## Introduction

The Florida Diagnostic and Learning Resources System (FDLRS) University of South Florida (USF) Multidisciplinary Educational Service Center (MDC), titled the Interdisciplinary Center for Evaluation and Interventions (ICEI), is a specialized diagnostic, consultation, and training center that serves preschool and school-aged children and youth presenting with complex academic, medical, emotional or behavioral concerns. During the 2020-2021 fiscal year (FY), a full range of clinical and support services were provided to primarily Central and Southwest Florida school districts, specializing in the social and emotional needs of students who present with the most intense, chronic and durable behavior problems and other complex conditions and who have not yet achieved school success, academically and/or social/emotionally. *Note: The FY 2020-2021 represents and extension of quarter 4 to 8/31/21, which adds two additional months to the usual report. Thus, this report describes activities that occurred between 7/1/20 through 8/31/21.*

The ICEI model uses an interdisciplinary team approach in which multiple disciplines review each case to develop an evaluation and intervention plan. The goal of the clinic is to provide support to families and teachers to implement evidence-based interventions that can enhance the likelihood of student success in school. To reach this goal, the clinic uses graduate students in behavior analysis, school and clinical psychology, and psychiatry who provide in-class and in-home support to coach the adults in implementing recommended interventions based on the student's diagnostic profile and/or the student's functional behavior assessment hypothesis.

## Required Activities

In accordance with Specific Appropriation 97, Special Categories Grants and Aids, FDLRS MDCs are required to report activities in the following five areas:

1. The number of children served
2. The number of parents served
3. The number of persons participating in in-service education activities
4. The number of districts served
5. Specific services provided

Activities are reported in the summaries below. Table 1 provides information related to unduplicated counts of individuals. Each student evaluation and consultation included comprehensive services and supports involving multiple disciplines.

**Table 1. Unduplicated Numbers Served**

| Activities | Numbers |
|---|---|
| Students served | 131 |
| Parents served | 98 |
| In-service participants | 214 |
| Districts served | 23 |

During FY 2020-2021, the USF FDLRS MDC services were provided to the following 23 school districts: Aluchua, Brevard, Broward, Citrus, Duval, Flagler, Hernando, Hillsborough, Lake, Leon, Levy, Manatee, Miami-Dade, Monroe, Nassau, Orange, Pasco, Pinellas, Polk, Putnam, Sarasota, St. Johns, and St. Lucie.

Table 2 displays the specific clinic activities and the quantity of activities provided related to the students, families and in-services delineated in Table 1.

**Table 2. Specific Services Provided**

| Activities | Number of Activities |
|---|---|
| **PRODUCTS** | |
| P1 Surveying districts to increase collaboration | 1 |
| P2 Annual Report | 1 |
| P3 Updating USF FDLRS MDC website | 2 |
| **TRAINING** | |
| T2 Workshops and trainings (e.g., in-services) requested by schools, districts, families and community agencies | 8 |
| T1 Pre- and in-service activities to graduate and under-graduate students | 4 |
| **SERVICE DELIVERY** | |
| S Dissemination activities to promote awareness of network | 2 |
| S Information on available services | 4 |
| S1 Multidisciplinary evaluations and diagnostics for school-aged children and youth | 578 |
| S4 Recommend strategies and interventions | 155 |
| S Consultation Services | 82 |
| S Meet with discretionary project's BEESS liaison | 4 |

The next section outlines significant activities and objectives obtained for USF FDLRS MDC that align with the schedule of deliverables included in the 2020-2021 request for application.

## PRODUCTS

**Product Objective 1:** To provide a minimum of one activity to survey school districts in the USF FDLRS MDC service area to identify targeted areas for increased collaboration between districts and the university FDLRS.

USF met this goal. A survey was developed and sent to eight school districts in the USF FDLRS MDC geographic area. The districts surveyed included Charlotte, Desoto, Hillsborough, Manatee, Pasco, Pinellas, Polk and Sarasota. Responses were received from five of the school districts. Some districts were unaware of the MDC services. Hillsborough and Pasco, the two primary districts as sources for referrals, indicated high satisfaction with the clinic's services. Responses from the districts indicated a high need for behavioral interventions, specifically interventions that would assist the districts in reducing the number of restraint/seclusion incidents. Related to the pandemic, districts indicated needing supports to address regression and recoupment of skills lost would be needed.

