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A Case Study of the Effects of a School-Based Wraparound Approach on Students with Behavioral Difficulties

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LOYOLA UNIVERSITY CHICAGO

A CASE STUDY OF THE EFFECTS OF A SCHOOL-BASED WRAPAROUND APPROACH ON STUDENTS WITH BEHAVIORAL DIFFICULTIES

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
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BY
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ABSTRACT

The purpose of this study was to investigate the effects of wraparound services on students’ classroom behavior, social behavior, emotional functioning, and academic skills. As a philosophy and a process, wraparound services support the student, family, and teachers by organizing and blending natural supports, interagency services, and behavioral and academic interventions in the schools. Through the Illinois Positive Behavior Interventions in the Schools (IL-PBIS) Network, the schools selected for this study have been supported in implementing school-wide preventions and interventions, targeted interventions with small groups of students not responding to school wide supports, and intensive interventions with students with the most severe emotional and behavioral needs. This dissertation used multiple case study methodology to examine the effects of wraparound services as a part of a three tiered behavioral support system on the emotional and behavioral functioning of two students.

Using surveys completed over time by the students’ wraparound teams and stored in an online data management system, the researcher analyzed the effects of wraparound services on the emotional, behavioral, social, and academic functioning of the students. Additionally, the researcher sought to identify how the integrity of wraparound implementation affected student success. Results of this study highlight the truly individualized nature of wraparound, as the students received very different interventions, had different needs, and varying levels of success. This study also sheds light on the
levels of success for a student receiving wraparound as a part of special education supports versus a student receiving wraparound as a part of general education supports. Through receiving wraparound supports, both students showed overall improvements both behaviorally and academically, reflecting many studies documenting the connection between academic and behavioral functioning. There was also found to be a high level of integrity of intervention implementation for both students, as rated by their teams.
CHAPTER I
INTRODUCTION

In the United States, schools are increasingly faced with issues of accountability in teaching and student achievement. In order for students to learn, teachers must provide appropriate instruction. Many school personnel, however, are becoming increasingly frustrated with student behavior impeding instructional time in their classrooms. More than ever, the public perception is that student behavior is out of control (Simonsen, Sugai, & Negron, 2008). In an effort to address this concern, many U.S. schools began adopting zero-tolerance policies in the 1990s, which led to substantial increases in out-of-school suspensions and expulsions (Wald & Losen, 2003). While the philosophy and practice of zero tolerance has led to increases in the use of suspension and expulsion, recent examinations have raised serious questions about both the effectiveness and fairness of such strategies (Skiba & Rausch, 2006). Schools have been applying punitive measures such as suspension and detention for behavioral problems for years, but a need persists for a more effective behavior management system in schools, particularly for students with emotional and behavioral difficulties.

The current study will focus on students with intensive emotional and behavioral needs in schools. Specifically, the study seeks to explore how a more positive behavioral support system including wraparound supports can improve the emotional, social, behavioral and academic skills of these students. One alternative to punitive discipline is
a comprehensive, proactive systems-level approach to discipline commonly known as Positive Behavior Interventions in the Schools (PBIS). This approach is based on the assumption that when educators across the school actively teach, expect, and acknowledge appropriate behavior, the proportion of students with serious behavior problems decreases and the school’s overall climate improves (Skiba & Sprague, 2008). PBIS has been identified as a promising approach to improving the identification of students who might require more intensive instructional support. In this approach, a failure to respond to typically effective interventions is used as a marker for more intensive interventions, and may assist in identifying students who might require specially designed, individualized education programs (Fairbanks, Sugai, Guardino, & Lathrop, 2007). These practices have the potential to reduce and/or eliminate risk factors and to develop and enhance protective factors that can redirect children and youth away from damaging antisocial lifestyles and outcomes (Walker et al., 1996). The participants in this study will be provided this intervention as a part of a multi-tiered model of support. Students receivingwraparound supports typically have the most intensive needs and typically represent 3-5% of the school population.

**Statement of the Problem**

Following the basic rules of applied behavior analysis, if suspension and detention were truly punishment for a given student, then his or her inappropriate behavior would decrease (Cooper, Heron, & Heward, 1987; Netzel & Eber, 2003). Research, however, shows that punitive measures of discipline are not effective. For example, students suspended in sixth grade are more likely to receive office referrals or suspensions by
eighth grade than students who had not been suspended, prompting some researchers to conclude that suspension may act more as a reward than as a punishment for some students (Tobin, Sugai, & Colvin, 1996). A recent study by Losen and Skiba (2010) reported that middle schools across the country are suspending children with alarming frequency, particularly in some large urban school districts, where often schools were found to have suspended a third or more of their black male students in a given year. Student truancy has proven to be another predictor for future school dropout.

A retrospective study by Barrington and Hendricks (1989) showed students who dropped out of school were absent twice as much as graduates as early as fifth grade and three times as often by ninth grade. These findings suggest a spiraling pattern of increased attendance problems that continued to worsen as students got older. Exclusion, suspension, expulsion, verbal reprimands, and detention are common reactive responses for the types of behaviors mentioned previously. Although punishment consequences provide an immediate, short-term reprieve from the problem, positive long-term change in behavior is not achieved (Walker et al., 1996). Schools need to begin to look at why problem behaviors are occurring with students in order to determine how to intervene. Research in the past decade points to two possible pathways to severe problem behavior: a social behavior deficit pathway (Kellam, Ling, Merisca, Brown, & Ialongo, 1998; Reid & Patterson, 1991) and an academic skill deficit pathway (Hinshaw, 1992; Maguin & Loeber, 1996). Problems with attention may simultaneously interfere with learning and lead to problem behavior. When students disrupt the educational environment, they stop teaching from occurring, thereby preventing their own learning (McIntosh, Horner,
Chard, Dicke, & Braun, 2008). The academic behavior deficit pathway describes students who enter school with academic deficits but without an established routine of problem behavior. If these students do not respond quickly to academic instruction, the experience of repeated academic failure may lead to future problem behavior (McIntosh, Horner, Chard, Boland, & Good, 2006). The link between academic skills and behavior will be further examined in this study.

Maguin and Loeber (1996) conducted a meta-analysis on the relationship between academic performance and delinquency and offered the following findings: (a) Poor academic performance is related to the onset, frequency, persistence, and seriousness of delinquent offending in both boys and girls. Higher academic performance, conversely, is associated with refraining or desisting from offending; (b) Cognitive deficits and attention problems are common correlates of both academic performance and delinquency; (c) Interventions that improve academic performance co-occur with a reduction in the prevalence of delinquency. A pattern of academic failure provides few opportunities for the student to receive positive reinforcement. From the failing student’s perspective, school then takes on aversive properties that increase the likelihood of escape, rebellion, uncooperativeness, and other negative behaviors. This cycle often results in school failure, dropping out, and involvement in delinquent groups (McEvoy & Welker, 2000).

Given that research has shown that punitive discipline measures are not effective for many students with behavioral difficulties (e.g., Skiba & Sprague, 2008), the most effective alternatives need to be used to prevent and support these students so that they
may experience success in school. The primary prevention tier of PBIS involves defining, teaching, monitoring, and rewarding a small set of behavioral expectations for all students across non-classroom and classroom settings. In addition, a clearly defined and consistently implemented continuum of consequences and supports for problem behaviors are established, and the faculty adopt a process of continuously measuring the social behavior of students in the school and using those data for active decision-making (Horner et al., 2009; Tobin, Sugai, & Colvin, 2000).

PBIS is a three-tier model of behavioral supports in the schools. Although the goal of PBIS is to work on primary prevention of behavior problems, problems may occur with the behavior of individual students and require individualized interventions, or problems may be more context specific, involving groups of students, and require organizational or structural changes (e.g., schedule changes, altering supervision patterns, modifying group consequences for lunch periods) (Horner et al., 2009). Schools must learn to judge the effectiveness and acceptance of available interventions within the context of the meaning of immediate and long-term behavior change, reasonable criteria for judging change, a systematic and objective analysis of the costs and benefits of their efforts, and the chronicity and resistance to change of severe problem behavior among antisocial children (Walker et al., 1996).

A tier two (secondary prevention) system is put in place to support students who are at risk for developing more serious problem behaviors and do not respond to the universal system alone. This is typically successful for 10% to 15% of the school population (McIntosh, Campbell, Carter, & Dickey, 2008). Tier three (tertiary) systems
are reserved for students with complex and chronic needs for whom both primary and secondary interventions have been insufficient to facilitate success (Scott & Eber, 2003). This is typically needed for 3% to 5% of the student population. Tier three interventions continue to focus on integrated systems, collaboration, and the development of proactive, practical interventions linked to needs identified by the key stakeholders (i.e., student, family, and teacher). The process at this level requires extremely direct, formalized, and time-consuming assessment and intervention procedures, necessitating the widest range of perspectives from among the widest range of systems and stakeholders. Interventions delivered at tiers two and three will be explained in more detail in the review of the literature.

This study will focus on the use of wraparound supports, a tier three intervention, with students who have intensive emotional and behavioral needs in the schools. Wraparound is a philosophy of care that includes a defined planning process involving the child and family, which results in a unique set of individualized supports, services, and interventions to achieve a positive set of outcomes (Burns & Goldman, 1999). The wraparound approach provides a structure for schools to establish proactive partnerships with families and community supports, a necessary component for arranging successful environments around students with complex emotional-behavioral needs. Families (including the student) are positioned as key informants and decision makers in prioritizing desired outcomes and strength-based strategies (Eber et al., 2008). The theory most closely associated with wraparound is that of environmental ecology (Munger, 1998). This assumes that a child will function best when the larger service system
surrounding him or her is efficiently coordinated with the microsystem of his immediate home and family environment. That is, supportive relationships among the family, school, and community facilitate the attainment of improved behavioral functioning for a given child across a comprehensive set of life domains (Burns et al., 2000).

**Purpose of the Study**

Wraparound supports are empirically validated to have positive effects on youth with the most intensive needs. Literature has focused, however, on the effects of wraparound supports on students in the juvenile justice system, foster case system, and on youth receiving mental health services (Bruns, Rast, Walker, Bosworth, & Peterson, 2006; Carney & Buttell, 2003; Hyde, Burchard, & Woodward 1996; Myaard, 2000; Pullmann et al., 2006). There are currently few studies that examine the effects of wraparound supports in the schools. This study would assist in filling a void in the research by taking a deeper look at how students with complex emotional and behavioral problems are affected behaviorally and academically when receiving a tier three intervention. By conducting case study research on students with emotional and behavioral difficulties who have been receiving wraparound supports, we will have a better idea of how these students respond to intensive, person-centered interventions involving the family and community in the schools. The following questions guided this study: (1) What effects do wraparound supports in the school have on classroom/school behavior, social behavior, emotional functioning, and academic functioning of students with emotional and behavioral difficulties? (2) How does the integrity of implementation
of wraparound supports affect the outcomes for students with emotional and behavioral difficulties?
CHAPTER II

REVIEW OF THE LITERATURE

This study seeks to explore the effects of wraparound supports, an individualized and intensive intervention, on the behavior and academic achievement of students with emotional and behavioral difficulties. The purpose of the literature review is to provide an overview of the Response to Intervention (RtI) model as it applies to problem behaviors. Specifically, this section will detail prevention measures and interventions implemented at each tier within the system of Positive Behavioral Interventions in the Schools (PBIS). PBIS is a proactive, systems level approach that enables schools to effectively and efficiently support student (and staff) behavior (Simonsen, Sugai, & Negron, 2008). In order to understand the context in which wraparound occurs in a school implementing PBIS, this chapter will provide an overview of each level of behavioral prevention and intervention in addition to exploring the literature in regard to research currently available on linking behavioral and academic achievement.

Overview of Response to Intervention

The overall goal of the three-tiered RtI model is to identify students who are at risk for learning disabilities early and provide an appropriate level of preventative intervention (Batsche et al., 2005). The National Association of State Directors of Special Education (NASDE; Batsche et al., 2005) recently published a manual outlining the core components that should be in place to effectively implement an RtI model including: (a)
use of a multi-tier model of service delivery; (b) use of a problem-solving method to make decisions about appropriate levels of intervention; (c) use of evidence-based interventions; (d) student progress monitoring to inform instruction and intervention; (e) use of data to make decisions regarding student RtI; and (f) use of assessment for three different reasons: screening, diagnostic, and progress monitoring. PBIS is an RtI approach to preventing and intervening problem behaviors in school.

Specific states have adopted and integrated multi-tiered models of support aligned with PBIS, as a behavioral example of RTI. For example, Illinois Positive Behavior Interventions in the Schools Network (adapted by Scott, 2004) developed a continuum of prevention and intervention of problem behaviors delivered to students in the schools through the RtI model. This continuum is organized according to intensity levels of interventions and the data sources used to assess the effectiveness of each intervention.

Tier 1/Universal supports include the implementation of School-Wide Positive Behavior Supports in which success for students in measured in school-wide assessments. More intensive Tier 2/Secondary interventions students can receive through this model range from small group interventions (Check-In/Check-Out) to simple individual interventions (Functional Behavior Plan/Behavior Intervention Plan, Check and Connect). Examples of assessment measures in Tier 2 include Office Discipline Referrals, grades, progress monitoring data, etc. Students that need the most intense individual Tier 3/Tertiary interventions receive a Complex Functional Behavior Plan/Behavior Intervention Plan and/or Wraparound supports. Assessment tools that are used to measure outcomes of Tier three interventions could include surveys and tools used at wraparound team meetings.
Examples of tools utilized at each tier will be explained in further detail in the methodology section. The following sections of this literature review will provide an overview of the main interventions used at each tier of PBIS and their research base.

**Tier One (Universal Supports)**

Urban school districts have unique challenges due to factors such as size, high poverty rates, diverse communities, and limited resources. In addition, the absence of effective discipline systems often exacerbates the difficulty of educating a large number of students in urban communities (Netzel & Eber, 2003). Unlike typical school practices, which often wait for a student to fail before providing support, PBIS employs a three-tier approach to: (a) proactively address the social behavior needs of all students and (b) prevent social and academic failure (Sugai & Horner, 2002). The primary goal of PBIS is to help an individual change his or her lifestyle in a direction that gives all relevant stakeholders (e.g., teachers, employers, parents, friends, and the target person him or herself) the opportunity to perceive and to enjoy an improved quality of life. A secondary goal is to render problem behavior irrelevant, inefficient, and ineffective by helping an individual achieve his or her goals in a socially acceptable manner (Carr et al., 2002).

PBIS implemented school-wide in a preventative, proactive manner. If well implemented, 80-90% of the school’s students should respond to these first tier interventions. The focus of universal intervention is to prevent problems by defining and teaching consistent behavioral expectations across the school while also recognizing students for expected and appropriate behaviors (Lohrmann, Forman, Martin, & Palmieri, 2008).
In PBIS, the school staff learns a common language as they begin implementing educational practices and interventions aimed at benefiting students with and without significant disabilities. This language blends positive strategies from general and special education to unify all staff within the school (Freeman et al., 2006). Meaningful outcomes and benchmarks are identified for all students and staff (e.g., increases in the percentage of students making adequate yearly progress, decreases in the percentage of students receiving two or more office discipline referrals); aggregate data are examined to determine if outcomes are met practices (e.g., establishing positively stated school wide rules, teaching social skills, developing a school wide reinforcement system) are implemented to maximize the success of all students; and systems are selected to ensure that practices are implemented with fidelity by staff (Simonsen et al., 2008). By decreasing office discipline referrals (ODRs) and problem behavior in the school, schools could increase student academic achievement as well. The connection between behavior and academic will be discussed later in this literature review.

School-wide efforts in PBIS have proven to be beneficial to students with problem behaviors, but have also been shown to make schools more efficient in the way they use their time and energy. Scott and Barrett (2004) conducted cost-benefit analyses for schools implementing PBIS. They identified the amount of time saved by school staff and students who were no longer assigning and receiving a large number of office discipline referrals. They found administrators saved, on average, 15¾ days of administrator time and students saved on average 79½ days of instructional time per year.
following implementation of PBIS. This study illustrates the potential positive effects of PBIS on a school behaviorally, academically, and systematically.

**Tier Two (Secondary Interventions)**

Tier two small group or individual interventions are implemented for those students for whom universal strategies are not successful (5%-15% of all students) (Netzel & Eber, 2003). The tier two level of intervention provides additional support to those students who demonstrate patterns of behavior considered a precursor to more intensive and restrictive responses. These interventions are typically delivered in a small-group intervention format to provide additional skill instruction and practice related to social behaviors (Lohrmann et al., 2008). Practices typically focus on intensifying the supports provided in the primary tier (i.e., increasing structure, providing more intensive social skills instruction and delivering more frequent reinforcement). Systems are established to ensure that adopted practices are implemented with fidelity and that data are regularly collected, reviewed, and used to make decisions (e.g., a team to run the selected secondary intervention) (Simonsen et al., 2008). Assessment based intervention strategies include a range of options such as: (1) teaching the student to use new skills as a replacement for problem behaviors; (2) rearranging the environment so that problems can be prevented and desirable behaviors can be encouraged; (3) identifying clear plans for responding to problem behavior; and (4) monitoring, evaluating, and reassessing this simple plan over time (Freeman et al., 2006). The next sections will describe common secondary behavioral interventions used by schools implementing PBIS. It is likely that the students in this study will have received these interventions prior to receiving
wraparound support or will be receiving them in conjunction with wraparound. Although
the behavior of some students improves from these secondary interventions alone, others
need more support in addition.

**Check-in/Check-out**

One simple tier two intervention that is typical for students in schools that have
implemented PBIS is Check-In/Check-Out (CICO). The CICO program, also known as
the Behavior Education Program, is a research-based intervention that addresses the
secondary level of support for students who do not respond to tier one prevention, but do
not demonstrate dangerous patterns of problem behavior (Filter, McKenna, Benedict,
Horner, & Todd, 2007). Students may be selected for CICO based on results of
behavioral screenings (e.g., Systematic Screener for Behavior Disorders by H.M. Walker,
1992), office discipline referrals, attendance patterns, or teacher referrals. The phases of
CICO are generally: (a) the students attend morning check-in; (b) teachers provide
feedback to students throughout the day; (c) the students check out at the end of the day;
(d) the parents initial that they had reviewed the Daily Progress Reports; and (e) the
coordinator collects and summarizes outcome data for decision-making (Hawken,
MacLeod, & Rawlings, 2007). Although tier two interventions have received less
research scrutiny than tier one or three interventions (McIntosh et al., 2008), studies that
have been done have generally showed decreased problem behaviors and office discipline
referrals with students receiving CICO (Filter et al., 2007; Hawken et al., 2007;
McIntosh, Campbell, Carter, & Dickey, 2009; Todd, Campbell, Meyer, & Horner, 2008).
The purpose of a study by Filter et al. (2007) was to evaluate the fidelity of implementation and effectiveness of the CICO program to reduce problem behavior when program training and implementation was managed by typical district personnel. Each of the three elementary schools had developed their own criteria for determining which students should be placed on the CICO program. In each case, the decision was made by the school’s behavior support team using office discipline referral data as an indicator of students' response to primary-level interventions. Data were collected regarding the extent to which (a) the CICO program was implemented with fidelity; (b) the program was related to change in rate of formal office discipline referrals; and (c) the faculty/staff perceived the program as effective and efficient. Eight of the 12 participants demonstrated a decrease in combined office discipline referrals (ODRs) when participating in the program, while only one participant demonstrated an increase in combined ODRs. The other three students showed no ODRs before or during their participation in the program. The findings from this study suggested that the CICO program was implemented with fidelity by school-based professionals and that its implementation was associated with positive behavioral outcomes for two thirds of the students in the program.

Another study by Todd et al. (2008) examined whether there was a functional relationship between the implementation of CICO and a reduction in problem behaviors. Participants were four elementary school-age boys with a history of problem behaviors in school. Functional behavior analyses were conducted with each of the boys before implementation of the intervention to determine the function of the behavior in question.
During the Check-In/Check-Out phase, participants individually checked in with a school staff member before school started. The staff member would collect the parent report from the previous day and provide the student with a new daily CICO report card and verbal encouragement. The CICO schedule called for feedback five times during the school day: at check-in, before morning recess, before lunch, before afternoon recess, and at check-out at the end of the day. Upon implementation of CICO, all four participants displayed a reduction in the level and variability of problem behaviors. The four students demonstrated an average 17.5% reduction in problem behavior from mean baseline to mean CICO levels.

**Check & Connect**

Students who do not respond to a simple group intervention such as Check-In/Check-Out or are thought to exhibit problem behaviors that call for more individualized interventions may receive an intervention such as Check & Connect. Check & Connect was originally designed to promote student engagement in school and learning for youth placed at risk for dropping out of school. The goal of the program is to help students attend school regularly, participate actively in school, and get a good start on the path toward graduation (Lehr, Sinclair, & Christensen, 2004). The *check* component of the model refers to the continuous and systematic assessment of student levels of engagement with school (e.g., attendance, suspensions, grades, credits). The *connect* component refers to timely and individualized intervention focused on student's educational progress, guided by the check indicators, and provided by program staff in
partnership with school personnel, family members, and community workers (Sinclair, Christenson, & Thurlow, 2005).

A 2004 study by Lehr, Sinclair, and Christenson examined student engagement and truancy prevention during the elementary school years using the Check & Connect intervention. Key features of Check & Connect included relationship building, routine monitoring, individualize and timely intervention, long-term commitment, persistence plus, problem solving, and affiliation with school and learning. Students targeted for Check & Connect in this study were typically absent or tardy to school 12% or more of the total school days. Two types of indicators were used to assess the effectiveness of Check & Connect: Direct measures of student participation including tardiness and absences and measures of staff perceptions of student engagement and program effectiveness. Results showed that the incidence of tardiness to school had declined. About 86% of students were engaged and arriving to school on time reflecting an improvement of 104% over baseline behavior. Absences from school also declined. Prior to referral, 83% of students were in the disengaged categories for absences compared to 60% after two years in the program.

