saved lives with a 34-question survey

JUNE 5, 2019

By **Ann Schimke** ASCHIMKE@CHALKBEAT.ORG

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Background & Development



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Background, Development & theoretical foundation

The BIMAS was constructed using…..

- Meier's Intervention Item Selection Rules (IISR)
- The central philosophy of the IISRs is that **intervention-sensitive items should change in response to an intervention** and behave in a theoretically expected manner in other conditions (e.g., remain stable over time when no intervention is present).



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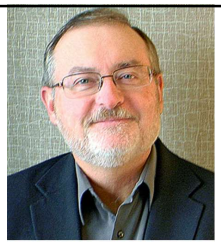
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Central philosophy of the IISRs…

- Items will share some characteristics with traditional, trait-sensitive tests.
  - theoretically based, reliable, normative data
- However, intervention-sensitive items should possess additional properties, foremost of which is that they **change in response to an intervention.**

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Dr. Scott Meier
Intervention Item Selection Rules

Table 1
Brief Description of Intervention Item Selection Rules

Rule	Description
1	Ground scale items in theoretical and empirical literature relevant to applicable interventions and target problems
2	Aggregate at appropriate levels
3	Assess range of item scores at pretest
4	Detect change in an item's score after an intervention
5	Assess whether change occurs in the expected direction
6	Examine whether differences in change exist between intervention and comparison groups
7	Examine whether intake differences exist between comparison groups
8	Examination relations between item scores and systematic error sources
9	Aggregate selected items into scale(s) and cross-validate

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1. Ground items in theory

1. *Ground items in previous research and theory.* Relevant research and theory provide a context for understanding the meaning of changing scores on an intervention-sensitive measure. In the area of child and adolescent psychotherapy, Kazdin (2000) noted that more than 1,000 controlled studies of psychosocial interventions for children and adolescents exist. Kazdin maintained that because ESs for all interventions averaged about .70 for children and adolescents, maturation alone cannot account for such gains. Meta-analytic studies also indicate that adolescents appear to benefit more from psychotherapy than children, although most of the difference can be attributed to the benefits received by adolescent girls (Weisz, Huey, & Weersing, 1998). Applied to this study, these findings suggest that (a) some PE-BIMAS items

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2. Aggregate Items at an appropriate level.

2. *Aggregate items at an appropriate level.* Because an item response contributed by an individual on one occasion may be influenced by random error (Messick, 1989), item responses should first be aggregated across individuals before further analyses are conducted. Similarly, test developers have long recognized that aggregation of individual item responses into scales increases the reliability and validity of measurement of the studied construct. Intervention-sensitive items are not aggregated across occasions, however, but summed across individuals and items. As was done in this study, item scores are then compared across time periods in which interventions take place to determine if change effects are present at the level of aggregated item responses.

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3. Avoid ceiling, floor & under-estimation effects

3. *Assess range of item scores at pretest.* Ceiling and floor effects inhibit detection of desired changes in intervention-sensitive tests because they can restrict the potential range of scores. In this study, a ceiling effect occurred when an item's standard deviation was added to the item mean and the resulting sum exceeded the highest value of the scale (3); a floor effect occurred when the item's standard deviation was subtracted from the item mean and the result was less than the bottom range of the scale (0). Three Strengths items in both subsamples had a ceiling effect: communicates clearly, starts conversations, and limits set with children. No floor effects were found.

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4. Demonstrate Change in Interventions

4. *Items should evidence change in intervention conditions.* Intervention-sensitive items should demonstrate change, from baseline to follow-up periods, with clients who receive psychosocial interventions (cf. Cronbach et al., 1980). For the current study, paired *t* tests were computed to examine change in item scores from intake to follow-up. Because these analyses are exploratory in nature, and the expected effects at the level of an individual item are likely to be small, an α level of .10 was set to detect statistically significant change (cf. Meier, 2000). As shown in Table 2, 12 of 19 items evidenced statistically significant change in one or both subsamples: controls temper, pays attention to speakers, stays out of trouble, communicates clearly, shares thinking, feels depressed, behaves differently, acts impulsively, fights with others, family members fight, lies or cheats, and gets failing grades.

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5. Change in the direction expected

5. *Items should evidence change in the theoretically expected direction.* All 12 items that evidenced significant change in Table 2 improved from intake to follow-up. Although clients worsened in at least one subsample on the items makes friends easily, limits set with children, and helps with household tasks, these changes did not reach statistical significance.

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6. Evaluate item change in intervention and control groups

6. *Evaluate item change in intervention and comparison groups.* Item change in intervention groups can be compared to change in items completed by available comparison groups. As noted above, Kazdin's (2000; see also Weisz, Weiss, Han, Granger, & Morton, 1995; Webster-Stratton, 1996) review found that girls evidence more improvement than boys as a result of psychosocial interventions. Meta-analytic



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7. Examine equivalence of item scores at intake between groups



7. *Examine the equivalence of items scores at intake between groups.* In the PE-BIMAS data set, intake equivalence could be examined between the two randomly created subsamples A and B. Paired *t* tests were used to assess differences between item means, and two items differed at intake: makes friends easily ($t = -1.78$, $p < .10$) and family members fight ($t = -2.37$, $p < .05$). Overall, random assignment resulted in statistically equivalent groups, providing confidence that the subsequent cross-validation analyses (IISR 9) of intervention-sensitive items can be interpreted appropriately.

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9. Aggregate selected items into scales and cross-validate.

8. *Examine* the relationship between scale items and systematic error sources. No data were available for addressing this IISR.

9. *Aggregate selected items into scale(s) and cross-validate.* The preceding IISR analyses provide a basis for understanding the relevant properties of scale items and lay the foundation for subsequent decisions about inclusion in multi-item scales.

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Dr. Scott Meier
Concluding comments

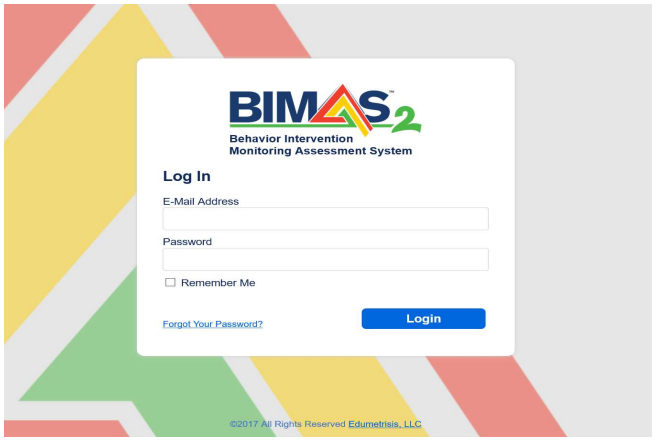
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8	Examination relations between item scores and systematic error sources
9	Aggregate selected items into scale(s) and cross-validate

24

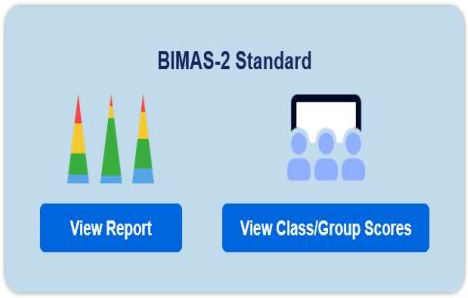
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The BIMAS-2 platform-
(live Demo if internet available)



•25

The BIMAS Scale Structure
A screener with a dual-view of student behaviors





•26

BEHAVIOR INTERVENTION MONITORING ASSESSMENT SYSTEM (BIMAS)

	BIMAS Scale	Measures…
CONCERNS (Identify Risk)	Conduct	Anger management, bullying behaviors, substance abuse
	Negative Affect	Anxiety, depression
	Cognitive/Attention	Attention, focus, organization, planning, memory
ADAPTIVE (Strengths)	Social	Friendship maintenance, communication
	Academic Functioning	Academic performance, attendance, ability to follow directions

ADDITIONAL INFORMATION: http://www.edumetrisis.com/products/282-bimas-2

•27

The Conduct scale items

- ✓ appeared angry.
- ✓ engaged in risk taking behavior(s).
- ✓ fought with others (verbally, physically, or both).
- ✓ lied or cheated.
- ✓ lost his/her temper when upset.
- ✓ was aggressive (threatened or bullied others).
- ✓ was suspected of using alcohol and/or drugs.
- ✓ was sent to an authority for disciplinary reasons.
- ✓ was suspected of smoking or chewing tobacco.

28

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The Negative Affect scale

- ✓appeared sleepy or tired.
- ✓appeared depressed.
- ✓acted sad or withdrawn.
- ✓was easily embarrassed or felt ashamed
- ✓appeared anxious.
- ✓expressed thoughts of hurting self.
- ✓ was emotional or upset.

29

•29

The Cognitive/Attention scale

- ✓had trouble paying attention.
- ✓was impulsive.
- ✓had problems staying on task.
- ✓acted without thinking.
- ✓had trouble remembering.
- ✓ had difficulties with organizing things.
- ✓ fidgeted.
- ✓ had trouble planning.

30

•30

The Social Scale

- ✓shared what he/she was thinking about.
- ✓spoke clearly with others.
- ✓maintained friendships.
- ✓appeared comfortable when relating to others.
- ✓ was generally friendly with others.
- ✓ worked out problems with others.

31

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The Academic Functioning Scale

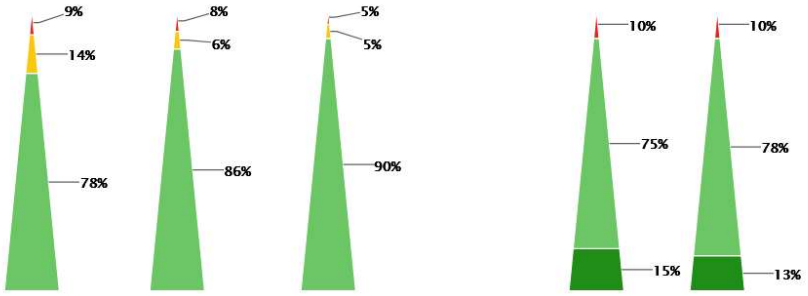
(parent & teacher form)

- ✓Followed directions
- ✓Received failing grades
- ✓Worked up to his/her academic potential
- ✓Went prepared to class
- ✓Was absent from school

32

•32

The BIMAS-2 Standard view- aggregate report



Levels Of Risk	Conduct	Negative Affect	Cognitive/ Attention	Levels Of Functioning	Social	Academic Functioning
High Risk	7 (9%)	6 (8%)	4 (5%)	Concern	8 (10%)	8 (10%)
Some Risk	11 (14%)	5 (6%)	4 (5%)	Typical	60 (75%)	62 (78%)
Low Risk	62 (78%)	69 (86%)	72 (90%)	Strength	12 (15%)	10 (13%)
Total	**80 (100%)**	**80 (100%)**	**80 (100%)**	**Total**	**80 (100%)**	**80 (100%)**

•33

The BIMAS-2 Class or Group report

EXPORT AS .PDF

CLASS/GROUP STUDENT SCORES

Student Name	MTSS	Conduct	Negative Affect	Cognitive/ Attention	Social	Academic Functioning
Runte, Flossie	3	78	78	75	29	24
McDermott, Magnolia	3	76	80	72	27	26
Trantow, Korey	4	76	79	60	24	37
Kreiger, Emie	4	73	75	64	36	25
Maggio, Favian	4	73	68	77	40	30
Rogahn, Freeda	1	73	60	65	21	38
Torphy, Hank	2	73	78	68	29	24
Gerlach, Greg	4	64	76	72	40	34
Feeney, Effie	1	62	54	51	49	50
Kuhic, Susan	2	62	57	48	52	45
Sporer, Katheryn	2	62	54	52	63	45
Brekke, Alysson	4	61	51	40	60	49
Lind, Demarco	2	61	54	47	52	47

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BIMAS-2 standard view individual student record

BIMAS-2 STANDARD UNIVERSAL ASSESSMENT (UA) DATA

Overview | Conduct | Negative Affect | Cognitive Attention | Social | Academic Functioning

BIMAS-2 STANDARD UNIVERSAL ASSESSMENT T-SCORE DATA - TEACHER

Scales	Summer 2016 07/01/16	Spring 2016 03/01/16	Winter 2015 12/01/15
Conduct	64	45	59
Negative Affect	76	39	58
Cognitive Attention	72	36	49
Social	40	66	57
Academic Functioning	34	63	55

BIMAS-2 STANDARD UNIVERSAL ASSESSMENT T-SCORE DATA - SELF

Scales	Summer 2016 07/01/16	Spring 2016 03/01/16	Winter 2015 12/01/15
Conduct	35	35	42
Negative Affect	32	29	45
Cognitive Attention	31	28	44
Social	19	72	60
Academic Functioning	19	65	55

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REPORTS » GERLACH, GREG

BIMAS-2 standard view individual student record

ITEM SCORE LEGEND

0 = Never (Observed 0 times)
1 = Rarely (Observed 1-2 times or to a minimum extent)
2 = Sometimes (Observed 3-4 times or to a moderate extent)
3 = Often (Observed 5-6 times or to a significant extent)
4 = Very Often (Observed 7 or more times or to an extreme extent)

SUMMER 2016 UA RESULTS, RATER: MICHAEL HENRY

BEHAVIORAL CONCERN SCALES

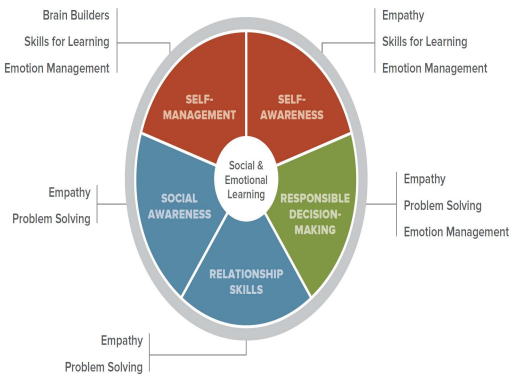
CONDUCT

T-Score	Scale Descriptor
64	Some Risk

	Item	Score	Descriptor
2	appeared angry	1	No Concern
9	engaged in risk-taking behavior	1	No Concern
13	fought with others (verbally, physically, or both)	2	Concern
17	lied or cheated	0	No Concern
21	lost their temper when upset	0	No Concern
25	was aggressive (threatened or bullied others)	0	No Concern
29	was suspected of using alcohol and/or drugs	3	Concern
31	was sent to an authority for discipline	4	Concern
32	was suspected of smoking or chewing tobacco	4	Concern

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CASEL and BIMAS-2



- Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions (CASEL)

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CASEL and BIMAS-2

Second Step Program Element	Key Skill(s) Developed	CASEL Core SEL Competencies	BIMAS ITEMS
Brain Builder Games (K–3)	Executive-function skills	Self-Management	BIMAS items
Skills for Learning	• Focus attention • Listen with attention • Identify and use self-talk • Be assertive • Remember directions • Stay on task • Ignore distractions	• Self-Management • Self-Awareness	• 3. had trouble paying attention • 4. followed directions. • 6. was impulsive • 7. spoke clearly with others. • 10. had problems staying on task • 14. acted without thinking. • 17. lied or cheated. • 18. had trouble remembering. • 22. had trouble with organizing and planning. • 26. received failing grades at school. • 28. fidgeted. • 30. worked up to his/her academic potential. • 33. was prepared for class. • 34. was absent from school. •

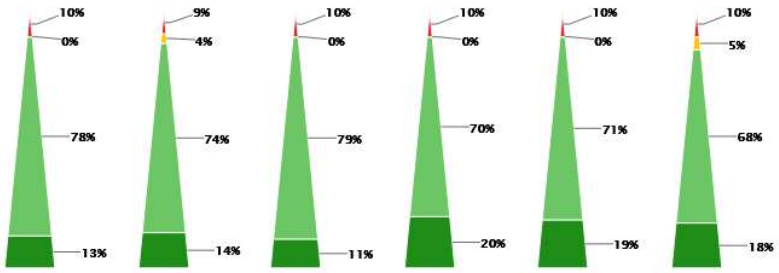
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CASEL and BIMAS-2

Second Step Program Element	Key Skill(s) Developed	CASEL Core SEL Competencies	BIMAS ITEMS
Problem Solving	• Friendship skills • Calm down before solving problems • Describe the problem • Think of many solutions • Explore the consequences of the solutions • Pick the best solution	• Relationship Skills • Responsible Decision-Making • Social Awareness	• 1. shared what he/she was thinking about. • 6. was impulsive • 7. spoke clearly with others. • 9. engaged in risk-taking behavior. • 13. fought with others (verbally, physically, or both). • 17. lied or cheated. • 24. expressed thoughts of hurting himself/herself. • 21. lost his/her temper when upset. • 25. was aggressive (threatened or bullied others). • 29. was suspected of using alcohol and/or drugs. • 31. was sent to an authority for discipline. • 32. was suspected of smoking or chewing tobacco. • 23. worked out problems with others

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The CASEL SEL view



Levels Of Risk	TOTAL BIMAS-2 SEL SCORE	Self-Awareness	Self Management	Social Awareness	Relationship Skills	Responsible Decision Making
High Risk	8 (10%)	7 (9%)	8 (10%)	8 (10%)	8 (10%)	8 (10%)
Concern	0 (0%)	3 (4%)	0 (0%)	0 (0%)	0 (0%)	4 (5%)
Typical	62 (78%)	59 (74%)	63 (79%)	56 (70%)	57 (71%)	54 (68%)
Strength	10 (13%)	11 (14%)	9 (11%)	16 (20%)	15 (19%)	14 (18%)
Total	**80 (100%)**	**80 (100%)**	**80 (100%)**	**80 (100%)**	**80 (100%)**	**80 (100%)**

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The CASEL SEL view

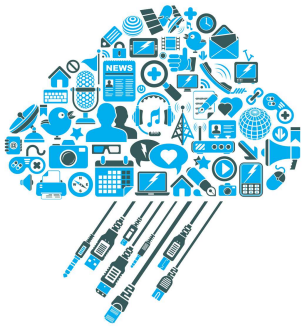
SEL CLASS/GROUP STUDENT SCORES

Student Name	Total SEL Score	Self-Awareness	Self Management	Social Awareness	Relationship Skills	Responsible Decision Making
Runte, Flossie	20	21	16	32	23	24
Torphy, Hank	20	21	22	19	23	28
McDermott, Magnolia	21	30	22	27	20	22
Kreiger, Emie	22	31	15	34	30	27
Maggio, Favian	22	26	17	34	34	25
Trantow, Korey	22	33	29	25	20	28
Gerlach, Greg	27	30	29	29	37	28
Rogahn, Freeda	27	45	35	30	19	28
Sporer, Kathervn	46	46	47	50	54	43
Labadie, Alta	47	48	50	49	49	47
Beatty, Kara	47	50	50	50	50	43
Hoggings, Roberto	47	48	51	49	49	47
Zieme, Carissa	48	45	52	49	52	50
Haag, Julia	48	50	52	50	50	47

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Administration & Scoring

COMPLETELY WEB_BASED







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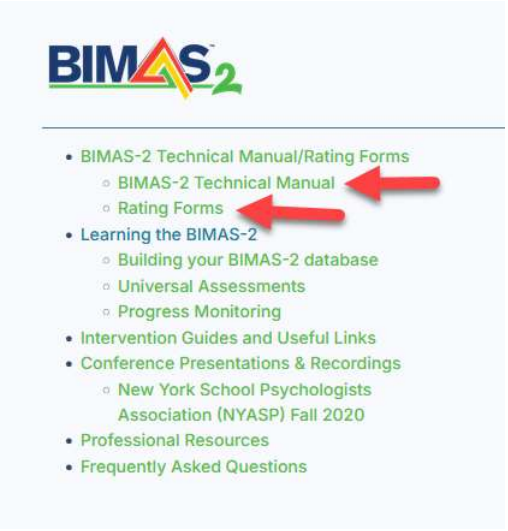
BIMAS
Technical Information

