Evaluation Toolkit:

Using Data to Improve Programs

Serving Students with Emotional or Behavioral Disorders

A DISSERTATION SUBMITTED TO THE FACULTY OF THE
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Steve, this project is dedicated in your honor as I am now, also "living the dream". You are greatly missed, "Kratavachka".

ABSTRACT

This study was conducted with the ultimate long-range goal to ameliorate significant behavior problems in students with disabilities and improve academic outcomes. The outcome of this specific project included tools and strategies based on evidence-based practices for improving the behavioral, emotional, and academic performance of students with significant behavior disorders. The project used mixed methods and consisted of three distinct phases with a fourth phase planned for implementation at a later date.

A framework of evidence-based domains, effective components and essential indicators was created in phase one following a synthesis of literature and validation from experts and practitioners in the field.   The second phase consisted of the creation of The EBD Program Framework and Evaluation Toolkit to effectively evaluate programs and implement in local school districts to support continuous improvement. Feedback and input was obtained following the demonstration of the toolkit to a variety of potential users during the third phase.

The findings and outcomes of this study further our knowledge of effective programming for students with EBD and provide critical tools to evaluate programs and support continuous improvement efforts. Local school districts can implement The EBD Program Framework and Evaluation Toolkit to collect and analyze data, prioritize needs and develop goals and action plans all based around evidence-based domains, effective components and quality program indicators. The study concluded with implications for research, policy and practice.

TABLE OF CONTENTS

Chapter III Results and Outcomes

Chapter IV   Discussion and Conclusion of Results - Implications for Practice, Policy and Research

TABLES

List of Tables

FIGURES

List of Figures

CHAPTER I

INTRODUCTION

"The name of the game is to find the most appropriate village watchpersons, describe who they represent, and elicit information from them that is accurate and useful to expand and improve services for persons with disabilities and their families"
        –Robert Bruininks

Talk to any teacher or administrator about students in today's classrooms and they

will most likely state there are at least a few students in each classroom who are

exhibiting especially challenging behavior. Jason is just one example of how the lack of

effective programming can generate a life time of challenges and struggles. After three

elementary school years of being sent out of the classroom by the teacher, negative calls

home, acts of aggression towards peers and adults, suspensions, and lack of friends, Jason

was identified by the special education team as having emotional or behavioral disorder.

Following the diagnosis, he was placed in a small special education program that

emphasized control and exclusion rather than effective prevention and intervention. For

the next five consecutive years, Jason remained in this restrictive program and had a new

special education teacher each year. Staff was not prepared nor had the internal or

external supports necessary to make a positive difference for Jason. Over the years,

Jason became more withdrawn, physically aggressive and noncompliant. Teachers and

administrators did not have the tools to effectively deal with him. By age 13, Jason

attended school only part time and had a probation officer. By age 14, Jason was sent by

his county social worker to a juvenile delinquent residential center where he remained

until age 18. It was clear that Jason's school staff lacked the skill, experience, and

confidence to effectively intervene; this coupled with fear of him, led to poor outcomes similar to the story of many students with EBD.

Without sufficient educator knowledge, training, and support, students such as Jason are not taught skills and strategies needed to overcome challenges and change their trajectory. Rather, they are at risk for being placed in unnecessarily restrictive settings when they could potentially be served effectively given evidence-based program components and adequate support.

Introduction and Statement of Problem

Essential components of an effective program for children and youth with emotional and behavioral disorders (EBD) have not been succinctly identified or implemented, in spite of education reform, national policies, and reorganization efforts requiring the use of evidence-based programs. Students with EBD have a history of poor outcomes and often experience ongoing issues with access to quality services. Children and youth with EBD demonstrate less school success than any other subgroup of students, with or without disabilities (Landrum, Tankersley, & Kaufman, 2003). Yet, from a national perspective, little is known about the complex array of factors that contribute to the poor outcomes of this group (Hoagwood, 2001).

Historically, students with EBD have been the toughest to teach, the most often segregated, and the most likely to fail in the school setting (Kauffman, 2001; Landrum et al., 2003). Students with EBD are well known for their challenging, unpredictable, trying, and difficult-to-manage behaviors. These characteristics negatively affect performance in fundamental areas of functioning, including behavior, social interactions, social skill

fluency, and academic achievement (Kauffman & Landrum, 2009; Walker, 2004). Problems characteristic of EBD, such as developing and maintaining appropriate interpersonal relationships, adhering to basic rules of conduct, and acquiring and performing age-appropriate academic skills, often begin early in life and all too often negatively affect individuals and their families throughout their lives (Briggs-Gowan, Carter, Bosson-Heenan, Guyer, & Horwitz, 2006; Gresham, Lane & Lambros, 2000; Kauffman, 2007; Neel, Cessna, Borock & Bechard, 2003).

Since the late 1980s, students with EBD have consistently demonstrated dismal short and long-term outcomes, including placement in more restricted instructional environments, incarceration, unemployment, and underemployment (Nelson, 1996). Significant indications of unsatisfactory academic outcomes and school performance are common among children and youth with EBD, including lower graduation rates as compared to other student groups, higher drop-out rates, and significant interpersonal difficulties, all coupled with limited access to highly qualified teachers (Chen & Weikart, 2008; Kauffman, 2005; Walker, 2004).

Just as surely as there is evidence that EBD is a harmful, insidious, and underserved disability is the certitude that effective educational programming is a successful route to prevention and amelioration of EBD (Kennedy & Jolivette, 2008; Lewis & Wehby, 2007; Montague, Enders, & Castro, 2005). Students with EBD unquestionably require individualized programming based on effective methods implemented by well-trained professionals (Algozzine, Serna, & Patton, 2001; Kostewicz & Kubina, 2008; Nelson, Leone, & Rutherford, 2004). Understanding the behaviors and experiences of children and youth with EBD is fundamental to serving them well.

The difficulty of translating evidence-based practices into best practices in special education has been a matter of national concern (Simpson, Peterson, & Smith, 2010). The research-to-practice gap hinders students' outcomes, has major negative implications, and presents significant obstacles for students with EBD (Cook, & Schirmer, 2003). The gap between research and practice is a recurring theme in special education. Educators agree that broad implementation of evidence-based practices produce increased student performance and result in increased student outcomes (Cook & Smith, 2012). An extensive amount of research identifying effective educational practices exists in the area of special education, and these advances clearly have the potential to dramatically improve the academic and social outcomes of students with and without disabilities (Greenwood, 2001). Unfortunately, research also suggests that implementing and sustaining these effective strategies over time has proven extremely challenging (Fitzpatrick & Knowlton, 2009; Vaughn, Klingner & Hughes, 2000). Attempts to bridge the gap by identifying and implementing effective practices are a rich part of special education's history (Mostert & Crockett, 1999-2000). Students with EBD present schools with a diverse range of challenges necessitating early and effective intervention practices. Students need quality programming and effective interventions to meet their needs in the school system in order to improve typical and historical outcomes.

Given the negative outcomes for students with EBD, it is critical for local school districts to evaluate their special education programs. Active and systematic program evaluation provides a powerful tool for meeting the formative and summative evaluation needs of educational programs. Overall program evaluation is important in identifying

areas needing improvement and can be a viable tool to assist in closing the research-to-practice gap.

The Education of All Handicapped Children Act (P.L. 94-142) included program evaluation as a required activity in special education to ensure that programs and services are meeting intended goals. A number of program evaluation approaches for special education programs have been cited in the literature; however, there is little evidence to show how far school districts have gone beyond compliance monitoring in their efforts to evaluate special education programs (George, George, & Grosenick, 1990). It is clear in the literature that most evaluation efforts in special education have almost exclusively focused on questions of legal compliance by monitoring local implementation efforts and adherence to state and federal laws and regulations rather than components of quality programs (Borich & Nance, 1987). This project suggests that program evaluation efforts in special education go beyond reviewing solely due process compliance standards and instead utilize evidence-based practices known to support student progress.

Since 1975, the federal Office of Special Education Programs (OSEP) has monitored state education agencies (SEAs) for their compliance with the Individuals with Disabilities Educational Act (IDEA). According to the 23rd Annual Report to Congress on the Implementation of IDEA (U.S. Department of Education , 2001), OSEP's accountability work has focused on "… improved results for infants, toddlers, children and youth with disabilities without sacrificing any effectiveness in ensuring that the individual rights of children with disabilities and their families are protected" (p. IV-I). Originally termed "program administrative review," federal monitoring procedures have evolved over the years. The result has been the development and evolution of OSEP's

Continuous Improvement Monitoring Process (CIMP). CIMP is built on eight critical themes: (a) continuity; (b) partnership with stakeholders; (c) state accountability; (d) self-assessment; (e) data-driven; (f) public process; (g) technical assistance; and (h) evidence of change that improves results for children with disabilities and their families. CIMP is an on-going process and includes self-assessment, data collection, improvement planning, and implementation of improvement strategies, verification, consequences, and review/revision of self-assessment outcomes.

In addition to monitoring SEAs, IDEA has also held SEAs responsible for monitoring how local educational agencies (LEAs) provide programs and services for students with disabilities. In general, the state educational agency is responsible for ensuring that (a) the requirements of this part are met; and (b) all educational programs for children with disabilities are under the general supervision of individuals in the state who are responsible for educational programs for children with disabilities and meet the educational standards of the state educational agency.

The Minnesota Department of Education (MDE) offers local school districts guidance and means of accountability through the Compliance and Assistance division. This division oversees the implementation of certain state and federal education laws by primarily utilizing the Minnesota Continuous Improvement Monitoring Process: Self Review (MNCIMP:SR). This activity provides school districts with a process for self-review of policies, practices, and procedures as well as Individual Educational Plan (IEP) development and procedural safeguards. When school districts in Minnesota demonstrate significant discrepancies or compliance issues, they are required to review their district's Total Special Education System (TSES), which is reviewed by MDE compliance

monitors, in addition to correcting the systemic due process concerns. The TSES must include a description of the school district's method of administration and management plans and district policies and procedures for the delivery of special education and related services. In addition, the district is required to include policies describing the district's procedures for implementing the use of restrictive procedures. The TSES has provided a standard for the development and implementation of IEPs, use of Positive Behavioral Interventions and Supports (PBIS), and procedural safeguards.

While compliance monitoring is the predominant tool used to evaluate special education programs both nationally and in the state of Minnesota, it is hardly sufficient for obtaining the kinds of information required to improve the quality of special education programs. It may be assumed that if due process compliance is in order, students are receiving benefit from their instruction and specialized programming. However, this is not always the case. While some exceptional teachers design their due process and programs to align with evidence-based practices and quality programs, others do not. There is no research evidence to date that effectively correlates due process compliance standards to evidence-based interventions and quality programming and therefore increases student achievement (Borich & Nance, 1987; George et al., 1990).

To gain additional background information to support the above citation, results from a recent survey were analyzed. The survey results provide insight into Minnesota's special education administrators' perceptions regarding local potential relationships between special education due process and evidence-based interventions that support student achievement. The survey was sent to 329 special education directors and administrators in the state through the Minnesota Association of School Administrators

(MASA) in July 2011. A total of 73 responses were collected, a response rate of 22.2%.

Respondents consisted of special education directors from the metro area and suburban

and rural regions of Minnesota. The purpose of the survey was to better understand the

impact and effect of the MDE Special Education compliance and monitoring has on

school districts, students, and staff. The survey addressed questions related to the

activities administrators in special education facilitated in their districts to support

required monitoring tasks, including substitute costs, professional development costs,

teacher time, administrator time and/or other costs incurred. Administrators were asked to

rate the effectiveness the monitoring activities had on supporting students with special

education needs in the following areas: academic achievement, progress on IEP

goals/objectives, teacher instructional strategies and skills, teacher professional

knowledge of due process, teacher implementation of due process procedures, district

overall application of due process procedures, district effective special education

programming and district implementation of evidence based practices (see Appendix B).

Table 1 summarizes the perceptions of special education directors related to the

outcomes of the Minnesota Department of Education's monitoring efforts. The table

shows the percentage of responses that agree with the statements below. The statements

are in rank order from lowest level of agreement, indicating concern, to the highest level

of agreement, indicating strength. The results corroborated the literature reviewed

conducted in this study by demonstrating little correlation between due process

compliance standards to evidence-based practices and student achievement. The data

reflected a strong perception that the MDE monitoring and compliance process does not

support student achievement, effective special education programming, or

implementation of evidence-based practices. Few respondents believed the process of

compliance and monitoring had a positive effect on student achievement (6%), teacher

instructional strategies and skills (11%), district implementation of evidence-based

practices (13%), and effective programming (18%). The results indicated a more positive

result for district application of due process (88%), teachers' implementation of due

process procedures (95%), and teachers' professional knowledge in regards to due

process (96%).

Table 1. Perceived Implications of Compliance and Monitoring on Student Progress

% in *agreement*, ranked from lowest to highest	MDE current process of compliance and monitoring have a *positive* effect on…
6%	Student academic achievement
11%	Teacher instructional strategies and skills
13%	District implementation of evidence-based practices
18%	District effective special education programming
20%	Student progress on IEP goals/objectives
88%	District overall application of due process procedures
95%	Teacher implementation of due process procedures
96%	Teacher professional knowledge of due process

Background

Most educators would agree that the major goal of an effective educational

program for students with EBD is the development of individuals who are able to

function successfully in society and be contributing members of the community. To

understand the background of the problem, it is important to review how many students

are impacted. The data in Table 2 show the special education incidence rate of students

identified EBD in Minnesota gradually decreasing over the past 10 years.

Table 2. Child Count Data: Incidence Rates of Special Education Students Identified EBD, Ages 0-21 in Minnesota

Year	Total SpEd Child Count in Minnesota	EBD Child Count in Minnesota	Percentage of EBD in Minnesota
2002	115844	17765	15.3%
2003	117666	17189	14.6%
2004	118501	16885	14.2%
2005	119720	16774	14.0%
2006	121511	16902	13.9%
2007	123256	16657	13.5%
2008	124570	16526	13.3%
2009	126108	16126	12.8%
2010	127863	15765	12.3%
2011	128430	15176	11.8%

Even though incidence rates are decreasing, behavior problems continue to be an increasing concern for school staff and parents of students with disabilities (Kessler, Berglund, Demler, Jin, & Walters, 2005). Research on the efficacy of behavioral interventions and supports designed to manage, control, and prevent a range of behavior and antisocial problems (e.g., social skills deficits, violence toward peers or adults, self-injury, noncompliance, bullying, withdrawal, truancy) in a range of settings (e.g., school, general and special education classrooms, home, work, community) is historically robust (Morsink & Lenk, 1992; Simpson et al., 2010). However, much remains to be done to understand and advance the application, scalability, and sustainability of these behavioral interventions and supports in school settings, particularly in alternative settings such as self-contained programs for the most significantly disabled.

Minnesota has a history of exceeding federal special education compliance requirements in efforts to strive for quality. However, efforts to evaluate special education programming at a district level have been more concerned with local implementation; adherence to state and federal laws and rules than the services provided

to students (Owing, 1990; Walker, Cheney, & Stage, 2009). In addition to mandated compliance monitoring, the predominant evaluative focus, comprehensive program evaluation, is necessary for continuous improvement and improving the quality of special education programs.

Although it is indeed necessary to monitor compliance with federal and state rules and regulations, program efficiency and effectiveness should be of equal concern to program evaluators. Local school districts need systematic and on-going methods of evaluating special education programming that far exceed the due process compliance demands of MDE. In addition to addressing compliance concerns, program evaluation and the model proposed in this project emphasize program effectiveness by examining all aspects of programming and outcomes.

Purpose

The purposes of special education program evaluation, while not unrelated to those in general education, are distinct in that: (a) certain methods, activities, and services are prescribed by law or policy in special education that are not prescribed in general education; (b) the instructional complexity of special education requires that it contribute to and serve the goals of other parallel (e.g., related services) and overarching (e.g., general education) programs while maintaining the integrity of its own goals and objectives; and (c) the comprehensive breadth of behavior (e.g., intellectual functioning, adaptive behavior, social development, fine and gross motor skills, applied living skills, academic achievement, etc.) that is critical to the success of a special education program,

generally, are not goals of the traditionally narrower programs found in general education.

The purpose of education for all students is to provide students with the skills and knowledge necessary to become productive citizens. The ultimate goal and outcome of this project was the amelioration of behavior problems in students with disabilities and improving their academic outcomes. The outcome of this project included tools and strategies developed and based on evidence-based practices for improving the behavioral, emotional, social skills, and academic performance of students with significant behavior disorders.

There were four specific purposes for this project:

1. Determine and identify specific domains for serving students with EBD based on evidence-based practices

2. Identify essential components of effective programs for students with EBD

3. Create and author a framework for program quality indicators that describe essential components of effective programs

4. Develop a process of program evaluation for local school district use to inform and improve programs serving students with EBD

The first three components of the project (development of EBD program domains, components, and indicators) will increase understanding of the context and meaning of program effectiveness and provide tools to assess the impact of special education programming.

The final component of the project will be a significant addition to the field by providing a method by which to evaluate special education programs based on essential components and program quality indicators. The product in the form of a toolkit was developed to enhance continuous improvement, expand learning, and support positive outcomes for students with special education needs, specifically those with emotional behavioral disorders. The toolkit was designed to also increase ongoing implementation of evidence-based instruction and support services by identifying strengths, professional development needs, and effective utilization strategies for service providers to offer program enhancements to strengthen essential components of programs. It provides a framework for assessing the impact of school-based and district-based efforts to improve teaching and learning in one of the most challenging district programs: those serving students with EBD. The toolkit was designed for local school district administrators to use in an effective and efficient manner. The evaluation process outlined in the toolkit was written so that it may be replicated in other district programs serving students with disabilities.

Evaluation Questions

The following overarching questions provided the framework for the study. The study centered on collecting data to answer three key questions in sequential order:

1. What effective practices are essential components of quality programs that serve students with EBD?

2. What evaluation process and materials might facilitate improvement in special education programs serving students with EBD?

3. To what extent would implementation of components of an evaluation toolkit support local school districts in answering the following questions?

    a. To what degree are center-based programs for students with EBD reflective of evidence-based practices?

    b. What are the barriers to offering and implementing evidence-based practices, if any? To what extent do barriers negatively affect implementation of quality program indicators for students with EBD?

    c. To what extent can special education quality program indicators be improved and strengthened within the programs serving students with EBD?

Definition of Terms

Developmental evaluation: has the purpose of helping develop an innovation, intervention, or program. The evaluator typically fully participates in decisions and facilitates discussions. It supports ongoing development and adaptations to changing conditions. Developmental evaluation determines when and if an innovation is ready for formative evaluation as a pilot intervention (Patton, 2011).

Evaluation Capacity Building: involves working intentionally and continuously to create and sustain overall organizational processes that make quality evaluation and its uses routine (Patton, 2008).

Evidence-based practice: Evidence-based practice is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. The purpose of EBP is to promote effective psychological

practice and enhance public health by applying empirically supported principles

of psychological assessment, case, formulation, therapeutic relationship, and

intervention. (APA Council of Representatives, 2005)

Functional Behavioral Assessment (FBA): Minnesota Rule 3525.0200, Subpart 3a.

defines FBA as a process of obtaining and analyzing assessment data to better

understand the nature and causes of problem behavior and develop more effective

and positive interventions. FBA means a process for gathering information to

maximize the efficiency of behavioral supports. An FBA includes a description of

problem behaviors and the identification of events, times and situations that

predict the occurrence and nonoccurrence of the behavior. An FBA also identifies

the antecedents, consequences, and reinforces that maintain the behavior, the

possible functions of the behavior, and possible positive alternative behaviors.

Participatory Program Evaluation: is an evaluation process that involves participants in

all phases such as goal setting, establishing priorities, focusing questions,

interpreting data, data-based decision making, and connecting processes to

outcomes. Participants work together as a group and focus the evaluation on

process and outcomes they consider important and to which they are committed.