Another study done by Sinclair, Christenson, and Thurlow (2005) investigated the effectiveness of the Check & Connect model of student engagement for urban high school students with emotional or behavioral disabilities. The study sample reflected multiple status characteristics predictive of dropping out; the majority of the sample was African American (64% overall, compared to 44% district-wide) and male (84%, compared to 52% district-wide). More than two thirds of the students were eligible for
free or reduced lunch (70% overall, comparable to district-wide characteristics) and were living with one parent. Results showed that the high school students with emotional or behavioral disabilities who participated in Check & Connect were significantly less likely to drop out of school than similar students in the control group at the end of four years. Students who participated in Check & Connect attended school with greater consistency relative to their peers. At the end of four years, students in the treatment group were more likely to be enrolled in an educational program or to have completed high school (61%) than similar students in the control group (43%).

**Tertiary Level Interventions**

When students are not responding to tier one (universal supports) or tier two interventions (e.g., Check-in/Check-out, Check & Connect), more intensive behavior interventions are needed. For the 1% to 7% of students with chronic and intensive needs across multiple settings, a family-centered wraparound approach, which incorporates PBIS and other supports and services, is implemented (Eber, Sugai, Smith, & Scott, 2002). Tier three academic interventions involve lesson plans designed to address an individual student’s specific learning needs (Hawken, Vincent, & Schumann, 2008). Schools fully implementing tier three intensive interventions provide functional behavioral assessments/behavior intervention plans and wraparound supports to students needing such interventions. Increased time is required for assessment and implementation of individualized supports and more complex functional behavioral assessment and interventions are delivered with students who require tier three supports (e.g., tertiary) relative to those who are successful at tier one or tier two. The student's
team at the tertiary prevention level typically includes family members, school professionals, and community members who meet on a regular basis to plan, implement, and monitor an individualized plan of support (Freeman et al. 2006). The following sections will describe two tier three interventions used in schools implementing PBIS: Functional Behavioral Assessments/Behavior Intervention Plans and Wraparound supports. These interventions are used with students when their behavior has not improved sufficiently following the delivery of primary and secondary interventions.

**Functional Behavioral Assessments/Behavior Intervention Plans**

Tier three level interventions as a part of PBIS are the most individualized and intensive interventions designed for students with emotional and behavioral difficulties. One of those interventions is the use of Functional Behavioral Assessments (FBA). Functional assessment is defined as a process for developing an understanding of the interactions between a specified behavior and events in the environment (Dunlap, Newton, Fox, Benito, & Vaughn, 2001). A major outcome of the FBA process is a summary or hypothesis statement that describes the problem behaviors and the factors that are believed to be associated with occurrence and nonoccurrence of the problem behavior. A complete summary statement is composed of four key components: (a) identifying the problem behavior (e.g., verbal aggression, profanity, and noncompliance); (b) triggering antecedents or events that predict when the behavior is likely to occur (e.g., request to complete difficult tasks, peer teasing); (c) maintaining consequences or events increase the likelihood of the behavior happening in the future (e.g., avoid difficult tasks, gain peer attention); and (d) setting events or factors that make the problem behavior
worse (Sugai, Lewis-Palmer, & Hagan-Burke, 2000). For example, if a student uses a certain behavior, and that behavior is reliably followed with attention from a teacher or classmates, the student may be more likely to use that behavior in the future to evoke attention. This behavior would be described as being “maintained by attention” (McIntosh et al., 2008). Perhaps the most common functions of student behavior are escaping an unpleasant situation like academics that are too difficult or gaining attention from peers or adults (e.g., Reid & Nelson, 2002). School personnel use FBA procedures to determine the environmental context and maintaining consequences for problem behavior and thereby the behavioral function.

Once these variables are identified, a behavior support plan is designed to supplant the problem behavior with a prosocial behavior that achieves the same or a similar function (Sugai, Lewis-Palmer, & Hagan, 1998). A replacement behavior is one that (a) is considered appropriate by the teacher and team and (b) will serve the same function as the problem behavior for the student. In addition, a good replacement behavior is (a) incompatible with the problem so that both cannot occur simultaneously and (b) stated as a positive behavior (walk in the hall) rather than the absence of a behavior (do not run) (Scott, Anderson, & Spaulding, 2008). When a behavior intervention plan (BIP) is in place, staff must specify strategies and data for monitoring the implementation and effectiveness of the behavior intervention plan. Specifically, data are used to evaluate the extent to which the student is making satisfactory progress, the intervention has an impact on lifestyle outcomes (e.g., interpersonal skills, career development, family relations), individuals who know the student report satisfactory
change in student behavior (social validation), and the behavior intervention plan is implemented with high fidelity (Sugai et al., 2000).

A number of research studies have been conducted to show the effects of implementing functional behavior analyses and behavior intervention plans with students with emotional and behavioral needs. A study by Carter and Horner (2009) documents the utility of applying function based behavior support to a proven standardized program, First Step to Success. First Step to Success is a secondary behavioral intervention that incorporates three interconnected modules: screening, school intervention, and parent training. Three 5 to 7 year-old boys in Grades K–1 participated in the study on the basis of referrals for behavior support by their teachers because of disruption, noncompliance, and off-task behavior in the classroom. None of the participants were receiving special education services or taking any medication during the course of the treatment. Dependent variables included measures of student social behavior, including problem behavior and academic engagement. The independent variable was implementation of two variations of First Step to Success: (a) standard First Step and (b) First Step plus function-based support. This study documents a decrease in problem behavior and an increase in academic engagement with the introduction of function-based supports to the standard First Step program for all three participants.

Brooks, Todd, Tofflemoyer, and Horner (2003) conducted another study investigating whether a functional relationship exists between self-monitoring with self-recruited reinforcement and an increase in both on-task behavior and assignment completion. One student was chosen for this study based on (a) teacher nomination, (b) a
disproportionally high rate of office discipline referrals for patting others, and (c) parent request. The primary research question was whether self-monitoring and self-recruited reinforcement result in an increase in academic engagement and assignment completion. This research question was assessed through an ABCAC withdrawal design. The secondary research question was whether skills learned in one setting transfer to untrained settings. A three-series multiple-baseline design across settings was used to assess this question. Results showed the self-management intervention package was associated with an increase in the rates of academically engaged behavior and work completion in a fourth-grade classroom. In addition, the study provided an examination of the application of defining and teaching a skill (being on task) as it applied to generalized self-managed behaviors. This study, along with the study by Carter and Horner (2009), display some of the positive effects that incorporating a functional based assessment and behavior intervention plan have on the academic and behavioral functioning. For some students, however, the additions of an FBA/BIP still may not be enough to successfully support their behavioral and/or academic needs.

Wraparound Support

The most intensive of the behavioral interventions, and the focus of this study, is the implementation of wraparound (also referred to as Person Centered Planning) supports for a student. As a philosophy and a process, wraparound supports the student, family, and teacher by proactively organizing and blending natural supports, interagency services, PBIS, and academic interventions. At this level, FBA operates on the assumption that students with the most chronic and complex behavior require the most
comprehensive assessment. Thus, the intensity and quantity of interviews and observations increase. A wider range of additional perspectives and expertise is needed to complete an assessment that will result in a successful plan (Scott & Eber, 2003). A critical feature of the wraparound process is a specific focus on engaging the student, family, and teacher equally in a proactive team process. The student, family, teachers, and others who may have ongoing contact and interaction with the student are key members of the strength-based team that determines and prioritizes needs and designs and implements strategies likely to improve quality of life for all involved (Eber, Breen, Rose, Unizycki & London, 2008).

**Origin of Wraparound Support.** The wraparound process has emerged from the concept known as System of Care, which is a community-based approach to providing comprehensive, integrated services through multiple professionals and agencies and in collaboration with families (Eber, Sugai, Smith, & Scott, 2002; Stroul & Friedman, 1986). Originated by the Child and Adolescent Service System Program (CASSP) initiative within the National Institute of Mental Health, system of care models have been implemented widely across the United States, initially serving children and youth most at risk for placement in highly restrictive institutional care (Clark & Clarke, 1996; Eber & Nelson, 1997; Stroul & Friedman, 1986). Wraparound essentially began in Chicago, Illinois in the early 1980’s, with the Kaleidoscope program which had established group homes for troubled youths, which was funded by CASSP (Burns et al., 2000; VanDenBerg, 1999). Kaleidoscope’s philosophy was to treat these youth on an unconditional, individualized basis, and eventually the program began treating the youth
in their own homes by providing in-home family support services. In 1986, a three-year
demonstration project called Project Wraparound, funded by the Office of Special
Education, was initiated in order to serve all children in the community by identifying
those who were “at-risk” of being removed from the community and wrapping services
with their families (Burchard & Clarke, 1990).

Since then, wraparound has emerged as one widely recommended approach to
designing, implementing, and assessing ecologically comprehensive interventions for
children and youth with Emotional and Behavior Disorders (EBD) and their families
(Burns & Hoagwood, 2002; Eber et al., 2008; Walker & Shinn, 2002). Interventions
developed using the wraparound approach are built on a foundation of team members’
eexisting affective, cognitive, and behavioral abilities and community assets. In drawing
on these existing abilities and assets, wraparound interventions are intended to promote
family members’ mental health and well-being and not merely eradicate pathological
symptoms (Quinn & Lee, 2007).

In 1992, the La Grange Area Department of Special Education (LADSE), a
special education cooperative serving school districts in the suburbs of Chicago, began
using wraparound planning to guide programming for students with emotional and
behavioral challenges (Eber & Nelson, 1997). LADSE’s early experiences with
wraparound were focused on children and youth at risk-of or returning from out-of-home
or out-of-community placements. Initially, wraparound teams for these children and
families were created. After 18 months of development, LADSE began applying the
process through self-contained EBD classes. The process also facilitated inclusion of
students with EBD in mainstream education settings integrating services into the most natural and least restrictive settings for the student. According to Eber and Nelson (1997), a major factor in the success of the wraparound approach may have been that it supported those who provided for the students as well as the pupils themselves. The core of the planning was an interactive team that supported and empowered members to plan and deliver effective services to students.

**Wraparound in schools.** Although wraparound supports originated in a grassroots community-based setting and has historically been based in mental health settings, schools can also be the providers of wraparound in a less restrictive, exclusive environment. Implementing wraparound in schools, however, requires a shift in the roles and responsibilities of school staff. Elements of wraparound at the school-wide level involve moving away from an “expert” or top-down model, to a process involving all stakeholders (e.g., school personnel, associated service providers, and parents) in creating a positive, proactive behavior system (Scott & Eber, 2003). Eber et al. (2008) describe the composition of wraparound teams in schools. A team facilitator, typically a school social worker, psychologist, counselor, or other clinical staff trained in this family-centered, strength-based philosophy and approach leads the wraparound process. The facilitator needs the skills to (a) engage students, families, and teachers who have experienced failed interventions and therefore may feel frustrated, disillusioned, or angry; (b) translate student, family, and teacher "stories" into need statements and strength inventories that guide the design of interventions; (c) connect r student, family, teacher, and natural supports to form a team; (d) ensure voice and ownership of interventions by
those who are involved in implementation; and (e) organize and use multiple levels of
data to guide the development and monitoring of interventions by the team on a regular
basis. The next sections outline the elements of wraparound as well as the four phases of
the wraparound process.

**Elements of wraparound.** A national panel of experienced practitioners, parent
participants, and research scholars has identified 10 key principles on which the
wraparound approach is based. These principles of care represent a mental model for
organizing a community’s response to children and youth with EBD (Bruns et al., 2004).

**Voice and choice.** The youth and family must be full and active partners at every
level and in every activity of the wraparound process. Historically, professionals have
been inclined to view families as causal agents of presenting problems, as clients in need
of support, or perhaps as needed informants (Hodges, Hernandez, & Nesman, 2003). In
wraparound, family members are considered fully empowered, fundamentally essential
contributors to needed solutions (Quinn & Lee, 2007).

**Youth and family team.** The wraparound approach must be a team-driven process
involving the family, child, natural supports, agencies, and community services working
together to develop, implement, and evaluate the individualized plan. Team membership
typically reflects a mix of formal (e.g., school and agency personnel) and informal (e.g.,
extended family, pastor, neighbor) supports. The family ultimately decides who
comprises the team. Team members share the responsibility of ensuring this
understandable adherence to legal requirements does not undermine attaining long-term
goals and objectives (Quinn & Lee, 2007).
**Community-based services.** Wraparound must be based in the community, with all efforts toward serving the identified youth based in community, residential, and school settings. Supports for the family may include links to community resources (i.e., mental health providers, family support groups) and may involve natural supports that may be suited to the cultural lifestyle preferences of the youth and family. For example, a mentor or “big brother” may be enlisted to support the youth’s participation in a youth group at the family’s church or on a Little League team (Eber et al., 2008). In the wraparound approach, behavior change interventions occur in the natural setting and include supports that serve as protective and resiliency factors and contribute to generalization and maintenance of positive outcomes. Wraparound teams are committed to making services readily accessible, and to making sure the children and families served have access to the full array of generally available activities and opportunities that support healthy development for all children (Quinn & Lee, 2007).

**Cultural competence.** Differing beliefs, values, modes of communication, customs, behaviors, and institutions contribute to cultural perspectives (Quinn & Lee, 2007). Services that are developed and provided in a culturally competent manner reflect personal and professional perceptions, attitudes, behaviors, and policies that support effective delivery of support when team members, including families, have cultural backgrounds that differ from one another (Cross & Friesen, 2004). Culturally competent professionals have an awareness of their own cultural biases, knowledge about research literature relating culture to mental health, and skill to implement the insights resulting from knowledge and awareness (Pedersen & Lefley, 1986).
Individualized Services and Strength Based Services. Services and supports must be individualized, built on strengths, and meet the needs of children and families across life domains to promote success, safety, and permanence in home, school, and community. In the wraparound approach, a family’s strengths and needs are carefully assessed through a variety of formal and informal procedures. This assessment process takes a comprehensively ecological perspective to identify strengths on which to build and needs on which to work. For each goal and objective, well written plans document the evidence-based services and informal supports to be made available, the persons/agencies facilitating access to and/or directly providing the care, funding mechanisms to be used in support of the plan, time lines for accomplishing tasks, evaluation approaches for outcome measurement, and removal of barriers to family participation (e.g., childcare, transportation, service location) (Quinn & Lee, 2007).

Natural supports. Wraparound plans must include a balance of formal services and informal community and family supports. These natural supports could include immediate and extended family, neighbors, friends, church groups, or other affiliations. These individuals may aid in planning by offering a unique perspective to problem solving. They also may directly help families by providing childcare, transportation, or recreation (Quinn & Lee, 2007).

Continuation of care. In the wraparound process, there must be an unconditional commitment to serve children and their families. A system of care is a community-based approach to providing comprehensive, integrated services through multiple professionals and agencies in collaboration with families (Stroul & Freidman, 1986). Wraparound
incorporates and operationalizes core values of a system of care model by maintaining a child-centered approach focusing on family, community, and cultural competence (VanDenBerg, 1998).

**Collaboration.** Given the team-based approach and family focus, it follows that collaboration would be an essential principle of wraparound (Quinn & Lee, 2007). Plans of care should be developed and implemented based on an interagency, community-based collaborative process. Collaboration has been defined as a style for direct interaction between at least two coequal parties voluntarily engaged in shared decision-making as they work toward a common goal (Friend & Cook, 2003). Collaborators must balance self interests and team interests, individual responsibilities and shared ones, and the need to operate autonomously versus the need to be accountable to the group (Lawson, 2003).

**Flexible resources.** Wraparound child and family teams must have flexible approaches and adequate and flexible funding. In many communities, flexible funds are made available to teams by redirecting into community-based prevention programs some of the money traditionally reserved for restrictive out-of-home and out-of-community placements. Because they occur naturally in the family’s life, the types of supports made possible by flexible funds tend to remain in place once formal services expire and thus help sustain achieved goals (Quinn & Lee, 2007).

**Outcome-based services.** The final element of the process is to ensure data is used for further decision-making. Outcomes must be determined and measured for the system, the program, and the individual child and family. The Wraparound Fidelity Index (Bruns et al., 2004) is an example of an instrument used to ensure the process is being
implemented as designed and progress is being made towards the desired goals (Quinn & Lee, 2007).

**Wraparound process.** Despite flexibility in the application of wraparound in sites that have implemented the model with a high degree of quality, wraparound as a whole refers to a specific and definable process that follows a sequence of steps and uses a number of specific strategies and methods (Bruns et al., 2005). Recent data indicate professionals’ adherence to wraparound’s essential characteristics is related to improved outcomes for children, youth, and families (Bruns et al., 2005). As the most complex intervention within the tertiary tier of SWPBS, wraparound requires forming a unique team that reflects the strengths and needs of the individual student. Natural support persons are included as key team members who can ensure contextual fit, increasing the likelihood that the supports and interventions will have positive effects. Wraparound teams develop unique supports and interventions that increase the student's opportunity to experience success at home, at school, and in the community (Eber et al., 2008). Four phases have been developed (Eber et al., 2008; Quinn & Lee, 2007) for the successful implementation of the wraparound process ensuring that the elements of wraparound are adhered to: (a) engagement and team preparation, (b) initial plan development, (c) implementation, (d) transition. These phases will be explained in detail in the methodology section.

**Research on wraparound.** In recent years, there have been numerous studies measuring the effectiveness of wraparound processes in both community and mental health institutions. In a randomized control study by Carney and Buttell (2003), “at risk”
youth in the juvenile justice system were divided into groups: 73 youth receiving wraparound supports and 68 in conventional services. This study results were that youth receiving wraparound supports were less likely to engage in subsequent at-risk and delinquent behavior. These students did not miss school unexcused, get expelled or suspended from school, run away from home, or get arrested.

Bruns, Rast, Walker, Bosworth, and Peterson (2006) conducted a matched comparison study of youth in the Nevada foster care system. The participants were 33 youth receiving wraparound supports and 32 receiving standard mental health services. After 18 months, 82% of the youth receiving wraparound moved to less restrictive environments compared to only 28% of the youth without wraparound supports. Family members were identified to provide care for 11 of the 33 youth in wraparound compared to 6 in the comparison group. Positive outcomes for the wraparound group in school attendance, school disciplinary actions, and grade point averages were exhibited as well.

In 2000, Myaard conducted a quasi-experimental multiple-baseline study of four youths described as extremely at-risk referred to wraparound because of serious mental health issues in rural Michigan. This methodology was used to determine the impact of wraparound by observing changes that occurred with the introduction of wraparound at different points in time. The behaviors being evaluated were compliance, peer interactions, physical interactions, physical aggression, alcohol and drug use, and extreme verbal abuse. The Child and Adolescent Functional Assessment Scale (CAFAS), a clinician-rated instrument used to assess level of functioning and functional impairment in children and adolescents, was used to measure levels of functional impairment at
baseline and every three months following baseline (Hodges, Bickman, & Kurtz, 1991). For all four participants, on all five behaviors, dramatic improvements occurred immediately following the introduction of wraparound. Behavior analysis played a crucial role in the success of all of these cases. The specific behavior plans used within each wraparound plan involved several basic strategies of changing behavior, including shaping procedures, penalty, extinction, differential reinforcement, punishment, imitation, avoidance, generalization, rule-governed analogs to reinforcement, and establishing effective rule control (Malott, Whaley, & Malott, 1993). Daily monetary earnings based on performance were said to have functioned as powerful motivators.

A larger matched comparison study on wraparound by Pullmann et al. (2006) evaluated the effectiveness of wraparound on 110 youth in the juvenile justice system receiving mental health services compared to 98 youth in juvenile justice only receiving mental health services. The study found the youth in the comparison group were three times more likely to commit a felony than youth in the wraparound group. Seventy-two percent of the wraparound group served detention at some point in the 790 days of the study versus all of the youth in the comparison group. Also, youth receiving wraparound took three times longer to recidivate than those in the comparison group.

Another study by Hyde, Burchard, and Woodward (1996) compared 45 youth in wraparound versus 24 youth receiving traditional mental health services only. The primary outcome of the study was a rating combining indicators such as restrictiveness of youth living situation, school attendance, job attendance, and serious behavior problems.
At the two year follow-up, 47% of the wraparound groups received a rating of good, compared to 8% of youths in traditional mental health services.

Because of the individualized nature of wraparound, case studies have been utilized to capture the effects of wraparound on students within the school setting. Eber et al. (2008) provides a case study of one student receiving wraparound supports in an elementary school implementing PBIS supported by the Illinois PBIS Network. The student, “Henry,” had extremely poor attendance, poor homework completion, and failing grades. He had experienced trouble with the law in the community. In implementing wraparound, Henry’s team focused on: (a) regularly using data for decision-making; (b) checking with the family, student, and teacher(s) to ensure that the plan was working; (c) adjusting the wraparound plan based on feedback from team members; and (d) addressing additional needs that may have been identified but were not priorities at the onset of the wraparound process. Henry's principal was able to facilitate completion of benchmark testing (Dynamic Indicators of Basic Early Literacy Skills, DIBELS; Good & Kaminski, 2002). To address the truancy problem, the principal also arranged for the school bus to pick Henry up in front of his home rather than on the corner where he was frequently distracted by people he knew and then did not get on the bus. Classroom interventions included homework adjustments, fewer spelling words, checking that Henry understood directions and extra reading support in class from the Title I teacher, in addition, the team designed unique progress criteria for Henry so he could be eligible for the school-wide Student of the Month recognition. The school also referred Henry and his family to a
local interagency network so they could receive financial support to participate in community recreation activities.

