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**Universal Supports Assessment and Planning Tool (USAPT)**

Building Level Assessment of Evidence-Based Practices for Students with Autism Spectrum Disorders (ASD)

**What is the purpose of the USAPT?**

The concept behind Universal Supports for students with Autism Spectrum Disorders (ASD) is derived from the extensive research in the area of school-wide positive behavioral interventions and supports. Universal Supports are building level supports and strategies to promote a positive, effective learning environment and prevent a majority of problem behaviors. For the vast majority of students with ASD, the Universal Supports defined in this assessment are critical practices for learning, behavior support, and social development, especially in integrated environments.

The USAPT is designed to measure two main areas of support at the building level. The first area is foundational supports. Foundational supports such as guiding principles, teaming, and a commitment to working with families should be initial priorities. If these three systems are not in place, it will be difficult to sustain progress in other areas. The second area of support consists of specific strategies to help students with ASD to learn, function independently, and develop meaningful social relationships.

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| **FOUNDATIONAL SUPPORTS** | **STRATEGIES TO SUPPORT LEARNING AND SOCIAL DEVELOPMENT** |
| Guiding Principles | Educational Strategies and Supports |
| Team Process and Problem Solving | Adult Support and Interactions |
| Family Engagement and Support | Peer to Peer Support |
|  | Positive Behavioral Interventions and Supports |

**Who completes the USAPT?**

The USAPT is completed by the core members of the building team including the building coach and may also include an ISD/district coach leader. The coach should be someone who has worked closely with the building leadership team and is familiar with the school building and their implementation of evidence-based practices for students with ASD. The Coach Leader or an experienced Building Coach and the core building team members will use the descriptions and exemplars in the *USAPT Scoring Guide* to score each of the 29 items on the *USAPT Rating Form.* The group can complete the items together or individually. If the group members complete the rating form separately, the coach will use the *USAPT Team Summary* form to record areas of discrepancy. The group should discuss areas of discrepancy and reach consensus on a final score.

Once the USAPT scores are finalized, the results should be shared with the full Building Support Team supporting students with ASD. The Building Support Team will then complete the Team Priorities Form. If scores are low for Guiding Principles, Team Process and Problem Solving, or Family Involvement and Support, these areas should be prioritized for change. If scores are low in other areas, approximately 1-2 areas should be selected for goal setting for the upcoming year.

**When should the USAPT be completed?**

The USAPT should be completed at least once per school year, preferably at the same time each year. Individual sections may be completed throughout the year to assess progress on specific goal areas.

**Electronic Access**

The USAPT document is available on the START website at [www.gvsu.edu/autismcenter](http://www.gvsu.edu/autismcenter).

** Universal Supports Assessment and Planning Tool (USAPT)**

**SCORING GUIDE**

The USAPT Scoring Guide should be used along with the Rating Form to ensure accurate scoring for each item. All items should be completed to obtain a full assessment of a school building. However individual sections may be completed to gain targeted information about a school building in particular areas of support. Each indictor should be answered in reference to students with Autism Spectrum Disorders.

**General Scoring Guidelines:**

**4 points:** The quality indicator is in place across nearly all students, classrooms, staff, and grade levels. Improvement is only needed for sustainability.

**3 points:** The quality indicator is mostly in place. Minor improvements could be made.

**2 points:** The quality indicator is partially in place (e.g. only *some* classrooms, teachers, students, grade levels) with improvements needed.

**1 point:** The quality indicator is only minimally in place with substantial improvements needed.

**0 points:** The quality indicator is not in place or is ineffective. A planning team will need to discuss the development of these practices within a building, and a well-formulated plan should be devised to address the indicator.

**Foundational Support: Area 1F**

**GUIDING PRINCIPLES**

School programs supporting students with Autism Spectrum Disorders (ASD) should have a solid framework of beliefs and practices to support the education of students with ASD. These guiding principles should be based on evidence-based practices and communicated to all staff (NPDC, 2008; National Research Council, 2001).