A participatory program evaluation is conducted by an internal facilitator and

internal stakeholders (Patton, 2008).

Program Evaluation: A process of systematic inquiry to provide sound information about

the characteristics, activities, or outcomes of a program or policy for a valued

purpose (King, 2010).

Domains: Defines an entire category of something (Merriam-Webster).

Components: A part or element of a larger whole (Merriam-Webster).

Indicators: Proves specific information on something particular. Indicators are critical

skills that are measured to determine if *the item* is progressing toward the

benchmarks and standards and how well the *item* performs (Institute of Education

Sciences).

Emotional Behavioral Disorder (EBD): A student with EBD demonstrates an inability to

learn that cannot be explained by intellectual, sensory, or health factors and

demonstrates an inability to build or maintain satisfactory interpersonal

relationships with peers and teachers. EBD is a condition exhibiting one or more

of the following characteristics over a long period of time and to a marked degree

that adversely affects a child's educational performance.

    A. Withdrawn or anxious behaviors, pervasive unhappiness, depression,
severe problems with mood or feelings of self-worth.

    B. Disordered thought processes manifested by unusual behavior patterns,
atypical communication styles or distorted interpersonal relationships.

    C. Aggressive, hyperactive, or impulsive behaviors that are
developmentally inappropriate.

Utilization-focused evaluation: is evaluation done for and with specific intended primary

users for specific, intended uses (Patton, 2008).

Importance of the Study

      This study examined timely and significant interventions and practices, both

nationally and in Minnesota, that supports effective education for students with EBD.

This project reflects the importance of giving focused and systematic attention to program quality indicators as a way of determining program effectiveness for students. It also reflects the necessity of developing local school district capacity to evaluate programs on an on-going basis as a measure of program effectiveness.

The focus of this project reflects recognition that compliance with the requirements of federal and state laws is not enough to ensure that all children achieve an appropriate education and develop the capability to live as full, participating members of the community. The project contributes to increased understanding of program quality indicators related to students with EBD and their success in school.

Participatory program evaluation engages professional teams of educators in an inquiry process focused on assessing the effectiveness of local programs at the same time as building internal capacity among staff. The toolkit provides a framework and process for local educators to use for continuous data gathering, sharing of findings, and planning for improvement. Increased involvement and responsibilities should promote positive attitudes towards programs and cooperation throughout district organizations.

The project furthers the development of local school districts' capacity to examine the effectiveness and impact of special education services for students with EBD. This project reflects a commitment to special education program improvement and also reflects the federal emphasis on assisting states and local school districts in their efforts to improve the delivery of special education programs and services.

Review of Related Research

The following review of research is organized around three essential questions, including:

    1) What is the history of serving students with EBD?

2) What are the outcomes of serving students with EBD?

3) What practices have been found to be essential components of quality programs that serve students with EBD? (see Appendix A)

History of serving students with EBD. Much of the historical literature suggests that identifying social deviance and responding to it have always been perplexing and that current practices have long historical roots. It is important to study and understand the past in order to address current issues effectively. (Kauffman & Landrum, 2009). Historically, children and youth identified and receiving services under EBD have experienced less school success than any other subgroup of students, with or without disabilities (Landrum et al., 2003). Yet, from a national perspective, little is known about the complex array of factors that contribute to the poor outcomes of this group (Kaufmann, 2007). We have known for a long time that students with EBD have specific needs that require significant attention even though the deficits in successful outcomes have been relatively stable over a period of time (Wagner, Kutash, Duchnowski, & Epstein, 2005).

Students with EBD have significant functional characteristics that differ from their nondisabled peers, including multiple disabling conditions, lower cognitive functioning, impaired social and communication skills as well as lower academic functioning (Wagner et al., 2005). Continued challenges in serving students include a gap between knowledge and implementation, barriers to identification and implementation of best practices, lack of highly qualified teachers, and lack of pre-service and in-service training for current teachers (Henderson, Klein, Gonzalez, & Bradley, 2005).

There continues to be significant differences in gender, race and ethnic background, and socioeconomic status when comparing students identified as EBD to their nondisabled peers. More than three-fourths of the children and youth identified as EBD are boys as compared to approximately one-half of peers with other disabilities (Wagner et al., 2005). African Americans represent a larger percentage of students with EBD (27%) than is found in the general population (17.1%). In contrast, there are fewer Hispanic youth with EBD (12%) compared to the general population (16.5%). Students with EBD are more likely to live in households with several risk factors for poor outcomes as compared to their peers; these risk factors include living in poverty (33.2% compared to 16%), living in a single-parent household (38.1% compared to 25.9%), living in households whose head is unemployed (23.6% compared to 10.3%), and living in households whose head was not a high school graduate (21.2% compared to 8.1%) (Webster-Stratton, Reid, & Hammond, 2004; Wiley, Siperstein, Forness, & Brigham, 2010).

Outcomes of serving students with EBD. Legislation and school reform efforts have influenced how educational services are provided to students with severe disabilities. The education system is the only institution mandated to serve children and youth with EBD. The *Individuals with Disabilities Education Improvement Act* (IDEA) of 2004 guarantees access to a free, appropriate public education for all children with disabilities. Children and youth in the United States with EBD currently include approximately 480,000 students; however, for 51% to 55% of these students, the educational experience ends in a decision to drop out of school (U.S. Department of

Education, 2002; Bradley, Doolittle, & Bartolotta, 2008), which gives this group the highest dropout rate of any disability category. Dropout decisions reflect the fact that these students earn lower grades and fail more courses than any other disability group served in special education environments (Landrum et al., 2003). Students with behavior disorders are more academically capable than many of their disabled and nondisabled peers, but fail more frequently (Bradley, Doolittle, & Bartolotta, 2008). As students grow older, their ongoing problems with discipline and antisocial behavior increase (Bradley, Doolittle, & Bartolotta, 2008). In addition to discipline and antisocial behavior issues, Wagner, Kutash, & Duchnowski (2005) found overall social and emotional functioning problems continues to escalate into adulthood. Illuminating factors that characterize children and youth with EBD will provide a better understanding of contributors to poor outcomes.

Research suggests 20% of children under the age of 18 have behavioral concerns and 5% of children are experiencing "extreme functional impairment" (Services, 2005; Adelman & Taylor, 2002). Although this data suggests a high number of children experiencing behavioral concerns in the United States, only 2% are receiving services. In Minnesota, 9% of school-age children and 5% of preschool children have a serious emotional disturbance that interferes significantly with their ability to function at school (MN Department of Human Services, 2007) and only 1.6% are receiving services.

Concern in Minnesota is especially high for children receiving special education services for emotional or behavioral disorders (EBD). Students eligible for the EBD classification represent 2% of Minnesota's school population and approximately 16% of

all students in special education. However, these students represent 52% of the special

education students expelled from school (MDE, 2009).

Essential components of quality programs that serve students with EBD. The

intent of the literature reviewed in this section was to synthesize and apply findings to the

creation of a framework to evaluate programs serving students with EBD and the

development of a toolkit.

A review of research leads to evidence that many teachers of students with

disabilities have implemented teaching practices shown to have little effect on student

outcomes (Cook & Shirmer, 2003) and that programs generally lack use of evidence-

based practices (Johns, Crowley, & Guetzloe, 2008). In an effort to bridge this research-

to-practice gap, lawmakers have emphasized the need for effective practices in the No

Child Left Behind Act of 2001 and the Individuals With Disabilities Education Act of

2004. Despite the national emphasis to apply evidence-based practices to the classroom,

professionals serving students with EBD have not yet established a consistent method of

implementing interventions into practice (Wagner, Sumi, Woodbridge, Javitz, &

Thornton, 2009). There continue to be issues with access to quality services for students

with EBD.

Research identified five barriers that have prevented teachers from successfully

incorporating evidence-based strategies into their classroom (Klingner, Ahwee, Pilonieta,

& Menendez, 2003). Barriers reported in Klingner et al.'s (2003) study were (a) lack of

instructional time, (b) inadequate resource materials, (c) lack of support from principals

and other administrators, (d) personality differences, and (e) students' behavioral

problems. According to Cook and Schirmer (2003), these reasons severely limited the positive effect of evidence-based interventions. The gap broadened between what is known about effective and evidence-based instruction and the extent to which these practices were carried over into the instructional settings.

The Institute of Education Sciences within the U.S. Department of Education developed ongoing research efforts to address the development and evaluation of interventions targeting social and behavioral outcomes for students. The Institute's guiding premise is that scientific research and evaluation, linked with systematically collected and used data on educational performance, is the key to progress in education (Whitehurst, 2004). The goal of these efforts is to contribute to the knowledge of school-based behavioral interventions, an area that currently lacks sufficient knowledge on the application, scalability, and sustainability of behavioral interventions for students with behavior problems.

Literature indicates a critical need for the integration of successful evidence-based strategies into the classroom environment to increase the academic and social outcomes for students identified as having EBD (Cook & Shirmer, 2003). Without effective interventions, students identified as having EBD are more likely to experience school failure. To address the research-to-practice gap and concerns previously noted, the subsequent section provides an overview and synthesis of classroom evidence-based strategies developed to increase capacity and improve the behavioral, social, and academic outcomes of students with EBD. Findings from the review of research have been organized into components of effective programs that make up a conceptual framework.

Conceptual Framework

A visual structure was developed, given a significant amount of literature, to demonstrate relationships among quality indicators and to present an approach to answering the evaluation questions framed in the study. The following conceptual framework identifies key relevant domains that focused the review of literature surrounding this study. This conceptual model serves as the framework for suggesting nine domains that summarize and define essential educational program components for students with EBD (see Figure 1). The nine domains are included in the table below.

Table 3. Domains of Effective Programs Serving Students with EBD

1	Specially Designed Curriculum and Instruction
2	Instructional Assessment and Use of Data
3	Qualified and Committed Professionals
4	Educational Team Collaboration and Communication
5	Engaging Families and Coordinating Community Support
6	Leadership Practices and Administrative Support
7	Special Education Due Process
8	Environmental Management: Program Culture and Climate
9	Ongoing Evaluation of Essential Program Components

Figure 1: Conceptual Framework for the Domains of Effective Programs Serving Students with EBD

Ongoing Evaluation of Essential Indicators

Environmental Management: Program Culture & Climate

Special Education Due Process

Engaging Families and Coordinating Community Support

Specially Designed Curriculum and Instruction

Educational Team Collaboration & Communication

Student Learning

Qualified & Committed Professionals

Instructional Assessment and Use of Data

Leadership Practices and Administrative Support
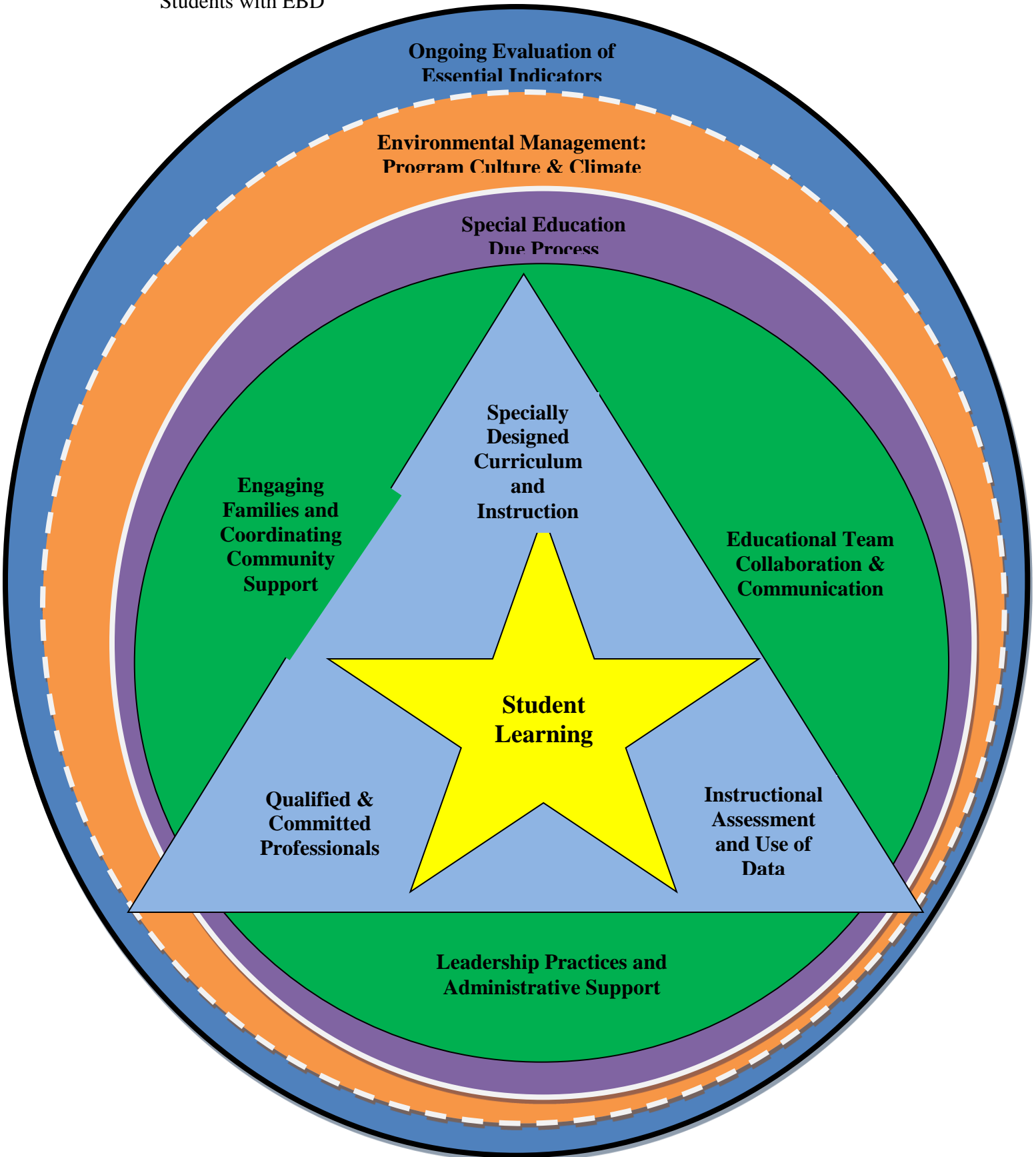
Domain 1: Specially designed instruction and curriculum. The purpose of education is to provide all students with the skills and knowledge necessary to become productive citizens. Students with significant and challenging behavior serviced under the disability label of EBD need qualified teachers implementing instructional strategies to systematically integrate affective, social, and life skills with academic curricula. Academic intervention is a prominent variable in changing school performance, and the improvement of academic functioning is a critical component of the social, emotional, and behavioral measures that translate to the broader outcomes of successful living (Gage, Adamson, Mitchell, Lierheimer, O'Connor, Bailey, Schultz, Schmidt, & Jones, 2010).

Studies of classroom interventions for students with behavior problems have primarily focused on enhancing skills, such as appropriate attention-seeking, social skills, problem-solving, self-management skills, self-advocacy and self-control strategies (Fitzpatrick, & Knowlton, 2009). Teachers need to select, adapt, and use instructional strategies and materials according to individual student characteristics. Literature suggests that students need direct teaching of appropriate social and behavior skills to replace problem behaviors using strategies focused on both individual students and the whole classroom. In doing so, teachers help students with behavior problems learn how, when, and where to use these new skills; increase the opportunities that the students have to exhibit appropriate behaviors; preserve a positive classroom climate; and manage consequences to reinforce students' display of positive replacement behaviors and adaptive skills.

Explicit and rigorous curriculum and instruction needs to be specialized and designed to parallel the general education core curriculum. The delivery of instruction is most effective when it is set up to maximize student learning, based on individual goals and objectives, and utilizes proven academic and behavioral support systems and curriculum. Accommodations for instruction and assessment are intentionally and individually planned with specific techniques or strategies to extinguish inappropriate behavior (Steedly, Schwartz, Levin, & Luke, 2008).

In addition to focusing explicitly on academic and social/emotional competencies, programs serving students with EBD need to also address students' mental health status. Research has estimated that about one-third of students fail to learn because of psychosocial problems that interfere with their ability to attend to and engage fully in instructional activities (Adelman & Taylor, 2005). Unfortunately, many programs have little access to mental health services or behavior services (Wagner, Friend, Bursuck, Kutash, Duchnowski, & Sumi, 2006). A substantial body of research has shown that the early onset of behavioral and mental health problems during elementary school is associated with an increased risk for subsequent severe behavior and academic problems (MacMillan, 1999; Washburn-Moses, 2006). In fact, in the absence of effective interventions, many students who exhibit serious behavior problems in the early elementary grades develop more significant antisocial and disruptive behavior patterns by the upper elementary or middle school grades (Loeber & Farrington, 2001; Petras, Chilcoat, Leaf, Ialongo, & Kellam, 2004) and are at increased risk for academic failure and school dropout (Lassen, Steele, & Sailor, 2006).

Domain 2: Instructional assessment and use of data. Assessments for instruction are intended to answer questions about what a student has learned and needs to learn; teachers use data to guide decisions about instruction. To ensure that a complete picture of the student's educational needs is developed; teachers of students with EBD routinely need to collect information on academic, social, and interpersonal behavior. Strong instructional strategies could lead to high student achievement and improved behavior for students with EBD (Kauffman & Landrum, 2009). Selecting the appropriate instructional tool for the task requires a clear determination of the instructional needs of the individual student.

Many ongoing assessment techniques are available to educators of students with EBD and have been found to be effective in determining individual plans (Kauffman & Landrum, 2009; Wehby, Lane, & Falk, 2003). The primary goal of ongoing instructional assessment is designing interventions and measuring progress. Research suggests that procedures for evaluation should include standardized tests of intelligence and achievement, curriculum-based measurement, behavior ratings, assessment of peer relations, interviews, self-reports, and directs observations (Kauffman & Landrum, 2009).

Functional behavioral assessments (FBA) have been increasing in use since the early 1990s. The function of behavior is a critical issue to be addressed in an evaluation and an effective FBA may tie directly to instruction, prevent misbehavior from occurring, and keep a focus on a positive plan for intervention (Kauffman & Landrum, 2009; Newcomer, & Lewis, 2004).

Domain 3: Qualified and committed professionals. Students with EBD need teachers and support staff that are qualified and committed to the field and to student

progress. There is a shortage of highly qualified EBD teachers with specific training and expertise (Henderson et al., 2005). Teachers of students with EBD report being under-prepared and lacking necessary training to effectively work with students (Cook & Schirmer, 2003). Recruiting, preparing, training, and retaining special education teachers should be a high priority and a standard to review in all program evaluations.

According to the U.S. Department of Education, "Ensuring that America's teachers are of the highest quality is an important national priority because they hold the key to student success" (2005, p. 18). It is not surprising that there is widespread debate concerning what exactly is the definition of a highly qualified teacher. Predicated on the fact that quality teaching and student achievement are directly correlated (Darling-Hammond, Holtzman, Gatlin, & Vasquez- Heilig, 2005; National Council for Accreditation of Teacher Education, 2008), the U.S. Department of Education (2005) stressed that ensuring teachers are of the highest quality is a national priority.

Teachers serving students with EBD require significant expertise and training (Kauffman, 2007; Katsiyannis, Zhang, & Conroy, 2003; Manning, Bullock, & Gable, 2009). The accumulated research on teacher competencies has led to the establishment of a set of skills to work effectively with students with EBD. The Council for Exceptional Children (2009) developed minimum knowledge, skills, and dispositions required of all special educators, including 10 standards and 162 knowledge and skill statements that relate specifically to the field of EBD. Initial level content standards for teachers in the field of EBD include foundations, development and characteristics of learners, individual learning differences, instructional strategies, learning environments and social

interactions, language, instructional planning, assessment, professional and ethical

practices and collaboration (Council for Exceptional Children, 2009).