The wraparound team monitored Henry's progress through a variety of data sources, including office discipline reports, attendance/tardy record, grades, DIBELS scores, and CICO behavior card points. Team member perspectives about Henry's strengths, needs, and progress were collected using the SIMEO data management system. The Educational Information Tool collected teacher ratings of classroom academic and behavioral performance; the Home, School, Community Tool helped in assessing Henry's strengths and needs across multiple settings and life domains. From second quarter to third quarter, with wraparound in progress, Henry's grades began to improve (spelling: 15% to 40%, math: 15% to 48.5%, and reading: 20% to 63%). During the previous school year, Henry's attendance was 22%. As wraparound was introduced, his attendance increased from 15% for the first quarter of the school year to 60% in the second quarter, and 75% at the beginning of the third quarter. His DIBELS score increased from 55 words per min in the fall to 67 words per min in the winter.

**Fidelity of wrap supports.** The individualized nature, along with a lack of nationally recognized accepted program standards or manual, has made assessment of wraparound implementation a major challenge (Bruns et. al., 2005). The Wraparound Fidelity Index (WFI; Suter, Burchard, Force, Bruns, & Mehrtens, 2002) is one measure of the fidelity in which wraparound is being or was implemented. Designed to generate interpretable feedback for providers to aid them in training and supervision, the WFI was
intended to be a cost-efficient method for assessing adherence to the wraparound elements via interviews with multiple stakeholders.

In a study by Bruns et al. (2005), outcomes of wraparound supports were assessed simultaneous to WFI administration (Time 1), as well as six months after WFI administration (Time 2), in order to investigate whether model adherence as assessed by the WFI predicted future outcomes. The site in this study utilized the wraparound approach to plan and implement services for families with children experiencing emotional and behavioral disorders and employed the WFI to assess adherence to the wraparound elements. Regression analyses showed that wraparound adherence at Time 1 predicted change in two outcomes: child behavioral strengths and caregivers’ perception of the child’s progress. These findings are consistent with one other study on the subject to employ the WFI as a fidelity measure, which found that WFI scores were significantly correlated with behavioral improvement as assessed by a weekly log of the occurrence of negative behaviors over a six-month period (Hagen, Noble, Schick, & Nolan, 2005). Another study found that it is a combination of caregiver and youth reports that provides the greatest construct validity (Bruns et al., 2001). Given the intensity of wraparound supports, it is important that measures are taken in schools to ensure that the interventions are being implemented with integrity and fidelity. The Wraparound Integrity Tool was developed by the Illinois PBIS Network as a means to continually assess the integrity and fidelity of each stage of wraparound supports. This tool will be explained in further detail in the methodology.
Correlates Among Behavioral and Academic Issues

The results of the case study on Henry showed what much research and educators already know: a link exists between behavior and academic achievement. After receiving wraparound support in his school, Henry improved his attendance, his grades improved, and his reading scores increased. The co-occurrence of emotional disturbance and other disabilities may intensify students’ behavioral problems and further compromise academic performance (Levy & Chard, 2001). Further, the problems of children who display academic underachievement are not limited to the academic domain. These students also displayed self-esteem deficits, problems in language skills, and interpersonal difficulties are common (Hinshaw, 1992). A few principles describing the relationship between academic and behavior problems have become evident. This relationship appears to start as early as school entry: Kindergarten academic variables have been shown to predict problem behavior at the end of elementary school (Mcintosh, Horner, Chard, Boland, & Good, 2006).

McIntosh et al. (2006) proposed a coercive cycle of academic and behavioral failure in which a student with low academic skills finds grade-level academic tasks aversive and engages in problem behavior to escape from the academic tasks. If the teacher responds by removing the task from the student or the student from the task (i.e., the teacher sends the student to a time-out area or the office), this may lead to three outcomes: (a) the student is more likely to respond to future academic tasks with problem behavior (Lee et al., 1999), (b) the teacher is less likely to present academic tasks to the student (Wehby et al., 2003), and (c) the student's academic skills are unlikely to improve
at the same rate as the rest of the class (Mcintosh et al., 2006). This logic demonstrates how escape from difficult academic tasks can lead to behavior problems and how behavior problems can detract from a student’s learning.

A study by Levy and Chard (2001) evaluated the following research exploring the relationship between academic and behavior problem. Observational research by the authors Knitzer, Steinberg, and Fleisch (1990) confirmed that many classrooms for students with Emotional and Behavioral Disabilities (EBD) focus on behavior management almost exclusively with learning a distant second. This focus on behavior shows the critical need of students with EBD for effective academic instruction. A study by Scruggs and Mastropieri (1986) compared the academic performance of 1,480 students with EBD and LD in Grades 1 through 3. Results indicated no significant differences between groups. In a study of students with EBD, Fessler, Rosenberg, and Rosenberg (1991) found that almost 60% of the sample had characteristics similar to students with LD. Levy and Chard (2001) concluded that (a) academic underachievement is a typical characteristic of students with EBD; b) academic performance of students with EBD and those with LD are often very similar; and (c) though academic performance of students with EBD may be average in the early grades, it often deteriorates in comparison to peers without disabilities as they progress through school. The results of these studies align with the cycle of academic and behavioral problems outlined by McIntosh and his colleagues (2006).

McIntosh et al. (2008) further examined the link between problem behavior and reading performance for elementary-age students. Participants were 51 students in Grades
4, 5, and 6 who had received two or more office discipline referrals in 2003-2004. The students were grouped by function of problem behavior, which was indicated by the teachers. Differences were explored in terms of demographics (grade level and special education eligibility), level of problem behavior (ODRs), and reading skill level (oral reading fluency). The results indicated that base rates of behavioral function were significantly different on the basis of special education eligibility and that students' rates of oral reading fluency (ORF) were significantly different on the basis of the functions of their behavior. For students whom the identified behavioral function was to escape academic tasks had lower levels and growth rates in reading skills than students with other identified functions. These lower skill levels maintained across multiple years and became more discrepant over time.

The studies previously mentioned demonstrate the interconnectedness of academic and behavioral skills. Students receiving wraparound supports are those students needing intensive, individual behavioral supports. Knowing the strong link between behavior difficulties and academic difficulties, it is probably safe to assume the students receiving wraparound supports in schools have academic problems as well. The current study will explore the academic and behavioral effects of wraparound supports in the schools for students with emotional and behavioral difficulties. By conducting in depth case study research on these students which will be analyzed qualitatively and quantitatively, the researcher hopes to gain a better understanding of how they respond to wraparound supports.
Summary

This study focuses on students with intensive emotional and behavioral needs in schools through a tier three intervention called wraparound supports. This study will explore how PBIS including wraparound supports can improve the emotional, social, behavioral and academic skills of these students. While wraparound emerged as a recommended approach to designing, implementing, and assessing comprehensive interventions for children and youth with Emotional and Behavior Disorders (EBD) and their families (Burns & Hoagwood, 2002; Eber et al., 2008; Walker & Shinn, 2002), there are currently few studies examining wraparound in the schools. Additionally, the current study would like to expand upon research illustrating the link between academic and behavioral difficulties (e.g., Levy & Chard, 2001; McIntosh et al., 2006) to the effects of wraparound supports in school on academic performance.
CHAPTER III
METHODOLOGY

Introduction

The purpose of this chapter is to describe the methods used in this study including the setting and participants, data collection procedures, data collection, and data analysis. Although there has been much research surrounding the interconnectedness of academic behaviors as well as research on students receiving wraparound supports, this study is unique in that it explores the academic and behavior link with students receiving wraparound in the schools. Specifically, this study seeks to explore the following questions in depth: (1) What effects do wraparound supports in the school have on classroom/school behavior, social behavior, emotional functioning, and academic functioning of students with emotional and behavioral difficulties? (2) How does the integrity of implementation of wraparound supports affect the outcomes for students with emotional and behavioral difficulties?

This study utilizes a mixed methods approach with a case study design. Creswell (2003) describes the mixed methods approach as one in which the researcher tends to base knowledge claims on pragmatic grounds. It employs strategies of inquiry that involve collecting data simultaneously or sequentially to best understand research problems. Data collection in a mixed methods study involves gathering both numeric information (e.g., instruments) as well as text information (e.g., from interviews) so that
the final database represents quantitative and qualitative data. The purpose of mixed methods research is to build on the synergy and strength that exists between quantitative and qualitative research methods to understand a phenomenon more fully than is possible using either method alone (Gay, Mills, & Airasian, 2009). Unlike biographical studies, case study analysis enables the researcher to conduct an in-depth examination of experiences within an isolated case (within-case analysis), in addition to conducting a review of several cases in search of patterns or common themes (cross-case analysis; Creswell, 2003).

This study will use mixed methods research. In triangulation mixed methods design, quantitative and qualitative data are equally weighted and are collected concurrently throughout the same study; the data are not collected in separate studies or distinct phases, as in the other two methods (Gay et al., 2009). The main advantage of this method is the strengths of the qualitative data offset the weaknesses of the quantitative data and the strengths of the quantitative data offset the weaknesses of the qualitative data. This method requires the researcher equally value concurrently collected quantitative and qualitative data, and the researcher looks critically at the results of the quantitative and qualitative analysis to determine if the sources revealed similar findings.

Case study methodology will be used to answer the research questions set by the researcher. The data gathered in this study will be analyzed qualitatively and additionally supported by quantitative data (e.g., survey and school records data). The most important application of case studies is to explain the presumed causal links in real-life interventions that are too complex for the survey or experimental strategies. It can also
describe an intervention and the real-life context in which it occurred (Yin, 2003). Case studies are useful when describing the context of the study and the extent to which a particular program or innovation has been implemented. They are also useful for researchers interested in providing causal explanations, such as describing the process by which a particular innovation had a particular effect on the participants in the setting (Gay et al., 2009). There are numerous strengths of case studies recognized by Nisbet and Watt (1984). The results of case studies are more easily understood by a wide audience as they are frequently written in everyday, non-professional language. They are immediately intelligible; they speak for themselves. They catch unique features that may otherwise be lost in larger scale data; these unique features might hold the key to understanding the situation. Case studies provide realistic examples. They provide insights into other, similar situations and cases, thereby assisting interpretation of other similar cases. They can be undertaken by a single researcher without needing a full research team. Finally, case studies can embrace and build in unanticipated events and uncontrolled variables.

When researchers study two or more subjects as the researcher in the current study is, they are usually doing multi-case studies. In comparative case studies, two or more case studies are done and then compared and contrasted (Bogdan & Biklen, 2003). The contexts of the two cases are likely to differ to some extent. If, under these varied circumstances, one still can arrive at common conclusions from both cases, they will have immeasurably expanded the external generalizability of your findings, compared to those from a single case alone (Yin, 2003). Because the students in this study are receiving highly individualized interventions based on the intensity of their behaviors,
there may not be any generalizations made from each case. Despite foreseen differences, cases will be compared so the researcher can identify any possible patterns that may have influenced the effectiveness of the interventions.

**Setting**

The researcher worked with a school district in a mid-sized, urban city in the Midwest that is serving as a model demonstration school for the implementation of intensive tier three supports and receiving training and supports from a PBIS technical assistance center. According to most recent state reporting, School A’s racial demographics were 43.2% Black, 35.8% White, 16.1% Multiracial, 2.6% Hispanic, 0.6% Asian, and 1.6% Native American. In 2010, 55% of the students at School A met or exceeded standards on the state achievement test. This is less than the overall district met or exceeds rate of 71% and much lower than the overall state rate of 81% of students meeting or exceeding standards. Approximately 84% of students at School A were reported as “Low Income” and 21.3% of students had individual education plans (IEPs) in 2010.

School B’s demographics were reported to be 53.3% White, 28.2% Black, 11.7% Multiracial, 3.8% Asian, 2.7% Hispanic, and 0.3% Native American. In 2010, 82% of the students at School B met or exceeded standards on the state achievement test, which was higher than the district average and state average. Approximately 50% of students at School B were reported to be “Low Income” and 13.4% of the students had IEPs in 2010.

The school district was selected as the setting for this study because the following criteria had been met: (a) it is a Illinois Positive Behavioral Interventions in the School
(IL-PBIS) tertiary demonstration school district; (b) it has two or more students enrolled in Systematic Information Management for Educational Outcomes (SIMEO, described in instrumentation section); (c) the school district has been implementing wrap supports with fidelity according to the tertiary district coach and technical assistance coordinator; and (d) the district administration agrees to allowing the researcher access to the data.

The selected school district has been a part of a tertiary model demonstration grant for three years. The goal of the grant was to develop model demonstration schools that will illustrate how and when resources and systems are organized to ensure the success of all students in accordance with an RtI logic model. The school district will also serve as an example of how individual supports and interventions for students with complex needs, particularly those students who require tertiary level Positive Behavior Support interventions, can be more effectively and efficiently provided. To accomplish the overarching goal, the schools strategically apply evidence-based interventions using a rubric that fully encompasses and integrates School-wide Positive Behavior Support with wraparound. The goals of the project are to create: (a) a rigorous but replicable professional development system integrated into districts and schools; (b) a school level, data-based decision system; (c) a comprehensive national dissemination process; (d) a range of validated products for replication and expansion; (e) a multi-tiered process that includes systematic application of person centered and family centered techniques; and (f) a fully integrated evaluation system designed for easy access and use by teachers and families as well as district and state implementers.
Participants

Two elementary level students receiving wraparound supports for emotional or behavioral problems in the selected tertiary demonstration school district agreed to be participants in the study. This study used criterion sampling, which means picking all cases that meet some criterion (Patton, 1990). The students needed to meet the following criteria in order to be selected: (a) attend the selected tertiary demonstration school district; (b) receive wraparound supports; (c) a full set of SIMEO data collected including the wraparound tools (Education Information Tool, Home, School, Community Tool, and Student Disposition Tool, described in the Instrument section); and (d) the parent/guardian agrees to student participation by completing the Wraparound Integrity Tool (WIT). In order to completely protect the identities of the students in the study, the students will be referred to as “Student A” and “Student B.” Please refer to Table 1 for a list of demographic information, interventions provided, and dates of each wraparound meeting for Student A and Student B.

In the recruitment process, the researcher provided the wraparound facilitators, who had existing relationships with the parents/guardians of the potential participants, a script explaining the study and the rights of the participants and parents. The script introduced the researcher, purpose of the study, and the data that will be used in language that was easy to understand. The parent/guardians were given contact information for the researcher and the Loyola University Chicago Office of Research Services if they had any questions or concerns. It was explained to the parent/guardians that the data would be stripped of identifying information. The script and form that were given to the parents...
made it clear that they could withdraw from the study at any time. A waiver of
documented informed consent was approved for this study to fully protect the identities
of the students and their families.

Table 1. Demographic Comparison.

<table>
<thead>
<tr>
<th>Area</th>
<th>Student A</th>
<th>Student B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td>Current Grade</td>
<td>Fifth</td>
<td>Fifth</td>
</tr>
<tr>
<td>Race</td>
<td>Biracial</td>
<td>Biracial</td>
</tr>
<tr>
<td>Primary Language Spoken</td>
<td>English</td>
<td>English</td>
</tr>
<tr>
<td>IEP</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Primary Disability</td>
<td>None</td>
<td>Emotional Disability</td>
</tr>
<tr>
<td>Secondary Disability</td>
<td>None</td>
<td>Speech/Language</td>
</tr>
<tr>
<td>FBA/BIP Developed</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Interventions provided through wraparound</td>
<td>Child Care</td>
<td>Academic Tutoring</td>
</tr>
<tr>
<td></td>
<td>Child Protective Services</td>
<td>Curricular Modification</td>
</tr>
<tr>
<td></td>
<td>Individual Counseling</td>
<td>Peer Support</td>
</tr>
<tr>
<td></td>
<td>Recreation Planning</td>
<td>Speech/Language</td>
</tr>
<tr>
<td></td>
<td>Case Management</td>
<td>Anger Management</td>
</tr>
<tr>
<td></td>
<td>Mentoring</td>
<td>Group Counseling</td>
</tr>
<tr>
<td></td>
<td>Parent Education</td>
<td>Individual Counseling</td>
</tr>
<tr>
<td></td>
<td>Public Aid</td>
<td>School Mentor</td>
</tr>
<tr>
<td></td>
<td>School Mentor</td>
<td>Social Skills Instruction</td>
</tr>
<tr>
<td></td>
<td>Social Skills Instruction</td>
<td>Relaxation Training</td>
</tr>
<tr>
<td></td>
<td>Cultural/Spiritual Supports</td>
<td>Self-Modulation Training</td>
</tr>
</tbody>
</table>

Dates of Wrap Meetings

<table>
<thead>
<tr>
<th>Time</th>
<th>Student A</th>
<th>Student B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1</td>
<td>12/01/2009</td>
<td>04/09/2008</td>
</tr>
<tr>
<td>Time 2</td>
<td>02/26/2010</td>
<td>12/05/2008</td>
</tr>
<tr>
<td>Time 3</td>
<td>04/20/2010</td>
<td>03/09/2009</td>
</tr>
<tr>
<td>Time 4</td>
<td>08/11/2010</td>
<td>05/22/2009</td>
</tr>
<tr>
<td>Time 5</td>
<td>10/19/2010</td>
<td>12/06/2009</td>
</tr>
<tr>
<td>Time 6</td>
<td>N/A</td>
<td>01/25/2010</td>
</tr>
<tr>
<td>Time 7</td>
<td>N/A</td>
<td>09/17/2010</td>
</tr>
</tbody>
</table>
**Student A**

Student A is currently a male in the fifth grade attending a public school in a mid-sized urban setting in the Midwest. The student’s race is described as “biracial” and his primary language is English. His mother is his primary caregiver. The student has been receiving wraparound supports since December 2009 and there have been five recorded wraparound team meetings since then, approximately one meeting every three months during the school year. The student does not currently receive special education services. The student reportedly does not have a Behavior Intervention Plan.

At baseline, Student A exhibited academic and behavioral difficulties as described on the SIMEO tools. Academically, his team rated him as being at "high risk" for failure in the home and at school. His grade point average was said to be 70-79% at baseline. He scored Below Standards on the state standardized test of achievement. His low academic achievement was demonstrated through his team rating him in the following manner: as "sometimes" completing class work" and "never" completing homework. His team noted he "sometimes" needs academic assistance in excess of the assistance expected with classroom instruction. His team reported that his academic performance was not commensurate with his abilities.

With respect to behavior, he was reported as having two out of school suspensions within the past three months. He attended school 80 to 89% of the time. His biggest behavioral concerns were reported as self-control issues and paying attention in class. High needs were reported in behaving appropriately in unsupervised settings and caring about his personal safety at home, school, and in the community.
In terms of emotional issues, the greatest concerns as reported by his wraparound team surrounded his anger control in all settings. They also reported that the student had particular needs in instruction on knowing how to ask for help, handling disagreements appropriately, and responding like other youth to emotional situations.

The student had identified social issues, as his team rated that he only "sometimes" has friends. This was supported by his team reporting that getting along with and being accepting by other children was somewhat of a need. While getting along with adults or respecting adult authority at home was rated as a "high need," he treated the adults at school with more respect. As displayed throughout the SIMEO tools, Student A showed weaknesses in all behavioral, academic and social areas, but the most pervasive needs were in the home setting.

A high area of need in safety for Student A at baseline was lack of transportation at home. It was also noted that a high need at home, school, and in the community was that his health limited his activity. Additionally, a great concern was for his safety in the physical home environment and having age appropriate things to do at school.

Student A’s baseline data was taken in December 2009, indicating he had been receiving wraparound supports for approximately ten months at the time of the most recent data point collected at the time of the current study. According to the Student Disposition Tool completed by his team, the majority of the supports provided to him through wraparound have been in the home setting. These supports have included: child care, child protective services, individual counseling, recreation planning, case management, mentoring, parenting education, and public aid. At school, Student A was
assigned a mentor/advocate and received social skills instruction. The supports in the community have been child care, cultural/spiritual supports, and recreation services.

**Student B**

Student B is also currently a male in the fifth grade attending a public school in a mid-sized urban setting in the Midwest. While he attends school in the same district as Student A, Student B attends a different school and has a different wraparound facilitator. Student B is also said to be biracial. His primary language is English and his mother is his caregiver. The student has been receiving wraparound supports since April 2008 and there have been seven recorded wraparound team meetings since then, approximately one meeting every three months during the school years, though the rate of meetings recorded has decreased this year. The student is currently receiving special education services for an Emotional Disability and a Speech/Language Impairment. According to the surveys, he was eligible for special education services prior to receiving wraparound supports.

At baseline, Student B also exhibited academic and behavioral difficulties as described on the SIMEO tools. Academically, his team rated him as being at "high risk" for failure in the home and community, but not in school. His grade point average, however, was said to be 59% or less, the lowest category. At baseline, he had not yet taken the state standardized test of achievement. His low academic achievement was reflected as he was rated as "never" completing work independently or following directions independently. His team noted he "frequently" needs academic assistance in excess of the assistance expected with classroom instruction. His team reported that his
academic performance was "sometimes" commensurate with his abilities. Student B's overall school performance was reported as "below average."

At baseline, behavioral issues were of concern, as Student B was reported as having six office discipline referrals in the last month. He did not have any in or out of school suspensions in the past three months. According to his team, his most salient behavioral concern was transitioning between activities and environments independently. According to his team, Student B's highest areas of behavioral need at home, school, and in the community were: following the rules, accomplishing tasks successfully, paying attention to directions, and behaving appropriately in unsupervised settings. Additionally, accomplishing tasks on time was a high area of concern at school, but listed as "somewhat" of a need at home and in the community.

