





# Series II: PBIS Implementation Beresford Elementary Foster City Elementary

San Mateo-Foster City School District Board Meeting  
November 1, 2018



Series III:  
Student Support Teams and Interventions for Students Needing More  
Intensive Supports  
November 15, 2018

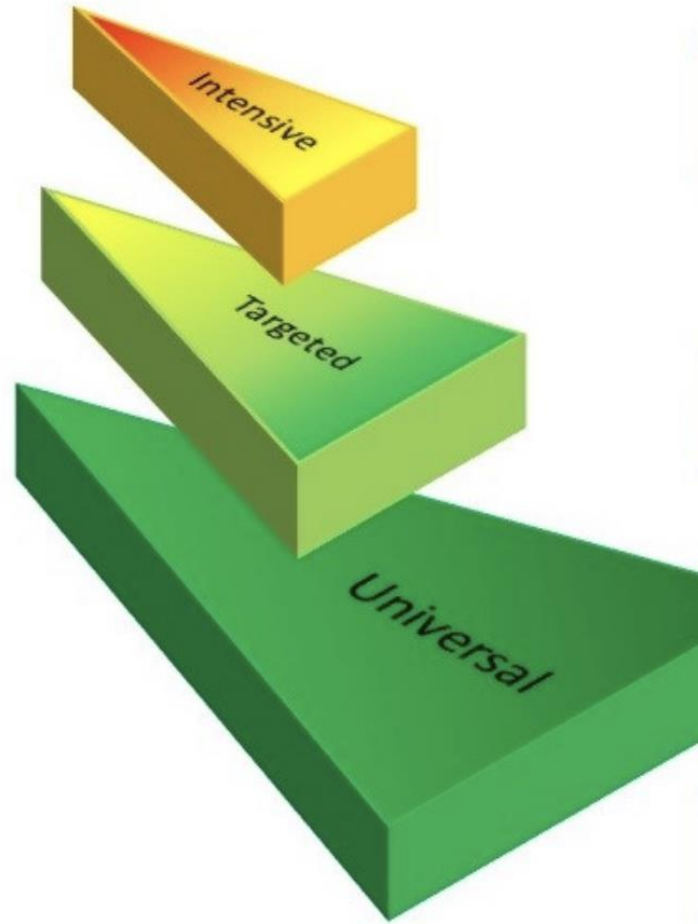


# Layered Supports

Every student receives *Universal* supports

Some students also receive *Targeted* supports

Few students also receive *Intensive* supports (Tier III)