   Domain 4: Educational team collaboration and communication. Malone and

Gallagher (2010) studied the effects of EBD teachers' attitudes toward collaboration and

communication. They found that the teachers who felt teamwork was an effective

method of providing services and supports also demonstrated a strong sense of

leadership, positive communication, cooperation, role clarity, lack of barriers, equal

power, and encouraged input and feedback from others. Teachers who felt that team

members should have equal decision-making power, dedicated time and energy also

demonstrated a strong sense of collaboration and communication skills.

   Research suggests that a school with strong, trusting peer relationships among its

staff is more likely to have teachers who are willing to learn and engage in new practices,

which can produce gains in student outcomes (Sugai, Simonsen, & Horner, 2008;

Shapiro, Miller, Sawka, Gardill, & Handler 1999). Establishing these trusting

relationships can occur through one-on-one interactions as well as participation in

collaborative learning teams with other grade-level teachers and school staff. Team-

based collaborations with grade level teachers and other professional colleagues who are

experienced in behavior management, such as school psychologists and counselors, also

can provide effective support to teachers with students who exhibit behavior problems.

Adult learning theories suggest that collaborative learning teams have the potential to

effectively engage teachers in learning and implementing new techniques (Gable, Arllen,

Evans, & Whinnery, 1997; Ysseldyke & Christenson, 1987).

In addition to collaboration with school professionals, research has linked teachers' relationships and collaboration with families of their students as a beneficial step towards student progress (Rosenblatt & Rosenblatt, 1999). Families can be powerful allies for teachers in dealing with disruptive classroom behavior. Researchers have found that family involvement in a student's education can yield numerous positive outcomes, including improved student achievement and behavior (Kutash, Duchnowski, Sumi, Rudo & Harris, 2002; Osher, Van Kammen, & Zaro, 2001). Consequently, efforts to enhance the supportive role of family members in addressing a child's emotional and behavioral challenges often are a key component of intervention programs and indicators of successful programs (Malone & Gallagher, 2010).

Domain 5: Engaging families and coordinating community support. In the age of school district accountability, standards, and academic rigor, meeting children's social/emotional/behavioral needs is critical. Local school districts need procedures that define and evaluate a full continuum of mental health services in collaboration with families and community support systems. Teachers and administrators need timely access to evidence-based information on EBD, staff training in child behavior and mental health issues, and access to consultation and referral sources (Kutash et al., 2002; Singh, Curtis, Ellis, Wechsler, Best, & Cohen, 1997).

Literature in this area recommends that school districts create systems to address mental health concerns together with families and community agencies to support effective school performance (Osher et al., 2001). Schools and communities need to enhance the nature and scope of mental health interventions ranging from prevention efforts to early intervention to treatment options in order to maximize student learning

and well-being. Relationships with professional colleagues, students' families, and collaborative agencies may play a critical role in supporting teachers to create successful interventions to decrease disruptive behavior in their classrooms (Noser & Bickman, 2000).

Literature recommends that teachers draw on these relationships in finding ways to collaborate with parents, school personnel, county agencies, and behavioral experts for new insights, strategies, and support (Osher et al., 2001; Singh et al., 1997; Bradley et al., 2008). Students benefit when multiple stakeholders, including their entire support system, together set instructional goals and monitor progress. Programs serving students with EBD need to take initiative to develop integrated, community-based systems of care to address the multiple domains of the challenges facing these children and their families.

Students with EBD need to be supported in integrated environments with community-based systems of care to address the multiple challenges they face. Literature suggests that implementing evidence-based interventions, interagency collaboration, and programs that accept families as equal partners significantly improve outcomes for this group of children and youth (Bradley et al., 2008; Cook & Schirmer, 2003; Cook & Smith, 2012). One evidence-based model in the literature consists of Adelman and Taylor's (2005) *Interconnected Systems*. The model is comprised of a continuum of services that aims to balance efforts at mental health promotion, prevention programs, early detection and treatment, and intensive intervention, maintenance, and recovery programs. The *System of Care* model is another example from the literature. It is based on a set of values that include achieving cultural competency and the acceptance of families as equal decision-making partners (Kutash et al., 2002). A third model from the

literature is the Partnership Project, a collaborative school-based process proven successful at maintaining students with EBD in their community schools, reducing their discipline referrals, and improving emotional functioning (Osher et al., 2001).

Domain 6: Leadership practices and administrative support. Programs serving students with EBD need state, district, and building leadership, support, and advocacy. Administrators need to hold high expectations for teachers and their instructional practices as well as demonstrate this in their supervisory practices. Meaningful and trusting connections between and among students, parents, teachers, and administrators are imperative.

There is strong evidence to show that teachers' working conditions have a direct effect and influence on their professional efficacy, job satisfaction, commitment to the organization, levels of stress and burnout, morale, engagement in the school or profession, and knowledge of pedagogical content (Leithwood, 2006). A principal's level of support and guidance pertaining to positive working conditions has been found to have more influence on teacher retention than their levels of pay (Billingsley, 2010).

Specific teacher recruitment and retention needs to occur in the field of EBD. Our most difficult students need the most talented and qualified professionals. Teacher shortages need to be eliminated and strong teacher support mechanisms should be in place within all schools to support retention of high quality teachers (Henderson et al., 2005; Katsiyannis et al., 2003).

All professionals serving students with EBD need systematic and sustained professional development in evidence-based techniques and quality indicators. Programs and individual teachers serving students with EBD need evaluation models or

frameworks that provide ongoing monitoring and feedback for use of evidence-based strategies. In addition to professional development, resources need to be readily available to support implementation of the recommendations. Adequate resources and supports for staff, families, and communities need to be systematically planned and evaluated.

In a recent study, Billingsley (2010) concluded with the following recommendations for school leaders to best improve and support special educators' experience in schools: encourage a sense of belonging, create learning cultures, support inclusive and collaborative practices in schools, provide support with curriculum and materials, support school wide expectations for behavior, support new teachers' work with paraprofessionals, and support role clarity.

Domain 7: Special education due process. Alignment between written due process and actual implementation of the plan is critical. Research does not demonstrate a strong link between due process and effective programming for students with EBD (Borich & Nance, 1987; George et al., 1990). However, compliance with state and federal statue continues to be an important focus of every special education program. Individual Educational Plans (IEPs) for students with disabilities result in and support student access, participation, and progress in the general education curriculum. Ongoing data collection and curriculum-based measures indicate the student's response to instruction. IEPs need to be implemented with fidelity and adjusted based on student response to instruction.

IEP teams typically understand the unique nature of each student's disability and strive to consider all relevant factors in making program recommendations to support meaningful educational progress for each student. The development of an IEP occurs in

a structured and sequential manner, characteristically with the student's strengths and needs guiding the process. Annual goals are identified to enable the student to progress in the general education curriculum and meet other disability related needs. Ideally, teams discuss and agree on referral process and procedures, program entry and exit, least restrictive environment, placement, and the model of services.

Domain 8: Environmental management, climate and culture. Literature supports specific and unique facets within educational settings for students with EBD, including classroom organization, adequacy of resources, physical space and layout, emotional climate, scheduling, and communication systems. Learning environments include both general education and special education; however, students with EBD participate in general education less than other types of disabled peers (Wagner et al., 2006). Positive learning environments and social interactions create a safe, equitable, positive, and supportive learning environment in which diversity is valued. Students with EBD have lower participation rates in instructional activities than non-disabled peers (Bradley, Doolittle, & Bartolotta, 2008). Learning environments for students with EBD need to be designed to encourage active participation in individual and group activities.

Classroom learning environments can be modified to decrease problem behaviors by altering or removing factors that trigger behaviors (Lewis, Jones, Horner, & Sugai, 2010; Wehby, Tally, & Falk, 2004; Sutherland, Wehby, & Copeland, 2000). Teachers can reduce the occurrence of inappropriate behavior by revisiting and reinforcing classroom behavior expectations; rearranging the classroom environment, schedule, or learning activities to meet students' needs; and/or individually adapting instruction to promote high rates of student engagement and on-task behavior.

This area includes facets of classroom environments designed to support individual needs, such as physical location, layout, program space, structured, predictable school and classroom environments. Programs need to have well defined goals, measureable objectives, and an articulated conceptual philosophical base. To avoid barriers to student success, programs need effective behavior management plans and utilize positive behavioral interventions and supports, ultimately connected to school-wide plans. The culture of the program should include high expectations for all students along with a climate conducive to learning.

Domain 9: Ongoing evaluation of essential program components. Program evaluation is never complete; it is an evolving process that may change its focus and adapt over time. Evaluation priorities vary depending on the needs of a program. Program evaluation establishes what works as compared to what does not work and enhances a school district's understanding of the value of the program and services. To sustain and support progress made in programs serving students with EBD, the process of program evaluation should be continuous and ongoing. Program leaders need to review and closely monitor and adjust evidence-based practices in the area of EBD on a regular basis.

Research in behavioral disorders over the past few decades indicates that there are promising approaches to recognizing, preventing, and intervening early with students with or at risk for developing behavior disorders; however, evaluations of these programs are often lacking (Borich & Nance, 1987; Cushing, Carter, Clark, Wallis, & Kennedy, 2008; George et al., 1990; Grosenick et al., 1990). A search of EBD program evaluation tools only resulted in four over roughly the past twenty years: (1) *How to Look and What*

to Ask (Steinberg & Knitzer, 1990); (2) *At the School House Door* (Steinberg, Knitzer, & Fleisch, 1990), which documented the challenges and issues in self-contained programs for students with EBD; (3) Grosenick and Huntze (1983) and Grosenick, George, and George (1987, 1990), which identified eight program components for evaluation: philosophy, student needs and identification, program goals, instructional methods and curriculum, community involvement, program design and operation, exit procedures, and evaluation; and (4) Walker and Fecser (2007), identified ten program components integrated into evaluation and planning.

Program evaluation is the key to program improvement and the principal means for judging quality of the programming and areas to improve. Evaluation serves many purposes; primarily to determine merit or worth. Other valuable purposes include assisting in decision making; improving programs, organizations, and society; enhancing democracy by giving voice to those with less power; and adding to our base of knowledge (Fitzpatrick, Sanders, & Worthen, 2011). There is a lot of learning that occurs during the entire process of evaluation, including the planning stages, collecting information, analyzing and interpreting the information, and reporting the results. The entire process and results of a program evaluation supports continuous progress in programs serving students with EBD.

Complex problems such as facilitating school success for students with EBD are rarely solved with simple steps. The history of serving students with EBD and their post-school outcomes is not encouraging. Sustained, cohesive programming addressing essential components of quality programs is necessary to support continuous progress for students with EBD.

Procedures and Methods

This project was a study using mixed methods. The first phase of the project consisted primarily of literature reviews and data analysis in order to consolidate and establish the framework of evidence-based practices. A complete literature review was conducted focusing on three major areas: 1) the history of serving students with EBD, 2) outcomes from serving students with EBD, and 3) practices found to be essential components of quality programs that serve students with EBD. The third area focusing on quality indicators was organized into nine categories, later termed domains (described above), to assist in developing the toolkit: 1) specially designed curriculum and instruction, 2) instructional assessment and use of data, 3) qualified and committed professionals, 4) educational team collaboration and communication, 5) engaging families and coordinating community support, 6) leadership practices and administrative support, 7) special education due process, 8) environmental management: program culture and climate, and 9) ongoing evaluation of essential program components. Once the nine domains were developed and grounded in findings from the literature review, evaluation questions were identified. The evaluation questions framed the development of the methods and project outcomes. Last, in Phase I, group and individual interviews were conducted to verify and validate the creation of the nine domains of effective programs serving students with EBD. Content validity was reached through the literature review and confirmation with experts in the field.

Phase II determined a process for program evaluation and feasible toolkit implementation steps. This phase focused on the second research question: What

evaluation process and materials might facilitate improvement in special education programs serving students with EBD? Group interviews with special education administrators and those responsible for potentially facilitating program evaluations in local school districts were conducted.

Given the results from Phases I and II, a toolkit was created to use as a framework in evaluating programs serving students with EBD. Components in the toolkit reflect evidence found in the field based on a literature review, data collection and analysis of students with Emotional Behavioral Disorders (EBD), input from special education administrators, Minnesota Department of Education special education team members, and experts in the field of EBD.

After the toolkit was drafted and developed, it was presented to the same groups of administrators from the previous phase. Phase III consisted of obtaining administrator feedback of the completed toolkit following demonstrating the product. Adjustments and modifications of the toolkit were completed based on input from stakeholders previously engaged in group interviews.

Table 4. Method Phases

Phase I	Phase II	Phase III
Literature review Data analysis Interviews Development of domains Development of components	Program evaluation process Interviews Development of toolkit	Group interviews Feedback on toolkit Final toolkit modifications

Conclusion

Children and youth with EBD routinely experience dismal school success and outcomes. Little is known about the complex array of factors that contribute to the poor outcomes of this group (Noser & Bickman, 2000; Wagner et al., 2006; Wagner et al., 2005 b). Students with EBD unquestionably require individualized programming based on effective methods implemented by well-trained professionals. By identifying, implementing, evaluating, and improving fundamental elements of effective programs, children and youth with EBD may experience greater success.

This study may have significant implications for programs serving students with EBD by creating frameworks local school districts may utilize to evaluate the effectiveness of their programs and develop action plans for improvement. Using a toolkit to guide an evaluation process for programs serving students with EBD may build staff capacity through their participation in the process. The toolkit will be a utilization-focused, participatory program evaluation process created for specific use and for intended users. Because a utilization-focused approach is personal and situational, the toolkit will be adaptable for unique situations.

Educational outcomes of students with EBD remain poor largely because practitioners in the field are unaware of and/or not provided with adequate support and resources to implement consistent use of evidence-based interventions (Gage et al., 2010). Advances in the field of EBD will be made increasingly meaningful if formal mechanisms are developed that lead to the implementation of effective, evidence-based strategies. This study will offer guidance to understanding evidence-based interventions and serve as a tool for administrators to provide and offer resources. Such an

understanding may well contribute to the development of services for these youth that

will enable them to succeed in school providing an essential component of success in life.

CHAPTER II

METHODS

Purpose

Nowhere is the need for program evaluation more evident than in programs serving students with Emotional or Behavioral Disorders (EBD). As explained in the previous chapter, a review of student outcome data paints a gloomy picture regarding the long-term outcomes of students with the special education label of EBD. Even though there are evidence-based practices proven to be effective with this population, there are not many structured means of evaluating programs and guiding improvement plans that revolve around the research.

Program evaluation provides special education administrators and stakeholders with a powerful and important tool for meeting formative and summative needs for programs. Again, as explained above, a review of literature found few examples of program evaluation tools or instruments to assist in evaluating programs serving students with EBD. The tools available focus primarily on compliance and monitoring of special education due process as a means of evaluating programs. Missing in the field are tools to link strong evidence in the field to implementation in the classroom. The purpose of this project was to provide local school districts with a program evaluation process that enhances school efforts in continuous improvement to expand learning and other positive outcomes for students with EBD and to lessen the gap between evidence-based practices and implementation.

As noted, the focus of this project involved an examination of specific outcome indicators as well as program effectiveness domains that relate to outcomes for students

with EBD. This focus reflects recognition that compliance with the requirements of federal and state laws is not enough to ensure all children achieve an appropriate education and develop the capability to live as full, participating members of the community.

The section below describes the methodological approach followed in conducting the study. It provides: 1) evaluation questions; 2) evaluation design and phases of implementation; 3) instrumentation and sampling procedures; 4) primary intended users and assumptions; 5) data collection and analysis; and 6) evaluation constraints.

Evaluation Questions

1. What effective practices are essential components of quality programs that serve students with EBD?

2. What evaluation process and materials might facilitate improvement in special education programs serving students with EBD?

3. To what extent would implementation of components of an evaluation toolkit support local school districts in answering the following questions?

    a. To what degree are center-based programs for students with EBD reflective of evidence-based practices?

    b. What are the barriers to offering and implementing evidence-based practices, if any? To what extent do barriers negatively affect implementation of quality program indicators for students with EBD?

c. To what extent can special education quality program indicators be improved and strengthened within the programs serving students with EBD?

Evaluation Design and Phases of Implementation

The project was an outgrowth of the author's commitment to evaluating the quality of special education programs serving students with EBD. The project serves as a step to building internal capacity in local school districts to systematically assess and improve programs and services on an ongoing basis. The project also connects evidence-based strategies to classroom implementation. The toolkit provides a means of evaluating current program functioning and a springboard for creating continuous improvement plans.

This project used mixed methods and contained three distinct phases and a fourth phase planned for implementation at a later date. The phases correlated with the evaluation questions with the exception being the fourth phase, which applies to the sub-questions under the third evaluation question. The section below details each phase and explains how the project answered the evaluation questions. (See Table 4 for evaluation questions, information needed, sources of information and methods to obtain the information; see Appendix C for a visual depiction of methods used.)

Phase I. The initial phase of the project answered the first evaluation question: *What effective practices have been found to be essential components of quality programs that serve students with EBD?* To collect necessary data and establish a framework of

essential components and program quality indicators, a complete literature review was conducted focusing on three major areas: 1) the history of serving students with EBD, 2) outcomes from serving students with EBD, and 3) practices found to be essential components of quality programs that serve students with EBD.

To assist in understanding the context of the problem and solution, two of the three areas reviewed in literature explored information related to historical data regarding students served under EBD, rate of incidence, outcome and graduation data, and drop-out statistics. The third area reviewed evidence-based components and quality indicators found to be effective in programs serving students with EBD. A variety of sources were utilized to collect the data, including peer reviewed journal, publications, and the Minnesota Department of Education website.

The literature review focusing on evidence-based components and quality indicators was organized into three levels of descriptors to assist in developing the toolkit. The first level included nine components discussed in the previous chapter: 1) specially designed curriculum and instruction, 2) instructional assessment and use of data, 3) qualified and committed professionals 4) educational team collaboration and communication, 5) engaging families and coordinating community support, 6) leadership practices and administrative support, 7) special education due process, 8) environmental management: program culture and climate, and 9) ongoing evaluation of essential program components. The second level was the creation of essential components to further describe the nine domains. The last level consisted of program quality indicators, initially derived from the literature. The development of the components and indicators are discussed further in Chapters Three and Four of this project.

Following the review of literature and development of domains, components and indicators, interviews were conducted with experts and leaders in the field of EBD at the state, local school district, and practitioner levels. The purpose of the interviews was to verify domains established as the result of the literature review and to explore connections between evidence-based practices in EBD and classroom implementation. A visual representation of the nine domains for effective programs was shared with interview participants; however, drafted essential components and program quality indicators were not shared. Interview questions were designed to address essential components and quality indicators from the viewpoint of practitioners and experts in the field. Interview results were later compared to results found in the literature review by using an excel document to check commonalities that were made during interview discussions matched to conclusions drawn from the literature. Data collected during interviews were used to modify and expand quality indicators originally drafted from the synthesis of literature. Ultimately, the interviews supported conclusions drawn from the literature review and added additional descriptors into quality indicators previously identified under domains and their essential components.

Phase II. The next phase of the project addressed the second evaluation question: *What evaluation process and materials might facilitate improvement in special education programs serving students with EBD?* The purpose of this phase was to determine effective methods for evaluating EBD programs and a feasible process for implementation in local school districts. To accomplish this purpose, a review of literature related to existing special education program evaluation tools and their use in

the field of EBD was completed. Content validity was reached through literature and experts in the field. Information needed to answer the question consisted of evaluation practices from current programs serving students with EBD, recommended practices for administrator implementation, and suggested instruments to include in the program evaluation toolbox. Sources of information came from experts in the EBD field and local special education administrators.

After the second research question was answered, a toolkit was created as a framework and process for evaluating programs serving students with EBD. The toolkit was developed and based on evidence-based practices discovered in the field through the literature review, collection of data, and analysis of students served. The format and process were developed based on the outcomes of interviews with special education administrators in the metro and west metro regions of Minnesota.