Similar to Student A, the greatest emotional concerns for Student B as reported by his wraparound team surrounded his anger control in all settings. They also reported high needs in the areas of handling disagreements appropriately and responding like other youth to emotional situations. According to his team, his highest areas of social needs included having friends at home and in the community. Additional social issues rated as somewhat of a need in all settings included getting along with other children and respecting adults in authority. Nothing was reported as a "high need' in the area of safety at baseline for Student B. Rated as somewhat of a need was health limiting his activity in school and in the community and having a well-balanced diet. Overall, behavioral needs were the highest for Student B, specifically anger management and self control.
Student B’s baseline data was taken in May of 2008, indicating he had been receiving wraparound supports for approximately two and a half years at the time of this study. Student B received a number of supports through wraparound at home, school, and in the community. At home, Student B has received a medication evaluation, mentoring, and transportation. Unlike Student A, the majority of supports provided to Student B have been at school as a part of wraparound. Academic supports he has received in school include: academic tutoring, curricular modification, peer support strategies, and speech and language therapy. Behavioral supports he has received include: anger management intervention, group and individual counseling, mentor/advocate, social skills instruction, and relaxation and self-modulation training. In the community, his team reported that he has been involved in recreation services, though the services are not specified. Additionally, Student B’s team completed a Functional Behavior Analysis (FBA) and has implemented a Behavior Intervention Plan.

**Data Collection Procedures**

In order to triangulate data in this study, the researcher proposed multiple forms and methods of data collection. Collecting information using a variety of sources and methods is one aspect of triangulation. Triangulation reduces the risk that conclusions will reflect only the systematic biases or limitations of a specific source or method. Also, it allows the researcher to gain a broader and more secure understanding of the issues the researcher is investigating (Maxwell, 2005). The bulk of the data used for this study have already been collected through wraparound team meetings. The sources of the data that will be collected will include wraparound tools developed by the Illinois State Technical
Assistance Center and stored in the SIMEO data management system. The parents/guardians were asked to complete an integrity survey that was used in addition to the archived data. The setting in which the study takes place has an already functioning wraparound team for each participant. A wraparound facilitator and district tertiary coach help guide the team through the following phases of wraparound.

**Phase I: Engagement and Team Preparation**

In the initial phase of the wraparound process, the facilitator meets with family and key team members to gather their perspectives. The family is guided to generate a strengths list (multiple settings and perspectives) and a list of needs. The facilitator and family generate a team member list, which includes natural supports. The facilitator then shares baseline data with the family about student’s strengths and needs (Eber et al., 2008). Quinn and Lee (2007) break this phase into five tasks: (a) orient family, (b) plan crisis response, (c) identify long-term goal, (d) assemble team, and (e) schedule meeting. Family voice and choice are first cultivated at this stage. Sensitivity to culture and a focus on family strengths are critical to building trust. Gentle persistence may be needed to engage families who have learned to be wary of the system.

**Phase II: Initial Plan Development**

The second phase of the wraparound process involves the team that the facilitator and family agreed upon. In this phase, a distinct planning process with identifiable steps is followed to create a support plan. Planning assumes a broad ecological focus in which strengths and needs in all life domains are considered (Quinn & Lee, 2007). The team begins their regular meeting schedule. They document and review the student’s strengths
and needs data from the home, school, and community. The team then chooses the needs for the team to focus action planning around, with special priority assigned to family concerns. Then they develop an intervention plan (including function-based behavior supports as needed) to respond to home, school, and community strengths and needs. They work together to assess community supports and resources available to meet the needs identified by the family (Eber et al., 2008).

**Phase III: Implementation**

The third phase of the wraparound process is implementation. Ensuring intervention decisions made during planning get implemented in a timely fashion is the hallmark of this phase. The team facilitator is responsible for following up with individual team members to document follow through on agreed upon responsibilities (Quinn & Lee, 2007). During the implementation phase, the team documents the accomplishments of the student and team at each meeting. The team meets frequently, checking follow-through and assessing progress of different interventions. They receive regular documentation including data and plan updates. The team facilitates ongoing communication among those providing interventions in the home, school, and community (Eber et al., 2008).

**Phase IV: Transition**

The final phase of the wraparound process marks the formal point of transition when regular meetings are not needed. Wraparound supports are intended to promote independence, not dependence. Thus, throughout the process, effective teams are mindful of the time when supports gradually will be withdrawn as goals are achieved (Quinn &
Lee, 2007). During this phase, accomplishments are reviewed and celebrated, and a transition plan is developed. The family may elect at this stage to share their experience with other families who are currently participating in the wraparound process (Eber et al., 2008).

The initial strengths and needs data are recorded on the wraparound tools through the initial conversations that take place in Phase I of wraparound (Eber et al., 2008). The data collection is conducted by the wraparound facilitator, who enters the data in a user-friendly, immediately accessible, online database system known as SIMEO (Systematic Information Management of Educational Outcomes), described in more detail below under Measures/Instrumentation. Team facilitators are trained and supported in how to integrate data collection during the engagement of team members. Skill sets of the facilitators include data entry and organization of data for use at team meetings. Coaching support focuses on how to use the data to engage team members, keep them at the table over time, and refine and monitor interventions continuously. The wraparound facilitators complete the Educational Information Tool, Student Disposition Tool and Home, School, Community Tool as a part of each wraparound meeting through a group interview and discussion. These tools, which are entered into the SIMEO data base, are based on the elements of wraparound discussed in the literature review. If the wraparound team has not already collected the Wraparound Integrity Tool as a part of the process, the researcher asked the parents to complete this tool. This will allow us to understand better the journey the team has gone through while supporting the child.
The school district has a designated district tertiary coach through the IL-PBIS Network who coordinates the wraparound supports and works with the wraparound facilitators in the schools. There are currently 11 students in the school district with data collected using the tools in SIMEO database. The researcher provided the wraparound facilitators with a packet including the Wraparound Integrity Tool (WIT), which is a paper based survey for the parents to complete, and a cover letter. The cover letter explained the research being done and that the parent/guardian's completion and return of the survey would indicate their willingness to participate in the study. This paper survey takes approximately 15 to 20 minutes to complete. The facilitator passively recruited the participants by giving the parents/guardians the packet. The cover letter directed the parents/guardians to return the completed survey to the facilitator if they wished to participate. It was clearly explained that their participation in the research will have no affect on the supports that their children are currently receiving. The facilitators were provided with a pre-addressed and stamped envelope to return the completed survey to the researcher, ensuring that the names/identifying info had been removed. The student data gained from the tools in the SIMEO data management system were de-identified, assigned code names and e-mailed to the researcher by the manager of SIMEO.

**Measures/Instrumentation**

**Systematic Information Management for Educational Outcomes (SIMEO)**

The schools selected for this study have trained wraparound facilitators who enter student data from the wraparound tools (Educational Information Tool, Home School Community Tool, and Student Disposition Tool) into a user-friendly, immediately
accessible, online database system known as SIMEO. This system provides immediate opportunity for single student graphs to be developed and used by the team to guide decision-making at wraparound team meetings. The Illinois wraparound data tools were originally designed via focus groups of wraparound implementers for the purpose of statewide evaluation of wraparound through interagency community-based local-area networks (LANs) from 2000 to 2002 (Eber et al., 2008).

The SIMEO tools were developed with the intent of providing youth and family teams with the data necessary for decision-making and change on behalf of the youth with complex needs, while also serving as a mechanism for the collection of a data repository on students and families with tertiary-level needs. Team facilitators are trained and supported in how to integrate data collection during the engagement of team members. The facilitators’ skill sets include entry and organization of data for use at team meetings (Eber et al., 2008). In this case study, the wraparound facilitators at each school were primarily in charge of data collection on site. Typical persons who are trained and coached to facilitate strength and needs-based wraparound meetings include school social workers, school psychologists, counselors, special education specialists, administrators, and the like (Eber, 2003).

The tools are designed to be collected within one month of the initial team meeting and every 30-90 days thereafter depending upon the intensity of need of the student and family. Three of the instruments used for this study are entered into the SIMEO database: The Educational Information Tool, the Home School Community Tool, and the Student Disposition Tool, which are described below. The current study will use
case study methodology using data obtained from the SIMEO data base and additional data provided by the school’s wrap facilitator. It is important to keep in mind that with the exception to demographic data, the majority of the data is based on the perception of the wraparound team at that time interval. The following sections will outline the types of data collected through these wraparound tools.

**Educational Information Tool**

The Education Information Tool (EI-T) (see Appendix A) is a 44-item tool designed to collect indicator data on the constructs of student academic achievement and classroom functioning. Twenty nine of the 44 questions measure these constructs using a 4-point Likert scale. The two constructs hypothesized to be measured by this tool are classroom functioning and adequacy of educational environment. The other 15 questions are a composite of questions assessing information on the rater, and academic and goal completion achievement. According to the developers of SIMEO, this tool was normed using exploratory and confirmatory factor analytic techniques. The tool is completed by the lead teacher or team of teachers most familiar with the student. Data generated from this tool are used to assess change in the areas of academic achievement, goal completion, classroom behavior and adequacy of educational environment. The subscale is reported as two composite scores: academic achievement and classroom functioning.

**Home School Community Tool**

The Home School Community Tool (HSC-T) is completed by the wrap team facilitator and team members at each wraparound meeting. The Home School Community Tool (HSC-T) is a 40-item tool designed to assess the domains of: student
health/safety, social, emotional, behavior and spiritual/cultural functioning in the home, school and community environments. Each domain is comprised of at least five questions or items. Individual questions across domains are rated on a scale with 1 equaling, “a high area of need,” and 4 equaling, “a high area of strength.” These questions are also rated for functioning in the home, school and community environments and therefore facilitates information sharing from multiple perspectives as different members of the team (teacher, family, and student) are involved in data gathering (Eber et al., 2008). The ratings derived for the domain questions are then aggregated and reported as separate composite domain scores for the home, school, and community environments.

**Student Disposition Tool**

The Student Disposition Tool (SD-T) is an 89-item tool designed to collect demographic, state educational indicators and specific school behavior indicators. Please see Appendix C for this measure, which is completed by the team facilitator in conjunction with appropriate team members and the student’s family. Outcome indicators are used to track change in a required set of outcomes/goals such as graduation rates, standardized testing completion, etc. School behavior data are tracked and benchmarked over time to assess change in behaviors known to place students at risk of placement failure (e.g., office disciplinary rates, school suspension rates). These same behaviors are designed to serve as proxy measures of overall PBIS initiative effectiveness.

**Wraparound Integrity Tool**

The Wraparound Integrity Tool (WIT) is a 47-item tool designed to assess the team’s perception of the integrity of the wraparound process. Please see Appendix D for
a copy of the tool, which was designed to assess the four phases or constructs of the wraparound process to include engagement and team participation, initial plan development, plan implementation and refinement and transition. The tool is filled out by the Wrap facilitator/Coach and team members to include student and family when applicable. The tool is designed to be collected within one month of the initial team meeting and every 30-90 days thereafter. Data generated from this tool will be used to assess integrity of the wraparound process. Data generated will be used to drive change at the team level to insure increased adherence to the wraparound process.

**Data Analysis**

While keeping the anonymity of the students in this study, the researcher will provide some important background information on each participant that will help provide a better understanding to the results of the intervention. The information provided may include, but is not limited to, educational environment (self-contained special education, resource, or general education), presence of a disability, race, services provided through outside agencies and primary language spoken.

The data obtained through SIMEO tools will be analyzed quantitatively and qualitatively. The researcher will allow for visual analysis of the quantitative data by graphing of individual questions on the EI-T, HSC-T, SD-T, and WIT which will be analyzed in order to answer specific research questions. This quantitative data will be analyzed by visual inspection and descriptive statistics with the graphs displaying the data at baseline (A) and at during the intervention (B) to show growth, if present.
In addition to analyzing the quantitative data at baseline and during the intervention, the researcher will analyze the data from each case qualitatively through within-case analysis and cross-case analysis (Yin, 2003). First, the researcher will analyze each participant’s data to identify unique patterns within the data for that single participant. A graphic organizer will be created to track the data for each of the participants at baseline and during the intervention. When the data is organized, the researcher will cross check references for the validity of the responses within the individual cases. A cross-case analysis will then be done in order to analyze the data and outcomes for each participant and identify any patterns that may arise. The researcher will categorize the similarities and differences in between each case. Quantitative trends will be supported by qualitative themes and vice versa. All data will be analyzed quantitatively and qualitatively.

**Inter-rater Reliability**

The researcher enlisted the assistance of an advanced doctoral level graduate student in school psychology to analyze the data from the SIMEO tools in a more qualitative format in addition to the researcher’s analysis. The researcher is also an advanced doctoral student and a practicing school psychologist. Each researcher analyzed individual items on the HSC-T, the EI-T, and the SD-T on Student A and Student B to look for themes among the data. They looked for areas in which the students’ scores increased from a “Weakness” to “Strength” and to determine if there were any areas in which students decreased from “Strength” to a “Weakness.” The researcher and the doctoral student then categorized the student’s overall strengths and weaknesses by
domain (safety, social functioning, emotional functioning, behavioral functioning, spirituality, and academics). The researcher created a grid used by the graduate student to compile the data in order to make cross-case analysis. By reviewing the themes generated by each researcher, the team was able to establish inter-rater reliability, reporting on themes that were validated by both researchers.

**Role of the Researcher**

The researcher worked as a liaison between the Illinois Positive Behavior in the Schools Network (IL-PBIS) and Loyola University Chicago on a Tertiary Grant from June 2008 to June 2009. This Tertiary Grant was funded through the United States Department of Education to explore the impact of intensive, Tier Three supports as a part of PBIS. Much of the work completed during that time surrounded the development of tracking and evaluation tools to support students receiving wraparound supports as well as other behavioral interventions. As a former special education teacher and current school psychologist, the researcher has a special interest in and desire to implement effective interventions for students with the most intensive social, emotional, and behavioral needs. The researcher was never directly involved with the students in the study, but may have worked with their wraparound facilitators or district tertiary coaches through conference calls or trainings in other capacities. The researcher does not have a personal connection with the teams or students in this study. As much distance as possible was kept to ensure the protection of the student’s identities and so not even the researcher would be able to identify the students.
Summary

The purpose of this study was to investigate the effects of wraparound supports in schools on students’ classroom behavior, social behavior, emotional functioning, and academic skills. In a multiple-case study, one goal is to build a general explanation that fits each of the individual cases, even though the cases will vary in their details (Yin, 2003). Quantitative and qualitative data derived from team facilitated interviews, the SIMEO data management system, and school records will be analyzed in order to examine the effects of wraparound on students individually. The data will also be analyzed across subjects to look for patterns over time from baseline to current functioning.
CHAPTER IV

RESULTS

The researcher analyzed the effectiveness of wraparound supports for students in the following areas: Safety, Social Behavior, Emotional functioning, Behavioral Functioning, and Spiritual Functioning. These categories were derived from the measures on the SIMEO tools described in Measures/Instrumentation as well as visual inspection of the data emanating from them over time. The researcher also analyzed potential effects wraparound supports had on academic functioning. Finally, the researcher used results from the Wraparound Integrity Tool to study how the integrity of wraparound supports may have affected student outcomes.

Effectiveness of Wraparound by Category

On the SIMEO tools described in the results section, students are generally rated on a 4-point Likert scale, with one representing the weakest score and four representing the highest score. Scores of one or two are considered “weaknesses” and scores of three or four are considered “strengths.”

Safety

Safety is one of the five broad domains assessed using the HSC-T. The survey items related to overall safety include questions regarding the student’s health and access/utilization of health care providers. The scale items are also a measure of the student’s safety from violence and whether he/she has life and survival skills. Teams are
also asked to report on the student’s access to transportation and whether the student has enough to eat and enough age appropriate activities to engage in.

Table 2 shows the results of the HSC-T over each wraparound team meeting (approximately every three months) and breaks scores in Safety down into safety at Home, School, the Community, and Overall Safety. The wraparound teams of both Student A and Student B rated safety as an overall strength (mean over 2.5) at the time wraparound supports were initiated. Over the time intervals, Student A showed increased ratings on safety across all settings. Student B’s scores decreased slightly at home and in the community and stayed the same at home from Time 1 to Time 7. While Student B initially had higher scores than Student A, his ratings decreased in every area but school (no change) and Student A’s safety improved over time.

Table 2. Mean Scores for Safety over Time Intervals.

<table>
<thead>
<tr>
<th>Area</th>
<th>Home</th>
<th>School</th>
<th>Community</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>2.75</td>
<td>2.50</td>
<td>3.50</td>
<td>2.92</td>
</tr>
<tr>
<td>Time 2</td>
<td>3.38</td>
<td>3.00</td>
<td>3.75</td>
<td>3.38</td>
</tr>
<tr>
<td>Time 3</td>
<td>3.38</td>
<td>3.00</td>
<td>3.75</td>
<td>3.38</td>
</tr>
<tr>
<td>Time 4</td>
<td>3.13</td>
<td>3.13</td>
<td>4.00</td>
<td>3.42</td>
</tr>
<tr>
<td>Time 5</td>
<td>3.13</td>
<td>3.13</td>
<td>4.00</td>
<td>3.42</td>
</tr>
<tr>
<td>Difference</td>
<td>+0.38</td>
<td>+0.63</td>
<td>+0.50</td>
<td>+0.50</td>
</tr>
<tr>
<td>Student B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>3.50</td>
<td>3.50</td>
<td>3.25</td>
<td>3.42</td>
</tr>
<tr>
<td>Time 2</td>
<td>3.75</td>
<td>4.00</td>
<td>3.75</td>
<td>3.83</td>
</tr>
<tr>
<td>Time 3</td>
<td>3.00</td>
<td>3.63</td>
<td>2.88</td>
<td>3.17</td>
</tr>
<tr>
<td>Time 4</td>
<td>3.38</td>
<td>3.76</td>
<td>3.13</td>
<td>3.42</td>
</tr>
<tr>
<td>Time 5</td>
<td>3.25</td>
<td>3.50</td>
<td>3.00</td>
<td>3.25</td>
</tr>
<tr>
<td>Time 6</td>
<td>3.13</td>
<td>3.50</td>
<td>3.00</td>
<td>3.21</td>
</tr>
<tr>
<td>Time 7</td>
<td>2.88</td>
<td>3.50</td>
<td>2.88</td>
<td>3.08</td>
</tr>
<tr>
<td>Difference</td>
<td>-0.62</td>
<td>+0.00</td>
<td>-0.37</td>
<td>-0.34</td>
</tr>
</tbody>
</table>
The researcher and the doctoral research assistant conducted specific item analysis within the Safety domain to determine areas in which Student A and Student B made growth through the wraparound support. Growth was indicated by moving from the Weakness range (1 or 2) to a Strength range (3 or 4). Table 3 indicates the point increase from the initial implementation of wraparound supports to the most recent ratings.

Student A made significant gains from areas of high need to areas of high strength. For example, Student A made a three point gain on “Health does not limit child’s activity” at home, school, and the community exhibiting that health concerns were present at the start of wraparound that are no longer concerns. Also, Student A now has transportation at home and school since wraparound has been implemented. While Student B had some increases in safety, ratings were not as significant. According to ratings by the student’s wraparound team, Student B’s health at home and in the community has improved. He now has transportation at home and in the community and has enough food to eat at home and school.
Table 3. Areas of Growth: Safety.

<table>
<thead>
<tr>
<th>Item</th>
<th>Tool</th>
<th>Setting</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health does not limit child’s activity</td>
<td>HSC</td>
<td>Home</td>
<td>+3</td>
</tr>
<tr>
<td>Health does not limit child’s activity</td>
<td>HSC</td>
<td>School</td>
<td>+3</td>
</tr>
<tr>
<td>Health does not limit child’s activity</td>
<td>HSC</td>
<td>Community</td>
<td>+3</td>
</tr>
<tr>
<td>Has enough to do (age appropriate activities)</td>
<td>HSC</td>
<td>School</td>
<td>+2</td>
</tr>
<tr>
<td>Has transportation</td>
<td>HSC</td>
<td>Home</td>
<td>+3</td>
</tr>
<tr>
<td>Has transportation</td>
<td>HSC</td>
<td>School</td>
<td>+2</td>
</tr>
</tbody>
</table>

Student A

Health does not limit child’s activity
Health does not limit child’s activity
Health does not limit child’s activity
Has enough to do (age appropriate activities)
Has transportation
Has transportation

Student B

Health does not limit child’s activity
Health does not limit child’s activity
Has enough to eat
Has enough to eat
Has transportation
Has transportation

The researcher and doctoral research assistant then conducted specific item analysis within the Safety domain to determine areas in which Student A and Student B decreased while receiving the wraparound supports. This was indicated by moving from the Strength range (3 or 4) to a Weakness range (1 or 2). Table 4 indicates the point increase from the initial implementation of wraparound supports to the most recent ratings. The only decrease for Student A occurred at home, where the student reportedly does not know when to ask for help. Now that health and safety has gotten better, the student's team has reprioritized his behavioral needs. As Student B has aged, more concerns have been exhibited in life/survival skills at home, school, and in the community. Additionally, Student B was rated as not having enough age appropriate activities to do at home.
Table 4. Decreased Scores: Safety.

<table>
<thead>
<tr>
<th>Item</th>
<th>Tool</th>
<th>Setting</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows when to ask for help</td>
<td>HSC</td>
<td>Home</td>
<td>-1</td>
</tr>
<tr>
<td>Has life/survival skills</td>
<td>HSC</td>
<td>Home</td>
<td>-2</td>
</tr>
<tr>
<td>Has life/survival skills</td>
<td>HSC</td>
<td>School</td>
<td>-2</td>
</tr>
<tr>
<td>Has life/survival skills</td>
<td>HSC</td>
<td>Community</td>
<td>-2</td>
</tr>
<tr>
<td>Has enough to do (age appropriate activities)</td>
<td>HSC</td>
<td>Home</td>
<td>-1</td>
</tr>
</tbody>
</table>

**Social Behavior**

Social behavior is the second domain assessed using the HSC-T. The survey items in order to assess overall social behavior include questions regarding friendships, the student’s ability to get along with children and adults, and the student's respect for authority.

Table 5 shows the results of the HSC-T over each time interval and breaks scores in Social Behavior down into Home, School, the Community, and Overall Social Behavior. As exhibited in Table 5, both teams rated social behavior as a weakness of their students overall at baseline. Student A’s score in social behavior was a borderline strength at school, but more of a concern at home and in the community. Student A’s score increased greatly in the community as rated by his team at the most recent wraparound meeting. His social behavior at home continues to be a weakness, though it has improved slightly. Social behavior for Student B continues to be an overall weakness. His scores have decreased at school and overall, stayed the same at home, and increased slightly in the community.
Table 5. Mean Scores for Social Behavior Over Time Intervals.