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| **Quality Indicator** | **4 points** | **3 points** | **2 points** | **1 point** | **0 points** |
| **1. Guiding principles have been developed and are integrated into the school culture.** | Guiding principles are posted in high traffic areas, are regularly reviewed with staff working with students with ASD, and are consistently followed by most building staff. | ------3------ | Guiding principles exist but may not be posted, are infrequently reviewed with staff working with students with ASD, or are not followed by most staff. | -----1----- | Guiding principles have not been developed for this school building. |
| **2. Guiding principles are based on evidence-based practices for students with ASD.** | Guiding principles promote the use of evidence-based practices across building activities that support students with ASD. | ------3------ | Only some guiding principles reflect evidence-based practices for students with ASD. | -----1----- | Guiding principles are not informed by evidence-based practices. |
| **3. A system is in place to address violations of the guiding principles. (e.g., who enforces the system and how).** | Staff members are familiar with and comfortable implementing a system of responding to violations of the guiding principles. The system involves additional training or support, and, corrective action when necessary. | ------3------ | A system has been developed to address violations of the guiding principles, but the system is not used consistently. | -----1----- | A formal system for addressing violations is not in place. |

**Foundational Support: Area 2F**

**TEAM PROCESS AND PROBLEM SOLVING**

School-based collaboration is critical to address the unique and pervasive needs of students with Autism Spectrum Disorders (ASD) across the full continuum of educational placements and programming. Teams that utilize a data-based, collaborative, problem-solving format to address school-wide and individual student behavioral and academic problems are more effective and efficient at supporting students and have members who are more knowledgeable and accountable (Newton et al., 2009; Hunt et al., 2003). The composition of the team should be appropriate to address the needs of each student with ASD served within that program. The team may be student level, building level, program level, and/or district/ISD level as appropriate for the system and needs. At a minimum, teams should include educators, administrators, and related service professionals (e.g. speech, social work) who support students with ASD (Snell & Janney, 2000).

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| **Quality Indicator** | **4 points** | **3 points** | **2 points** | **1 point** | **0 points** |
| **1. A student support team (e.g., behavior support team, student study team) functions in the building or program to address group and individual needs of students.** | A support team exists and members meet regularly (at least monthly) to support teachers and students, and address classroom and building-wide issues. The support team includes members who have sufficient training and experience in selecting and implementing evidence-based practices. | ------3------ | Support teams may not meet regularly or participation by all team members is not reliable. Meetings may focus on individual student issues and rarely address classroom or building-wide prevention strategies. The strategies used by the team may not be consistently evidence-based. | -----1----- | The school does not have an established team to support teachers, students, classroom, and building-wide issues. |
| **2. Team roles and responsibilities are clearly defined to ensure accountability and collaboration.** | The team operates as a collaborative, integrated unit. Roles and responsibilities are clearly defined and team members are held accountable for assigned tasks. | ------3------ | Roles and responsibilities may be defined, but team members are not held accountable for responsibilities. Collaboration is evident but inconsistent. | -----1----- | Team roles have not been defined; team members operate under an “expert model.” |
| **3. A data-driven problem-solving process is used during team meetings, as needed.** | The established problem-solving process includes:   * Problem definition based on relevant data * Problem analysis from multiple perspectives using relevant data * Generation and selection of evidence-based solutions * A procedure for regularly reviewing progress | ------3------ | Team meetings may over-focus on problem definition and analysis; data is used inconsistently to yield well-planned solutions and interventions; and review of progress is not frequent enough to make well-informed decisions. | -----1----- | The standard meeting format does not include a specified problem-solving process or the process is rarely used. |

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| **Quality Indicator** | **4 points** | **3 points** | **2 points** | **1 point** | **0 points** |
| **4. Team meetings result in written action plans and consistent follow through.** | Team members leave the meeting with documentation of tasks to be completed and a timeline. When action items are reviewed, the majority of items have been completed. | ------3----- | Action plans are sometimes used, but are not a regular part of every team meeting, or follow up on items is inconsistent. | -----1----- | Action plans are rarely or never created as part of team meetings. If completed, action plans are rarely or never reviewed for follow up. |

**Foundational Support: Area 3F**

**FAMILY ENGAGEMENT AND SUPPORT**

Student success is optimized when there is collaboration between families and professionals (Bower Russa, Matthews & Owen-DeSchryver, 2014), and when interactions are based on mutual trust and respect. Successful parent-professional partnerships include reciprocal information sharing, creative problem solving, and shared decision making (Sheridan & Kratochwill, 2007). When family members receive information, training and resources, and are active and valued participants in the educational process, both immediate and long-term outcomes can improve, enhancing quality of life for the student and family (Lucyshyn & Dunlap, 2002).

