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Assessing the Perceived Effectiveness and Acceptability of Pre-Referral Intervention Team Procedures by School Teams: Continued Validation of the Pre-Referral Intervention Team

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Procedures by School Teams: Continued Validation of the Pre-Referral Intervention Team

Inventory

By

Lindsey A. Finch, M.S.

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WE, THE UNDERSIGNED MEMBERS OF THE COMMITTEE, HAVE EXAMINED AND APPROVED THIS DISSERTATION.

Assessing the Perceived Effectiveness and Acceptability of Pre-Referral Intervention Team Procedures: Continued Validation of the Pre-Referral Intervention Team Inventory

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Lindsey A. Finch

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Dedication

This dissertation is dedicated to my family. I want to thank you all for your encouragement,

patience, and support throughout my entire college career and my graduate education. I want to

specifically thank my husband, Travis, for his love, encouragement, and parenting support

through this process.

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Abstract of the Dissertation: Assessing the Perceived Effectiveness and Acceptability of Pre-Referral Intervention Team Procedures by School Teams: Continued Validation of the Pre-Referral Intervention Team Inventory

By

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The Pre-Referral Intervention Team Inventory (PRITI) is a 24-item Likert scale created to measure the perceived effectiveness and acceptability of pre-referral teams (PRTs) in a school setting. Initial studies have shown both two-factor and single-factor structures with high internal consistency. Acceptability of team procedures as measured by the PRITI showed expected relationships to the Team Climate Inventory (TCI) and the Revised Teacher Stress Inventory (RTSI). The results of initial studies suggest that the PRITI may be a useful measure for assessing school staff acceptability perceptions of PRT consultation procedures, but further validation is needed. For the current study, the responses of 108 licensed school staff on the PRITI, TCI, and RTSI were analyzed using an exploratory factor analysis of a two-factor and single-factor solution in order to continue the validation process of the PRITI as an adequate measure of staff acceptability and perceived effectiveness. Results indicated that a two-factor solution was a better fit, as it explained more total variance. The analyses demonstrated that the primary and secondary factors (Acceptability and Effectiveness) were strongly intercorrelated. Convergent validity findings were consistent with Yetter's (2010) findings with moderate positive correlations between scales and the TCI and small to moderate negative correlations between scales and the RTSI. Both subscales of the PRITI, as well as the full scale, were found to be internally consistent.

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Chapter 1: Literature Review

As school systems evolve and change to meet the needs of all students and follow the updates in law, behavioral consultation is becoming more necessary and common in popularity as a way to better help teachers with students who experience academic and behavioral difficulties in the general education classroom. Behavioral consultation has been defined as "indirect services to a client (e.g., child) who is served through a consultee (e.g., a parent or teacher) by a consultant (e.g., a psychologist, a special education teacher, or a social worker)" (Kratochwill & Bergan, 1990, p. 26). Benefits of this type of consultation service include a broader impact of the consultant's services, a problem-solving approach to increasing academic and behavioral skills, and the collegial relationship between the consultant and the consultee, rather than patient-professional relationship present in other consultation models. (Kratochwill & Bergan, 1990). Consultation is becoming more prominent due to the increase of students with mild disabilities within the general education setting (Ward, Korinek, & McLaughlin, 1998), as teachers often need assistance planning interventions for students who have specialized needs. Behavioral consultation has increasingly become a part of a prevention model as a way to offer students interventions and specialized instruction prior to or instead of a referral for special education evaluation. Often, behavioral consultation services are provided through pre-referral teams (PRTs). PRTs generally play a range of roles, from consulting with teachers to better support students exhibiting difficulties in the classroom, to identifying students who would benefit from interventions and helping teachers monitor the outcomes of those interventions, to helping to plan and implement intervention modifications (Yetter, 2010).

For the purposes of the current study, PRTs will be defined as consultation teams comprised of regular and special education teachers and special service providers such as school psychologists, school counselors, and school social workers (Doll, Haack, Kosse, Osterloh, & Siemers, 2005) with the goal of supporting students exhibiting academic and behavior difficulties in the general education setting using interventions, specialized instruction, and data based-based decision making (Safran & Safran, 1996). PRTs were originally created to help with the need to accommodate for greater levels of indirect services in the general education setting (Graden, Casey, & Christenson, 1985b).

School Teams and Their Effectiveness

Understanding the roles and functions of various teams, such as PRTs, within schools is complicated by the existence of several different types of teams within schools, all of which may be known by several different names in different settings. Several similar types of teams with comparable functions and goals include those commonly known as Teacher Assistance Teams, Problem-Solving Teams, and Child Study Teams. While these types of teams typically have similar goals to PRTs, to provide behavioral or academic support within the general education setting, differences in team make-up or how services are provided may exist. For instance, Teacher Assistance Teams were originally developed by Chalfant, Pysh, and Moultrie (1979) as a framework that encouraged teachers to take ownership of the problem-solving process by collaborating as a team of teachers and using their knowledge and experience to come up with solutions for students that require interventions within the general education setting. This type of team is distinguished from PRTs in that it does not by definition utilize a multi-disciplinary team approach or special service providers. Rather, teachers help other

teachers come up with new approaches to the behavior or academic problem. Other types of teams, such as those listed above, may be used synonymously or differently from one another, and minor differences in team characteristics, functions, or members exist across school settings/districts.

Thornberg's research review (2008) compiled several definitions of the PRT as well as other school teams. The review found a common theme of providing consultation to teachers in order to recommend academic or behavioral modifications and interventions for at-risk students and prevent unnecessary referrals to special education services. Teams in this review were multidisciplinary. The review concluded that research demonstrated the positive effects of these teams on reducing student problems related to academics and behavior as well as reducing exclusions from the general education setting. Thornberg also concluded that the quality of the team has an impact on student outcomes and noted that composition of the team, team procedures, and monitoring of intervention integrity influence effectiveness.

PRTs have grown vastly in popularity over the last two to three decades, but it is unclear if they are actually effective at solving student problems (Meyers et. al, 1996; Safran & Safran, 1996; Truscott et. al, 2000; Young & Gaughan, 2010). PRTs show promise as they are built on effective problem-solving processes, but more research is needed in order to demonstrate their effectiveness and what makes them effective (Ward et al., 1998). Administrator and teacher perceptions and acceptability of PRTs is mixed in the existing research (Yetter & Doll, 2007). While some researchers report benefits for addressing mild behavior and academic problems (Bahr, Whitten, Dieker, Kocarek, & Manson, 1999; Janney, Snell, Beers, & Raynes, 1995), others report that teams come up

with ineffective interventions, underutilize and communicate poorly with teachers, and are too slow in solving problems (Meyers, Valentino, Meyers, Boretti, & Brent, 1996; Semmel, Abernathy, Butera, & Lesar, 1991). Studies reporting the benefits of PRTs have highlighted survey results endorsing team effectiveness and reporting the overall team model as an effective practice, along with respondents reporting high use of several quality indices of an effective PRT (Bahr et al., 1999). Studies reporting less effectiveness have stated that observations completed during studies have shown that teams inconsistently follow the problem-solving process (Meyers et al., 1996). Studies of teachers' perceptions have indicated that teachers report less support for a consultation model and a preference for a pull-out model for students demonstrating academic and behavioral difficulties (Semmel et al., 1991). There has also been a lack of support for staff, such as school psychologists, to perform a proactive role, rather than an assessment role and general education teachers perceive that they do not have the skills or training to help students with higher academic or behavioral needs within the general education classroom (Semmel et al., 1991). While these effectiveness and acceptability concerns exist and further research is needed, the legal and practical rationale for PRTs has made them common practice in today's educational systems.

Legal and Practical Rationale for Pre-Referral Teams

From a legal standpoint, the Individuals with Disabilities Education Act (IDEA, 1990) mandated a free and appropriate public education (FAPE) for all students in their least restrictive environment (LRE). This mandate led to a wider range of student skills and behaviors within the general education classroom. Teachers were, and still are, often left unsure of how to effectively teach students with a wide range of skills and behaviors.

This led to an increase in referrals to special education (Safran & Safran, 1996), which strained the special education system and led to less effective services. This left staff and administration wanting and needing a better process to support individuals with problematic behaviors and academic difficulty in the classroom. Later reauthorizations of IDEA (U.S. Congress, 1997, 2004) increased the emphasis on Response to Intervention (RtI) systems for supporting students in the general education setting and for qualifying students for special education. RtI refers to a school process that determines if a student responds to a scientific, research-based intervention (U.S. Congress, 2004). This was originally introduced as an alternative to the severe discrepancy qualifications for a Specific Learning Disability (SLD).

A multitiered system of support (MTSS) such as RtI can be used as part of an evaluation process to identify students with a SLD, but it can also be used to support all students as a prevention model. Many schools utilize an MTSS or similar model with a continuum of student supports. In fact, the majority of states require or recommend a MTSS. PRTs are one form of MTSS that is being utilized to meet a continuum of student needs and reduce inaccurate referrals to special education evalutions. According to two national surveys done by Truscott, Cohen, Sams, Sanborn, and Frank (2005), over 40% of states require PRTs and an additional 29-44% recommend that schools use PRTs. Minnesota Statute 125A.56 states that Minnesota schools must provide at least two alternate instructional strategies or interventions prior to referring a student to special education services. Schools typically address this requirement by implementing a PRT framework to track at-risk students, document attempted interventions, and monitor

progress in order to address their academic or behavioral needs, referring them to a

special education evaluation only if these interventions are insufficient and/or ineffective.