**Product Objective 2:** To provide one annual report for the previous fiscal year.

USF FDLRS MDC met this goal by delivering the annual report for the previous FY (2019-2020) on 8/31/20.

**Product Objective 3:** To review and update project specific FDLRS University MDC website a minimum of two times.

USF reviewed and updated the project-specific website **two** times in FY 2020-2021. The website updates included updating the information of the people involved with the clinic and revising descriptions on the services we provide.

## TRAINING

**Training Objective 1:** To provide four units of a standardized process providing pre-service training to practicum students from various disciplines

USF met this goal by providing **four** activities related to pre- and in-service. This objective included structured group and individual supervision activities related to practicum students from school psychology, clinical psychology, and applied behavior analysis who are gaining experience in providing school-based evidence-based practices.

**Training Objective 2:** To provide a minimum of **two** workshop/trainings as requested by schools, districts, families and community agencies.

USF met this goal by providing **8** workshop/trainings. This included an eight-week professional development training series, Tools, which teaches parents and professionals to use behavioral principles in eliciting positive behavior from children and youth. Due to the pandemic, all workshops were provided virtually. The virtual platform expanded the reach of the trainings to all geographical regions. In addition, the recorded virtual trainings were placed in Live Binders and individuals could access the workshops on demand. Over the FY 2020-2021, >1,000 individuals have viewed one or more presentations on demand.

## SERVICE DELIVERY

**Service Delivery Objective 1:** To provide 340 multidisciplinary diagnostic and evaluation activities/services for children and young adults identified as having ***or at risk of*** complex medical, learning/academic, emotional and/or behavior problems.

The FDLRS MDCs do not supplant evaluation supports that should be provided by school districts. For each referred student, the interdisciplinary team reviews all current evaluations conducted by the school district and other community agencies. The evaluation plan, thus, conducts activities that supplement current evaluations and attempt to confirm or rule out alternate diagnostic explanations for presenting issues. Thus, the USF FDLRS MDC evaluative activities focus more on evaluations not typically conducted in school settings and/or collaborative activities that model evidence-based implementation of processes such as functional behavior assessments.

USF FDLRS MDC surpassed the goal set for this objective by providing **578** evaluation related activities. Activities in this objective include the following diagnostic and evaluation services: Cognitive evaluations, autism-specific evaluations (i.e., Autism Diagnostic Observation Schedule and Autism Diagnostic Interview-Revised); functional behavior assessments (FBAs) including ABC observations and collaborative meetings with school personnel to gather information and develop hypotheses; family interviews including social history and teacher/student interviews; self-reports (e.g., adaptive scales, behavior questionnaires); educational assessments; condition specific surveys (e.g., depression, anxiety); speech and language; neuropsychological/processing ; social/emotional screenings for Pre-K students in child-care and VPK settings; student observations (excluding observations for FBAS); adaptive measures; social/emotional surveys, psychiatric medication reviews, and personality/projective evaluations. Due to the pandemic, most evaluation activities were provided virtually. However, some did occur on-site, either at the clinic location on campus or at the school building. These on-site activities included cognitive and autism-specific assessments.

**Service Delivery Objective 2:** To meet once each quarter with the BEESS liaison assigned to the project.

USF MDC met this goal by meeting **four** times, once each quarter, with the FDOE BEESS liaison assigned to the project.

**Service Delivery Objective 3**: To provide a minimum of 58 consultation services to families, teachers and school administrators.

USF FDLRS MDC offers coaching activities to assist educators and families in the implementation of recommended strategies. During FY 2020-2021, USF FDLRS MDC delivered **82** consultative activities. Consultation services include the following activities: providing coaching to schools/families to implement behavior interventions; coaching/consulting to implement strategies linked to diagnostic evaluations (e.g., visual schedules; pivotal response training); measuring implementation fidelity and providing performance feedback; providing coaching to teachers of classrooms that support students with emotional disturbance, and providing coaching support to implement strategies presented during in-service trainings.