- Norms development
- Psychometric properties
  - –Reliability
  - –Validity
  - – www.edumetrisis.com/

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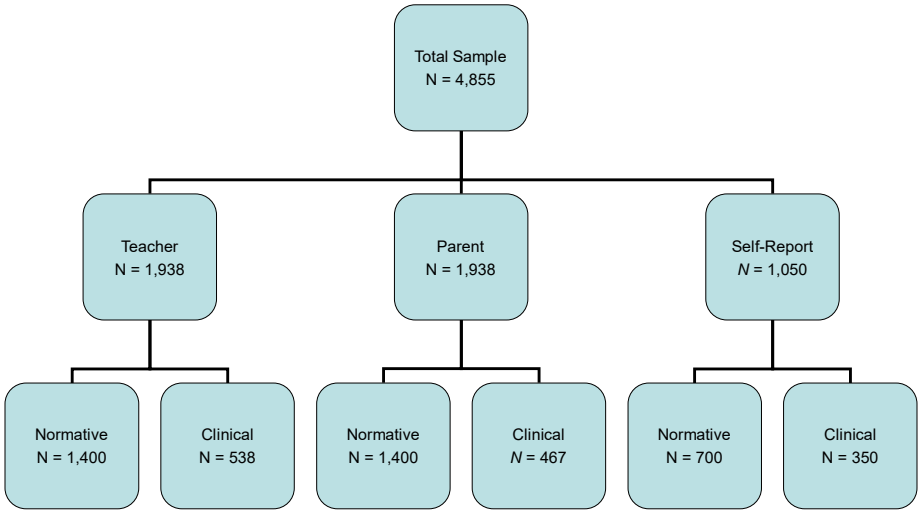
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https://edumetrisis.com/learning-center/



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Large Normative Sample



•45

Age x Gender Distribution: Normative Sample

Age Group	Teacher Ratings			Parent Rating			Self-Reports		
	Male (*N*)	Female(*N*)	Total (*N*)	Male (*N*)	Female(*N*)	Total (*N*)	Male (*N*)	Female(*N*)	Total (*N*)
5-6	100	100	200	100	100	200			
7-9	150	150	300	150	150	300			
10-11	100	100	200	100	100	200			
12-13	100	100	200	100	100	200	100	100	200
14-16	150	150	300	150	150	300	150	150	300
17-18	100	100	200	100	100	200	100	100	200
Total	**700**	**700**	**1400**	**700**	**700**	**1400**	**350**	**350**	**700**

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Race/Ethnicity Distribution

Highly comparable to the most recent U.S. Census

Form			Asian	African American	Hispanic	White	Other	Total
Teacher	Total	*N*	55	218	203	836	50	1361
		%	4.0	16.0	14.9	61.4	3.7	
	Census	%	3.8	15.7	15.1	61.9	3.5	
	Difference	%	0.22	0.29	- 0.22	-0.47	0.18	
Parent	Total	*N*	30	214	207	873	75	1400
		%	2.2	15.3	14.8	62.4	5.4	
	Census	%	3.8	15.7	15.1	61.9	3.5	
	Difference	%	- 1.65	- 0.39	- 0.33	0.47	1.89	
Self-Report	Total	*N*	28	110	107	433	25	703
		%	4.0	15.6	15.2	61.6	3.5	
	Census	%	3.8	15.7	15.1	61.9	3.5	
	Difference	%	0.23	- 0.07	0.09	- 0.29	0.03	

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Geographic Region Distribution

- Highly comparable to the most recent U.S. Census

(Weighted *N*'s)

Form			Northeast	Midwest	South	West	Total
Teacher	Total	*N*	251	299	486	325	1361
		%	18.4	22.0	35.7	23.9	
	Census	%	18.1	21.9	36.7	23.3	
	Difference	%	0.35	0.08	-1.03	0.61	
Parent	Total	*N*	272	265	530	333	1400
		%	19.4	18.9	37.9	23.8	
	Census	%	18.1	21.9	36.7	23.3	
	Difference	%	1.39	-2.97	1.13	0.47	
Self-Report	Total	*N*	128	159	259	157	703
		%	18.3	22.6	36.8	22.4	
	Census	%	18.1	21.9	36.7	23.3	
	Difference	%	0.21	0.70	0.03	-0.93	

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Parental Education Level

- Highly comparable to the most recent U.S. Census (weighted N's)

Parent Education Level		High school or Lower	Apprenticeship/2-year College	University or higher	Total
Total	***N***	646	385	369	1400
	%	46.2	27.5	26.4	
Census	**%**	46.6	27.2	26.2	
Difference	**%**	**- 0.43**	**0.28**	**0.16**	

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Psychometric Properties

- Reliability
  - Internal Consistency
  - Test-Retest (stability)
- Validity
  - Content and sources of information for decision making
  - Construct
    - Scale structure
    - Screening accuracy
    - Concurrent validity
    - Progress monitoring

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Internal Consistency
Cronbach's Alpha

Form	Behavioral Concern Scales			Adaptive Scales	
	Conduct	Negative Affect	Cognitive/ Attention	Social	Academic Functioning
Parent	.87	.82	.90	.84	.77
Teacher	.91	.85	.91	.85	.81
Self-Report	.88	.85	.87	.83	.75

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Validity

The validity of a test refers to the quality of inferences that can be made by the test's scores, that is, how well does the test measures and supports with empirical evidence the claims it makes for its use and applications.

==========

Why are you screening?

I am good screener and progress monitoring tool, here is the evidence for my claims….

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CONTENT VALIDITY

- Behaviors included in the BIMAS Standard and BIMAS Flex
  - Meier's work presented earlier on change sensitive item selection
  - Input from colleagues in field testing studies over an 8 year period
- Structure of items into scales
  - Exploratory factor analysis
  - Rational/clinical analysis

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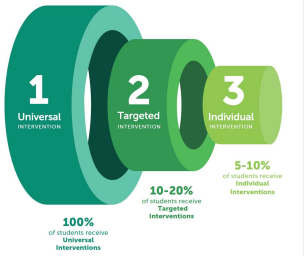
BIMAS
CLAIMS & EVIDENCE

- The BIMAS that can be used to **identify emotional and behavior** concerns of students using multiple sources of data..
- a **multi-informant screening** tool
  - Teacher
  - Parent
  - Self
- **A progress monitoring tool**

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BIMAS as a Screening Tool



- Ratings offered by parents, teachers, students (self)
- Clinical samples were identified during the standardization process.
  - Screening criteria were applied thru the use of a Clinical Diagnostic Information Form.

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THE BIMAS Clinical Samples (N=1,355)

Clinical Diagnoses of the samples rated by teachers, parents and students themselves.

Clinical Group	Teacher		Parent		Self		Total
	N	%	*N*	%	*N*	%	*N*
DB	123	22.9	70	15.0	65	18.6	258
ADHD	109	20.3	117	25.1	89	25.4	315
Anxiety	55	10.2	67	14.3	56	16.0	178
Depression	60	11.2	73	15.6	62	17.7	195
PDD	95	17.7	86	18.4	65	18.6	246
LD	45	8.4	--	--	--	--	45
DD	30	5.6	--	--	--	--	30
Other	21	3.9	54	11.6	13	3.7	88
Total	538	100.0	467	100.0	350	100.0	1355

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•56

The BIMAS as a Screening Tool
How were the data analyzed?.....

- What is the % correct classification estimates for the….
  - Clinical
  - Non-clinical
  - Total sample
- Calculate other accuracy classification statistics

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The Teachers as screening agents

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BIMAS–T scores for Clinical sample

BIMAS-T Standard Scales	Clinical Sample			Cohen's *d*
	N	*M*	*SD*	
Conduct	516	63.5	10.9	1.3
Negative Affect	537	66.4	10.4	1.6
Cognitive/Attention	538	66.6	9.8	1.7
Social	538	35.6	10.3	−1.4
Academic Functioning	538	40.2	9.8	−1.0

Note. Clinical *M*s (*SD*s) compared to values from the normative sample (*N* = 1,361, *M* = 50, *SD* = 10).

Cohen's *d* values of |0.2| = small effect, |0.5| = medium effect, and |0.8| = large effect.

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Classification Accuracy of BIMAS–Teacher Scales

Classification Accuracy Statistic	Full Range of Scores	Cut-Scores
Overall Correct Classification	85.2%	82.5%
Sensitivity	83.5%	80.1%
Specificity	85.8%	83.4%
Positive Predictive Power	68.4%	64.9%
Negative Predictive Power	93.4%	91.6%

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The Parents as screening agents

•61

BIMAS–P
Clinical vs. Non-Clinical samples

BIMAS-P Standard Scales	Clinical Sample			Cohen's *d*
	N	*M*	*SD*	
Conduct	467	60.3	10.5	1.0
Negative Affect	467	61.5	10.3	1.1
Cognitive/Attention	467	60.7	9.9	1.1
Social	467	38.4	9.9	−1.2
Academic Functioning	467	40.4	7.9	−1.0

Note. Clinical *M*s (*SD*s) compared to values from the normative sample (*N* = 1,400, *M* = 50, *SD* = 10).

Cohen's *d* values of |0.2| = small effect, |0.5| = medium effect, and |0.8| = large effect.

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Classification Accuracy of BIMAS–Parent Scales

Classification Accuracy Statistic	Full Range of Scores	Cut-Scores
Overall Correct Classification	78.3%	78.6%
Sensitivity	80.1%	73.4%
Specificity	77.7%	80.3%
Positive Predictive Power	54.6%	55.4%
Negative Predictive Power	92.1%	90.1%

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•63

The Students as screening agents

•64

BIMAS–Self ratings
Clinical vs. Non-Clinical

BIMAS-P Standard Scales	Clinical Sample			Cohen's *d*
	N	*M*	*SD*	
Conduct	350	57.3	9.7	0.7
Negative Affect	350	59.2	9.7	0.9
Cognitive/Attention	350	57.3	8.2	0.8
Social	350	41.4	9.7	−0.9
Academic Functioning	350	42.3	8.3	−0.8

Note. Clinical *M*s (*SD*s) compared to values from the normative sample (*N* = 703, *M* = 50, *SD* = 10).

Cohen's *d* values of |0.2| = small effect, |0.5| = medium effect, and |0.8| = large effect.

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•65

Classification Accuracy of
BIMAS–Self-Report Scales

Classification Accuracy Statistic	Full Range of Scores	Cut-Scores
Overall Correct Classification	71.5%	71.8%
Sensitivity	76.3%	67.1%
Specificity	69.1%	74.1%
Positive Predictive Power	55.3%	56.5%
Negative Predictive Power	85.3%	81.9%

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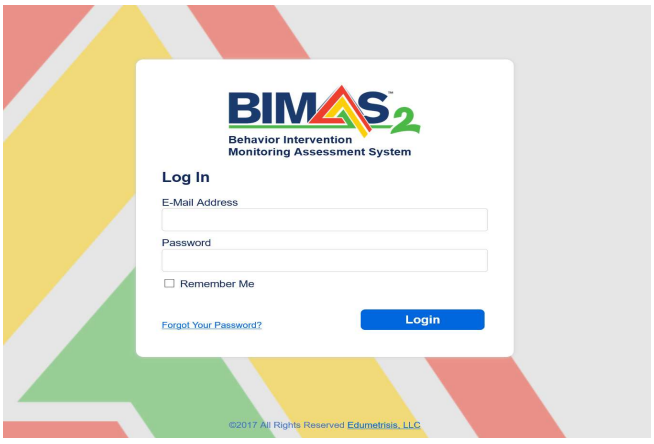
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Summary/Strengths of BIMAS

- BIMAS: empirically-based; sensitive to change (excellent for RtI) √
- Standard & Flex √
- Good Normative data & Good Psychometric Properties √
- Powerful Web-based Interface √
  - Web-based administration and scoring options √
  - Wide Selection of Informative Web-based Reports
- But before we close!!!!! √

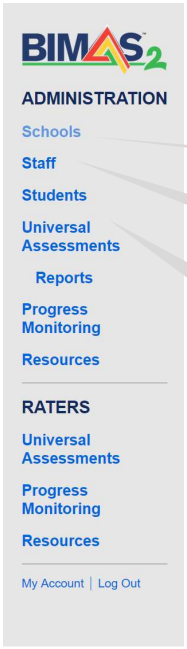
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The BIMAS-2 platform



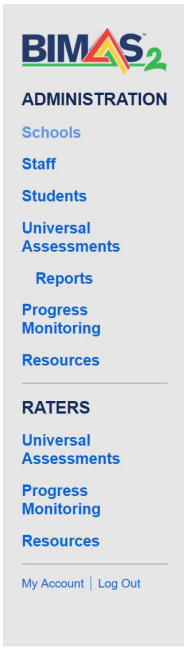
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STEP 1.
Preparing the BIMAS-2 data base



1. Create the Schools
2. Build your school Staff
3. Enter your Students

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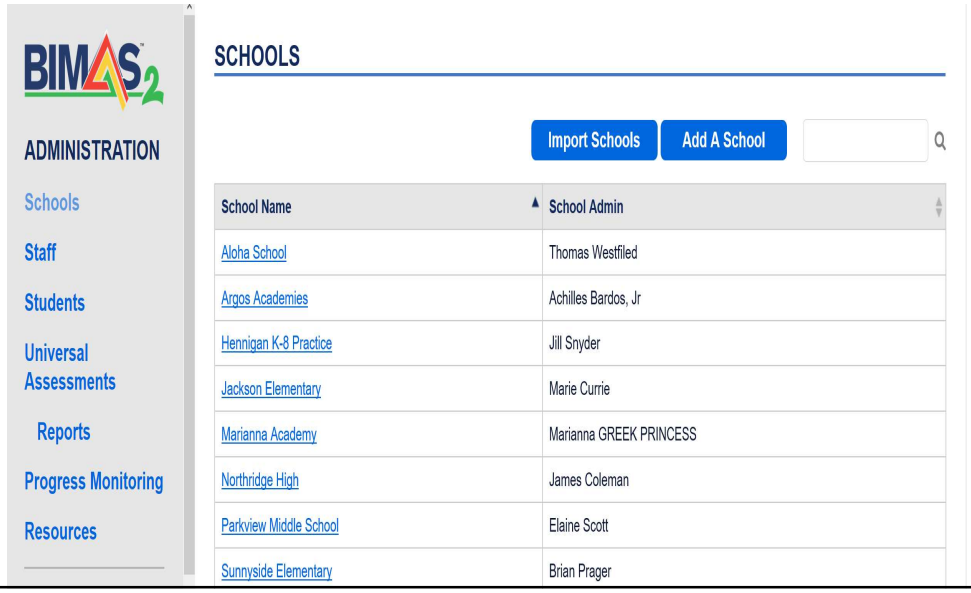


STEP 1.
Preparing the BIMAS-2 data base

- School information
- Staff information
  - School employees
  - Outside agencies
- Student records
  - Include parent info as well

•70

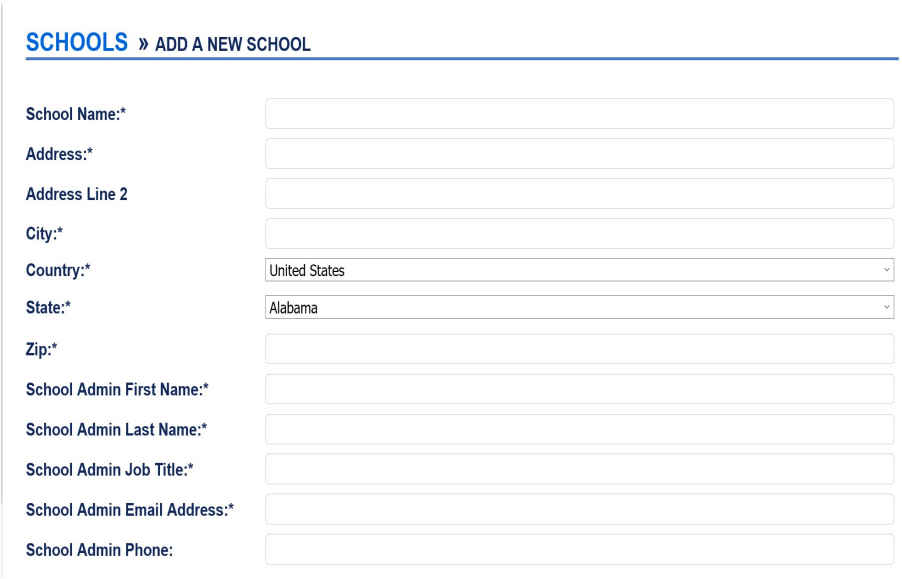
Creating the school list



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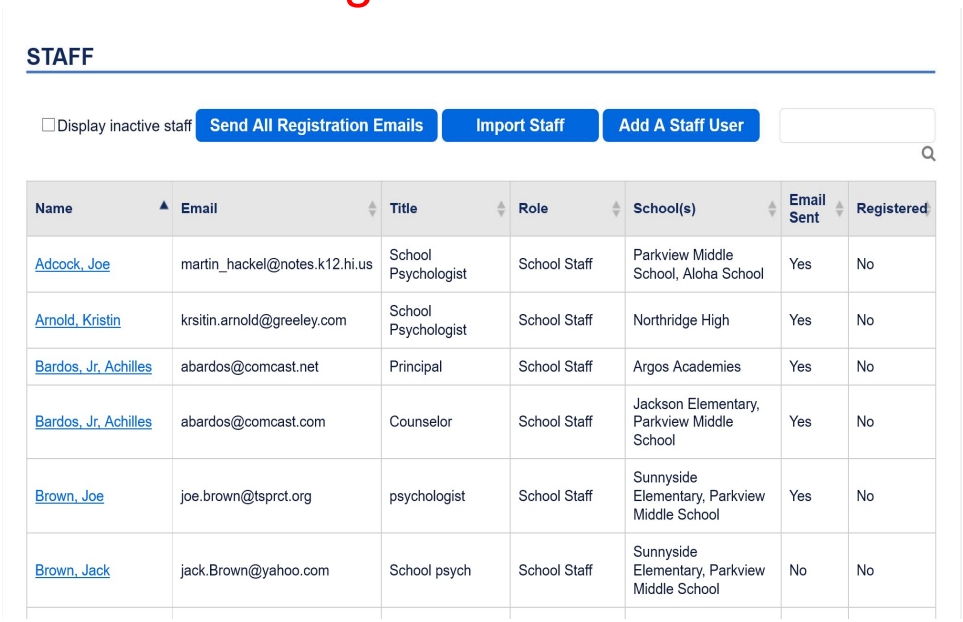
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Creating the school list



•72

Creating the STAFF list



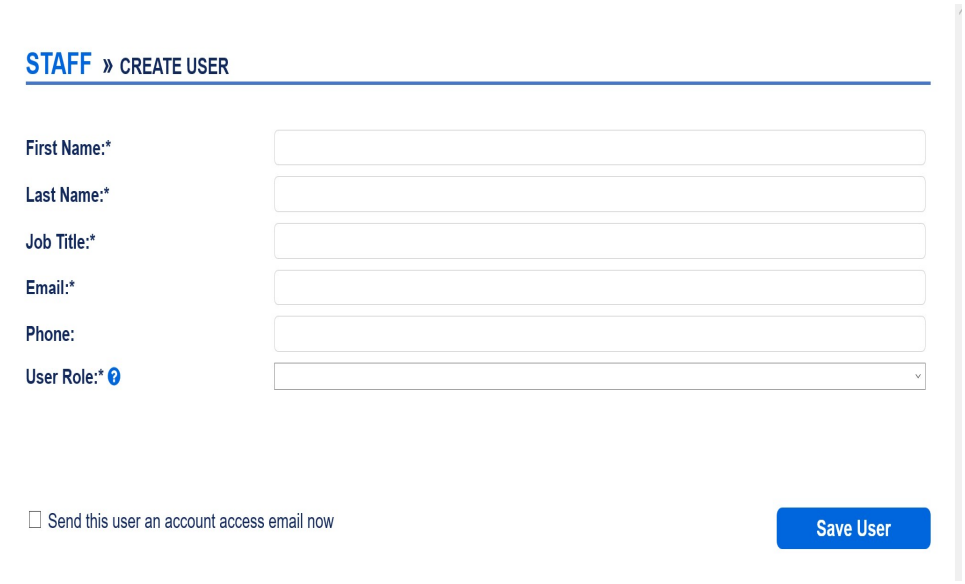
STAFF

Display inactive staff | Send All Registration Emails | Import Staff | Add A Staff User

