**2017-2018 Application for Classroom Behavior Practice Coaches**

The VTPBIS State Team is inviting individuals to be considered for training and support as **Classroom Behavior Practice Coaches**. Selected individuals will be trained and supported to provide classroom management training and coaching to classroom teachers in their schools.

**Steps in order to complete application process:**

1. The **school administrator** must complete Part One: School Readiness Checklist.
2. The **individual applicant(s)** must complete Part Two of this application.
3. The **individual applicant(s)** must sign informed consent form (see attached letter).
4. The **school administrator** must sign school permission form (see attached letter).

Applications are due by **November 3, 2017.** Submission instructions on last page. Final selection of Classroom Behavior Practice Coaches will be made by **November 15, 2017**.

**Part One: School Readiness Checklist: *MUST be completed by School Administrator***

Administrator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SU: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  **Evidence Complete** | **Readiness Criteria** |
| **YES** | **NO** | 1. School is implementing Universal PBIS with fidelity based on TFI or SET.
	1. **Please provide the date and overall average score of your most recent TFI or SET.**
 |
| **YES** | **NO** | 1. The SU/SD and school have established classroom management as a priority for improvement and plan to align this work with other key initiatives.
	1. **Please explain.**
 |
| **YES** | **NO** | 1. The school leadership team has a defined process for positively acknowledging staff and promotes a culture of support around performance feedback.
	1. **Please explain.**
 |
| **YES** | **NO** | 1. The Administrator endorses the role of the Classroom Behavior Practice Coach and allocates the time needed for the Coach to receive training and support.
 |
| **YES** | **NO** | 1. The school leadership team endorses the role of the Classroom Behavior Practice Coach and allocates team meeting time 3x/year for the coach to review progress.
 |
| **YES** | **NO** | 1. The school/SU/SD agrees to allocate time for the Behavior Practice Coach to conduct a half-day training to all staff in the fall of 2018.
 |
| **YES** | **NO** | 1. The school leadership team agrees to develop systems and processes to sustain this level of support for classroom teachers.
	1. **Describe this process for your school.**
 |

**Part Two: *To be completed by individual interested in becoming a Classroom Behavior Practice Coach***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role at School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe your experience with PBIS. Are you on your school leadership team for PBIS?
2. Do you have experience/background in behavior management and data analysis?

◯ Yes

◯ No

If yes, please describe relevant experience in one/both areas.

1. Do have experience/background in training adults? Providing performance feedback to adults?

◯ Yes

◯ No

If yes, please describe relevant experience.

1. Do you have time allocated by your principal to participate in the entire Classroom Behavior Practice Coach training and consultation series?

◯ Yes

◯ No

1. How would your peers describe you as a colleague?

Send the following documents by signing, scanning, and emailing to Anne Dubie at anne.dubie@uvm.edu; or signing and faxing to Anne Dubie at 802-656-1357 by **November 3rd**:

* Completed application
* Informed consent form (see attached letter)
* Building administrator school permission form (see attached letter)

You can contact Amy Wheeler-Sutton at 518-421-3965 or send an email to amy.wheeler-sutton@uvm.edu if you have any questions.