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| **Quality Indicator** | **4 points** | **3 points** | **2 points** | **1 point** | **0 points** |
| **1. Family members are active, supported and collaborative participants in their child’s education.** | Families are consistently recruited and supported to participate in relevant meetings (e.g. IEP, conferences) about their child, and family members are trained and supported to participate in collaborative problem solving and shared decision making. Families and school professionals meet regularly to develop and refine a united, long-term vision for the student. As needed, monthly meetings are scheduled with families to support students with more intensive needs. | ------3----- | Many families attend relevant meetings but most do not receive training and support to participate as active contributors and decision makers. Families and professionals usually do not meet to establish a shared long-term vision for the student. Monthly meetings are sometimes available to families with students with more intensive needs. | -----1----- | Families are invited but not actively recruited to attend meetings. No additional training is provided to support families to participate in decision making. Families and school professionals do not discuss a future vision for the student. Additional meetings are not offered beyond the standard IEP and conferences. |
| **2. A variety of current and relevant resources, trainings and services are available to families through the school.** | Parents are regularly provided with high quality information through newsletters, emails, or trainings explaining critical practices that support social opportunities, improve independence and lead to higher quality of life. Information and training related to critical practices such as peer to peer support is offered for PTA, PTO, or other relevant parent groups. Families are also made aware of services and resources available from community agencies and they are supported in accessing those services. Information and resources provided are relevant to the needs of their child. | ------3----- | Parents are sometimes provided with information through newsletters, emails or trainings.  Information and training is not consistently provided for PTA, PTO or other relevant parent groups. General resources and services (e.g. social work services) are offered to all families, but services are not often individualized to meet student and family needs. | -----1----- | Minimal resources are offered to families. Resources are not individualized to meet student or family needs. |
| **3. Families are respected and valued for their knowledge and experiences, and family dynamics, culture, and language are respected and considered during planning and decision making.** | School staff provides a welcoming and inviting culture to all families in which family input and engagement are valued. Parenting style, lifestyle, and cultural differences are valued and upheld in the interaction with students and families when making plans and decisions. Differences are understood and not judged. | ------3----- | Some families would report that they feel welcomed as members of the school community. Some attempt is made to value and uphold parenting style, lifestyle, and cultural differences. However, such efforts, are not systematic, consistent, and fully integrated into the development of plans for students. | -----1----- | Many parents would report that they are not valued and important members of the school community. Parenting style, lifestyle, and culture are rarely considered when interacting with students and their families or when developing plans. When differences are taken into consideration, they may be based on stereotypes or limited information. |

**Strategy Supports: Area 1S**

**EDUCATIONAL STRATEGIES AND SUPPORTS**

The Individuals with Disabilities Education Act (IDEA) and the No Child Left Behind Act outline important philosophical shifts in service delivery for students with disabilities (Yell, Drasgow & Lowrey, 2005).  Special Education is not a place; but instead involves providing supports and services in the least restrictive environment to help students access, and engage with, the general education curriculum (Simpson et al., 2003).   Differentiation of the general education curriculum should occur to assure student progress on IEP goals within the context of the general education classroom (Lawrence-Brown, 2004).  To accomplish these objectives, general education and special education professionals work collaboratively (Idol, 2006; Lawrence-Brown, 2004).