**Service Delivery Objective 4:** To provide a minimum of **75** activities that recommend strategies and interventions based on diagnostic findings to families, teachers and district personnel to improve outcomes for students.

After completing evaluation activities, strategies and interventions that would enhance academic success are described to families and educators. During FY 2020-2021, USF FDLRS MDC provided **155** activities related to recommending interventions and strategies for facilitating school success. The activities in this area included the following: Meetings with families to review report results and recommendations; meeting with teachers and schools; meeting with both the families and the schools; consultation with the family to provide recommendations in lieu of conducting a comprehensive evaluation; consulting with the teacher/school to suggest strategies; developing behavior intervention plans with educators based on the FBA hypothesis; meeting with both schools and families to review behavior intervention plans; and providing recommendations for students identified at risk based on behavioral screening results.

**Service Delivery Objective 5:** To conduct a minimum of **four** activities to distribute information to exceptional student education (ESE) directors to individual school districts on available services.

USF met this goal by conducting **four** activities that related to providing information to ESE directors. This was accomplished by sending out emails to the ESE directors informing them of our services as well as new services and supports that would better assist them in meeting their needs.

**Service Delivery Objective 6:** To conduct a minimum of two activities intended to raise awareness of services provided through the network of FDLRS MDCs.

USF conducted **two** activities last year for the purpose of raising awareness of families, educators and community providers of the services provided through our network. This was accomplished by including an informational slide listing the network of FDLRS MDCs with links to their websites in training materials.

## Satisfaction with Services

After each service delivery and training event, teachers, parents and other relevant persons are provided with a satisfaction survey to evaluate the quality and usefulness of the services and supports provided. Table 3 provides the overall results of service delivery satisfaction (e.g., evaluations, consultations, etc.) and Table 4 shows the satisfaction related to trainings, workshops and other presentations.

**Table 3. Satisfaction with Direct Services (N = 20)**

| To what extent: | 1=Not at all | 2 | 3 | 4 | 5 | 6= Greatly |
|---|---|---|---|---|---|---|
| Are you satisfied with the service? | 0 | 0 | 0 | 4<br>20% | 5<br>25% | 11<br>55% |
| Did the service meet its intended objectives above? | 0 | 0 | 0 | 3<br>15% | 6<br>30% | 11<br>55% |
| Would you recommend the service to others? | 0 | 0 | 0 | 4<br>20% | 3<br>15% | 13<br>65% |
| Would you seek the service again? | 0 | 0 | 1<br>5% | 4<br>20% | 4<br>20% | 11<br>55% |

**Table 4. Responses from Training Satisfaction Survey (N = 85)**

| To what extent: | 1=Not at all | 2 | 3 | 4 | 5 | 6= Greatly |
|---|---|---|---|---|---|---|
| Did the training increase your knowledge? | 0 | 2<br>2% | 7<br>8% | 17<br>20% | 29<br>34% | 29<br>34% |
| Did the training meet its intended objectives? | 0 | 0 | 3<br>4% | 9<br>11% | 16<br>19% | 57<br>67% |
| Will you use what you learned from the training? | 0 | 0 | 3<br>4% | 10<br>12% | 23<br>27% | 49<br>58% |
| Would you recommend the training to others? | 0 | 1<br>1% | 8<br>9% | 5<br>5% | 16<br>19% | 55<br>65% |

Results from the satisfaction surveys show that most individuals receiving USF MDC supports or attending the trainings were satisfied or greatly satisfied (ratings of 5 and 6).