Phase III. The third phase of the project addressed the following question: *To what extent would implementation of components of an evaluation toolkit support local school districts in answering the following questions?* The sub-questions are addressed in Phase IV below.

After the toolkit was developed, the researcher demonstrated the product with the same group of EBD experts and special education administrators to gain their reflective feedback. Modifications and adjustments were made to the toolkit stemming from feedback and input received.

Phase IV. The fourth and final phase of the project will be implemented in the 2013-2014 school year and therefore is not part of the current project. The sub-questions to be addressed at a later date include the following:

a. *To what degree are center-based programs for students with EBD reflective of evidence-based practices?*

b. *What are the barriers to offering and implementing evidence-based practices, if any? To what extent do barriers negatively affect implementation of quality program indicators for students with EBD?*

c. *To what extent can special education quality program indicators be improved and strengthened within the programs serving students with EBD?*

Given the complexities in framing and creating the actual toolkit, this evaluator will be implementing the toolkit following the formal conclusion of the project and Phases I, II and III. The process of answering the questions asked in Phase IV will occur during implementation of the toolkit in the 2013-2014 school year. Even though this phase will be implemented at a later date, it is important to include the future plans as it sets the direction for the toolkit implementation and adds value to special education programs serving students with EBD.

Table 5. Evaluation Questions and Methods Matrix

Evaluation Question	Information Needed	Source of Information	Methods Used to Obtain Information
Phase I 1. What effective practices have been found to be essential components of quality programs that serve students with EBD?	History of programming for students with EBD Student outcome data Evidence-based practices Essential components for quality programs Quality indicators for programming	Peer reviewed journals Minnesota Department of Education website Practitioners teaching in programs serving students with EBD Experts representing the field of EBD at the Minnesota Department of Education Experts in the professional field of EBD	Purpose is to develop and verify domains, validate connections between research and implementation, identify essential components and begin to add program quality indicators Review of literature, records and data analysis Interviews: o Group interviews with EBD practitioners in the field o Group interviews with experts and leaders on the EBD State Leadership Team, including: Compliance and Assistance Specialist, MDE EBD Specialist, Positive Behavioral Interventions and Supports (PBIS) Leadership Team member, and the Assessment and Accountability Supervisor o Individual interviews with experts and leaders in the EBD Practitioner field, including: Director of Behavior Institute for Children and Adolescence and Minnesota University Professors in the EBD field

Table 5. Evaluation Questions and Methods Matrix

Evaluation Question	Information Needed	Source of Information	Methods Used to Obtain Information
Phase II 2. What evaluation process and materials might facilitate improvement in special education programs serving students with EBD?	Current program evaluation practices Suggested or recommended practices for conducting program evaluation in local school districts – regarding both implementation process and desired outcomes Suggested methods, data points, resources or materials to include in toolkit	School District Special Education Administrators and Supervisors (those who facilitate or are responsible for program evaluation efforts in local school districts)	Purpose is to determine program evaluation methods, process and feasible implementation of an evaluation toolkit in local school districts. Interviews: o Group interviews with experts and leaders in Special Education Administration o Group interviews with professionals responsible for facilitating program evaluations in local school districts
Phase III 3. To what extent would implementation of components of an evaluation toolkit support local school districts in answering the following questions?	Completed toolkit and entire project	Local school district EBD program key stakeholders, students, parents, community members and all staff involved with programming	Purpose is for feedback on and validation of completed toolkit following public demonstration of drafted product. Interviews: o Group interviews with experts and leaders in Special Education Administration o Group interviews with professionals responsible for facilitating program evaluations in local school districts

Table 5. Evaluation Questions and Methods Matrix

Evaluation Question	Information Needed	Source of Information	Methods Used to Obtain Information
Phase IV (Sub-questions under evaluation question number three) a. To what degree are center-based programs for students with EBD reflective of evidence-based practices? b. What are the barriers to offering and implementing evidence-based practices, if any? To what extent do barriers negatively affect implementation of quality program indicators for students with EBD? c. To what extent can special education quality program indicators be improved and strengthened within the programs serving students with EBD?	Completed toolkit and all its content Perception data on implementation of completed toolkit	School District Special Education Administrators and Supervisors (those who facilitate or are responsible for program evaluation efforts in local school districts)	Purpose is to implement components of the toolkit in local school districts. This will occur during the 2013-3014 school year, following project completion.

Instrumentation and Sample Procedures

Prior to collecting data, an application for approval to use human subjects in research was acquired from the University of Minnesota Research Subjects' Protection Program (IRB Study Number 1202E10169). The research consent form stated there were no risk to participants, selection of participants was equitable and audio recordings were to be held confidential. The consent process disclosed participation in both the individual and group interviews was voluntary (Appendix D). The interview processes involved research and included the investigator and researcher contact information for future reference.

This project was a study using mixed methods. The complete evaluation design utilized two methods: document analysis and individual and group interviews. This section is organized by each of the four evaluation project phases and includes instrumentation and sample procedures used in the evaluation project (see Appendix C).

Phase I. The first phase of the project consisted of a literature review and group and individual interviews. The literature review consolidated and established the framework for evidence-based practices by designing effective program domains, essential components, and quality indicators. The purpose of the individual and group interviews (see Table 5) was to compare connections between research and practitioner implementation or support. The interview questions were designed to ask participants about content drafted in the essential components and program quality indicators. The interviews had a sample size of fourteen professionals. At the time of the interviews, all of the participants were responsible for directly or indirectly monitoring the provision of

special education services to students identified EBD. Group interviews were conducted

with a sample of EBD practitioners from the Minnesota Council of Exceptional Children

Behavior Disorders executive board and experts from the Minnesota Department of

Education, special education department. Individual interviews were conducted with

university professors and experts in the field of EBD. The following table details the

interview participants.

Table 6. Phase I, Interview Participants

Phase I Question I	Group Interview with EBD Practitioners from the Minnesota Council of Exceptional Children, Behavior Disorders Board	EBD Teacher from ISD 112 EBD Teacher from ISD 720 Special Education Coordinator from ISD 112 EBD Teacher from ISD 272
	Group Interview with State Department Experts from Minnesota Department of Education and Positive Behavior Interventions and Supports Leadership Team	MDE, Special Education Policy Supervisor MDE, Positive Behavioral Support (PBIS) Specialist MDE, Special Education Policy Specialist MDE, Special Education Specialist MDE, Special Education Specialist and PBIS Specialist
	Individual Interviews with EBD Experts from a variety of Universities and Professional Organizations	Minnesota State University, Moorhead EBD Professor Minnesota State University, St Cloud EBD Professor Minnesota State University, Twin Cities EBD Professor University of St. Thomas EBD Professor Behavior Institute of Children & Adolescents, President

During group and individual interviews, participants were asked questions related

to each of the nine domains (see Appendix E). Questions addressed interview

participant's professional experiences and knowledge by asking them to share

observations and examples that illustrated each of the domains. Themes or content

consistent with previously drafted essential components and quality indicators were

listened for in their answers. The results of each of the three different interview groups were compared to the findings from the literature review using an excel spreadsheet. Interview participant responses were matched in three levels. First, the responses were compared to the most detailed, two hundred thirty-two, program indicator statements. Next, interview participant responses were compared to forty essential program components. Lastly, it was documented that if an interview group supported 50% or more of essential components, the domain itself would be considered supported.

Results of the interviews were tallied different ways to demonstrate the level of support for indicators, components and domains. Areas of support were matched and average percentiles were calculated for each of the three interview groups. To be considered supporting the statement, one or more interview participant needed to positively comment on the content described in the indicators or components. Results were organized by the three interview groups (practitioners, EBD, experts and MDE experts). The fourth approach for organizing the data consisted of an average across all groups. The "across all" groups was calculated if at least one participant positively responded in all three interview groups and displayed a broad level of support for the indicator, component, or domain. A description and discussion of results can be found in Chapter III.

Phase II. The second phase of the project consisted of group interviews with special education administrators responsible for special education programming in local education associations, special education cooperatives, and education districts. The sample between the two interview groups consisted of twenty local leaders in Minnesota

throughout the Minneapolis metro and west metro area. The purpose of the interviews was to determine program evaluation methods, process, and feasibility of implementing a program evaluation toolkit in a school district. The interviews were framed by reviewing quality aspects of programs through the introduction of the Conceptual Framework for the Domains of Effective Programs Serving Students with EBD (see Appendix I) and their Essential Components (see Appendix J). The following table (Table 7) outlines participants in the interviews.

Table 7. Phase II and III, Interview Participants

Interview Details	Participants
Group Interview with 12 Metro and West Metro Directors of Special Education Interviews were conducted at Regional Director Council Meeting Phase II - April 12, 2012 Phase III - November 2, 2012	Special Education Administrators from the following school districts: • Richfield • Bloomington • Columbia Heights • Eden Prairie • Hopkins • Minneapolis • Minnetonka • Osseo • Richfield • Robbsindale • St Anthony • Westonka
Group Interview with 8 Carver and Scott County Special Education Directors Interviews were conducted at Cooperative Member District Meeting Phase II - April 20, 2012 Phase III - December 21, 2012	Special Education Administrators from the following school districts: • Belle Plaine • New Prague • Prior-Lake Savage • Shakopee • MN River Valley Special Ed Cooperative • Carver Scott Educational Cooperative

The questions in phase II revolved around how participant's special education programs are currently being evaluated and their ideas on how to effectively conduct program evaluations for students with EBD (see Appendix F). Results and responses led to the structure, format, and design of the EBD Program Framework and Evaluation Toolkit. Discussion of the interview results can be found in Chapter III.

Phase III. The purpose of the third phase was to receive feedback on the drafted toolkit from the interview participants who provided input into the original format and content during the previous phase. Phase III methods included participation with the same sample of special education directors and administrative stakeholders from Phase II. The group interview focused on the anticipated feasibility of a tool kit, usability in a local school district, formatting, and structure of the toolkit (see Table 7).

The participants were given a tour of the EBD Program Framework and Evaluation Toolkit and asked to reflect on the structure, format, and design with a partner. Small groups were given four prompts for discussion: 1) big ideas, 2) specific insights, 3) questions raised, and 4) implications for action. Next, interview participants were asked questions related to current practices, barriers to implementing evidence-based practices, and solution questions (see Appendix G).

Phase IV. The fourth and final phase of the project will be implemented in the 2013-2014 school year and therefore is not part of the current project. When implemented, this phase will pilot the EBD Program Framework and Evaluation Toolkit and collect data on its effectiveness.

Primary Intended Users and Assumptions

School district administrators such as Special Education Directors, Supervisors, Building Principals, and Central Administrators are considered the primary intended users of the program evaluation toolkit. The program evaluation tool kit includes resources for administrators such as a suggested process for districts to evaluate their programs, a facilitator guide, and tools to assist in implementation.

The author of this study holds assumptions and beliefs regarding programming for students with EBD that are detailed in this section. School district administrators, related service personnel, teachers, community members, and families want students with EBD to be successful and the programs that serve them effective. Key stakeholders want the best for all students, including those with special education and behavioral needs. Another belief is that current practitioners are unclear of program quality indicators and inconsistently apply evidence-based strategies to programs serving this difficult population of students. While practitioners want the best for students with EBD, they don't understand the steps to achieve and accomplish this wish.

Another important perceived assumption includes observations made by this author related to leaders of special education at the state level. Due to federal requirements, Minnesota special education leaders have placed a significant importance on compliance monitoring rather than program and student progress monitoring. Given research, we know there is not a significant correlation between due process and effective programming or student progress. The MDE requires districts to address program evaluation in annual continuous improvement monitoring process; however, no assistance is given to guide districts through this important task.

Data Collection and Analysis

Content validity was reached through literature and experts in the field. The outcome of the project reflects evidence-based practices in the special education field, specifically emotional behavioral disorders. Key stakeholders were actively involved in determining contents, format, and methods in the toolkit.

The evaluation project included a variety of data collection methods. Practitioners and MDE experts were interviewed in a group format. EBD experts were interviewed individually. Two groups of special education administrators responsible for supervising programs serving students with EBD were interviewed on two separate occasions. All data contributed to the evaluation toolkit.

The toolkit applies the principles of utilization-focused evaluation and participatory program evaluation (Patton, 2008). The project established what works as compared to what does not work within the programs serving students with EBD. The toolkit should help key stakeholders answer the important questions of "what?" "so what?" and "now what?" and enhance school districts' understanding of the value of EBD programs and services.

Limitations and Constraints

This study and its methods hold limitations and constraints in three phases of the design and process. In Phase I, the level of evidence-based research found in the literature review was limited. There is not a great deal of recent research in the area as it pertains specifically to students with EBD. The review of literature frames eight of the nine areas of focus for the toolkit. Special Education Due Process (Domain 7) is a critical

component to be evaluated; however, legal requirements in special education mandate its involvement. It is not supported by research.

Phase II included practitioners, EBD experts, and MDE experts. Conducting group and individual interviews has limitations, including the size of the interview group. The participants were from the metro and west metro area in Minnesota, which may limit its potential effectiveness and replication across school districts of varying size and make-up. Administrators in rural areas and east of the metro were not interviewed to gain their input into the evaluation questions.

Following Phase II of the study, a toolkit for evaluating special education programs serving students with EBD was created. There are limited published toolkits with a similar purpose to serve as a model or guide in development. All special education programs are structured differently; therefore, no one toolkit will apply directly to all components of a specific program serving students with special education needs. The purpose of special education is to individualize and use specially designed interventions to support a student benefiting from general education. The purpose of the toolkit is similar to this idea and as a result has limitations of use due to its lack of flexibility.

The EBD Program Framework and Evaluation Toolkit is intended to serve as a professional development model and program evaluation framework. It should not be used to assess or evaluate teachers or individuals working within the program.

The process of receiving feedback and input on the toolkit was the third phase of the study. Not all components of the toolkit were reviewed with participants. Domains

and components were shared, but the indicators were not as the purpose of the interviews included the participants adding details to validate research components.

The project included leaders from the educational system both at the local and state level. The input obtained by interviews may have differed due to their background experiences, understanding, and involvement in schools and programs serving students with EBD. There has been a high rate of turnover and changes of roles and responsibilities on the MN State Special Education Supervisor team. The turnover may have caused a lack of consistency in accuracy while reporting practices that occurred in particular school districts.

The study does not provide a longitudinal review to study the effects of quality programming over a period of time. The process of testing components of the toolkit to establish internal and external validity will be implemented in local school districts during the 2013-2014 school year, after the completion of this thesis. At that time, data will be collected on the effectiveness of the tools and feedback received from a variety of stakeholders involved in the process. Interest in this project has been incredibly high with directors of special education throughout the metro area. Additional school districts in the metro area are looking forward to utilizing tools developed as a result of this project. Based on their encouragement and feedback, the need for such a tool is confirmed.

CHAPTER III

RESULTS AND OUTCOMES

Introduction

This study focused on developing an evaluation process for programs serving

students with EBD. It was designed to first understand, clarify, and summarize evidence-

based practices. Next, it was designed to embed the evidence-based practices in a tool for

local school districts to utilize. This tool will ultimately assist to strengthen district or

school programs serving students with EBD. The study compared the thoughts and

perceptions of experts, teachers, and administrators to the current literature, analyzed the

differences and similarities and then used the data to create tools for program evaluation.

The literature review upon which the study was based was organized around three

questions:

1) What is the history of serving students with EBD?

2) What are the outcomes of serving students with EBD?

3) What practices have been found to be essential components of quality

programs that serve students with EBD?

These areas along with their connections and intertwining threads provided a

perspective from which the project emerged. The answers from the first two questions

regarding the history of programming and student outcomes framed the problem and

provided the project further reasons of importance. Even though many effective

components were found and summarized from the literature, a research-to-practice gap

was found. Consideration of the literature review results led to the creation of nine

domains of effective programs serving students with EBD. This organization provided a

framework to collapse and summarize the essential components of quality programs for students with EBD found in the literature. It also provided a structure for the development of a conceptual framework and served as the basis for questions upon which the study was based. Gathering information from MDE experts, practitioners, EBD experts, and administrators added perceptual data to the literature base. Results and outcomes from the methods described in Chapter II are included in this chapter and are framed around three phases, correlating with evaluation questions below.

Phase I: What effective practices have been found to be essential components of quality programs that serve students with EBD?

Phase II: What evaluation process and materials might facilitate improvement in special education programs serving students with EBD?

Phase III: To what extent would implementation of components of an evaluation toolkit support local school districts in answering the following questions?

a. To what degree are center-based programs for students with EBD reflective of evidence-based practices?

b. What are the barriers to offering and implementing evidence-based practices, if any? To what extent do barriers negatively affect implementation of quality program indicators for students with EBD?

c. To what extent can special education quality program indicators be improved and strengthened within the programs serving students with EBD?

Overview of Phases and Methods

The study included three phases, corresponding to the evaluation questions. This chapter is organized by the phases and includes a description of data resulting from individual and group interviews in addition to the previous literature review. Each phase consisted of a different method or interview protocol. The section below includes a summary of content presented to interview participants along with results obtained.

Results: Phase I

The first phase of the project answered the following question: *What effective practices are essential components of quality programs that serve students with EBD?* The purpose of this phase was to verify domains of quality programs serving students with EBD previously established through a review of research. Another purpose included supporting connections between research and implementation through further identification of essential components under each domain. In addition to research findings, the interviews in phase I also identified further component indicators.

Interviews were conducted between March and June, 2012. The first interviews consisted of group interviews with four EBD practitioners in the field. Second was a group interview with five experts and leaders on the Minnesota Department of Education EBD Leadership Team, representing compliance and assistance, specialists, positive behavioral intervention support team, and assessment and accountability. After group interviews, five individual interviews were conducted with experts and leaders in the EBD practitioner field, including the Director of the Behavior Institute for Children and

Adolescence and various university professors who teach courses in the field of

Emotional Behavioral Disabilities.

All group and individual interviews used the same question format (see Appendix

E). The groups and individuals were provided with background information related to

the project prior to introducing the nine domains. The domains were introduced with the

conceptual framework visual (see Figure 1 or Appendix I) demonstrating the EBD

Program Frameworks that was drafted based on the literature review. The purpose of

establishing domains, components and indicators was communicated to interview

participants. The visual representation demonstrated how domains were embedded and

utilized within a framework for evaluating programs serving students with EBD.

Specific questions organized by domains were asked during the group and

individual interviews (See Appendix E). The tables below are organized by each of the

nine domains and include checks or check-boxes under the three interview groups

indicating responses that supported results from the literature review and therefore

verified the statements. In addition to analyzing results from the three individual groups

interviewed, the results were also analyzed across the groups. If at least one person in

each of the three groups supported the essential component or indicator, it was noted that

the statement was supported across all groups.

To accomplish the task of analyzing interview results, all responses were first

compared to essential components previously derived from the literature. The tables

below include checks (✓) next to each of the essential components which indicate

responses from the interview participants supported the statement. Next, interview

responses were analyzed and compared to program quality indicators. The tables below

include "check-boxes" (☑) indicating responses supported the quality indicator statement

previously identified through the literature. Lastly, each domain was considered verified

and documented with a "thumbs up" sign (👍) if more than 50% of the essential

components were discussed and supported by all interview groups.