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| **Quality Indicator** | **4 points** | **3 points** | **2 points** | **1 point** | **0 points** |
| **1. Students have consistent, supported academic and social opportunities in general education.** | Students have consistent, supported academic and social opportunities in general education. Documentation is collected on a regular basis to ensure meaningful opportunities are occurring that lead to academic and social progress. | ------3----- | Students have some academic and social opportunities in general education but are not consistent for all students. Students may not receive adequate support or experiences in general education so not lead to measurable progress. | -----1----- | Students are instructed primarily in self-contained settings and do not consistently receive instruction relevant to the general education curriculum. |
| **2. The general education curriculum is differentiated and implemented in all content areas to meet individual needs as reflected in IEP goals.** | The general education curriculum is systematically differentiated and effectively implemented in all content areas to meet individual needs as reflected in IEP goals. Strategies including visual organizational strategies, closed strategies, choice strategies, yes/no, and open-ended strategies are used, as appropriate, to facilitate student comprehension. | ------3----- | The general education curriculum is differentiated in some content areas to meet IEP goals; strategies to support comprehension such as visual organizational strategies, closed strategies, choice strategies, yes/no, and open-ended strategies are used some of the time or with only some students. | -----1----- | The general education curriculum is rarely differentiated or effectively implemented in content areas. |
| **3. Special education teachers actively participate in regularly scheduled planning meetings with general education teachers (e.g., grade level, department meetings).** | General and special education teachers collaborate (i.e., participate in grade level or department meetings together) on a regular basis to assure that educational programming is and well-linked with curriculum content for all students and adaptations are made as needed. | ------3----- | Collaboration between general and special education teachers occur periodically; collaboration may occur only between some teachers or only for some students. | -----1----- | General and special education teachers collaborate infrequently and rarely communicate about educational programming and supports. |
| **4. A system is used to determine appropriate grading based on the differentiated output through the curriculum.** | A system is used, such as a school approved grading matrix, to determine appropriate grading based on differentiation of the general education curriculum. | ------3----- | Systematic grading based on differentiation of the general education curriculum occurs only sometimes and the procedures are not consistent across all students in the building. | -----1----- | Teachers rarely have a plan for determining appropriate grading based on differentiation of the general education curriculum. |

**Strategy Supports: Area 2S**

**ADULT SUPPORT AND INTERACTIONS**

Staff members supporting students with ASD are respectful, and engage with students in an age-appropriate manner.  They have the appropriate knowledge and skills to promote the educational and social growth of students, and they use effective teaching technologies that maximize student strengths (NRC, 2001). Professional development opportunities provided to staff include relevant content information to increase knowledge and skills, and ongoing coaching to support effective implementation of practices (Lang & Fox, 2003; Wietske et al., 2009). Staff consistently implements strategies that promote student participation in typical school experiences, such as social activities with peers, and utilize supports that build each student’s long-term independence (Ben-Arieh & Miller, 2009).

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| **Quality Indicator** | **4 points** | **3 points** | **2 points** | **1 point** | **0 points** |
| **1. Adults demonstrate respect for student needs by interacting at an age-appropriate level, by talking to rather than in front of students, and by ensuring student dignity across school activities.** | Adults communicate respect for students by interacting at an age- appropriate level, and talking to them instead of about them. School experiences, materials, and activities are consistent with those offered to students without disabilities of the same age. When challenging behaviors occur, every effort is made to respect student dignity (e.g. moving others out of the environment, positive redirection). | ------3----- | Adults communicate respect by interacting at an age-appropriate level some of the time. A few age-inappropriate materials are used (e.g. middle school students reading lower elementary books). Adults sometimes talk about students in front of them but usually discuss student issues in private. Staff responses will sometimes compromise the student’s dignity. | -----1----- | Adults talk at or about students rather than to them and discuss problems in front of students. Adults often speak in an age-inappropriate manner. Materials and activities associated with younger students are frequently used (e.g., middle school students being asked to color). School staff does not recognize times when the student’s dignity is compromised. |
| **2. Direct adult support is assigned only when the student needs specific academic, behavioral, or social support with the sole purpose to teach and facilitate skills and systems for independence.** | Adults are assigned to provide direct support only when the team has decided that a student needs specific academic, behavioral, or social support in order to meet goals. The intent of the support is to teach skills and facilitate the use of systems (e.g. visual schedules, academic differentiation, peer to peer support) that allow the student to gain independence. Data are used to identify times and places when the student demonstrates a need for adult support (e.g. student is not engaged, not independent, or not interacting with others). | ------3----- | Decisions about direct adult support are often based on school schedules and staff availability rather than the needs of the student. During times when the student receives direct adult support, independence outcomes and goals are not consistently identified and built into the schedule. Data is sometimes used to demonstrate reduced need for direct adult support. | -----1----- | Most students are assigned the same type and amount of direct adult support regardless of their individual needs. There is little consideration of times and places the student can and should be independent, and there is no plan for increasing independence and reducing direct adult support. Data is either not available or not used to demonstrate reduced need for direct adult support. |
| **3. Adults actively promote student independence.** | Students are expected to perform routine tasks with minimal assistance. Appropriate prompting and supports are provided so that new tasks and expectations are learned and can be performed independently. Adults routinely fade prompts and teach the use of visual systems and supports to encourage student independence (e.g., visual schedules, routine checklists, task and materials lists). Independence data is collected and used to monitor progress. | ------3----- | Students are expected to perform some routine tasks independently however adults sometimes complete tasks or answer questions for the student without facilitating independence. Data is sometimes collected and used to improve independence and participation. | -----1----- | Adults complete routine tasks for students or prompt each step of tasks rather than teaching the student systems that promote independence. |
| **4. Adults consistently respond appropriately to both conventional and unconventional (e.g., yelling, throwing) communication attempts.** | Adults consistently respond appropriately to students’ communication attempts, either conventional or unconventional.  Adults throughout the building acknowledge and support conventional communication (e.g., verbalizations, gestures, picture communication systems) across school settings. Unconventional communication attempts such as yelling and using adults as tools are consistently used as opportunities to teach functional communication. | ------3----- | Adults respond to conventional communication attempts some of the time or only some adults support communication by students. Unconventional communication may be treated as problem behavior and not as a form of communication, and staff misses the opportunity to teach more appropriate systems of communication. | -----1----- | Adults do not respond consistently to conventional communication and do not acknowledge unconventional behavior as communication. |
| **5. Evidence-based training and coaching are offered regularly to all relevant building staff to ensure effective implementation of educational supports and services.** | All relevant staff (e.g., general and special education staff, administrators, ancillary staff, paraprofessionals**)** receives high quality training prior to working with students with ASD. Staff members are offered multiple opportunities to participate in professional development activities related to evidence-based practices. Coaching supports are established to ensure appropriate implementation of strategies and supports. | ------3----- | Training is available but may not be offered to all staff, or may not focus on the most effective practices. Training may be available only once a year (e.g. at the beginning of the year). Coaching supports are sporadic. | -----1----- | Staff receives no or minimal training prior to working with students. Training and coaching are rarely provided and only occurs when significant problems arise. |