Name	Email	Title	Role	School(s)	Email Sent	Registered
Adcock, Joe	martin_hackel@notes.k12.hi.us	School Psychologist	School Staff	Parkview Middle School, Aloha School	Yes	No
Arnold, Kristin	krsitin.arnold@greeley.com	School Psychologist	School Staff	Northridge High	Yes	No
Bardos, Jr, Achilles	abardos@comcast.net	Principal	School Staff	Argos Academies	Yes	No
Bardos, Jr, Achilles	abardos@comcast.com	Counselor	School Staff	Jackson Elementary, Parkview Middle School	Yes	No
Brown, Joe	joe.brown@tsprct.org	psychologist	School Staff	Sunnyside Elementary, Parkview Middle School	Yes	No
Brown, Jack	jack.Brown@yahoo.com	School psych	School Staff	Sunnyside Elementary, Parkview Middle School	No	No

•73

Creating the STAFF list



STAFF » CREATE USER

First Name:*

Last Name:*

Job Title:*

Email:*

Phone:

User Role:*

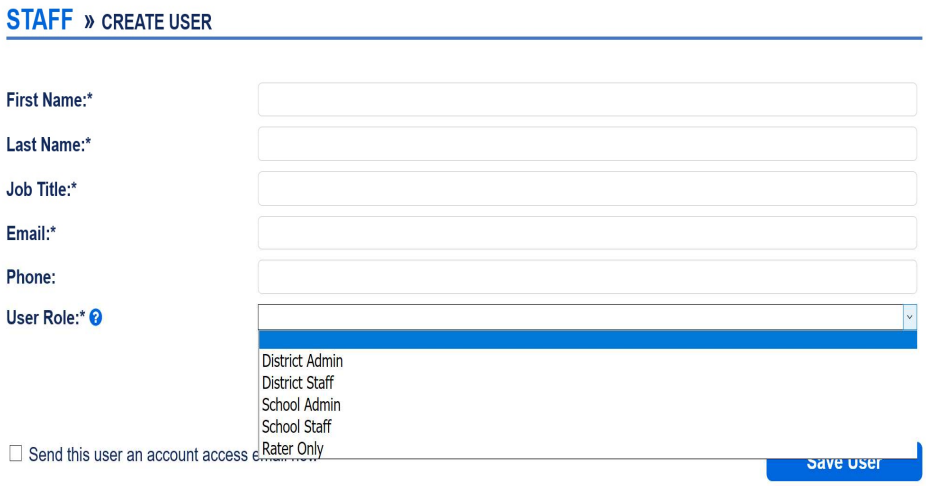
Send this user an account access email now

Save User

74

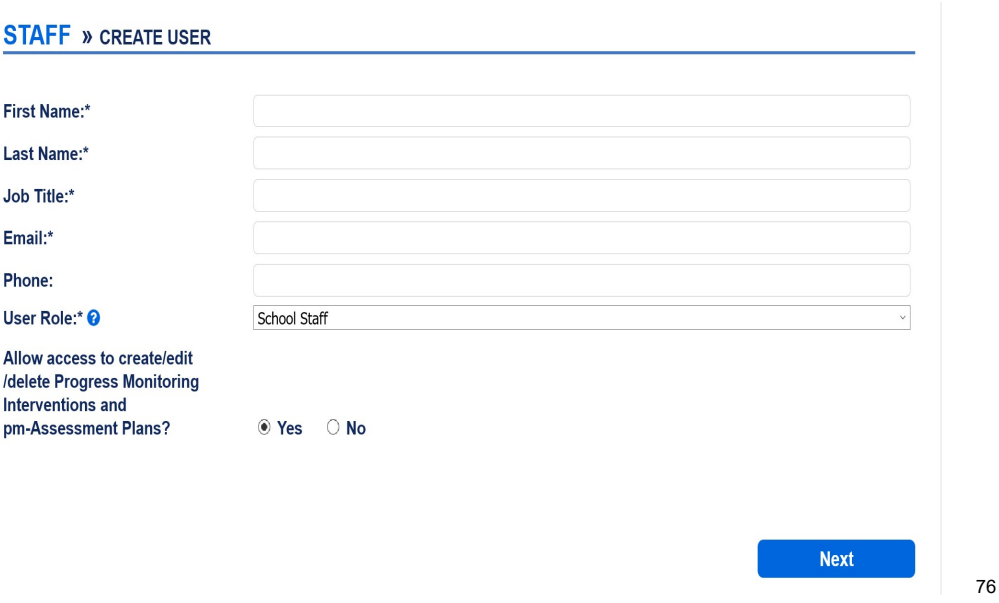
•74

Determining User Role



•75

Determine STAFF ACCESS levels



•76

USER ROLE

User Role:*

BIMAS ROLE DESCRIPTION

	Access Roles	Creating/ Editing Schools	Creating/ Editing Staff	Creating/ Editing Students	Assigning Raters to Students	Import CSV Files	Scheduling UA's	Create & Edit Progress Monitoring Plans	Reports	Complete Student Self Form	Suggest User Types for this Role
1	District Admin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	All	Yes	Account Owners, Power Users
2	District Staff	Yes	Yes - but not District Level Users	Yes	Yes	No	No	Yes	All	Yes	District Level Psychologist, District Level Counselors, District Level Admins
3	School Admin	No	Yes for their schools	Yes for their schools	Yes	Yes for their schools	No	Yes for their schools	Yes for their schools	Yes	Principal, School Level Psychologists & Counselors
4	School Staff	No	No	No	Yes	No	No	Only if Checkbox on their account is clicked	Yes for their schools	Yes	School Level Assistants
5	Rater Only	No	No	No	No	No	No	No, only can be a Rater	Reports on Individual Students Pages Only	No	Teachers, Clinicians, Raters for Progress Monitoring

☐ Send this user an account access email now

Save User

•77

Determine STAFF ACCESS levels

STAFF » ALBERT ELLIS

ALBERT ELLIS

Job Title:
Psychologist

Email:
Albert.Ellis@example.com

Phone:

Role:
School Staff

Send Log in Link and New Temporary Password

Deactivate

Edit Info

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•78

Determine STAFF ACCESS levels

What data do they have access to?

STAFF » UPDATE USER

SET STUDENT VIEWING ACCESS FOR: Albert Ellis

Groups of students this user always has access to:

School(s):

☐ Give access to all schools in district

☐ Aloha School ☐ Argos Academies ☐ Hennigan K-8 Practice ☐ Jackson Elementary

☐ Marianna Academy ☐ Northridge High ☑ Parkview Middle School ☑ Sunnyside Elementary

Grade(s):

☐ Select all grade levels

☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

MTSS tier(s):

☑ Select all tiers

☑ Tier 1 ☑ Tier 2 ☑ Tier 3 ☑ Tier 4

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•79

Determine STAFF ACCESS levels

What data do they have access to?

Additional specific students this user can access:

You have added **4** individual students

Show selected students

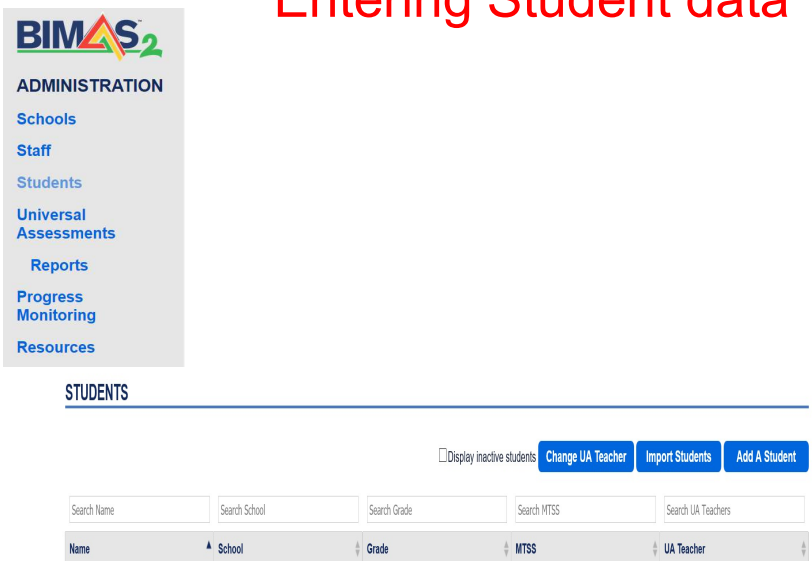
☑ Pacocha, Valentine
☑ Rolfson, Madisen
☑ Runte, Flossie
☑ Gislason, Shaina

	Search Name	Search School	Search Grade	Search MTSS	Search UA Teacher
Select...	**Name**	**School**	**Grade**	**MTSS**	**UA Teacher**
☐	Alvarez, Sally	Sunnyside Elementary	4	1	Jackson, William
☐	Anderson, Merritt	Parkview Middle School	7	2	Prager, Brian
☐	Bailey, Modesta	Sunnyside Elementary	4	1	Prager, Brian
☐	Bardos, Achilles	Sunnyside Elementary	4	2	Prager, Brian
☐	Barton, Maeve	Parkview Middle School	7	2	Jackson, William
☐	Bashirian, Sedrick	Northridge High	10	1	Grimes, Francis
☐	Beatty, Kara	Parkview Middle School	7	2	Jackson, William
☐	Bednar, Dean	Sunnyside Elementary	4	1	Grimes, Francis

80

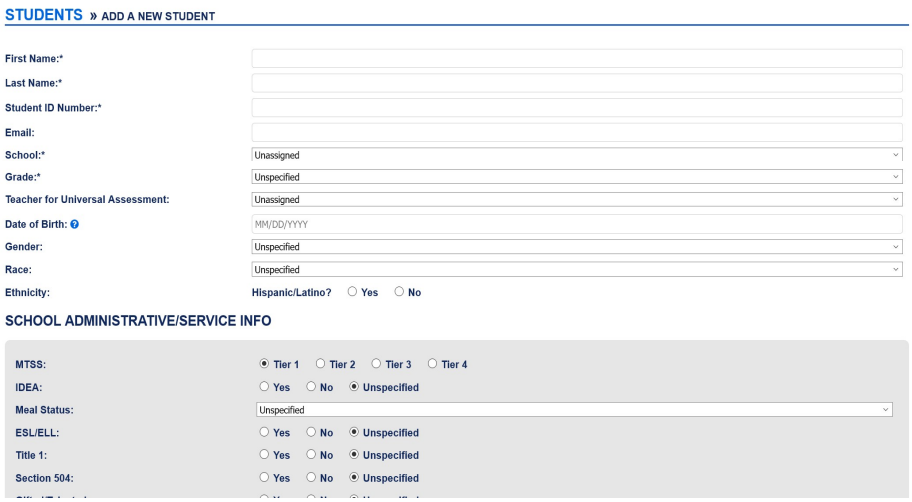
•80

Entering Student data



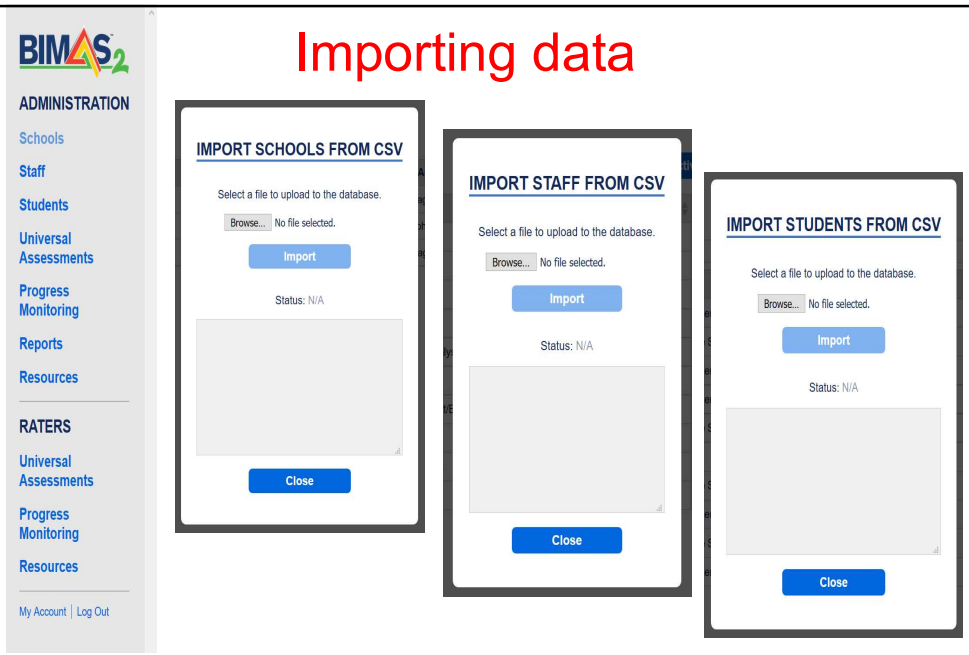
•81

Entering Student data



•82

Importing data

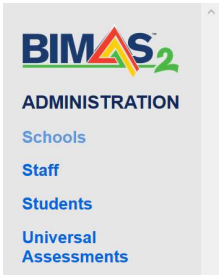


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•83

STEP 2.

Set-up Universal Assessment testing windows



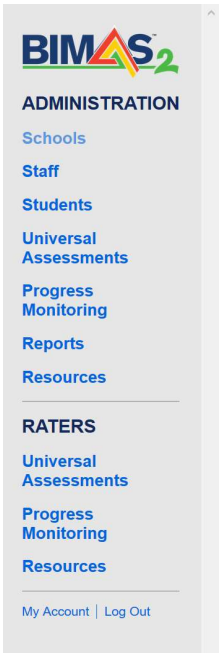
UNIVERSAL ASSESSMENT

UNIVERSAL ASSESSMENT PERIODS

Add New UA

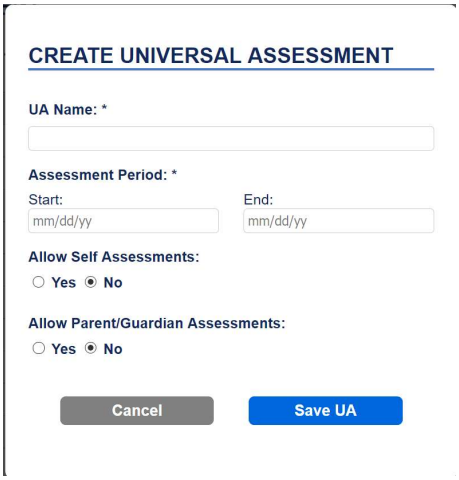
UA Name	Start	End	Self Assessments	Guardian Assessments
Spring 2018 -Toledo	03/09/18	03/16/18	Yes	Yes
Spring 2018 - Imad	03/01/18	03/06/18	Yes	Yes
spring 2018-anna;s school	02/27/18	02/28/18	Yes	Yes
Spring 2018 CO	01/16/18	02/26/18	Yes	Yes

•84



STEP 2.

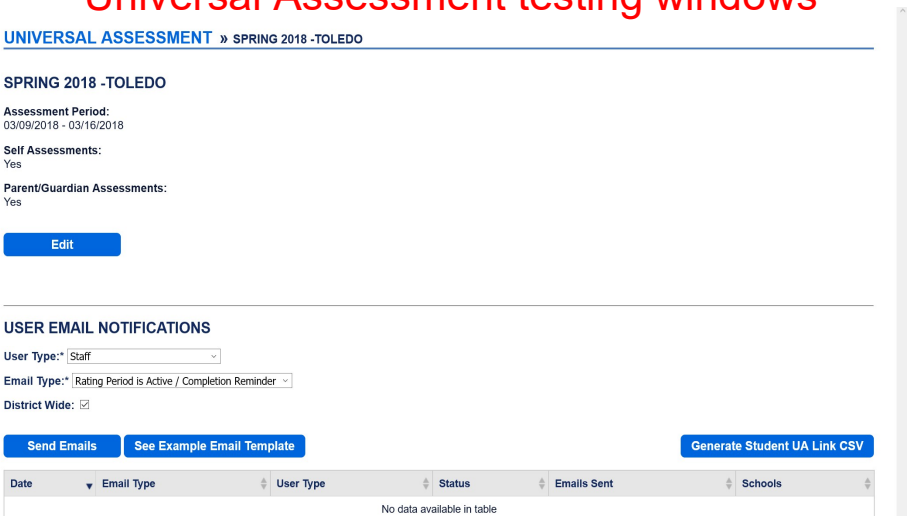
Set-up Universal Assessment testing windows



•85

STEP 2.1

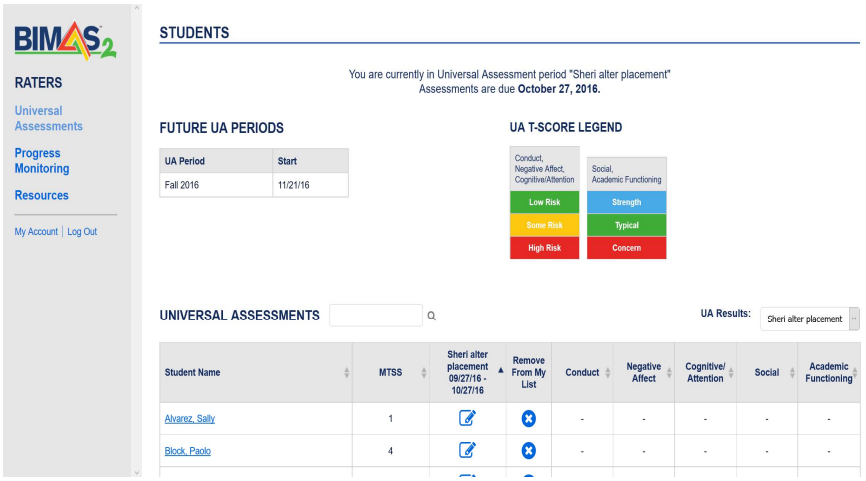
Send User Email Notifications about Universal Assessment testing windows



•86

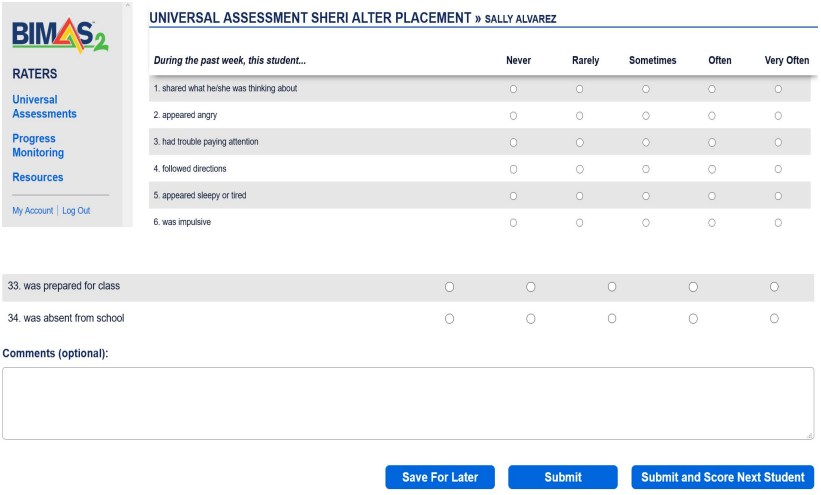
STEP 3. Let the UA begin….

