EVALUATIONS & ASSESSMENTS

School Profile 1 - Contact Data

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Use the TAB Key to move from field to field, not the ENTER Key		
School Street Address: City: Zipcode	School Principal First Name School Principal Last Na School Principal Email:	
Review the school information above. Please make any necessary updates. Click here when the information is correct: O Yes		
 1. Does your School Leadership Team include any of the following members? (Select all that apply). 	 □ Principal □ Assistant Principal(s) □ General Education Teacher(s) □ Special Education Teacher(s) □ School Psychologist(s) □ School Counselor(s) □ School Social Worker(s) □ Family Member(s) □ Instructional Coach(es) □ Community Partner(s) □ Other Please specify if Other checked: 	

 2. Who leads your School Leadership Team? 	Principal Assistant Principal OtherPlease specify if Other checked:
3. IF FAMILY MEMBER(S) SELECTED ON ITEM #1:3a. Is at least one of the family members not employed by the school division?	YesNo
• 3b. Does the family member(s) attend meetings regularly?	○ Yes ○ No
3c. Does the family member(s) participate and contribute in meetings?	○ Yes ○ No
4. IF FAMILY MEMBER(S) NOT SELECTED ON ITEM #1:4a. Is there a plan to include a family member?	This Is A Required Item O Yes O No
 5. My school provides materials to families explaining MTSS and related activities on (at least) an annual basis. 	○ Yes ○ No

 6. How do you communicate with families about MTSS? (Select all that apply) 	 Website Email Text messages Apps (e.g. ClassDojo, Remind) Phone calls Social media (FB, Insta, X) Flyers/pamphlets/letters home or other paper documents
 7. Does your team use feedback from families on MTSS including policies, procedures, expectations, etc.? 	m O Yes O No
 8. Within the past year, my school planned and implemented an event the shared the components of MTSS with families. (Select all that apply) 	□ Positive Relationships □ Empowering Families □ Shared Leadership □ Data-based Goals and Outcomes □ Collaborative Problem Solving □ Multi-dimensional Communication and Tiered Supports □ None
 9. Do you collect data on MTSS related events? 	YesNoIf Yes, how is the data being used?:
 10. Is family engagement addressed in your school vision 	School Vision Statement: ○ Yes ○ No If 'Yes', please copy and paste the vision

statement into this text box. statement, school mission statement or school goals? (Select all that apply) School Mission Statement: ○ Yes ○ No. If 'Yes', please copy and paste the mission statement into this text box. School Goals: ○ Yes ○ No If 'Yes', please copy and paste the goals into this text box. h • 11. Does your school tier (or O Yes O No differentiate) approaches to family engagement based on family need? 12. What are the barriers to ☐ Families don't have needed transportation to get to division, school, or community sites engaging families in your school? (Select all that apply) ☐ Families have competing demands on their time Personnel lack sufficient time to engage families effectively ☐ Personnel lack family engagement training ☐ Perceptions about data confidentiality ☐ Families don't feel welcome ☐ Lack of funding/stipends for families to participate on teams or other groups ☐ No process for identifying family members who would be an asset to the team ☐ School culture (e.g. educators do not view families as equal partners or a part of the school community) No barriers □ Other

If 'Other', please specify in this text box.	
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Click 'Save' to save your changes so far and return to the Control Page.

Save