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 1: Specially Designed Curriculum and Instruction		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
Support of Domain: Specially Designed Curriculum and Instruction		👍	👍	👍
1.1 *Instruction is thoughtfully designed and planned to build academic and social competence:* Lessons are carefully planned to accommodate the needs of all students.	**Support of 1.1**	✓	✓	✓
	There are clear goals for academic progress.	☑	☑	☑
	Lessons are carefully planned to accommodate the needs of all students.			
	The teacher attends to and adjusts pacing, minimizing time in non-instructional activities.			
	The teacher has adjusted both content and strategies to students' developmental levels.			
	The teacher incorporates strategies to address individual student needs based on their disability.		☑	
	Instruction is planned to specifically address IEP goals and objectives in direct accordance with assessment information to support progress.		☑	
	Individual student patterns of strengths and weaknesses are incorporated into the teaching activities.	☑	☑	☑
	Active accommodations (changes how students learn and ways they demonstrate their learning) are in place as needed.	☑		☑
	Active modifications (changes how students learn and ways they demonstrate their learning) are in place as needed and appropriate.	☑		☑
	Complex tasks are broken into small steps.	☑		☑
	Curricular options are available as needed and appropriate. • Instruction using regular education curricula		☑	
	Curricular options are available as needed and appropriate. • Modified and/or supplemental curricula		☑	
	Curricular options are available as needed and appropriate.			

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 1: Specially Designed Curriculum and Instruction		Support of Domains, Components & Indicators		
Domains Essential Components	Program Quality Indicators	EBD Practitioners	MDE Experts	EBD Experts
1.2 *Instruction is structured and predictable:* Lessons are carefully structured and students are aware of lesson objectives and structure.	**Support of 1.2**	✓	✓	✓
	The teacher clearly communicates directions and objectives so that students have a clear plan of action.			
	Instruction follows a sequential order that is logically related to skill development.			
	Activities have clear beginnings, ends and efficient transitions.			
	The teacher's instructional presentation includes explanation and modeling, followed by coaching, guided and independent practice and timely feedback.	☑	☑	☑
	The teacher provides guided practice with error-correction and re-teaching until students attain approximately 80% mastery.			
	The teacher monitors independent practice at approximately 90-100% mastery.			
	Regular times are scheduled into the day to provide feedback on independent work.			

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Domain 1: Specially Designed Curriculum and Instruction		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
1.3 *Instruction is interactive and engaging:* Teachers use multiple and varied techniques to engage students in meaningful ways to support active participation.	**Support of 1.3**	✓	✓	✓
	Instruction occurs in a variety of grouping options or formats (e.g., co-taught classrooms, whole group, small groups, cooperative learning groups, individual instruction, and computer-aided instruction).	☑	☑	☑
	The teacher incorporates real life experiences into lessons.	☑		
	Instructional materials are educationally relevant.	☑		
	Instruction is delivered in a manner that increases the potential for student success.			
	The teacher uses variations in voice, movement and pacing to reinforce attention.			
	Modified schedules are used to better match student needs with appropriate teachers, time or content.	☑		☑
	The teacher uses strategies to ensure high frequency learning trials and response opportunities (e.g., high rates of opportunities to respond, choral responding, individual response card, and peer tutoring).			
	Instructional strategies are used to decrease students' frustration level and help them achieve maximum success.			☑
	Instructional strategies are used to increase students' motivation level and help them achieve maximum success.			
	Students have access to, and participate in, a full range of curricular options including core subjects, fine arts, physical ed., and electives.	☑		☑
	Students have access to, and participate as appropriate, in field trips, lunch, recess, extracurricular activities, school assemblies, etc.		☑	☑

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 1: Specially Designed Curriculum and Instruction		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
1.4 *Instruction is aimed at increasing independence:* Students learn to independently use strategies that will help them to successfully acquire and retrieve learned materials.	**Support of 1.4**	✓	✓	✓
	Students receive direct instruction in self- management, self-monitoring, self-reinforcement, self-evaluation, self-instruction, self-control, and self-talk.	☑		☑
	Students receive instruction in cognitive strategies (e.g., taking notes or asking questions), and meta-cognitive strategies (e.g., planning, monitoring, and evaluation).			
	Students receive direct instruction in strategies to assist them in acquiring new information and learn skills (e.g., activating prior knowledge or think-aloud).			
	Students receive direct instruction in strategies to store and retrieve information by pairing new information to existing knowledge using a visual device (e.g., mnemonics or concept maps).			
	Students are offered choices to encourage responsibility for their skills and behavior.	☑	☑	☑
	Independent studies are used to allow the student to work on regular curriculum and related topics of personal interest at own pace.			

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 1: Specially Designed Curriculum and Instruction		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
1.5 *Behavior expectations are established and taught:* There is a system in place to establish and teach clear rules, routines, procedures and consequences.	**Support of 1.5**	✓	✓	✓
	Classroom behavioral expectations are consistent with school-wide expectations.	☑	☑	☑
	A school-wide positive behavioral interventions and supports model is embraced, valued, developed, and utilized.	☑	☑	☑
	A small number (3 – 5) of classroom behavioral expectations are defined.			☑
	When possible, students and classroom staff are partners in the development of the behavioral expectations.			☑
	Behavioral expectations are positively stated and easily understood.		☑	☑
	Behavioral expectations are directly and systematically taught.		☑	☑
	Behavioral expectations are reviewed frequently and posted about the classroom.		☑	
	The teacher provides pre-correction and prompting for behavior expectations as well as ongoing feedback.			
	Students know the acknowledgements for appropriate behavior, as well as the consequences for inappropriate behavior.	☑	☑	☑

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 1: Specially Designed Curriculum and Instruction		Support of Domains, Components & Indicators		
Domains Essential Components	Program Quality Indicators	EBD Practitioners	MDE Experts	EBD Experts
1.6 *There is a focus on affective education*: Systematic instruction in affective education is provided to help students acquire information, attitudes, and skills that will encourage appropriate skills/behavior and mental health.	**Support of 1.6**	✓	✓	✓
	Direct instruction in areas related to affective education is scheduled and integrated with academic instruction.			☑
	Program components include a variety of approaches such as social skills, cognitive behavioral interventions, pragmatic language skills, problem solving, conflict resolution, social awareness/strategies for reading social situations, relaxation skills, taking the perspective of others, service learning, etc.	☑		☑
	Formal and informal curricula are used based on the individual needs of the students.			
	As situations arise, they are pointed out as examples of content that was formerly taught.			
	Student-to-student interactions and skills are taught, with opportunities for practice, feedback and generalization.	☑		☑
	Student-to-adult interactions and skills are taught, with opportunities for practice, feedback and generalization.			
	Students are given opportunities to practice, get feedback, and generalize to other settings.	☑		☑

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 1: Specially Designed Curriculum and Instruction		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
1.7 *Instruction promotes students' thinking about their own behavior*: Teacher encourages, and students engage in, systematic problem-solving about behavior.	**Support of 1.7**	✓	✓	✓
	Students are provided with direct instruction in problem solving strategies for decision-making, exploration, classification, and hypothesizing about behavior.	☑	☑	☑
	Students are allowed and encouraged to engage in a problem solving model.			
	Students are provided with think-aloud demonstrations about behavior and social problem-solving.			
	Students are encouraged to talk about their thinking about their behavior (e.g., discuss what they know and don't know, participate in paired problem-solving, write in a thinking journal).			
	Students are asked questions about behavioral and social situations which promote thinking.			
	Students are given wait time after asked question.			
1.8 *Instruction is individualized and personalized:* Systematic assistance and support.	**Support of 1.8**	✓	✓	✓
	Teaching and counseling strategies are used to assist students in personalizing and internalizing new affective information and skills.	☑		☑
	A system is in place for responding to emotional crisis.	☑	☑	☑
	Questions and comments are used to acknowledge the student as a valued individual.			
	Interaction is nonjudgmental and student's feelings are validated.			

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 1: Specially Designed Curriculum and Instruction		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
1.9 *Instruction includes areas of transition:* There are systems in place that develop skills necessary for productive, meaningful life outside of school. These systems provide the link between the skills a student gains in his/her school experience and application of those skills in the nonacademic settings.	**Support of 1.9**	✓	✓	✓
	Students are systematically provided with information and skills necessary for life outside of school.			☑
	Teachers provide direct instruction with specific content regarding life outside of school.	☑		
	Career vocational subjects are taught in the classroom. • Elementary (awareness): discovery of why people work and variety of occupations. • Middle School (exploration): content includes exploring the variety of careers that will best meet individual abilities and interests. • High School (preparation): content includes preparation for an occupation in the areas of socialization, communication skills, job procurement and retention skills, and financial management skills.			
	High school graduation is a goal for all students.	☑	☑	☑
	Living skills are implemented to prepare student to function appropriately in domestic, recreational and community life. Examples include health, transportation, citizenship, community resources, leisure/recreational activities, time management, and housing.	☑	☑	☑

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 2: Specially Designed Curriculum and Instruction		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
Support of Domain: Instructional Assessment and Use of Data		👍	👍	👍
2.1 *Using state and local assessment measures to improve student outcomes:* Gathering, analyzing, and using information about students and their academic progress.	**Support of 2.1**		✓	
	Instructional decisions are driven by data and are aligned with the school's overall goals.		☑	
	Teachers use curriculum based measures and state-wide assessments to evaluate student skills and concepts required by state standards.		☑	
	There is data based decision making and documentation of participation and necessary accommodations for statewide and district-wide standardized assessment.		☑	
	Leaders use comparative information about schools and students with better performance as opportunities to learn about ways for the program/school/district to improve its approaches.		☑	
2.2 *Using specialized assessment measures to improve student outcomes*: Staff analyzes data to identify strengths and gaps in student knowledge.	**Support of 2.2**	✓	✓	✓
	Teachers analyze and use summative data to improve specialized instruction.		☑	☑
	IEP team evaluations and reevaluations are conducted in compliance with procedural requirements and timelines.		☑	☑
	Special education evaluations are comprehensive, utilizing multiple sources of information.	☑	☑	☑
	Special education assessments results are clearly articulated, including both oral presentations and written report.			
	Functional behavioral assessments (FBA) are initiated for student's demonstrating escalation of challenging behaviors.	☑		☑

Domain 2: Specially Designed Curriculum and Instruction		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
2.3 *Using IEP data to improve student outcomes:* Progression of skills demonstrated by students in the program is measured by a consistent collection of data.	**Support of 2.3**	✓	✓	✓
	There is a data based system for documenting and reporting on progress toward IEP goals, reporting to parents, grading/report cards, decision making on programming and IEP development.	☑	☑	☑
	Staff collects daily and weekly data on all goals and objectives for each student in the program.	☑		
	Graphs or checklists are used to visually demonstrate progress on IEP goals and objectives.	☑		
	If and when progress towards the goal is insufficient, there is evidence of an instructional change.			
	Support of 2.4		✓	✓
2.4 *Leadership teams using data for program continuous improvement:* Leadership teams support increased	Leadership analyzes a variety of performance data and uses it to focus the school improvement plans.		☑	☑
	With help from staff, leadership reviews and analyzes student achievement data, accomplishment of objectives, and other measures of success.		☑	
	Leadership uses the results of its data analysis to identify strengths and areas for improvement.		☑	

levels of effective interventions in specialized programs serving students with EBD by analyzing data and using it to set goals.	Leadership addresses the areas for improvement by refocusing its strategic plan, enlisting the help of staff in developing action plans.			

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 3: Qualified and Committed Professionals		Support of Domains, Components & Indicators		
Domains Essential Components	Program Quality Indicators	EBD Practitioners	MDE Experts	EBD Experts
Support of Domain: Qualified and Committed Professionals		👍	👍	👍
3.1 Retention and resiliency: Staff is satisfied in their position, demonstrate a passion for the student population they are serving and feel supported at the district and building level.	**Support 3.1**	✓	✓	✓
	Invest in staff: the school district invests in quality staff. Recruitment efforts are strong and thorough.		☑	☑
	External factors: staff stay current with things outside their control, but impact their profession such as federal legislation and economic conditions.			☑
	Employment factors: staff maintains their professional qualifications such as preparation, experiences, knowledge and skills. They seek out experiences for continued learning and growth.			☑
	Personal factors: staff has appropriate work conditions, are rewarded and recognized for their work, show a commitment to the profession and district, and am able to manage their own stress.	☑	☑	☑
	Teachers and staff working with students with EBD have appropriate roles and responsibilities (e.g., not overwhelming, well defined, etc.).	☑	☑	☑
	Teachers received appropriate levels of administrative support in their positions.	☑	☑	☑

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 3: Qualified and Committed Professionals		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
3.2 *Professional development:* Ongoing training and staff development are systematically planned and conducted. The district, school and individual teacher evaluates and continually improves the effectiveness of its overall staff development approach.	**Support 3.2**	✓	✓	✓
	School and staff analyze data to identify strengths and gaps in student learning.			
	Staff utilizes reflective practices on on-going basis. Resources and opportunities are in place to support reflective practices.			☑
	School and staff use research-based strategies to design a staff development plan that addresses the gaps in student learning.			☑
	Staff uses new strategies in the classroom and monitors their effectiveness in terms of student learning and feedback.			
	There are opportunities for staff development on topics determined by the administration as well as by program staff.	☑	☑	☑
3.3 *Culture of learning:* The district, school and individual	**Support 3.3**	✓	✓	✓
	Teachers systematically facilitate ways to collaborate in improving their instructional practices.			
	The school has set common planning times for staff teams.	☑		
	Staff uses multiple sources of information to identify effective ways to collaborate.			

teacher evaluates and continually improves the effectiveness of its approach to creating a culture of learning among the staff.	Staff has determined effective ways to collaborate, such as reflective practices, peer coaching, examining student work, and sharing best practices.	☑	☑	☑
	Staff has created a learning community, helping each other become proficient in helping students learn.	☑	☑	☑
	The school and district monitors effectiveness of staff professional development.			

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 4: Educational Team Collaboration and Communication		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
Support of Domain: Educational Team Collaboration and Communication		👍	👍	👍
4.1 *Communication systems:* Communication systems facilitate student success throughout the entire school community.	**Support 4.1**	✓	✓	✓
	Teams of certified and noncertified staff communicate techniques to increase student independence and ensure consistent implementation of plans.	☑	☑	☑
	Parents are included in skill and behavior management systems.			
	Staff effectively communicates both orally and in writing.			
	Effective communication occurs regularly between general education and special education teachers to support the student.	☑		☑
	Effective communication occurs regularly between teachers and families to support the student.	☑		☑
	Effective communication occurs regularly between teacher and outside agencies to support the student.			☑
	Special education teams advocate for students in all environments.	☑		

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 4: Educational Team Collaboration and Communication		Support of Domains, Components & Indicators		
Domains Essential Components	Program Quality Indicators	EBD Practitioners	MDE Experts	EBD Experts
4.2 *Collaboration and communication with other service providers:* All team members, including related service providers, collaborate and communicate on a regular basis.	**Support 4.2**	✓	✓	✓
	Related services are provided and coordinated per the students' IEPs, including school counseling, school social work, school psychology, nursing/health services, other. Related service providers collaborate and communicate with the primary teaching staff on a regular ongoing basis.	☑	☑	☑
	Therapeutic supports and approaches are used in the program, when appropriate. Wrap around services are utilized.			☑
	Related service providers and paraprofessionals are highly familiar with their students' educational plan including goals, objectives, accommodations, modifications, and behavior plans.	☑	☑	☑
	Related service providers, paraprofessionals and program staff meet on a regular basis for updates regarding skills and strategies.	☑	☑	☑

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 5: Engaging Families and Coordinating Community Support		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
Support of Domain: Engaging Families and Coordinating Community Support		👍	👍	👍
5.1 *Family expectations, values and cultures:* The school evaluates and improves the effectiveness of its processes for learning about students' families.	**Supporting 5.1**			
	Staff has a system-wide approach for gathering and using information about families.			
	Staff is constantly developing methods for learning about the expectations, values, and cultures of the families of their students.			
	Staff understands their students' families and uses that knowledge in designing instructional strategies.			
	All staff use knowledge of their students' families as an integral factor in the design of instructional strategies.			
5.2 *Family partnerships*: The school evaluates and improves the effectiveness of its processes for engaging families in the education of their children.	**Supporting 5.2**	✓	✓	✓
	The school has systematic ways to engage parents in the education of their children.	☑	☑	☑
	With input from families, the school is identifying approaches that are effective in communicating with and engaging them in the education of their children.	☑		☑
	The school has a plan in place for communicating with and engaging families in the education of their children.			
	The school has fully implemented its family involvement plan and is monitoring its impact on family involvement and student learning.			

Domain 5: Engaging Families and Coordinating Community Support		Support of Domains, Components & Indicators		
Domains Essential Components	Program Quality Indicators	EBD Practitioners	MDE Experts	EBD Experts
5.3 *Community partnerships:* The school evaluates and improves the effectiveness of its processes for building community partnerships.	**Supporting 5.3**			✓
	With input from the community, the school is identifying resources that have the potential for helping the school meet its educational goals.			
	Having identified community resources with the capacity to help the school meet its goals, the school is forming several partnerships.			☑
	The school has established a solid set of partnerships with the community and is monitoring the impact on student learning.			☑
	All involved agencies are aware of the youth's needs and of the services that each agency is providing to meet needs.			☑

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 5: Engaging Families and Coordinating Community Support		Support of Domains, Components & Indicators		
Domains Essential Components	Program Quality Indicators	EBD Practitioners	MDE Experts	EBD Experts
5.4 *Gathering family feedback and input:* The school evaluates and improves the effectiveness of its processes for gathering, analyzing, and using feedback from its stakeholders.	**Supporting 5.4**		✓	
	The school uses informal methods to collect feedback and input from students, families, and community.		☑	
	The school creates and utilizes surveys and other methods to determine the impact of its programs on stakeholders.		☑	
	The school has a plan for gathering and analyzing information from all of its stakeholders and for using the results to identify areas for improvement.			
	The school uses feedback from stakeholders to identify and address areas for improvement.		☑	

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 6: Leadership Practices and Administrative Supports		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
Support of Domain: Leadership Practices and Administrative Supports		☚	☚	☚
6.1 *Leader direction:* The leader of the program evaluates and improves the effectiveness of its processes for setting direction for the program.	**Support of 6.1**	✓	✓	✓
	The leadership team gathers data from various stakeholders to use in improvement planning and strategic planning in efforts to set direction and clarify objectives for the program.			
	The leadership team enlists the help of staff in creating action plans to meet the objectives of the strategic plan.			
	The leader creates a culture and develops systems that lead to high levels of adult and student learning.			
	The leader's involvement in the special education program is preplanned, articulated, and is not limited to negative interactions.	☑		
	Funds are appropriately allocated to support direction and program improvement efforts.	☑		
	Policies and procedures are in place and communicated to program staff.	☑		
	There is a clear program mission statement, team effort, planning and administrative support present.	☑	☑	☑
6.2 *Leadership supported professional development*:	**Support of 6.2**	✓	✓	✓
	Program leadership allocates time and funds to support staff development.	☑	☑	☑
	Program and building leadership allocates resources based on alignment with staff, school, and district improvement goals.			

The school and district evaluates and improves the effectiveness of leadership's support for staff development.	Program and building leadership facilitates the design of a staff development plan that is job-embedded, addresses the key needs of the school, and supports a culture of staff learning.			
	Leadership monitors the implementation of the plan, providing additional resources as necessary.			
Domain 6: Leadership Practices and Administrative Supports		**Support of Domains, Components & Indicators**		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
6.3 *Systematic planning process:* The school evaluates and improves the effectiveness of its process for planning.	**Support of 6.3**			✓
	The school gathers and analyzes information needed to develop a system-wide plan of improvement.			
	Using research that identifies successful approaches to similar issues, the school develops a plan that addresses the problem or improvement.			☑
	The improvement plan identifies needed human, financial, equipment, and other resources, timelines, and measures of success.			☑
	Program leadership regularly communicates goals and results to stakeholders and provides means for stakeholders to provide feedback.			
6.4 *Resource allocation:* The school evaluates and continually improves its processes for allocating resources.	**Support of 6.4**	✓		
	Leadership gathers information about the various needs for resources and the impact on student learning and other school goals.			
	Using impact on student learning and other school goals as the prime criteria, leadership develops a plan for allocating resources.			
	Leadership allocates resources and monitors their use and impact on student learning and other school goals.	☑		

	Program leaders support quality program evaluation by providing staff and key stakeholders with time and resources.	☑		
6.5 *Leadership Decision Making*: Leadership evaluates and continually improves the effectiveness of the school's processes for making decisions.	**Support of 6.5**	✓		✓
	Teachers and staff have a clear understanding of the school's and leadership decision making process.			☑
	The leaders gather information relevant to the decision that needs to be made, including its impact on student learning, other school goals, and other parts of the organization.			
	Leaders use data to make decisions.	☑		☑
	Leadership monitors the impact of the decision and its implementation.			

