

TITLE V 2003 - 2004
MULTIYEAR, JULY 1, 2001 – JUNE 30, 2004
EVALUATION FOR DISTRICTWIDE PROJECT

PROJECT #: 02600

DATE: 8/30/04

First Year _____

Second Year _____
(check one)

Third Year X _____

PROJECT NAME: Building Assets for Bright Futures

CONTACT PERSON: Julia Luehrman/Melissa Reeves SCHOOL/BLDG: Arrowhead/Sunrise

INDIVIDUAL COMPLETING EVALUATION: Melissa Reeves and Julia Luehrman

SCHOOL/DEPARTMENTS PARTICIPATING: '03-'04 Arrowhead, Cherry Hills Village, Dakota Valley, Highline, Peakview, Sunrise, Village East Elementary Schools; Dry Creek Elementary participated in '01-'03, Canyon Creek Elementary participated in "02-"03

1. Title V award SY 2003 – 04.

a) Total amount of Title V allocated? \$10,000

2. Please give a brief summary of your project:

BAFBF is a *grassroots* project that emerged from the persistent outcries of faculty and staff for assistance in managing the increasing volume of issues that impeded the education of our children. We believe this "bottom-up" approach to staff development is just one of the reasons the initiative was successful and embraced by so many. At the conclusion of this three-year project, all participating schools had developed a CARE team (outcome-based pre-referral intervention team) that was being implemented within their school. We also saw a significant decrease in job-related stress and anxiety of faculty and staff and an increase in teachers feeling more effective in a variety of areas. Teachers reported feeling more effective in the following areas:

- a. student achievement, both academically and behaviorally
- b. improving and streamlining the referral and identification process for students with special needs
- c. increasing the skills necessary to identify and resolve problematic behavioral and academic issues which have arisen from family and societal pressures- but which do not necessarily qualify them for special education services
- d. increasing effective communication strategies with parents and other professionals with the systems framework
- e. developing a pre-referral intervention process which focuses on student/family needs and identifiable outcome goals for intervention

3. How did your Title V project target the improvement of curriculum, instruction or assessment?

This project targeted several Student Achievement Objectives. Specifically, Objective #2: "Academic achievement of students who continue in the district will increase. Objective #3: *Minority students will meet or exceed the district-required proficiency standards and make academic growth.* Finally, Objective #5: *All new students to the district will be evaluated upon entry, and those working substantially below grade level will be given the assistance they need.* Through the three years of the grant, the participants have obtained

instruction targeting professional growth in the areas of school and family systems, systems change, and identifying and intervening with at-risk students. Participants also learned effective communication and conflict resolution strategies with aggressive and challenging parents and staff, effective classroom management strategies, personality dynamics, how to effectively change school climate, and how to establish and maintain a CARE team that is structured and entails follow-up and evaluation of interventions for each case referred. Through instruction in all areas, the Student Achievement Objectives mentioned above have been improved. The second and third years of the curriculum continued to focus on managing job-related stress and burnout and the maintaining and effective implementation of these CARE teams for sustainability in the future.

4. Grade level and number of students impacted by your Title V project during the SY 2003 – 04.

Grades: K-5 # of Students: 6000

5. Number of Teachers: 83 Administrators: 10 Others: 16 (Mental Health, S/L, Nurses, Community Liaisons, B/A Coordinators)

Who participated in this project during SY 2003 – 2004?

Full teams from Arrowhead, Cherry Hills Village, Dakota Valley, Highline, Peakview, Sunrise, and Village East elementary schools.

6. If your Title V project priority was professional development (teacher training):

- a. **How did your Title V Project target the improvement of curriculum, instruction, or assessment?**
- b. **Describe how this professional development project funded by Title V has affected your school**

After completing three years of this project, we have received excellent evaluation results that support achieving our project goals. Using anecdotal questionnaires and surveys as well as the *Maslach Burnout Inventory for Educators* the following results were obtained:

Implementation of CARE Teams: All schools involved had developed and implemented a CARE team to address concerns and design interventions to support students and teachers. These interventions were evaluated for success and additional interventions were implemented if needed.