<table>
<thead>
<tr>
<th>Area</th>
<th>Home</th>
<th>School</th>
<th>Community</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>1.60</td>
<td>2.50</td>
<td>2.40</td>
<td>2.07</td>
</tr>
<tr>
<td>Time 2</td>
<td>2.00</td>
<td>3.00</td>
<td>2.80</td>
<td>2.40</td>
</tr>
<tr>
<td>Time 3</td>
<td>2.00</td>
<td>3.00</td>
<td>2.80</td>
<td>2.40</td>
</tr>
<tr>
<td>Time 4</td>
<td>2.20</td>
<td>3.13</td>
<td>4.00</td>
<td>2.87</td>
</tr>
<tr>
<td>Time 5</td>
<td>2.20</td>
<td>3.13</td>
<td>4.00</td>
<td>2.87</td>
</tr>
<tr>
<td>Difference</td>
<td>+0.60</td>
<td>+0.63</td>
<td>+1.60</td>
<td>+0.80</td>
</tr>
<tr>
<td>Student B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>2.20</td>
<td>2.40</td>
<td>2.20</td>
<td>2.27</td>
</tr>
<tr>
<td>Time 2</td>
<td>2.20</td>
<td>1.80</td>
<td>2.40</td>
<td>2.13</td>
</tr>
<tr>
<td>Time 3</td>
<td>2.40</td>
<td>2.40</td>
<td>2.40</td>
<td>2.40</td>
</tr>
<tr>
<td>Time 4</td>
<td>2.40</td>
<td>2.40</td>
<td>2.40</td>
<td>2.40</td>
</tr>
<tr>
<td>Time 5</td>
<td>2.20</td>
<td>1.60</td>
<td>2.40</td>
<td>2.07</td>
</tr>
<tr>
<td>Time 6</td>
<td>2.20</td>
<td>1.60</td>
<td>2.40</td>
<td>2.07</td>
</tr>
<tr>
<td>Time 7</td>
<td>2.20</td>
<td>1.80</td>
<td>2.40</td>
<td>2.13</td>
</tr>
<tr>
<td>Difference</td>
<td>+0.00</td>
<td>-0.60</td>
<td>+0.20</td>
<td>-0.14</td>
</tr>
</tbody>
</table>

The researcher and doctoral research assistant conducted specific item analysis within the Social Behavior domain to determine areas in which Student A and Student B made growth through the wraparound support. Growth was indicated by moving from the Weakness range (1 or 2) to a Strength range (3 or 4). Table 6 indicates the point increase from the initial implementation of wraparound supports to the most recent ratings. For Student A, social relationships at home continue to be an area of need. He did, however, make friends at home since the start of wraparound. Within this area, student A made the most gains in the community environment, where he now gets along with children, adults, and respects adults in authority. He also made gains in respecting adults in authority at school. Student B also continues to exhibit needs in social relationships,
though he made fewer gains than Student A. According to his team, Student B is not accepted by other children at home and in the community.

Table 6. Areas of Growth: Social Behavior.

<table>
<thead>
<tr>
<th>Item</th>
<th>Tool</th>
<th>Setting</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has Friends</td>
<td>HSC</td>
<td>Home</td>
<td>+1</td>
</tr>
<tr>
<td>Gets along with children</td>
<td>HSC</td>
<td>Community</td>
<td>+2</td>
</tr>
<tr>
<td>Gets along with adults</td>
<td>HSC</td>
<td>Community</td>
<td>+2</td>
</tr>
<tr>
<td>Respects adults in authority</td>
<td>HSC</td>
<td>Community</td>
<td>+1</td>
</tr>
<tr>
<td>Respects adults in authority</td>
<td>HSC</td>
<td>School</td>
<td>+2</td>
</tr>
<tr>
<td>Student B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is accepted by other children</td>
<td>HSC</td>
<td>Community</td>
<td>+1</td>
</tr>
<tr>
<td>Is accepted by other children</td>
<td>HSC</td>
<td>Home</td>
<td>+1</td>
</tr>
<tr>
<td>Gets along with children</td>
<td>HSC</td>
<td>Community</td>
<td>+1</td>
</tr>
</tbody>
</table>

The researcher and doctoral research assistant then conducted specific item analysis within the Social Behavior domain to determine areas in which Student A and Student B decreased while receiving the wraparound supports. This was indicated by moving from the Strength range (3 or 4) to a Weakness range (1 or 2). Table 7 indicates the point increase from the initial implementation of wraparound supports to the most recent ratings. Student A did not show any decreased item scores in Social Behavior. Student B, however, now exhibits a high need in having friends in school. This does not necessarily mean he had friends before this point, but his team may not have felt it was as much of a need before. His team has also reported a significant decline in getting along with adults in home, school, and the community.
Table 7. Decreased Scores: Social Behavior.

<table>
<thead>
<tr>
<th>Item</th>
<th>Tool</th>
<th>Setting</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student B</td>
<td>HSC</td>
<td>School</td>
<td>-1</td>
</tr>
<tr>
<td>Has friends</td>
<td>HSC</td>
<td>Home</td>
<td>-2</td>
</tr>
<tr>
<td>Gets along with adults</td>
<td>HSC</td>
<td>School</td>
<td>-2</td>
</tr>
<tr>
<td>Gets along with adults</td>
<td>HSC</td>
<td>Community</td>
<td>-2</td>
</tr>
</tbody>
</table>

Emotional Functioning

Emotional Functioning is the third domain assessed using the HSC-T. The survey items which assess overall emotional functioning include the student’s ability to control his/her anger and handle disagreements. The survey items also assess the student’s sense of belonging and knowing when and how to ask for help. The team then rates the student’s ability to respond to emotional situations like other youth.

Table 8 shows the results of the HSC-T over each time interval and further disaggregates scores within Emotional Functioning into Home, School, the Community, and Overall Emotional Functioning. As exhibited in Table 8, Emotional Functioning was a great weakness for Student A and Student B in all three settings. Over time, Student A's team rated some emotional growth at home and school, and a great amount of growth in items related to community functioning. However, emotional functioning continues to be an overall weakness, particularly at home and at school. Student B also displayed weaknesses at the start of intervention and showed minimal growth over time. He has shown no growth in emotional functioning in the community and some growth at home.
and school. Emotional functioning is now a borderline strength at home for Student B, but it remains a weakness at school, in the community, and overall.

Table 8. Mean Scores for Emotional Functioning Over Time Intervals.

<table>
<thead>
<tr>
<th>Area</th>
<th>Home</th>
<th>School</th>
<th>Community</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>1.50</td>
<td>1.50</td>
<td>1.33</td>
<td>1.44</td>
</tr>
<tr>
<td>Time 2</td>
<td>2.00</td>
<td>2.00</td>
<td>1.83</td>
<td>1.94</td>
</tr>
<tr>
<td>Time 3</td>
<td>2.00</td>
<td>2.00</td>
<td>1.83</td>
<td>1.94</td>
</tr>
<tr>
<td>Time 4</td>
<td>1.83</td>
<td>2.33</td>
<td>2.50</td>
<td>2.22</td>
</tr>
<tr>
<td>Time 5</td>
<td>1.83</td>
<td>2.33</td>
<td>2.50</td>
<td>2.22</td>
</tr>
<tr>
<td>Difference</td>
<td>+0.33</td>
<td>+0.83</td>
<td>+1.17</td>
<td>+0.82</td>
</tr>
<tr>
<td>Student B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>2.00</td>
<td>1.83</td>
<td>1.67</td>
<td>1.83</td>
</tr>
<tr>
<td>Time 2</td>
<td>2.33</td>
<td>1.83</td>
<td>2.17</td>
<td>2.11</td>
</tr>
<tr>
<td>Time 3</td>
<td>1.83</td>
<td>2.50</td>
<td>1.83</td>
<td>2.06</td>
</tr>
<tr>
<td>Time 4</td>
<td>1.83</td>
<td>2.33</td>
<td>1.83</td>
<td>2.00</td>
</tr>
<tr>
<td>Time 5</td>
<td>1.83</td>
<td>2.00</td>
<td>1.83</td>
<td>1.89</td>
</tr>
<tr>
<td>Time 6</td>
<td>1.83</td>
<td>2.00</td>
<td>1.67</td>
<td>1.83</td>
</tr>
<tr>
<td>Time 7</td>
<td>2.50</td>
<td>2.33</td>
<td>1.67</td>
<td>2.17</td>
</tr>
<tr>
<td>Difference</td>
<td>+0.50</td>
<td>+0.50</td>
<td>+0.00</td>
<td>+0.34</td>
</tr>
</tbody>
</table>

The researcher and doctoral research assistant conducted specific item analysis within the Emotional Functioning domain to determine areas in which Student A and Student B made growth through the wraparound support. Growth was indicated by moving from the Weakness range (1 or 2) to a Strength range (3 or 4). Table 9 indicates the point increase from the initial implementation of wraparound supports to the most recent ratings. While Student A’s team reported increased ratings on three different items, emotional functioning continues to be a weakness for him. Improvements were shown in anger control at school and in the community. He also showed slight improvements in
feeling a sense of belonging at school and in the community and now handles disagreements better in the community. This is also an area of overall weakness for Student B. Student B's team rated improvements in feeling that he belongs in the community. He now also knows how to ask for help and responds like other youth to emotional situations at home.

Table 9. Areas of Growth: Emotional Functioning.

<table>
<thead>
<tr>
<th>Item</th>
<th>Tool</th>
<th>Setting</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controls his anger</td>
<td>HSC</td>
<td>School</td>
<td>+2</td>
</tr>
<tr>
<td>Controls his anger</td>
<td>HSC</td>
<td>Community</td>
<td>+1</td>
</tr>
<tr>
<td>Feels that he belongs</td>
<td>HSC</td>
<td>School</td>
<td>+1</td>
</tr>
<tr>
<td>Feels that he belongs</td>
<td>HSC</td>
<td>Community</td>
<td>+1</td>
</tr>
<tr>
<td>Handles disagreements</td>
<td>HSC</td>
<td>Community</td>
<td>+2</td>
</tr>
<tr>
<td>Student B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feels that he belongs</td>
<td>HSC</td>
<td>Community</td>
<td>+2</td>
</tr>
<tr>
<td>Knows how to ask for help</td>
<td>HSC</td>
<td>Home</td>
<td>+1</td>
</tr>
<tr>
<td>Responds like other youth to emotional situations</td>
<td>HSC</td>
<td>Home</td>
<td>+2</td>
</tr>
</tbody>
</table>

The researcher and doctoral research assistant then conducted specific item analysis within the Emotional Functioning domain to determine areas in which Student A and Student B decreased in particular areas while receiving the wraparound supports. This was indicated by moving from the Strength range (3 or 4) to a Weakness range (1 or 2). Table 10 indicates the point increase from the initial implementation of wraparound supports to the most recent ratings. Student A decreased from a strength to a weakness on one item; knowing when to ask for help at home. Student B’s team reported decreases in him knowing when to ask for help in all settings.
Table 10. Decreased Scores: Emotional Functioning.

<table>
<thead>
<tr>
<th>Item</th>
<th>Tool</th>
<th>Setting</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows when to ask for help</td>
<td>HSC-T</td>
<td>Home</td>
<td>-1</td>
</tr>
<tr>
<td>Knows when to ask for help</td>
<td>HSC-T</td>
<td>School</td>
<td>-1</td>
</tr>
<tr>
<td>Knows when to ask for help</td>
<td>HSC-T</td>
<td>Community</td>
<td>-2</td>
</tr>
</tbody>
</table>

**Behavioral Functioning**

Behavioral functioning is the fourth domain assessed using the HSC-T. The survey items which assess overall emotional functioning includes the student’s ability to follow the rules, seek attention appropriately, and control him/herself. The domain is also a measure of the student’s care for personal safety, participation in activities, and ability to accomplish tasks successfully and on time. Finally, the tool examines independent work and appropriate behavior in unsupervised settings. Table 11 shows the results of the HSC-T over each time interval and further disaggregates scores within Behavioral Functioning into Home, School, the Community, and Overall Behavioral Functioning. The Behavioral Functioning in both Student A and Student B was a weakness across settings at baseline. Student A’s ratings in this domain were particularly low at home, while Student B’s ratings were similar across the board. While Student A made gains in all settings, Student B showed minimal gains at home and school and his scores decreased in the community and in overall behavioral functioning.
Table 11. Mean Scores for Behavioral Functioning Over Time Intervals.

<table>
<thead>
<tr>
<th>Area</th>
<th>Home</th>
<th>School</th>
<th>Community</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>1.58</td>
<td>2.33</td>
<td>2.17</td>
<td>2.03</td>
</tr>
<tr>
<td>Time 2</td>
<td>2.00</td>
<td>2.67</td>
<td>2.50</td>
<td>2.39</td>
</tr>
<tr>
<td>Time 3</td>
<td>2.00</td>
<td>2.67</td>
<td>2.50</td>
<td>2.39</td>
</tr>
<tr>
<td>Time 4</td>
<td>2.42</td>
<td>3.08</td>
<td>3.42</td>
<td>2.98</td>
</tr>
<tr>
<td>Time 5</td>
<td>2.42</td>
<td>3.08</td>
<td>3.50</td>
<td>3.00</td>
</tr>
<tr>
<td>Difference</td>
<td>+0.84</td>
<td>+0.75</td>
<td>+1.33</td>
<td>+0.97</td>
</tr>
<tr>
<td>Student B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>2.08</td>
<td>1.92</td>
<td>2.00</td>
<td>1.97</td>
</tr>
<tr>
<td>Time 2</td>
<td>2.17</td>
<td>1.92</td>
<td>2.15</td>
<td>2.08</td>
</tr>
<tr>
<td>Time 3</td>
<td>1.67</td>
<td>1.67</td>
<td>1.62</td>
<td>1.67</td>
</tr>
<tr>
<td>Time 4</td>
<td>1.67</td>
<td>1.67</td>
<td>1.62</td>
<td>1.67</td>
</tr>
<tr>
<td>Time 5</td>
<td>1.67</td>
<td>1.67</td>
<td>1.62</td>
<td>1.67</td>
</tr>
<tr>
<td>Time 6</td>
<td>1.67</td>
<td>1.67</td>
<td>1.69</td>
<td>1.69</td>
</tr>
<tr>
<td>Time 7</td>
<td>2.17</td>
<td>1.92</td>
<td>1.62</td>
<td>1.92</td>
</tr>
<tr>
<td>Difference</td>
<td>+0.09</td>
<td>+0.00</td>
<td>-0.38</td>
<td>-0.05</td>
</tr>
</tbody>
</table>

The researcher and doctoral research assistant conducted specific item analysis within the behavioral functioning domain to determine areas in which Student A and Student B made growth through the wraparound support process. Growth was indicated by moving from the Weakness range (1 or 2) to a Strength range (3 or 4). Table 12 indicates the point increase from the initial implementation of wraparound supports to the most recent ratings. Behavioral functioning was Student A’s biggest area of growth since receiving wraparound supports. His increases have been primarily at school and in the community, but he also now accomplishes tasks on time at home. He now controls himself in school and the community and follows directions and the same routines as other students. Student A also cares for his personal safety, participates in activities, and
behaves appropriately in unsupervised settings in the community. Student B has not had similar success in behavioral functioning. This area continues to be an area of overall weakness for Student B. Student B now accomplishes tasks on time in the community and likes to get better at the things he does in all settings.

Table 12. Areas of Growth: Behavioral Functioning.

<table>
<thead>
<tr>
<th>Item</th>
<th>Tool</th>
<th>Setting</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows the same routines as other students</td>
<td>EI-T</td>
<td>School</td>
<td>+1</td>
</tr>
<tr>
<td>Follows directions independently</td>
<td>EI-T</td>
<td>Community</td>
<td>+1</td>
</tr>
<tr>
<td>Seeks attention in appropriate ways</td>
<td>HSC-T</td>
<td>Community</td>
<td>+1</td>
</tr>
<tr>
<td>Follows rules</td>
<td>HSC-T</td>
<td>Community</td>
<td>+2</td>
</tr>
<tr>
<td>Controls himself</td>
<td>HSC-T</td>
<td>Community</td>
<td>+3</td>
</tr>
<tr>
<td>Controls himself</td>
<td>HSC-T</td>
<td>School</td>
<td>+2</td>
</tr>
<tr>
<td>Cares for own personal safety</td>
<td>HSC-T</td>
<td>Community</td>
<td>+2</td>
</tr>
<tr>
<td>Participates in activities</td>
<td>HSC-T</td>
<td>School</td>
<td>+2</td>
</tr>
<tr>
<td>Is usually on time</td>
<td>HSC-T</td>
<td>School</td>
<td>+2</td>
</tr>
<tr>
<td>Accomplishes chores/assignments/tasks on time</td>
<td>HSC-T</td>
<td>Home</td>
<td>+2</td>
</tr>
<tr>
<td>Pays attention to directions</td>
<td>HSC-T</td>
<td>Community</td>
<td>+2</td>
</tr>
<tr>
<td>Behaves appropriately in unsupervised setting</td>
<td>HSC-T</td>
<td>Community</td>
<td>+2</td>
</tr>
</tbody>
</table>

| Student B                                      |        |                 |          |
| Accomplishes chores/assignments/tasks on time  | HSC-T  | Community       | +2       |
| Likes to get better at the things he does      | HSC-T  | Home            | +1       |
| Likes to get better at the things he does      | HSC-T  | School          | +1       |
| Likes to get better at the things he does      | HSC-T  | Community       | +1       |

A specific item analysis was conducted within the Behavioral Functioning domain to determine areas in which Student A and Student B decreased while receiving the wraparound supports. This was indicated by moving from the Strength range (3 or 4) to a Weakness range (1 or 2). Table 13 indicates the point increase from the initial implementation of wraparound supports to the most recent ratings after working with the
students. As previously noted, behavioral functioning is an area of improvement for
Student A. The only regression was that he no longer transitions between activities and
environments independently. Student B, however, received decreased ratings in many
areas. He no longer engages in socially appropriate behaviors with peers or follows the
same routine as peers at school. His team also reported decreased participation in
activities at home and in the community. Working independently went from a strength to
a weakness for Student B at home, school, and in the community following the
implementation of wraparound supports.

Table 13. Decreased Scores: Behavioral Functioning.

<table>
<thead>
<tr>
<th>Item</th>
<th>Tool</th>
<th>Setting</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student transitions between activities and</td>
<td>HSC-T</td>
<td>School</td>
<td>-1</td>
</tr>
<tr>
<td>environments independently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engages in socially appropriate behavior with</td>
<td>EI-T</td>
<td>School</td>
<td>-1</td>
</tr>
<tr>
<td>peers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student follows same routine as other students</td>
<td>EI-T</td>
<td>School</td>
<td>-1</td>
</tr>
<tr>
<td>Participate in activities</td>
<td>HSC-T</td>
<td>Home</td>
<td>-2</td>
</tr>
<tr>
<td>Participate in activities</td>
<td>HSC-T</td>
<td>Community</td>
<td>-1</td>
</tr>
<tr>
<td>Works independently</td>
<td>HSC-T</td>
<td>Home</td>
<td>-2</td>
</tr>
<tr>
<td>Works independently</td>
<td>HSC-T</td>
<td>School</td>
<td>-2</td>
</tr>
<tr>
<td>Works independently</td>
<td>HSC-T</td>
<td>Community</td>
<td>-2</td>
</tr>
</tbody>
</table>

**Spiritual Functioning**

Spiritual functioning is the final domain assessed using the HSC-T. The survey
items in order to assess overall spiritual functioning ask if the student’s spiritual and
cultural needs are met and if the student feels accepted. Table 14 shows the results of the
HSC-T over each time interval and further disaggregates scores within Spiritual Functioning into Home, School, the Community, and Overall Spiritual Functioning.

Spiritual Functioning was rated as a weakness in all settings for Student A when the intervention began. Over time, however, ratings increased and while spirituality is still rated as a weakness for the student at home and at school, it is now a strength in the community and overall. Spiritual Functioning for Student B was strength at home, school, and the community at the start of wraparound supports and grew even stronger over time. This area was the greatest strength for Student B across all domains.

Table 14. Mean Scores for Spiritual Functioning Over Time Intervals.

<table>
<thead>
<tr>
<th>Area</th>
<th>Home</th>
<th>School</th>
<th>Community</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>1.67</td>
<td>1.67</td>
<td>2.00</td>
<td>1.78</td>
</tr>
<tr>
<td>Time 2</td>
<td>1.67</td>
<td>1.67</td>
<td>2.00</td>
<td>1.78</td>
</tr>
<tr>
<td>Time 3</td>
<td>1.67</td>
<td>1.67</td>
<td>2.00</td>
<td>1.78</td>
</tr>
<tr>
<td>Time 4</td>
<td>2.33</td>
<td>2.33</td>
<td>3.00</td>
<td>2.56</td>
</tr>
<tr>
<td>Time 5</td>
<td>2.33</td>
<td>2.33</td>
<td>3.00</td>
<td>2.56</td>
</tr>
<tr>
<td>Difference</td>
<td>+0.66</td>
<td>+0.66</td>
<td>+1.00</td>
<td>+0.78</td>
</tr>
<tr>
<td>Student B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>3.33</td>
<td>3.33</td>
<td>3.33</td>
<td>3.33</td>
</tr>
<tr>
<td>Time 2</td>
<td>3.33</td>
<td>3.67</td>
<td>2.67</td>
<td>3.22</td>
</tr>
<tr>
<td>Time 3</td>
<td>3.67</td>
<td>3.67</td>
<td>3.67</td>
<td>3.67</td>
</tr>
<tr>
<td>Time 4</td>
<td>3.67</td>
<td>3.67</td>
<td>3.67</td>
<td>3.67</td>
</tr>
<tr>
<td>Time 5</td>
<td>3.67</td>
<td>3.67</td>
<td>3.67</td>
<td>3.67</td>
</tr>
<tr>
<td>Time 6</td>
<td>3.67</td>
<td>3.67</td>
<td>3.67</td>
<td>3.67</td>
</tr>
<tr>
<td>Time 7</td>
<td>3.33</td>
<td>3.67</td>
<td>3.67</td>
<td>3.56</td>
</tr>
<tr>
<td>Difference</td>
<td>+0.00</td>
<td>+0.34</td>
<td>+0.34</td>
<td>+0.23</td>
</tr>
</tbody>
</table>

The researcher and doctoral research assistant conducted specific item analysis within the Spiritual Functioning domain to determine areas in which Student A and
Student B made growth through the wraparound support. Growth was indicated by moving from the Weakness range (1 or 2) to a Strength range (3 or 4). Table 15 indicates the point increase from the initial implementation of wraparound supports to the most recent ratings. While his overall has increased, Student A’s spiritual functioning is still a weakness at home and school. His spiritual needs are now being met at home, school, and in the community. Student B was reported as having spiritual functioning as strength in each area prior to wraparound supports being implemented. Therefore, improvements from weaknesses to strengths were not applicable.