Key Factors in the Success of Pre-Referral Teams

Previous research has defined PRTs as effective when they have demonstrated the

ability to improve the quality and/or decrease the quantity of special education evaluation

referrals, improve teacher or team satisfaction, improve student outcomes, or demonstrate

an increased use of the PRT. Past studies have shown that PRTs can effectively reduce

inappropriate referrals to special education and suggest that the teams can effectively use

consultation and interventions to improve targeted student behaviors (Bahr, Fuchs, Fuchs,

Fernstrom, & Stecker, 1993; Fuchs & Fuchs, 1989; Fuchs, Fuchs, & Bahr, 1990; Fuchs,

Fuchs, Bahr, Ferstrom, & Stecker, 1990; Fuchs, Fuchs, Harris, & Roerts, 1996Graden,

Casey, & Bonstrom, 1985a; Gutkin, Henning-Stout, & Peirsal, 1988). However, research

has also highlighted the complexity of PRT implementation. Missing components could

be the difference between an effective team and an ineffective team (Bahr, Whitten,

Dieker, Kocarek, 1999; Doll, Haack, Kosse, Osterloh, Siemers, & Perry, 2005; Flugum,

& Reschly, 1994; Fuchs, & Fuchs, 1989; Rafoth, & Foriska, 2006; Slonski-Fowler, &

Truscott, 2004; Torres-Rodriguez, Beyard, & Goldstein, 2010; Truscott, Cohen, Sams,

Sanborn, & Frank, 2005; Witt, Martens, & Elliot, 1984). Several studies have been

conducted, most qualitative, in order to identify critical PRT components. Promising

critical components include team attributes, the availability of training and resources,

time, acceptability and buy-in, administrative support, and data-based decision making.

Team attributes. Team attributes refer to the characteristics of team members as

well as the type of collaboration and morale of the team as a whole. PRTs have been

found to be more successful when special service providers, such as a special education teacher, reading specialist, or school psychologist, were present on the team (Chalfant & Pysh, 1989; Graden et al., 1985a; Doll et al., 2005). A multidisciplinary team, or a team including a variety of service providers alongside administrators and teachers, has also been found to contribute to the collaboration process, bring a variety of knowledge backgrounds, and aid in the identification of effective solutions (Chalfant & Pysh, 1989; Fuchs, Fuchs, Bahr, et al., 1990; McDougal et al., 2000; Meyers et al., 1996; Torres-Rodriguez, Beyard, & Goldstein, 2010). Other team attributes that facilitate PRT effectiveness are well known components that help teams in any field to be more effective. These include having a designated facilitator who organizes meetings, monitors the status of open cases, and maintains accountability of the team members (McDougal et al., 2000); open and assertive communication between team members (Slonski-Fowler & Truscott, 2004); and an understanding that the team is committed to collaboration with each other and with classroom teachers (Chalfant & Pysh, 1989).

Availability of training and resources. The availability of resources and training for team members and teachers can have a major impact on the effectiveness of PRTs (Graden et al., 1985a). Within the PRT research, staff and team members are almost always receiving extensive training, most often in behavioral consultation, which contributes to their effectiveness in this research (Safran & Safran, 1996). Training can be costly but is often necessary in order for teams to be effective, depending on the skill level of teachers and team members (Courtnage and Smith-Davis, 1987). Some areas in which team members and teachers typically need training include data collection; observation; identifying, selecting, and implementing effective interventions; systematic

problem solving; team processes; and team collaboration (Flugum & Reschly, 1994; Fuchs, Fuchs, Bahr et al., 1990). The extent of training may be particularly important to the effectiveness of PRTs. A review of the research indicated that university-based or university-trained teams had significantly better outcomes than field-based teams (i.e. teams that are made up solely of staff members already working within the school district), likely due to more intensive training.

Time. Another critical component of successful PRTs is having time to properly execute the necessary functions and roles required of the team and its members. Studies have shown that having sufficient time to meet as a team and conduct the problem-solving process (Graden et al., 1985a) and using efficient team methods (Myers & Kline, 2001) were key variables for effective teams. Graden and colleagues (1985a) found an association between the amount of time allocated to PRT processes (i.e., consultation) and effectiveness as measured by reductions in special education referrals and the improvement of team practices.

Acceptability and buy-in. Staff and team member opinions regarding the acceptability of the PRT and the interventions selected can have an impact on the team's effectiveness. Perceptions of the PRT and level of whole-school buy-in for the team procedures contribute to the long-term adoption and effectiveness of the PRT (Fuchs, Fuchs et al. 1996). Openness to change and interest in adopting PRT procedures is essential for a PRT to be successful (Graden et al., 1985a). Acceptability plays a key role in the effectiveness of the PRT because it lends to adoption of the process but also because it can lead to better treatment integrity and student outcomes. Acceptability research has shown that school personnel are more likely to carry out team procedures if

the team is acceptable and perceived to be appropriate, fair, and helpful (Truscott et al., 2000). Acceptability studies have found similar research results for PRTs such that school staff perceptions of the appropriateness, reasonableness, and fairness of the team's procedures predicted the follow through and effectiveness of the team (McDougal et al., 2005; Rankin & Aksamit, 1994, Truscott et al., 2000). On the other hand, when teachers were unwilling to interact with the PRTs or expressed that the interventions were inappropriate, the interventions were less likely to be successful (McDougal et al., 2005).

Administrative support. Support from administrators is another critical component of PRT effectiveness. Research has indicated that administrative support (Chalfant & Pysh, 1989) and participation (Torres-Rodriguez et al., 2010) are predictors of team effectiveness and aid in the adoption and maintenance of PRTs (Raforth & Forishka, 2006; Graden et al., 1985a). Support from administrators can include showing commitment to the team procedures, helping staff identify appropriate times for meetings, and providing necessary training for staff (McDougal, Clonan, & Martens, 2000; Myers & Kline, 2001).

Data-based decision making. Research studies have found that PRTs are most effective when they have a systematic problem-solving procedure in place that emphasizes data-based decision making and selecting evidence-based interventions for students (Flugum & Reschly, 1994; Meyers, Valentino, Meyers, Boretti, & Brent, 1996). For example, Flugum and Reschly's (1994) approach, which includes forming a behavioral definition of the problem, directly measuring baseline behavior, developing a systematic intervention plan, monitoring treatment integrity, graphing results, and directly comparing performance in the intervention phase to baseline, has been repeatedly

demonstrated to be effective in addressing students' academic and behavior problems (Fuchs, Fuchs, Harris, & Robers, 1996; Safran & Safran, 1996; Sheridan, Welch, & Orme, 1996). The components of Flugum and Reschly's approach to data-based PRTs create a systematic way for teams to collect and analyze data in order to ensure that the proper interventions are selected and implemented as planned and that student outcomes are properly monitored for improvement.

Assessing Pre-Referral Team Components

As stated above, previous research has measured effectiveness of PRTs through the demonstration of the ability to improve the quality and/or quantity of special education evaluation referrals, improve teacher or team satisfaction, improve student outcomes, or demonstrate an increased use of the PRT. Measuring the effectiveness of PRTs as well as their critical components has been done both quantitatively and qualitatively. It is important to consider that the way in which critical components are measured may differ, based on the nature of each component. For instance, data-based decision-making practices can be measured through permanent products, observations, and staff report. For example, Burns, Peters, and Noell (2008) used a 20-item observation checklist in order to document the treatment integrity of effective components present during problem-solving team meetings. In contrast, Torres-Rodriguez, Beyard, and Goldstein (2010) gathered information about the team structure and operation through staff reports in the form of interviews.

Acceptability, in comparison, is frequently measured through staff report. There are two prominent Likert-format rating scales with documented psychometric evidence that have been used in research of school-based intervention efforts, although neither

were developed for measuring the acceptability of school-based teams. The Intervention

Rating Profile-15 (IRP-15) created by Martens, Witt, Elliot, and Darveaux (1985) is a

shortened version of the original IRP (Witten, Martens, & Elliot, 1984) and measures

treatment agents' perceptions of the acceptability of interventions in a school setting with

a single factor called General Acceptability. The IRP as well as the IRP-15 have been

found to be reliable measures (IRP Cronbach's alpha = 0.91, IRP-15 Cronbach's alpha =

0.98; Martens, Witt, Elliot, & Darveaux, 1985). The Behavior Intervention Rating Scale

(BIRS) initially created by Von Brock and Elliot (1987) added additional items to the

IRP-15. The additional items added for the creation of the BIRS were generated from

treatment effectiveness literature in order to create a measure that assessed both treatment

acceptability and treatment effectiveness. The validation study using the BIRS found a

three-factor solution with Acceptability, Effectiveness, and Time as the three factors

which explained 73.6% of the total variance (Von Brock & Elliot, 1987). These factors

are also intercorrelated with Pearson's correlations ranging from $r = 0.63$ to 0.79. There

is evidence for strong consistency using Cronbach's alpha within the BIRS overall (α =

0.97), Acceptability ($\alpha = 0.88$ to 0.97), Effectiveness ($\alpha = 0.92$), and Time ($\alpha = 0.87$).

The BIRS has been used in research studies to evaluate acceptability across a variety of

raters such as teachers, school psychologists, and students, and topics such as perceptions

of classroom interventions, treatments for childhood depression, and college reading

intervention programs (Clark & Elliot, 1988; Elliot &Treuting, 1991; Pisecco, Huzinec,

& Curtis, 2001; Miller, DuPaul, & Lutz, 2002; Nicaise & Gettinger, 1995). While

support for both measures is promising, they were not developed for the purpose of

evaluating acceptability of school-based teams, which is likely a critical component of

PRT effectiveness. The work of Yetter (2010) began to fill this gap in research with her creation of the Pre-Referral Intervention Team Inventory that aims to address the acceptability and effectiveness of school teams specifically.

The Pre-Referral Intervention Team Inventory

The Pre-Referral Intervention Team Inventory (PRITI; Yetter, 2010) is an adaptation of the BIRS that assesses the acceptability and effectiveness of PRTs to school staff. Current research on the acceptability of PRTs is difficult to systematically evaluate due to measurement and methodological differences (Yetter, 2010). Construct-based differences include varying definitions of "acceptability". Methodological differences include varying inclusion of stakeholders and team members (and varying definitions of who those individuals are) and inconsistent combinations of measures across studies. These differences have made it difficult to compare results of research on PRT acceptability. Thus, the purpose of the research on the PRITI is to produce and validate an instrument and an assessment methodology specifically for the purpose of understanding staff perceptions of acceptability and effectiveness of the PRT.

