CHAPTER 1

Systematic Screenings of Behavior to Support Instruction

An Overview

As former classroom teachers and behavior specialists, we are continually amazed and impressed by the multiple demands today's administrators, teachers, and support staff face on a daily basis. Within the course of a typical school year, these professionals are expected to welcome, educate, and support an increasingly diverse student population. Students pass through the schoolhouse doors with a wide range of skill sets in academic, behavioral, and social domains, coming from a wide range of home environments and an even wider range of ethnic, cultural, and socioeconomic backgrounds (Lane, Kalberg, & Menzies, 2009; Lane, Wehby, Robertson, & Rogers, 2007). Although such diversity is valued, the range of abilities students bring to the classroom can make it challenging for teachers to differentiate the curriculum sufficiently while meeting students' social and behavioral needs in a manner that allows students to meet increasingly rigorous state standards (Tomlinson, 2005; Tomlinson & McTighe, 2005).

Some students have the necessary skills and experiences to adapt easily to the school setting by successfully negotiating relationships with their teachers and peers. These students have acquired important skill sets such as listening to and following instructions the first time they are asked to do so, appropriately requesting support when they need assistance, being self-determined in their work, and resolving conflicts with others in peaceful ways (Carter, Lane, Pierson, & Stang, 2008; Elliott & Gresham, 2007b; Wehmeyer & Field, 2007). They have the skills in their repertoire to navigate the instructional process. These behaviors, in turn, support teachers' goals of providing meaningful, relevant instruction to enhance students' academic outcomes. Such harmony in the classroom is highly desirable because it allows teachers the opportunity to maximize academic engagement and overall instructional experiences (Lane, Menzies, Bruhn, & Crnobori, 2011; Sutherland & Wright, in press). When behavioral expectations are clear and students are explicitly taught and

reinforced for meeting these expectations, teachers are able to maximize learning opportunities. In turn, teachers spend less time responding to problem behaviors and more time instructing all students, including those who require additional assistance beyond primary prevention (Tier 1) in the form of secondary (Tier 2) and tertiary (Tier 3) supports (Lane, Kalberg, & Menzies, 2009). Ultimately, student success is evidenced by improved academic performance while teachers meet their obligation of delivering opportunities for all students to demonstrate academic excellence, including those with exceptionalities, as established in the No Child Left Behind Act (2001) and Individuals with Disabilities Education Improvement Act (IDEA, 2004).

In contrast, other students arrive at school with less than optimal skill sets and are less able to meet the variety of demands required over the course of the school day (Lane, 2007; Walker, Ramsey, & Gresham, 2004). This is particularly true for students who have learning and behavioral challenges. Although many teachers indicate they feel well prepared to meet students' diverse academic needs, there is evidence to suggest that teachers feel less prepared to support students who demonstrate challenging behaviors, especially those with emotional and behavioral disorders (EBD). According to a Metropolitan Life survey of first-time teachers before beginning their first year of teaching, more than half (58%) of respondents reported they wished they had more practical training in classroom management skills before the school year began. This percentage increased slightly to 61% at the end of the first year of instruction, suggesting that "surviving" their first year of teaching did not change teachers' desire for additional knowledge and skills pertaining to preventing and responding to problem behaviors (Harris, 1991). Not surprisingly, teachers' self-efficacy with respect to classroom management skills actually predicted longevity in the field: Teachers who viewed themselves as less capable were more likely to leave education than those who viewed themselves as effective in their behavior management skills (Brouwers & Tomic, 2000). This is a concern given conservative estimates suggest that between 3 and 6% of the school-age population at some point have EBD (Kauffman & Brigham, 2009).

Students with EBD: Not a Special Education Issue

Although initial thoughts of EBD conjure images of students with serious acting-out behaviors such as verbal and physical aggression, coercive tactics, and even delinquent acts (externalizing behaviors), they also include internalizing behavior patterns that are less often recognized in the classroom (Achenbach, 1991; Crick, Grotpeter, & Bigbee, 2002; Walker et al., 2004). Internalizing behaviors include anxiety, depression, somatic complaints (e.g., stomachache, headache), social withdrawal, and eating disorders (Morris, Shah, & Morris, 2002). As you might imagine, externalizing behavior patterns are far more likely to be recognized by teachers because these behaviors disrupt the classroom environment and consequently impede instruction, whereas internalizing behaviors, which are no less harmful, go unnoticed. Although some might contend that problem behaviors are issues that should be dealt with by

special education teachers, paraprofessionals, and mental health staff, in reality this is often not the case.