Table 15. Areas of Growth: Spiritual Functioning.

<table>
<thead>
<tr>
<th>Item</th>
<th>Tool</th>
<th>Setting</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual needs are met</td>
<td>HSC-T</td>
<td>Home</td>
<td>+2</td>
</tr>
<tr>
<td>Spiritual needs are met</td>
<td>HSC-T</td>
<td>School</td>
<td>+2</td>
</tr>
<tr>
<td>Spiritual needs are met</td>
<td>HSC-T</td>
<td>Community</td>
<td>+2</td>
</tr>
</tbody>
</table>

Student B
Not Applicable

The researcher and doctoral research assistant then conducted specific item analysis within the Spiritual Functioning domain to determine areas in which Student A and Student B decreased while receiving the wraparound supports. This was indicated by moving from the Strength range (3 or 4) to a Weakness range (1 or 2). Table 16 indicates the point increase from the initial implementation of wraparound supports to the most recent ratings. Student A did not receive any decreased ratings in spiritual functioning. Student B’s team, however, reported a decrease in his spiritual needs being met at school.
Table 16. Decreased Scores: Spiritual Functioning.

<table>
<thead>
<tr>
<th>Item</th>
<th>Tool</th>
<th>Setting</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td>Not Applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student B</td>
<td>Spiritual needs are met</td>
<td>HSC-T</td>
<td>School</td>
</tr>
</tbody>
</table>

**Academic Functioning**

Using the Student Disposition Tool (SD-T), the wraparound teams were asked to assign the students grade point averages to reflect their overall academic performance. A rating of “1” indicates a failing grade (0 to 59%), a “2” indicates below average grades (60-69%), a “3” indicates average grades (70-79%), a “4” indicates above average grades (80-89%) and a “5” indicates superior grades (90-100%). As displayed in the graph below (see Table 17), Student A was receiving average grades at the initiation of wraparound supports and Student B was receiving failing grades. Over time, Student A made some gains, but is currently still receiving average grades. Student B made more notable gains as he was receiving failing grades at the start of wraparound supports and is now earning average grades.
The researcher and doctoral research assistant conducted specific item analysis within the Academic Functioning domain to determine areas in which Student A and Student B made growth through the wraparound support. Growth was indicated by moving from the Weakness range (1 or 2) to a Strength range (3 or 4). Table 18 indicates the point increase from the initial implementation of wraparound supports to the most recent ratings. Student A’s team reported many academic gains since implementing wraparound supports. Student A went from being reported as a “high risk” for failure in school to “no risk” for failure in school while receiving wraparound supports. He also completes work independently and without supports. While Student B did not show as much academic growth, he did increase his grade point average from below 59% to 70-79%. Student B now participates in more extracurricular activities in school and transitions between environments independently.
Table 18. Areas of Growth: Academic Functioning.

<table>
<thead>
<tr>
<th>Item</th>
<th>Tool</th>
<th>Setting</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of school failure</td>
<td>SD-T</td>
<td>School</td>
<td>+3</td>
</tr>
<tr>
<td>Completes assignments on time</td>
<td>EI-T</td>
<td>School</td>
<td>+1</td>
</tr>
<tr>
<td>Completes homework on time</td>
<td>EI-T</td>
<td>Home</td>
<td>+1</td>
</tr>
<tr>
<td>Passes quizzes and tests</td>
<td>EI-T</td>
<td>School</td>
<td>+1</td>
</tr>
<tr>
<td>Completes subjects with a passing grade</td>
<td>EI-T</td>
<td>School</td>
<td>+1</td>
</tr>
<tr>
<td>Participates in classroom discussions and activities</td>
<td>EI-T</td>
<td>School</td>
<td>+1</td>
</tr>
<tr>
<td>Pays attention in class</td>
<td>EI-T</td>
<td>School</td>
<td>+1</td>
</tr>
<tr>
<td>Student completes work independently</td>
<td>EI-T</td>
<td>School</td>
<td>+1</td>
</tr>
<tr>
<td>Student completes work with supports</td>
<td>EI-T</td>
<td>School</td>
<td>+1</td>
</tr>
<tr>
<td>Participates in extracurricular activities</td>
<td>EI-T</td>
<td>School</td>
<td>+1</td>
</tr>
<tr>
<td>Transitions between activities and environments independently</td>
<td>EI-T</td>
<td>School</td>
<td>+2</td>
</tr>
<tr>
<td>Grade Point Average</td>
<td>SD-T</td>
<td>School</td>
<td>+2</td>
</tr>
</tbody>
</table>

The researcher and doctoral research assistant then conducted specific item analysis within the Academic Functioning domain to determine areas in which Student A and Student B decreased while receiving the wraparound supports. This was indicated by moving from the Strength range (3 or 4) to a Weakness range (1 or 2). Table 19 indicates the point increase from the initial implementation of wraparound supports to the most recent ratings. While Student A showed growth in many academic areas, his ratings decreased in transitioning between activities independently. He reportedly needs academic assistance in excess of the assistance expected in classroom instruction. Student B’s ratings decreased in participating in class discussions, paying attention in class and following the same routines as his peers.
Table 19. Decreased Scores: Academic Functioning.

<table>
<thead>
<tr>
<th>Item</th>
<th>Tool</th>
<th>Setting</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student transitions between activities and environments independently</td>
<td>EI-T</td>
<td>School</td>
<td>-1</td>
</tr>
<tr>
<td>Youth needs academic assistance in excess of the assistance expected in classroom instruction</td>
<td>EI-T</td>
<td>School</td>
<td>-1</td>
</tr>
<tr>
<td>Student B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participates in classroom discussions and activities</td>
<td>EI-T</td>
<td>School</td>
<td>-2</td>
</tr>
<tr>
<td>Pays attention in class</td>
<td>EI-T</td>
<td>School</td>
<td>-1</td>
</tr>
<tr>
<td>Follows the same routine as other Students</td>
<td>EI-T</td>
<td>School</td>
<td>-1</td>
</tr>
</tbody>
</table>

**Risk of Failure**

The students’ wraparound teams rated each student’s overall risk of failure at home, in school, and in the community at each meeting. A rating of “1” meant that there was no risk of failure. A “2” rating indicated minimal risk, a “3” indicated moderate risk, and a “4” indicated high risk of failure.

As displayed in Table 20, Student A was rated by his team as being at “High Risk” for failure at home and in school at the time that wraparound supports were implemented. He was rated as at “Minimal Risk” in the community. Student A’s risk of failure at home and in school decreased since receiving wraparound supports. At the most recent meeting, he was rated as “No Risk” in school, which is a dramatic change from baseline. His ratings remain at “Moderate Risk” for failure in the home and “Minimal Risk” in the community.
As displayed in Table 21, Student B’s team rated him as having less favorable results in terms of Risk of Failure in school. At the start of wraparound supports, he was rated as having “Moderate Risk” of failure in school and “No Risk” of failure at home and in the community. Student B continues to be rated as “No Risk” for failure at home or in the community. In school, Student B was never rated as below “Moderate Risk” for failure. After the intervention was implemented, his team rated him as being at higher risk for failure in school. That rating has recently decreased back to “Moderate Risk.”
Table 21. Student B Risk of Failure.

Overall Functioning

The mean scores in all areas of functioning over the span of wraparound implementation as derived from the HSC-T are displayed in Table 22. The mean scores are shown across the home, school, community, and overall. At the time wraparound supports began, Student A had overall weaknesses across all settings. Since implementation of wraparound supports, Student A has made significant improvements, particularly in the community. His mean scores at school are now rated as a strength. The only area in which Student A is described as having a weakness is in the home setting. The overall outcomes for Student B have not been as positive as Student A. The only gains made overall for Student B were in the school setting, though the gains have been minimal. His scores decreased slightly over time at home and in the community. Student
B’s overall scores are lower than when the implementation began indicating that viewed as a whole, the intervention has not been as successful for him.

Table 22. Mean Scores for Overall Functioning.

<table>
<thead>
<tr>
<th>Area</th>
<th>Home</th>
<th>School</th>
<th>Community</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>1.85</td>
<td>2.15</td>
<td>2.35</td>
<td>2.12</td>
</tr>
<tr>
<td>Time 2</td>
<td>2.29</td>
<td>2.50</td>
<td>2.68</td>
<td>2.49</td>
</tr>
<tr>
<td>Time 3</td>
<td>2.29</td>
<td>2.50</td>
<td>2.68</td>
<td>2.49</td>
</tr>
<tr>
<td>Time 4</td>
<td>2.44</td>
<td>2.79</td>
<td>3.44</td>
<td>2.89</td>
</tr>
<tr>
<td>Time 5</td>
<td>2.44</td>
<td>2.79</td>
<td>3.47</td>
<td>2.90</td>
</tr>
<tr>
<td>Difference</td>
<td>+0.59</td>
<td>+0.64</td>
<td>+1.12</td>
<td>+0.78</td>
</tr>
</tbody>
</table>

| Student B |      |        |           |         |
| Time 1    | 2.52 | 2.47   | 2.37      | 2.45    |
| Time 2    | 2.68 | 2.53   | 2.60      | 2.61    |
| Time 3    | 2.29 | 2.56   | 2.23      | 2.37    |
| Time 4    | 2.38 | 2.56   | 2.29      | 2.42    |
| Time 5    | 2.32 | 2.32   | 2.26      | 2.31    |
| Time 6    | 2.29 | 2.32   | 2.26      | 2.30    |
| Time 7    | 2.50 | 2.50   | 2.20      | 2.41    |
| Difference| -0.02| +0.03  | -0.17     | -0.04   |

Wraparound Integrity Related to Outcomes

As described in the methodology section, the wraparound teams for Student A and Student B were asked to complete the Wraparound Integrity Tool (WIT) if they had not already done so as part of the wraparound process. The WIT assesses the integrity of intervention implementation throughout the four phases of wraparound: Engagement and team participation, initial plan development, plan implementation and refinement, and transition. Both students in this study continue to receive wraparound supports, so the transition phase has not been completed. While the tool was designed to be completed at
baseline and then once a month thereafter, this was not a required task for students receiving wraparound through the Illinois PBIS Network. Therefore, the tool was completed by teams after wraparound had already begun.

The team of Student A had already completed the WIT twice as a part of the team process; after the second team meeting and after the fourth team meeting. During both of the meetings in which the WIT was completed, the following team members were present: Caregiver, facilitator, teacher, tertiary coach, and student. The team of Student B had not yet completed the WIT so at the time of the WIT completion they had already conducted seven team meetings. Only the facilitator and parent were present at the completion of the WIT.

Each item on the WIT asks the team to rate the students on a 5-point Likert scale. The ratings represent the current status of preparation and implementation. Lower ratings indicate that the elements are not fully in place (1=not in place, 2= minimally in place, 3=somewhat in place) and the higher ratings indicate that the elements are in place (4=mostly in place, 5=in place). According to the WIT, "In Place" is what the team perceived to be 81-100% in place, "Mostly in Place" was perceived to be 61-80% in place, "Somewhat in Place" was perceived to be 41-60% in place, "Minimally in Place" was perceived to be 21-40% in place, and "Not at all In Place" was perceived to be 0-20% in place.

**Phase I: Engagement and Team Preparation**

Each team was asked to rate the engagement and team preparation for wraparound given six items. At the time of first administration of the WIT for Student A, the team
had rated each item as "Mostly in Place" or "In Place." This WIT tool was completed after the second team meeting. At the time, the items that were "Mostly in Place" were:

Met with key team members to gather various perspectives and team member list includes natural supports. The next WIT administration for Student A took place after the fourth team meeting. At that time, including natural supports on the team was still listed as "Mostly in Place."

Student B’s team only completed the WIT one time, which occurred after the seventh team meeting. At that time all items were marked as "In Place" except for the item “Team member list includes natural supports.” This was an area of relative weakness for the teams of both Student A and Student B.

**Phase II: Initial Plan Development**

The second phase of wraparound supports is intervention planning. The WIT utilizes 15 questions to determine the integrity of the Initial Plan Development. At the first administration of the WIT, Student A’s team rated the plan development to be "In Place" on every item except “100% of chosen methods matched to child and family strengths” and “Behavior plans include clear outcomes/behaviors to establish.” Both of those items were marked as "Mostly in Place." By the second administration of the WIT, all items in plan development were reported as being “In Place.”

At the time that the team for Student B completed the WIT, all but three items were marked "In Place." Items marked as "Mostly in Place" included: “Data-based decision-making is integrated into the team process,” “Developed function-based positive behavior support plans to address problem behaviors,” and “Behavior plans include clear
outcomes/behaviors to establish.” While Student B receives special education services and Student A does not, Student A’s team has reported implementing a functional based analysis and behavior plan and Student B’s team stated a behavior plan was not fully in place. Additionally, Student A’s team has documented that data-based decision-making has been integrated fully in the team process.

**Phase III: Implementation**

The third phase of wraparound supports is the implementation of the intervention and refinement of the plan. At the time of the first WIT administration, which was after the second team meeting, Student A’s team rated every item in plan implementation as "In Place" except three items which were marked as "Somewhat in Place." Those items were: “Family is regularly asked if actions provided meet needs,” “Crisis contingencies are negotiated and practiced in home, school, and community as needed,” and “Communication occurs among those providing interventions in home, school, and community.” At the team’s next meeting, all items in plan implementation and refinement were reported as being in place. Student B’s team also reported every area of plan implementation and refinement to be in place.

Table 23 illustrates the mean scores for each student during all phases of wraparound supports with the maximum score being five. According to the most recently completed WIT, the team for Student A has fully implemented phase two and phase three of wraparound supports. The only item rated as Mostly in Place for Student A in Phase One was “The team includes natural supports.” The same item was rated as Mostly in Place for Student B as well. Student B’s team reported data-based decision-making,
development of a function-based support plan, and a clear behavior plan as Mostly in Place.

Table 23. Mean Scores by Wraparound Phase.

<table>
<thead>
<tr>
<th>Item</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 2</td>
<td>4.67</td>
<td>4.87</td>
<td>4.45</td>
</tr>
<tr>
<td>Time 4</td>
<td>4.83</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Student B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 7</td>
<td>4.83</td>
<td>4.79</td>
<td>5.00</td>
</tr>
</tbody>
</table>
CHAPTER V

DISCUSSION

The purpose of the discussion section is to provide a summary of this study and to present a discussion of the findings and explore possible implications of these findings. Also, the limitations of the study will be stated. Finally, recommendations for further study on this topic will be made.

Summary

The primary purpose of this study was to explore the potential effect of wraparound supports in the schools on students with emotional and behavioral difficulties. As previously stated, wraparound supports are comprehensive intervention for 1% to 2% of students with the greatest emotional/behavioral needs (Eber et al., 2008). Wraparound has been successfully used to improve social/behavioral and school functioning of youth and to prevent more restrictive living and school placements for students with significant emotional and behavioral disorders (EBD) in mental health, juvenile justice, child welfare, and special education (Burns et al., 2000). This study sought to explore how successful wraparound supports were for two students with emotional and behavioral difficulties receiving supports in the school setting.

In addition to the primary research question of the study, the researcher was interested in how wraparound affected students within behavioral emotional, academic, spiritual, and emotional domains. Wraparound supports the student, family, and teacher...
by proactively organizing and blending natural supports, interagency services, positive behavior supports, and academic interventions. Therefore, the researcher hypothesized that wraparound supports would positively impact the participants’ emotional, behavioral, social, and academic functioning.

The researcher was also interested in how the integrity of the intervention implementation may have played a role in the outcomes of wraparound supports. Prior to reviewing and discussing the results by category, the researcher believes it is important to note some key differences between Student A and Student B. While they are both biracial males in the fifth grade whose primary language is English, there are some key differences. While the results cannot be generalized globally, these differences likely played a role in the effectiveness of wraparound. Yin (2009) reported that such a cross-case analysis could identify common themes that are presented as cross-case conclusions of strategies – wraparound strategies in this case. While these two case studies give us a glimpse into what wraparound can look like for two different students with similar needs, it also demonstrates how individualized each intervention is, making it difficult to generalize the results to the greater population. That said, neither Student A nor Student B greatly decreased their performance overall in any setting. The person-centered nature of wraparound combined with the fact that every area of a student’s life is represented by the intervention makes it so that their needs are met to the best ability.

Discussion of Findings and Implications

Student A and B attended different schools with different wraparound facilitators and teams. At the time of the most recent data point, Student A had only been receiving
wraparound supports for ten months while Student B had been receiving wraparound supports for nearly two and a half years. The length of time a student receives wraparound supports, however, does not always indicate better or more effective interventions. According to Burns et al. (2000), wraparound organizes long-term care centered on a team that coordinates both professional clinical services provided by multiple agencies and informal support services that exist or are developed in the community. Due to the individualized nature of wraparound, research has not indicated a suggested amount of time receiving wraparound supports in order to be effective. The length of time a student receives wraparound, therefore, depends on the student's needs, progress, and team's determination.

Though both students live in the same city, are biracial, and had similar needs, Student B has found less success than Student A. Perhaps the most significant difference between the students in this study is that Student B has been found eligible for an emotional disability and has been receiving special education services in conjunction with wraparound for over two years. While the researcher did not set out to make a case against special education, these outcomes certainly support many years of research demonstrating negative outcomes for students in special education. That said, Student B received special education supports in the general education inclusion setting throughout wraparound supports. While his team's ratings reflected continued concerns, the fact that he was not moved to a more restrictive special education setting may indicate that Student B did, in fact, find great success through wraparound supports.
It has been well documented that students with disabilities experience poorer outcomes than do their nondisabled peers, but for students with Emotional/Behavioral Disorders (EBD) in particular, the outlook for school and later life success has historically been quite bleak (Landrun, Tankersley, & Kauffman, 2003). According to a recent article by Lewis, Jones, and Horner (2010), the poor outcomes for the majority of children and youth identified with EBD have been well documented with half of students labeled with EBD dropping out of school, the highest rate among all disability categories (U.S. Department of Education, 2004). Further, of those who remain in school, only 42% graduate with a diploma and overall have lower grades than any other group of students with disabilities. Overall, students with EBD face bleak post-school outcomes, including unemployment, substance abuse, and poor social supports (Wagner et al., 2005).

Schools across the United States have been asked to be accountable for the academic performance of their students. Special education has for so long operated under a federally mandated accountability system that emphasized compliance with legally codified processes. Students with disabilities have for the most part been omitted from the general education accountability system. In fact, many have been omitted from the general education curriculum, in part because they are apt to perform less well than other students (Turnbull, Turnbull, & Wehmeyer, 2003). This is one reason that much recent research and practice has revolved around prevention and intervention in lieu of a test-place model for special education. While receiving special education services may not be the reason Student B has not had more success behaviorally, it is possible that lower expectations have been set either by him or the school.
Based on the interventions provided and data from the SIMEO tools, Student A's needs mostly stemmed from issues in the home. Supports delivered in the home setting through wraparound included child care, involvement of child protective services, individual counseling, a recreation plan, case management, mentoring, public aid, and parent education. While Student B had some difficulties in the home setting and received a medication evaluation, mentoring, and transportation through wraparound, the majority of his needs were seen in the school setting. Through his wraparound team at school, Student B was supported with academic tutoring, curricular modification (IEP), peer support strategies, anger management, group and individual counseling, social skills instruction, relaxation and self-modulation strategies, and a mentor. These interventions reflect a high need in the student's self control and anger.

Previous research by Finn (2003) reported that dropping out of school is a process of withdrawal and disengagement rather than an event that occurs at a specific moment in time. This could also be related to failure in the home, school, or community as seen in the students in the current study. Sinclair et al. (2005) followed in Finn's research classifying predictors of failure into the categories of alterable predictors and status predictors. Alterable predictors are described as those that educators, family, and community members have the power to change (school suspension policies, attendance patterns, accessibility). Status predictors are those that exceed the realm of influence among educators and families (home language, disability, poverty). While alterable variables in the home setting may be more difficult for the school to impact, the study by
Sinclair et al. (2005) found positive results from the Check and Connect intervention that extended into the home alterable variables (higher attendance rates and lower mobility).

**Effects on Social, Emotional, and Behavioral Functioning**

In the context of schools fully implementing positive behavior supports, the students in this study did not respond adequately to school-wide universal interventions or secondary targeted interventions. Their teams felt that due to their intense behavioral needs across multiple settings, they needed a family-centered wraparound approach, incorporating PBIS with other supports in the home, school, and community (Eber et al., 2002). Due to the individualized, strength based supports wraparound provides, incorporating natural supports across settings, the researcher predicted that as a result of wraparound supports, both participants would improve social, emotional, and behavioral functioning.