Creation of the Pre-Referral Intervention Team Inventory. The PRITI (see Appendix A) was created by Yetter (2010) and consists of 24 items that are based on the BIRS. The BIRS consists of 24 statements used to measure school staff perceptions of the acceptability and effectiveness of interventions in a school setting. Yetter (2010) revised the BIRS when creating the PRITI, specifically changing references to interventions to be more fitting with student assistance team procedures. Yetter (2010) gave this example: "'This intervention is reasonable for the behavior problem described' was reworded as, 'The SAT (Student Assistance Team) approach is reasonable for addressing children's

problems.'" (p. 148). Another type of revision made included changing the tense of verbs in the BIRS from the conditional tense to the present tense. Yetter (2010) gave this specific example for this type of revision: "'Most teachers would find this intervention appropriate for behavior problems in addition to the one described' was replaced with, 'Most school staff find the SAT process appropriate for addressing a range of children's problems.'" (p. 148).

The PRITI also went through a refinement process. This process included a review by eight experts on school-based PRTs including a district-level administrator, a school psychologist, a special education coordinator, two school psychology university faculty members, and three doctoral students in school psychology. Each expert reviewed the questionnaire individually to identify any unclear items, make suggestions for improvements, and substantiate whether the items maintained their original meaning. Based on the expert review, 20 of the 24 items were modified. The PRITI items are presented in a Likert format on a 6-point scale anchored by *strongly disagree* (1) and *strongly agree* (6).

Psychometric characteristics. Yetter (2010) found support for either a one- or two- factor solution through two initial studies. Study 1 investigated the internal consistency and factor structure of the PRITI items, while Study 2 reexamined the stability of the PRITI's structure with another sample while also exploring its convergent validity with the Team Climate Inventory (TCI) and the Revised Teacher Stress Inventory (RTSI). Within Study 1, the two-factor solution explained 66.7% of variance with a Pearson's product-moment correlation of $r = 0.70$. The factors found, Acceptability and Effectiveness, were consistent with previous research for the BIRS

(Elliott & Treunting, 1991). The primary factor (Acceptability) explained 57.3% of the total variance, while the second factor (Effectiveness) explained 9.4% of the variance. Both factor scores showed high levels of internal consistency, with Cronbach's alphas of $\alpha = 0.96$ and $\alpha = 0.94$ for Acceptability and Effectiveness, respectively. When a single-factor solution was explored, Yetter (2010) did not report the specific amount of variance explained, but the internal consistency was high, as expected (Cronbach's $\alpha = 0.97$).

Within Study 2, one- and two-factor solutions were also identified. The two-factor solution explained 66.9% of the total variance with a Pearson's product-moment correlation of $r = 0.66$. Again, these results were consistent with the two factors found within the BIRS (Acceptability and Effectiveness). Similar to the results of Study 1, the primary factor explained 57.3% of the total variance while the second factor explained 9.52% of the variance. Both Acceptability and Effectiveness showed high internal consistency with Cronbach's alphas of $\alpha = 0.95$ and $\alpha = 0.94$, respectively. When a single factor solution was evaluated, Yetter (2010) again did not report specifically how much variance was explained, but the internal consistency was high (Cronbach's $\alpha = 0.97$).

Yetter (2010) also investigated the PRITI's alignment with the TCI (Anderson & West, 1998) and the RTSI (Pettegrew & Wolf, 1982; Schutz & Long, 1988). The abbreviated TCI used by Yetter includes 16 items (Anderson & West, 1998). The full TCI is a self-report questionnaire designed to measure the climate for innovation and group processes for work of teams in professional organizations. Yetter (2010) reviewed research on the TCI and indicated that the measure has been validated with teams across a variety of employment settings (Agrell & Gustafson, 1994; Kivimaki & Elovainio, 1999; Ragassoni, Baiardi, Zotti, Anderson, & West, 2002). The two subscales from the

TCI relevant to the current study are the "Participative Safety" subscale, which contains eight items designed to assess team information sharing, influence over decision making, and interaction frequency, and the "Support for Innovation" subscale, which also contains eight items designed to assess the degree to which team members invest time, cooperation, practical support, and resources to carry out new ideas. Participants rate the items on these subscales on a 5-point Likert scale ranging from *strongly disagree* to *strongly agree*. The items on these subscales are all positively worded, such that a higher rating will indicate a more favorable team climate. Anderson & West (1998) reported high internal consistency for both of the "Participative Safety" subscale (Cronbach's α = 0.92) and the "Support for Innovation" subscale (Cronbach's α = 0.89). Yetter (2010) hypothesized that the "Participative Safety" and "Support for Innovation" from the TCI would show a significant positive correlation with the PRITI because "prior research has shown that members of effective PRTs are more likely to adhere to effective communication practices and strong commitment to collaboration (Chalfant & Pysh, 1989; Meyers, Valentino, Meyers, Boretti, & Brent, 1996; Rafoth & Foriska, 2006; Slonski-Fowler & Truscott, 2004)." (Yetter, 2010, p. 154). Yetter (2010) found that the TCI and the PRITI were moderately correlated, $r = .60$. The Acceptability factor was also moderately correlated with the TCI, $r = .61$, while the Effectiveness factor was moderately but somewhat less related to the TCI, $r = .47$.

The full RTSI was originally formulated to measure professional stress experienced by elementary and secondary teachers, and the abbreviated version used by Yetter (2010) includes 12 items (Pettegrew & Wolf, 1982; Schutz & Long, 1988). The abbreviated version includes the "Role Stress" subscale, which contains seven items and

measures stress resulting from the degree of congruity between teachers' expectations of their teaching role and their actual teaching experiences, and the "Task Stress" subscale, which contains five items and measures the stress that results from the specific tasks teachers perform as part of their job duties. Participants rate items on these subscales on a 6-point Likert scale format ranging from *strongly disagree* to *strongly agree*. The items on these subscales are all negatively worded, such that a higher rating will indicate greater levels of stress. Schutz and Long (1998) reported adequate internal consistency for the "Task Stress" subscale (Cronbach's α = 0.87) and "Role Stress" subscale (Cronbach's α = 0.77). Bertoch, Nielsen, Curley, and Borg (1988) demonstrated that the RTSI is sensitive to changes in teachers' stress levels following stress-reduction therapy. Yetter (2010) hypothesized that the "Role Stress" and the "Task Stress" subscales from the RTSI would show a significant negative correlation with the PRITI because "high stress is associated with less follow-through with treatment recommendations by treatment agents (Kazdin, 2000) and with lower levels of adherence to quality problem-solving practices by school teams (Doll, Haack, Kosse, Osterloh, & Siemers, 2005; Rankin & Aksamit, 1994)." (Yetter, 2010, p.154). These subscales were also selected due to research indicating that "when school staff experience high levels of stress, they view pre-referral team procedures more negatively and are less likely to implement effective team practices (Doll et al., 2005; Rankin & Aksamit, 1994)." (Yetter, 2010, p. 154). Yetter (2010) found a small negative correlation between the RTSI and the PRITI, r = -.28. The Acceptability and Effectiveness factors also showed small negative correlations with the RTSI, r = -.24 and r = -.30, respectively.

Purpose of the Current Study

The exploratory studies completed by Yetter (2010) suggest that the PRITI may be an adequate measure of PRT acceptability and perceived effectiveness and ultimately has the potential to improve pre-referral consultation methods within the school setting. A measure such as the PRITI has the potential to advance understanding of some of the critical elements of PRTs and facilitate more effective comparisons across research literature. However, more research is needed in order to establish the PRITI as a validated measure of PRT acceptability (Yetter, 2010). The purpose of this study was to continue validation of the PRITI by examining its validity and reliability. Several research questions were addressed: (a) To what extent does an exploratory factor analysis support the two-factor structure of the PRITI?, (b) Do staff who indicated more positive acceptability perceptions on the PRITI rate the teams as having more favorable interactions practices on the TCI?, (c) Do staff who indicated more positive ratings on the PRITI report less stress in their professional work on the RTSI?, and (d) To what extent is the PRITI internally consistent?

Chapter 2: Methods

Participants

The participants of this study were 119 school staff employed in schools within nine school districts in the state of Minnesota. All districts that participated were categorized as either "suburban – small" or "rural – distant". These classifications were based on 2010 Census (United States Census Bureau, 2010) definitions of "urbanized area", "rural", and on NCES Locale Classifications and Criteria. See Table 1 for more information regarding the districts' demographic characteristics. Respondents were included in the study if they reported taking part in at least one PRT meeting in the past

or have ever been a participating member of a PRT, including referring students to the team. Of the 119 original respondents, 108 met inclusion criteria and are henceforth referenced as the "respondents". The majority of respondents were female (83.3%) and Caucasian (87.0%) and worked primarily in an elementary school (64.8%). Most respondents were general education teachers (58.3%) or special education teachers (24.1%) and had been a team member on their school's PRT at some point in their career (72.2%). The ages of the participants ranged from "20-29" to "over 60" with the most frequently reported age being "40-49" (28.7%). See Table 2 for more information on respondent demographics.

Measures

Each participant received a survey packet containing three self-report questionnaires and demographic questions. The selection of the questionnaires is based off of Yetter's acceptability research (2010) which included the Pre-Referral Intervention Team Inventory (PRITI), Team Climate Inventory (TCI), and Revised Teacher Stress Inventory (RTSI).

The demographics section included questions regarding participants' gender, ethnicity, age, level of participation in PRTs, their current position, and what grade levels they serve in their position.