The truth is that less than 1% of school-age students across the K–12 continuum ultimately receive special education services under the label of emotional disturbance (ED) as defined in IDEA (2004). Even when identified for such supports, the goal is inclusive programming—to the greatest extent possible, students should be in the general education setting (MacMillan, Gresham, & Forness, 1996; Wagner et al., 2006). When we consider the small number of students served in special education with ED and the fact that the majority of students with EBD will not receive special education services, it becomes clear that general education teachers need the knowledge, skills, and confidence to identify and support students at risk for EBD at the earliest possible juncture. This way the necessary supports can be provided to prevent learning, behavioral, and social problems from becoming more firmly engrained and less amenable to intervention efforts (Kazdin, 1985; Lane, Kalberg, & Menzies, 2009). Behavior problems are not a special education problem or even a "within-child" problem—they are a schoolwide concern that cannot be ignored given that students with EBD and with ED pose significant challenges to the educational system as well as to society as a whole (Walker, 2003). These students struggle within and outside of school contexts, as evidenced by limited rates of academic engaged time, poor work completion, higher rates of school failure, retention in grade, school dropout, impaired social relationships, and even poor employment outcomes after they leave school (Bullis & Walker, 1994; Mattison, Hooper, & Glassberg, 2002; Reid, Gonzalez, Nordness, Trout, & Epstein, 2004; Wagner & Davis, 2006; Zigmond, 2006). Clearly, life is challenging for these students and their families (Kauffman, 2005; Quinn & Poirier, 2004).

Fortunately, many schools across the country are taking steps to coordinate academic, behavioral, and social supports for students by developing comprehensive, integrated, three-tiered (CI3T) models of prevention to better meet all students' multiple needs (Lane, Kalberg, & Menzies, 2009). This is encouraging given that learning and behavioral concerns do not occur in isolation from one another. Understanding the relation between the two has important implications for teachers and students alike (Lane & Wehby, 2002).

Responding with a Systems-Based Approach: Comprehensive, Integrated, Three-Tiered Models of Prevention (CI3T Model)

Across the United States, many schools, districts, and even states have shifted their perspectives, no longer subscribing to a "wait-to-fail" model (Horner & Sugai, 2000; Lane, Menzies, et al., 2011). Instead, they are embracing the concepts of *prevention* and *search and serve* (IDEA, 2004). With this approach, the goal is to design, implement, and evaluate multi-tiered models of prevention to focus on (1) preventing learning and behavior problems from occurring by providing primary prevention (Tier

1) efforts to all students and (2) responding to existing concerns by identifying and assisting students who require secondary (Tier 2) and/or tertiary (Tier 3) supports. Some models such as response to intervention (Fuchs & Fuchs, 2006; Gresham, 2002; Sugai, Horner, & Gresham, 2002) have focused primarily on academic domains, whereas models such as positive behavior interventions and supports (Lewis & Sugai, 1999; Sugai & Horner, 2002) have focused predominantly on behavior and social domains.

In each of these models, the entire student body participates in primary prevention efforts with a goal of preventing harm. The expectation is that this global level of support will reach approximately 80% of the student body (Sugai & Horner, 2006).

Data collected as part of regular school practices (e.g., report card grades, curriculum-based measures, formative assessments, behavior screenings, and office discipline referrals [ODRs]) are analyzed to determine which students need secondary supports (also referred to as Tier 2 and targeted supports), such as small-group interventions for those with common acquisition (can't do), fluency (have trouble doing), or performance (don't want to do) deficits (Elliott & Gresham, 2007b). Students receiving secondary supports are monitored closely using frequent, repeated assessment to determine patterns of responsiveness (Is this working? Is he reading with greater speed and accuracy? Is she more engaged during instruction? Is he completing more assignments?). Answers to these questions (as well as others) will guide the school-site leadership team to make decisions about whether or not to continue, modify, or move into maintenance of the secondary support; return solely to primary prevention efforts; or transition a student to even more intensive prevention efforts—tertiary supports.

