**Evidence-Based Practices (EBP) Coaching Checklist**

Statewide Autism Resources and Training (START)

This checklist is intended to be used by the Building Coach for the building.

|  |  |
| --- | --- |
| ***Coaching Steps*** | ***Information/Actions*** |
| **Step 1: Identify the District / Building, Coach Leader(s), and Building Coach for the project.**Coach Leader(s):      Building Coach:       | ISD:      District:      Building:       |
|  |
| **Step 2: Obtain administrator support.*** Provide project information: Purpose & Goals (*example letter to Principals attached*)
* Obtain permission for monthly team meetings
* Inquire about picture and video release for students in the building
 | Name of Administrator:      Email Address:      Phone Contact:       |
|  |
| **Step 3: Identify target student with ASD for participation.****\**Complete Student Information Form (attached)******\*\*Obtain written parent / guardian permission (attached)*** | Student Name:      Grade:      Teacher(s):       |
|  |
| **Step 4: Assemble a team for the project; Assign roles for Meeting Mechanics.****NOTE:** Team should include parent(s), teacher(s), building coach, coach leader(s), itinerant staff who service the student, and building administrator. Consider the current teaming structure in the building (e.g. student assistance team) as an existing team can be used for the project. \****Complete Team Information Form attached***Assign roles for Meeting Mechanics: Facilitator (runs the board), Note-taker, Time Keeper |
|  |
| **Step 5: Team Members Review the Evidence-Based Practices*** NPDC EBP Checklists (<http://autismpdc.fpg.unc.edu/content/briefs>) (*NPDC Briefs descriptions provided*)
* OCALI Online Modules (<http://www.autisminternetmodules.org/>)
 |
|  |
| **Step 6: Schedule and Hold Initial Team Meeting (Agenda Below):*** Use meeting agenda form (attached) to keep meeting notes.
* Provide basic information about the EBP implementation process to all team members
* Establish a calendar for the year including monthly meeting dates and locations. (Use calendar attached)
* Establish data collection plan (see step 7)
 |
|  |
| **Step 7: Collect Initial Data / Student Observations*** Complete a Schedule Matrix for target student
* Assign team members to collect baseline data (i.e. engagement, independence, social initiation, communication, behavioral challenges)
* Assign team members to complete the **Classroom Practices Checklist and/or** **Student Assessment Tool**
* Obtain video examples of observations (if approved).

**NOTE:** The Schedule Matrix and Guide form, example data collection tools, and the Classroom Practices and Student Assessment Tools are available on the START website. | [ ]  Schedule Matrix  |
| [ ]  Baseline Data |
| [ ]  Classroom Practices Checklist and/or Student Assessment Tool |
|  |
| **Step 8: Establish Areas of Need:** * Review Schedule Matrix, baseline data, the Classroom Practices Checklist and/or Student Assessment Tool and video examples
* Establish 3 areas of need for student (e.g. engagement, social interaction, independence, communication, academic output, behavior.)
 | 1. Area of Need:
2. Area of Need:
3. Area of Need:
 |
|  |
| **Step 9: Select EBPs to Address Areas of Need:** * In selecting EBPs, consider the following:
	+ Implementation environment
	+ Student characteristics and interests
	+ Family preferences and input
	+ EBP that promote independence, social interaction, engagement, and communication.
* Once selected, have all team members review selected EBPs in detail including the OCALI online training modules (<http://www.autisminternetmodules.org/>) and NPDC implementation briefs (<http://autismpdc.fpg.unc.edu/content/briefs>)

**NOTE**: Consider also the appropriate use of prompting and reinforcement. These 2 EBPs will be needed for almost all implementation plans. | 1. EBPs selected for Area of Need #1:
2. EBPs selected for Area of Need #2:
3. EBPs selected for Area of Need #3:
 |

|  |
| --- |
| **Evidence-Based Practices:**Antecedent-Based Interventions (ABI) Computer-Aided Instruction Differential Reinforcement Discrete Trial Training Extinction Functional Behavior AssessmentFunctional Communication Training Naturalistic Intervention Parent-Implemented InterventionPeer-Mediated Instruction & Intervention Pivotal Response Training Prompting Picture Exchange Communication System (PECS) Reinforcement Response Interruption/RedirectionSelf-Management Social Narratives Social Skills Groups Speech Generating Devices /VOCA Structured Work Systems Task AnalysisTime Delay Video Modeling Visual Supports |
|  |
| **Step 10: Write and GAS Measurable Goals:** Using primary areas of need, selected EBPs and baseline data, write and GAS 3 observable and measurable goals.\****Complete Goal Attainment Scale Form attached*****NOTE:** Example goals and completed GAS forms are available on the START website. | Goal #1:      Goal #2:      Goal #3:       |
|  |
| **Step 11: Develop an Implementation Plan:**Using the EBP Implementation Checklists (<http://autismpdc.fpg.unc.edu/content/briefs>), develop a step by step implementation plan. Consider training needed for implementation staff, resources required, communication feedback systems, etc. Complete action plan (attached). | Implementation Plan:       |
|  |
| **Step 12: Implement and Monitor Student and Building Progress:** Team implements EBPs and establishes a system for regular data collection / data probes (what, where, when and who), and collect video examples and data to monitor both EBP implementation and progress toward goals. (*See* ***GAS Monitoring form attached).*** This information can be used to develop the PLAAFP and goals for the next IEP, as well.  |
|  |
| **END OF YEAR REPORTING** |
| * Completed copy of EBP Coaching Checklist
* Copy of GASsed goals for target students
 | * Monthly meeting notes / Data collection
* Video documentation of progress
 |
|  |