Pre-Referral Intervention Team Inventory - Revised. The first survey in the packet was the Pre-Referral Intervention Team Inventory-Revised (PRITI-R; see Appendix B) which consists of 24 items based on the Behavior Intervention Rating Scale (BIRS). The creation of the original PRITI was discussed above in Chapter 1. For the purpose of this study, the PRITI items were revised in order to make the team name more

applicable across districts. For example, "Most school staff find the 8-step Student Assistance Team (SAT) process appropriate for addressing a range of student problems" was revised to say, "Most school staff find the Pre-Referral Team (PRT) process appropriate for addressing a range of student problems". At the top of the first page of the PRITI, a definition of PRT was provided as well a clarification as to what the "PRT process" references. In addition to this definition and clarification, a district-specific statement was added to clarify what the relevant team was called in that district. For example, for one district, the statement read "The Pre-Referral Team (PRT) is equivalent to your school's Problem Solving Team". This statement was added due to concerns expressed by principals that their staff would not know to which school team the survey was referring.

Revised Teacher Stress Inventory. The second questionnaire that participants received in their survey packets includes two subscales from the RTSI, which have a total of 12 items (Pettegrew & Wolf, 1982; Schutz & Long, 1988). The current study's questionnaire included the "Role Stress" and "Task Stress" subscales, which were described in Chapter 1. These subscales can be found as part of the Survey Packet located in Appendix B.

Team Climate Inventory. The third questionnaire in the survey packet included two subscales from the TCI. These two scales were "Participative Safety" and "Support for Innovation", which include a total of 16 items and were described in Chapter 1 (Anderson & West, 1998). Yetter (2010) revised 13 of the 16 items to pertain to school intervention teams rather than workplace employee teams. These subscales from the TCI are in the Survey Packet located in Appendix B.

Procedures

Initially, the superintendents or research coordinators of 16 districts in Minnesota were contacted. The 16 districts were selected in such a way that each classification of city, rural, urban, and suburban, were represented (U.S. Census Bureau, 2010; NCES). The initial districts contacted included one large city, 10 suburban towns, and five rural towns. Two of those 16 districts were removed from the process after this initial contact as their timeline and process for requesting to conduct research did not fit the timeline of this study. Of the 14 remaining districts contacted, four were unresponsive to three attempts at making contact. These four districts were removed from the distribution list, leaving 10 districts. One of the 10 districts contacted declined to participate. The nine remaining districts approved the distribution of the survey packet within their district. Of these nine districts, five of them are considered to fit into the suburban – small category and four are within the rural – distant category (U.S. Census Bureau, 2010; NCES)

Once district level permission had been granted, school principals or school psychologists within that district were contacted to develop a distribution process and timeline. The surveys were distributed to all licensed staff members within each participating school. This included principals, regular education teachers, special education teachers, and specialists (such as speech pathologists, reading interventionists, school psychologists, and school counselors). This excluded paraprofessionals and other unlicensed staff, such as custodians, library staff, and administrative assistants, as these staff typically do not have the same exposure to students and student data and generally do not participate on PRTs. Questions within the demographics section were used to determine whether a staff member was an eligible participant in the study, specifically

staff members must have served on at least one PRT in the past or currently be serving on a PRT. This included staff members who have referred students and attended PRT meetings to discuss and problem-solve the situation surrounding the student referred. There were 620 surveys distributed to staff. Of those, 119 were returned, for a response rate of 19.19%, and 108 were eligible to be participants in the study.

The surveys were distributed to staff members through their school mailbox or during a staff meeting, and participants returned packets to a specified location in their school office when completed, as discussed by the researcher and principal or administrator when planning distribution. Surveys were collected from the office location three weeks after distribution to allow sufficient time for all respondents to return their surveys. In some cases, the principal or administrator sent out a reminder to staff regarding the surveys and where to put them when completed prior to the pick-up date. This was not consistent across all districts. The survey packets included the demographic questions and the three self-report questionnaires, in randomly counterbalanced order.

Analysis

Data from the paper surveys were entered by hand into a data analysis system. Any nominal data, such as the majority of the demographic data, was transformed to numeric data for the purpose of the analysis. The data were then reviewed for any missing or inaccurate entries prior to beginning analysis. To answer the first research question, an exploratory factor analysis was conducted using the information gathered from the factor analyses conducted by Yetter (2010). Both a two-factor and a single-factor solution were analyzed, including the total variance explained and the factor loading. To answer the second and third research questions, Pearson's product-moment

correlations between the PRITI-R, as well as its subscales of Acceptability and Effectiveness, and the TCI and RTSI were calculated in order to investigate the convergent validity of the PRITI-R. In order to do this, scale scores were computed for each survey scale. To answer the fourth research question, the homogeneity of the PRITI-R and any identified factors of the PRITI-R were scrutinized using Cronbach's coefficient alphas.

Chapter 3: Results

Descriptive Statistics

Descriptive statistics of the participants. Of the 119 respondents, 108 met inclusion criteria. The 11 respondents that were excluded reported that they had never been a member of a PRT and had never referred a student to the PRT. Seventy-eight respondents reported that they had been a member of a PRT and 108 of the respondents reported that they had referred a student to the PRT. The respondents were mostly female (83.3%) and Caucasian (87.0%). The most reported primary assignment was within the elementary school setting. The majority of those that reported they had a secondary assignment (25.9%) reported that their secondary assignment was within the middle school setting. Respondents also reported their position. The most reported position was general education teacher (58.3%) and special education teacher (24.1%). The ages of the participants ranged from "20-29" to "over 60" with the most frequently reported age being "40-49" (28.7%). See Table 2 for more information on respondent demographics.

Computation of scale scores. Scale scores were computed for the items on the Team Climate Inventory (TCI), Revised Teacher Stress Inventory (RTSI), and the Pre-Referral Intervention Team Inventory-Revised (PRITI-R). For the TCI, a scale score was

computed by summing scores of the 16 items. The same procedure was followed in order

to compute a scale score for the 13 items on the RTSI. For the PRITI-R, three scale

scores were computed. A scale score was computed for Acceptability by summing items

1-15. A scale score was computed for Effectiveness by summing items 16-24. The items

used for these scales were chosen due to the factor analysis results reported by Yetter

(2010). Finally, a scale score for the PRITI-R as a whole was computed by summing all

24 items on the PRITI-R.

Descriptive statistics of the measures. The PRITI-R includes 24 items on a 6-

point Likert scale. The mean rating for all 24 items was 4.35 (SD = .74). The mean rating

across the Acceptability items was 4.79 (SD = .84). The mean rating across the

Effectiveness items was 3.62 (SD = .78). The RTSI is made up of 12 items on a 6-point

Likert scale. The mean rating among the 13 RTSI items was 3.56 (SD = .87). The TCI is

made up of 16 items on a 5-point Likert scale. The mean rating among the 16 items was

3.76 (SD = .74). The participating respondents reported low levels of stress related to

their job and a neutral to slightly positive views of team climate at work.

Exploratory Factor Analysis

The assumptions of a factor analysis were addressed as part of the analysis

process. The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy for the factor

analysis was .922, indicating a high portion of variance may be caused by underlying

factors. Bartlett's Test of Sphericity was significant, $p < .001$, indicating that it is likely

that the variables are related and a factor analysis can be useful. Communalities, listed in

Table 3 range from .283 to .828, and are one method of discerning adequate sample size

(MacCallum, Widaman, Zhang, & Hong, 1999). When item communalities are taken into

consideration for adequate sample size, the literature suggests that a sample size of 100 is adequate when every factor is represented by four or five items and communalities average at least .70 (MacCallum et al.,1999). The average of the communalities for the current study was .651.

The structure of the PRITI-R was examined using a principal axis exploratory factor analysis to answer the first research question regarding the structure of the PRITI-R. A two-factor solution was requested using the varimax procedure. The two-factor structure that resulted accounted for 65.08% of the variation with a Pearson's product-moment correlation of $r = 0.61$ between the two factors. Correlations between the individual items of the PRITI-R ranged from .151 to .837, indicating relationships between individual items ranged from weak positive relationships to strong positive relationships. More information on correlations between the PRITI items is located in Table 4. The varimax procedure was used for the orthogonal rotation due to the variability in correlations between items. The first factor (items 1-15; Acceptability) had a mean scale score of 71.81 ($SD = 12.60$) and explained 56.16% of the total variance. The second factor (items 16-24; Effectiveness) had a mean scale score of 32.59 ($SD = 7.01$) and explained 11.93% of the total variance. Factor loadings for each factor are located in Table 5. When a single-factor solution was requested using a principal axis exploratory factor analysis using the varimax procedure, the single-factor structure that resulted accounted for 53.16% of the variation. This indicates that the two-factor solution explained more of the total variance.

Correlations with Scales

Correlations with TCI. The convergent validity of the PRITI-R two-factor solution with the TCI was reviewed by computing Pearson's product-moment correlations between all 24 items of the PRITI-R and the TCI, the Acceptability scale score and the TCI, and the Effectiveness scale score and the TCI. This analysis addressed the second research question. The correlation between the total PRITI-R scale score and the TCI scale score was $r = .456$ ($p < .001$), indicating that the 24 items on the PRITI-R predicted 20.79% of the variance in team climate as measured by the TCI. The correlation between the Acceptability scale score and the TCI scale score was $r = .419$ ($p < .001$), indicating that Acceptability predicted 17.56% of the variance in team climate as measured by the TCI. The correlation between the Effectiveness scale score and the TCI scale score was $r = .404$ ($p < .001$), indicating that Effectiveness predicted 16.32% of the variance in team climate as measured by the TCI. A multiple regression analysis was also conducted in order to examine the how much of the variation in team climate can be predicted by the Effectiveness and Acceptability scales together. This computation resulted in $R^2 = .210$ ($p < .001$), which indicates that together, Effectiveness and Acceptability explained 21.00% of the variation in team climate as measured by the TCI. The Variation Inflation Factor (VIF) was examined to analyze the level of multicollinearity between the Acceptability and Effectiveness scales. The VIF score for these scales was 1.0, which suggests that that is no correlation between these two scales.

