

# SAFE & SUPPORTIVE LEARNING ENVIRONMENTS FUND CODE 791

## *Evaluation Tool, FY2009*

### General Directions

Please complete the following survey to evaluate all program activities and processes funded through the Massachusetts Department of Elementary and Secondary Education's Safe and Supportive Learning Environments (SSLE) Grant Program (Fund Code 791). The information you provide is important to document the impact of trauma sensitive schools on children's ability to learn so please complete all questions. (NOTE: Skip patterns have been built into the survey for those sections that are not relevant to your particular program.)



There are three parts to the survey:

- Part I: General Information
- Part II: Evaluation of Program Activities
- Part III: Qualitative Evaluation of Grant Program



*Created by the Massachusetts Department of Elementary & Secondary Education,  
partially based on the "trauma-sensitive schools checklist" created by the  
Trauma and Learning Policy Initiative/Mass Advocates for Children.*

**Part I: General Information**

|  |   |
|--|---|
| Name of Primary Person Completing Tool:  | Date (mm/dd/yy) of tool completion:   |
| Name of Individual who oversees the grant (if different from above):                             | District(s) Targeted:   |
| Contact Information for the primary person completing this tool:                                 |   |
| Street Address:  | School(s) Targeted:   |
| City: State: Zip:  |   |
| Phone: e-mail:   |   |
| <p>Total Students Served:</p> <p>Total #: _____</p> <p># of Males: _____ # of Females: _____</p> | <p>Grade Levels Targeted:</p> <p>Pre-K <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/></p> <p>9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/></p> |
| <p>Total Staff Served:</p> <p>Total #: _____</p>   |   |

## Part II: Evaluation of Program Activities

### INSTRUCTIONS:

There are six sections included in Part II of this self-evaluation:

- A) SCHOOL LEADERSHIP
- B) SCHOOL POLICIES, PROCEDURES, SYSTEMS
- C) STUDENT TRAINING AND SKILL DEVELOPMENT PROGRAMS
- D) FORMAL TRAINING/PROFESSIONAL DEVELOPMENT OPPORTUNITIES
- E) INSTRUCTIONAL CLASSROOM PRACTICES FOR TRAUMATIZED STUDENTS
- F) PARENT (CAREGIVER) ENGAGEMENT
- G) PARTNERSHIPS/COLLABORATIONS

For a number of the questions you are asked to indicate both the goal/planned implementation and actual implementation for an activity funded through the SSLE grant. The goal/planned implementation refers to your intentions to conduct an activity prior to the beginning of the school year. The actual implementation refers to your achievement of the activity by the end of the school year.

## SECTION A. SCHOOL LEADERSHIP

1. Did a Senior Administrator in your school/district play a leadership role in the implementation of trauma-sensitive approaches into existing school operations during this school year?

YES

NO  (SKIP TO SECTION B)

a. If YES, what was the position/title of the senior administrator who assumed the leadership role?

b. If NO, please explain who assumed the leadership position?

2. Please indicate which of the following activities the Senior Administrator conducted during the this school year that demonstrated his/her leadership role:

### Implementation Level Scale:

|                 |     |       |         |      |                            |
|-----------------|-----|-------|---------|------|----------------------------|
| Not Implemented | Low | Early | Partial | High | Advanced<br>Implementation |
| 0               | 1   | 2     | 3       | 4    | 5                          |

| Activity   | Implementation Level<br>(Scale: 0-5) |        |
|--|--------------------------------------|--------|
|  | Goal/Planned                         | Actual |
| a. Coordinated or attended planning group(s) or advisory committee meeting(s) where the integration of trauma sensitive approaches into existing school operations was discussed.<br>Estimated # of meetings for the year: _____ |                                      |        |
| b. Regularly communicated grant goals and objectives (e.g., newsletters, meetings, email, etc.).   |                                      |        |
| c. Established a clear vision for weaving trauma sensitive approaches into existing school operations via a strategic plan or agenda.  |                                      |        |
| d. Continuously monitored and evaluated all activities and other structures related to creating a trauma sensitive school environment.   |                                      |        |
| e. Any additional activity we have not captured:<br>_____  |                                      |        |
| f. Any additional activity we have not captured:<br>_____  |                                      |        |

3. Please describe the leadership activities of the senior administrator to justify the implementation levels chosen for each activity.
4. Please describe what will change in your FY10 grant implementation with respect to school leadership as a result of what was learned or accomplished this school year.