A teacher receives a BIMAS-2 notification to verify class roster and/or begin rating

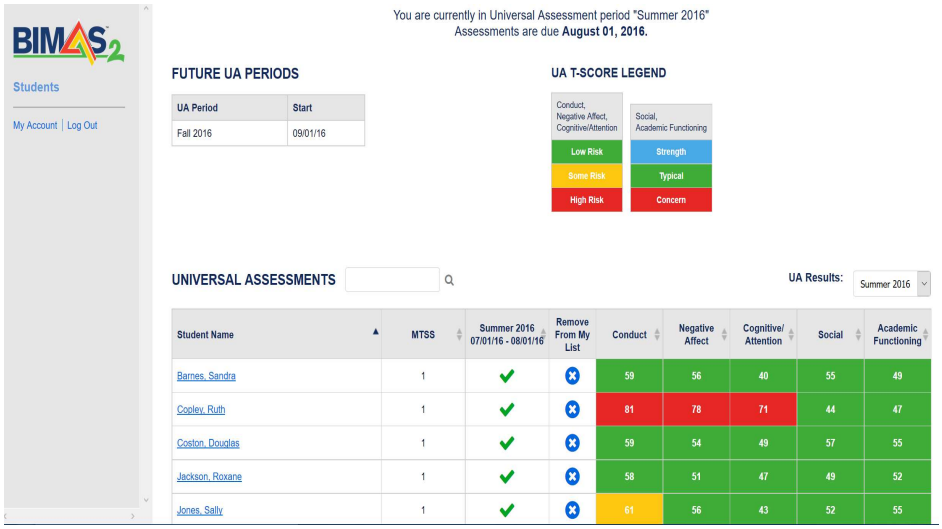


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Teachers begin the UA screening



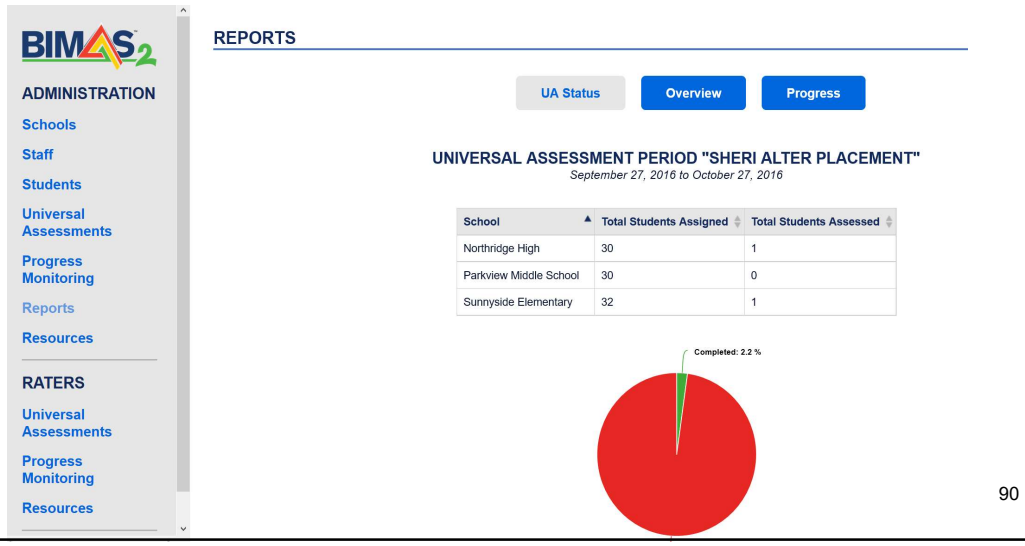
A teacher's completed Universal Assessment



•89

STEP 3. Monitoring the UA Status

- Provide support/encouragement to teaching staff
- Be creative and celebrate completion

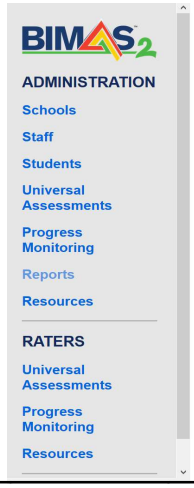


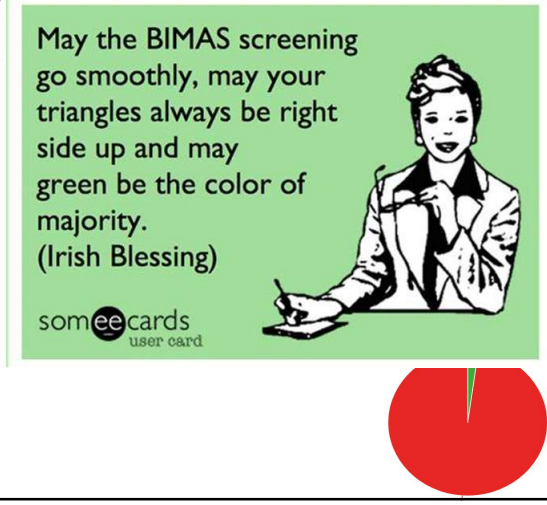
•90

STEP 3. Monitoring the UA Status

District person or (PBS, MTSS, RtI coordinator, etc) can check the progress of UA

- Provide support/encouragement to teaching staff
- Be cr

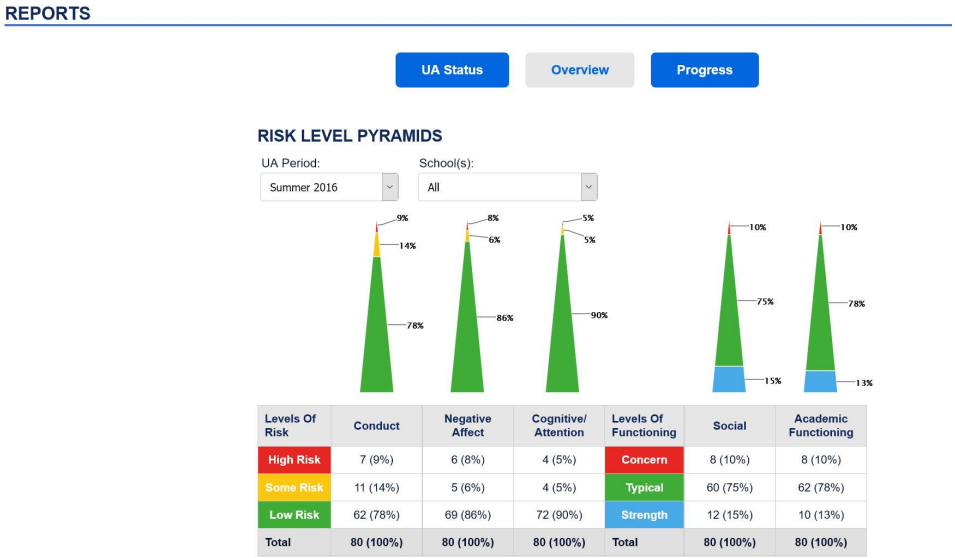




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•91

STEP 4. Examining the data.



Levels Of Risk	Conduct	Negative Affect	Cognitive/ Attention	Levels Of Functioning	Social	Academic Functioning
High Risk	7 (9%)	6 (8%)	4 (5%)	Concern	8 (10%)	8 (10%)
Some Risk	11 (14%)	5 (6%)	4 (5%)	Typical	60 (75%)	62 (78%)
Low Risk	62 (78%)	69 (86%)	72 (90%)	Strength	12 (15%)	10 (13%)
Total	80 (100%)	80 (100%)	80 (100%)	Total	80 (100%)	80 (100%)

92

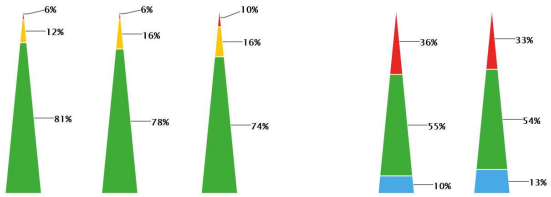
•92

Your turn!!!

EXPORT AS .PDF

RISK LEVEL PYRAMIDS

UA Period: Fall 2017 School(s): All Grade: Select Grade(s)



Levels Of Risk	Conduct	Negative Affect	Cognitive/ Attention	Levels Of Functioning	Social	Academic Functioning
High Risk	985 (6%)	939 (6%)	1621 (10%)	Concern	5822 (36%)	5366 (33%)
Some Risk	2039 (12%)	2644 (16%)	2645 (16%)	Typical	8948 (55%)	8844 (54%)
Low Risk	13299 (81%)	12740 (78%)	12057 (74%)	Strength	1553 (10%)	2113 (13%)
Total	16323 (100%)	16323 (100%)	16323 (100%)	Total	16323 (100%)	16323 (100%)

93

•93

STEP 4. Examining the data.

CLASS/GROUP STUDENT SCORES

UA Period: Summer 2016 School: Parkview Middle School Grade: Any Teachers: All

Student Name	MTSS	Conduct	Negative Affect	Cognitive/ Attention	Social	Academic Functioning
Friesen, Lorena	1	53	52	39	51	56
Crist, Otho	1	52	43	49	55	58
Maggio, Favian	4	73	68	77	40	30
Trantow, Korey	4	76	79	60	24	37
Anderson, Merritt	3	43	37	31	62	70
Howell, Ciara	2	45	39	36	66	63
Barton, Maeve	2	54	56	49	52	52
Swift, Paolo	1	58	51	52	55	55
Kuhic, Susan	2	62	57	48	52	45
McDermott, Magnolia	3	76	80	72	27	26
Torphy, Hank	2	73	78	68	29	24

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•94

STEP 4. Examining the data.

UA T-SCORE LEGEND

Conduct, Negative Affect, Cognitive/Attention	Social, Academic Functioning
Low Risk	Strength
Some Risk	Typical
High Risk	Concern

UNIVERSAL ASSESSMENT T-SCORE DATA - TEACHER

Scales	Summer 2016 07/01/16	Spring 2016 03/01/16	Winter 2015 12/01/15
Conduct	64	45	59
Negative Affect	76	39	58
Cognitive Attention	72	36	49
Social	40	66	57
Academic Functioning	34	63	

- ⊕ Conduct
- ⊕ Negative Affect
- ⊕ Cognitive Attention
- ⊕ Social
- ⊕ Academic Functioning

Press to reveal score comparisons

•95

STEP 4. Examining the data.

SOCIAL⊖

Indicators	Overall	Summer 2016 07/01/16	Spring 2016 03/01/16	Winter 2015 12/01/15
Raw Score		16	24	22
T-Score		40	66	57
90% CI		34-46	60-72	51-63
Percentile		16	95	76
Level of Functioning		concern	strength	typical
Significant Change Reliable Change Index (RCI)	Much Worse	Much Worse	Improved	

•96

STEP 4. Examining the data.

UA T-SCORE LEGEND

Conduct, Negative Affect, Cognitive/Attention	Social, Academic Functioning
Low Risk	Strength
Some Risk	Typical
High Risk	Concern

Press on a rating period to reveal actual scores

UNIVERSAL ASSESSMENT T-SCORE DATA - TEACHER

Scales	Summer 2016 07/01/16	Spring 2016 03/01/16	Winter 2015 12/01/15
Conduct	64	45	59
Negative Affect	76	39	58
Cognitive Attention	72	36	49
Social	40	66	57
Academic Functioning	34	63	55

- ⊕ Conduct
- ⊕ Negative Affect
- ⊕ Cognitive Attention
- ⊕ Social
- ⊕ Academic Functioning

•97

STEP 4. Examining the data.

REPORTS » TRANTOW, KOREY

ITEM SCORE LEGEND

0 = Never (Observed 0 times)
1 = Rarely (Observed 1-2 times or to a minimum extent)
2 = Sometimes (Observed 3-4 times or to a moderate extent)
3 = Often (Observed 5-6 times or to a significant extent)
4 = Very Often (Observed 7 or more times or to an extreme extent)

UA T-SCORE LEGEND

Conduct, Negative Affect, Cognitive/Attention	Social, Academic Functioning
Low Risk	Strength
Some Risk	Typical
High Risk	Concern

SUMMER 2016 UA RESULTS, RATER: MARY SIMMONS

BEHAVIORAL CONCERN SCALES
CONDUCT

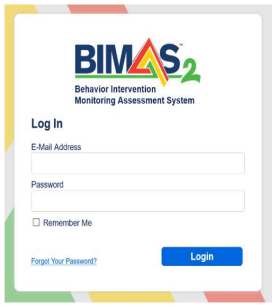
T-Score	Scale Descriptor
76	High Risk

	Item	Score	Descriptor
2	appeared angry	2	Concern
9	engaged in risk-taking behavior	0	No Concern
13	fought with others (verbally, physically, or both)	1	Mild Concern
17	lied or cheated	1	Mild Concern
21	lost his/her temper when upset	3	Concern

•98

THE BIMAS-2 platform
Building Progress Monitoring Plans
(PM_Plans)

STEPS TO FOLLOW.



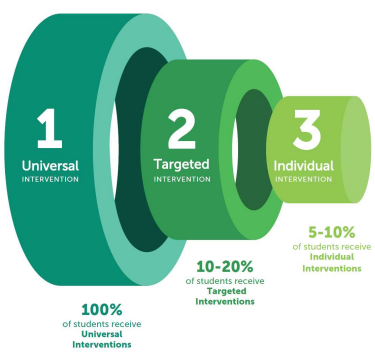
Login into your BIMAS-2 account.

https://app.edumetrisis.com/ or to the server link provided

to you upon registration of your account.

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PROGRESS MONITORING MONITORING



https://edumetrisis.com/learning-center/illinois-school-psychologists-fall-convention/

1

•1

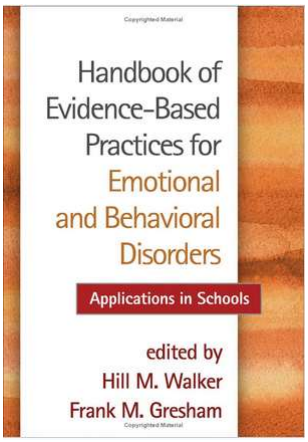
PROGRESS MONITORING

Progress Monitoring is …*a systematic approach to gathering data using a variety of data collection methods.*

- *Examine student performance frequently, over time, to evaluate response to instruction and intervention (RtI²).*
- PM produces clinical data for **feedback** about client progress during counseling and psychotherapy (Meier, 2014).
- PM also refers to **outcome assessment** (OA), the use of measures that produce clinical data about the amount and type of change clients experience from the start to the end of therapy (Meier, 2014).
- PM – (Formative evaluation) OA - (Summative)

•2

PROGRESS MONITORING
Change Sensitive Measures Characteristics
Cook, Volpe & Delport, (2014)



- Technically adequate (reliability, validity).
- Sensitive to short term changes in behavior performance
- Can be administered repeatedly in short period of time (i.e. once a week)
- Reflects general or overall performance
- Does not require a great deal of teacher training.
- **It is NOT intervention specific.**
- Constructing one is a sequential process and does not involve a single study.

•3

Progress Monitoring Tools
Must be sensitive to Change

Trait-Based vs. State-Sensitive Assessment

Conceptual comparison for understanding assessment purposes and sensitivity to change.

Feature	Trait-based assessment	State-sensitive assessment
Primary purpose	Measure relatively stable characteristics	Detect current functioning or changes in functioning
Example	General tendency toward anxiety or aggression	Anxiety or disruptive behavior during a particular period
Expected pattern	Relative stability over time	Change when circumstances or interventions change
Assessment design	Items that reliably distinguish individuals	Items that reliably detect meaningful change
Main caution	May not be sensitive to treatment effects	Must still demonstrate reliability and validity

Interpretive note: This is a conceptual comparison, not a claim that all trait measures are insensitive to change or that every state measure is intervention-sensitive. A measure should be selected according to its intended purpose and supported by appropriate reliability and validity evidence.

•4

PM Tools
Traditional Behavior Rating Scales

- Diagnostic--capitalize on discrimination of individual differences (Conners, BASC, MMPI-A etc)—mostly **TRAIT** based assessments
  - Very time consuming – meet with resistance and impractical when a number of data collection points are needed.
  - Unlike State based assessments they are NOT designed to be sensitive to change
  - STATIC and **partially** flexible (despite the claims of "Flexibility" or "Flex Monitoring platforms by some publishers.
- Meier (2008) claims that a test valid for traits may not be valid for measuring change and vice versa.
- An assessment tool that is intended to measure intervention-related change needs to capture a person's current STATE rather only a relatively stable (TRAIT). Meier claims that a test valid for traits may not be valid for measuring change and vice versa.

•5

PROGRESS MONITORING

School Psychology Review,
2010, Volume 39, No. 3, pp. 364–379

Developing a Change-Sensitive Brief Behavior Rating Scale as a Progress Monitoring Tool for Social Behavior: An Example Using the Social Skills Rating System—Teacher Form

Abstract. Research has been unsuccessful at revealing an analogue to curriculum-based measurement in the area of progress monitoring for social behavior. As a result, there is a need to develop change-sensitive, technically adequate, feasible progress monitoring tools for social behavior that represent general outcome measures of performance. The purpose of this research was to develop and evaluate the technical

•6

PROGRESS MONITORING :Research HAS BEEN successful!!

School Psychology Forum:
RESEARCH IN PRACTICE
VOLUME 4 • ISSUE 2 • PAGES 1–14 • Summer 2010

The Use of Change-Sensitive Measures to Assess School-Based Therapeutic Interventions: Linking Theory to Practice at the Tertiary Level

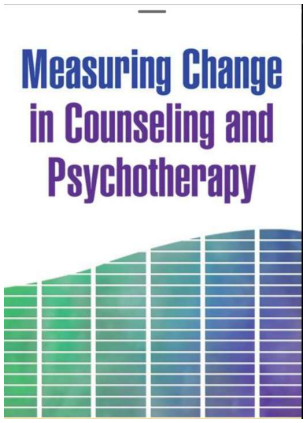
Amanda L. Lannie
Devereux Center for Effective Schools

Canadian Journal of School Psychology
Volume XX Number X
Month XXXX XX-XX
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10.1177/0829573507307693
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http://online.sagepub.com

Development of a Change-Sensitive Outcome Measure for Children Receiving Counseling

Scott T. Meier
University at Buffalo
James L. McDougal
State University of New York at Oswego
Achilles Bardos
University of Northern Colorado

Scott T. Meier (2008) The Guilford Press



•https://www.youtube.com/watch?v=cqWFBbLMVLg

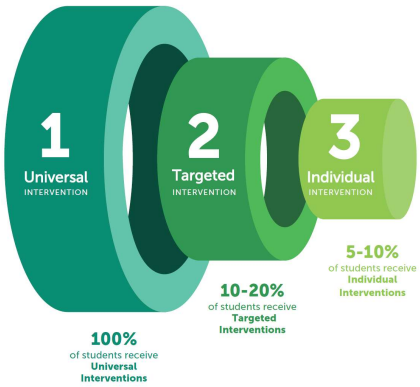
•7

PRESIDENT'S NEW FREEDOM
COMMISSION ON MENTAL HEALTH
Mission | Background | Commissioners | President's Remarks | Contact Us | Home

GOAL 6	**Technology Is Used to Access Mental Health Care and Information.**
RECOMMENDATIONS	6.1 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations. 6.2 Develop and implement integrated electronic health record and personal health information systems.

•8

Incorporate PM Assessment(s) into MTSS



Progress Monitoring at Tier I.

Who are the stakeholders asking for data?

- Administration
- Mental Health team members
- Classroom teachers
- Parents

- Types of reports?
  - ?
  - ?