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 7: Special Education Due Process		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
Support of Domain: Special Education Due Process			👍	👍
7.1 *Present levels of performance (PLEP):* The PLEP describes the student's current level of functioning in areas of need.	**Support of 7.1**			
	The PLEP includes a statement of the student's strengths.			
	The PLEP is specific, observable, and measurable.			
	The PLEP includes a needs statement.			
	The PLEP describes how the student's needs affect participation in the general curriculum and/or supports needed for success. • For students of transition age, the PLEP addresses needs in the areas of jobs and job training, education, recreation and leisure, community participation, and home living.			
7.2 *Goals and objectives*: Goals and objectives embedded in individual students IEP's drive instruction in meaningful ways.	**Support of 7.2**		✓	✓
	Needs identified in PLEP statements are addressed through a goal or adaptation that corresponds to the PLEP.			
	Appropriate IEP goals and objectives have been developed in direct accordance with assessment information; individualized assessment has been conducted.		☑	
	Goals are written in a way to allow the student to make meaningful progress.		☑	
	Goals are meaningful, measurable, and able to be monitored.		☑	
	Goals reflect high expectations and ambitious enough to drive interventions, but are realistic.			☑
	The goal includes the time frame, the conditions, the behavior, and the criterion for acceptable performance.			
	The goal includes evaluation procedures, frequency of evaluation and identifies the person responsible for monitoring.			

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domains Essential Components	Program Quality Indicators	EBD Practitioners	MDE Experts	EBD Experts
	Objectives or benchmarks are clearly related to the goal and are measureable.			
Domain 7: Special Education Due Process		**Support of Domains, Components & Indicators**		
7.3 *Accommodations and adaptions:* Accommodations include reasonable adjustments to environment or expectations to support the student receiving meaningful benefit from instruction.	**Support of 7.3**		✓	
	Current procedural requirements are followed and written documentation is adequate.		☑	
	Accommodations are linked to the student's previous evaluation and have been demonstrated necessary for the student to receive FAPE.			
	Accommodations are clearly described so that they could be reproduced by another adult.			
	Assistive Technology is appropriately addressed.			
7.4 *Educational placements*: Student placements reflect individual team decisions based on data and educational needs.	**Support of 7.4**	✓	✓	✓
	Placement (e.g., center-based, general education classroom with supports, co-taught, etc.) is determined by student needs and not philosophy of adults.		☑	
	There is a continuum of least restrictive environment (LRE) placement options from supports provided in the general education setting, resource room services, pull out services, center-based programs to residential placements.	☑	☑	☑
	Within the LRE continuum, there are strategies for re-integration to school and/or regular education setting of students from residential placements, segregated programs,		☑	

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

	center-based programs, etc.			
	Supports are in place for students who are instructed in general education settings (e.g., assigning a paraprofessional, crisis intervention plans, team teaching, training for general ed staff, etc.).	☑	☑	
	Individualization and decision making is based on student needs rather than program design.	☑	☑	☑

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 8: Environmental Management: Program Culture and Climate		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
Support of Domain: Environmental Management, Program Culture and Climate		👍	👍	👍
8.1 *Environmental management systems:* There is systematic use of resources, physical space, layout of the environment, and materials. The program has effective communication systems in place to support all students.	**Support of 8.1**	✓	✓	✓
	The program has predictable routines.	☑		☑
	Transitions are accomplished smoothly and efficiently.			
	Visual cues for procedures, assignments and schedules are used.			
	Materials, schedules and communication systems are easily accessible to the students.	☑		
	Scheduling matches student needs, allowing for adequate transitions while minimizing time without tasks.			
	Every student has an individualized visual schedule and is referenced and used throughout the day.			
	There are areas for both group and individual instruction and activity.	☑		
	Personnel are available to maintain group instruction, provide emotional support and behavioral management as needed without undue interference of the group of classroom instruction.	☑		☑
	A variety of materials representing a range of ability levels is used (differentiated instruction).			
	Additional resources and general classroom materials are available.	☑		
	Students and staff have access to technology, both instructional and assistive.	☑		
	Physical space and layout are adequate for number of students	☑		☑

Domains Essential Components	Program Quality Indicators	EBD Practitioners	MDE Experts	EBD Experts
	and conducive to a productive learning environment.			
	Students can remove themselves to a more private area. There is space for students with physical safety concerns.	☑	☑	☑
	Seating is arranged preferentially and the teacher has easy access and vision to students at all time.			

Domain 8: Environmental Management: Program Culture and Climate		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
8.2 *Program Foundation and Philosophy*: There is a clear and articulated philosophy for the program.	**Support of 8.2**			✓
	The program has a mission statement.			☑
	The program has a clear purpose.			☑
	The program purpose includes student outcomes and student benefit.			
	The program staff can articulate the program values and the overall purpose of the program.			
8.3 *Clear referral and reintegration guidelines*: There is a process and procedures for referring students into	**Support of 8.3**			
	Staff and parents understand the clear step-by-step IEP Team decision making process to refer to more restrictive settings or less restrictive settings. Decisions are based on progress and data.			
	New students or those returning from other placements are welcomed, oriented to classroom practices and procedures, and assisted in adjusting to the routine and expectations.			

Domains Essential Components	Program Quality Indicators	EBD Practitioners	MDE Experts	EBD Experts
the program as well as a process and procedures for reintegrating the student to a less restrictive setting.	Students are welcomed back when they have been absent from school for whatever reason and there is a plan to complete missing assignments and catch up on missed class work.			

Domain 8: Environmental Management: Program Culture and Climate		**Support of Domains, Components & Indicators**		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
8.4 *Classroom management systems:* There are systems, including balanced behavior management, individual management, school rules and crisis management systems to assist students in obtaining	**Support of 8.4**	✓	✓	✓
	Rules and expectations are clear, concise and positively stated.	☑	☑	☑
	Students help establish and monitor their own skill and behavior goals.			
	Each student has a clear behavior intervention plan (BIP) based on functional behavioral assessment (FBA) and each IEP documents the necessary information.	☑		☑
	The school-wide positive behavior intervention and supports (PBIS) has a positive impact on services for students with EBD.		☑	☑
	There is a focus on proactive, strength based interventions.	☑	☑	☑
	Discipline procedures include meaningful consequences for the students, when needed.			☑
	Reinforces are realistically attainable and used throughout the day to increase replacement behaviors.			☑
	Consequences for students' behavior choices are clearly stated, logical and are applied in a consistent manner.			☑

and maintaining prerequisite skills for learning.				
8.5 *Crisis prevention and intervention*: There are effective plans in place to prevent crisis situations and respond if and when they occur.	**Support of 8.5**	✓	✓	✓
	Strategies are in place for prevention of problem behaviors, intervention at various stages of a crisis cycle, crisis de-escalation, and generalization.	☑	☑	☑
	Personnel involved in atypical management procedures are identified and roles and responsibilities are described.			☑
	There is an adequate level of supervision and monitoring.	☑		
	The environment is safe (e.g., dangerous items are not readily accessible, there is an area or plan for addressing dangerous behaviors, and students feel safe).			☑

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 8: Environmental Management: Program Culture and Climate		Support of Domains, Components & Indicators		
Domains Essential Components	Program Quality Indicators	EBD Practitioners	MDE Experts	EBD Experts
8.6 *Climate and student engagement*: The classroom environment is an engaging, motivating, positive and safe place for students with EBD. Active participation is encouraged and expected.	**Support of 8.6**	✓	✓	✓
	Students have adequate opportunities to respond in class.			
	Positive comments (e.g., praise for academics and praise for behavior, etc.) exceed negative comments.	☑	☑	☑
	There are positive staff/student relationships as evidenced by staff showing an interest in students on a personal level (e.g., greeting students positively when they arrive by having the first comment be positive, asking about their interests and activities) and by students approaching staff for assistance and with questions.	☑	☑	☑
	Staff models appropriate behavior and skills.			☑
	There is a supportive, caring, accepting emotional climate that fosters a sense of belonging and connection to school.	☑	☑	☑
	Humor is used effectively without sarcasm to maintain a safe and emotional climate.	☑		☑
	Student attendance including absences and tardiness is carefully monitored with follow-up as needed.			
	Data is collected on teacher outcomes, organizational outcomes and student outcomes.		☑	☑

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

Domain 9: Ongoing Evaluation of Essential Program Components		Support of Domains, Components & Indicators		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
Support of Domain: Ongoing Evaluation of Essential Program Components		👍	👍	👍
9.1 *Participatory evaluation process:* Ongoing evaluation of essential components and quality indicators is critical to support continuous improvements.	**Support of 9.1**			
	The program evaluation process includes all stakeholders' involvement, input and participation.			
	Intended program evaluation goals are clarified, communicated and agreed on by all stakeholders.			
	The program evaluation goals are measurable and written in a realistic manner.			
	The program evaluation process clarifies and outlines strategies for gathering data.			
	The program evaluation process clarifies and analyzes the data in relation to the intended goals.			
9.2 *Program evaluation methods:*	**Support of 9.2**			
	The program leader and team align continuous evaluation methods with the intended outcomes.			

Ongoing data collection and analysis align with goals and intended outcomes.	The program leader and team administer the continuous evaluation methods at appropriate time intervals.			
	The program leader and team adjust, modify, and revise program evaluation plans based on evidence gathered at each step of the evaluation.			
	Efforts are internal and influenced by those "closest to the action".			
Domain 9: Ongoing Evaluation of Essential Program Components		**Support of Domains, Components & Indicators**		
Domains Essential Components	**Program Quality Indicators**	**EBD Practitioners**	**MDE Experts**	**EBD Experts**
9.3 *Program evaluation results*: Results are effective when they accomplish individual staff priorities, and collective group and organizational	**Support of 9.3**	✓	✓	✓
	Results are shared and made available to all stakeholders in a timely manner.			☑
	The results are used for plan improvements.		☑	☑
	Formative data are collected periodically to assess student progress towards individual, program, school and district goals and shape decisions regarding continuous progress.		☑	☑

Table 8. EBD Program Framework: Domains, Components, & Indicators Interview Support

goals. Results are used to plan for continuous improvements.	Findings can be used to make decision about future directions of programs. Results become something participants can and will actually use.	☑	☑	☑
	Program evaluation increased expertise, improved effectiveness of practice, and empowered participants to be part of an ongoing organizational improvement process.			☑
	Program leaders and staff discuss data, its implications for students, and use the data for future planning.			☑

What follows is a summary of discussion resulting from interviews with EBD practitioners (referred to practitioners), MDE experts, and EBD experts. Nine domains were developed as the result of the synthesis of research and literature review and all of these domains were verified through interviews with EBD practitioners, MDE experts, and EBD experts (see Table 9). Interview participants verified their expert opinion on 100% of the domains of effective programs for students with EBD by discussing aspects of more than 50% of the essential components found in the literature review. A summary of the results comparing the interview responses to the essential components is below.

The tables below include results from Methods, Phase I: Interview Support for Domains and Indicators by EBD practitioners, MDE experts, EBD experts and across all interviews. Table 9 presents supporting data for domains, and Table 10 presents supporting data for indicators.

Table 9. Phase I, Interview Support for Domains

	EBD Practitioners		MDE Experts		EBD Experts		Across ALL	
	#	%	#	%	#	%	#	%
ALL Domains	9/9	100	9/9	100	9/9	100	9/9	100

Table 10. Phase I, Interview Support for Components

	EBD Practitioners		MDE Experts		EBD Experts		Across ALL	
	#	%	#	%	#	%	#	%
ALL Components	27/40	68	30/40	75	31/40	78	35/40	88
Domain 1 Components	9/9	100	9/9	100	9/9	100	9/9	100
Domain 2 Components	2/4	50	4/4	100	3/4	75	4/4	100
Domain 3 Components	3/3	100	3/3	100	3/3	100	3/3	100
Domain 4 Components	2/2	100	2/2	100	2/2	100	2/2	100
Domain 5 Components	1/4	25	2/4	50	2/4	50	3/4	75
Domain 6 Components	4/5	80	2/5	40	4/5	80	5/5	100
Domain 7 Components	1/4	25	3/4	75	2/4	50	3/4	75
Domain 8 Components	4/6	67	4/6	67	5/6	83	5/6	83
Domain 9 Components	1/3	33	1/3	33	1/3	33	1/3	33

Forty (40) essential components were developed from a synthesis of research and review literature review. A combination of all interview participants discussed the importance of 88% of the previously established components. The EBD experts discussed the highest percentage of essential components (78%), followed by MDE experts (75%), and EBD practitioners (68%). Domain 1, 2, 3, 4, and 6--Specially Designed Curriculum and Instruction, Instructional Assessment and Use of Data, Qualified and Committed Professionals, Educational Team Collaboration and Communication, and Leadership Practices and Administrative Support--included 100% interview participant support for the components. This group of items consist of five of the six domains depicted in the conceptual framework's (see Figure 1 or Appendix I) blue triangle and green circle. It needs to be especially noted that these domains are literally

closest to student achievement in the conceptual framework, indicating they are predicted

to have the most influence on student achievement.

Domain 8, Environmental Management: Program Culture and Climate had 83%

of its components supported by interview participants. Components under Engaging

Families and Coordinating Community Support and Special Education Due Process were

validated at 75%. The domain with the fewest components (33%) validated was Ongoing

Evaluation of Essential Program Components.

Table 11. Phase I, Interview Support for Indicators

	EBD Practitioners		MDE Experts		EBD Experts		Across ALL	
	#	%	#	%	#	%	#	%
ALL Indicators	75/232	32	69/232	30	97/232	42	135/232	58
Domain 1 Indicators	25/69	36	20/69	29	30/69	43	38/69	55
Domain 2 Indicators	5/19	26	11/19	58	6/19	32	14/19	74
Domain 3 Indicators	7/17	41	7/41	41	11/17	65	12/17	71
Domain 4 Indicators	7/11	64	4/11	36	8/11	73	9/11	82
Domain 5 Indicators	2/16	13	4/16	25	5/16	31	8/16	50
Domain 6 Indicators	8/23	35	2/23	8	6/23	26	11/23	48
Domain 7 Indicators	3/21	14	9/21	43	3/21	14	10/21	48
Domain 8 Indicators	17/41	41	9/41	22	22/41	54	27/41	66
Domain 9 Indicators	1/15	7	3/15	20	6/15	40	6/15	40

Two hundred thirty-two (232) program indicators were established by both the

review of literature and results from interviews and were embedded into the EBD

Framework. Indicators broke down essential components into specific, observable, look-for program components. Interview participants discussed the importance of 135 out of 232 (58%) program indicators. Indicators were established. In some cases, the concept or component came directly from the literature review. In other cases, details of the component came directly from an individual or group interview. In 58% of the cases, the concept came from a combination of both research and interview participants. The section below details each of the nine domains and summarizes interview results related to validating domains, components, and indicators (see Appendix I).

   Domain 1: Specially designed curriculum and instruction. This domain included nine essential components. All nine components were supported by groups interviewed (EBD practitioners, MDE experts, and EBD experts). The nine components included a total of 69 indicators. The EBD experts discussed the highest number of indicators in this area (43%), followed by EBD practitioners (36%) and MDE experts (29%). Across all interview participants, 38 of the 69 indicators were supported (55%). Interviews suggested that programs serving students with EBD should have thoughtfully designed and planned instruction. Examples in this domain included clear student goals for academic progress, incorporating individual student patterns of strengths and weaknesses into teaching activities, and teachers utilizing a variety of instructional methods such as coaching, guided practice, independent practice and timely feedback.

   Interviews also supported that instruction needed to be interactive and engaging by using a variety of grouping options and formats. Instruction was desired to be aimed at increasing student independence and students offered choices to encourage responsibility for their skills and behavior. Teaching direct behavior expectations was essential to

provide a consistent understanding and implementation with school-wide positive behavioral interventions, supports, and expectations. Direct instruction needed to be provided in problem solving for decision making, exploration, classification, and hypothesizing about behavior. A system was required to be in place for staff to appropriately and positively respond to emotional crisis. Finally, it was critically important for direct instruction to include areas of transition where high school graduation was a goal for all students and living skills were implemented to prepare students to function appropriately in an adult world.

Domain 2: Instructional assessment and use of data. This domain included four essential components of which 100% were supported by a combination of all interview participants. MDE experts discussed all of the components in their interviews while 75% were discussed by EBD experts and 50% were discussed by EBD practitioners. Only MDE experts discussed the importance of using state and local assessment measures to improve student outcomes. Both MDE experts and MDE experts discussed strategies for leadership teams to utilize data for program continuous progress methods. Instructional assessment and the use of data's four components included a total of 19 essential components. Combining all results across interviews, 74% of the indicators were discussed, with the MDE experts having the highest percentages of statements (58%), followed by EBD experts (32%) and practitioners (26%).

Domain 3: Qualified and committed professionals. This domain included three essential components of which 100% were supported by all interview participant groups. The essential components included retention and resiliency of staff, on-going professional development, and creating a culture of learning. The three components of

qualified and committed professionals included 17 essential components. Combining results across all interview groups, 71% of the indicators were discussed; with the EBD experts having the highest percentage of statements discussed (65%) followed by practitioners (41%) and MDE experts (41%). This domain had 6 indicators that all fourteen interview participants discussed related to retention and resiliency of staff and supporting a culture of learning in the school. Indicators under retention and resiliency included personal factors such as staff having appropriate working conditions, being rewarded and recognized for their work, and demonstrating strategies for managing stress. Defining clear roles and responsibilities and receiving appropriate levels of administrative support were perceived to be critical factors.

Domain 4: Educational team collaboration and communication. This domain included two essential components of which 100% were supported by all interview participant groups. The two essential components included communication systems and issues related to proactive collaboration. This domain had the fewest total program quality indicator statements (11), but interestingly averaged the highest number of supported comments from interview participants (82%) throughout all program quality indicator areas. The group with the highest confirmed statements, as compared to statements pulled from literature, included the EBD experts (73%) followed by practitioners (64%) and MDE experts (36%). Only two indicators were taken from literature and not addressed by an interview participant, including parents being included in skill and behavior management systems and staff having the ability to communicate effectively orally and in writing. All other statements related to collaboration and communication were supported by two or three of the three interview groups.

Domain 5: Engaging families and coordinating community support. This domain included four essential components of which 75% were supported across all interview participant groups. Both MDE experts and EBD experts verified two of the four indicators (50%), and while practitioners supported only 1 of the 4 indicators (25%). The indicator important to practitioners related to building and creating positive family partnerships. The MDE and EBD experts addressed family partnerships, but also discussed community partnerships and the importance of gathering, analyzing, and using feedback from stakeholders to evaluate and improve the effectiveness of programs. The engaging families and coordinating community support domain included 16 indicators. Fifty percent (50%) of the indicators were supported throughout all the interview groups. The practitioners were the lowest responders in this area, discussing two of the sixteen indicators (13%) followed by MDE experts at 4 indicators (25%). The highest were the EBD experts with 5 indicators (31%). Interestingly, the essential component related to family expectations, values, and cultures was not addressed in any of the interviews, but was a strong statement found in the literature review and was included in the ultimate EBD framework.