## SECTION B. SCHOOL POLICIES, PROCEDURES, SYSTEMS

1. Did your school/district institute or revise any school-wide policies, procedures, or systems that address the needs of traumatized students during this school year?

YES

NO  (SKIP TO SECTION C)

Please provide copies of policies/procedures documentation when available.

2. Please indicate which of the following policies, procedures, or systems your school/district instituted or revised in the table below:

### Implementation Level Scale:

Not Implemented      Low      Early      Partial      High      Advanced Implementation  
 0                              1              2              3              4                              5

| Activity   | Implementation Level<br>(Scale: 0-5) |        |
|--|--------------------------------------|--------|
|  | Goal/Planned                         | Actual |
| a. Discipline policies that recognize the role of trauma in difficult behaviors.   |                                      |        |
| b. Communication procedures that include how to talk to parents of traumatized children who may also be traumatized themselves.  |                                      |        |
| c. Confidentiality policies regarding students and families. This includes a policy that creates a system for the confidential review/conferencing of student cases to identify trauma related needs of students.<br><br>Estimated # of cases reviewed for this school year: _____ |                                      |        |
| d. Procedures for filing abuse and neglect reports.  |                                      |        |
| e. Policies/procedures for student evaluations that acknowledge the role trauma can play in a child's cognitive and learning profile (e.g., considering the role of trauma in IEP team meetings).  |                                      |        |
| f. Policies that create and support mental health linkages for teachers, school staff, parents/guardians, and families of children and youth who are victims or witnesses to violence.   |                                      |        |
| g. Protocol that enables teacher/staff to provide feedback on implementation of policies in classroom and school-wide.   |                                      |        |
| h. Protocols for safety planning (e.g., supporting enforcement of court orders, transferring records disclosing student-record information, help parents choose the safest school, etc.).  |                                      |        |
| i. System for keeping teachers and school staff informed of new or revised policies that address the needs of traumatized children.  |                                      |        |
| j. System for assessing staff training needs.  |                                      |        |
| k. System for educating parents about the policies, procedures or systems that address the needs of traumatized children.  |                                      |        |
| l. System for reviewing policies with an understanding of trauma.<br><br>Estimated # of policies <u>reviewed</u> for this school year: _____   |                                      |        |
| m. Estimated # of policies <u>changed</u> for this school year: _____  |                                      |        |
| n. System for identifying the barriers to program success.   |                                      |        |
| o. Any additional activities we have not captured (specify):   |                                      |        |
| p. Any additional activities we have not captured (specify):   |                                      |        |

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3. Please describe the policies, procedures or systems your school/district instituted or revised that address the needs of traumatized students to justify the implementation levels chosen for each activity.
  
  4. Please describe what will change in your FY10 grant implementation with respect to school policies, procedures, and systems as a result of what was learned or accomplished this school year.

## SECTION C. STUDENT TRAINING AND SKILL DEVELOPMENT PROGRAMS

**\*\*Including school-wide, classroom-based, small group and/or individual interventions targeting students\*\***

1. Did your school/district provide any training or skill development program(s) for students during this school year?

YES  NO  (SKIP TO SECTION D)

2. Please describe the training or skill development program(s) provided to students in the table below.

| Name or Type of Training, Program, Intervention Provided | Total # Trained                    |                                      | Skills Targeted<br>(e.g., conflict resolution, stress management, anger management, peer mediation, coping with grief, role in school safety, etc.) |
|--|------------------------------------|--------------------------------------|---|
|  | Goal<br>Total # of<br>Participants | Actual<br>Total # of<br>Participants |   |
| a.   |                                    |                                      |   |
| b.   |                                    |                                      |   |
| c.   |                                    |                                      |   |
| d.   |                                    |                                      |   |

3. Please use the space below to provide any additional information about the student training or skill development programs implemented during the school year.

4. Did your school/district evaluate students' level of understanding or satisfaction with the training provided during the school year?