Students exposed to multiple risk factors and those who need more intensive supports are provided with tertiary efforts. This level is the most exhaustive in terms of intensity, resources, and individualization. Again, students are monitored closely to determine patterns of responsiveness for the specific target behaviors of interest (e.g., decoding, work completion, social interactions, verbal aggression, and noncompliance).

Models that focus solely on reading or behavior may miss important aspects of students' complex individual needs. By not considering academic and behavioral needs together, critical information that can more fully inform intervention efforts and patterns of responsiveness may be overlooked. For example, if a student is identified as not responding to the primary reading curriculum as determined by Fall benchmark scores measured using AIMSweb® reading curriculum-based measurement probes (Pearson Education, 2008), he or she might be placed into a secondary support that involves an additional 30 minutes of reading instruction each day to improve fluency (e.g., repeated readings; Chard, Ketterlin-Geller, Baker, Doabler, & Apichatabutra, 2009). Yet if data regarding behavior concerns (e.g., excesses or deficits) are not also acquired, critical information that could be used to enhance intervention efforts and improve outcomes is lost. Consider the student who has high levels of inattention or impulsivity. This student would likely need behavioral support such as self-monitoring (Mooney, Ryan, Uhing, Reid, & Epstein, 2005) to help him or her access the additional

instruction (Kalberg, Lane, & Menzies, 2010). In other words, just as teachers have been taught to differentiate academic instruction by modifying content, process, or product (Tomlinson, 2005), they must also learn how to differentiate along behavioral dimensions to help students access the core curriculum.

Slowly, a shift is occurring in which researchers and practitioners are recognizing the need for a CI3T model that uses multiple sources of data—academic and behavioral measures—to understand more fully students' multiple needs. In such models, the primary prevention plan contains three core components—academic, behavioral, and social—to better address students' total needs. For example, the primary prevention plan for academics may include a validated literacy program such as Open Court (Adams et al., 2002) or Harcourt Brace (Hiebert & Raphael, 1998). With this type of program, teachers provide evidence-based instruction in language arts skills 90 minutes per day 4 days a week. Instruction is aligned within and across grade levels as part of such a program, with the necessary assessments in place to monitor students' progress in Fall, Winter, and Spring to inform instruction and identify students who do not meet expected benchmarks and, therefore, may require secondary (Tier 2) or tertiary (Tier 3) levels of prevention. As part of the primary plan, treatment integrity data are collected to make certain the core elements of the plan are taught as designed. Without such data, it is not possible to evaluate accurately the impact of the program. In other words, if you are not certain that an intervention is being implemented correctly, how can you make accurate decisions about whether or not it is working for individual students?

The second component of the primary plan is a schoolwide positive behavior support (SWPBS) plan in which universal expectations are established and clarified among all adults for each key area in the school (e.g., classrooms, hallways, recreational areas). Teachers explicitly teach all students these expectations, providing them opportunities to practice and receive reinforcement for meeting the expectations. Reinforcement is delivered with behavior-specific praise to reinforce skills (e.g., effort) that will facilitate success. It is important to recognize that positive behavior support is a framework, not a curriculum. It is a method by which students can be directly taught the behaviors necessary to facilitate the instructional process and empower them to negotiate interactions with others (e.g., teachers, peers, other adults). Again, it is important to monitor the treatment integrity of the SWPBS prevention program to accurately identify students who may require additional supports. In the school setting, this allows teachers to gain instructional time by spending less time responding to problem behaviors and more time engaged in teaching not only the academic curriculum but also the social competencies development curriculum, the third component of the plan.

Ideally, the social component of the primary plan is a schoolwide program designed to promote students' character development (Person, Moiduddlin, Hague-Angus, & Malone, 2009) or social skills (Elliott & Gresham, 2007a). When selecting such a program, school-site leadership teams should consider the needs of the school. For example, if there are significant problems with bullying and other forms of aggression, it would be wise to incorporate a program that teaches students how

to prevent violence. In this case, a program such as Second Step: Violence Prevention (Committee for Children, 2007; Sprague et al., 2001) might be useful. When considering this social component, you should reflect on the school's (or district's) vision for making its implicit curriculum explicit. Then select a validated, evidence-based program with sufficient proof to support implementation. It is imperative that precious resources (e.g., time, personnel, money) not be wasted implementing programs without evidence to support the specific outcomes you are seeking. This means that you must consider more than just, "Are there high-quality research studies to show that the program works?" Another important question to consider is, "Are there high-quality research studies to show that this program works to produce the outcomes we are looking for in our school or district?" Once an evidence-based program is selected (e.g., a character education program such as Positive Action [Flay, Allred, & Ordway, 2001]), then it too should be implemented consistently and monitored for treatment integrity to determine which students need more intensive supports.

