Virginia Tiered Systems of Supports

MTSS

VIRGINIA DEPARTMENT OF EDUCATION

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 Name:

School Principal Email:

Review the school information above. Please make any necessary updates. Click here when the information is correct: ⊙ 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:

| | |
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| | |
| ● 2. Who leads your School Leadership Team? | ○ Principal ○ Assistant Principal ○ Other<br>Please specify if Other checked: |
| 3. IF FAMILY MEMBER(S) SELECTED ON ITEM #1:<br>● 3a. Is at least one of the family members not employed by the school division? | ○ Yes<br>○ No |
| ● 3b. Does the family member(s) attend meetings regularly? | ○ Yes<br>○ No |
| ● 3c. Does the family member(s) participate and contribute in meetings? | ○ Yes<br>○ No |
| 4. IF FAMILY MEMBER(S) NOT SELECTED ON ITEM #1:<br>● 4a. Is there a plan to include a family member? | This Is A Required Item<br>○ Yes<br>○ No |
| ● 5. My school provides materials to | ○ Yes |

families explaining Multi-tiered Systems of Support (MTSS) and related activities on (at least) an annual basis.

- ○ No

● 6. How does your school 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
- ☐ None (e.g., We do not communicate with families directly about MTSS)
- ☐ Other

Please specify if Other checked:

● 7. Does your team use feedback from families on MTSS including policies, procedures, expectations, etc.?

- ○ Yes
- ○ No

● 8. Within the past year, my school planned and implemented an event that shared the family engagement elements 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
- ☐ Multi-dimensional Tiered Approaches
- ☐ None

● 9. Do you

- ○ Yes

collect data on MTSS related events?

○ No

If Yes, how are the data being used?:

10. Is family engagement addressed in your school vision statement, school mission statement or school goals? (Select all that apply)

School Vision Statement: ○ Yes ○ No
If 'Yes', please copy and paste the vision statement into this text box.

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.

11. Does your school tier (or differentiate) approaches to family engagement based on family need?

○ Yes
○ No

12. What are the barriers to

☐ Families don't have needed transportation to get to division, school, or community sites
☐ Families have competing demands on their time

| | |
|---|---|
| engaging families in your school? (Select all that apply) | ☐ Personnel lack sufficient time to engage families effectively<br>☐ Personnel lack family engagement training<br>☐ Perceptions about data confidentiality<br>☐ Families don't feel welcome<br>☐ Lack of funding/stipends for families to participate on teams or other groups<br>☐ No process for identifying family members who would be an asset to the team<br>☐ School culture (e.g. educators do not view families as equal partners or a part of the school community)<br>☐ No barriers<br>☐ Other<br>If 'Other', please specify in this text box. |

Click 'Save' to save your changes so far and return to the Control Page.

Save