## Data Related to Improved Student Outcomes

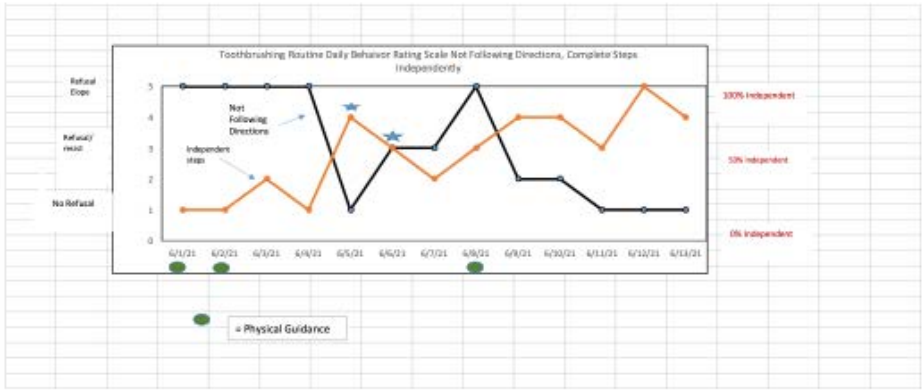
Tables 5 shows data for specific students participating in the Prevent-Teach-Reinforce (PTR) functional behavior assessment/behavior intervention plan (FBA/BIP) process (Iovannone, Greenbaum, Wang, Kincaid, Dunlap, & Strain, (2009). For most of the students, problem and appropriate (replacement behavior) data were collected using the Individualized Behavior Rating Scale Tool (IBRST), a five-point Likert direct-behavior rating scale (Iovannone, Greenbaum, Wang, Kincaid, & Dunlap, 2014). For problem behaviors, higher ratings (i.e., close to 5) indicate behaviors occurring at a high rate, whereas lower numbers (e.g., close to 1) indicate problem behaviors occurring at criteria/goal levels. For appropriate behaviors, high ratings (e.g., close to 5) indicate that the behavior is occurring at desired levels and low ratings (e.g., close to 1) indicate behaviors not occurring. In addition, when teachers agree, academic engaged time (AET) observations are conducted at baseline and post to determine whether students increase their engagement to task after the behavior plan is implemented. The data in Table 5 indicate that all students decreased problem behaviors and increased replacement behaviors.

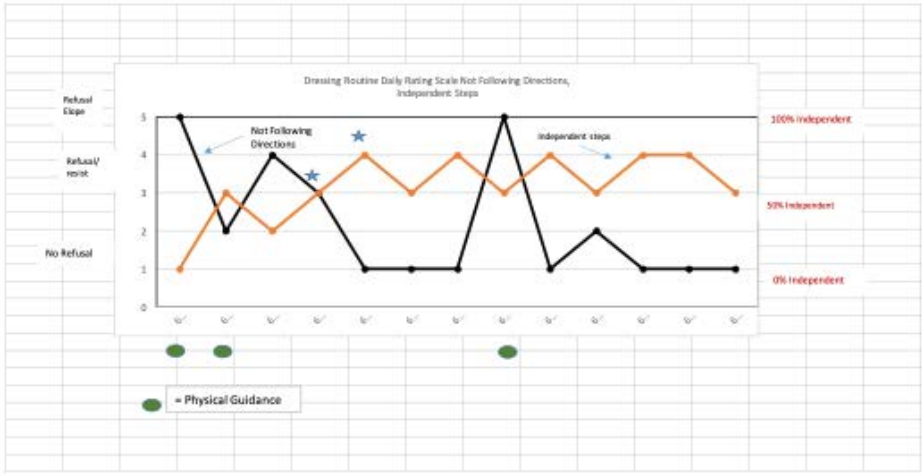
**Table 5. Sampling of Student Behavior Change**

| Student | Problem Behavior | | | Appropriate Behavior | | |
|---|---|---|---|---|---|---|
| | Baseline | Post | Change | Baseline | Post | Change |
| 1 | 3.1 | 1.3 | -1.8 | 2.8 | 4.7 | +1.9 |
| 2 | 3.6 | 2.1 | -1.5 | 1.3 | 4.2 | +2.9 |
| 3 | 3.5 | 1.3 | -2.2 | 2.2 | 4.6 | +2.4 |
| 4 | 5.0 | 1.8 | -3.2 | 1.0 | 4.2 | +3.2 |

Treatment fidelity is collected from parents and educators to determine the accuracy of their implementation of the strategies. This is conducted by doing direct observations. Due to the pandemic, direct observations of adults implementing strategies were difficult to conduct. Data from on teacher was collected, however. The specific teacher had a mean fidelity implementation score of 92%, indicating high adherence to the strategies.