In sum, these three components are not mutually exclusive but rather are interrelated. They are implemented as part of a unified system to better serve students. The SWPBS component is an instructional approach to behavior that teaches behavioral expectations (e.g., respect, responsibility, best effort). As students understand and meet behavioral expectations, teachers gain instructional time by not having to stop to respond to behavior problems. This affords teachers the time to provide instruction using evidence-based programs to develop students' academic (e.g., Open Court or Harcourt Brace) and social or character competencies (e.g., Social Skills Improvement System: Classwide Intervention Program [Elliott & Gresham, 2007a]; Positive Action [Positive Action Inc., 2008]). SWPBS is a data-driven framework that can be used to analyze multiple sources of data collected. However, the data collected using these monitoring systems must also be checked for procedural fidelity to make certain all individuals are using the assessment system correctly. These data are collected as part of regular school practices (e.g., academic progress monitoring, ODRs, attendance, and behavior screenings [the focus of this book]). Academic and behavioral data should be analyzed in tandem for accurate decision making and information sharing regarding (1) progress for schools as a whole and (2) identification and progress of students who require additional supports in the form of secondary (Tier 2) and tertiary (Tier 3) levels of prevention.

Systematic Screening

In a CI3T model of prevention, accurate measurement is a central feature. Decisions related to how a school improves student outcomes over time and identifies which students need additional supports in academic, behavioral, social, and combined areas are dependent on the accuracy of the data collected as part of school practices. To ensure accuracy in decision making, it is imperative that (1) reliable, valid tools be selected to measure student progress and (2) procedural fidelity data be collected at the school-site level to make certain the identified measurement system is being

implemented consistently by all those involved. For example, the School-wide Information System (May et al., 2000) is a reliable, valid method of monitoring ODRs. This system offers clear guidelines as to which behaviors are viewed as major or minor offenses using operational definitions and indicates when a given infraction warrants an ODR. Yet the data generated from this system are only as valid as the extent to which the procedures for assigning ODRs are followed. If such tools and systems are selected and implemented with integrity, then measurement error is minimized and school-site decision-making teams can have confidence in the accuracy of the decisions made with respect to overall progress and the identification of students who need secondary (Tier 2) and tertiary (Tier 3) supports.

In terms of measurement, teachers have extensive experience and training in evaluating academic performance over time (Lane, Menzies, et al., 2011). For example, many schools use commercially available programs such as AIMSweb to monitor academic performance indicators for reading, math, and writing skills. As part of this academic assessment program, teachers administer probes to all students three times a year (Fall, Winter, and Spring) to monitor student progress and determine which students are above, at, or below benchmark levels for their respective grade. This information is often used by grade-level teams to make instructional decisions. Students below benchmark participate in secondary (Tier 2) interventions for additional instruction and are often grouped according to common deficits (often 30 minutes, three to four times per week). Secondary interventions are evidence-based programs or strategies provided in addition to the instruction in primary prevention (e.g., 90 minutes 5 days a week). Students receiving secondary interventions are monitored with increased frequency, meaning they participate in frequent, repeated assessments (e.g., weekly 1-minute oral reading fluency probes) that are analyzed each week to monitor incremental progress more closely. This practice is known as progress monitoring.

Yet teachers have less experience in implementing behavior screening tools. This is unfortunate given that behavior and academic learning are interrelated (Lane & Wehby, 2002). How students behave influences how we teach, and how we teach influences how students behave. Teachers need information on behavioral patterns—externalizing, internalizing, and otherwise—so that this information can be used to inform instruction. For example, the student who has excessive shyness, high levels of inattention, or low tolerance for frustration may need positive behavior supports to access instruction at each level of prevention. Without information on behavioral performance, teachers lack important information that can inform instruction and help interpret patterns of responsiveness (Kalberg et al., 2010).