# Beresford Elementary PBIS Implementation

Team Members:  
Principal - Amy Snow

Teachers - Leah Pason, Kelly Dickinson, Morgan Khoury,  
Lauren Long

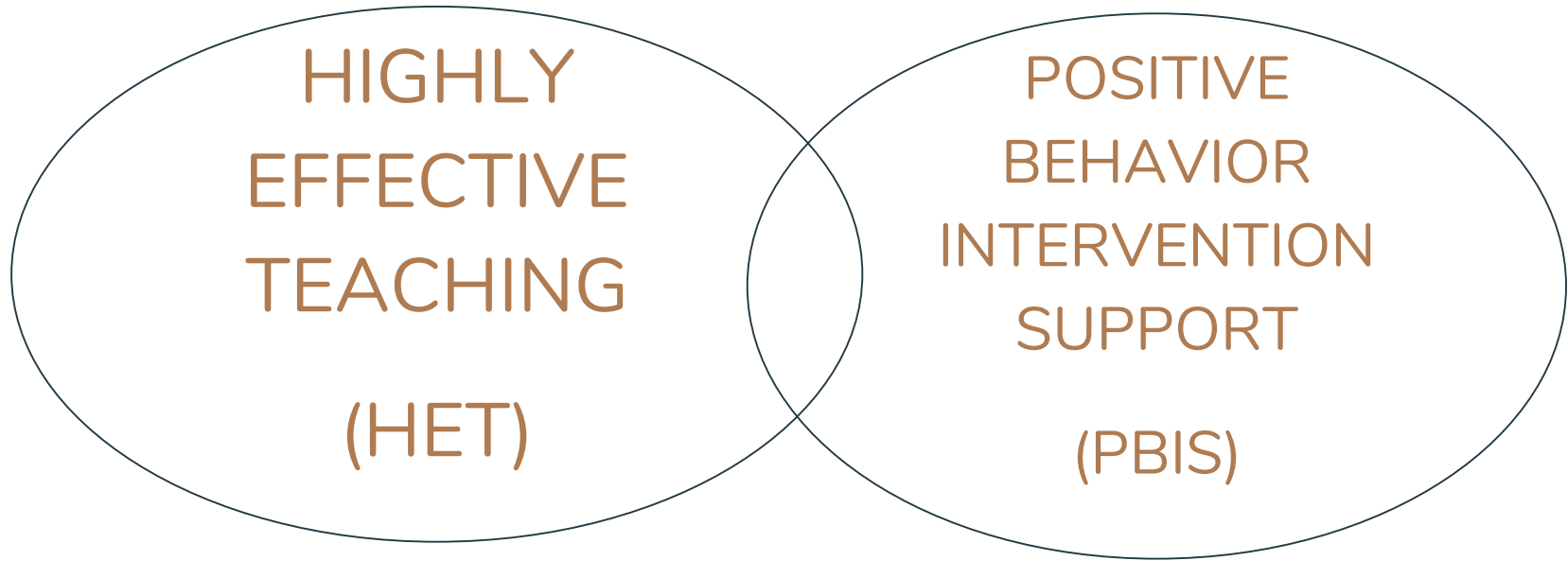


# Training

Coach: Rona Jawetz (SMCOE)

- Training I and II at SMCOE: 4 times
- Teacher Team: once per month
- Staff Meetings: once per month
- Coach: 4-6 times per year

## Teaching LIFESKILLS and Positive Behaviors





## **Beresford School Motto**

**Be Respectful**

**Be Responsible**

**Be ready to do your BEST!**



**BERESFORD  
ELEMENTARY  
SCHOOL**

### **Walk Zone**


<i><b>Expectation</b></i>	<i><b>Demonstrated when....</b></i>
<b>Be Respectful</b>	<b>Be respectful of monitors</b>
<b>Be Responsible</b>	<b>Walk calmly and carefully Use appropriate voice levels</b>
<b>Be Ready to do Your BEST</b>	<b>Hold and fold</b>

# Acknowledge Appropriate Behavior

## PAWSitive High Fives

- Encouraging following school-wide Behavior System.
- Receive them throughout the week.
- Choose one winner from each class each week.

'Paws'itive high five!



You were caught being:  
\_\_\_ respectful  
\_\_\_ responsible  
\_\_\_ doing your best

Name: \_\_\_\_\_  
Grade: \_\_\_\_\_



# Reflection Sheets

A chance to talk about what happened, how to make it right, and how to learn from our mistakes.

## Reflection Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What happened?

How do I feel?

What can I do to make it right?

- ☐ Apologize
- ☐ Clean Up
- ☐ Do something nice for the other person
- ☐ Other Idea: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## Reflection Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What happened?

How do I feel?

What can I do to make it right?

- ☐ Apologize
- ☐ Clean Up / Fix what is broken
- ☐ Do something nice for the other person
- ☐ Write an apology note
- ☐ Other Idea: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

# Foster City Elementary PBIS Implementation

Team Members

Principal : Patrick Hurley  
Tara Dixon, Kristi Blondino

# PBIS Training

## Assigned Coach from SMCOE

- Two years at SMCOE
- PBIS team meets one full day during the summer to plan the next year
- PBIS team meets 4 half days throughout the school year
- As needed, we present data and updates at Staff Meetings

# Rewarding Positive Behavior - “Life skills”



## Falcon Four Card

Full Name:

Grade:

Room #:

Date:

Staff Signature:

### RESPECTFUL

Caring  
Cooperation  
Flexibility  
Friendship  
Patience  
Pride

### RESPONSIBLE

Common Sense  
Courage  
Integrity  
Problem Solving  
Responsibility  
Sense of Humor