Additional behavioral data from specific cases are presented below, highlighting the effectiveness of USF MDC's behavioral supports. The graphs below show data from a student case in the home setting. The behaviors targeted included not following directions manifested by refusals/elopement (rating of 5) or refusals/resistance (rating of 4). The appropriate behavior targeted was following directions (i.e., compliance) to requests for the routines of toileting, brushing teeth, and dressing. The orange data points indicate appropriate behavior (following directions) while the dark blue line indicates challenging behavior (not following directions). In all three routines, the student showed deceased challenging behavior and increased appropriate behavior.


## Success Stories

The following section highlights several examples of success stories from USF MDC activities in the last year.

### Success Story 1-Sebastian.

Sebastian, a ten-year-old Hispanic boy with autism spectrum disorder (ASD), was referred to the ICEI-USF Clinic due to challenging behaviors that were impacting his ability to complete academic assignments. He lived with his biological parents and his twelve-year sister, Isabel, and was in the 5th grade attending Florida Virtual School.

Although the referral was completed by his local elementary school Specialist and Social Worker, Sebastian had been attending Florida Virtual School (distance learning) for three months prior to when the ICEI referral request was submitted. The school professionals in tandem with Sebastian's parents were hoping to obtain behavior supports from the ICEI clinic to assist the family in addressing Sebastian's problem behavior that occurred during virtual academic tasks, which limited his ability to complete assignments and required continuous prompts from his mother to attend to schoolwork. The family was hoping to address the problem behavior in order to increase Sebastian's work completion and maintain his academic grade level in his school subjects, so Sebastian would be able to return to his local middle school campus in the fall and attend full day middle school. It was reported in the referral that at the start of his 5th grade year at school, Sebastian's problem behaviors had escalated from off-task behavior to frequent daily aggression and temper tantrums that often resulted in his being removed from the classroom and sent home early. These challenging behaviors were not in his repertoire in 4th grade and may have coincided with the new school year, new teacher, and classroom, as well as additional task responsibilities for 5th grade, (switching classes throughout the day). During his school tenure, Sebastian was enrolled in general education classrooms with additional resources provided by the school's ESE specialist, along with weekly speech and language services provided by two therapists who had worked with Sebastian over the last 5 years. He also received weekly occupational therapy at school.

The ICEI behavior analyst (PTR Coach) worked with Sebastian's parents to gather data and develop a behavior intervention plan that would be feasible for parent implementation. Due to the impact of Covid 19, it was necessary to conduct all PTR team meetings virtually, using the Zoom streaming platform.

A "core" team, and an "extended" PTR team was identified for collaborative support. The core team included Sebastian's parents, The ICEI Clinic School Psychologist, a School Psychology Intern who was under the supervision of the School Psychologist, and the PTR coach. The "extended" PTR team included Sebastian's older sister, Isabel, his two Speech Therapists, and his Occupational Therapist. The core team would meet weekly via the Zoom platform for approximately 45 minutes. All members on the team would also engage in frequent reciprocal communication to provide information, feedback and material development utilizing email, phone calls and an assigned confidential platform (Box), which allowed for all team members to upload materials and other confidential information (i.e., IEP, medical archival records, personal videos and photos for review and material developments).

The target problem behavior selected for intervention was identified as **interrupting *behavior***, defined as behaviors displayed during Language Arts routine that occur after initial instruction was given by mother to start task. ***Interrupting behavior*** included Sebastian leaving assigned computer area and standing too close to mother (within one foot), slipping out of his chair to the floor, and/or yelling out off task verbal comments or vocalizations (i.e., "I want the phone", "Fireworks!" "yell-singing" that is of increased volume, singing the same word repeatedly, and/or displaying physical interrupting behavior where Sebastian attempts to hold or grab mother's arm and is not focusing

eyes on computer or paper as required). The replacement behavior targeted was identified as ***Waiting and engaged***. This behavior consisted of Sebastian being engaged independently and attending to Language Arts assignment with mom no closer than two feet for ten continuous minutes.