Correlations with RTSI. The convergent validity of the PRITI-R two-factor solution with the TCI was reviewed by computing Pearson's product-moment correlations between all 24 items of the PRITI-R and the RTSI, the Acceptability scale score and the RTSI, and the Effectiveness scale score and the RTSI. This analysis

addressed the third research question. The correlation between the total PRITI-R scale score and the RTSI scale score was $r = -.333$ ($p < .001$), indicating that the 24 items on the PRITI-R predicted 11.09% of the variance in team stress as measured by the RTSI. The correlation between the Acceptability scale score and the RTSI scale score was $r = -.289$ ($p < .001$), indicating that Acceptability predicted 8.35% of the variance in team stress as measured by the RTSI. The correlation between the Effectiveness scale score and the RTSI scale score was $r = -.327$ ($p < .001$), indicating that Effectiveness predicted 10.69% of the variance in team stress as measured by the RTSI. A multiple regression analysis was also conducted in order to examine the how much of the variation in team stress can be predicted by the Effectiveness and Acceptability scales together. This computation resulted in $R^2 = .119$ ($p < .001$), which indicates that together, Effectiveness and Acceptability explained 11.90% of the variation in team stress as measured by the RTSI. As stated above, the VIF score was 1.0 when analyzing the correlation of the Acceptability and Effectiveness scales. There is no concern for multicollinearity.

Internal Consistency of the PRITI

Cronbach's alphas were computed to answer the fourth research question regarding the internal consistency of the PRITI-R. The primary and secondary factors both showed high internal consistency, with Cronbach's alphas of $\alpha = 0.96$ for items 1-15 and $\alpha = 0.92$ for items 16-24. The full scale also showed high internal consistency, $\alpha = 0.96$.

Chapter 4: Discussion

The purpose of this study was to continue to validate the Pre-Referral Intervention Team Inventory (PRITI) as a measure of Pre-Referral Team (PRT) acceptability.

Specifically, this study extended the work of Yetter (2010), who found that the PRITI had

the potential to properly measure staff acceptability and perceived effectiveness of PRTs

in addition to assist schools with improving their PRT methods. A measure such as the

PRITI has the potential to extend understanding of some of the critical elements of PRTs

and make more effective comparisons across research literature. Regarding the first

research question concerning the factor structure of the PRITI, I found results that were

largely consistent with Yetter's findings. Yetter (2010) explained that her studies found

that both a one-factor and a two-factor structure of the PRITI could be supported. For the

purpose of this study, the both structures were analyzed. The results of the analysis were

better explained by a two-factor structure (Acceptability and Effectiveness). These two

dimensions were found to be strongly intercorrelated and explain 65.08% of the total

variance, compared to a single-factor solution that only explained 53.16% of the total

variance. The first factor is consistent with an Acceptability scale (items 1-15), and the

second factor is consistent with an Effectiveness scale (items 16-24) reported by Yetter

(2010) which is also consistent with the Behavior Intervention Rating Scale (BIRS; Von

Brock and Elliot, 1987) from which the PRITI was created. Acceptability accounted for

the majority (56.16%) of the variance explained. This was consistent with the amount of

variance explained (57.30%) that Yetter (2010) reported for Acceptability. Effectiveness

accounted for a much smaller portion (11.93%) of the variance explained, which is also

consistent with the findings in Yetter's (2010) study for the variance explained reported

for Effectiveness (9.52%). All items loaded onto one of these two factors. Therefore,

these results were consistent with Yetter (2010) in supporting a two-facture structure of

the PRITI, as it explains more of the total variance in the model.

With regard to convergent validity, my findings were also consistent with Yetter's (2010) findings. Yetter (2010) examined the convergent validity of the PRITI with the Team Climate Inventory (TCI), a measure of team climate, and the Revised Teacher Stress Inventory (RTSI), a measure of team stress. Yetter (2010) hypothesized that the PRITI would be positive correlated with the TCI and negatively correlated with the RTSI and found that the TCI and the PRITI were moderately correlated ($r = .60$). Acceptability was also moderately correlated with the TCI ($r = .61$), while Effectiveness was moderately but somewhat less related to the TCI ($r = .47$). This is consistent with the findings of the current study, in which the TCI and PRITI-R were moderately correlated ($r = .456$), Acceptability and the TCI were moderately correlated ($r = .419$), and Effectiveness and the TCI were moderately correlated ($r = .404$). The correlations found within the current study are somewhat smaller than the correlations found by Yetter. Yetter (2010) found small negative correlations between the RTSI and the PRITI ($r = -.28$), Acceptability and the RTSI ($r = -.24$), and Effectiveness and the RTSI ($r = -.30$). The analysis within the current study indicated slightly stronger negative correlations with a moderate correlation between the PRITI-R and the RTSI ($r = -.333$) and a moderate correlation between Effectiveness and the RTSI ($r = -.327$). The correlation between Acceptability and the RTSI ($r = -.289$) was small.

Finally, I examined whether the PRITI-R was a reliable measure of PRT effectiveness and acceptability. Consistent with Yetter (2010), I found that both subscales of the PRITI-R as well as the full measure showed internal consistency exceeding .90. Thus, the PRITI-R appears to be an internally consistent measure of PRT effectiveness and acceptability.

The development of a tool for measuring the acceptability and effectiveness of PRTs is critical given the importance of these constructs to the success of PRTs and the absence of such a measure. Acceptability is a key factor in the overall effectiveness of school consultation teams. Not only do perceptions of the team and buy-in for team procedures contribute to the adoption of PRTs (Fuchs et al., 1996), but they also have been shown to impact treatment integrity and student outcomes (McDougal et al., 2005; Rankin & Aksamit, 1994, Truscott et al., 2000). Previous research has shown that members of effective PRTs are more likely to engage in effective communication and be committed to collaboration (Chalfant & Pysh, 1989; Meyers et al., 1996; Rafoth & Foriska, 2006; Slonski-Fowler & Truscott, 2004). Previous research has also found that higher stress is correlated with lower treatment integrity (Kazdin, 2000) and less follow through with quality problem-solving practices on school teams (Doll et al., 2005; Rankin & Aksamit, 1994). In addition, higher stress reported by school staff is linked with negative views of the PRT procedures (Doll et al., 2005; Rankin & Aksamit, 1994). The overlap of the impact of acceptability and effectiveness on the success of PRTs makes it imperative to assess both within research.

As stated earlier, acceptability has typically been examined through qualitative measures, such as staff report or interviews. Formal, validated quantitative measures used to examine acceptability of consultation teams include the Intervention Rating Profile-15 (IRP-15; Martens, Witt, Elliot, and Darveaux, 1985) and the Behavior Intervention Rating Scale (BIRS; Von Brock and Elliot, 1987). Both of these scales were created to measure school staff perceptions of the acceptability and effectiveness of treatments or interventions within the school setting. Neither directly addresses or measures the

acceptability of a school team. The aim of the PRITI is to address the formal quantitative measurement of acceptability and perceived effectiveness as it relates to PRTs specifically.

Thus, the PRITI fills a gap by directly and systematically measuring effectiveness and acceptability as they relate to a consultation team, rather than an intervention. Yetter's (2010) initial validation of the PRITI suggested that the PRITI may be an adequate measure of PRT acceptability and perceived effectiveness and ultimately has the potential to improve pre-referral consultation methods within the school setting. In order to investigate the potential of the PRITI, the present study continued the examination of the PRITI-R, specifically its validity and reliability. As noted above, this extension on Yetter's (2010) original research ultimately confirmed her findings and further solidified the promise of the PRITI.

Limitations

The results of this study should be considered in the context of its limitations. The lack of representativeness of the current sample to broader populations is one limitation of the current study. Although a variety of districts were initially recruited, all respondents were from districts that were considered either suburban-small or rural-distant (United States Census Bureau, 2010; NCES). This study did not include any districts from large suburban areas or urban areas. In addition, participating districts were those who volunteered, and there may be differences in how staff in these districts responded to the instruments as compared to how staff from other districts may have responded, given that participating districts are likely open to considering and making improvements in PRTs based upon the data. In addition, the individuals who responded

were largely members of a PRT. Seventy-eight (72.22%) of the 108 eligible participants were currently a member of a PRT or had been a member of a PRT. This is not representative of a typical school population. Those who have been a member of a PRT may respond differently to measures of acceptability and effectiveness of the team when compared to those who have only referred students to the team. It is also difficult to report that the sample is representative in general of the school settings from which data was collected due to the low response rate (19.19%). A large percentage of the staff who received a survey packet chose not to complete or return the packet. Differences in administrative support and the distribution process may have also impacted the response rate and is considered a limitation. While some administrators addressed the research project directly, either at a staff meeting or through email reminders, others did not communicate with their staff about the survey packet after the distribution and the distribution was done via delivery to staff mailboxes rather than in person.

Sample size is an additional limitation of this study. Although the target for minimum sample size was met ($N = 100$), which was based on the information provided by MacCallum, Widaman, Zhang, and Hong (1999) in their review of factor analysis literature and sufficient sample size, other indicators of sufficient sample size indicate that this is a limitation for this study. When item communalities are taken into consideration for adequate sample size, the literature suggests that a sample size of 100 is adequate when every factor is represented by four or five items and communalities average at least .70 (MacCallum et al.,1999). The number of items per factor is met as part of this study; however, the communalities among the PRITI items for the current study suggest that 200 or more participants may be needed, as the communality average

is below .70 (M = .651). Based on this analysis, the results of this study are not considered strong with the current sample size. Although the sample size is a limitation, differences in the current sample as compared to Yetter's (2010) original sample strengthens the generalizability to the results. As stated above, the participants of the current study were all from districts that are considered suburban-small or rural-distant (United States Census Bureau, 2010; NCES). In Yetter's initial studies, she included larger samples (313 and 159) and the participants were from districts that were considered urban and suburban. In addition, her studies included participants from the Midwest and South Central United States. Although these differences in samples are present, the results of the current study largely support the findings of Yetter (2010) and improve the generalizability of the results.