•9

PM: Tier I Outcome data across periods

- Academic readiness/ screening data
  - % of students meeting expectations/standards/benchmarks
  - State data, CBM
- Behavioral / social emotional competence skills
  - Office discipline referrals; Incident reports;
  - Attendance and chronic absenteeism, tardiness
  - Universal mental health/SEL data.
- Implementation Fidelity
- Check for patterns by building, grade level, location, time of day

•10

PM data for Tier II and III

- Any individual goal monitoring data/mechanism
  - CICO
  - Daily report cards
  - Observation data
- Attendance, behavioral (ODR), academic data
- Mental health rating scales
  - GAD-7 (Generalized Anxiety Disorder -7) – assesses severity of anxiety symptoms– free, no permission to is is needed.
  - RCADS (Revised Child Anxiety and Depression Scale)
  - BIMAS-2

•11

Getting ready for an IEP meeting!!



•12

Familiar Scenarios

- *Ms. Spears is a Special Education teacher at Jackson Elementary School.*
  - ❖ *…**track the IEP behavior goals** for each of her 5 students receiving special education services in her class.*
- *Ms. Evans is a {school psychologist} at Brentwood Elementary. She is at Brentwood 2 days a week.*
  - ❖ *she is offering weekly individual counseling services to a couple of students who experience anxiety and depression. She would like to know if her intervention is making a difference.*

•13

Scenario

- *Dr. Byrd works at Jackson Elementary School, a small school with **5 classrooms** (Grades 1-5). Dr. Byrd meets with a group of 8 students from various grades, **biweekly for Social Skills Training** and is responsible for monitoring their progress.*
  - ❖ *She would like to **track their progress** (this includes gathering baseline data, quarterly data, and bi-weekly progress monitoring data from a variety of raters).*
  - ❖ *Would like to review each student's progress data before each session.*
  - ❖ *Students are coming from 3 grade levels with 3 different homeroom teachers.*
  - ❖ *Is the training making a difference at:*
    - ❖ *School?*
    - ❖ *Home?*

•14

Incorporate PM Assessment into MTSS



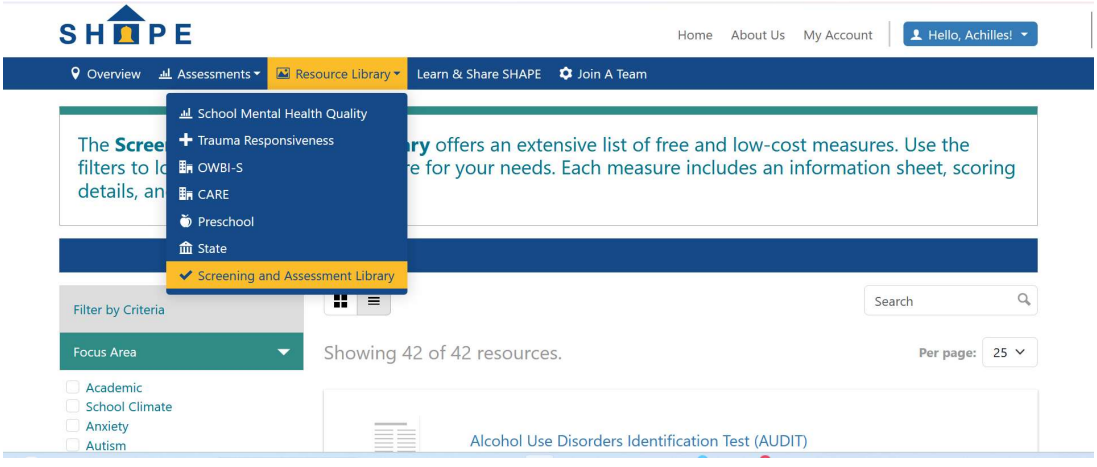
Progress Monitoring at Tier II and III.

- Stakeholders remain the same.
- Are interventions effective?
  - Should interventions be intensified?
  - Should intervention be terminated
    - (what is the exit process and implications).
  - Are students "stuck" in Tier II & III (just because?)
- Are we applying consistent criteria so that pathways to interventions and outcomes are equitable to ALL students?

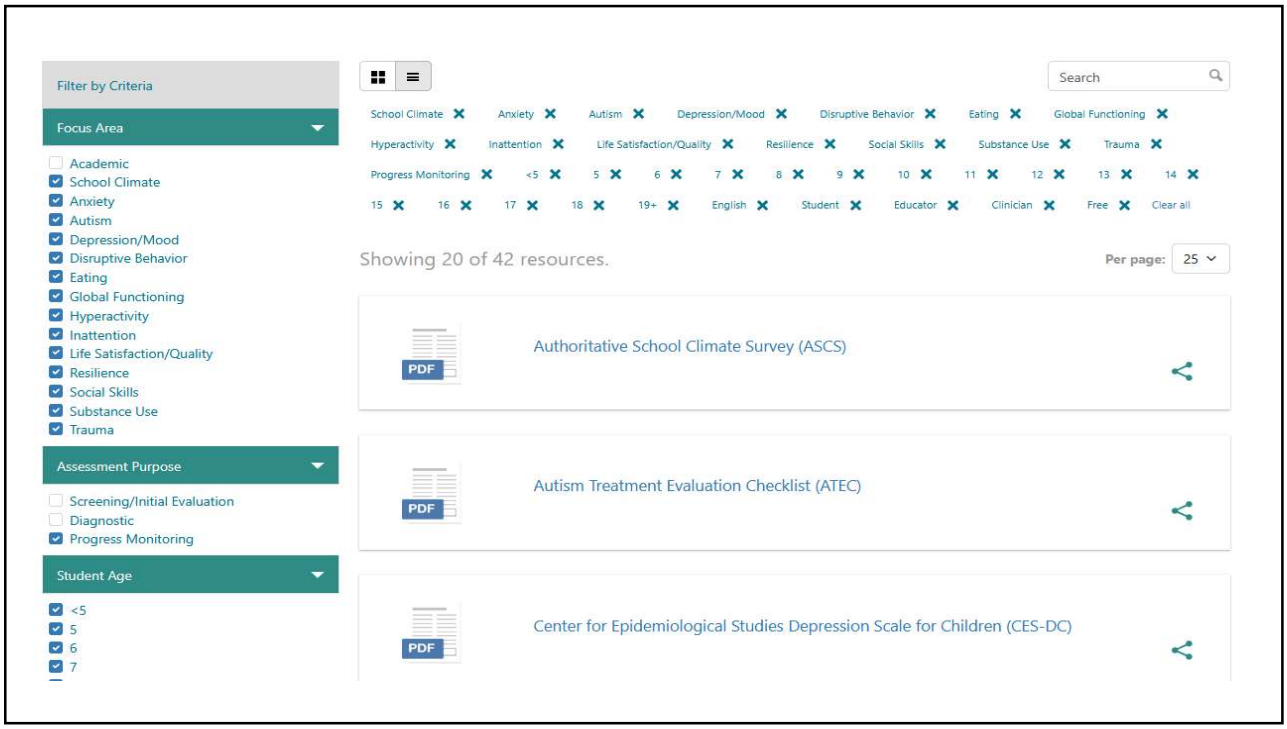
•15

Resources with PM assessment tools

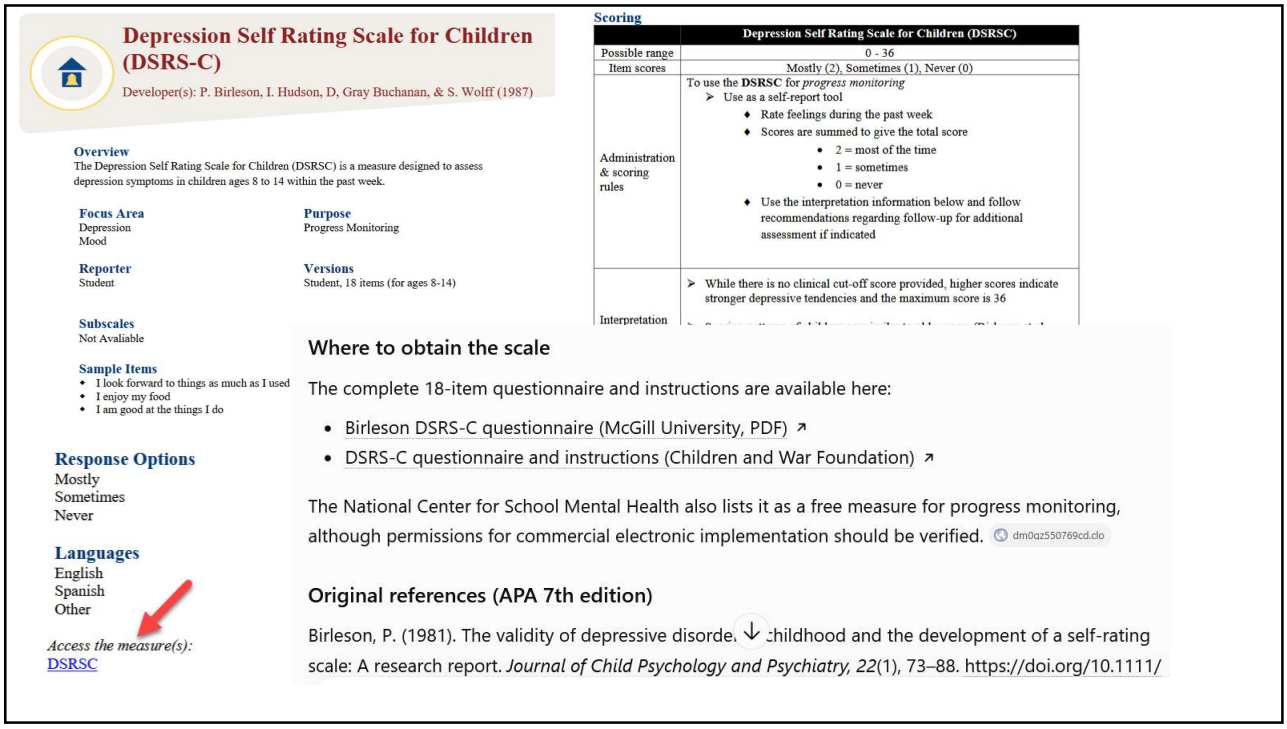
•https://shape.3cimpact.com/screeningAndAssessment



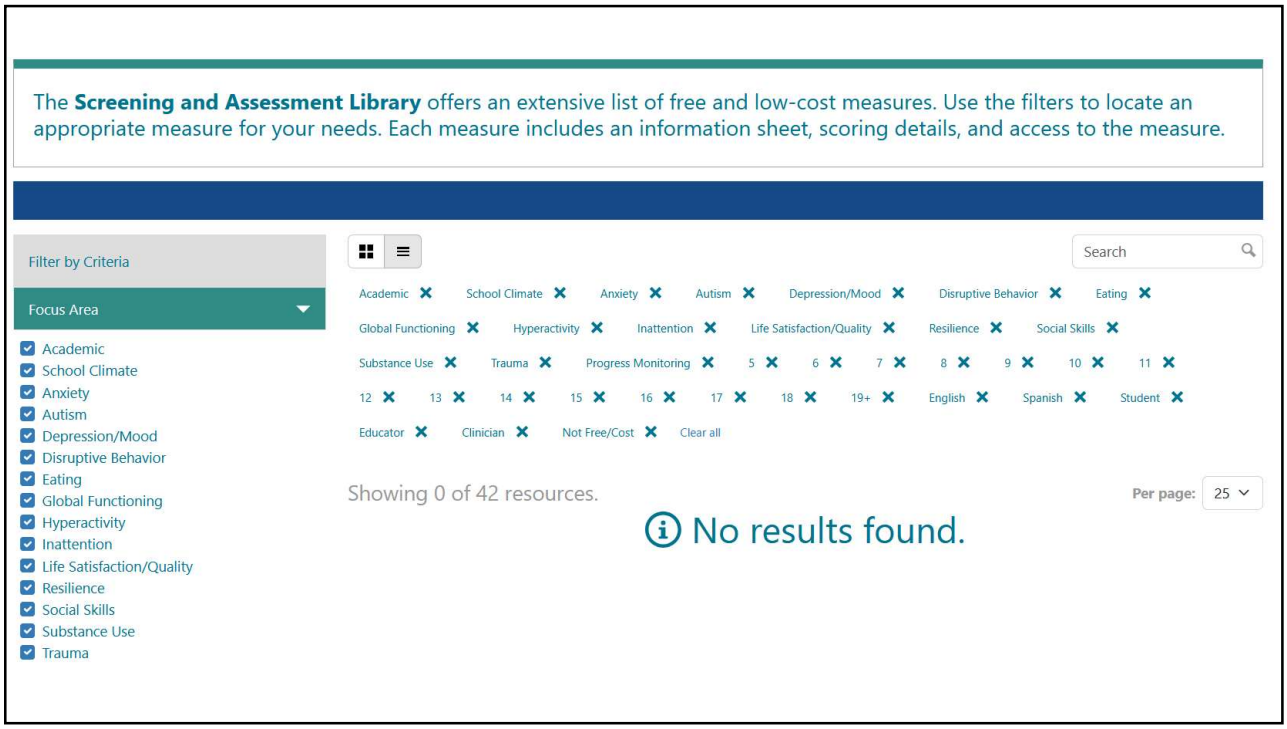
•16


Filter by Criteria
Focus Area
Academic
School Climate
Anxiety
Autism
Depression/Mood
Disruptive Behavior
Eating
Global Functioning
Hyperactivity
Inattention
Life Satisfaction/Quality
Resilience
Social Skills
Substance Use
Trauma
Assessment Purpose
Screening/Initial Evaluation
Diagnostic
Progress Monitoring
Student Age
<5
5
6
7
Search
School Climate
Anxiety
Autism
Depression/Mood
Disruptive Behavior
Eating
Global Functioning
Hyperactivity
Inattention
Life Satisfaction/Quality
Resilience
Social Skills
Substance Use
Trauma
Progress Monitoring
<5
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19+
English
Student
Educator
Clinician
Free
Clear all
Showing 20 of 42 resources.
Per page: 25
PDF
Authoritative School Climate Survey (ASCS)
PDF
Autism Treatment Evaluation Checklist (ATEC)
PDF
Center for Epidemiological Studies Depression Scale for Children (CES-DC)

•17


Depression Self Rating Scale for Children (DSRS-C)
Developer(s): P. Birleson, I. Hudson, D, Gray Buchanan, & S. Wolff (1987)
Overview
The Depression Self Rating Scale for Children (DSRSC) is a measure designed to assess depression symptoms in children ages 8 to 14 within the past week.
Focus Area
Depression
Mood
Purpose
Progress Monitoring
Reporter
Student
Versions
Student, 18 items (for ages 8-14)
Subscales
Not Avaliable
Sample Items
I look forward to things as much as I used
I enjoy my food
I am good at the things I do
Response Options
Mostly
Sometimes
Never
Languages
English
Spanish
Other
Access the measure(s):
DSRSC
Scoring
Depression Self Rating Scale for Children (DSRSC)
Possible range
0 - 36
Item scores
Mostly (2), Sometimes (1), Never (0)
Administration & scoring rules
To use the DSRSC for progress monitoring
Use as a self-report tool
Rate feelings during the past week
Scores are summed to give the total score
2 = most of the time
1 = sometimes
0 = never
Use the interpretation information below and follow recommendations regarding follow-up for additional assessment if indicated
Interpretation
While there is no clinical cut-off score provided, higher scores indicate stronger depressive tendencies and the maximum score is 36
Where to obtain the scale
The complete 18-item questionnaire and instructions are available here:
Birleson DSRS-C questionnaire (McGill University, PDF)
DSRS-C questionnaire and instructions (Children and War Foundation)
The National Center for School Mental Health also lists it as a free measure for progress monitoring, although permissions for commercial electronic implementation should be verified.
Original references (APA 7th edition)
Birleson, P. (1981). The validity of depressive disorde childhood and the development of a self-rating scale: A research report. Journal of Child Psychology and Psychiatry, 22(1), 73–88. https://doi.org/10.1111/

•18



•19

Who is to receive Tier II or III services?

- Select student(s) for the intervention groups (Tier II)
  - Consider and discuss criteria for participation
  - Use clear thresholds to identify students for review
  - Describe with as much detail as possible what service(s) is needed.
  - Check your resources
  - Who are the informants of the progress? Have more than one source
  - What/when are your success/exiting criteria?
  - Collect data for each member in the intervention group. (Initial and follow up.
  - Generate Reports to evaluate data.

MTSS TIER 2 Tool kit for Behavior from Boston Public Schools. https://edumetrisis.com/wp-content/uploads/2026/08/BPS-Tier-2-Toolkit.pdf

•20

Utilization of PM data
Feedback Decreases Treatment Failure

- Progress monitoring provides **structured feedback** during the **ongoing process** of an intervention while **outcome assessment** provides information relevant to the **overall amount** of progress made by a client in a particular domain
- When used appropriately, the primary benefit of PM measures is the feedback they provide about clinical progress.
- Most mental health professionals employ their **clinical judgment** to decide whether clients are progressing during psychosocial interventions
- PM measures can identify students who are failing to improve or worsening, allowing clinicians to reconsider the provided interventions in the light of possible treatment failure.

•21

PROGRESS & OUTCOME MONITORING

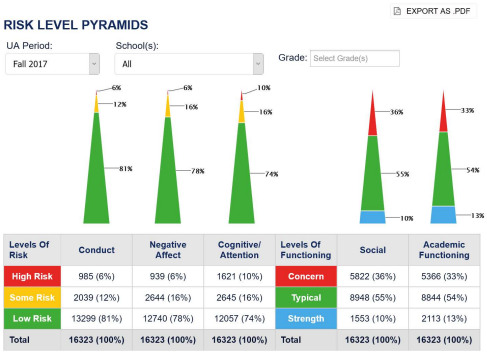
- Progress vs. Outcome monitoring
- Several methods, but no consensus
- Indexes of CHANGE
  - Tabular presentation or visual displays,
  - Effect size (ES) estimates,
  - the reliable change index (RCI).

22

•22

PROGRESS MONITORING

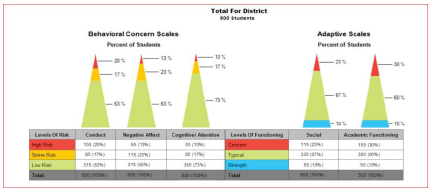
- Group reports for the constructs measured across Universal Assessments by:
  - School;
  - Grade ;
  - Service Code (reg educ, spec educ, Title 1)
  - Risk level across Universal assessments
- Individual student report
- Look for the ability to export data.



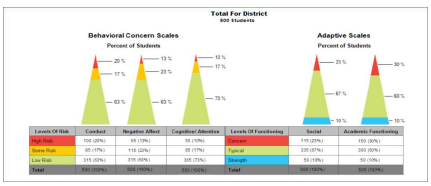
Levels Of Risk	Conduct	Negative Affect	Cognitive/ Attention	Levels Of Functioning	Social	Academic Functioning
High Risk	985 (6%)	939 (6%)	1621 (10%)	Concern	5822 (36%)	5366 (33%)
Some Risk	2039 (12%)	2644 (16%)	2645 (16%)	Typical	8948 (55%)	8844 (54%)
Low Risk	13299 (81%)	12740 (78%)	12057 (74%)	Strength	1553 (10%)	2113 (13%)
Total	16323 (100%)	16323 (100%)	16323 (100%)	Total	16323 (100%)	16323 (100%)

Reports should be filtered across buildings.