Also, teachers are in a unique position to observe behavior. In truth, teachers often spend more waking hours per day with students than many of the parents and siblings. Teachers have the honor, opportunity, and responsibility to watch over students as they grow and develop as learners and citizens. Accordingly, teachers are privy to knowledge that parents are not—they can see how students respond to challenging academic tasks within a group and individually. For example, teachers may notice some students respond with high levels of frustration or avoidance when

asked to complete tasks that are too challenging or even too easy. Other students avoid tasks by demonstrating behaviors that manifest as social withdrawal, such as requesting to go to the nurse's office, saying that they are too ill to give a presentation or participate in the role-play activity.

In addition to providing valuable information to inform educational programming, behavior screenings provide students with equal access to secondary and tertiary supports. Behavior screenings, when implemented within the context of three-tiered models of prevention, can identify and support students who show soft signs of behavior problems before behavior patterns become more firmly engrained and are less amenable to intervention efforts. By providing sometimes simple (e.g., increased opportunities to respond; Brophy & Good, 1986) and other times more complex (functional assessment-based interventions; Kern & Manz, 2004; Umbreit, Ferro, Liaupsin, & Lane, 2007) behavioral supports, teachers can improve educational outcomes for a range of students.

Behavior screenings also provide support for teachers by eliminating the pressure of potentially missing a student who needs additional support. As mentioned at the beginning of this chapter, teachers are confronted with many demands over the course of a given school day and across the academic year. It is simply unrealistic (and creates too much pressure!) to expect teachers to be aware of all types of behavior concerns and then independently evaluate whether each student has each concern. A key benefit of behavior screening systems is that they protect and support students and teachers alike.

Purpose

We encourage every school-site leadership team to incorporate behavior screening tools as part of their regular school practices to inform educational programming and protect students and teachers. The central question is not "Should we use behavior screening tools?" but rather "Which screening tool or system should we adopt as part of regular school practices?" given that systematic screening is an essential component in the identification of and support for students with and at risk for EBD and the teachers who serve them. However, we do strongly encourage you to review your state laws and policies regarding screening practices, particularly as they relate to behavioral screening. Rules and regulations do vary across states (see Chapter 8 for further discussion).

We offer this book as a guide for researchers and practitioners in selecting a screening tool or system that is both psychometrically sound and feasible based on the identified goals and resources of a school, district, or research study. In terms of psychometric consideration, effective systematic screening tools ideally meet certain core features (Gresham, Lane, & Lambros, 2000; Lane, Kalberg, Parks, & Carter, 2008; Lane, Parks, Kalberg, & Carter, 2007). First, to correctly identify students who do (or do not) have certain conditions such as externalizing, internalizing, or hyperactivity, it is important for a screening tool to have reliable and valid cut scores.

These scores are important in reducing the proportion of false positives (students who are identified as having a given concern when, in fact, the concern is not present) and false negatives (students identified as not having a given concern when, in fact, they do have such a concern). In prevention efforts, false negatives—overlooking a student who actually needs assistance—are the greater concern (Kauffman & Brigham, 2009). The validity of a tool is defined by the evidence (both empirical and logical) that supports the use and interpretation of test scores (American Educational Research Association [AERA], American Psychological Association [APA], & National Council for Measurement in Education [NCME], 1999).

Before decisions can be made as to whether or not a tool is valid, its reliability must be established. There are many different types of reliability (see Table 1.1 to relive the joy of your college measurement and statistics classes!). In brief, reliability refers to the extent to which a given measure, when administered two or more times or from different perspectives, will yield the same (or very similar) results (Hatcher & Stepanski, 1994).

In Table 1.1 you will see definitions of different psychometric properties, including internal consistency (the manner in which items hang together on a test, meaning they are measuring the same construct), test–retest stability (correlations between the same scores from the same rater over time), interrater reliability (correlations between ratings from two different raters who completed the same measures [or similar versions] at the same time), convergent validity (correlations between one tool and other established tools measured at the same time), positive predictive power (the probability that a student who scores above a given cut score is actually a member of the target group) and negative predictive power (the probability that a student who scores below the given cut score selected is a member of the control group), as well as specificity (proportion of the comparison group not identified as having a certain condition given the same cut score) and sensitivity (proportion of the target population correctly identified; AERA, APA, & NCME, 1999; Hatcher & Stepanski, 1994; Lane, Kalberg, Parks, et al., 2008; Lane, Parks, et al., 2007; Lanyon, 2006). These properties are central in making accurate decisions about how student risk status is shifting over time in a building or across schools in a district. They are equally important in determining which students need which types of supports. As we stated previously, the decisions that school-site leadership teams make on a daily basis are only as good or as precise as the accuracy of the data used to make instructional decisions. But equally important is the issue of feasibility. Speaking from experience, we know that it does not matter how strong an instrument is psychometrically if the tool is too difficult to implement given the multitude of responsibilities teachers shoulder each day.