The current study used the TCI and the RTSI as measures of team climate and team stress, respectively. These measures are not perfect measures of these constructs and may not be the best instruments to establish the convergent validity of the PRITI. Although Yetter (2010) choose these measures due to the research connection between their subscales and the constructs of acceptability and effectiveness, components of team climate and team stress are not the only indicators of acceptability and effectiveness in relation to PRTs.

Finally, an additional limitation of this study is that the validation process was narrow in terms of what types of reliability and validity were explored. The current study, in accordance with Yetter's (2010) previous studies, included analysis of internal consistency, construct validity, and convergent validity. Additional construct validity analysis may be needed in order to fully claim that the PRITI measures acceptability and

perceived effectiveness. Additional reliability evidence, such as test-retest and interrater reliability, would bolster support for the use of the PRITI. Considering the potential future use of this measure as a tool for PRT improvement, the sensitivity of the PRITI to changes in PRT functioning and its use for differentiating effective from ineffective teams have not yet been established.

Implications for Further Research

In terms of future research on the PRITI, additional examination of the reliability and validity of the PRITI with varying and larger sample sizes would add to the strength of these findings. Studies should focus on obtaining samples that are more representative of the general school staff population, gaining access to districts that are of larger sizes, and including districts that have staff members with varying ethnicities. Larger, more varied sample sizes would also help future researchers draw conclusions about differences in ratings between groups, such as between administrators who respond in comparison to teachers who respond or those who have been members of PRTs versus those who have referred students to the PRT.

Additional research concerning various types of validity and reliability that have not yet been explored would increase the usefulness of the PRITI. Staff perceptions of acceptability and effectiveness of the PRT can greatly impact the success of the team. A confirmatory factor analysis would be an essential next step in addition to research that examines the PRITI's sensitivity to change, which would greatly impact the use of the measure for team improvement purposes. This would require research to examine the PRITI's sensitivity to change. In addition, research could be conducted that would investigate the utility of cut scores on the PRITI and its subscales that would distinguish

effective from ineffective PRTs. This would help administrators and PRT members understand whether changes are needed. These research topics would be very useful in a practical setting. Future research should focus on confirming that the PRITI is indeed a measure of acceptability and perceived effectiveness by analyzing the PRITI against other validated measures of similar constructs. Other areas that would be useful to scrutinize would be the interobserver agreement of participants on the same team.

With continued validation, the PRITI may also be a useful tool in other PRT research. For example, the PRITI may be a useful tool to assess acceptability of new PRT procedures that university teams are implementing in a school setting. It would be helpful to investigate the correlation between the PRITI and staff buy-in measures for new procedures related to PRTs or consultation teams in general. This would continue to establish the PRITI as a useful tool for measuring key factors of effective PRTs. In addition, the tool can be used as a systematic way to measure acceptability and perceived effectiveness of PRTs across research studies, making it easier to compare results.

Implications for Practice

Although the sample size and sample variability limit the conclusions that can be drawn from these analyses, it is important to note that these findings are largely consistent with the findings reported by Yetter (2010) when a larger sample size was used (Study 1 $N = 313$, Study 2 $N = 159$). Those studies and this one have indicated that the PRITI is an adequate measure of Acceptability and Effectiveness based on the percentage of variance by these factors explained and the research and refinement that has gone into creating the constructs of Acceptability and Effectiveness throughout previous studies of measures including the IRP-15, the BIRS, and the creation of the PRITI (Martens et al.,

1985; Von Brock & Elliot, 1987; Yetter, 2010). Further research would give these findings even more strength. However, based on existing research, the PRITI can be considered an adequate measure of PRT acceptability and perceived effectiveness. With the current outcomes reported, the PRITI could currently be used within the school setting as a way to measure these constructs of acceptability and effectiveness among staff. This would be a useful tool, for administrators in particular, when the school PRT does not seem to be effective at impacting student outcomes and making special education referrals more accurate, but the team is unsure why. The PRITI could be used as one piece of data in the process of identifying factors that are inhibiting the effectiveness of the PRT. The PRITI may also be used to gauge staff perceptions of the acceptability and effectiveness of a PRT that is in various stages of development. The PRITI has not yet been validated to measure change, but it can give a snapshot of the current staff perceptions, and that on its own can be useful information.

In the future, there is also the potential for the ratings on the PRITI to be used improve pre-referral consultation methods within the school setting when analyzed within district or within school. After more studies have been completed with the PRITI that examine other forms of reliability and validity, as well as its sensitivity to change, the PRITI has the potential to be used as a measure of changes in perception over time. This would be especially useful for a school that is just beginning to implement a PRT or is planning on making changes to their PRT or their PRT process. The PRITI could also be used as one component in a school-wide effort to increase treatment integrity or fidelity of the PRT process. Acceptability of team procedures in particular can greatly impact

fidelity to PRT procedures. The PRITI could help to assess the impact acceptability is having on fidelity.

Conclusion

Although limitations are present, the results of this replication study confirm previous studies (Yetter, 2010) and indicate that the PRITI is an adequate measure of staff acceptability and perceived effectiveness of PRTs. This validation of the PRITI also indicates that the measure has the potential, after further research, to be used as a measure of change or a progress monitoring tool related to staff perceptions of the PRT.

The constructs of acceptability and effectiveness are important to PRTs. Both staff and team member's views of PRT acceptability can have an impact on the long-term adoption of the team process and the team's effectiveness (Fuchs, Fuchs et al. 1996). In addition to the adoption of the PRT process, high levels of acceptability have also been shown to increase the likelihood that team procedures are followed with fidelity (Truscott et al., 2000). Studies have shown that staff perceptions of the appropriateness, reasonableness, and fairness of the procedures predicted the follow through and effectiveness of the team (McDougal et al., 2005; Rankin & Aksamit, 1994, Truscott et al,. 2000). Low levels of PRT acceptability have indicated the opposite. When low levels of acceptability are reported, due to lack of willingness to interact with the PRT or expressing that the interventions were inappropriate, the interventions were less likely to be successful (McDougal et al., 2005).

These findings indicate that the effectiveness and acceptability of PRTs is often intertwined, given observed correlations between constructs. These findings also further support the use of the PRITI as a measure of acceptability and effectiveness. The PRITI

fills a gap as a measure of acceptability and effectiveness appropriate for PRTs. An adequate measure that relates to the school setting is an important part of measuring the components of acceptability and perceived effectiveness that have an impact on process adoption, treatment integrity, and student outcomes, which have a direct impact on the effectiveness of PRTs in supporting student success.

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Table 1 *District demographics*

District	# of Students	% Free and Reduced Lunch	Ethnicity Distribution	Classification
A	915	25.90%	White – 98% Hispanic or Latino – 1% Two or more races – 1%	Suburban – Small
B	1,008	32.83%	White – 89% Hispanic or Latino – 8% Asian – 1% Two or more races – 2%	Suburban – Small
C	8,376	34.04%	White – 88% Black – 4% Hispanic or Latino – 3% Asian – 2% Two or more races – 2%	Suburban – Small
D	2,136	34.88%	White – 87% Black – 2% Hispanic or Latino – 6% Asian – 3% Two or more races – 2%	Suburban – Small
E	1,668	36.39%	White – 92% Hispanic or Latino – 1% American Indian/Alaskan Native – 4% Two or more races – 3%	Suburban – Small
F	520	25.77%	White – 96% Hispanic or Latino – 3%	Rural – Distant
G	887	30.67%	White – 95% Hispanic or Latino – 3% Asian – 1% Two or more races – 1%	Rural – Distant
H	657	16.44%	White – 94% Black – 1% Hispanic or Latino – 3% Two or more races – 2%	Rural – Distant
I	221	63.64%	White – 84% Hispanic or Latino – 12% Asian – 1% American Indian/Alaskan Native – 2% Hawaiian and Other Pacific Islander – 1% Two or more races – 1%	Rural – Distant

Notes. Enrollment and Free and Reduced Lunch percentage based on the Minnesota Department of Education data released for the Fall of 2018. Classification based on 2010 Census definitions of "urbanized area", "rural" and on NCES Locale Classifications and Criteria.