**Strategy Supports: Area 3S**

**PEER TO PEER SUPPORTS**

Peer mediated interventions, such as peer to peer supports, have positive effects on academic, social, and emotional development, and may be the most effective social intervention for students with ASD (National Professional Development Center on ASD, 2014) Research is increasingly focused on the benefits of peer-mediated intervention to help students with ASD develop social skills and improve involvement in educational activities (Bass & Mulick, 2007; Harrower & Dunlap, 2001). General education peers receive information about ASD and the needs and interests of students with ASD in their building in order to promote the development of social competency throughout the school day. Benefits to the students with ASD include access to general education curriculum, authentically learning from peers, and learning and practicing skills in natural contexts. Benefits are also noted for students who provide peer support (Carter & Kennedy, 2006).

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| **Quality Indicator** | **4 points** | **3 points** | **2 points** | **1 point** | **0 points** |
| **1. A formal peer support program is in place during core academic classes, as well as during social activities with a diverse and actively involved group of peers.** | A formalized peer support program is in place with peers supporting students with ASD in academic content classes, specials, electives, and social activities (e.g., lunch). A diverse group of peers is actively recruited. Peer commitment is evident through active involvement with the program and students with ASD (e.g., interest in taking credit class, interacting with students with ASD outside of assigned times). | ------3----- | A consistently implemented peer support program is in place during some parts of the day but not throughout the day (e.g., during lunch but not academic classes). Peers may be hand-selected, or only a small number of students participate (e.g., honors students, students from one class). | -----1----- | No formal peer support program is in place. |
| **2. Peer supports are identified and trained about ASD and student-specific needs and interest areas to support positive interactions.** | All peer supports receive regular training and coaching to interact appropriately and effectively with students with ASD. Adults teach peers about student-specific interests, and how these interest areas can support socialization. | ------3----- | Peer supports receive initial training, and some regular coaching support. Although student-specific areas are identified, peers may not be instructed in how to use interest areas to facilitate interactions. | -----1----- | Peer supports receive minimal or no training and rarely receive coaching support. |
| **3. Peer supports attend regular meetings to discuss their experiences with students with ASD.** | Peer supports attend regularly scheduled meetings to discuss the students with ASD, share successes and challenges, and receive feedback about strategies to interact successfully. | ------3----- | Peer supports attend occasional meetings to discuss their support activities. Meetings may not follow a specific structure or over-focus on problems without solutions. | -----1----- | Peer supports do not have a specified time and place where they can discuss their support activities and receive feedback. |
| **4. A team is assigned responsibility for implementation of the peer support program.** | The program has a peer support team with administrative support, the time to commit to the program, and the authority to make decisions to effectively implement the program. The team meets on a regular basis and problem solve issues that arise. | ------3----- | A program team exists but members may not have the time to commit to the program or the authority to make decisions to effectively implement the program. The team may not meet on a regular basis. | -----1----- | A team is not assigned to implement the program (i.e., the program is managed by a single individual) or the team is not functional. |