Survey results after year three:

Anecdotal comments and results from a Likert Scale questionnaire (see attached addendum) supports that participants benefited tremendously from this training. It has allowed staff to obtain a consistency in training, a common foundation of skills, support for developing and sustaining CARE Teams to help other teachers with challenging situations, and increasing the capacity to make more appropriate referrals for ALL students. On the Likert scale questionnaire, the more years participants were involved in the training the more helpful they found the training in increasing their skills as a classroom teacher with academic, behavioral, and emotional needs, helping their school to better serve students in the pre-referral intervention process, and better implementation of the CARE team and process within their school. The commitment and support of administrators as part of the training, consultation, and CARE Teams adds a whole new and healthy dimension to the professional growth relationship between building, administrators, and staff. Many teachers reported the key to success of their CARE team in their buildings had much to do with administrative support of the project.

Maslach Inventory results after year two:

For schools who have teams that have been involved in the project for at least two years, 3 of the 6 schools decreased in the amount of exhaustion the staff was feeling, two schools maintained at the same level, and one school increased. It should be noted that the one school that increased chose not to send a new group of 1st year participants. Without sending a new group, it is possible the initial group is continuing to do much of the consulting work regarding challenging students/families in their school and do not have the support of other trained staff within their building. Second year participants (those that have been through two years of training) are reporting lower exhaustion than their peers who are in the first year of training.

On the scale that measures “depersonalization” (feelings of negativity, indifference, withdrawal), for 2nd year participants, 2 of the 6 schools decreased their scores in this area while 4 school increased. This is an area of concern and was targeted for further intervention in the 3rd year of trainings. Specific skills and strategies were given to teachers to help decrease burnout and increase positive coping skills.

On the scale that measures Personal Accomplishment, 2nd year participants had rated themselves higher in personal accomplishment from 4 of the 6 schools. In three schools, first year attendees rated lower in this area than their 2nd year counterparts.

7. How did your project use Title V funds to implement educational reforms or support efforts to achieve the national education goals?

This project is very much aligned with federal legislation addressing NCLB and the reauthorization of IDEA, and state laws addressing safe schools. This project trained and developed “CARE Teams” at the building level, which supported the needs of students and teachers both academically and behaviorally. Training increased the skills necessary to identify and resolve problems arising from family and societal pressures that impact a child’s ability to be successful in school. Pre-referral interventions were designed, implemented, and evaluated to help remove barriers to learning and increase academic achievement so “no child is left behind”.

8. a) How were your stated objectives attained?

- Total of 12 hours of instruction per group over the course of the '03-'04 academic year
- Individual schools spent time in their CARE TEAMS planning and implementing the model in their building and discussing how they would use the skills and strategies they have learned.
- Consultation time was offered monthly for each school with the trainer to obtain help on challenging issues, thus further enhancing the effectiveness of CARE teams.
- Obtained support from administrators to implement these teams in their schools
- 3 administrative consultation groups were held
- Schools shared community resources they had identified

b) How did you measure them?

- Teachers were assessed in the first and second year of the grant using the *Maslach Burnout Inventory for Teachers*. There was a significant (30-40%) decrease in job-related stress and anxiety of staff. GOAL MET
- There was a significant positive change for students referred to the Care Team in academic achievement and in behavior. GOAL MET IN MOST SCHOOLS BUT VARIED BY INDIVIDUAL STUDENTS
 - For one school the results were as follows
 - 16 students referred to CARE TEAM
 - 1 referral to full special ed. assessment and qualification of SIED made
 - 1 referral moved schools
 - 6 referrals exited with successful completion of CARE TEAM goals and interventions
 - 1 referral was screened for a processing issue by special education team
 - 7 referrals are continuing to be monitored by CARE TEAM in '04-05 school year with additional interventions if necessary
 - Previous to CARE TEAM implementation in this building, all 16 of these referrals would have gone to the special education team; instead, only 2/16 had direct involvement by special education team
- A network of community resources for the school and families were identified beyond those already in place through District Services. GOAL MET

- Intervention, pre-referral and special education referral processes in each building was carefully refined to relieve the Special Education and Mental Health Departments of constant and otherwise inappropriate referrals. GOAL MET

9. The Title V Committee is interested in dissemination of good projects. Is your project replicable? If so – could it be replicated through a \$5000 team grant?

Absolutely. It coincides in with the district's Redesign of Special Education services and the FLEX team model the district is requiring buildings to implement. The CARE teams are essentially FLEX Teams but this project has allowed training for teachers so they have a common base of knowledge when collaborating in problem solving and serving on a pre-referral intervention team.

