**Georgia Program-Wide PBIS Demonstration Site Information Sheet**

**Please submit application via email to** **cassa.andrews@decal.ga.gov** **or fax 770-357-7111 by *December 15, 2017.***

1. **Program Contact Information**

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| Program Legal Name: Click here to enter text. |
| Program Site Name: Click here to enter text. |
| Address: Click here to enter text. |
| City, State Zip Code: Click here to enter text. |
| County: Click here to enter text. |
| Phone Number: Click here to enter text. |
| Email address: Click here to enter text. |

1. **Center/Site Information**

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| Center License Number: Click here to enter text. | Hours of Operation:  |
| **Total** Center Enrollment: Click here to enter text. | Quality Rating (1-, 2-, or 3-star): Click here to enter text. |

1. **Classroom Teacher and Child Information**

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| **Infants (0-12 months)** | **Toddlers (12-36 months)** |
| Total # of classrooms: Click here to enter text.Total # of Teachers: Click here to enter text.[ ] Not Applicable | Total # of classrooms: Click here to enter text.Total # of Teachers: Click here to enter text.[ ] Not Applicable |
| **Preschoolers (36-48 months)** | **Private Pre-K**  |
| Total # of classrooms: Click here to enter text.Total # of Teachers: Click here to enter text.[ ] Not Applicable | Total # of classrooms: Click here to enter text.Total # of Teachers: Click here to enter text.[ ] Not Applicable |
| **Georgia Pre-K**  | **Inclusion Georgia Pre-K**  |
| Total # of classrooms: Click here to enter text.Total # of Teachers: Click here to enter text.[ ] Not Applicable | Total # of classrooms: Click here to enter text.Total # of Teachers: Click here to enter text.[ ] Not Applicable |
| **Total Numbers**  | **Child Care Subsidy**  |
| Total # of children enrolled: Click here to enter text.[ ] Not Applicable | Total # of children receiving CAPS: Click here to enter text. [ ] Not Applicable |

1. **Center/Site Director’s Information**

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| Name: Click here to enter text. |
| Phone: Click here to enter text. |
| Email: Click here to enter text. |
| Number of Years at Center: Click here to enter text. |
| Number of Years as an Early Childhood Administrator: Click here to enter text. |
| Total number of staff (teaching/administrative) at the center: Click here to enter text. |
| List additional administrative staff and their titles: Click here to enter text. |

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| Number of staff (teaching/administrative) who have been employed by the center for two or more years: Click here to enter text. |
| Curriculum used within the program: Click here to enter text. |
| Does your program use a supplemental curriculum to support social-emotional development? Yes [ ]  or No [ ]  Supplemental curriculum used: Click here to enter text. |
| Assessments used within the program: Click here to enter text. |
| Does your program have access to mental health or behavioral consultants? Yes [ ]  or No [ ] .  |
| How does your program currently address behavioral challenges? Click here to enter text. |
| Can you provide your own External Coach? Yes [ ]  or No [ ]  (see Key Roles for examples of who might serve as external coach) * Has he/she been trained to serve as a coach? Yes [ ]  or No [ ] . If so, please describe the coaching training that this person has received. Click here to enter text.
* Does this person have experience coaching other early learning professionals as their primary role? Yes [ ]  or No [ ] . If yes, how much experience? Click here to enter text.
* How many hours can he/she devote to the project per week? Click here to enter text.
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| Every program that participates in the project will have to identify an Internal Coach (see FAQ). Please answer the following questions about the person you’ve identified as your Internal Coach: * Has he/she been trained to serve as a coach? Yes [ ]  or No [ ] . If so, please describe the coach training that this person has received. Click here to enter text.
* Does this person have experience coaching other early learning professionals as their primary role? Yes [ ]  or No [ ] . If yes, how much experience? Click here to enter text.
* How many hours can he/she devote to the project per week? Click here to enter text.
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| In the past year, how many children have been removed from your program due to behavioral challenges by the :A. Parents Click here to enter text.B. Program Click here to enter text.In the past year, how many children with behavioral challenges have been referred to Early Intervention or Special Education and received an IFSP or IEP Click here to enter text. |