YES  NO  (SKIP TO SECTION D)

a. *If YES*, how did your school/district evaluate students' understanding?

- Pre/post training survey
- Post training survey
- Focus group/qualitative interviews
- Other (specify):

b. *If YES*, please describe the results of the training/skill development programs on student outcomes (e.g., attendance rate, tardiness, # of mental health crises, # of disciplinary issues/infractions, academic performance, # of referrals for mental health services, # of visits to school nurse, change in knowledge, attitudes, beliefs). This may also include examples of how trainees applied the skills or anecdotal stories of exemplary change in specific student cases.

5. Please describe what will change in your FY10 grant implementation with respect to student training and skill development programs as a result of what was learned or accomplished this school year.

**SECTION D. FORMAL TRAINING/PROFESSIONAL DEVELOPMENT OPPORTUNITIES**

1. Did your school/district provide any formal training or professional development opportunities for teachers, administrators, or other school personnel during the school year?

YES  NO  (SKIP TO SECTION E)

2. Please describe the training or professional development opportunities your school/district provided during the school year in the table below.

| Name/Title of Training | Total Number Training        |                                |
|------------------------|------------------------------|--------------------------------|
|                        | Goal Total # of Participants | Actual Total # of Participants |
| a.                     |                              |                                |
| b.                     |                              |                                |
| c.                     |                              |                                |
| d.                     |                              |                                |
| e.                     |                              |                                |
| f.                     |                              |                                |

3. Please describe the formal training and professional development opportunities your school/district offered (i.e., topics covered, time of year held, etc.).

4. Did your school/district coordinate any follow-up group or individual skill building sessions for teachers, administrators, or other school personnel during the this school year?

YES  NO  (SKIP TO SECTION E)

5. Please describe the follow-up group or individual skill building sessions your school/district provided during the school year in the table below.

| Name/Title of Training | Total Number Training        |                                |
|------------------------|------------------------------|--------------------------------|
|                        | Goal Total # of Participants | Actual Total # of Participants |
| a.                     |                              |                                |
| b.                     |                              |                                |
| c.                     |                              |                                |
| d.                     |                              |                                |
| e.                     |                              |                                |
| f.                     |                              |                                |

6. Please describe the follow-up group or individual skill building sessions your school/district offered (i.e., topics covered, time of year held, etc.).

7. Did your school/district provide teachers/staff with any classroom resources after the training (e.g., handbook outlining trauma sensitive classroom framework)?

YES

NO

a. *If YES, please describe.*

8. Did your school/district evaluate participants' level of understanding or satisfaction with the training provided during the school year?

YES

NO  (SKIP TO SECTION E)

a. *If YES, how did your school/district evaluate participants' understanding?*

- Pre/post training survey
- Post training survey
- Focus group/qualitative interviews
- Other (specify):

b. *If YES, please describe the results of the training/skill development programs (e.g., examples of how trainees applied the skills they learned, results of pre/post assessments of change in knowledge, attitudes or behaviors, results of participant satisfaction surveys).*

9. Please describe what will change in your FY10 grant implementation with respect to formal training and professional development opportunities as a result of what was learned or accomplished this school year.

## SECTION E. INSTRUCTIONAL CLASSROOM PRACTICES FOR TRAUMATIZED STUDENTS

1. Did your school/district pilot implementing trauma sensitive instructional strategies or practices in any classrooms during the school year?

YES

NO  (SKIP TO SECTION F)

a. If YES, which classroom(s)?

2. Please indicate the instructional practices that were implemented in the classroom(s) in the table below.

|  | Total # Student Served          |                                   |
|--|---------------------------------|-----------------------------------|
|  | Goal Total # of Students Served | Actual Total # of Students Served |
| a. Instruction that uses the same curriculum frameworks for all students school-wide:  |                                 |                                   |
| b. Instruction that provides opportunities to learn to modulate emotions (e.g., pass for a time out room where students can think and reflect):  |                                 |                                   |
| c. Instruction that includes support for positive behaviors which aid in social development (e.g., providing positive feedback and reinforcement after completing tasks to identify or articulate emotions): |                                 |                                   |
| d. Instructional techniques that appeal to different learning styles (e.g., identification of child's strengths to help them learn – i.e., art, music):  |                                 |                                   |
| e. Student relationships with staff that extend beyond the academic role (e.g., mentoring relationships):  |                                 |                                   |
| f. Instruction that fosters student involvement in extracurricular activities (e.g., sports, clubs, student government):   |                                 |                                   |
| g. Any additional instructional practices we have not captured: (specify)  |                                 |                                   |

3. Please describe the instructional practices implemented in targeted or pilot classroom(s) in the space below that highlight examples of these practices.

