

## School Profile 1 - Contact Data

[Return To The POC Control Page](#)

Use the TAB Key to move from field to field, not the ENTER Key

School Street Address:

City:

Zipcode:

School Telephone:

 (  ) 

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:

● 2. Who leads your School Leadership Team?

Principal  Assistant Principal  Other

Please 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?

Yes  
 No

● 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?

Yes  
 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.?

- Yes
- No

● 8. Within the past year, my school planned and implemented an event that 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?

- Yes
- No

If 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, school mission statement or school goals? (Select all that apply)

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 engaging families in your school? (Select all that apply)

- Families don't have needed transportation to get to division, school, or community sites
- 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.

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

Save