The ICEI Clinical Psychologist and PTR coach completed all FBA interviews with all members of the team. The interview content was modified slightly for family members, with more general open-ended questions focusing more on home routines and virtual school situations to identify function(s) of behavior. The speech and language therapists were interviewed using the PTR FBA interview over the phone. Information indicated that multiple functions were maintaining Sebastian's problem behavior including escape from tasks considered too difficult and boring, and obtaining attention from mom (interactions and proximity).

Intervention strategies selected by the team included the use of a timer, modified appearance of academic task to reflect student interest/preference, use of self-monitoring board to help teach how to wait for attention, use of verbal First-Then statements modified presentation of Language Arts task, specific praise, planned ignoring, and a special reinforcement of texting dad when task was completed within ten minutes. Parents received coaching from ICEI to implement the plan strategies. IBRST ratings collected after intervention initiated showed problem behavior reduced 70% and replacement behavior improved by 90%. The parents also reported that work completion increased substantially for Language Arts tasks, and that Sebastian was able to text dad daily to share that he earned all his 'checks on self-monitoring form".

Based on the improved behavior displayed by Sebastian, the team selected a second home routine to target. This routine was less structured and focused on daily family interactions that were associated with increased volume and animation in conversations. During these times Sebastian would display the same target interrupting behavior and move into others' personal space. After the team discussed behavior and function, it was agreed that Sebastian was engaging in interrupting behavior to gain attention from other family members and to terminate the loud volume of conversation. Interventions included providing Sebastian with a schedule of daily activities to give him predictability of when a "family event" would take place. They introduced a break card with choices of what activities he could choose from to escape from loud voice volume. They provided ways for Sebastian to participate in family events for short periods of time (i.e., choose what type of cookies to make for movie night, bake cookies with mom). Calming strategies (deep breaths, count to 10) were taught to Sebastian during other times of day. These strategies were then prompted by his parents and sister when Sebastian became agitated over loud conversations. An individualized feeling wheel with photos of Sebastian displaying different feeling faces with labels was also introduced and utilized as a way for Sebastian to identify and express his feelings using words. His parents would practice with him using discussion, modeling role play and scenarios to facilitate his use of feeling vocabulary and verbal expression. Specific praise was provided when Sebastian stayed calm or used the calming strategies. Planned ignoring strategies were generalized from Language Arts routine as well, to reduce incidental family attention.

The package of strategies was effective immediately and Sebastian helped to create his own break card and selected choices for opting out of family events. Aggression was reduced to zero and Sebastian started engaging more for short periods of time watching sporting events with family on television, even waving The Lightning team flag. He suggested making cookies, and these were shared at a special family event and later with family members outside the house. Positive feedback was shared by relatives on Facebook who acknowledged Sebastian's efforts and baking skills. Quality of life successes reported by mom and dad included increased focus during all academic times as well as increased work completion. It was also shared that the relationship between Isabel and Sebastian had improved, and he was initiating time to interact with her (doing yoga together, watching a favorite television show together). After three weeks of intervention progress monitoring using the IBRST was discontinued, and parents instead started journaling successes and difficult days attempting to determine any "setting events" and what Sebastian was communicating through his behavior.

Due to the continuing restrictions of the pandemic, Sebastian started 6th grade remotely, but all academics were of a 6th grade level. Language Arts was no longer a difficult routine and Sebastian excelled in Science Class. Shortly after the return to virtual learning, mom recruited a tutor to provide supports for Sebastian two days a week so he could interact with other adults during academic activities. His two SLPs continued to provide supports virtually as well and contributed to supporting Sebastian with his academic tasks. He eventually was successfully enrolled in his local middle school.