**Strategy Supports: Area 4S**

**POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS**

Prevention of challenging behaviors through the proactive implementation of positive and effective strategies and supports (e.g. clear posted expectations and regular positive feedback) should be a primary focus of student behavior planning (Janney & Snell, 2008; National Research Council, 2001). For students with ASD, research evidence suggests that behavioral challenges are reduced when proactive universal interventions such as visual supports and schedules, functional communication systems, peer to peer support, and academic differentiation are in place (Kern & Clemens, 2007). Further, behavioral change in more likely when school professionals implement discipline policies and programming that acknowledge the characteristics of ASD and how these characteristics may have contributed to student problem behavior, social errors and/or academic challenges.  A data and teaming system also is needed to identify students who exhibit behavioral needs despite proactive and universal supports and to conduct high quality functional behavioral assessment (FBA) for these students (O’Neill, et.al, 2015; Benazzi, Horner, & Good, 2006). Systematic training for staff and families will increase fidelity of intervention implementation.

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| **Quality Indicator** | **4 points** | **3 points** | **2 points** | **1 point** | **0 points** |
| **1. Clear expectations for student behavior are established and taught to all students.** | Positively stated expectations are developed and visually posted in all environments (e.g., classrooms, gym, library, lunchroom, bathroom, hallways, playground). Expectations are formally taught to students, using examples and non-examples, and are revisited throughout the school year. Students have an opportunity to practice with feedback prior to being held accountable for following expectations. | ------3----- | Behavioral expectations have been developed for the building but may not be fully adopted by all staff or not posted in all environments. Expectations are formally taught to students, using examples and non-examples, at the beginning of the school year, but are not revisited throughout the school year. | -----1----- | Behavioral expectations have not been developed for the building. Individual classrooms may have expectations established. |
| **2. Staff consistently provides students with positive feedback for following expectations and immediately responds to student errors.** | Staff provides students with positive feedback for following expectations (e.g. praise, good behavior coupons) and consistently and immediately responds to student errors. When students make errors, staff prompts the student to the posted expectation and takes the opportunity to re-teach or practice with feedback before holding the student accountable. | ------3----- | Staff sometimes provides students with positive feedback for following expectations but often miss opportunities. Responses to student errors are often delayed or inconsistent. When errors occur, staff often does not re-teach the expectation before holding the student accountable. | -----1----- | Staff rarely provides students with positive feedback for following expectations. When errors occur, staff usually resorts to discipline procedures rather than prompting and reminding of the posted expectations. |
| **3. Teams that develop individual behavior plans utilize functional behavioral assessment (FBA) data, and plans include preventative strategies, teaching alternative behaviors, and consistent responses that respect the unique needs of students with ASD.** | Teams that develop individual strategies and behavior plans utilize high quality functional behavioral assessment (FBA) data, and plans include preventative strategies, teaching alternative behaviors, and consistent responses to behavioral errors that respect the unique needs of students with ASD. Behavior plans are taught to and implemented by all staff interacting with the student. | ------3----- | Teams that develop individual strategies and behavior plans utilize functional behavioral assessment (FBA) data on a limited basis, and behavior plans do not include preventative strategies, teaching alternative behaviors, and consistent responses to behavioral errors that respect the unique needs of students with ASD. Behavior plans are not taught to or implemented by all staff interacting with the student. | ------1---- | Teams rarely use FBA to develop individual strategies and behavior plans. Behavior plans usually focus on a single approach or strategy and responses are typically based on school code and disciplinary actions and are not implemented by all staff interacting with the student. |
| **4. Evidence based strategies that reduce problem behaviors and promote independence and participation are established and evident at the building level.** | Evidence-based strategies such as visual supports, organizational structures, and communication systems, are set up throughout the school building to reduce problem behaviors and promote independence and participation. Staff members and students are taught to use these systems throughout the building. | ------3----- | Evidence-based strategies are evident in only some areas of the building. Staff members do not regularly use these strategies when teaching and facilitating student independence and participation. | ------1---- | Evidence-based strategies to reduce problem behaviors are seldom set up at the building level or used by staff members to support student independence or participation. |
| **5. School professionals develop and implement discipline policies and programming that acknowledge the characteristics of ASD and how they may contribute to problem behavior, social errors, or academic challenges.** | School professionals develop and implement discipline policies and programming, including school code, that acknowledges the characteristics of ASD and reflect how those characteristics may contribute to problem behavior, social errors, or academic challenges. | ------3----- | School professionals inconsistently implement discipline policies and programming that acknowledge the characteristics of ASD and how those characteristics may contribute to problem behavior, social errors, or academic challenges. | ------1---- | School professionals rarely implement discipline policies and programming that acknowledge the characteristics of ASD and how those characteristics may contribute to problem behavior, social errors, or academic challenges. |
| **6. A team-based data review system exists to identify students who require individualized strategies or plans.** | A data review system is used by teams to identify students who are consistently not following expectations, or have other behavioral needs, in order to develop individual plans. | ------3----- | A data review system exists but is not consistently used by teams to identify students who are consistently not following expectations, or have other behavioral needs. | ------1---- | A data review system is not in place or is rarely used by team members to identify students who are consistently not following expectations, or have other behavioral needs. |