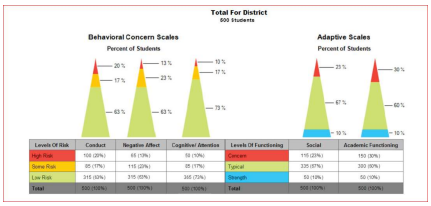
Elementary Schools



Middle schools



High Schools



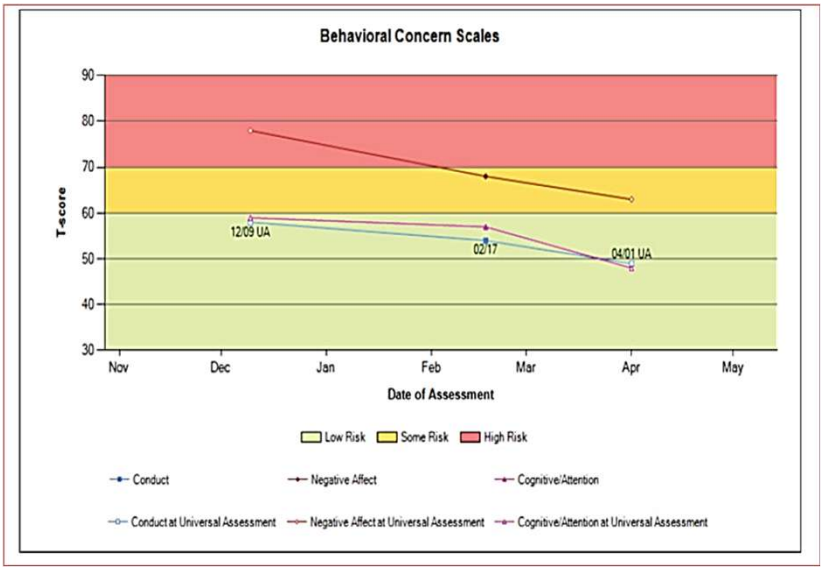
Scores for Progress and Outcome Monitoring

- Type of scores
  - % percentages for risk categories
  - % percentiles
  - T-scores for subscales or Total scores
    - GOAL…
      - DESCREASE Behavior Concerns scores
      - INCREASE Adaptive behavior scores

25

•25

BIMAS Visual Displays



•26

BIMAS Effect size estimates

Table 5.8. Effect Size Interpretations for Individual Clients on the BIMAS Standard

Effect Size	Interpretation for Behavioral Concern Scales	Interpretation for Adaptive Scales
≤ -1.50	Much Improved	Much Worse
-.50 to -1.49	Improved	Worse
-.50 to +.50	No Change	No Change
.51 to 1.49	Worse	Improved
≥ 1.50	Much Worse	Much Improved

•27

Reliable Change Index (RCI)

(Jacobson & Truax, 1991).

- Has a clinically significant change occurred for a student?
- the RCI formula employs an individual's pre and post scores, the pretest standard deviation for a group of scores, and a reliability estimate for the test.

•28

Is there a significant change?

UNIVERSAL ASSESSMENT T-SCORE DATA - TEACHER

Scales	Spring 2018 - Imad 03/01/18	Fall 2017 09/01/17	Summer 2017 07/01/17	Summer 2016 07/01/16	Spring 2016 03/01/16	Winter 2015 12/01/15
Conduct		51	51	56	50	54
Negative Affect		67	41	54	54	43
Cognitive Attention		45	36	47	43	49
Social		47	19	52	52	52
Academic Functioning		50	35	49	55	58

- ⊕ Conduct
- ⊕ Negative Affect
- ⊕ Cognitive Attention
- ⊕ Social
- ⊕ Academic Functioning



29

•29

Is there a significant change?

- ⊕ Conduct
- ⊕ Negative Affect
- ⊕ Cognitive Attention
- ⊖ Social
- ⊕ Academic Functioning

SOCIAL⊖

Indicators	Overall	Spring 2018 - Imad 03/01/18	Fall 2017 09/01/17	Summer 2017 07/01/17	Summer 2016 07/01/16	Spring 2016 03/01/16	Winter 2015 12/01/15
Raw Score			19	0	20	20	20
T-Score			47	19	52	52	52
90% CI			41-53	13-25	46-58	46-58	46-58
Percentile			38	1	58	58	58
Level of Functioning			typical	concern	typical	typical	typical
Significant Change Reliable Change Index (RCI)	Worse		Much Improved	Much Worse	No Change	No Change	

30

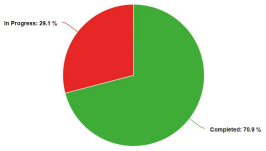
•30

Progress monitoring

ADMINISTRATIVE FUNCTIONS

UA Status

- How are we progressing with the Universal Screening process? UA Status



School	Total Students Assigned	Total Students Assessed
360 High School	199	139
ACAD Career Explor	190	0
ASA Messer Elementary	500	133
Alfred Lima	538	310
Anthony Carnevale	509	438

Teacher	Total Students Assigned	Total Students Assessed
Re, Kristen	16	16
ERICKSON, SARAH	16	4
BARKER, RYAN	12	11

•31

BIMAS-2 Progress Monitoring across UA periods

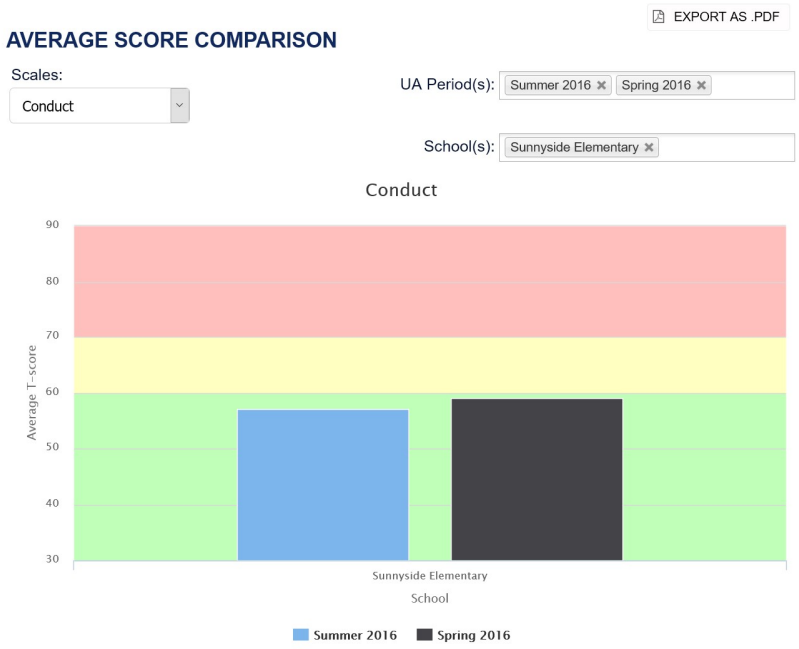
UNIVERSAL ASSESSMENT T-SCORE DATA - TEACHER

Scales	Fall 2016 *09/30/16* Results	Spring 2016 *03/15/16* Results	Winter 2016 *01/04/16* Results	Fall 2015 *10/01/15* Results	Spring 2015 *03/01/15* Results	Winter 2015 *01/03/15* Results
Conduct	65	64	57	61	61	61
Negative Affect	77	75	76	75	75	75
Cognitive/Attention	63	61	62	61	61	61
Social	24	26	25	24	24	24
Academic Functioning	30	31	32	31	31	31

BIMAS-2 maintains data for as many years as the student attends the school district.

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•33

The BIMAS-2 as a Progress Monitoring Tool

BEHAVIOR/MENTAL HEALTH TEAMS

- Monitor progress and outcomes of interventions
  - Individual student PM_plans
  - Small Group PM_plans

•34

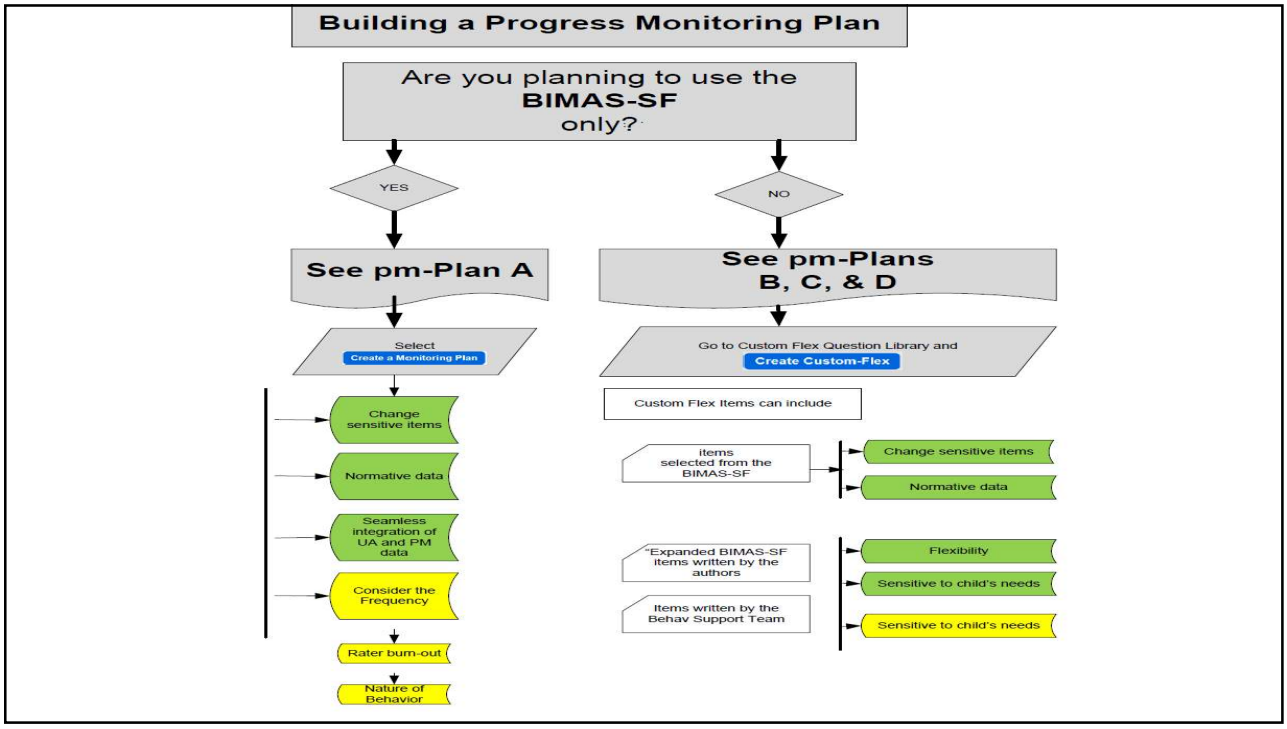
Building Progress Monitoring Plans (PM_Plans)

Using

- ❖ the BIMAS-2 Standard Form only (34 items)
  - • Selected subscales of
    - –the Standard view or
    - –CASEL/SEL view
- ❖ the BIMAS-2 Flex monitoring

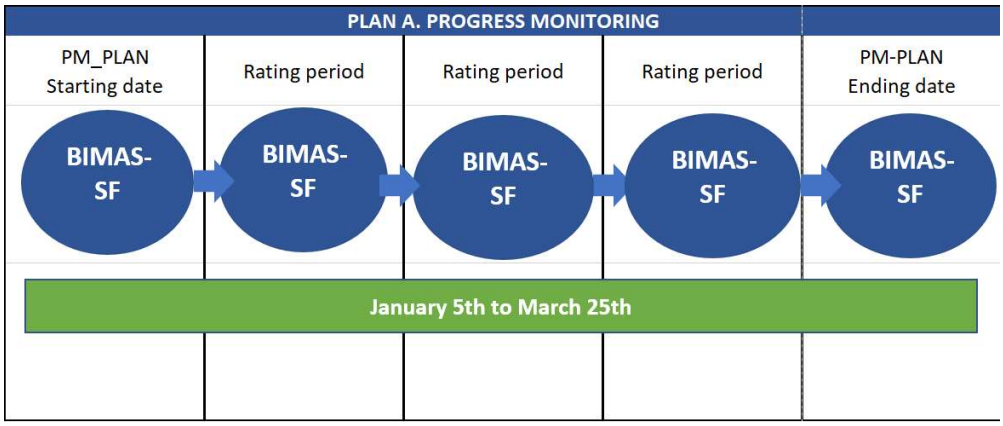
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•35



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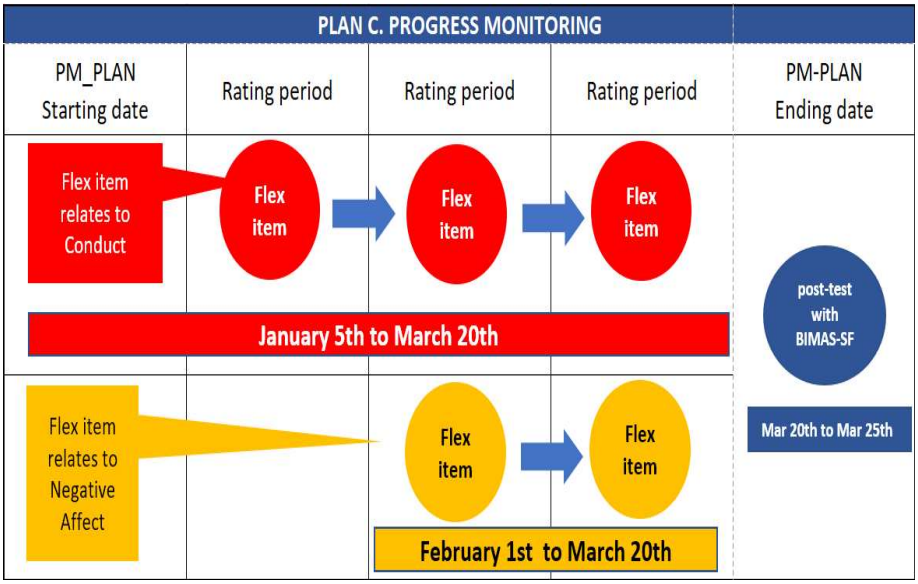
Building a PM using the Standard form only



37

•37

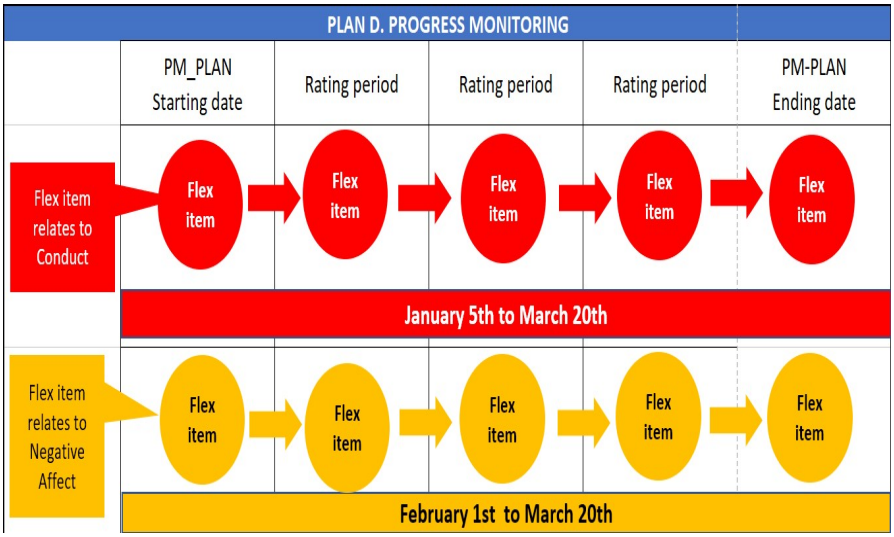
Building Progress Monitoring Plans (Pm_plan)



38

•38

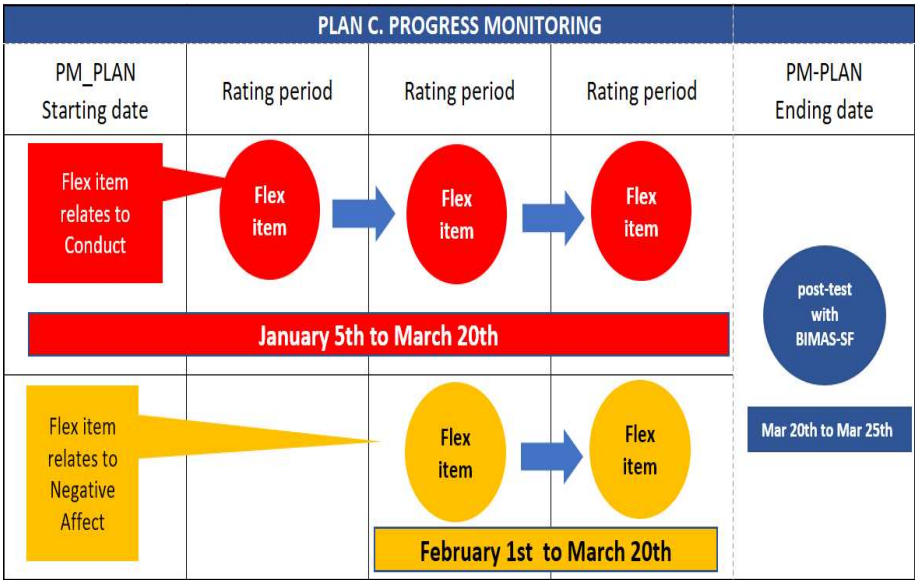
Building Progress Monitoring Plans (Pm_plan)



39

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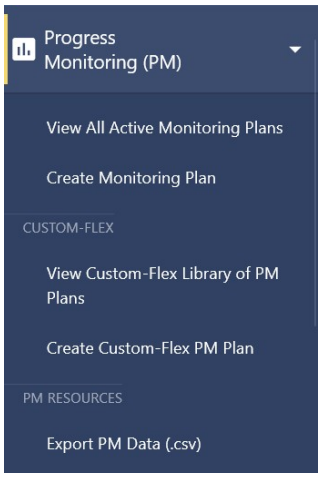
Building Progress Monitoring Plans (Pm_plan)

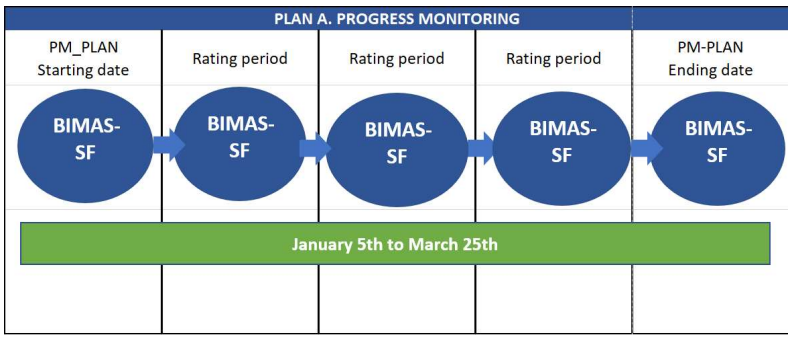


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Building Progress Monitoring Plans with the BIMAS-2





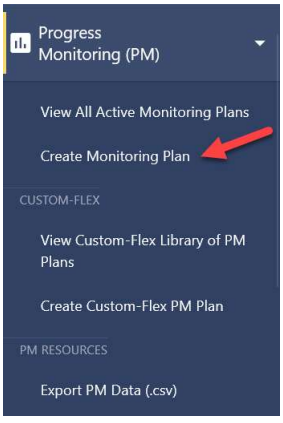


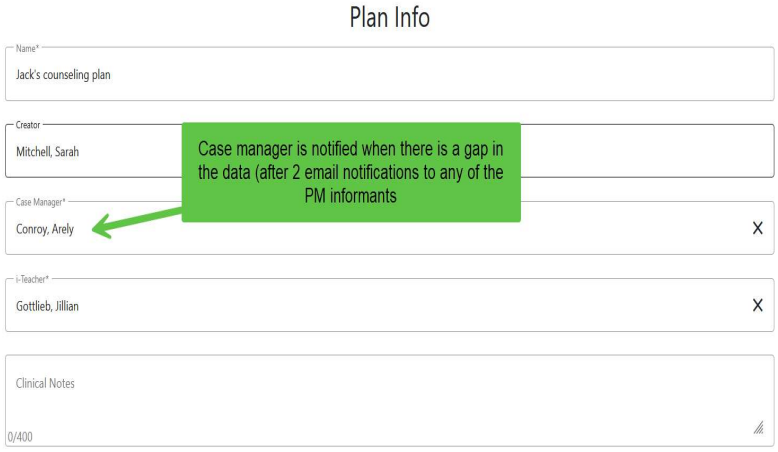
https://edumetrisis.com/learning-center/progress-monitoring/