Sample Calendar for the School Year

|  |  |  |
| --- | --- | --- |
| **August** | **September** | **October** |
| [ ]  Identify a District / Building[ ]  Identify Coach Leader & Building Coach[ ]  Obtain administrator Support[ ]  Identify Target Student(s) for Participation | [ ]  Get Signed Parent Permission[ ]  Complete Student Information form[ ]  Assemble team[ ]  Team members Review EBP Implementation Checklists & OCALI Online Modules [ ]  Schedule Initial Meeting with Team | [ ]  Hold Initial Team Meeting[ ]  Complete Schedule Matrix with video examples[ ]  Collect Baseline Data[ ]  Complete Classroom Practices Checklist and/or Student Assessment Tool with video examples |
| **November** | **December** | **January** |
| [ ]  Hold Team Meeting(s)[ ]  Based on data, establish 3 areas of need for target student.[ ]  Select EBPs to address areas of need[ ]  Team members review in detail the selected EBPs (NPDC / OCALI)[ ]  Write and GAS the goals[ ]  Develop an Implementation Plan for Selected EBPs | [ ]  Building Team Meeting(s)[ ]  EBP Implementation[ ]  Data Probes / Video Examples | [ ]  Building Team Meeting(s)[ ]  EBP Implementation[ ]  Data Probes / Video Examples |
| **February** | **March** | **April** |
| [ ]  Building Team Meeting(s)[ ]  EBP Implementation[ ]  Data Probes / Video Examples | [ ]  Building Team Meeting(s)[ ]  EBP Implementation[ ]  Data Probes / Video Examples | [ ]  Building Team Meeting(s)[ ]  EBP Implementation[ ]  Data Probes / Video Examples |
| **May** | **June** | **July** |
| [ ]  Building Team Meeting(s)[ ]  EBP Implementation[ ]  Data Probes / Video Examples (Considerations for IEP Goals) | [ ]  Building Team Meeting(s)[ ]  Write IEP Goals for Next Year[ ]  End of Year Reporting | ENJOY SUMMER!! |

**Basic Meeting Agenda:**

* Calendar
* Action Plan Follow Up
* Review Implementation of EBPs / Data on Progress / USAPT goal progress
* Issues / Concerns & Problem-Solving
* New Action Items

Step 2 in the EBP Coaching Checklist

**Example Letter to Building Administrator**

Date:

Dear Administrator,

In an effort to continue to improve services for students with ASD in our region, your building has the opportunity to participate in the START Evidence-Based Practice (EBP) Coaching Project.

This project includes identifying a building coach (a trained individual who works primarily in your building (e.g. general or special education teacher, counselor, administrator, itinerant staff, etc.)) and a coach leader (a trained itinerant staff who already supports your building in their itinerant capacity) who will assist in completing the project. The building coach selected for your building is (NAME) and the coach leader assigned to your building is (NAME).

The project is outlined in a coaching checklist and the purpose is to increase implementation fidelity of EBPs for students with ASD learned in START Intensive Training (IT) and other local, regional, and state trainings in which staff have participated. The general expectations of the project include:

* Developing or utilizing an already existing building team to follow the checklist
* Attending monthly team meetings focused on a target student
* Assessing current level of Universal Supports in the target student’s classroom
* Collecting baseline and ongoing data on the target student
* Developing and writing measurable goals and monitoring progress
* Selecting EBPs to assist target student in reaching the goals
* Taking and reviewing video clips of the target student’s progress and EBP implementation

Although EBPs for students with ASD are being promoted, these EBPs have been shown effective for students with other learning needs as well. Therefore, your participation should ultimately improve capacity for staff to educate students with a variety of learning needs and as a result align with your overall school improvement plan.

If you would like more information, you can contact the building coach or coach leader assigned to your building.

Thank you for your participation and support.

Signed:

**Student Information**

Step 3 in the EBP Coaching Checklist

|  |  |
| --- | --- |
| **Student Name (DOB):** | **Parents:** |
| **ISD; District; Building:** | **Grade:** |
| **Teacher(s) / Relevant Staff:** |
| **Relevant Family Info:** |
| **LRE / Schedule:** **[ ]** Copy of IEP |

|  |
| --- |
| **Student Factors** |
| **Preferred Interests:** |
| **Fears / Dislikes:** |
| **OTHER (Health, Needs, etc.):** |
|  |
| **Language / Communication** |
| **Check One:****[ ]** *Highly verbal* **[ ]** *Moderately verbal* **[ ]**  *Minimally verbal* **[ ]**  *Echolalic* **[ ]** *Non-verbal* |
| **Language / Communication Strengths:** |
| **Language / Communication Needs:** |
| **Social** |
| **Social Strengths:****Peer to Peer Support:** |
| **Social Needs:** |
| **Behavior** |
| **Student’s Primary Behavior Challenges:****[ ]** FBA **[ ]**  PBIS Plan |
| Does the student exhibit self-injury? **[ ]** Y **[ ]** N Does the student exhibit aggression? **[ ]** Y **[ ]** N  |
| **Independence / Academic** |
| **Independence:** |
| **Academic Output:****Academic Engagement:**  |