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| **Universal Supports Assessment and Planning Tool (USAPT)**  **RATING FORM**    **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Directions:** For each item, place a number in the box (4, 3, 2, 1, 0) that most accurately describes your building-level supports. Completed forms should be returned to the building coach or coach leader. Refer to the *USAPT Scoring Guide* as you complete the rating form.  **4 points:** The quality indicator is in place across nearly all students, classrooms, staff, and grade levels. Improvement is only needed for sustainability.  **3 points:** The quality indicator is mostly in place. Minor improvements could be made.  **2 points:** The quality indicator is partially in place (e.g. only some classrooms, teachers, students, grade levels) with improvements needed.  **1 point:** The quality indicator is only minimally in place with substantial improvements needed.  **0 points:** The quality indicator is not in place or is ineffective. A planning team will need to discuss the development of these practices within a building, and a well-formulated plan should be devised to address the indicator. | | | | | | |
| **Foundational Supports** | **Quality Indicator** | **Check One** | | | | |
| In Place (4) | Mostly in Place (3) | Partially in Place (2) | Minimally in Place (1) | Not in Place (0) |
| Guiding Principles | 1. Guiding principles have been developed and are integrated into the school culture. |  |  |  |  |  |
| 2. Guiding principles are based on evidence-based practices for students with ASD. |  |  |  |  |  |
| 3. A system is in place to address violations of the guiding principles. (e.g., who enforces the system and how). |  |  |  |  |  |
| Team Process and Problem Solving | 1. A student support team (e.g., behavior support team, student study team) functions in the building or program to address group and individual needs of students. |  |  |  |  |  |
| 2. Team roles and responsibilities are clearly defined to ensure accountability and collaboration. |  |  |  |  |  |
| 3. A data-driven problem-solving process is used during team meetings, as needed. |  |  |  |  |  |
| 4. Team meetings result in written action plans and consistent follow through. |  |  |  |  |  |
| Family Engagement and Support | 1. Family members are active, supported and collaborative participants in their child’s education. |  |  |  |  |  |
| 2. A variety of current and relevant resources, trainings and services are available to families through the school. |  |  |  |  |  |
| 3. Families are respected and valued for their knowledge and experiences, and family dynamics, culture, and language are respected and considered during planning and decision making. |  |  |  |  |  |