A systematic screening tool must also be feasible in terms of practical considerations. For example, it must be reasonable in terms of time, effort, and cost when it comes to issues of preparation, administration, scoring, and interpretation (Lane, Kalberg, Parks, et al., 2008; Lane, Parks, et al., 2007). From our perspective, the ideal screener cannot be unreasonable when it comes to a cost–benefit comparison. It needs to be both scientifically rigorous with respect to issues of validity and reliability and reasonable in terms of the cost, financial and otherwise.

TABLE 1.1. Psychometric Properties

Psychometrics	Definition
Construct validity	"A term used to indicate that the test scores are to be interpreted as indicating the test taker's standing on the psychological construct measured by the test. A construct is a theoretical variable inferred from multiple types of evidence, which might include the interrelations of the test scores with other variables, internal test structure, observations of response processes, as well as the content of the test. In the current standards, all the scores are viewed as measures of some construct, so the phrase is redundant with validity. The validity argument establishes the construct validity of a test" (AERA, APA, & NCME, 1999, p. 174). A term used to indicate that the test scores are to be interpreted as accurate for the construct measured (AERA, APA, & NCME, 1999).
Content validity	"A term used in the 1974 Standards to refer to a kind or aspect of validity that was 'required when the test user wishes to estimate how an individual performs in the universe of situations the test is intended to represent' (p. 28). In the 1985 Standards, the term was changed to content-related evidence emphasizing that it referred to one type of evidence within the unitary conception of validity. In the current Standards, this type of evidence is characterized as 'evidence based on test content'" (AERA, APA, & NCME, 1999, p. 174). A term used to refer to the validity of the score on the present test as an indicator of how well the individual performs in all situations for which the test represents (AERA, APA, & NCME, 1999).
Convergent validity (convergent evidence)	"Evidence based on the relationship between test scores and other measures of the same construct" (AERA, APA, & NCME, 1999, p. 174). A term referring to the relation between the scores on the current test and other tests that measure the same construct (AERA, APA, & NCME, 1999).
Internal consistency coefficient	"An index of the reliability of test scores derived from the statistical interrelationships of responses among item responses or scores on separate parts of the test" (AERA, APA, & NCME, 1999, p. 176). A term used to describe the consistency of items within a test to measure the intended construct (AERA, APA, & NCME, 1999).
Interrater reliability (interrater agreement)	"The consistency with which two or more judges rate the work or performance of test takers; sometimes referred to as *inter-rater reliability*" (AERA, APA, & NCME,1999, p. 177).
Test–retest reliability (test–retest stability)	"A reliability coefficient obtained by administering the same test a second time to the same group after a time interval and correlating the two sets of scores" (AERA, APA, & NCME, 1999, p. 183).
Validity	"The degree to which accumulated evidence and theory support specific interpretations of test scores entailed by proposed uses of a test" (AERA, APA, & NCME, 1999, p. 184).

Conditional probabilities statistics		Proficiency (outcome)	
		Below (risk present)	At or above (risk not present)
	Identified by a given screening tool (risk indicator present)	*a*	*b*
	Not identified by a given screening tool (risk indicator absent)	*c*	*d*

(cont.)

TABLE 1.1. ***(cont.)***

Psychometrics	Definition
Negative predictive power	"The proportion of those classified as low risk who do not develop the outcome and equals" the number who were not found to be at risk when, in fact, they were not divided by the number of students not found to be at risk when, in fact, they were plus the number of students not found to be at risk who were not (Severson & Walker, 2002, p. 38): $NPP = d/(c + d)$.
Positive predictive power	"The proportion of those classified as high risk who develop the outcome and equals" the number who were identified at risk and were, in fact, at risk, divided by the number found to be at risk who were at risk plus those found to be at risk when, in fact, they were not (Severson & Walker, 2002, p. 38): $PPP = a/(a + b)$.
Sensitivity	"In classification of disorders, the proportion of cases in which a disorder is detected when it is, in fact, present" (AERA, APA, & NCME, 1999, p. 182). The proportion equals the number who were found to be at risk and were at risk divided by the number who were found to be at risk and were not plus those who were found to be at risk and were (Severson & Walker, 2002): True positive rate $= a/(a + c)$.
Specificity	"In classification of disorders, the proportion of cases in which a diagnosis of disorder is rejected when rejection is warranted" (AERA, APA, & NCME, 1999, p. 182). The proportion equals the number who were found not to be at risk and were not divided by the number who were found to be at risk and were not plus those who were found to be at risk and were (Severson & Walker, 2002): True negative rate $= d/(b + d)$.
Base rate	Prevalence $= (a + c)/(a + b + c + d)$
Percentage of accuracy in classification	Hit rate (accuracy) $= (a + d)/(a + b + c + d)$

Note. Based on American Educational Research Association, American Psychological Association, and National Council for Measurement in Education (1999) and Severson and Walker (2002).

Because each school and each district have varying resources and needs in terms of specific behavioral challenges (e.g., violence toward others [externalizing behaviors] and anger turned inward [internalizing behaviors]), we cannot advocate for one specific screening tool. Instead, we write this book to help guide the decision-making process for which screening tool to adopt. Currently, there are *no* books available to the research and teaching communities that offer an overview of validated systematic behavior screening tools providing descriptions; procedures for administering, scoring, and interpreting; benefits and limitations; and illustrations of each measure. The intent of this book is to address this void. We have written a straightforward, practical, user-friendly book that synthesizes the information available on screening tools.

In this chapter, we provided you with an overview of the importance of conducting systematic screenings for behavior, and explained how to implement these tools within the context of three-tiered models of prevention. We emphasized the importance of analyzing academic and behavioral data in tandem with one another in a user-friendly manner.

In each of the next six chapters, we feature a validated screening tool: Chapter 2, Systematic Screening for Behavior Disorders (Walker & Severson, 1992); Chapter

3, Early Screening Project (Walker, Severson, & Feil, 1995); Chapter 4, Student Risk Screening Scale (Drummond, 1994); Chapter 5, Strengths and Difficulties Questionnaire (Goodman, 1997); Chapter 6: BASC-2 Behavior and Emotional Screening System (Kamphaus & Reynolds, 2007b); and Chapter 7, Social Skills Improvement System: Performance Screening Guide (Elliott & Gresham, 2007b). We then conclude with Chapter 8: Getting Started: A Few Concluding Thoughts to Guide the Decision-Making Process, to assist you as you select a screening tool and begin this process.

We begin each chapter with a description of the screening tool and instructions on how to complete the screener. Next, we synthesize the supporting research for each measure to provide the reader with information on reliability and validity. We then provide an evenhanded discussion of the strengths and challenges of preparing, administering, scoring, and interpreting the findings of each screening tool. We conclude each chapter with illustrations of how to use screening data to (1) monitor the overall level of risk over time and (2) inform instruction, including how to provide students with evidence-based secondary (Tier 2) or tertiary (Tier 3) supports. Illustrations are offered from preschool through high school as appropriate for each screening tool. In reading the illustrations provided, we want you to be aware that while some illustrations are completely fictitious, others are adapted from actual studies conducted as part of ongoing school–university partnerships with Vanderbilt University and Arizona State University. When appropriate, we refer readers wanting more details to the actual studies. Also, some illustrations are written primarily for the teaching community and others more for the research community, with the latter emphasizing how to conduct experimental studies (using single-case and group methodologies) within the context of CI3T models.

In Chapter 8, we provide information on how to select a screening tool that is psychometrically sound, socially valid, and responsive to your school's culture, needs, and values characteristic of their given context (e.g., a rural middle school interested in identifying a student with antisocial tendencies). We included a set of self-assessment questions to be used by school-site leadership teams to guide the decision-making process.

In terms of how to read this book, one option is to read from cover to cover. Another option is to (1) read Chapter 1 to obtain an overview of the main considerations when selecting a behavior screening tool, (2) read the chapters dedicated to the two or three behavior screeners you are interested in learning more about before making a decision, and (3) conclude by reading Chapter 8 to assist with your decision making. Whether you move to Chapter 2 or Chapter 7 or read the book cover to cover, we encourage you to grab a cup of green tea and read on!

Guilford Publications
72 Spring Street
New York, NY 10012
212-431-9800
800-365-7006
www.guilford.com