



STEP:

Success Through Early Prevention

Request Packet for Classroom Climate & Management Consultation

Classroom teachers or school teams may request consultation, assistance in completing a classroom climate assessment and developing an action plan to support classroom management.

A request for Classroom Climate and Management Consultation is appropriate when:

- Teachers want strategies to cultivate a safer classroom environment, foster meaningful teacherstudent relationships and reduce negative student behaviors.
- School or classroom discipline data indicate a need for targeted best-practice behavioral strategies and interventions.
- PBIS universal systems, data and practices are in place, and administration is ready to strengthen and support the delivery, execution and outcomes of Tier II/III behavioral interventions.

Contact Community Services, Inc. 6311 Court Street Road
East Syracuse, NY 13057
www.contactsyracuse.org

Susan VanCamp <u>svancamp@contactsyracuse.org</u> 315-251-1400 315-251-2218 (fax)

What to expect

Our STEP staff will review your form. If it is incomplete, we will contact you and help you fill it out. Once the form is complete, we can begin our classroom observations and meetings with the school team.

We will try to schedule the first classroom observation within one week and the first school team meeting within two weeks to talk about school concerns, review initial classroom observations, and complete a focused teacher/staff interview.

The consultation period is usually about 12 weeks, but we will continue to be available for follow-up throughout the school year.

Our behavioral specialist can provide you with more detailed policies and procedures upon request or at your first team meeting.

Instructions for **STEP Classroom Climate and Consultation Request Packet**

School team: Please complete pages 4-5

Teachers: Please complete page 6

Save documents to your computer to fill them out. Please submit school team and teacher forms together.

Print out and mail to: Susan VanCamp, Director School Services Contact Community Services 6311 Court Street Road East Syracuse, NY 13057

Or fax to: Susan VanCamp 315-251-2218

Or email as an attachment to: svancamp@contactsyracuse.org

Request for Classroom Climate and Management Consultation School team: Please complete pages 4-5

Name of School:	
Name of Classroom Teacher:	Room Number:
School Contact Person:	Contact Person's Phone Number:
School Staff to be included in any communication	n from STEP:
Presenting Classroom Concerns:	
Current Classroom Management System:	
Current Classi voin Management System.	
Please describe your school building's current	level of implementation of PBIS:

Involvement of the School Screening Team

Have the classroom issues been discussed with the School Screening Team or similar team (e.g., SST)? Yes or No If no, why not? _____ If yes, what supports were provided to assist in improving the classroom climate and management? Please identify involved staff. Explain what level of success you had and/or what issues may have occurred. Is the classroom teacher supportive of a referral to STEP for support in improving classroom climate and classroom management? **Other Pertinent Information:**

Teacher Classroom Climate & Management Form Classroom teacher: please complete p.6

Name of Teacher completing this form	:	Date:
	• • • • • • • • • • • • • • • • • • • •	1 0
What are your concerns regarding cl	imate and management within	your classroom?
Please describe your current classroo	om management system.	
•		
Is your use of this system consistent?		
Do you feel as if you need additional su	upports in modifying your current	t classroom management
system to make it more effective?	ipports in modifying your current	t classiooni management
•		
Have you received support and assist	ance from your school staff in	addressing concerns regarding
classroom climate and management?		
_		
Please explain.		
		 -
What kind of supports are you interest		
climate and management?		
		1 1 1 6 1 0000
I,	agree with the need for behavior	al consultation from the STEP
agree to be a participant in this consulta	omnate and classicom management	ent within my classicom. I also
ages to be a participant in this consum	P100000	
(DDDVE MANGE)	(CICNIA TRIPE)	(D 4 FFD)
(PRINT NAME)	(SIGNATURE)	(DATE)