Domain 6: Leadership practices and administrative support. This domain included five essential components of which 100% were supported across all of the interview participant groups. The practitioners and EBD experts discussed four of the five components (80%). Two of the indicators were discussed by all three interview groups, including the importance of the direction given by the program leader and leadership supported professional development. The EBD experts was the only group to discuss the importance of systematic planning, and the EBD practitioner group was the

only to address both resource allocation and leadership decision making as critical

components to the overall leadership practice and administrative supports. Domain 6

included 23 indicators and was the second lowest domain of all nine domains with 48%

of interview participants discussing the content. This area was especially low for the

MDE experts as evidenced by their group discussing only 2 of the total 23 indicators.

The group that contributed the most comments included the practitioners at 8 out of 23

indicators (35%), followed by the EBD experts with 6 indicators (26%).

   Domain 7: Special education due process. This domain included four essential

components of which 75% were supported across all of the interview participant results.

The MDE experts verified more components (75%) than the EBD experts (50%) or

practitioners (25%). All three interview groups supported the importance of educational

placements, noting that these should reflect individual team decisions based on data and

educational needs. MDE experts and EBD experts supported the importance of

embedding goals and objectives in students' individual educational plans to drive

instruction in meaningful ways. The MDE experts also commented on accommodations

and adaptions as a critical component to effective programming. Domain 7 included 21

indicators and was one of the lowest areas overall with 48% of the indicators supported.

As with the components, the MDE experts supported this area at a higher rate than others

(43% as compared to 14%). The importance of components and indicators in this area

came from a review of Minnesota Statute Rules and Regulations more than from a review

of the literature. Even though there are due process components under this area that are

required at the state level, the MDE experts did not address all areas in their interviews.

The component, present levels of performance, is a critical piece in comprehensive file

reviews at the MDE level for compliant special education due process, but it was not mentioned during group interviews.

Domain 8: Environmental management: Program culture and climate. This domain included six essential components of which 83% were supported across interview participants. EBD experts validated this area higher (83%) than practitioners and MDE experts (67%). Four of the six components were verified by all three interview groups. These included environmental management systems, classroom management systems, crisis prevention and intervention, and climate and student engagement. Clear referral and reintegration guidelines were critical components in the literature, but were not addressed by any group during the interviews. Having an articulated philosophy for the program was addressed by EBD experts, but omitted by practitioners and MDE experts. Domain 8 had the second most extensive list of indicators with a total of 41 indicators. The interview participants supported 27 of the 41 indicators (66%) with EBD experts validating the highest percentage, followed by the practitioners (41%) and then MDE experts (22%). Seven of the indicators were discussed by all interview participants, indicating their importance to both the field and literature. The seven included programs having a space for students to remove themselves due to physical safety concerns, positively stated rules, strength-based interventions, proactive strategies for prevention of behaviors, use of positive comments, positive staff/student relationships, and a supportive, caring and accepting emotional climate.

Domain 9: Ongoing evaluation of essential program components. The results of interviews in this domain demonstrated the lack of knowledge and understanding of the critical nature of conducting on-going program evaluation. It was the lowest verified

group of components and indicators throughout the nine domains. Ongoing evaluation

domain included three components, only one of which was supported in interviews. All

interview participants discussed the importance of using evaluation results to establish

staff priorities and goals. No group discussed the importance of either ongoing

participatory evaluation or evaluation methods such as data collection and analysis

aligned with goals and intended outcomes. Six of fifteen indicators (40%) were

collectively discussed in interviews. EBD experts discussed six (40%), followed by

MDE experts (20%). Practitioners discussed only one indicator (7%).

Results: Phase II

The second phase of the project answered the following question: *What

evaluation process and materials might facilitate improvement in special education

programs serving students with EBD?* The purpose of the interviews in this phase was to

assist in determining program evaluation methods, a process, and feasible implementation

of program evaluation toolkits that could be used in local school districts.

Two group interviews were conducted to address the question in the second phase

of this project. In their respective local school districts, interview participants were

responsible for the overall design and implementation of special education programs,

including facilitating program evaluations. The first group interview included leaders in

the Regional Director Council (RDC), located in the west metro area in Minnesota. This

group interview occurred during one of their regularly scheduled monthly meetings

located in the central offices of ISD #287. The interview was conducted on April 13th,

2012 with twelve directors of special education present representing the school districts

of Richfield, Bloomington, Columbia Heights, Eden Prairie, Hopkins, Minneapolis, Minnetonka, Osseo, Richfield, Robbinsdale, St Anthony, and Westonka.

The second group interview included leaders in the Southwest Special Education Director group. This group interview occurred during the group's regularly scheduled monthly meetings in the central offices of the Minnesota River Valley Special Education Cooperative. The interview was conducted on April 20th, 2012 and included eight administrators representing Belle Plaine, New Prague, Prior-Lake Savage, Shakopee, Minnesota River Valley Special Education Cooperative, and Carver Scott Educational Cooperative.

The method used was a group facilitated interview process using the tool developed to structure the questions (see Appendix F). The interview participants were presented with three main purposes of the overall project, including 1) identifying essential quality indicators of programs serving students with EBD and providing structured domains that capture evidence-based practice to utilize in program evaluation, 2) developing a toolkit for program evaluation studies that will inform and improve practices in EBD programs, and 3) eventually implementing components of the evaluation in local districts. Participants were told the study aimed at development and improvement of programs serving students with EBD. The outcome was anticipated to provide a focused and systematic way for evaluating programs and determining program effectiveness. By implementing the evaluation toolkit, school districts would build capacity by addressing evidence-based and quality program indicators.

Interview questions addressed administrators' current process for evaluating programs serving students with EBD and their thoughts and beliefs on important

components to incorporate into a comprehensive program evaluation if they were to design one. Below is a discussion and summary of the interviews conducted.

Evaluating programs serving students with EBD was discovered not to be a reality among any administrators interviewed. To judge program effectiveness, districts were reportedly relying on outcome measures and program evaluation components from state required measures such as compliance and monitoring on special education due process components and state- testing and accountability. Administrators recognized the importance of evaluating programs and aligning with evidence-based indicators, but no district had systematic processes in place and therefore did not experience specific barriers to completing evaluations. Anticipated barriers were discussed and included the administrative team's lack of background knowledge on quality programs specific to EBD. The lack of this knowledge and expertise would demand an inordinate amount of time to investigate research and develop tools to evaluate programs. Administrators believed districts and programs would support such efforts and willingly participate in program evaluation components, but the time and energy to develop such a process was impossible.

Interview participants were asked to rate on a scale from 1 (low) to 5 (high) the extent to which they were satisfied with their current school district program evaluation status and process. Results indicated that 75% participants were not satisfied at all (responded with a number 1) and 25% responded only slightly higher (number 2). No district represented had a policy, procedure, or articulated format for guiding evaluation of programs serving students with EBD. Participants in the group interview engaged in a lengthy conversation regarding disconnects between due process compliance and

evidence-based components of programs. All directors agreed that positive student outcomes resulted from high quality programs and evidence-based components and not from compliant due process paperwork even though that was the primary focus of program review.

Given that participants were interested in and willing to evaluate programs serving students with EBD, interview questions explored their opinions regarding a variety of things that would assist in creating a toolkit and process to meet their needs. Below is a summary of results.

Toolkit usability. All participants agreed that a program evaluation toolkit would assist local efforts to assess programs serving students with EBD. Administrators discussed ways in which this process would be extremely helpful and stated that they were completely invested in conducting a program evaluation process that was grounded in quality program components. One participant stated, "We need a quality way to evaluate our programs on a systematic level. It would be helpful for all districts within the same region to use the same format in order to have comparison data." Another participated stated, "Implementing a program evaluation toolkit grounded in evidence-based components and indicators would contribute to teachers' ongoing learning. It would also serve as a fantastic embedded professional development activity as they would be learning about what the research states should be included in programs at the same time as taking a close look at our program." All participants agreed that evaluating programs could be of enormous help to school professionals. The program evaluation could assist in guiding school improvement efforts and activities and document the special education program needs, identify strengths to build on, and identify weaknesses

to target. The evaluation should, "show that our program serving students with EBD is doing the right thing for kids and demonstrate progress, when appropriate. It should highlight the good things happening and shed positive light on this difficult population who primarily hold negative connotations."

Toolkit format. Administrators shared that the format of the toolkit needed to be easy to understand and apply. Participants suggested an accessible toolkit either on a web-site, CD or flash-drive with an outlined process that would have room for options and choices to individualize evaluation and best address local school district and program needs. They discussed that electronic versions of the process, tools, resources, and forms would assist them in implementation. Participants suggested the layout of the toolkit to be user-friendly and formatted for an administrator to pick up and implement. One administrator shared, "The toolkit should not be complicated or extremely time consuming for the administrator. In order for it to be used, it should not require extensive technical training as a prerequisite to planning or conducting program evaluation."

Stakeholders. The administrators identified key stakeholders as teachers, paraprofessionals, related service personnel, general education teachers, administration, and families of students with EBD being served in programs. One participant stated, "Conducting an internal evaluation would be important in my school district. I prefer to utilize staffs who know the students and program well to provide information as long as there is a clear guideline of what they should be looking for during the review."

Data collection. Administrators suggested a variety of useful data to collect and analyze as part of the program evaluation. Suggestions included behavioral data (including the rate at which students are generalizing taught behaviors across settings),

office referrals, progress on IEP goals and objectives, staff retention statistics, job satisfaction and levels of support, attendance, graduation rates, parent involvement. One administrator suggested including a review of quality components and indicators for successful and supportive transitions into and out of structured programs as often times preparing students for change in environments is overlooked. Another administrator suggested reviewing data on the rate of referral and placement decisions and the rate of positive interactions as compared to looking at all negative pieces of data. Another idea was to examine achievement data to review if students are making progress and achieving at an expected level compared to their non-disabled peers. Lastly, the administrative group discussed the positive impact teachers have on student success and suggested reviewing data related to staff that make a difference in the lives of students with EBD.

Success criteria. Participants stated the criteria to judge or determine success should be embedded in the program evaluation process. As stated in the interview, "By clearly stating the domains, essential components and quality indicators the program evaluation is providing a road map of standards on what to judge or determine the programs current and future success." Another participant said, "Outcomes will help school leaders make their program the best it can be and increase the opportunities and chance for student success in this difficult category of underserved students."

Anticipated barriers. Administrators discussed potential barriers to conducting successful evaluations on programs serving students with EBD. One participant stated, "Our EBD programs have a high staff turn-over rate." Programs with new staff may be at a disadvantage because they may not know program history or fully understand all

aspects of the program needed to successfully complete the self-assessment tool.

Another interview participant shared, "Our teachers are making it day-to-day. Their jobs are incredibly stressful and busy. I worry about putting one more thing on their plate." Time and workload is a potential barrier to completing successful program evaluation.

Results: Phase III

The third phase of the project answered the following question: *To what extent would implementation of components of an evaluation toolkit support local school districts in answering the following questions?* The purpose of the method was obtaining feedback on completed toolkit following a public demonstration of drafted product.

The interview participants in phase three were identical to those in phase two. The group interview with the Metro and West Metro directors of special education occurred on November 12, 2012. The group interview with the Carver and Scott County special education directors occurred on December 21, 2012. Both interviews were embedded into a regular monthly meeting.

Participants were given an overview of the project and a summary of their responses from questions posed in phase two. Next, they were given a tour of the drafted evaluation toolkit for evaluating special education programs serving students with EBD. The following items were demonstrated:

1. EBD Program Framework –DC (Domains, Components)
2. EBD Program Framework – DCI (Domains, Components, Indicators)
3. EBD Program Framework – DCI with Toolkit Data Sources
4. Domains, Components and Indicators (DCI) Self-Assessment Rating Tool
5. DCI Self-Assessment Instrument Rating Summary
6. DCI Self-Assessment Team Summary

7. EBD Program Framework: Framing Domains, Components Group
   Interview
8. EBD Program Framework: DCI Record Review Checklist
9. EBD Program Framework: DCI Facilitator Observation Template/Format

After each document or tool was reviewed, interview participants were asked to reflect on the format, content and process with a partner. The table below contains a summary of reflections shared from participants.

Table 12. Phase III: Reflective Feedback

Big Ideas	Specific Insights
• Evaluation results will paint a clear picture of present levels of special education program. • Toolkit will provide a method of evaluating complex programs with unpredictable environments. • The flexible design is a positive feature. Depending on the self-assessment outcomes, the facilitator or team may choose to customize next steps.	• Teams working through the toolkit process will grow professionally. Additional outcomes of the toolkit may include building internal capacity among staff and professional development related to evidence-based practices. • By learning together, special education program teams will grow together. Following the toolkit process may serve as a team builder activity.
Questions Raised	Implications for Action
• How does a district or school implement the toolkit? A facilitator guide is needed. • How can program teams sustain the momentum of program evaluation, implement goals and continually review? • Where can districts and school programs obtain proper funding to support the time needed to implement the process?	• The process is feasible to implement in a school district or individual building. • The plans and priorities for improvement can be adapted as needed.

CHAPTER IV

DISCUSSION AND CONCLUSION OF RESULTS

IMPLICATIONS FOR PRACTICE, POLICY, AND RESEARCH

Introduction

The creation of the EBD Program Framework and Evaluation Toolkit reflected a belief that school administrators can do much to improve the quality of the programs serving students with EBD and service delivery options in school districts by systematically evaluating program quality using criteria found to be associated with evidence-based practices. Students with EBD have some of the worst outcomes of any population of students in the nation. There is much that can be done to turn this around. However, translating practices found to be effective with students with EBD in research to practice in the classroom has been a consistent and ongoing national concern. This research-to-practice gap significantly hinders students' outcomes, has major implications, and presents significant obstacles for students with EBD. Given the negative outcomes for students with EBD, it is critical for local school districts to evaluate their special education programs to effectively support continuous improvement. Active and systematic program evaluation can provide a powerful tool for meeting the formative and summative evaluation needs of educational programs. Overall program evaluation is important in identifying areas needing improvement and can be viable tool to assist in closing the research-to-practice gap.

Program evaluation has been a required activity in special education to ensure that programs and services are meeting intended goals since 1975. Thirty-eight years ago, the

Education of All Handicapped Children Act, P.L. 94-142 required a form of program evaluation centered on due process compliance. A shift is beginning to occur at local school levels from evaluating programs based on legal compliance to areas beyond issues of program access and procedural safeguards. Districts are interested in addressing issues of program appropriateness, quality, and the use of evidence-based strategies. Program evaluation can become an essential tool for school district administrators and supervisors. Through conducting on-going program evaluation, districts can document needs, show how programs are meeting intended goals, and identify specific components that can be improved.

Efforts to evaluate programs at the local level have been typically in response to a mandate rather than a self-initiated task. This was evident during phase II group interviews with administrators due to a variety of potential reasons. First and most prominent is that administrators do not necessarily have a professional background in this area and may be unaware of evidence-based practices in the EBD field. They lack both the knowledge and time to investigate on their own. While administrators agreed that program evaluation was a good idea, they reported that adding internally driven evaluation to their existing range of activities would prove to be too much. Evaluating programs on things other than legal compliance was foreign territory for those interviewed. Process and procedures to evaluate programs based on state compliance requirements are established and understandable at the local level. Process and procedures to evaluate programs based on evidence-based practices are not widely established in the field of EBD. School administrators stated that they needed an articulated step-by-step guide based on effective components and quality program

indicators to assist them in evaluation efforts. Administrators who participated in group interviews supported the development of the EBD Program Framework and Evaluation Toolkit and expressed a high level of interest in piloting the tool in their programs during the following school year.

This project focused on reviewing evidence-based practices in literature on the characteristics of effective special education EBD programs for the purposes of developing domains, components and indicators to use in evaluation instruments. The outcome included a variety of tools to utilize while evaluating EBD programs. This project and outcome were not intended to be general guide for planning, designing, and conducting program evaluations. While reviewed and studied prior to creating the toolkit, it is important to state that critical components for designing program evaluation were not included in this project in efforts to keep the focus narrow and to the original purpose.

Program Evaluation

There are many approaches to program evaluation. The approach that best defines that used in the EBD Program Framework and Evaluation Toolkit is participatory evaluation. A participatory evaluation approach was chosen because it enhances program effectiveness by involving staff and stakeholders deeply within the process. The toolkit was developed so all voices and points of view would be heard, taken into consideration, and the utilization of evaluation findings would be optimal. Participatory evaluation allows stakeholders to make meaningful contributions and remain engaged during all phases of the evaluation. Stakeholders in the EBD Program Framework and Evaluation

Toolkit process participate in self-assessments, group interviews, data analysis, interpretation of findings, and implementation of improvement goals.

The results derived from the EBD Program Framework and Evaluation Toolkit are believed to be structured in a manner that participants can and will actually use them for continuous program improvement. The toolkit efforts are internal and influenced by stakeholders closest to the action. The process is collaborative, responsive to the needs of participants and will contribute to the working knowledge of individual staff members and the school district. By addressing and reviewing evidence-based domains, components and indicators, professionals will increase their expertise while improving practices. Capacity will be built through empowering participants to be part of an ongoing organizational improvement process. Findings from the toolkit will support meaningful and sustainable change and can be used to make decisions about future directions of programs.

The EBD Framework and Evaluation Toolkit

Toolkit purpose. The EBD Program Framework and Evaluation Toolkit was developed to be used by local school district administrators and practitioners, not by professional evaluators. The toolkit was written with an eye toward encouraging school administrators to think of program evaluation as being more than an external legal mandate. It attempted to show that self-initiated program evaluations are valuable tools to assist in continuous improvement efforts. The purpose of the toolkit was to assist local school districts study the effectiveness and quality of programs serving students with EBD by providing tools to aid in planning and conducting program evaluations within

their classrooms, schools, or across a school district. It was not intended to serve as a comprehensive program evaluation or an introduction to the evaluation of school programs. It was intended on being user-friendly, practical, feasible, and easily adaptable by school professionals to evaluate all aspects of programs serving students with EBD.

The toolkit has a variety of potential uses for practitioners and school districts. The EBD Program Framework and Evaluation Toolkit can serve as a potential framework to support planning and development, assist in planning for expansion or reorganization of programs, highlight program successes and facilitate program evaluation on an individual or district-wide approach.

Planning and development. Local school districts can use the toolkit as they create new programs. Because the tool addresses evidence-based practices and is organized into domains, components and indicators, it can serve as a road map for planning committees as they chart their course for new development. The toolkit provides a framework for professional dialogue and discussion.

Expanding or reorganizing current programs or services. For existing programs, the toolkit can function as a monitoring or evaluation tool, giving a team the structure and means to determine what is working, what is not working, and what adaptations should occur to improve results. By pulling out the areas that scored low in a team discussion (which defines the need for change), the toolkit can offer personnel from existing programs motivation for action. This process can begin to generate areas of concern and set the agenda for future improvement models/expansion activities.

Highlighting successes. The toolkit can be used as a vehicle for capturing the successful elements of a program in clear, measurable terms. The successes can be easily

translated into a summary report to be shared with a school board, parents, district administrators or other program stakeholders. Such a report could prove useful for internal and external review.

The EBD Program Framework and Evaluation Toolkit utilizes professional reflection on program strengths and weaknesses to be used in future improvement efforts. The format is structured to examine issues that contribute to performance found to be true in research. The process guides teams through setting priorities, writing goals, and developing action plans that will support the sustainability and continuous improvement efforts of the program.

Toolkit contents and methods. The EBD Program Framework and Evaluation Toolkit along with its attachments (See Appendix H-T) is a "how to" guide for planning and conducting evaluation activities in programs serving students with Emotional or Behavioral Disorders (EBD). The toolkit was designed to support teams in specialized programs serving students with EBD and related disabilities. The ultimate goal was to develop positive and effective specialized programs for students with EBD. Development of the tools was grounded in research and review of evidence-based strategies in literature. The toolkit provides a strong, structured basis for evaluating programs which is essential to improving and strengthening programs.