1. **Please respond to the following using additional pages for your response as needed:**

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| 1. Describe your program’s training and experience with the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children: Click here to enter text.
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| 1. What does your program hope to gain by participating as a demonstration site: Click here to enter text.
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**Statement of Commitment**

In order to ensure the continued success of Georgia’s Pyramid Model Project it is crucial that demonstration sites fully understand the commitments required for participation and sustainability. By initialing and signing below you are confirming your understanding of, and agreement with, those commitments.

***DECAL will:***

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| Provide professional learning opportunities for each Site Leadership Team and teaching staff. |
| Provide targeted technical assistance and distance consultation to the Site Leadership Team and staff. |
| Provide follow-up materials and print/web-based resources. |
| Provide a $100 stipend per day of training for up to two staff members. This stipend is intended to cover a portion of the costs associated with attendance at each required training. Stipends will be paid quarterly.  |

***As a demonstration site I agree to the following (check each box):***

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| [ ]  | Commit to implementing the Pyramid Model and its practices as a demonstration site for three years. This includes maintaining an active site leadership team that meets monthly, providing data to DECAL as requested, hosting tours as requested, and participating in booster trainings and meetings as requested.  |
| [ ]  | Establish a Site Leadership Team that will meet on a ***monthly*** basis. The Site Leadership Team membership must include:**Program Administrator/Center director or assistant director****External Coach:** This can be a regional curriculum director or other regional TA support staff. The DECAL Inclusion Specialist may serve in this role if the program is in an area with capacity.**Internal Coach:** This can be an assistant director, education specialist or other staff member.**Behavior Support Staff:** This can be an assistant director, education specialist or other staff member.**Teacher Representatives:** This should include a teacher or assistant from each age-level.**Data Support Staff:** This can be an assistant director, education specialist or other staff member.***Please note that team members can hold more than one role on the Site Leadership Team.*** |
| [ ]  | Teams must participate in **all** trainings. These will be held in metro Atlanta. All training dates will be provided to programs who are accepted to participate in the project. Geographic location and other factors will be considered in the assignment.Send the **entire Site Leadership Team** to three training events: (total: 5 days across the year)* + Site Leadership Team Initial 3 day training (usually held in May)
	+ Site Leadership Mid-year 1 day meeting (usually held in November)
	+ Site Leadership Annual 1 day meeting (usually held in March)

Send **External Coach** plus specified team member for additional training events: (total: 7 days across the year)* + **Data Coordinator** Conference Call (usually held in August)
	+ TPOT training (**Internal Coach**) 2 day training (usually held in August)
	+ **Internal Coach** training 2 day training (usually held in September)
	+ **Behavior Specialist** training 2 day training (usually held in October)
	+ PTR-YC training (**Behavior Specialist**) 1 day training (usually held in October)

**Internal** and **External Coaches** will also participate in:* Foundations of Coaching training series (face to face) – 1 day per month for 4 months (total: 4 days January – April)
* Community of Practice series (virtual) – 1 call per month for 12 months (May 2018 – May 2019)
 |
| [ ]  | Cover total cost of team member attendance at training (lodging, mileage, meals, and classroom coverage). |
| [ ]  | Collect data related to classroom and program Behavior Incidents Reports (BIR), program expulsion and referrals and provide that to DECAL by the **10th day of each month**.  |
| [ ]  | Collect data related to program-wide implementation and classroom implementation, including Teaching Pyramid Observation Tool (TPOT) and Program Benchmarks of Quality (BoQ) and report to DECAL as designated on the Data Collection Schedule Process.  |
| [ ]  | Agree to host observations by outside stakeholders as needed.  |
| [ ]  | Ensure that scheduled appointments are a priority and are kept to the best of your ability – visits will be scheduled at mutually agreed upon times and the Internal Coach and any other necessary staff members **must be** made available for those visits.  |

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_