**Success Story 2-Harry.**

Harry was a 5-year-old boy who lived at home with his mother, father and 2 sisters. Harry was diagnosed with sensory integration disorder and attention deficit hyperactivity disorder. Harry received occupational therapy weekly and attended a VPK program. His family was seeking additional evaluation for a possible autism spectrum disorder diagnosis and behavioral support to assist with feeding routines. Harry would leave the table multiple times during meals and often argue with family member during meals. This would result in Harry's mother having to leave the table multiple times throughout meals to bring him back to the table, Harry not getting proper nutrition, and family mealtimes taking well over an hour. Harry and his mother received behavioral support services that targeted decreasing leaving the table behavior and increasing staying at the table during the dinner routine. The behavior plan included the use of environmental supports, providing choices, an adaption of the class pass intervention system for the dinner routine, a self-monitoring system, and earning access to preferred items or activities with family members. Harry's mother used an individualized behavior rating scale tool to rate Harry leaving the table and staying at the table behavior each day. In baseline, Harry's leaving the table behavior received an average rating of 3.5, after implementation of the behavior intervention plan Harry's leaving the table behavior decreased to an average rating of 1.3. In baseline, Harry's staying at the table behavior received an average rating of 2.2, after implementation of the behavior intervention plan Harry's staying at the table behavior increased to an average rating of 4.6. Harry's mother scored an average of 92% on her fidelity of implementation of the behavior intervention plan. His mother shared that Harry was saving his pass and often choosing

not to leave the table at all for the entire dinner routine. She also shared that she felt she had her family dinner time back for the first time in years, and that they were able to all enjoy sitting and talking during mealtimes without interruptions. The average family dinner time also decreased from well over an hour to an average of 25-30 minutes. Harry's mother was able to fade the self-monitoring and leave the table pass component of the behavior intervention plan with Harry's staying at the table behavior continuing to maintain after fading.

**Success Story 3.**

During the COVID-19 pandemic, young children in daycare and private prekindergarten settings experienced dramatic changes in their regular routines. In some cases, this amplified developmental concerns and behavioral challenges. As a result, some parents chose to fully withdraw their children from childcare or had difficulty maintaining consistent attendance. During the 2020-2021 school year, two such children were evaluated by the ICEI clinic through a combination of remote and in-person assessment procedures. In both cases, the evaluation led to a diagnosis of autism spectrum disorder and provided families with the opportunity to obtain access to both public school system and private therapeutic services.

**Success Story 4-Ace**

Ace was a 13-year-old boy referred to ICEI by his parents for behavioral concerns that impeded his academic performance and family relationships. His parents were seeking evaluation for a possible autism spectrum disorder diagnosis and behavioral supports. Ace had no psychological diagnoses and participated in a mainstream academic class, virtually in the home setting during the COVID-19 pandemic. His parents were newly separated and lived-in separate homes. Ace stayed with his mother one week and father the next week. The parents agreed to collaborate and meet with the ICEI coaches weekly via zoom. Ace also participated as a team member. The goals were identified as decreasing refusal behaviors and increasing coping skills, as well as complete academic tasks. When Ace was asked to transition from preferred activities and asked to complete academic tasks, he would engage in refusal behavior. This included saying "no", crying, yelling (including profanity or derogatory statements directed towards parents or teachers) or breaking items. The refusal behaviors would often result in Ace delaying academic tasks and gaining attention from parents, as well as continuing to access preferred activities. Ace and his parents collaborated in the process to develop a behavior intervention plan to decrease Ace's refusal behavior. The behavior plan included the use of a behavior contract, environmental supports, visual supports of coping skill choices, earning breaks, accessing special time with parents, and earning preferred activities. Ace's parents used an individualized behavior rating scale tool to rate Ace's target behaviors each day. In baseline Ace's refusal behavior received an average rating of 3.7, after implementation of the behavior intervention plan Ace's refusal behavior decreased to an average rating of 2.4. In baseline Ace's use of coping skills received an average rating of 1.3, after implementation of the behavior intervention plan Ace's use of coping skills increased to an average rating of 3.6. Ace's parents also reported an increase in his work completion from not completing any assigned work to completing 75% of assigned tasks. Ace's parents had communication difficulties that lead to an end of the collaboration prior to the collection of fidelity data.

Ace's parents reported that the plan was helpful for them to stay consistent between homes and that the plan was easy for them to implement with Ace during the week.