41

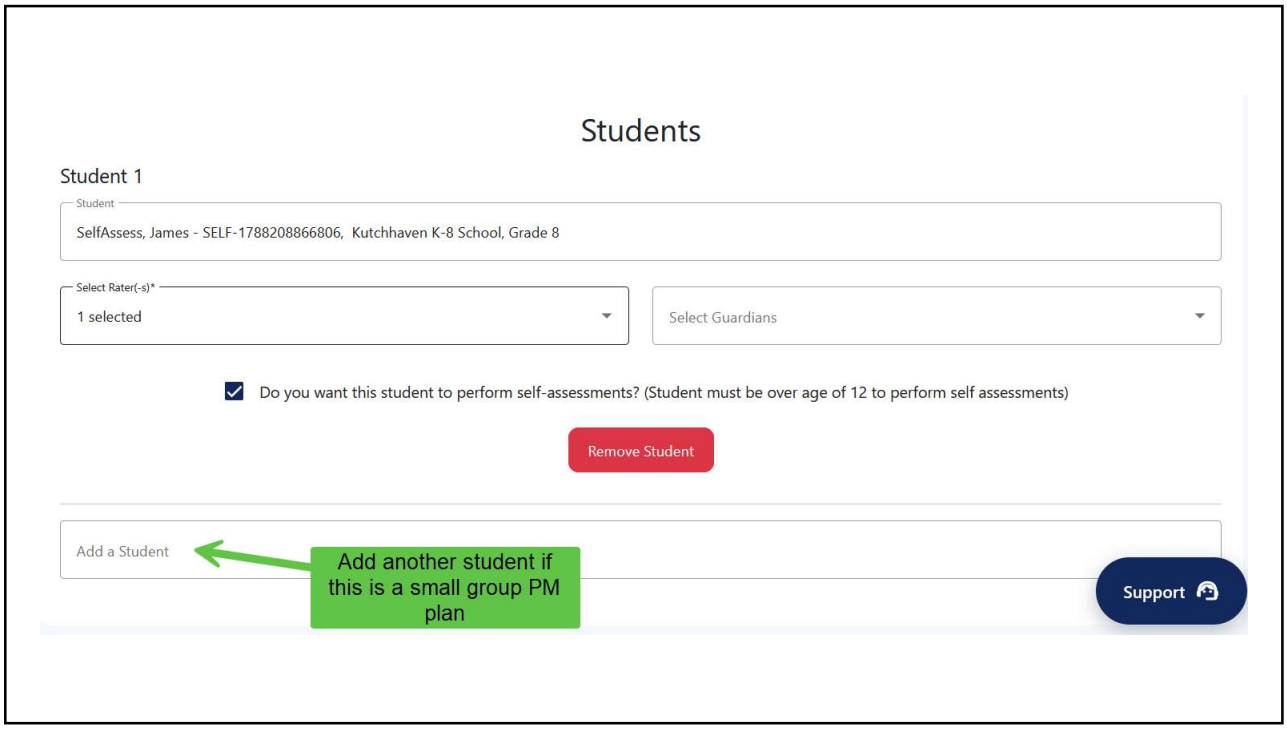
•41

Create a PM_plan

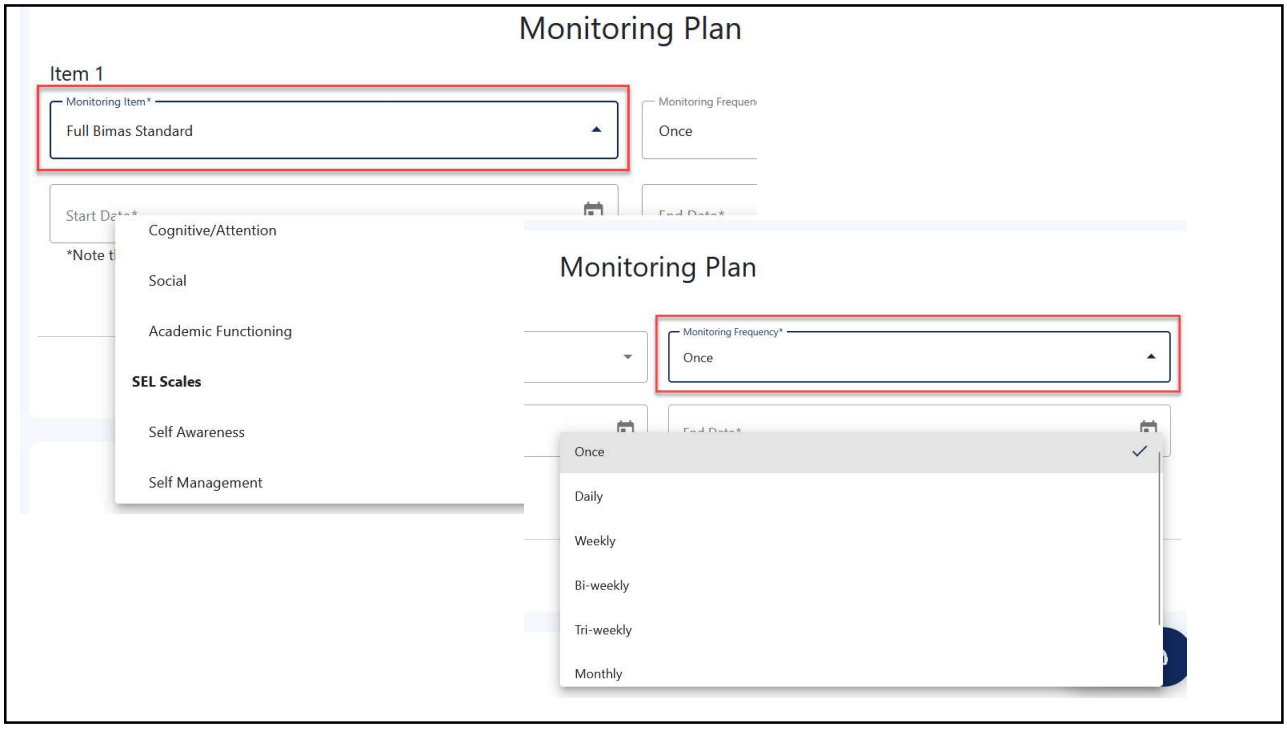




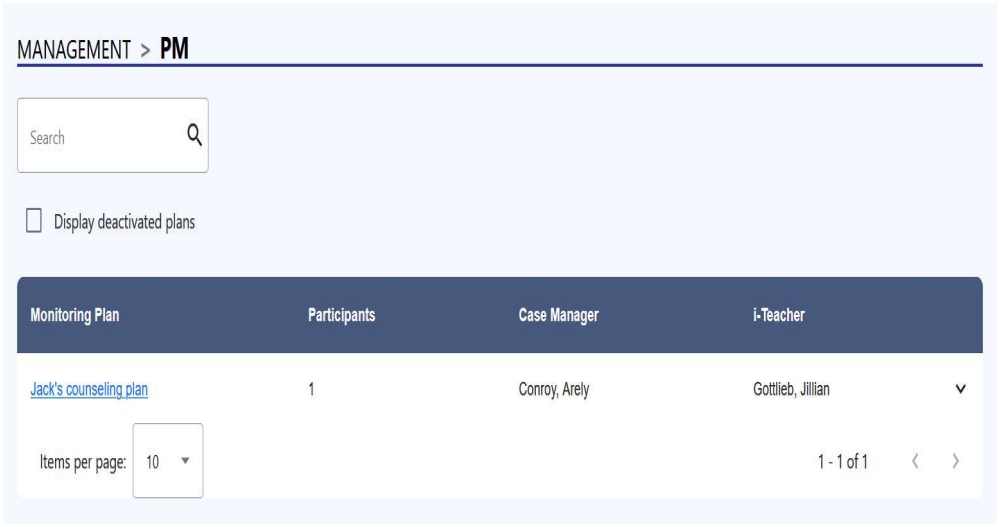
•42


Students
Student 1
Student
SelfAssess, James - SELF-1788208866806, Kutchhaven K-8 School, Grade 8
Select Rater(-s)*
1 selected
Select Guardians
Do you want this student to perform self-assessments? (Student must be over age of 12 to perform self assessments)
Remove Student
Add a Student
Add another student if this is a small group PM plan
Support

•43

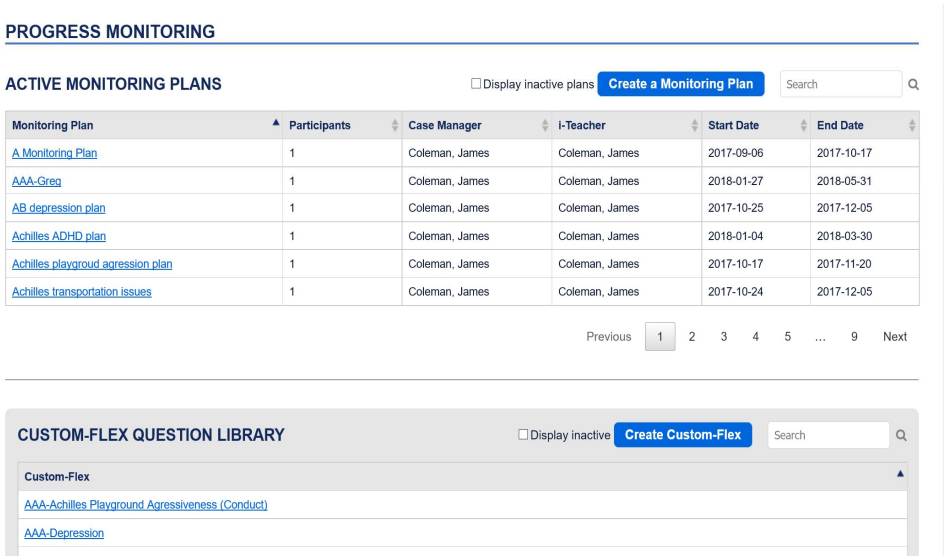

Monitoring Plan
Item 1
Monitoring Item*
Full Bimas Standard
Monitoring Frequen
Once
Start Da
*Note t
Cognitive/Attention
Social
Academic Functioning
SEL Scales
Self Awareness
Self Management
Monitoring Plan
Monitoring Frequency*
Once
Once
Daily
Weekly
Bi-weekly
Tri-weekly
Monthly

•44



•45

Building Pm_plans.



•46

Building Progress Monitoring Plans (Pm_plan)

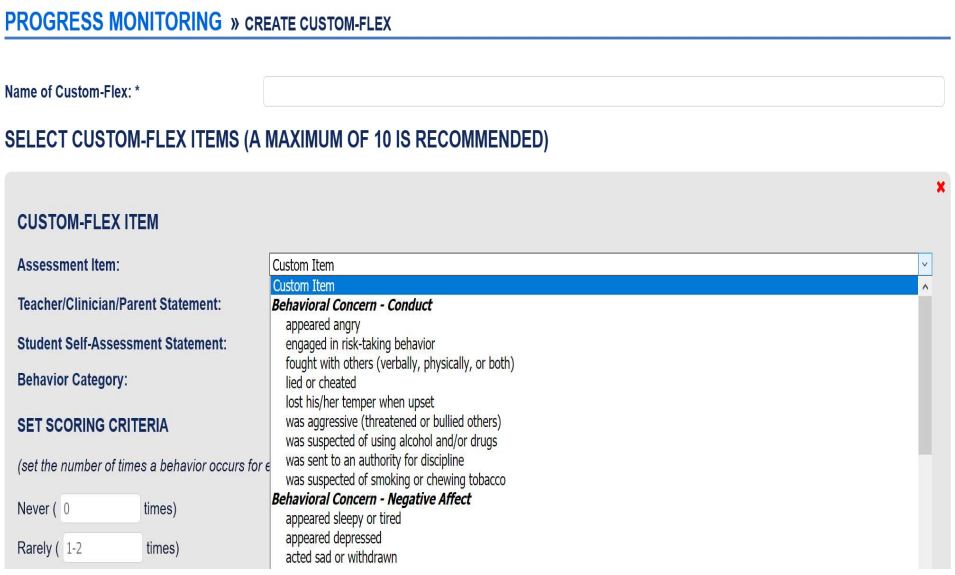
(b) Using the BIMAS-2 **Flex monitoring**

- FLEX ITEMS can include…
  - –Individual items from the Standard Form.
  - –Elaborations of the Standard Form Items created by the authors.
  - –Your very own items

47

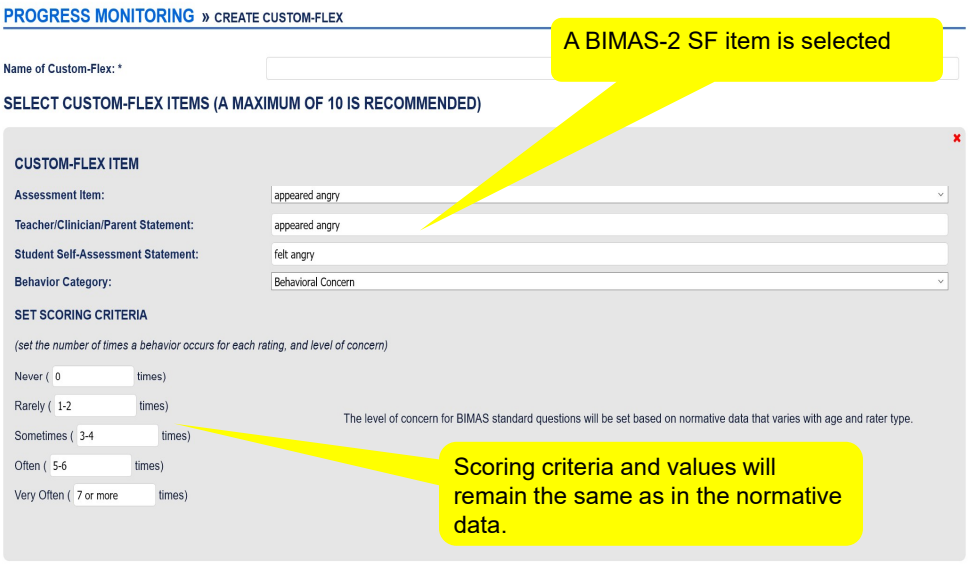
•47

Building a PM_plan with select BIMAS-2 items



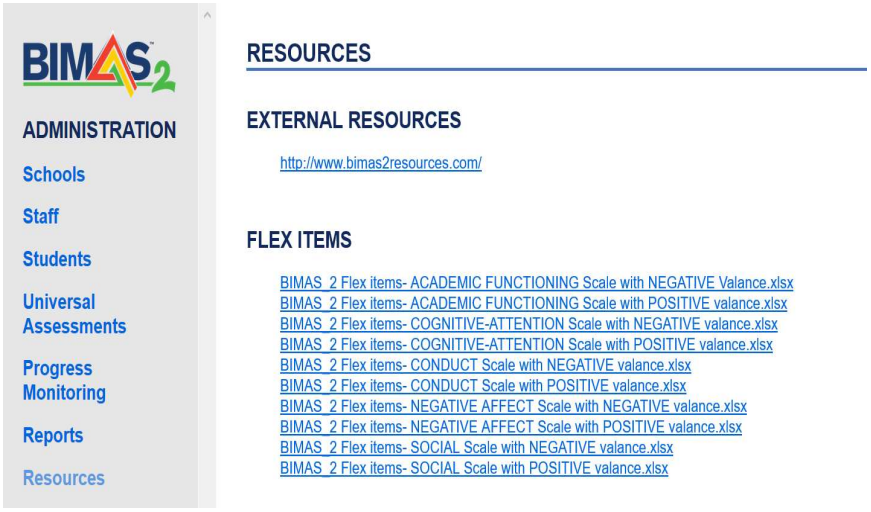
•48

Building PM_plans using a BIMAS-2 SF item



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Building PM_plans.
Using a BIMAS-2 Flex item



•50

Using a BIMAS-2 "elaborated" Flex item

A	B	C	D	E	F
This file provides a list of BIMAS™Flex items for the **NEGATIVE AFFECT** Scale anchor items in **POSITIVE** valance					
	BIMAS Negative Affect Items				
Standard Form Item Number	**Teacher**	**Parent**	**Self-Report**	**Clinician**	
5	**appeared sleepy or tired.**	**appeared sleepy or tired.**	**felt sleepy or tired.**	**appeared sleepy or tired.**	
	was well rested.	was well rested.	felt well rested.	was well rested.	
	was alert.	was alert.	felt alert.	was alert.	
	was energetic.	was energetic.	felt energetic.	was energetic.	
	was active.	was active.	was active.	was active.	
	slept well.	slept well.	slept well.	slept well.	
	Teacher	**Parent**	**Self-Report**	**Clinician**	
8	**appeared depressed.**	**appeared depressed.**	**was depressed.**	**appeared depressed.**	
	was optimistic.	was optimistic.	was optimistic.	was optimistic.	
	was confident.	was confident.	felt confident.	was confident.	
	took part in group activities.	took part in group activities.	took part in group activities.	took part in group activities.	
	enjoyed taking part in activities	enjoyed taking part in activities	enjoyed taking part in	enjoyed taking part in	

•51

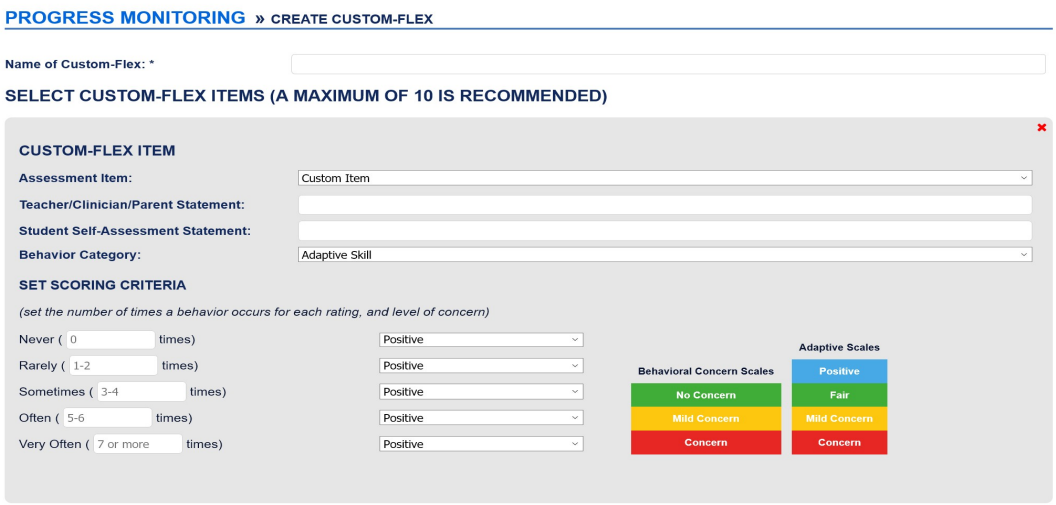
Building PM_plans.
Using your very own items

- For individual students
  - Look at the IEP and BIMAS areas
    - Consistent? Inconsistent? Measurable behaviors?
  - Look at some of the current testing you have done
    - Behavior rating scales,
    - critical items & behaviors behaviors

52

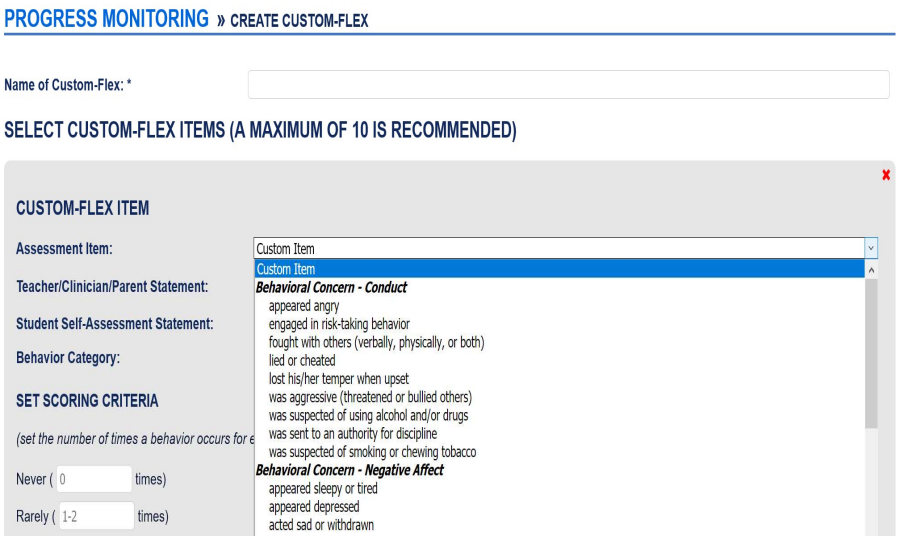
•52

THE BIMAS-2 platform: Building PM_plans.