### READY TO LEARN

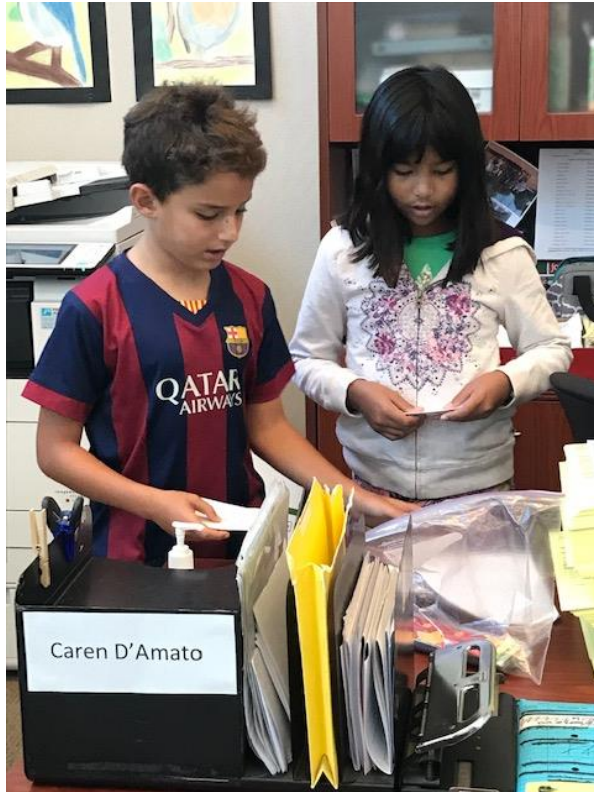
Curiosity  
Effort  
Initiative  
Organization  
Perseverance  
Resourcefulness

**Foster City Elementary School is a SAFE place because of YOU!!!**



Falcon Four: We are SAFE, We are  
RESPECTFUL, We are  
RESPONSIBLE, We are READY TO  
LEARN

Wednesday Falcon Four Public  
Recognition



# Problems Happen!


Our PBIS team developed a flowchart for how the school addresses student problems

Classroom Managed Problems  
Office Managed Problems



# PBIS team developed a common referral form for both Classroom and Office Managed Referrals

**Foster City Elementary School  
Office Referral Form**



Student Name: \_\_\_\_\_ Room #: \_\_\_\_\_ Grade: TK K 1 2 3 4 5  
 Referred By: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

<b>Location (Circle)</b>	Classroom	IE	Hallroom	Hallway	M/M Library
Other:	Field	Backlot	Play Structure	Field Trip	Computer Lab

<b>Minor Referral (Staff Managed)</b>	<b>Major Referral (Admin. Managed)</b>	<b>Possible Motivation</b>
Inappropriate Language Physical Contact Defiance Disruption Property Misuse Lying/Dishonesty	Abusive Language Physical Aggression Intentional Disrespect of Peers Intentional Disrespect of Adults Forgery Vandalism Provoking Problem Behavior	Peer Attention Adult Attention Task Avoidance Avoid Peers Avoid Adults Unknown Other: _____
<b>Names of Children / Others Involved:</b>		

**Corrective Actions Taken / Next Steps:**

<b>First Referral:</b>	<b>Second Referral:</b> <b>Parents Contact:</b> Date _____ Time _____
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**Administrative Action (Major Referral Only)**

<input type="checkbox"/> Conference with Student <input type="checkbox"/> Break / Lunch Detention <input type="checkbox"/> Parent Contact <input type="checkbox"/> Enrolled in _____	<input type="checkbox"/> Suspended / Time Out <input type="checkbox"/> In School Suspension <input type="checkbox"/> Parent Conference <input type="checkbox"/> Enrolled in _____	<input type="checkbox"/> First Behavior Plan developed <input type="checkbox"/> Continued <input type="checkbox"/> Later Behavior Modification Follow Up District Code: _____
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v12



Remember the Falcon Four...

Name \_\_\_\_\_ Date \_\_\_\_\_

Please write neatly and show effort in your answers.