**Qualitative Comments from Individuals**

The USF MDC's services and staff are highly regarded by families and school districts. Evaluations of specific services are requested from all caregivers and educators who receive supports. Several recipients of the MDC's services provided additional comments on evaluations and the staff who provided the evaluations and supports and how the supports assisted them in understanding the child/youth better. The following are some examples of comments:

"*I feel the collaboration piece with teachers is so important. I also like how the team members are involved with getting to know the child through things like observations. I have been in some schools and have observed team members giving input on a child they have never seen other than through a picture or on MyStudent."*

*"It was very helpful to have the team join all school meetings held so everyone was on the same page for the student's needs. Communication was excellent and services provided and offered to the school, students, and family were exceptional."*

*"I appreciated the open and safe forum that made it easy for people to ask honest questions."*

*"I truly enjoyed the live Q and A sessions. It allowed me to ask questions to the experts and allowed me process time as well as implementation time."*

**References Cited in the Annual Report**

**Iovannone, R.,** Greenbaum, P., Wang, W., Kincaid, D., & Dunlap, G. (2014). Interrater agreement of the Individualized Behavior Rating Scale Tool (IBRS-T). *Effective Assessment for Intervention, 39,* 195-207.

**Iovannone, R.,** Greenbaum, P., Wang, W., Kincaid, D., Dunlap, G., & Strain, P. (2009). Randomized controlled trial of a tertiary behavior intervention for students with problem behaviors: Preliminary outcomes. *Journal of Emotional and Behavioral Disorders, 17*, 213-225. doi:10/177/1063426609337389.

Books/Book Chapters

Dunlap, G., **Iovannone, R.,** Kincaid, D., Wilson, K., Christiansen, K., & Strain, P., (2019). *Prevent-Teach-Reinforce: A school-based model of individualized positive behavior support 2nd. ed.* Baltimore, MD: Paul H. Brookes

Definitions

Consultation services: Consultation services range in intensity from a one-hour meeting to more in-depth programming requiring approximately one hour per week per child over

the course of the academic year. Examples of consultative services include the following:

- Providing technical assistance through participation in school intervention assistance teams in problem problem-solving to assess and monitor responses to intervention for children presenting with academic and behavioral problems at school;
- Coaching and mentoring through collaborative work with the individual teachers in their classrooms to support and maintain the competencies to identify and evaluate specific academic and behavioral problems for referred children and then to develop, implement and monitor intervention plans to address these specific problems; and
- Coaching and mentoring through collaboration with guidance counselors to support and maintain competencies to identify, evaluate and address specific academic and behavioral concerns in children.

Evaluation services: Multidisciplinary evaluations of children and adolescents presenting with academic, medical, emotional and/or behavioral problems. These evaluations provide summary information concerning cognitive development, educational and behavioral performance, as well as relevant recommendations.

The range of evaluations can include psychological evaluations of cognitive, academic and/or psychosocial functioning; neuropsychological and developmental/behavioral evaluations for disorders such as attention-deficit/hyperactivity disorder and autism spectrum disorder; speech and language evaluations; occupational therapy evaluations; audiological evaluations; family and individual history; adaptive behavior history. As part of the evaluation process, school visits are conducted to observe the child and to consult with the teachers, school administrators and/or guidance counselors regarding the child's behavioral and academic performance.

Screening services: Administration of screening and progress monitoring instruments (e.g., Dynamic Indicators of Basic Early Literacy Skills [DIBELS], Peabody Picture Vocabulary Test [PPVT], FAIR) to facilitate identification and monitoring of students at risk of or experiencing learning, language, behavioral and socio-emotional problems.

Intervention services: Include the delivery of school-based individual and group counseling for children and adolescents who are experiencing behavioral and emotional difficulties and are identified and referred by participating school districts.

Presentation at training events: Presentations given to an audience at an event arranged by others with the intention of dissemination information to promote awareness concerning effective practices, programs and services.

Pre- and in-service professional trainings: Pre-service training placements are provided for graduate and undergraduate students from various disciplines, including counseling, clinical psychology, school psychology, social work, pediatrics, and art and music therapy programs. Lectures, directed observations and rotations through centers are

available to undergraduate and graduate students to equip them to gain the skills needed to identify children who are at risk for learning and/or behavioral problems.
Provision of training: Providing training where single or multiple recipients gain, strengthen or maintain competencies that support effective practices, programs and services.

Publication: Creation of a tangible resource that provides valuable analysis and information to support effective practices, programs and services.

Referral for other services: Referral to appropriate community resources and services as needed to support the family.