4. Please describe what will change in your FY10 grant implementation with respect to instructional classroom practices for traumatized students as a result of what was learned or accomplished this school year.

## SECTION F. PARENT/CAREGIVER ENGAGEMENT

1. Did your school/district conduct any activities that helped to engage the parents or caregivers during this school year related to helping traumatized student learn?

YES

NO  (SKIP TO SECTION G)

2. Please indicate which of the following activities your school/district implemented to engage parents or caregivers during the this school year in the table below:

| Activity  | Total # of Parents Reached |                     |
|---|----------------------------|---------------------|
|   | Goal/Planned # of Parents  | Actual # of Parents |
| a. Conducted outreach activities that targeted the parents or caregivers of traumatized students to encourage their participation in their child's education (e.g., activities may include parent/teacher seminars, parent/teacher meetings or conferences in school or at child's home): |                            |                     |
| b. Coordinated programs or seminars that attempted to educate parents or caregivers on trauma sensitivity and the impact trauma can have on a students' ability to learn:   |                            |                     |
| c. Helped connect parents or caregivers to community resources that provide assistance and support:   |                            |                     |
| d. Any additional activities we have not captured: (specify)  |                            |                     |

3. Please describe the activities that helped to engage parents or caregivers during this school year related to helping traumatized students learn.
4. Please describe what will change in your FY10 grant implementation with respect to school and parent/caregiver engagement as a result of what was learned or accomplished this school year.

## SECTION G. PARTNERSHIPS/COLLABORATIONS

1. Did your school/district establish or maintain linkages with professionals, organizations, agencies, or internal partners to help improve services or resources for traumatized students and their families or teachers/staff?

YES                       NO  (SKIP TO PART III)

2. Please provide the name of each partner or collaborator, rate the level of implementation, identify the purpose of linkage, indicate whether the individual/organization/agency is trained in trauma sensitivity, and describe your level of satisfaction with collaboration/partnership in the table below:

| Implementation Level Scale: |                                  |        |  |   | Level of Satisfaction    |   |                          |                          |                       |                        |
|-----------------------------|----------------------------------|--------|--|---|--------------------------|---|--------------------------|--------------------------|-----------------------|------------------------|
| Not Implemented             | Low                              | Early  | Partial  | High  | Advanced Implementation  | Very Satisfied                                    | Somewhat Satisfied       | Satisfied                | Dissatisfied          | Extremely Dissatisfied |
| 0                           | 1                                | 2      | 3  | 4   | 5                        | 1   | 2                        | 3                        | 4                     | 5                      |
| Name of Partner             | Implementation Level (Scale 0-5) |        | Purpose of Partnership/Collaboration<br>(check all that apply) |   |                          | Trained in Trauma Sensitivity<br>(Yes/No/Unknown) |                          |                          | Level of Satisfaction |                        |
|                             | Goal/<br>Planned                 | Actual |  |   |                          | Yes   | No                       | U                        |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Staff Training                        | <input type="checkbox"/> Parent Training            | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Student Training                      | <input type="checkbox"/> Consultation/Case Reviews  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Accept Referrals                      | <input type="checkbox"/> Advisory Group Participant | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Other: (specify):                     |   |                          |   |                          |                          |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Staff Training                        | <input type="checkbox"/> Parent Training            | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Student Training                      | <input type="checkbox"/> Consultation/Case Reviews  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Accept Referrals                      | <input type="checkbox"/> Advisory Group Participant | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Other: (specify):                     |   |                          |   |                          |                          |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Staff Training                        | <input type="checkbox"/> Parent Training            | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Student Training                      | <input type="checkbox"/> Consultation/Case Reviews  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Accept Referrals                      | <input type="checkbox"/> Advisory Group Participant | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Other: (specify):                     |   |                          |   |                          |                          |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Staff Training                        | <input type="checkbox"/> Parent Training            | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Student Training                      | <input type="checkbox"/> Consultation/Case Reviews  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Accept Referrals                      | <input type="checkbox"/> Advisory Group Participant | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> |                       |                        |
|                             |                                  |        | <input type="checkbox"/> Other: (specify):                     |   |                          |   |                          |                          |                       |                        |