1. This is what I did.....

2. Which of the School Rules did I not follow? Circle one or more

Safe

Respectful

Responsible

Ready to learn

3. What choices did I have? List at least two.

4. I needed to follow the School Rules and use the Lifeskill(s) of...

Circle one or more:	Caring	Flexibility	Perseverance
	Friendship	Pride	Common Sense
	Cooperation	Initiative	Problem Solving
	Courage	Integrity	Resourcefulness
	Curiosity	Organization	Responsibility
	Effort	Patience	Sense of Humor

5. Next time I will...

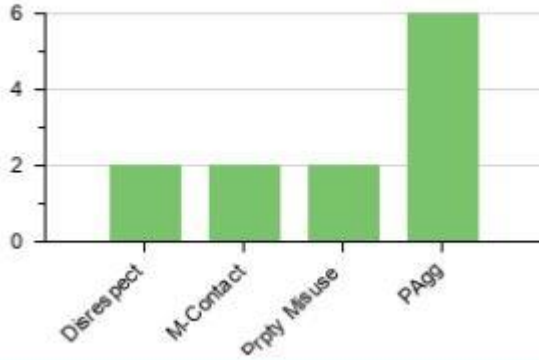
Student Signature \_\_\_\_\_

Teacher Signature \_\_\_\_\_

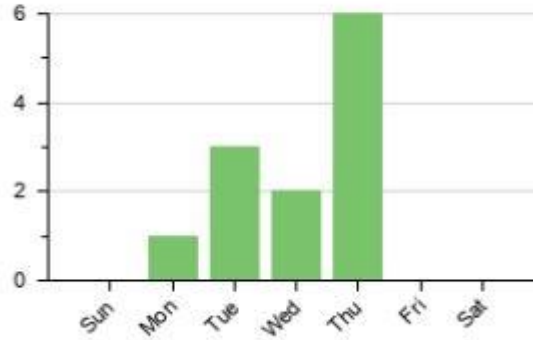
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



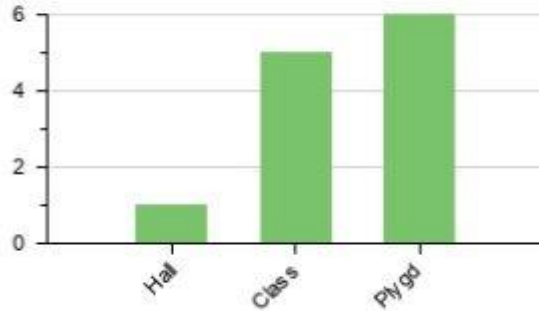
Referrals By Problem Behavior



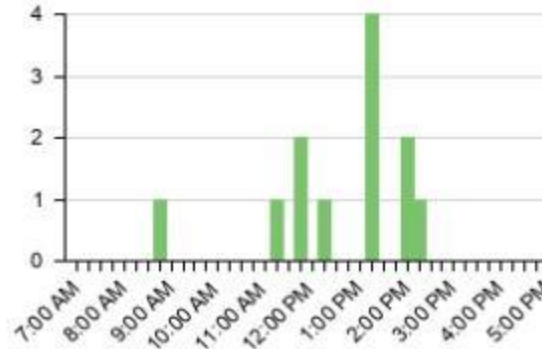
Referrals By Day Of Week



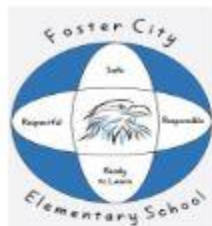
Referrals By Location



Referrals By Time



We subscribe to a service called SWIS where we enter data from office managed referrals only



# Daily Behavior Point Sheet

Name:

Date:

😊 = 2pts = goal met

😐 = 1pt = okay

☹️ = 0pts = did not meet goal

Points Possible:

Points Received:

Goal Met:

Target Behaviors	Morning work	Reading/ Spelling	Journal	Lunch	Math	Science/Social Studies	Electives/ P.E.
	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️
	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️
	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️	😊 😐 ☹️

Comments:

**Check In / Check Out**



Thank You

Questions?