10. Please state any recommendations for improving the Title V program:

We don't have any recommendations but very much appreciate all the support this program has given to this project. As the evaluation results demonstrate, the benefit to the staff and the individual schools was tremendous!

BUILDING ASSETS FOR BRIGHT FUTURES

TITLE V 2003-2004 PROJECT

Multi-year Project Evaluation

APPENDIX

Participants were asked to complete a Likert Scale of 1-10 on how the grant training increased their skills in the following areas:

On a scale of 1 to 10, how helpful did you find this grant training program in increasing your skills as a teacher working with students of varying needs?

1.	Not Helpful (1-3 rating)	Somewhat Helpful (4-6 rating)	Very Helpful (7-10 rating)
3 years of participation	0%	9%	91%
2 years of participation	0%	17%	83%
1 year of participation	0%	38%	62%

On a scale of 1 to 10, how helpful did you find this grant training program in helping your schools better serve students in the pre-referral process (before formal special education testing)?

2.	Not Helpful (1-3 rating)	Somewhat Helpful (4-6 rating)	Very Helpful (7-10 rating)
3 years of participation	3%	22%	78%
2 years of participation	5%	11%	84%
1 year of participation	0%	38%	62%

On a scale of 1 to 10, how well do you feel your school has implemented the CARE TEAM process/procedure?

3.	Not well at all (1-3 rating)	Somewhat implemented (4-6 rating)	Has been implemented well (7-10 rating)
3 years of participation	9%	19%	75%
2 years of participation	5%	5%	90%
1 year of participation	12%	19%	69%

Anecdotal Comments - Greatest strengths of the training:

Having everyone at the same training and time to discuss together.

CARE TEAMS are an excellent way to share information and ideas about students. It helps with cross-grade transitions.

We designed a totally new CARE TEAM process focused on the kids. It has been great. For me, it reaffirmed why I'm in education. It also allowed me to develop a team of supportive people who care for me and support me.

Best training I have ever been a part of. CARE TEAM has had a major impact on our school!!

It has helped our CARE TEAM form, grow, and develop into a useful and effective aspect of our school.

Our school has benefited from the training because we have more safety nets for kids and tangible relief for teachers.

Handling professional stress. Managing conflict with difficult people.

It is helpful to have a common base of knowledge when collaborating on problem solving strategies.

Taking away stigma of teachers asking for help. It has helped to refocus us to remember the best interest of the child.

The leaders did an excellent job of....getting our personal reflection (re: conscious, effective use of our personal-professional best – i.e. boundary setting!) They were consistently inspiring role models.

The training showed me that even simple problems are best handled before they get out of control.

Effective interventions for kids using a team approach and for me, effective strategies for classroom use and an empowerment that was greatly needed.

The fact that we could help teachers as well as students.

Learning about different disorders, behavioral problems, etc...really opened my eyes to the difficult situations that students deal with on a daily basis.

I feel I have a better understanding of how effective CARE TEAMS can address the emotional needs of the at-risk students and his/her family to achieve changes necessary for learning to take place.

One of the greatest strengths was knowing I had and have other support to turn to in times of need.

Developed a network between schools

New teachers need this very type of information. Our district Induction program would be a wonderful arena for Brett and Mary's discussions.

Understanding of family dynamics, awareness of effects of loss on children and families.

Empowered teachers to deal with parents in a more direct way.

I feel much more knowledgeable about the family dynamics currently in American schools. I've applied several ideas to my own family conflicts.

I feel that the information given at the training for teacher burnout and dealing with parents was the most useful.

Anecdotal Comments – areas to still address:

How does the CARE TEAM work with the special education new format?

With the redesign of special education, determining what we have in place with CARE team versus what we need to put in place with FLEX teams.

Administrative support! When we had an administrator who valued CARE TEAM and was very involved we were extremely successful. When she moved to a different school and we got a new administrator, things began to fall apart.

School-wide CARE concerns not just individual students.

I think our school could use some of the equity training, as many of our cases are children of color or second language learners.

Possibly a review of research/information around motivation- what helps, what hurts, how does this look different with different family dynamics.

Help in team building in buildings where there is freedom and ease in sharing ideas and concerns to truly do what is best for children. There needs to be some focus taken off of scores!