3. Please use the space below to highlight examples of these partnerships/collaborations.

4. Did your school/district establish a community liaison team or appoint an individual to make connections with potential community partners during this school year?

YES                       NO

*If YES, please list the school personnel or individual who filled this role (i.e., position, brief qualifications).*

5. Please indicate if any of the following activities were conducted with partners to address the mental health needs of students, parents, or teachers/staff.

**Implementation Level Scale:**

Not Implemented    Low    Early    Partial    High    Advanced Implementation  
 0                    1           2           3           4           5

| Activity   | Implementation Level (Scale: 0-5) |        |
|--|-----------------------------------|--------|
|  | Goal/Planned                      | Actual |
| a. Provided support for school staff with mental health professionals, organizations or agencies (e.g., confidential discussion about students or observations in classroom, opportunities to reflect on how their work is affecting their own lives). |                                   |        |
| b. Established a referral system for mental health services for students.<br># of students referred: _____   |                                   |        |
| c. Established a referral system for mental health services for parents/guardians.<br># of parents/guardians referred: _____   |                                   |        |
| d. Established a referral system for mental health services for teachers/staff.<br># of teachers/staff referred: _____   |                                   |        |
| e. Any additional activities we have not captured. (Specify):  |                                   |        |

6. Please describe how you addressed the mental health needs of students, parents/guardians, and teachers/staff with community partners/collaborators to justify the implementation levels chosen for each activity.
7. Please describe what will change in your FY10 grant implementation with respect to community partnerships/collaborations as a result of what was learned or accomplished this school year.

## Part III: Qualitative Evaluation of Grant Program

### INSTRUCTIONS:

Please answer the questions in the space provided.

#### A. Program Impact

1. In general, did you achieve your program goals and objectives for this school year?  
YES  NO 
  - a. *If NO*, please list your unmet goal(s)/objective(s) for this school year.
  - b. *If NO*, please explain the reasons why these goal(s) or objective(s) were not accomplished?
2. In general, was your school/district able to integrate the grant into existing district/school programming?  
YES  NO 
  - a. *If YES*, please explain the benefits and/or challenges experienced in attempting to integrate the grant into existing district/school programming.
3. Did your school experience any unintended or unplanned consequences that resulted from your grant this school year? This includes any activities that may not have been directly funded by the SSLE grant program, but were planned/implemented because of activities directly funded by the SSLE grant program (e.g., partnerships/collaborations, additional funding, student outcomes, student program/interventions, staff programs/professional development opportunities, etc.).  
YES  NO 
  - a. *If YES*, please describe below.
4. Please use this space below to share any final comments *that were not already captured elsewhere in this tool* related to overall project impact, including data on student and staff outcomes.
5. Please use this space below to share any final comments *that were not already captured elsewhere in this tool* related to plans for improved grant implementation next school year.

#### B. Technical Assistance

1. In general, how helpful was the support you received from the Massachusetts Department of Elementary and Secondary Education Student Support Unit (in terms of training, materials, resources, etc.)?  
Extremely helpful  Very Helpful  Helpful  Somewhat helpful  Not helpful
2. Was there any additional support from the Massachusetts Department of Elementary and Secondary Education Student Support Unit that you didn't receive that would have been helpful to you?  
YES  NO 
  - a. *If YES*, please describe.
3. In addition to the Massachusetts Department of Elementary and Secondary Education, were there other organizations, resources, books or people that provided helpful training or technical assistance to your activities during this school year?  
YES  NO

a. *If YES, please describe below.*

b. Would you mind sharing these resources/contacts with other SSLE grantees?

YES

NO

*If YES, please list.*