The domains of safety and social behavior were analyzed and the pre and post ratings for Student A and Student B varied in each category. At baseline, safety was a strength for Student A and Student B in all settings, while social behavior was a weakness for both of the students in all settings, with the exception of Student A’s social behavior in school, which was a borderline strength. At the time of the final data point taken for this study, safety remained a strength for both students and increased for Student A. As a result of wraparound, transportation was provided to their families and their health improved. These improvements reflect the key component of utilizing flexible resources to meet the basic needs of the students and their families (Quinn &
Lee, 2007). While safety was still a strength for Student B overall, his needs increased at home and in the community and his ratings reflected a need for life and survival skills.

Both students in this study received social skills instruction in school to improve social behavior. Based on the results of this study, Student A demonstrated more of an increase in social behavior than Student B. While Student A still shows social concern at home, he has shown improvements in getting along with children and adults in the community and school. The results were not as promising for Student B in social behavior, even though he has been receiving special education supports and wraparound much longer than Student A. Student B’s social behavior continues to be a weakness in all settings. His ratings actually decreased in getting along with adults in all settings and having friends in school.

According to an article by Walker and Sprague (1999), key risk factors in students can include poverty, dysfunctional families, drug and alcohol abuse by caregivers, incompetent parenting, neglect, emotional physical abuse, negative attitudes toward schooling, and so on. Such risk factors are shown to provide for the development of antisocial attitudes and coercive behavioral styles among children exposed. The longer a student is exposed, the more risk is involved. Based on demographic information on Student A and Student B derived from the SDT along with the interventions they received, it is likely that these students have been exposed to a number of risk factors that have played into their overall social difficulties. Though the results thus far have not been as promising for Student B, socially he has made some improvements in being accepted by other children and getting along with other children. There have been
promising results indicating an increase in peer relations for students characterized as "inner-city delinquents" and chronic juvenile offenders in studies by Henggeler et al. in 1986 and 1992.

Emotional functioning was rated as the greatest area of need for both Student A and Student B at baseline. Though Student A showed a greater weakness in emotional functioning than Student B, Student B received many more school-based interventions focused on emotional functioning. Student A did receive individual counseling, but in the home setting. Student A made greater gains than Student B in a shorter amount of time, but emotional functioning still remains a weakness for Student A at home and school and for Student B at school and in the community. The greatest increase in this domain was shown by Student A in the community, specifically in controlling his anger, feeling a sense of belonging, and handling disagreements. Student A has been receiving recreational and spiritual supports in the community which may have contributed to these great improvements. Student B showed fewer improvements overall in emotional functioning and no improvement in the community. This lack of improvement is significant given the amount of emotional functioning interventions he has been receiving in the school.

Like emotional functioning, Student A and Student B were both rated as having weaknesses in behavioral functioning in all three settings at baseline. Student A made great progress in all three settings since receiving wraparound, so much so that behavior was viewed as a strength in the school and community and a minimal weakness in the home setting by the most recent data point. He made tremendous growth in following
directions, seeking attention appropriately, controlling himself, and participating in activities. Unfortunately, Student B did not show similar results. At the most recent data point, Student B showed minimal gains in behavioral functioning at home, no change at school, and a decrease in the community. Though Student B "Likes to get better at the things he does," he has decreased from a strength to a weakness in many areas including participating in activities, following a routine, and working independently.

**Effects on Academic Functioning**

Many studies have shown that the two pathways to severe problem behavior are a social behavior deficit and an academic skill deficit (Hinshaw, 1992; Kellam, Ling, Merisca, Brown, & Ialongo, 1998; Maguin & Loeber, 1996; Reid & Patterson, 1991). Based on the theory that there is a coercive cycle of academic and behavioral failure (McIntosh et al., 2008), the researcher predicted that as student behavior improved through wraparound, so would the academic performance. This hypothesis proved to be true overall for both students, thought Student A had much greater success. At baseline, Student A was receiving "average" grades (70-79%) overall while Student B was receiving failing grades (below 59%). Over the course of the wraparound supports, Student A's team ratings revealed his grades were in the "above average range" and Student B increased his grades to "average." Student A increased his ratings from the weakness range to the strength range in numerous academic areas including completing assignments and homework on time, completing subjects with a passing grade, participating, paying attention, and completing work independently. Student B made some significant gains in transitioning between activities and overall grade point average,
but his team continued to note weaknesses in many other academic areas. Student B actually decreased in participation in classroom discussion and activities, paying attention, and following routines.

At baseline, Student A's team rated him as being at "high risk" for failure at home and school with "minimal risk" for failure in the community. After ten months of wraparound, he is now rated as being at "some risk" for failure at home and "minimal risk" for failure in the community, but notably was rated as "no risk" for failure in the school. While Student B's team has continuously rated him as "no risk" for failure at home or in the community, his school team has consistently rated him as at "some risk" to "high risk" for failure at school. It is not clear if the team referred to a high risk of behavioral failure, academic failure, or both. The coercive cycle theory would maintain that as the student continues to struggle behaviorally his academics will remain a challenge based on instructional time lost.

The connection between academic and behavioral functioning in school has perhaps most recently been reviewed by Algozzine et al. (2011). As the authors of this article commented, reviews of research investigating the relationship between behavior and achievement have been published over the years with consistent conclusions; that is, there is general agreement that achievement and behavior are inversely related, that a considerable number of other variables are related to behavior and achievement, and that a variety of programs of varying orientations have been effectively implemented to improve achievement and behavior. Interestingly, this study found that consistent with the work of other researchers, ratings from teachers reflected the widely held belief that
behavior and achievement are related. According to Algozzine and associates, this finding bears little weight in efforts to establish a causal link between academic achievement and social behavior. However, the correlations of academic and behavioral performance found in this study among others (McIntosh et al., 2008) were exhibited in the current study with Student A and Student B. Overall, through behavioral interventions, their academic performance increased and their risk of failure decreased as rated by teachers. The strong positive relationship between the student’s behavioral measures and ratings of academic competence suggested that teachers are more likely to rate well-behaved students highly on academic competence and to hold higher expectations of these students. This speaks to the importance of teaching academics and behavior to young children in school (Algozzine et al., 2011).

**Wraparound Integrity**

As Bruns et al. (2004) describe with respect to research, although a number of qualitative and quantitative studies have documented a range of positive outcomes associated with the approach, to date, these studies have neglected to document the specific approaches or degree of adherence to the intervention’s principles (Epstein et al., 2003), making interpretation of outcomes difficult. For this reason, integrity tools such as the Wraparound Fidelity Index (WFI) and the Wraparound Integrity Tool (WIT) have been created. A study by Bruns and colleagues (2005) aimed to determine associations between scores on the Wraparound Fidelity Index, second version (WFI) and several outcome measures for students. The study found that WFI scores were significantly correlated with behavioral improvement. Both caregiver and resource facilitator
perceptions of Wraparound adherence were found to be significantly associated with several of the dependent variables.

In the current study, the teams of Student A and Student B were asked to complete the Wraparound Integrity Tool (WIT) to demonstrate the level of implementation at the engagement phase, the intervention planning phase, and the implementation and refinement phase. Completing this tool was not a natural part of either team's wraparound meeting process yet. At the time of the current study, Student A's team reported full implementation of wraparound, yet still lacked natural supports on the team. Student B's team also reported that the team member list did not fully include natural supports. Student B's team also reported that data-based decision making was not fully integrated into the team process, a functional-based behavior support plan was not fully in place, and the behavior plan had not fully included clear outcomes. A key component for the success of wraparound in outcome-based services to ensure the process is being implemented as designed and progress is being made toward goals (Quinn & Lee, 2007).

Some of the information provided by Student A's team in the WIT contradicted what was reported in other SIMEO tools. For example, the team marked that a Functional Behavior Analysis/Behavior Intervention Plan (FBA/BIP) was "In Place," while in previous documents it was noted that the Student did not have an FBA/BIP. Therefore, it is not possible to say whether or not Student A's improvements were a result of an FBA/BIP. The fact that multiple tools asking the same questions yielded different answers may indicate a fidelity issue or an error in the completion of one of the tools.
The team of Student B included special educators who have been trained to design and implement FBA/BIPs through Individual Education Plans. Ironically, the general education team of Student A reported full implementation of the FBA/BIP while Student B's team did not.

Overall, Student A's needs were the greatest at home and Student B's needs were the greatest at school. While the school has clearly supported Student A's family through numerous at home interventions, the school has little control over what happens when the student leaves the premises. As previously stated, risk factors at home affect a student's functioning at school as well. Interestingly, while Student A received most of his supports outside of school, his overall functioning improved at school as well. Student B received most of his supports at school and very few supports in the home or community. Perhaps if the team strengthened the supports outside of school, they would see a positive impact in school as well.

**Limitations**

While the school district selected is being supported by a large wraparound network, the reliance on a single school district restricts the ability to generalize these findings to a broad set of wraparound programs. This limits the ability to explore how different site characteristics may influence wraparound fidelity and its association with outcomes. The wraparound model’s individualized nature, along with a lack of nationally recognized accepted program standards or manual, has made assessment of Wraparound implementation a major challenge (Bruns et al., 2005).
The use of only one school district means that the students in the current sample were served by the same district tertiary coach, restricting variance in wraparound implementation. That said, the students in this study attend different schools, have different wraparound facilitators, and different team members which make for some variance in implementation. Additionally, the overall small sample size and inability to obtain perspectives of the educational team and the parents on wraparound implementation restricted the overall power as well as our ability to make conclusions.

Descriptive case studies generally include “thick description” of the phenomenon that was the focus of the case study research. In this study, the researcher was bound to using only data from the SIMEO tools and was not granted permission to conduct interviews or observations. These restrictions were due to the Internal Review Board’s (IRB) strict policies on working with sensitive populations such as children, especially children with disabilities. The IRB wanted to ensure there was no possibility that the data used in this study was able to be connected to individual students. There were several questions the researcher had regarding the surveys and tools, including inconsistencies, but the researcher was not granted permission to conduct interviews or explore further than the surveys. For example, on Student A’s team marked that they had not implemented an FBA/BIP on the SDT, but on the WIT stated that an FBA/BIP was fully implemented.

**Future Directions**

As more and more schools begin to implement wraparound supports as a part of a three tier positive behavior support system, there will be numerous opportunities for
further research on the effects of wraparound for students with the most intensive emotional and behavioral needs. Though students with these intense needs are a sensitive population, studies that look deeper into the impact of wraparound supports are needed. Interviews and observations from unbiased and unrelated parties in addition to use of the surveys would give a more in-depth look at the overall effects of wraparound for students in school, in the home, and in the community. Additionally, as support networks such as Illinois Positive Behavior Interventions in the Schools Network (IL-PBIS) collect more data on wraparound supports through SIMEO tools, there will be a greater understanding on the connection between wraparound supports in the schools and behavioral and academic growth. Longitudinal studies on students receiving wraparound supports in school would also be important in determining the long-term effects of wraparound supports in school.

Future studies should more closely examine the link between academic and behavioral success. The implications of how this information can be used to help schools to bridge the gap between families, schools, and communities will need to be explored as well. If the findings of this study were to be replicated, a deeper understanding of the personality traits of the students, their families and the context of their interventions, including the school environment, living conditions, crime in the surrounding area, availability of resources, etc. is needed. Finally, more case studies and new designs that build in experimental controls, such as brief experimental analysis of behavior, could provide a deeper look into the effectiveness of wraparound supports for students.
APPENDIX A

EDUCATIONAL INFORMATION TOOL
### Illinois Statewide Technical Assistance Center (ISTAC)
Systematic Information Management for Educational Outcomes (SIMEO)
Educational Information Tool (EIT): FY10

<table>
<thead>
<tr>
<th>Time 1/Baseline</th>
<th>Time 2</th>
<th>Time 3</th>
<th>Time 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collected no later than 30 days from referral and before first meeting</td>
<td>Collected anywhere from a maximum of monthly from the point of initial assessment to a minimum of once at three months following initial assessment, or before the school year ends</td>
<td>Collected anywhere from a maximum of monthly from the point of Time 2 assessment to a minimum of once at six months following initial assessment, or before the school year ends</td>
<td>Collected anywhere from a maximum of monthly from the point of Time 3 assessment to a minimum of once at 9 months after initial meeting, or before the school year ends</td>
</tr>
</tbody>
</table>

How to complete this form:
- Classroom teacher or lead teacher for student completes the form
- If more than one teacher is involved in the classroom functioning evaluation, see group scoring options
- Answers to the survey should reflect the teacher(s) experience with youth over the last three months

1) Date tool was completed: ____________________________
2) Student Name: ____________________________
3) Student ID: ____________________________
4) Please identify the period of assessment:
   - □ Time 1/Baseline
   - □ Time 2
   - □ Time 3
   - □ Time 4
   - □ Time 5
   - □ Time 6
   - □ Time 7
   - □ Time 8
   - □ Time 9
   - □ Time 10
   - □ Discharge
5) This tool was filled out by:
   - □ an individual teacher
   - □ a team of teachers
6) Please check if you are a:
   - □ general education teacher
   - □ special education teacher
   - □ family focus facilitator/Autism
   - □ ISTAC Coordinator
   - □ PBIS Coach
   - □ Other (please specify): ____________________________
7) How many months has this student been in your class or classes (write in number of months): ________
8) How well do you know this child?
   - □ Not Well
   - □ Moderately Well
   - □ Very Well
9) Has this student transferred during the past year (circle all that apply)?
   - □ School
   - □ District
   - □ N/A
10) Is this student attending the school they would attend if they did not have a disability (please circle)?
    - YES
    - NO
    - N/A

**CLASSROOM FUNCTIONING**

- **Never** = Display of this functional behavior never occurs
- **Sometimes** = Display of this functional behavior occurs less than one time per week
- **Frequently** = Display of this functional behavior occurs between one to four times a week
- **Always** = Display of this functional behavior occurs daily or more than one time per day

<table>
<thead>
<tr>
<th>SECTION: (ALL ISTAC PROGRAMS)</th>
<th>Based on your expectations of children in your classroom, please indicate the extent to which the above student...</th>
<th>Never</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Always</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>11) Attends school</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>12) Completes class assignments on time</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>13) Works independently</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>14) Completes homework on time</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>15) Passes quizzes and tests</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>16) Completes subjects with a passing grade</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>17) Participates in classroom discussions and activities</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>18) Pays attention in class</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>19) Participates in extracurricular activities</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>20) Has friends</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>21) Engages in socially appropriate behavior with peers</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>22) Engages in socially appropriate behavior in unsupervised settings</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
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<tr>
<td>23) Engages in appropriate classroom behavior with adults</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
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### SECTION II

<table>
<thead>
<tr>
<th></th>
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<th>Sometimes</th>
<th>Frequently</th>
<th>Always</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>24) Student follows same routine as other students</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>25) Student participates in lessons that are differentiated for all students throughout the day.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>26) Student participates with same age peers without disabilities in non-academic classes throughout the school day.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>27) The student is given individual accommodations to meet his/her learning needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>28) Interactions between student and regular education teacher occur at frequencies similar to other students in the classroom.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>29) Student has individual daily schedule visible (if needed).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>30) Student has a system for communicating with peers and adults, across settings, throughout the school day.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>31) Student’s work is monitored for progress and understanding during activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>32) Student follows directions independently.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>33) Student follows directions with supports.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>34) Student completes work independently.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>35) Student completes work with supports.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>36) Student transitions between activities and environments independently.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>37) Student transitions between activities and environments with supports.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
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### SECTION III

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<th>Frequently</th>
<th>Always</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>38) Youth needs academic assistance in excess of the assistance expected with classroom instruction</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
<tr>
<td>39) This youth needs behavioral interventions beyond the classroom routine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
</tr>
</tbody>
</table>

### ACADEMIC PERFORMANCE

40) Has student repeated a grade (please circle)? YES NO
41) Is child’s overall performance commensurate with his/her ability (please circle)? YES NO
42) Please rate the student’s academic performance (circle one):  
   - Falling (GPA 0-59%)
   - Below Average (GPA 60-69%)
   - Average (GPA 70-79%)
   - Above Average (GPA 80-89%)
   - Superior (GPA 90-100%)
43) Number of students in your class: __________________________
44) How often is this student in your classroom (please circle)?  
   - 50% of less of day
   - 51-100% of day
   - 2-3 times per week
   - Once a week
   - Less than once a week

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APPENDIX B

HOME SCHOOL COMMUNITY TOOL
Illinois Statewide Technical Assistance Center (ISTAC)
Systematic Information Management for Educational Outcomes (SIMEO)
Student Disposition Tool (SD-T): FY10

Facilitator is REQUIRED to complete the following tracking information *every time data are collected:*

<table>
<thead>
<tr>
<th>Time 1/Baseline</th>
<th>Time 2</th>
<th>Time 3</th>
<th>Time 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collected no later than 30 days from referral and before first meeting</td>
<td>Collected anywhere from a maximum of monthly from the point of initial assessment to a minimum of once at three months following initial assessment, or before the school year ends</td>
<td>Collected anywhere from a maximum of monthly from the point of Time 2 assessment to a minimum of once at six months following initial assessment, or before the school year ends</td>
<td>Collected anywhere from a maximum of monthly from the point of Time 3 assessment to a minimum of once at 9 months after initial meeting, or before the school year ends</td>
</tr>
</tbody>
</table>

1) Date Completed: ____________________________

2) Student Name: ____________________________  3) Student ID: ____________________________

4) Please identify the period of assessment:

☐ Time 1/Baseline  ☐ Time 2  ☐ Time 3  ☐ Time 4  ☐ Time 5  ☐ Time 6
☐ Time 7  ☐ Time 8  ☐ Time 9  ☐ Time 10  ☐ Discharge

5) This tool was filled out by: ☐ an individual  ☐ a team

6) If an individual, indicate role: ☐ Parent/Caregiver  ☐ Teacher  ☐ Wrap Facilitator  ☐ Family Focus Facilitator-Autism  ☐ Social Worker  ☐ Guidance Counselor  ☐ PBIS Coach  ☐ Other

7) Please identify all ISTAC Initiatives involved with this student and family:

☐ CHOICES  ☐ IATTP  ☐ ISRC  ☐ PBIS  ☐ Other

8) If PBIS, is this tool being filled out as: ☐ part of a secondary intervention or simple FBA  ☐ part of an individual intervention or complex FBA  ☐ part of a wraparound process

SECTION 1: Fill out at time of referral

9) Date of referral: ____________________________  10) Name of person making referral: ____________________________

11) Phone: ____________________________  12) Email: ____________________________

13) Job Title: ☐ Parent  ☐ Special Ed Director  ☐ TA Specialist  ☐ Agency Social Worker
    ☐ Teacher  ☐ Case Manager  ☐ PBIS Coach  ☐ Behavior Consultant
    ☐ Principal  ☐ Resource Teacher  ☐ School Social Worker  ☐ Therapist
    ☐ ISTAC Coordinator/Team Member  ☐ School Psychologist  ☐ Other

14) Name of individual entering SIMEO data into database: ____________________________

15) Quarter: ☐ One (July 1-Sept 30)  ☐ Two (Oct 1-December 31)  ☐ Three (January 1-March 31)  ☐ Four (April 1-June 30)

16) State Fiscal Year ____________________________

17) Date of Initial Conversation with Parent/Guardian ____________________________  18) Anticipated Date of First Team Mtg ____________________________

19) Name of Person Facilitating Team and Individualized Plan: ____________________________

20) Phone: ____________________________  21) Email: ____________________________

22) Job Title: ☐ Parent  ☐ Special Ed Director  ☐ TA Specialist  ☐ Agency Social Worker
    ☐ Teacher  ☐ Case Manager  ☐ ISTAC Coordinator/Team Member  ☐ Behavior Consultant
    ☐ Principal  ☐ Resource Teacher  ☐ School Social Worker  ☐ Therapist
    ☐ Family Focus Facilitator-Autism  ☐ School Psychologist  ☐ PBIS Coach  ☐ Other

(PBIS Only) External Coach to School

23) Is there an identified external coach for this school?  ☐ Yes  ☐ No

24) Name: ____________________________

25) Phone: ____________________________  26) Email: ____________________________

Revised 09/27/07
Demographics of School Student Attends
27) School Name: ___________________________ 28) District Number: ___________________________
29) Special Education Coop. If applicable: ___________________________ 30) County: ___________________________
31) School Address: ___________________________ City/State: ___________________________ Zip: ____________
32) Contact: ___________________________ 33) Phone: ___________________________
34) Is this student in a PBS school? □ Yes □ No
35) Grade: □ 0-3 Services □ K □ 2 □ 4 □ 6 □ 8 □ 10 □ 12 □ Drop-Out □ Post 12 Transition
       □ Pre-K □ 1 □ 3 □ 5 □ 7 □ 9 □ 11 □ Not Enrolled □ Home Schooling