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| **Strategy Supports** | **Quality Indicator** | In Place (4) | Mostly in Place (3) | Partially in Place (2) | Minimally in Place (1) | Not in Place (0) |
| Educational Strategies and Supports | 1. Students have consistent, supported academic and social opportunities in general education. |  |  |  |  |  |
| 2. The general education curriculum is differentiated and implemented in all content areas to meet individual needs as reflected in IEP goals. |  |  |  |  |  |
| 3. Special education teachers actively participate in regularly scheduled planning meetings with general education teachers (e.g., grade level, department meetings). |  |  |  |  |  |
| 4. A system is used to determine appropriate grading based on the differentiated output through the curriculum. |  |  |  |  |  |
| Adult Support and Interactions | 1. Adults demonstrate respect for student needs by interacting at an age-appropriate level, by talking to rather than in front of students, and by ensuring student dignity across school activities. |  |  |  |  |  |
| 2. Direct adult support is assigned only when the student needs specific academic, behavioral, or social support with the sole purpose to teach and facilitate skills and systems for independence. |  |  |  |  |  |
| 3. Adults actively promote student independence. |  |  |  |  |  |
| 4. Adults consistently respond appropriately to both conventional and unconventional (e.g., yelling, throwing) communication attempts. |  |  |  |  |  |
| 5. Evidence-based training and coaching are offered regularly to all relevant building staff to ensure effective implementation of educational supports and services. |  |  |  |  |  |
| Peer to Peer Support | 1. A formal peer support program is in place during core academic classes, as well as during social activities with a diverse and actively involved group of peers. |  |  |  |  |  |
| 2. Peer supports are identified and trained about ASD and student-specific needs and interest areas to support positive interactions. |  |  |  |  |  |
| 3. Peer supports attend regular meetings to discuss their experiences with students with ASD. |  |  |  |  |  |
| 4. A team is assigned responsibility for implementation of the peer support program. |  |  |  |  |  |

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| **Strategy Supports Areas** | **Quality Indicator** | In Place (4) | Mostly in Place (3) | Partially in Place (2) | Minimally in Place (1) | Not in Place (0) |
| Positive Behavioral Interventions and Supports | 1. Clear expectations for student behavior are established and taught to all students. |  |  |  |  |  |
| 2. Staff consistently provides students with positive feedback for following expectations and immediately responds to student errors. |  |  |  |  |  |
| 3. Teams that develop individual behavior plans utilize functional behavioral assessment (FBA) data, and plans include preventative strategies, teaching alternative behaviors, and consistent responses that respect the unique needs of students with ASD. |  |  |  |  |  |
| 4. Evidence based strategies that reduce problem behaviors and promote independence and participation are established and evident at the building level. |  |  |  |  |  |
| 5. School professionals develop and implement discipline policies and programming that acknowledge the characteristics of ASD and how they may contribute to problem behavior, social errors, or academic challenges. |  |  |  |  |  |
| 6. A team-based data review system exists to identify students who require individualized strategies or plans. |  |  |  |  |  |

** Universal Supports Assessment and Planning Tool (USAPT)**

**TEAM SCORING ANALYSIS**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Score:** \_\_\_\_\_/ 116

**Area(s) of Discrepancy**

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| --- | --- | --- | --- |
| **Item #** | **Team Member’s Scores** | **Coach’s Score** | **Resolution** |
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**\***If a team discussion of an area of discrepancy reveals information that was previously unknown to the coach and would justify a different score on any item (based upon the *USAPT Scoring Guide*), adjust the item(s) and total score.

**Universal Supports Assessment and Planning Tool (USAPT)**

**TEAM PRIORITIES**

**School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If Guiding principles, Team Process and Problem Solving, or Family Engagement and Support are low, these should be prioritized.*

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| **Support Area** | **Score** | **Immediate Priority Level** | **Goals & Activities** |
| Guiding Principles | / 12 | 1 - High  2 – Med.  3 - Low |  |
| Team Process and Problem Solving | / 16 | 1 - High  2 – Med.  3 - Low |  |
| Family Engagement and Support | / 12 | 1 - High  2 – Med.  3 - Low |  |
| Educational Strategies and Supports | / 16 | 1 - High  2 – Med.  3 - Low |  |
| Adult Support and Interactions | / 20 | 1 - High  2 – Med.  3 - Low |  |
| Peer to Peer Support | / 16 | 1 - High  2 – Med.  3 - Low |  |
| Positive Behavioral Interventions and Supports | / 24 | 1 - High  2 – Med.  3 - Low |  |