Step 3 in the EBP Coaching Checklist

# Evidence-Based Practices (EBP) Coaching Project

# *Parent Permission Form*

# I understand that my child’s school team will be receiving training and technical assistance on the implementation of Evidence-based Practices for students with Autism Spectrum Disorder (ASD).

I give permission and approve the release of educational information about my child to be used in this project as well as photographs and/or video images of my child. I understand that my child’s personal information will be discussed at the training sessions for educational purposes only. I understand that pictures and videos will be released to the START Project and will only be used to the extent that they assist in training and in learning about ASD. I understand that the use of student information, pictures and/or videos released to the START Project may be used in PowerPoint presentations and other materials prepared to train educators. No personal identification other than my child’s first name will be connected to my child’s photographs or videos.

By signing below, I agree to the above information. Should any concerns or issues arise related to this release of information, photographs, and videos, I understand that I may contact my school district or the START office at any time. I also understand that I may revoke this permission and release of photographs and videos by contacting the START office at 616-331-6480 or: START, 401 W. Fulton, Grand Rapids, MI 49504

This release of confidential information remains in effect from the date signed below unless rescinded by the parent/guardian.

# I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian name) give permission and agree to allow my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate as a target student in this project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child name (please print) Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District School Building

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian Signature Date

**START Coaching for EBP Implementation Project**

Step 4 in the EBP Coaching Checklist

**Team & Coaching Information**

 **Student: ISD / District: Building:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Coach Leader** | **Contact Information:****Email / Phone** | **Professional Role** | **Roles & Responsibilities** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Building Coach** | **Contact Information:****Email / Phone** | **Professional Role** | **Roles & Responsibilities** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Members** | **Contact Information:****Email / Phone** | **Professional Role** | **Roles & Responsibilities** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Step 6 in the EBP Coaching Checklist

**EXAMPLE TEAM MEETING AGENDA & NOTES**

|  |  |
| --- | --- |
| **Team Meeting Agenda / Minutes** | **DATE:**     |
| **Team Members / Roles & Responsibilities:** |
|  |

|  |
| --- |
|  **CALENDAR** |
| Team Meetings |  |
| Relevant Building Event Dates |  |
| Field Trips |  |
| Conferences |  |

|  |
| --- |
| **FOLLOW UP: Action Plan Items / TO DO** |
| **WHO** | **Is doing WHAT** | **By WHEN** |
|  |  |  |
|  |  |  |

|  |
| --- |
| **PRIORITY AGENDA ITEMS** |
| **TOPIC AREA** | * **NOTES**
 |
| **Review Implementation of EBPs** | * What’s going well
* What’s been a struggle / difficult
* Fidelity Issues
* Problem Solve Solutions
 |
| **Data Review** | * Progress on GAS Goals
* Any adjustments needed?
 |
| **RUNNING AGENDA NOTES** |
| **TOPIC AREA** | * **NOTES**
 |
|  |  |
|  |  |

**GOAL ATTAINMENT SCALE FORM**

Step 10 in the EBP Coaching Checklist

**Student (DOB): Date:**

**Building:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level Of** **Attainment** | **Goal 1:** | **Goal 2:** | **Goal 3:** |
| **-2****Much less** **than expected***(Present Level)* |  |  |  |
| **-1****Somewhat less** **than expected***(Progress)* |  |  |  |
| **0****Expected level of outcome***(Annual Goal)* |  |  |  |
| **+1****Somewhat more** **than expected***(Exceeds annual goal)* |  |  |  |
| **+2****Much more** **than expected***(Far exceeds annual goal)* |  |  |  |
|  | **EBP:** | **EBP:** | **EBP:** |

**GAS Goal Update**

Step 12 in the EBP Coaching Checklist

**Student (DOB): Building:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student & Goal** | **GAS Goals****Date:** | **GAS Goals****Date:** | **GAS Goals****Date:** | **GAS Goals****Date:** | **GAS Goals****Date:** | **GAS Goals****Date:** | **GAS Goals****Date:** | **GAS Goals****Date:** |
| *Name*Goal # 1 |  |  |  |  |  |  |  |  |
| *Name*Goal # 2 |  |  |  |  |  |  |  |  |
| *Name*Goal # 3 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| *Name*Goal # 1 |  |  |  |  |  |  |  |  |
| *Name* Goal # 2 |  |  |  |  |  |  |  |  |
| *Name*Goal # 3 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| *Name*Goal # 1 |  |  |  |  |  |  |  |  |
| *Name* Goal # 2 |  |  |  |  |  |  |  |  |

**ACTION PLAN**

**Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| WHO | **Will do WHAT** | **by WHEN** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |