



1495 West Longview Avenue, Suite 200  
Mansfield, Ohio, 44906  
Telephone: (419) 747-4808  
Toll Free: (800) 424-7372  
Fax: (419) 747-3806  
Website: <http://www.sst7.org>

## **PBIS Tier 2 School-Age Team Training Application**

**Name of District:**

**Name of Building:**

**Grade Levels Served in the Building:**

**Phone Number:**

### **Directions:**

1. Review the entire application prior to completing
2. Indicate by placing an "X" if you will be attending the training as **a District PBIS Leadership Team (1a), Building PBIS Leadership Team (1b), or PBIS Leadership Team Member (1c).**
3. Complete the Team Composition section for **either 1a, 1b, or 1c.** You will complete the Team Composition for the PBIS Leadership Team which you are an active team member and representing during this training.
4. Complete the Agreement section by reading the acknowledgements and placing an "X" to represent that you are aware and understand the requirements for this training.

### **1a.) District PBIS Leadership Team**

**\_\_\_\_\_ District PBIS Leadership Team Member (I will be attending with my District PBIS Leadership Team.)**

#### **District PBIS Leadership Team must include, but is not limited to the following:**

- Administrator who can make district level key decisions (**required**)
- One other recommended team member. Individuals with detailed knowledge about: (**required**)
  - General education
  - Special education

- Individuals with detailed knowledge about the current social-emotional-behavior initiatives
  - Members of the local community that have investment in youth outcomes
- 
- Family member (recommended)

1a.) Please fill out ALL information for each Team Member.

**Name of District Contact Person for PBIS:**

**Email Address of Contact Person for PBIS:**

Team Composition: District PBIS Leadership Team				
Team Role	Team Member Name	Team Member Email	Attending this Training (Yes or No)	Already Trained (Yes or No)
<ul style="list-style-type: none"> <li>● Administrator who can make district level key decisions (<b>required</b>)</li> </ul>				
<ul style="list-style-type: none"> <li>● Individual with detailed knowledge about <b>general education</b></li> </ul>				
<ul style="list-style-type: none"> <li>● Individual with detailed knowledge about <b>special education</b></li> </ul>				
<ul style="list-style-type: none"> <li>● Individual with detailed knowledge about current <b>social-emotional-behavior initiatives</b></li> </ul>				

<ul style="list-style-type: none"> <li>Individual with detailed knowledge about <b>members of the local community that have investment in youth outcomes</b></li> </ul>				
<ul style="list-style-type: none"> <li>Family Member</li> </ul>				
<ul style="list-style-type: none"> <li>Other: _____ _____</li> </ul>				
<ul style="list-style-type: none"> <li>Other: _____ _____</li> </ul>				
<ul style="list-style-type: none"> <li>Other: _____ _____</li> </ul>				

**1b.) Building PBIS Leadership Tier 2 Team**

                     **Building PBIS Leadership Tier 2 Team (I will be attending with my Building PBIS Leadership Tier 2 Team.)**

<p><b>Building PBIS Leadership Tier 2 Team must include, but is not limited to the following:</b></p>
<ul style="list-style-type: none"> <li>Tier 2 Systems Coordinator (required) (Individual responsible for coordinating the Tier 2 PBIS Team and the implementation of Tier 2 systems within the building.)</li> </ul>
<ul style="list-style-type: none"> <li>School Administrator (required)</li> </ul>
<ul style="list-style-type: none"> <li>One other team member (recommended) <ul style="list-style-type: none"> <li>Individual with (a) applied behavior expertise</li> <li>Individual with (c) knowledge of students</li> <li>Individual with (d) knowledge about operation of school across grade levels and programs</li> </ul> </li> </ul>

1b.) Please fill out ALL information for each Team Member.

Name of Building Contact Person for PBIS Tier 2:

Email Address of Contact Person for PBIS Tier 2:

Team Composition: Building PBIS Leadership Tier 2 Team				
Team Role	Team Member Name	Team Member Email	Attending this Training (Yes or No)	Already Trained (Yes or No)
<ul style="list-style-type: none"> <li>Tier 2 Systems Coordinator (required)</li> </ul>				
<ul style="list-style-type: none"> <li>School Administrator (required)</li> </ul>				
<ul style="list-style-type: none"> <li>Individual with detailed knowledge about <b>applied behavior analysis</b></li> </ul>				
<ul style="list-style-type: none"> <li>Individual with detailed knowledge about <b>students</b></li> </ul>				
<ul style="list-style-type: none"> <li>Individual with detailed knowledge <b>about operation of school across grade levels and programs</b></li> </ul>				
<ul style="list-style-type: none"> <li>Other: _____ _____</li> </ul>				
<ul style="list-style-type: none"> <li>Other: _____ _____</li> </ul>				

**1c.) PBIS Leadership Team Member**

1c.) \_\_\_\_\_ PBIS Leadership Team Member (I will be attending as a new member on an existing district or building level PBIS leadership team. My team is already implementing PBIS and I am fulfilling a leadership role vacancy on the existing team.)

Please indicate which team you have been assigned.

- \_\_\_\_\_ **District PBIS Leadership Team Member (only complete the team composition section for the team you are assigned)**
- \_\_\_\_\_ **Building PBIS Leadership Tier 2 Team Member (only complete the team composition section for the team you are assigned)**

<b>District PBIS Leadership Team must include, but is not limited to the following:</b>
<ul style="list-style-type: none"> <li>● Administrator who can make district level key decisions (required)</li> </ul>
<ul style="list-style-type: none"> <li>● One other recommended team member. Individuals with detailed knowledge about: (required)               <ul style="list-style-type: none"> <li>○ General education</li> <li>○ Special education</li> <li>○ Individuals with detailed knowledge about the current social-emotional-behavior initiatives</li> <li>○ Members of the local community that have investment in youth outcomes</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>● Family member (recommended)</li> </ul>

1c.) Please fill out **ALL** information for each Team Member for the level of team you have been assigned. (District or Building)

**Name of District Contact Person for PBIS:**

**Email Address of Contact Person for PBIS:**

<b>Team Composition: District PBIS Leadership Team</b>				
Team Role	Team Member Name	Team Member Email	Attending this Training (Yes or No)	Already Trained (Yes or No)
<ul style="list-style-type: none"> <li>● Administrator who can make district</li> </ul>				

level key decisions <b>(required)</b>				
<ul style="list-style-type: none"> <li>Individual with detailed knowledge about <b>general education</b></li> </ul>				
<ul style="list-style-type: none"> <li>Individual with detailed knowledge about <b>special education</b></li> </ul>				
<ul style="list-style-type: none"> <li>Individual with detailed knowledge about current <b>social-emotional-behavior initiatives</b></li> </ul>				
<ul style="list-style-type: none"> <li>Individual with detailed knowledge about <b>members of the local community that have investment in youth outcomes</b></li> </ul>				
<ul style="list-style-type: none"> <li>Family Member</li> </ul>				
<ul style="list-style-type: none"> <li>Other: _____ _____</li> </ul>				

**PBIS Leadership Tier 2 Team Member: You may attend if you are new to your existing district or building level PBIS leadership team and will be fulfilling a vacancy on your existing team for one of the the roles listed below.**

- Tier 2 Systems Coordinator (required) (Individual responsible for coordinating the Tier 2 PBIS Team and the implementation of Tier 2 systems within the building.)
- School Administrator
- One other team member (recommended)
  - Individual with (a) applied behavior expertise
  - Individual with (c) knowledge of students
  - Individual with (d) knowledge about operation of school across grade levels and programs

**Name of Building Contact Person for PBIS Tier 2:**

**Email Address of Contact Person for PBIS Tier 2:**

**Team Composition: Building PBIS Leadership Tier 2 Team**

Team Role	Team Member Name	Team Member Email	Attending this Training (Yes or No)	Already Trained (Yes or No)
• Tier 2 Systems Coordinator (required)				
• School Administrator (required)				
• Individual with detailed knowledge about <b>applied behavior analysis</b>				
• Individual with detailed knowledge about <b>students</b>				
• Individual with detailed knowledge about <b>about</b>				

<p><b>operation of school across grade levels and programs</b></p>				
<p>• Other: _____ _____</p>				
<p>• Other: _____ _____</p>				

## 2. Agreements

\_\_\_\_\_ I agree that I will attend with the required team members to register as a District or Building PBIS Leadership Team.

\_\_\_\_\_ My District or Building PBIS Leadership Team must be actively implementing PBIS in order for my attendance at this training as a PBIS Leadership Team member.

\_\_\_\_\_ I must attend all three days of training in order to receive a certificate.

- Day One: Thursday, November 10, 2022 (9:00 - 3:00)
- Day Two: Wednesday, February 15, 2023 (9:00 - 3:00)
- Day Three: Thursday, April 20, 2023 (9:00 - 3:00)

\*All training sessions will be held in-person at State Support Team Region 7.

**\*\*Please complete the application and email a copy to [osiegfried@ncoesc.net](mailto:osiegfried@ncoesc.net). The completed application must be received and reviewed by SST 7 in order to attend the training. After review of the application, an email will be sent notifying the team or individual that everything has been received and they are permitted to attend the training.**