

**Social/Emotional/Behavioral Universal Screening Checklist**

**Tier I**

\*Please  $\checkmark$  if completed, N/A if not applicable—Attach any pertinent information concerning items below

**Universal screening of social/emotional/behavioral functioning includes graphical representation of student's discipline referrals/screening results relative to peers in:**

\_\_\_\_\_ Number of discipline referrals: \_\_\_\_\_

\_\_\_\_\_ Locations of discipline referrals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Times of discipline referrals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Types of discipline referrals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ What is the universal screening instrument: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Results of universal screening instrument: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Intervention provided was result of universal screening results: \_\_\_\_\_

**Documentation of:**

\_\_\_\_\_ Scientifically researched-based classroom management plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Scientifically researched-based school-wide behavior support program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Integrity of classroom management plan implementation

\_\_\_\_\_ Integrity of school-wide behavior support implementation

\_\_\_\_\_ Data based decision-making

\_\_\_\_\_ Parent notified of concern(s) and informed of Tier II intervention plan if student's social/emotional/behavioral functioning is outside acceptable limits

\_\_\_\_\_ Receipt of informed parental consent for services if the decision is made to seek support services