Table 2 *Respondent Demographics*

Age	Percentage	Ethnicity	Percentage	Primary Position	Percentage	Secondary Position	Percentage
20-29	16.7%	African American	0%	Elementary	64.8%	Elementary	3.7%
30-39	26.9%	Euro-American/Caucasian	87.0%	Middle School	10.2%	Middle School	15.7%
40-49	28.7%	Native American	0%	High School	19.4%	High School	6.5%
50-59	21.3%	Asian American	1.9%	Other	5.6%	Not Applicable	64.8%
60 or Over	4.6%	Latino	0%				
Did not report	1.9%	Other	2.8%				
		Did not report	8.3%				

Respondent Demographics Continued

Position	Percentage	Attended a PRT Training	Percentage	Trained Others in the PRT Process	Percentage
Principal/Vice	2.8%	Have Attended	22.2%	Have Trained Others	11.1%
Regular Ed Teacher	58.3%	Have Not Attended	77.8%	Have Not Trained Others	88.9%
Special Ed Teacher	24.1%				
School Counselor	.9%				
Other	13.0%				

Table 3 *Communalities Among PRITI Items*

	Extraction (*N* = 108)
Item 1	.737
Item 2	.540
Item 3	.746
Item 4	.788
Item 5	.585
Item 6	.589
Item 7	.283
Item 8	.414
Item 9	.748
Item 10	.576
Item 11	.793
Item 12	.828
Item 13	.657
Item 14	.761
Item 15	.825
Item 16	.489
Item 17	.635
Item 18	.717
Item 19	.636
Item 20	.652
Item 21	.697
Item 22	.718
Item 23	.613
Item 24	.594

Table 4 *Pearson Correlations Among PRITI Items*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Item 1	---	.655	.766	.759	.700	.589	.411	.513	.722	.593	.758	.761	.586	.727	.735	.360	.526	.353
Item 2		---	.706	.670	.541	.617	.335	.339	.539	.457	.594	.625	.531	.566	.605	.315	.431	.257
Item 3			---	.825	.617	.682	.473	.422	.671	.586	.702	.783	.645	.704	.770	.342	.532	.290
Item 4				---	.643	.673	.518	.493	.756	.596	.734	.768	.690	.732	.813	.435	.589	.424
Item 5					---	.438	.420	.490	.578	.486	.685	.615	.493	.587	.608	.264	.378	.151
Item 6						---	.309	.435	.612	.588	.636	.705	.669	.612	.656	.417	.569	.294
Item 7							---	.322	.421	.264	.390	.441	.488	.385	.450	.326	.317	.176
Item 8								---	.652	.402	.638	.573	.468	.532	.574	.348	.381	.272
Item 9									---	.733	.765	.781	.609	.701	.849	.406	.531	.328
Item 10										---	.680	.670	.640	.699	.700	.420	.489	.278
Item 11											---	.837	.698	.781	.788	.383	.571	.338
Item 12												---	.720	.806	.803	.501	.540	.323
Item 13													---	.772	.707	.478	.567	.375
Item 14														---	.819	.559	.525	.402
Item 15															---	.488	.584	.358
Item 16																---	.544	.534
Item 17																	---	.594
Item 18																		---
Item 19																		
Item 20																		
Item 21																		
Item 22																		
Item 23																		
Item 24																		

Table 4 Continued *Pearson Correlations Among PRITI Items*

	19	20	21	22	23	24
Item 1	.273	.389	.497	.473	.369	.415
Item 2	.237	.349	.355	.348	.266	.230
Item 3	.349	.381	.435	.419	.346	.392
Item 4	.386	.456	.531	.502	.346	.383
Item 5	.164	.199	.350	.237	.258	.338
Item 6	.343	.377	.367	.411	.316	.391
Item 7	.160	.286	.351	.260	.254	.202
Item 8	.248	.318	.342	.275	.201	.355
Item 9	.374	.433	.513	.505	.326	.520
Item 10	.303	.275	.404	.421	.271	.376
Item 11	.370	.401	.527	.464	.384	.482
Item 12	.380	.352	.495	.458	.265	.439
Item 13	.379	.380	.517	.505	.383	.464
Item 14	.425	.382	.544	.522	.401	.480
Item 15	.353	.449	.546	.490	.378	.510
Item 16	.509	.492	.568	.555	.411	.406
Item 17	.528	.617	.626	.582	.505	.571
Item 18	.654	.630	.605	.685	.629	.522
Item 19	---	.605	.586	.571	.568	.548
Item 20		---	.611	.637	.595	.538
Item 21			---	.773	.545	.634
Item 22				---	.577	.615
Item 23					---	.669
Item 24						---

Table 4 *Item loadings for the Pre-Referral Intervention Team Inventory for a 1 and 2-Factor Solution*

PRITI Item	Factor 1	Factor 2	Factor1 (Single-Factor Solution)
1. The Pre-Referral Team (PRT) is an acceptable way for teacher's to address children's problems.	.820		.818
2. Most school staff find the PRT process appropriate for addressing a range of children's problems.	.718		.678
3. Working with the PRT is an effective way for teachers to address children's problems.	.834		.813
4. I would suggest the use of the PRT to other teachers.	.830		.862
5. When teachers' concerns are serious enough, working with the PRT is warranted.	.762		.660
6. Most school staff would find the PRT process suitable for addressing children's problems.	.718		.744
7. I am willing to serve on the PRT in my school.	.504		.510
8. The PRT process does not result in negative side-effects for children.	.614		.614
9. The PRT process is appropriate for a variety of children.	.808		.839
10. The PRT process is consistent with other ways of helping students with problems in the classroom.	.722		.727
11. PRTs are a fair way to handle children's problems.	.842		.857
12. The PRT process is reasonable for addressing children's problems.	.874		.862
13. I like the PRT procedures.	.725		.802
14. The PRT process is a good way to handle children's problems.	.794		.858
15. Overall, the PRT process is beneficial for children.	.847		.882
16. The PRT process leads to quick improvements in children's performance.		.616	.623
17. The PRT process produces lasting improvement in children's performance.		.654	.747

18. The PRT process improves children's performance to the point that it is not noticeably different from their classmates' performance.	.838	.578
19. Soon after PRT process, the teacher notices a positive change in the referred student's classroom performance.	.783	.571
20. Students' classroom performance remains at an improved level even after use of the PRT is discontinued.	.778	.621
21. Using the PRT process improves students' performance not only in the classroom, but also in other settings (e.g., other classrooms, home).	.758	.719
22. The performance of children referred to the PRT becomes more like that of their well-performing peers after following the PRT process.	.796	.693
23. The PRT process produces enough improvement in children's performance that there no longer is a problem.	.768	.566
24. Other concerns related to the identified problems also are likely to be improved by use of the PRT.	.713	.647

Appendix A: Original Pre-Referral
Intervention Team Inventory

Pre-referral Intervention Team Inventory

Student Assistance Teams (SATs) address the needs of students having academic problems and students with behavioral problems in the regular classroom.

The 8-Step SAT Process recommended by Lincoln Public Schools SAT Continuous Improvement Project consists of the following:

(1) define the student's problem in ways that can be measured
(2) collect baseline data measuring student performance
(3) define a specific goal and put it in writing

(4) analyze the problem by describing environmental factors

(5) select a step-by-step intervention
(6) check to see that the intervention is conducted as planned
(7) observe and measure the student's response to the intervention
(8) compare the student's response to baseline data

We would like to know how you feel about the 8-Step SAT Process for addressing students' academic and behavioral problems. Your input is important for helping inform future district policy regarding SATs. This survey will take 10-15 minutes to complete. Thank you for your participation.

For each statement below, please circle the number that best describes your agreement or disagreement.
1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree

1. The Student Assistance Team (SAT) is an acceptable way for teacher's to address childrens' problems.   1   2   3   4   5   6

2. Most school staff find the 8-step SAT process appropriate for addressing a   1   2   3   4   5   6

   range of children's problems.

3. Working with the SAT is an effective way for teachers to address children's problems. 1   2   3   4   5   6

4. I would suggest the use of SATs to other teachers.   1   2   3   4   5   6

5. When teachers' concerns are serious enough, working with the SAT is warranted.   1   2   3   4   5   6

6. Most school staff would find the 8-step SAT process suitable for addressing

      children's problems.   1   2   3   4   5   6

7. I am willing to serve on the SAT in my school.   1   2   3   4   5   6

8. The 8-step SAT process does <u>not</u> result in negative side-effects for children.   1   2   3   4   5   6

9. The 8-step SAT process is appropriate for a variety of children.   1   2   3   4   5   6

10. The 8-step SAT process is consistent with other ways of helping students

      with problems in the classroom.   1   2   3   4   5   6

11. SATs are a fair way to handle children's problems.   1   2   3   4   5   6

12. The 8-step SAT process is reasonable for addressing children's problems.   1   2   3   4   5   6

13. I like the SAT procedures.   1   2   3   4   5   6

14. The 8-step SAT process is a good way to handle children's problems.   1   2   3   4   5   6

15. Overall, the 8-step SAT process is beneficial for children.   1   2   3   4   5   6

16. The 8-step SAT process leads to quick improvements in children's

performance.	1	2	3	4	5	6
17. The 8-step SAT process produces lasting improvement in children's performance.	1	2	3	4	5	6

18. The 8-step SAT process improves children's performance to the point

    that it is not noticeably different from their classmates' performance.   1   2   3   4   5   6

19. Soon after beginning the 8-step SAT process, the teacher notices a positive

    change in the referred student's classroom performance.   1   2   3   4   5   6

20. Students' classroom performance remains at an improved

    level even after use of the SAT is discontinued.   1   2   3   4   5   6

21. Using the 8-step SAT process improves students' performance not only

    in the classroom, but also in other settings (e.g., other classrooms, home).   1   2   3   4   5   6

22. The performance of children referred to the SAT becomes more like that

    of their well-performing peers after following the 8-step SAT process.   1   2   3   4   5   6

23. The 8-step SAT process produces enough improvement in children's performance

    that there no longer is a problem.   1   2   3   4   5   6

24. Other concerns related to the identified problems also are likely

    to be improved by use of the SAT.   1   2   3   4   5   6

Please tell a little about yourself by checking the appropriate answer. Thank you for participating.

25.   What is your gender?   F_____   M   _____

26.   What is your ethnicity?
       African American   _____   Asian American   _____
       Euro-American   _____   Latino/a   _____
       Native American   _____   Other (please specify)   _____

27.   How old are you?
                    20-29   _____   50-59   _____
                    30-39   _____   60 and over _____
                    40-49   _____

28.   Have you EVER participated on a SAT at any time in your career? (including students you referred to the SAT)

Yes   _____   No   _____

If "Yes", how many students TOTAL were addressed by all the SATs on which you ever participated?