The toolkit was designed as a hands-on, "nuts and bolts" resource for school administrators who are charged with supporting and supervising quality programs serving students with EBD. It is intended to be adaptable to local conditions, standardized

enough to make comparisons across schools, districts, or states feasible and efficient, and detailed enough to keep administrators from having to reinvent program evaluation tools.

The evaluation toolkit was not intended to be used to assess the performance or worth of individual students, educators, or other program participants. Users of this toolkit are encouraged to frequently remind participants that the purpose is to learn about quality programs and not to judge individuals. It is critical that participants understand and feel comfortable with evaluation tools and their uses because without the gift of their participation in evaluation efforts, many important decisions simply won't be as informed as they should be. The guide was also not intended to provide general knowledge relevant to program evaluation. It is recommended that a program evaluator or facilitator reviews components of a comprehensive program evaluation prior to implementing the EBD Framework and Evaluation Toolkit.

The EBD Program Framework and Evaluation Toolkit (Appendix H) includes the following table of contents.

I.   Toolkit Introduction

II.   Program Evaluation Overview

III.   Evidence-Based Practices in Programs Serving Students with EBD

- Appendix I: Conceptual Framework for the Domains of Effective Programs Serving Students with EBD
- Appendix J: EBD Program Framework – Domains and Components (DC)
- Appendix K: EBD Program Framework – Domains, Components, and Indicators (DCI)
- Appendix L: EBD Program Framework - DCI Interview Support

IV.   Toolkit Facilitator Guide

V.   Stakeholders and Primary Intended Users

VI.   Defining the Program Serving Students with EBD to be Evaluated

VII.   Designing the Program Evaluation Focus and Determining Methods

VIII.   Tools for Conducting Program Evaluation

- Appendix M: DCI with Toolkit Data Sources
- Appendix N: DCI Self-Assessment Rating Tool
- Appendix O: DCI Self-Assessment Rating Summary
- Appendix P: Framing Domains, Components Group Interview
- Appendix Q: DCI Record Review Checklist
- Appendix R: DCI Facilitator Observation Template
- Appendix S: DCI Data Summary Worksheets
- Appendix T: DCI Goal Setting, Action Steps and Monitoring Progress

IX.   Dissemination and Utilization of Findings

The toolkit begins with an introduction and overview of program evaluation in special education. Content from these sections can be found previously in Chapter IV and will not be summarized here. The toolkit also contains a practical and easy to understand summary of evidence-based practices found in the literature review and summarized in Chapter II of this document. Synthesis of results led to the development of the Conceptual Framework for the Domains of Effective Programs Serving Students with EBD (see Appendix I). Following the development of nine domains, components and indicators were created (see Appendix J and K, respectively).

Section IV of the toolkit includes a facilitation guide. The Toolkit Guide (see Appendix H) walks a facilitator through the proposed sequential process of this program evaluation and is organized around a meeting structure. The process includes recommended actions to occur prior to the first team meeting, meeting one agenda items and activities, actions to occur between the first and second meeting, agenda items for

meeting two, actions to occur between the second and third meeting, and finally agenda items for meeting three.   Throughout the checklist, the facilitator is given questions to prompt discussion and dialogue and references to specific instruments developed based on evidence-based practices found in the appendix.

Section V provides the facilitator with tools to identify and engage stakeholders. This section is critical when conducting participatory program evaluation. The toolkit also includes examples of recommended key stakeholders to consider involving in an evaluation of programs serving students with EBD along with their typical concerns they may bring forward.

Defining the programs serving the students with EBD that will be evaluated is an important step included in the toolkit. The facilitator is given questions to prompt discussion related to accurately describing the program's stage of development and unique program context factors that may affect the success of the program evaluation. Both of these steps are recommended as agenda items in the first meeting with stakeholders.

Also suggested to initially discuss and embed into the first meeting is designing the program evaluation focus and determining methods. The toolkit includes a chart to utilize for discussion. It guides the team through potential program domains to focus the evaluation, evaluation questions (what the team wants to know), indicators (the type of data needed to address the questions), data collection sources (where the data will be collected), data collection methods (how the data will be collected), data collection timing (when the data will be collected), and data analysis (how the data will be organized and interpreted).

Organized by the table of contents above, the following section describes the purpose of the tools for conducting program evaluation and their recommended use. Further guidance and direction for use and implementation can be found under Section VIII of the toolkit (see Appendix H). The actual tools can be found in Appendices M – T. Data collection through the self-assessment, observations, record reviews and group interviews is meant to identify program strengths and weaknesses and guide action. Data gathered throughout all methods were designed to be as specific as possible. Vague or general information would not guide specific action. On the other hand, redundant information and data is important and was taken under consideration. Several questions or components may be found in a variety of places regarding a topic.

DCI with toolkit data source. This document includes a full listing of domains, components and indicators (DCI) and aligns them to the specific data source each item will be evaluated. The data sources include self-assessment, group interview, record review, and facilitator observation. This document is intended to be a resource and reference for the facilitator and stakeholders. The purpose of the document is to demonstrate where each component and indicator will be addressed throughout data collection methods (see Appendix M).

DCI self-assessment rating tool. The tool provides a targeted evaluation instrument for programs serving students with EBD. The tool consists of 9 domains, 40 components, and 232 indicators. Users rate their program on a Likert scale from 0 to 3 (0=not in place at all, 1=partially in place, 2=mostly in place, 3=fully in place). Participants are able to mark not applicable when appropriate and are encouraged to write

notes in the column provided next to each indicator and score. Participants add up their scores after each component and reflect those in the black shaded boxes.

The DCI Self-Assessment Rating instrument will be most effective when it reflects multiple perspectives. Each stakeholder involved in the program should complete a separate self-assessment. This process is reviewed during the first team meeting and individuals are given a homework assignment with a specific due date to submit their results to the facilitator. It is likely and expected that the ratings of personnel in different roles will vary, sometimes significantly. Therefore, once all the self-assessments are completed, all participating staff members should meet to review and discuss individual responses (this occurs during meeting two). The process of allowing each person to share individual responses, but also discussing how and why the responses vary, can serve as a catalyst for change, enhancing the lines of communication and awareness of roles and responsibilities within a program.

Ultimately, this tool provides a snapshot of the quality of existing service and programs. Content experts from the Minnesota State Special Education Department, EBD experts and university faculty with expertise in EBD reviewed the tool to assure it reflected essential practices. Modifications were made based on this input (See Appendix N).

DCI self-assessment rating summary. Prior to individuals submitting their self-assessment inventory, they transfer their results to the DCI Self-Assessment Rating Summary. This is where each stakeholder totals and averages their responses to each domain. The participant also calculates the average percentage for each domain and may document summary notes, comments or questions they may have. If a participant checks

not applicable for items, the total amount may need to be modified in order to calculate accurate percentages. This may be discussed and agreed upon at the first meeting when the facilitator provides an overview and direction (see Appendix O).

Framing domains, components group interview. Appendix P is the EBD Program Framework: Framing Domains and Components Group Interview. This method is suggested to occur during meeting two. During this meeting, the facilitator reviews results of the previous steps, reviews ground rules and norms for participation during a group interview and then facilitates the group interview. The instrument guides the facilitator through questions under each domain. The questions are linked to the appropriate indicators for reference (Example 1.9). Linking to the indicators allows the facilitators choice in utilizing all or some of the questions. If areas were found to be strengths or weaknesses, the facilitator may want to pursue more information by asking questions. Some questions may be skipped if results from the self-assessment were similar in nature, indicating agreement. If responses varied greatly, group interview questions may generate important dialogue that will assist the team in coming to resolution and agreement (See Appendix P).

DCI record review checklist. It is recommended the facilitator or designee(s) complete the DCI Record Review Checklist after Meeting one and before Meeting two. The instrument guides the facilitator through components and indicators that are observable in the school or classroom setting. Items that are not observable were taken off this comprehensive instrument. The format provides a section to document notes and columns to check if the indicator was present or not present during the review (See Appendix Q).

DCI facilitator observation template. The facilitator or their designee(s) gain information by conducting direct observations within the program serving students with EBD. It is recommended the observer keep stakeholders involved in the process aware of the procedures and the reasons for conducting observations. Observations should not be seen as a threatening or negative experience for staff working within programs. The DCI Facilitator Observation Template organizes the observable domains, components and indicators found in a classroom or school setting. Items that are not observable were taken off this instrument. The observer is encouraged to look for all domains with the exception of On-Going Evaluation of Essential Components. Each of the observable components has a place to check 'no' or 'yes'. Below each of the gray shaded components is a section for the observer to take notes. Each essential component area lists the indicators (found under each green shaded area) that may be observed and serve as evidence for the component being present, or not present (see Appendix R).

DCI data summary worksheets. The facilitator is encouraged to complete DCI Data Summary Worksheets prior to facilitating the third meeting. This document format summarizes all individual self-assessment scores into one team summary score for each domain. Domain totals (Column b) are computed based on number of participants. Participants' scores are added together for each domain and enter in column c. Averages for each domain are computed and scores are entered in column d. Nine domains are ranked from highest score (area of strength) to lowest area (area for improvement). This document also allows for an overall summary of the three other methods used in the program evaluation (group interview, observations, and record review). Each of the three summary formats includes a column to document strengths and one to document areas to

improve for each domain. Based on the data, the facilitator may rank each of the domains as a high, medium, or low priority. This ranking system is reviewed during meeting three for common consensus. The last page in Appendix S includes an overall data summary chart. This is where the facilitator may transfer the priority rankings from each method onto one chart. During the third meeting, teams discuss the results and priorities from each method utilized and come to a consensus for overall improvement priority (See Appendix S).

   DCI goal setting, action steps, and monitoring progress. The third meeting in the toolkit facilitator guide contains discussion of results. The facilitator begins this meeting by reviewing the results and progress from previous steps. Next, they present findings from the DCI Record Review and DCI Observations. After the results are shared and discussed, the facilitator guides the team through Appendix T: DCI Goal Setting, Action Steps, and Monitoring Progress to reach consensus of overall program strengths, areas to improve, domains of priority, and potential goals with expected outcomes. After the first page in this instrument is complete, the facilitator guides the team through identifying action steps, activities, resources, roles and responsibilities, timelines and evaluation methods.

   Appendix T also includes methods to monitor progress. After action steps are identified and the plan for program improvement is agreed upon, the facilitator needs to set up regular review sessions. The last page of Appendix T provides a method of reviewing progress on goals and questions to consider (See Appendix T).

   Dissemination and utilization of findings is the last section in the toolkit. The resource provides an outline for how the stakeholders plan to share findings, timelines,

people responsible, and times for ensuring utilization of results. Program evaluation

stakeholders are encouraged to use evaluation findings to help make decisions. Findings

will demonstrate the extent by which a program reflects and implements strategies that

are found to be effective in research. School districts may use the evaluation process and

findings to reflect upon and make decisions about day-to-day program implementation

and design. The program evaluation process supports a continuous improvement model

and helps staff refine, test, and ultimately deliver quality services to students with

behavioral challenges.

Implications for Policy, Research, and Practice

Outcomes for students with EBD affect everyone. Policymakers, researchers and

educators need to recognize the need to provide high quality education and learning

supports to all students. Great consideration needs to be given in order to close the

research-to-practice gap and support program improvement.

Policy implications. The U.S. Department of Health and Human Services 2005

Report stated that "growing numbers of children are suffering needlessly because their

emotional, behavioral, and developmental needs are not being met by the very institutions

and systems that were created to take care of them."   Children with persistent behavioral

and mental health problems face challenges that can lead to a lifelong downward

trajectory of antisocial behaviors. Unmet children's social/emotional/behavioral needs are

a significant problem that needs a plan for improvement at the policy level. To address

this problem, there needs to be an increased effort to prevent behavioral problems and

mental health issues, intervene early and provide access to treatment. The needs of children and youth who experience or are at risk of experiencing behavioral difficulties cannot be addressed adequately without a solid policy foundation at both the state and local school district level.

The link between behavioral problems and educational difficulties in the literature suggests that the early treatment has important educational implications. Research has shown that students with greater access to preventative and early intervention services within their school have an increased chance of improvement (Kessler, Berglund, Demler, Jin, & Walters, 2005). Schools need financial assistance to develop more responsive systems that enhance the success of all students and prevent academic failure and behavioral problems.

Additional technical assistance and policy support is needed to meet children's needs at the local level. There is a significant need for low level policies to support implementation and to provide leadership in communities and school districts. Policies are needed to support an increased climate of shared responsibility for all learners, promote the use of collaborative problem solving in schools, support the school system and key stakeholders as they identify strategies to promote positive student outcomes. Schools need policies to support their ability to develop high quality options with the general education system to provide support to students who do not have disabilities, yet who are likely to experience behavioral problems and eventual special education referral if their needs are left unattended. Coordinated early intervention services may eliminate the need for students to wait to fail until help can be provided.

To be effective, it is suggested that policies include the creation of a fully-funded continuum of services to support students' behavioral and mental health needs, from preventive factors to early treatment of symptoms. Objectives to consider in proposed policies include 1) increasing teacher access to evidence-based interventions, 2) providing teachers with access to professional consultation and referral sources, 3) increasing teacher professional development in behavioral and mental health issues, and 4) building capacity of all school staff to address student barriers to learning.

Research implications. This study presents areas of suggested further research to assist in the understanding of effective programs for students with EBD. Results of this study led to the design of the EBD Program Framework and Evaluation Toolkit for evaluating programs serving students with EBD. The framework was based on and aligned to evidence-based domains, components, and indicators. The study included the proposal of the toolkit with methods supported by experts and practitioners in the field, but not tried in actual programs. Research should be done on the implementation of the EBD Program Framework and Evaluation Toolkit. The applicable research question and sub-questions to be answered in further research include:

To what extent would implementation of components of an evaluation toolkit support local school districts in answering the following questions?

- To what degree are center-based programs for students with EBD reflective of evidence-based practices?

- What are the barriers to offering and implementing evidence-based practices, if any? To what extent do barriers negatively affect implementation of quality program indicators for students with EBD?

- To what extent can special education quality program indicators be improved and strengthened within the programs serving students with EBD?

Students with or at risk for EBD can be provided with supports at a variety of levels. A three-tiered model that provides a framework for thinking about the provision of supports includes prevention at the primary, secondary, and tertiary levels (Sugai & Horner, 2002).

Primary prevention includes strategies and programs that are designed to prevent the development of problems, target all students, provide students and school staff with a strong foundation for teaching appropriate behaviors, and have a low cost per individual. Examples include school-wide positive behavioral supports, school climate improvement projects, and collaboration between family, school and community.

Secondary prevention includes programs that decrease the frequency or intensity of problems, are designed to address alterable factors that place students at risk (e.g., angry or violent behavior), and have a moderate cost per individual. About 10-15% of students may need more intensive supports at this level. Examples include conflict-resolution lessons, peer-tutoring programs, and social-skills instruction.

Tertiary prevention includes programs designed to remediate established problems, reduce the duration, and preclude negative outcomes. Programs are highly individualized and student centered, provide an effective and efficient response to students most in need, and have a higher cost per individual. About 1-5% of students will

have chronic problems that require more intensive supports. Examples include wrap-around services, individual functional behavior analysis, and individualized behavior management plans.

Results of this study document a significant research-to-practice gap related to evidence-based practices in the field of EBD. There is research to support the implementation of the three-tiered approach listed above, and it has great promise for supporting a decrease of behavior problems experienced by many students. To implement this approach successfully and efficiently, schools need practical hands-on tools that may be used by problem-solving teams while they design evidence-based interventions. Further research could link evidence-based practices to the appropriate tier of intervention (primary, secondary, and tertiary levels). Intervention kits could contain evidence-based strategies for local school professional use in planning and implementing school-wide behavior systems.

Practice implications. This study includes implications for future adjustments in educational practice to effectively meet the needs of students with EBD in public school systems. The following list includes recommendations for practice as a result from this project. All of the items support a school district's ability to effectively prevent, intervene, and make a positive difference in the lives of children with EBD.

Cohesive Programming

Sustained, cohesive programming is essential, in contrast to offering isolated programs that do not reach out to include collaborative efforts with others throughout the

school, or with parents and community members. Lines between special education and general education need to be blended. Schools need to eliminate the 'silo effect' that is caused by restrictions surrounding federal and state funding for special education. Professionals need to continue exploring ways to increase cross-departmental collaboration. Increased teamwork between general education and special education teachers will support continued cohesive programming.

Successful implementation of evidence-based practices in programs serving students with EBD requires a commitment to the vision that all students can succeed and that the vast majority of academic, social, and behavioral problems can be prevented before school failure sets in. Implications for practice include responsive educational systems organized in a way to reduce barriers and create supportive learning environments for all students.

Decision making and planning activities at all levels (district, school, program, classroom, and student intervention) should reflect an environment of meaningful partnership among general education and special education professionals. Staff needs to establish routines for communication, shared decision making, and support for implementation. These routines maintain strong and productive working relationships among educators in both special education and general education.

Quality Professionals

Students with EBD have many areas of strengths and their teachers are talented individuals. Local school districts need to promote quality teachers in every classroom or program serving students with EBD. Districts may explore the use of signing bonuses,

weighted caseloads or other types of incentives to recruit and retain qualified special education teachers in programs serving students with EBD.

The literature on school reform clearly indicates that the principal plays an important role in ensuring that the vision and commitment to change is maintained. Building principals must take on a strong leadership role in all building activities; including the programs serving the most behaviorally challenged students. At the same time, leadership must be distributed for change to be sustained. The creation of a leadership team provides for distributed and shared leadership among staff, families, and school administration.

School districts and higher education institutes need to promote quality and experienced administrators to lead programs with expertise in the area of EBD. It is essential for teacher education programs and local school districts to train general educators to work with students with EBD. Necessary skills include the ability to actively engage students in coursework that is relevant to student backgrounds and interests, effectively organize a classroom environment, and manage student behavior using strategies that are evidence-based (e.g., techniques to increase active student responding, small group or peer tutoring, applied principles of reinforcement, use of immediate feedback).

Support Systems

States and local school districts need to examine ways to decrease paperwork requirements that negatively impact instructional time and that are viewed by special education teachers as unnecessarily burdensome and redundant.

Districts should explore ways to address needs in critical technical assistance by reallocating or expanding district services and supports to programs serving students with EBD.

Professional Development

School districts should expand the use of team-based professional development activities that combine special and general educators in equal and collaborative ways. Professional practices should promote ongoing professional development as it plays a significant role in implementing and sustaining progress. Schools can implement regular program team meetings and district-wide PLC's based on the implementation of evidence-based strategies, across disciplines.

Local school districts should consider ways to support schools to create common planning time for special education and general education teachers to assist with collaboration and provide opportunities for professional development.

Program Evaluation

Districts need to consider conducting program evaluation activities across services and programs. Conducting program evaluation in solely general education or special education creates unwanted silos. Schools can increase levels of targeted professional development based on outcomes of program evaluation, defined goals and action steps.

Concluding Comments

The findings in this study are important because they further our knowledge of effective programming for students with EBD and provide critical information regarding program evaluation and continuous improvement efforts. The final outcome can greatly enhance the professional knowledge and skills of educational professionals. The EBD Program Framework and Evaluation Toolkit reveals a strong belief that school leaders can do much to improve quality of programs serving students with EBD. Leaders can do this by systematically conducting program evaluations based on evidence-based components and essential indicators of effective programs found through research. Determining the success of school programs serving students with EBD requires evaluation activities that reveal whether programs are successfully improving student outcomes and if not, then assisting school leaders to make the necessary programmatic changes.

The ultimate purpose of this project was to provide administrators with a program evaluation process and tools that could enhance school efforts in continuous improvement to expand and increase outcomes for students with special education needs, specifically EBD. Schools and programs can use the EBD Program Frameworks and Evaluation Toolkit to collect data, analyze data, prioritize needs, and develop goals and action plans. It is an essential tool for school leaders who believe the evaluation of programs serving students with EBD should be based on effective domains, components, and indicators found in research and not only by questions related to legal compliance.

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