SECTION 2: Fill out during all rating periods (baseline, quarterly, and discharge) unless otherwise indicated.
36) Is this student currently identified as a special education student with an IEP? □ Yes □ No
37 and 38) Please select disabilities identified on IEP. (Please indicate primary disability with 1 and secondary disability with 2)
       □ Mental Retardation □ Hearing Impairment □ Emotional Disturbance
       □ Visual Impairment □ Speech & Language Impairment □ Developmental Delay
       □ Deafness □ Multiple Disabilities □ No Disability
       □ Other Health Impairment □ Traumatic Brain Injury □ 504 Plan
       □ Autism □ Specific Learning Disability □
       □ Orthopedic Impairment □ Deaf-Blind
39) (IATTP Only) Please identify the DSM diagnosis of the student (only one per student):
       □ Childhood Disintegrative Disorder □ Rett Disorder □ PDDNOS □ Asperger Disorder □ Autism
       □ Other (please specify) ____________
40) The current educational placement is:
       □ General ed classroom 100% of the day-FACTS Code 01
       □ General ed classroom with special ed consultation-FACTS Code 01
       □ General ed classroom with inclusion support-FACTS Code 01
       □ Special ed instruction and related services 1-20% of the day OUTSIDE the general ed classroom-FACTS Code 01
       □ Special ed instruction and related services 21-60% of the day OUTSIDE the general ed classroom-FACTS Code 02
       □ Special ed instruction and related services more than 60% of the day OUTSIDE general ed classroom-FACTS Code 03
       □ Special ed 100% in a separate public day school-FACTS Code 04
       □ Special ed 100% in a separate public day school in conjunction with a separate residential component-FACTS Code 05
       □ County or municipal detention center or jail-FACTS Code 07
       □ IYC - Jail-FACTS Code 07
       □ Private day school-FACTS Code 08
       □ Private residential-FACTS Code 09
       □ Alternative education setting
       □ Homebound-FACTS Code 11
       □ Hospital-FACTS Code 12
       □ Regular education Pre-school
       □ Special education Pre-school/Early Childhood
       □ Community Child Care
       □ Part time Day School
       □ Other ____________
41) Has educational placement changed in the past three months? □ Yes □ No
42) (ISRC Only) Has a Home School Team been established? □ Yes □ No □ Not applicable

Student Demographics
43) Caregiver primary language: □ English □ Spanish □ Chinese □ French □ German □ Other: ___________________________
44) Caregiver relationship to student: □ Mother □ Father □ Grandparent □ Step-parent □ Foster Parent □ Two Parents
       □ Other Relative □ Other: ___________________________
45) Student race: □ Asian □ African-American □ Biracial □ Caucasian □ Hispanic/Latino □ Other: ___________________________
SECTION 2 (cont) Review Assessment: Fill out during all rating periods following time of referral (quarterly and discharge)

46) Student Gender: □ Male □ Female
47) Student DOB ________________________
48) Student Age: __________
49) LAN # of LAN where student resides: ________________________
50) Has this student been referred for support through their LAN?
   □ Yes □ No
51) If yes, have flexible funds been requested? □ Yes □ No
52) Student primary language: □ English □ Spanish □ Chinese □ French □ German □ Other: ______________
53) Are there other agencies currently involved with the student and/or family? □ Yes □ No
54) If yes, indicate agencies currently involved: □ DCFS □ Probation □ CMHC □ Public Aid □ Other: ______________
55) Does this student have DCFS legal involvement? □ Yes □ No
56) (ISRC only) Does student have cochlear implant? □ Yes □ No □ Not applicable
57) How many student/family team meetings were held since last SIMEO review or assessment, to include baseline? ______
58) (PBIIS only) Were SWISS data used in any student/family meetings during the reporting period? □ Yes □ No
59) Were SIMEO data used in any student/family meetings during the reporting period? □ Yes □ No
60) If yes, please indicate how data were used (check as many as apply)
   □ to engage team members
   □ to ensure voice of family
   □ to design interventions
   □ to revise actions of team
   □ to celebrate success
   □ data not used
61) Does student have a BIP? □ Yes □ No □ Not applicable
62) If student is enrolled in grade 3-8 or 11 (or the educational equivalent) this year, will they be participating in ISBE State Performance Testing? □ Yes □ No
63) If yes, please identify the Performance test taken or to be taken by the student: □ ISAT □ IAA □ Other: ______________
64) If the student has taken the State performance test since the last RD-T assessment, please identify the student’s score:
   □ Exceeded Standards □ Met Standards □ Below Standards □ Academic Warning
   □ Did not take test within this assessment period

School Related Risk Factors: Fill out during all rating periods (baseline, quarterly, and discharge).
65) Risk of failure in home placement: □ no risk □ minimal risk □ moderate risk □ high risk
66) Risk of failure in school placement: □ no risk □ minimal risk □ moderate risk □ high risk
67) Risk of failure in community placement: □ no risk □ minimal risk □ moderate risk □ high risk
68) Has the student had any disciplinary referrals in the past three months? □ Yes □ No 69) If so, how many? ______
70) Has the student received any in-school suspensions in the past three months? □ Yes □ No 71) If so, how many? ______
72) Has the student received any out-of-school suspensions in the past three months? □ Yes □ No 73) If so, how many? ______
74) Has the student received any expulsions in the past three months? □ Yes □ No 75) If so, how many? ______

Other School Related Risk Factors: Fill out during all rating periods following time of referral (quarterly and discharge).
76) School attendance: □ 59% or below □ 60-69% □ 70-79% □ 80-89% □ 90-100%
77) Please rate the approximate Grade Point Average of the student:
   □ 59% or below □ 60-69% □ 70-79% □ 80-89% □ 90-100% □ Not applicable
78) Has student dropped out of school? □ Yes □ No
79) Has student graduated from High School? □ Yes □ No 80) Date student graduated: ________________________
81) If graduated, with what? □ High School Diploma □ Certificate □ GED
82) Have the individualized supports and services through the ISTAC Initiative diverted the student from a more restrictive placement?
   □ Yes □ No □ Not applicable-Baseline
83) Has the student been discharged from the ISTAC Initiative this semester? □ Yes □ No
SECTION 2 (cont) Review Assessment: Fill out during all rating periods following time of referral (quarterly and discharge)

84) If yes, please identify reason for discharge:
- ☐ success completion of Initiative
- ☐ student transition (moved, changed schools or district)
- ☐ student graduated
- ☐ team dissolved
- ☐ student/parent opted out
- ☐ other: __________________________________________________________________________

85) If yes, please rate the overall success of the ISTAC Initiative (Discharge only):
- ☐ Poor
- ☐ Unsatisfactory
- ☐ Satisfactory
- ☐ Above Average
- ☐ Excellent

SECTION 3 Services Provided through Individualized Plan

86-89) Services Utilized: Fill out during all rating periods following time of referral.

Please check if services are currently being utilized and in the spaces provided please use the following codes to rate frequency and duration of services.

Frequency Scale: 1 = 1 time in the last 3 months 2 = 1 time per month 3 = 1 time per week 4 = More than 1 time per week 5 = 1 time per day 6 = More than 1 time per day

Duration Scale: Please use a numeric value (number) to reflect the number of units (hours) of service the student received during the identified frequency period. For example, if the student received 6 hours of discrete trial format- applied behavioral analysis teaching, two times per week the numeric rating for frequency would be 4 and the numeric rating for duration would be 6.

<table>
<thead>
<tr>
<th>Home</th>
<th>Frequency</th>
<th>Duration</th>
<th>In-Home Services</th>
<th>Frequency</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care</td>
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<tr>
<td>Counseling - Couples</td>
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<tr>
<td>Counseling - Group</td>
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<td>Counseling - Substance Abuse</td>
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<td>Domestic Violence Intervention</td>
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<tr>
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<table>
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<tr>
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<th>Frequency</th>
<th>Duration</th>
<th>Occupational Therapy</th>
<th>Frequency</th>
<th>Duration</th>
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<td>After School Program</td>
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<tr>
<td>Anger Management Interventions</td>
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<td></td>
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<tr>
<td>Assistive Technology Services or Devices - Low Tech</td>
<td>☐</td>
<td></td>
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<tr>
<td>Assistive Technology Services or Devices - High Tech</td>
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<tr>
<td>Audiology Services</td>
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<td>Speech and Language Therapy</td>
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<td>Discrete Trial Format or Applied Behavioral Analysis teaching</td>
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<td>Substance Abuse Treatment</td>
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<td>Summer School Program-Not part of IEP</td>
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<td>FBA/BIP</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>Visual Communication Systems</td>
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<tr>
<td>Functional Curriculum</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>Visual Environment Supports</td>
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</tr>
<tr>
<td>Language Training</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>Vocational Assessment</td>
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<tr>
<td>Leisure and Community Training</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>Vocational/Post-Secondary Planning</td>
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<tr>
<td>Life Skills Instruction</td>
<td>☐</td>
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<td>☐</td>
<td>ESY-As part of IEP</td>
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<td>☐</td>
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<td></td>
<td>☐</td>
<td>Other:</td>
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<tr>
<td>Medication</td>
<td>☐</td>
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<td>Other</td>
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<td>☐</td>
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<td>☐</td>
<td>Other</td>
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<tr>
<td>Medication Evaluation</td>
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<td>Other</td>
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<td>☐</td>
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<td>☐</td>
<td>Other</td>
<td></td>
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<tr>
<td>Mentor/Advocate</td>
<td>☐</td>
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<td>☐</td>
<td>Other</td>
<td></td>
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<tr>
<td>Motor Skills Therapy</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Nursing Care</td>
<td>☐</td>
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<td>☐</td>
<td>Other</td>
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<td>☐</td>
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<td>☐</td>
<td>Other</td>
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<tr>
<td>Community Fee/Ch</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>Peer Mentor</td>
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<td>☐</td>
<td>Recreation Services</td>
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<td>Respite</td>
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<td>☐</td>
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<td></td>
<td>☐</td>
<td>Youth Support Groups</td>
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<td>☐</td>
<td>Other</td>
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<td>Other</td>
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<td>☐</td>
<td>Other</td>
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</tbody>
</table>

Revised 08/27/07
APPENDIX C

STUDENT DISPOSITION TOOL
How to complete this form:

- Answers to the survey should reflect the team's experience over the past month or past three months, depending on frequency of assessment.
- Youth's facilitator and parent or caregiver completes the form together during the initial consultation or the initial child and family meeting.
- Youth's school teacher is asked to provide input for completing school section of needs and strengths.

1) Data tool was completed; 

2) Please identify the period of assessment:  
   - Time 1: Baseline  
   - Time 2  
   - Time 3  
   - Time 4  
   - Time 5  
   - Time 6  
   - Time 7  
   - Time 8  
   - Time 9  
   - Time 10  
   - Discharge

3) Who filled out this tool:  
   - Individual  
   - Team

4) If an individual, indicate role:  
   - Parent/Caregiver  
   - Teacher  
   - ISTAC Coordinator  
   - Family Focus Facilitator-Autism  
   - FBID Coach  
   - Other

5) Student Name:  
6) Student ID:  

High Risk = student demonstrates significant and/or extreme challenges and needs in this area of functioning, potentially leading to failure of the home, school, and/or community placement.

Somewhat Need = student demonstrates challenges and needs in this area of functioning but not enough to warrant failure of home, school, and/or community placement.

Somewhat Strength = student demonstrates growth and maturation in this area of functioning, and at times still needs guidance and direction.

High Strength = student demonstrates above average of excellent growth and maturation in this area of functioning requiring no additional guidance or direction.

<table>
<thead>
<tr>
<th>Needs/Strengths</th>
<th>Community</th>
<th>Home</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Leans does not need specific activity</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2) Uses a doctor or nurse when needed</td>
<td></td>
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<tr>
<td>3) Is safe from violence</td>
<td></td>
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<tr>
<td>4) Has adequate physical environment</td>
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<td></td>
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<tr>
<td>5) Has survival skills</td>
<td></td>
<td></td>
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<tr>
<td>6) Has enough to store age-appropriate activities</td>
<td></td>
<td></td>
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<tr>
<td>7) Has enough to eat well-balanced meals</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8) Has good general health</td>
<td></td>
<td></td>
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</tbody>
</table>

Revised 8/8/07
<table>
<thead>
<tr>
<th>Needs/Strengths</th>
<th>Community</th>
<th>Home</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. respects others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. is accepted by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. gets along with children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. gets along with adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. respects adults in authority</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Emotional Functioning</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>20. controls his/her anger</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. feels that he/she belongs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. knows when to ask for help</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. knows how to ask for help</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. handles disagreements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. responds like other youth to emotional situations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. shows attention in appropriate ways</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. follows rules</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>28. controls impulsive actions</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>29. cares for own personal safety</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>30. participates in activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. is usually on time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. completes assignments/projects on time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. recognizes mistakes/assigns projects accurately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. shows tolerance to criticism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. works independently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. participates appropriately in unstructured settings</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

(revised 8/8/07)

<table>
<thead>
<tr>
<th>Needs/Strengths</th>
<th>Community</th>
<th>Home</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural/Spiritual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. likes to get outside at things like movie</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. cultural needs are met</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. spiritual needs are met</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>40. feels accepted</td>
<td></td>
<td></td>
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</tbody>
</table>
APPENDIX D

WRAPAROUND INTEGRITY TOOL
Illinois Statewide Technical Assistance Center (ISTAC)
Systematic Information Management for Educational Outcomes (SIMEO)
Wraparound Integrity Tool (WIT): FY11

<table>
<thead>
<tr>
<th>Time 1: Baseline</th>
<th>Time 2</th>
<th>Time 3</th>
<th>Time 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collected no later than 30 days from referral and before first meeting</td>
<td>Collected at a maximum of once a month from the point of initial assessment to once at three months after initial assessment, or before school year ends</td>
<td>Collected at a maximum of once a month from the point of Time 2 assessment to once at six months after initial assessment, or before school year ends</td>
<td>Collected at a maximum of once a month from the point of Time 3 assessment to once at nine months after initial assessment, or before school year ends</td>
</tr>
</tbody>
</table>

1) Date of completion of form: ____________________

2) Please identify the period of assessment: ☐ Baseline (Family Only) ☐ After 1st Team Meeting ☐ After 2nd Team Meeting ☐ After 5th Team Meeting ☐ After 6th Team Meeting ☐ Discharge

3) Student name: ____________________ 4) Student ID: ____________________ 5) Today's date: ____________________

6) Was this tool filled out by an individual team member or by a team member?

7) Rate(s) of team member(s) involved in rating the integrity of wraparound (choose all that apply):
   ☐ family/caregiver ☐ team facilitator ☐ teacher/school representative ☐ youth ☐ other

Ask this question with Family at Baseline

8) Please indicate all previous school behavior intervention related meeting(s) attended that reflect the baseline rating:
   ☐ IEP Meeting ☐ Suspicion Manifestation Determination Meeting ☐ Not baseline assessment
   ☐ Intervention Planning Meeting ☐ Parent/Teacher Conference
   ☐ Other: Please Define: ____________________

Definitions:
Current Status = Perceived status of the action step as of the day the rating takes place

In place = Perceived to be 81-100% in place, Mostly In Place = Perceived to be 61-80% in place, Somewhat In Place = Perceived to be 41-60% in place, Minimally In Place = Perceived to be 21-40% in place, Not at all In Place = Perceived to be 0-20% in place

<table>
<thead>
<tr>
<th>Current Status</th>
<th>Phase 1: Engagement &amp; Team Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Place (3)</td>
<td>Mostly In Place (4)</td>
</tr>
<tr>
<td>9) Met with family to gather their perspective &amp; position</td>
<td></td>
</tr>
<tr>
<td>10) Met with key team members to gather various perspectives</td>
<td></td>
</tr>
<tr>
<td>11) Generated a strengths list (multiple settings &amp; perspectives)</td>
<td></td>
</tr>
<tr>
<td>12) Generated a Team Member list with the family</td>
<td></td>
</tr>
<tr>
<td>13) Team member list includes natural supports</td>
<td></td>
</tr>
<tr>
<td>14) Scheduled an Initial Child/Youth &amp; Family Team meeting with the family</td>
<td></td>
</tr>
</tbody>
</table>

Revised 01/03/08
<table>
<thead>
<tr>
<th>Current Status</th>
<th>Phase II: Initial Plan Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Place (5)</td>
<td>Mostly in place (4)</td>
</tr>
<tr>
<td>15) Baseline data about strengths/needs documented and shared</td>
<td></td>
</tr>
<tr>
<td>16) One or two Youth/Family Team Meetings have taken place</td>
<td></td>
</tr>
<tr>
<td>17) Data is collected from team members on an ongoing basis</td>
<td></td>
</tr>
<tr>
<td>18) Data-based decision-making is integrated into the team process</td>
<td></td>
</tr>
<tr>
<td>19) Strengths (home/school/community) were documented &amp; reviewed at meetings</td>
<td></td>
</tr>
<tr>
<td>20) Needs (home/school/community) were documented &amp; reviewed at meetings</td>
<td></td>
</tr>
<tr>
<td>21) Reviewed family concerns as well as school concerns</td>
<td></td>
</tr>
<tr>
<td>22) Reviewed needs that reflect a consensus of team member concerns</td>
<td></td>
</tr>
<tr>
<td>23) Chose a few needs for team to focus action planning on</td>
<td></td>
</tr>
<tr>
<td>24) Assigned special priority to family concerns</td>
<td></td>
</tr>
<tr>
<td>25) 100% of chosen methods matched to child &amp; family strengths</td>
<td></td>
</tr>
<tr>
<td>26) Methods chosen reflect voice/choice of those involved in implementing (i.e. family, teacher, etc)</td>
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</tr>
<tr>
<td>27) Developed function-based positive behavior support plans to address problem behaviors related to priority needs</td>
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</tr>
<tr>
<td>28) Behavior plans include clear outcomes/behaviors to establish; teaching, practice, reinforcement strategies/timelines</td>
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<tr>
<td>29) Community resources are being accessed as needed to meet needs identified by family</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>In Place (5)</th>
<th>Mostly in place (4)</th>
<th>Somewhat in place (3)</th>
<th>Minimally in place (2)</th>
<th>Not in place (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30) Accomplishments of student &amp; team are being documented</td>
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<tr>
<td>31) Team members are following through with activities, including function-based positive behavior support plans, at home, school and community</td>
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<tr>
<td>32) Assessment of the plan is occurring on an ongoing basis</td>
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<tr>
<td>33) Team is meeting often enough to check follow through and assess progress</td>
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<tr>
<td>34) Family is regularly asked if actions provided meet needs</td>
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<tr>
<td>35) Behavioral and academic data is regularly reviewed to identify progress and determine next steps</td>
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<tr>
<td>36) Adjustment of the plan is occurring based on family &amp; team feedback including responsibilities for tasks</td>
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<tr>
<td>37) Team members receive regular documentation including data and plan updates</td>
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<tr>
<td>38) Plan includes interventions that occur in home, school &amp; community</td>
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<tr>
<td>39) Crisis contingencies are negotiated &amp; practiced in home, school &amp; community as needed</td>
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<tr>
<td>40) Communication occurs among those providing interventions in home, school &amp; community</td>
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Revised 01/03/06

<table>
<thead>
<tr>
<th>Current Status</th>
<th>Phase IV: Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Place (5)</td>
<td>Mostly in place (4)</td>
</tr>
<tr>
<td>41) Transitioning out of Wraparound has been discussed with the whole team</td>
<td></td>
</tr>
<tr>
<td>42) Concerns of all team members have been considered in transition planning</td>
<td></td>
</tr>
<tr>
<td>43) Family is provided with a list of team member phone numbers who can be contacted if needed</td>
<td></td>
</tr>
<tr>
<td>44) Methods for future access to services are communicated to all team members</td>
<td></td>
</tr>
<tr>
<td>45) Family receives written documents highlighting their strengths &amp; team accomplishments</td>
<td></td>
</tr>
<tr>
<td>46) Methods of introducing student &amp; family to future teachers or providers are negotiated</td>
<td></td>
</tr>
<tr>
<td>47) Family has been given an opportunity to meet/interact with other families who have been through the process</td>
<td></td>
</tr>
</tbody>
</table>
My name is Jennifer Mills James and I am a doctoral student at Loyola University of Chicago. Your child is being asked to participate in a research study as a part of a doctoral dissertation. For my study, I would like to look at the effectiveness of wraparound supports for students in school. There are currently 124 students in Illinois receiving wraparound supports through the Illinois PBIS network in their schools.

I would like to see how students receiving wraparound supports were doing academically and behaviorally before receiving the intervention compared with how they are doing after receiving wraparound supports. Because your child has been receiving wraparound supports in school, he/she has been selected to be a part of this study. As part of this study, I would like to look at the documents that have been completed by your child’s wraparound team at each meeting. The documents are currently being stored in a software system called SIMEO. The manager of SIMEO will replace your child’s name with a code name so his/her identity will be confidential. I will be using only records that have already been collected in addition to the survey included in this packet. I will never have contact with your child. The survey you have been given is called the Wraparound Integrity Tool. This survey was designed to measure how well the team has done in completing steps to provide your child appropriate wraparound supports.

All of the information collected in this study will be confidential. All of the documents for your child will use the code names to protect your child. During the study, all of the data on your child will be stored in a locked file cabinet in which only the researcher will have access. One year after the study has concluded all records will be destroyed.

Please know that your participation in this study is completely voluntary. You do not have to answer the questions asked during your team meeting if you do not want to. Also, if you agree to your child being a part of this study please know that you can withdraw from the study at any time. If you have questions about this research study, please feel free to contact me by email at jennmills81@yahoo.com or by phone at 312-550-6818. If you have questions about your child’s rights as a research participant, you may contact Loyola University Chicago’s Office of Research Services at (773) 508-2689.

Your voluntary completion of the enclosed survey will indicate your agreement to participate in the research study explained above. Please complete the attached survey and return it to (insert name of facilitator here).
REFERENCES


VITA

Jennifer Mills James is originally from Jenison, Michigan. Prior to her graduate studies at Loyola University Chicago, Jennifer attended Hope College where she earned her Bachelor of Arts in Special Education in May of 2003. From the fall of 2003 through the spring of 2006, Jennifer taught special education in the Chicago Public Schools. She taught students of many ability levels and students with severe emotional and behavioral difficulties. Her interest in best meeting the needs of her most challenging students led to her interest in pursuing School Psychology.

In the fall of 2006, Jennifer began her graduate career at Loyola University Chicago. While at Loyola, Jennifer participated as a research coordinator on the Tertiary Demonstration Project, a collaboration between Loyola, University of Kansas, and Illinois PBIS Network. She also had varied experiences as a graduate assistant researching the impact of bilingual immersion education.

In the 2010-2011 school year, Jennifer practiced as School Psychologist for Kildeer Countryside District 96 in Buffalo Grove, IL. She is currently a practicing School Psychologist for Grandville Public Schools.