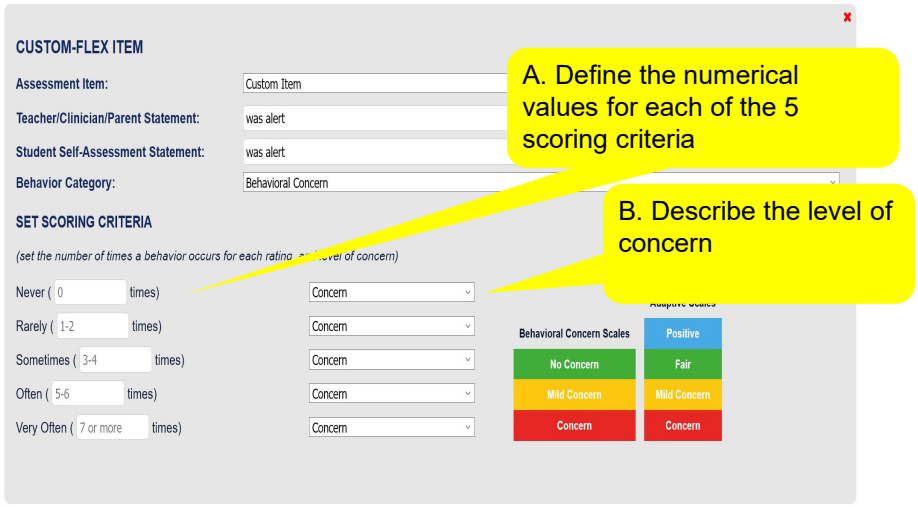
•53

THE BIMAS-2 platform: Building PM_plans.



•54

Building PM_plans.
Using a BIMAS-2 Flex item



55

•55

Building a Pm_plan using critical items from your diagnostic evaluation

In the past month this was…
0 = Not true at all (Never, Seldom)
1 = Just a little true (Occasionally)
2 = Pretty much true (Often, Quite a bit)
3 = Very much true (Very often, Very frequently)

1.	I do what my parents or other adults ask me to do.	0	1	2	3
2.	I feel nervous or jumpy	0	1	2	3
3.	I try to annoy other people	0	1	2	3
4.	I blurt out the first thing I think of.	0	1	2	3
5.	I lose stuff that I need.	0	1	2	3
6.	I interrupt other people	0	1	2	3

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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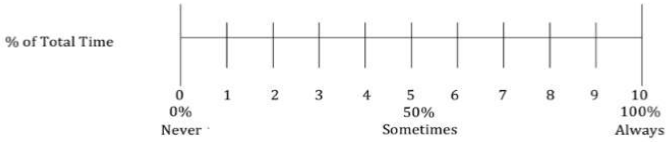
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Direct Behavior Rating (DBR) Form – Fill-in Behaviors

Date: M T W Th F	Student: Rater:	Activity Description:
Observation Time: Start:_____ End: _____ ☐ Check if no observation today	Behavior Descriptions:	

Directions: Place a mark along the line that best reflects the percentage of total time the student exhibited each target behavior. Note that the percentages do not need to total 100% across behaviors because some behaviors may co-vary. If desired, an additional behavior may be defined and rated.

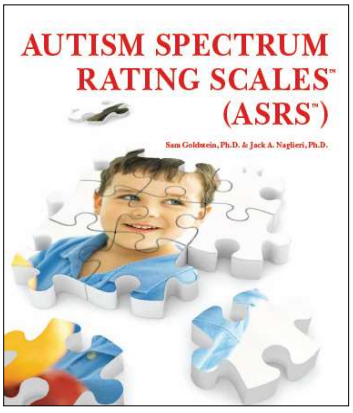
Behavior: _____

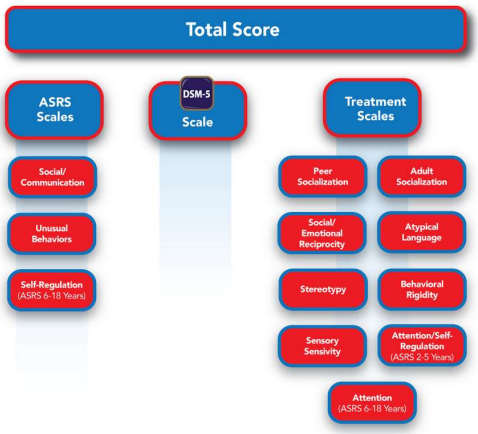


Source: https://dbr.education.uconn.edu/wp-content/uploads/sites/916/2015/08/DBR-Standard-Form-With-Fill-In-Behaviors.pdf

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Autism
Build a Pm_Plan with ASRS items





www.mhs.com/MHS-Assessment?prodname=asrs

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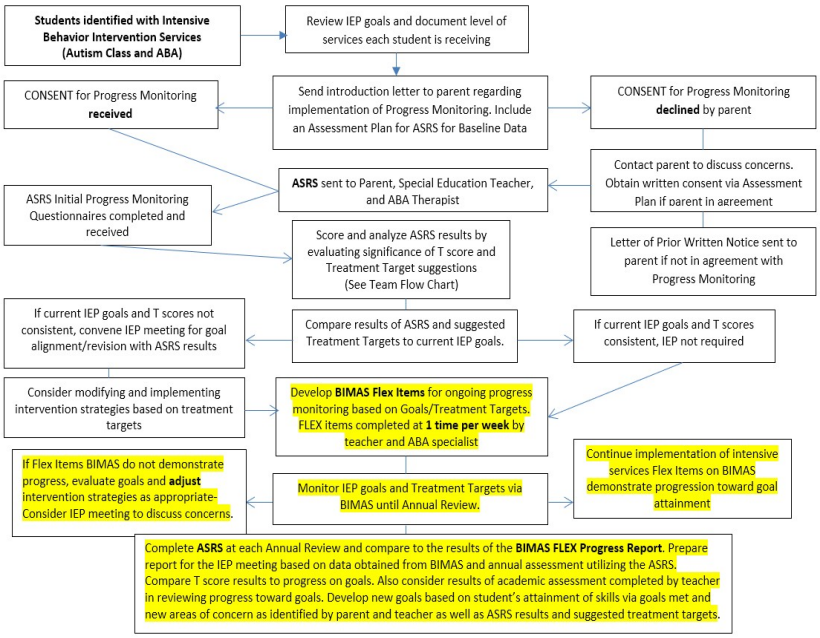
ASRS – Treatment targets

Parent Identified Treatment Targets		Teacher Identified Treatment Targets	
Peer Socialization	Increase the ability to carry on appropriate conversations with other children	*Peer Socializations*	Increase the ability to seek out other children for socialization
	Increase social relations with peers		Increase the ability to carry on appropriate conversations with other children
	Increase the ability to understand and respond appropriately to humor		Increase social relations with peers
	Increase the ability to choose appropriate topics when conversing with children		Increase the amount of play with others
	Increase interactive play with others		Increase the ability to understand and respond appropriately to humor
Adult Socialization	Increase the ability to maintain eye contact with adults in discussions of problem situations		Increase interactive play with others
	Increase the ability to choose appropriate topics when conversing with adults		Improve quality of peer interactions
	Increase ability to carry on an appropriate conversation with adults		Increase the ability to respond appropriately when speaking to other children
	Improve social relations with adults	*Social/Emotional Reciprocity*	Increase the ability to share enjoyable activities with others
Atypical Language	Elevate language skills to an age appropriate level		Increase the ability to look at others appropriately while talking with them
	Demonstrate appropriate pitch, tone, and rhythm in speech		Increase the ability to look at others when being spoken to
	Interact appropriate social language by reducing the frequency of repetitive, out of		Increase the ability to appreciate and understand the views of others

If content of Pm_Plans varies by rater, create more than one plan for a student

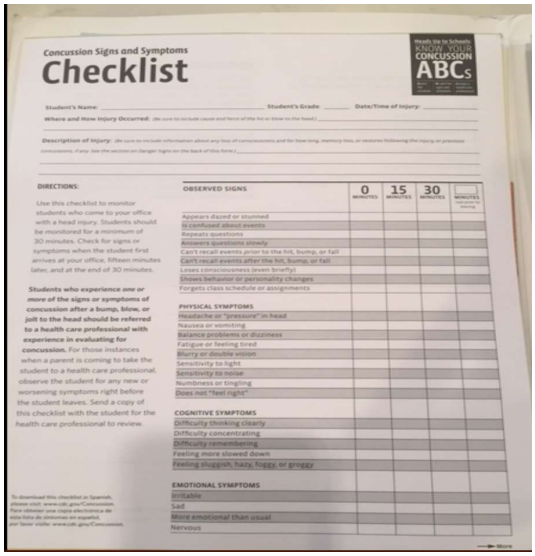
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BIMAS-2 and Post Concussion Monitoring plans



Concussion Signs and Symptoms

Checklist

KNOW YOUR CONCUSSION ABCs

Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: (Be sure to include cause and force of the hit or blow to the head.) _____

Description of Injury: (Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions. If any, see the section on Danger Signs on the back of this form.) _____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	MINUTES
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events prior to the hit, bump, or fall				
Can't recall events after the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

More

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BIMAS-2 and Post Concussion Monitoring plans

BIMAS-2	Post concusion Monitoring System	BIMAS-2 Mapping
Conduct	**Behavioral**	
Anger management	aggression	6. was impulsive.
Bullying behaviors	acting out	9. did something risky.
Substance abuse	substance abuse	11. maintained friendships.
deviance	social inappropriateness	13. fought with others (verbally, physically, or both).
		14. acted without thinking.
		15. felt relaxed interacting with others.
		17. lied or cheated.
		23. worked out problems with others.
		25. threatened or bullied others.
		28. fidgeted.
		29. used alcohol and/or drugs.
		32. smoked or chewed tobacco.

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BIMAS-2 and Post Concussion Monitoring plans

BIMAS-2	Post concusion Monitoring System	BIMAS-2 Mapping
Negative affect	**Emotional Changes**	
anxiety	anxiety or nervousness	2. felt angry.
depression	depression	8. was depressed.
	personality changes	12. was sad or withdrawn.
	irritability	16. was easily embarrassed or felt ashamed.
	sadness, uncontrolled crying	19. was friendly with others.
		20. Was anxious (worried or nervous).
		21. losy my temper when I was upset.
		24. had thoughts of hurting others.
		27. felt emotional or upset.
		Feeling emotionally numb (non-BIMAS item)

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BIMAS-2 and Post Concussion Monitoring plans

BIMAS-2	Post concusion Monitoring System	BIMAS-2 Mapping
Cognitive/Attention	**Cognitive**	
attention	attention	3. had trouble paying attention
focus	focus	4. followed directions.
organization	organization	10. had problems staying on task.
planning	planning	18. had trouble remembering things.
memory	memory	22. had trouble with organizing and planning.
	reasoning	Feeling "foggy" (non-BIMAS)
	slowed reaction times	Feeling "slow" (non-BIMAS)
		Difficulty concentrating (non-BIMAS)

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BIMAS-2 and Post Concussion Monitoring plans

BIMAS-2	Post concusion Monitoring System	BIMAS-2 Mapping
Social	**Sleep**	
social	drowsiness	5. felt sleepy or tired.
communication	insomnia	Trouble falling asleep or staying asleep
	sleeping more/less than usual	Sleeing more or less than usual
Academic Functioning	**Academic Functioning**	26. received failing grades at school.
		30. tried my hardest when it came to schoolwork.
		31. was sent to an authority for discipline.
		33. went prepared to class.
		34. was absent from school

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BIMAS-2 and Post Concussion Monitoring plans

BIMAS-2	Post concussion Monitoring System	BIMAS-2 Mapping
	Sensation	
	sight	Nausea/vomiting
	sensitivity to light	Headache
	balance	Balance problems
	dizziness	Dizziness
		Light sensitivity
		Noise sensitivity
	Language	
	Communication	1. shared what he/she was thinking about
	Expression	7. communicated clearly
	Understanding	

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Concussion Resources

Campaigns and Social Networking

* Concussion Connection: http://concussionconnection.com

* Parents and Pros for Safer Soccer: http://sportslegacy.org

* The Knockout Project: http://theknockoutproject.org

Concussion Quick Check, an app developed by the American Academy of Neurology (AAN)

* iTunes Store: http://apple.co/1Gz7UIT

* Google Play Store: http://bit.ly/concussion-app

* AAN Reference Sheet: http://bit.ly/concussion-ref

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PROGRESS MONITORING » 1. BARDOS, ACHILLES FALL INTERVENTION

Case Manager: Brian Prager

i-Teacher: William Jackson

To complete a student rating form press the blue button shown in the student class list below.

Clinical Notes:

Achilles appears to be responding positively to the Social skills Intervention program.
William Jackson (8/19/16)

Save Notes

MONITORING PLANS

Custom-Flex Name	Frequency	Start	End
Full Bimas Standard	once	08/11/16	08/18/16
Bullying v2	weekly	08/12/16	12/02/16
Depression	weekly	08/12/16	12/02/16
Full Bimas Standard	monthly	08/12/16	12/02/16
Full Bimas Standard	once	05/31/17	06/02/17

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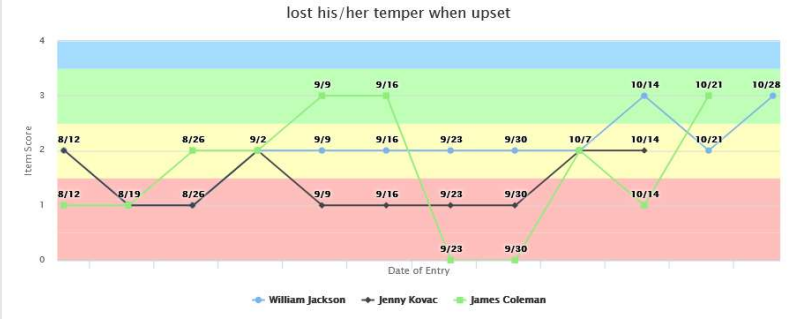
MONITORING STATUS

Students	Raters	08/11/16 Full Bimas Standard	08/12/16 Bullying v2	08/12/16 Depression	08/12/16 Full Bimas Standard	08/19/16 Bullying v2	08/19/16 Depression	08/26/16 Bullying v2	08/26/16 Depression	09/02/16 Bullying v2	09/02/16 Depression
Achilles Bardos	William Jackson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Jenny Kovac	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	David Hagerman	-	-	-	-	-	-	-	-	-	-
	James Coleman	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Katerina Bardos	-	-	-	-	-	-	-	-	-	-

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BULLYING V2 RESULTS

Statements	08/12/16 Comments	08/19/16 Comments	08/26/16 Comments	09/02/16 Comments	09/09/16 Comments	09/16/16 Comments	09/23/16 Comments	09/30/16 Comments	10/07/16 Comments	10/14/16 Comments	10/21/16 Comments	10/28/16 Comments
1. lost his/her temper when upset Hide Graph												
William Jackson	2	1	1	2	2	2	2	2	2	3	2	3
Jenny Kovac	2	1	1	2	1	1	1	1	2	2	-	-
David Hagerman	-	-	-	-	-	-	-	-	-	-	-	-
James Coleman	1	1	2	2	3	3	0	0	2	1	3	-
Katerina Bardos (Parent/Guardian)	-	-	-	-	-	-	-	-	-	-	-	-



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FULL BIMAS T-SCORE RESULTS - WILLIAM JACKSON

Scales	2016-08-11 Results	2016-08-12 Results	2016-09-12 Results	2016-10-12	2016-11-12	2017-05-31
Conduct	65	49	49	-	-	-
Negative Affect	57	42	42	-	-	-
Cognitive Attention	48	37	37	-	-	-
Social	20	19	19	-	-	-
Academic Functioning	28	28	32	-	-	-

⊕ Conduct ⊕ Negative Affect ⊕ Cognitive Attention ⊕ Social ⊕ Academic Functioning

FULL BIMAS T-SCORE RESULTS - JENNY KOVAC

Scales	2016-08-11 Results	2016-08-12 Results	2016-09-12 Results	2016-10-12	2016-11-12	2017-05-31
Conduct	82	49	49	-	-	-
Negative Affect	80	42	42	-	-	-
Cognitive Attention	72	37	37	-	-	-
Social	27	19	19	-	-	-
Academic Functioning	29	28	27	-	-	-

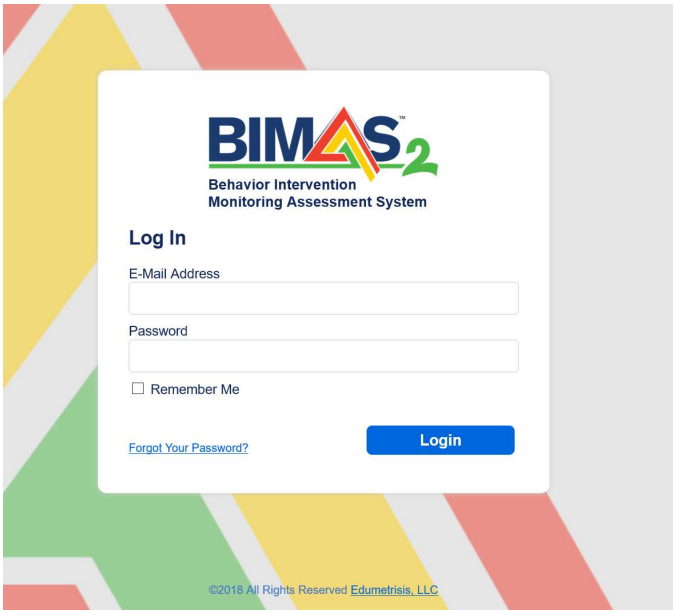
⊕ Conduct ⊕ Negative Affect ⊕ Cognitive Attention ⊕ Social ⊕ Academic Functioning

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BIMAS-2 Progress Monitoring

- BIMAS: empirically-based; sensitive to change (excellent for MTSS/RtI) √
- Standard & Flex √
- Good Normative data & Good Psychometric Properties √
- Powerful Web-based Interface √
  - Web-based administration and scoring options √
  - Wide Selection of Informative Web-based Reports
- WWW.BIMAS2resources.com

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BIMAS 2
Behavior Intervention
Monitoring Assessment System
Log In
E-Mail Address
Password
Remember Me
Forgot Your Password?
Login
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