                    1-2 students   _____   5-6 students   _____

       3-4 students   _____   More than 6 students   _____

29.   What grade level is your primary or only appointment? (Please check one)

Elementary school   _____ High school _____

Middle school   _____Other (please specify) _____

30.   What grade level is your secondary appointment? (Check all that apply)
         Not applicable
                Elementary school   _____
                Middle school   _____
                High school   _____

31.   What is your current position in this school?
                Principal/ Assistant Principal / Vice Principal _____   Special Education Coordinator _____
                Regular Education Teacher   _____   Special Education Teacher   _____
                School Psychologist   _____   School Counselor   _____
                Other (please specify)

                                                      _____

32.   Did you attend the SAT training session offered by LPS :
                in   No   _____
                August?   Yes   No   _____
                _____ in
                January?   Yes

                _____

33. Have you attended any other formal SAT training sessions (ever)?

Yes _____   No _____

If so, how many? (please specify)_____

34. Have you ever trained other staff members at your school in the 8-step SAT process?

Yes _____   No _____

Appendix B: Survey Packet Distributed

ANONYMOUS SURVEY CONSENT

You are invited to participate in a research study at Minnesota State University, Mankato. The purpose of this study is to learn more about staff perceptions of the effectiveness and acceptability of pre-referral intervention teams (or problem-solving teams). You are being asked to take part in this study because you have referred a student to or have been a participating member on the pre-referral intervention team at your school.

What will happen if I take part in this research study?
If you agree to participate in this study, you will be asked to complete a packet containing three surveys. Participation in this study will require approximately 20 minutes of your time.

Can I stop being in the study?
Participation in this research study is voluntary. You can decide to stop at any time. To withdraw from the study, you may stop completing the surveys and return them to the researcher or discard them. Any incomplete surveys returned to the researchers will be discarded.

What risks can I expect from being in the study?
The risks of participation in this study are minimal, as they are no greater than what you would experience in everyday life. You may experience some discomfort if you have had a negative experience regarding your school's pre-referral intervention team.

Are there benefits to me or others by taking part in the study?

The information that you provide as a result of participation in this study will be summarized at the site level and provided to staff. It may help your school and/or district make improvements to their pre-referral intervention teams.

We will do our best to make sure that the personal information gathered for this study is kept private. Identifying information, such as the participant's name, will not be recorded as part of this study. Any information gathered will remain anonymous and surveys will be kept in a secure location at Minnesota State University, Mankato. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used. Although responses to some questions may allow researchers to discern your identity, any reports of the findings to the school and its administrators and staff will be free of any identifying information.

You will not be compensated for taking part in this study.

Who do I contact if I have questions about the study?

If you have any questions about this research study, contact Shawna Petersen-Brown at 507-389-1353 or shawna.petersen-brown@mnsu.edu. If you have any questions about participants' rights or research-related injuries, please contact the Administrator of the Institutional Review Board, at (507) 389-1242.

Submitting the completed survey will indicate your informed consent to participate and indicate your assurance that you are at least 18 years of age.

Please keep this page for your future reference.

MSU IRBNet ID# 1317426

Date of MSU IRB approval: 2/28/2019

Pre-Referral Intervention Team Inventory

Pre-Referral Teams (PRT) address the needs of students having academic problems and students with behavioral problems in the regular classroom.

Please read the following before completing this form:

A Pre-Referral Team (PRT) is defined as a consultation team comprised of regular and special education teachers and special service providers such as school psychologists, school counselors, and school social workers (Doll, Haack, Kosse, Osterloh, & Siemers, 2005) with the goal of supporting students exhibiting academic and behavior difficulties in the general education setting using interventions, specialized instruction and data based-based decision making (Safran & Safran, 1996).

The PRT process refers to the steps the team takes to identify students needing interventions, consult with teachers, implement interventions, and track progress.
The Pre-Referral Team (PRT) is equivalent to your school's Student Assistance Team (SAT).

For each statement below, please circle the number that best describes your agreement or disagreement.
1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree

1. The Pre-Referral Team (PRT) is an acceptable way for teacher's to address children's problems.   1   2   3   4   5   6

2. Most school staff find the PRT process appropriate for addressing a range of children's problems.   1   2   3   4   5   6

3. Working with the PRT is an effective way for teachers to address children's problems.   1   2   3   4   5   6

4. I would suggest the use of the PRT to other teachers.   1   2   3   4   5   6

5. When teachers' concerns are serious enough, working with the PRT is warranted.   1   2   3   4   5   6

6. Most school staff would find the PRT process suitable for addressing children's problems.   1   2   3   4   5   6

7. I am willing to serve on the PRT in my school.   1   2   3   4   5   6

8. The PRT process does <u>not</u> result in negative side-effects for children.   1   2   3   4   5   6

9. The PRT process is appropriate for a variety of children.   1   2   3   4   5   6

10. The PRT process is consistent with other ways of helping students with problems in the classroom.   1   2   3   4   5   6

11. PRTs are a fair way to handle children's problems.   1   2   3   4   5   6

12. The PRT process is reasonable for addressing children's problems.   1   2   3   4   5   6

13. I like the PRT procedures.   1   2   3   4   5   6

14. The PRT process is a good way to handle children's problems.   1   2   3   4   5   6

15. Overall, the PRT process is beneficial for children.   1   2   3   4   5   6

16. The PRT process leads to quick improvements in children's performance.   1   2   3   4   5   6

17. The PRT process produces lasting improvement in children's performance.   1   2   3   4   5   6

18. The PRT process improves children's performance to the point that it is not noticeably   1   2   3   4   5   6
different from their classmates' performance.

19. Soon after PRT process, the teacher notices a positive change in the referred student's   1   2   3   4   5   6
classroom performance.

20. Students' classroom performance remains at an improved level even after use of the PRT   1   2   3   4   5   6
is discontinued.

21. Using the PRT process improves students' performance not only in the classroom, but   1   2   3   4   5   6
also in other settings (e.g., other classrooms, home).

22. The performance of children referred to the PRT becomes more like that of their well-   1   2   3   4   5   6
performing peers after following the PRT process.

23. The PRT process produces enough improvement in children's performance that there no   1   2   3   4   5   6
longer is a problem.

24. Other concerns related to the identified problems also are likely to be improved by use   1   2   3   4   5   6
of the PRT.

Please tell a little about yourself by checking the appropriate answer. Thank you for participating.

25. What is your gender?   F ☐   M ☐

26. What is your ethnicity?   African American ☐   Asian American ☐
Euro-American ☐   Latino ☐
Native American ☐   Other (please
specify) ☐   _____

27. How old are you?   20-29 ☐   30-39 ☐   (options cont. on next pg)

40-49 ☐   50-59 ☐

60 or over ☐

28. Have you EVER been a member of a PRT at any time in your career?   Yes ☐   No ☐

29. Have you EVER participated in a PRT meeting at any time in your career?   Yes ☐   No ☐
(This includes referring students to the PRT)
If "Yes", how many students TOTAL were addressed by all the PRTs on which you ever participated?

1-2 students ☐   3-4 students ☐
5-6 students ☐   More than 6 students ☐

30. What grade level is your primary or only appointment? (Please check one)

Elementary school ☐   Middle school ☐
High school ☐   Other (please specify) ☐ _____

31. What grade level is your secondary appointment? (Check all that apply)

Not applicable ☐

Elementary school ☐
Middle school ☐
High school ☐

32. What is your current position in this school?

Principal / Assistant Principal / Vice Principal ☐   Special Education Coordinator ☐
Regular Education Teacher ☐   Special Education Teacher ☐
School Psychologist ☐   School Counselor ☐
Other (please specify) ☐ _____

33. Have you ever attended a PRT training session offered by your school?   Yes ☐   No ☐
If so, how many? (please specify) _____

34. Have you ever trained other staff members at your school in the PRT process?   Yes ☐   No ☐

Team Stress Inventory (Revised)

For each statement below, please circle the number that best describes your agreement or disagreement.
1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 = strongly agree

1. I receive conflicting demands from two or more people or groups in the school setting   1   2   3   4   5   6

2. I have to buck a rule or policy in order to carry out an assignment   1   2   3   4   5   6

3. I have a hard time satisfying the conflicting demands of students, parents, administration, and teachers   1   2   3   4   5   6

4. I am given school-related duties without adequate resources and materials to carry them out   1   2   3   4   5   6

5. There is a difference between the way my administrative head thinks things should be done and the way I think they should be done   1   2   3   4   5   6

6. Trying to complete reports and paper work on time causes me a lot of stress   1   2   3   4   5   6

7. I find that dealing with student discipline problems puts a lot of stress on me   1   2   3   4   5   6

8. Trying to provide a good education in an atmosphere of decreasing financial support is very stressful   1   2   3   4   5   6

9. There is a lot of stress just keeping up with changing professional standards   1   2   3   4   5   6

10. Trying to keep my work from being too routine and boring puts a lot of stress on me   1   2   3   4   5   6

11. Having to participate in school activities outside of the normal working hours is very stressful for me   1   2   3   4   5   6

12. I find that trying to be attentive to problems and needs of fellow faculty is very stressful   1   2   3   4   5   6

Team Climate Inventory (Abbreviated)

For each statement below, please circle the number that best describes your agreement or disagreement.
1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree

1. We share information generally in the team rather than keeping it to ourselves   1   2   3   4   5

2. We have a 'we are in it together attitude   1   2   3   4   5

3. We all influence each other   1   2   3   4   5

4. People keep each other informed about work-related issues in the team   1   2   3   4   5

5. People feel understood and accepted by each other   1   2   3   4   5

6. Everyone's view is listened to even if it is in a minority   1   2   3   4   5

7. There are real attempts to share information throughout the team   1   2   3   4   5

8. There is a lot of give and take   1   2   3   4   5

9. This team is always moving toward the development of new answers   1   2   3   4   5

10. Assistance in developing new ideas is readily available   1   2   3   4   5

11. This team is open and responsive to change   1   2   3   4   5

12. People in this team are always searching for fresh, new ways of looking at problems   1   2   3   4   5

13. In this team, we take the time needed to develop new ideas   1   2   3   4   5

14. People in the team co-operate in order to help develop and apply new ideas   1   2   3   4   5

15. Members of the team provide and share resources to help in the application of new ideas   1   2   3   4   5

16. Team members provide practical support for new ideas and their application   1   2   3   4   5