EAB

Managing Behavioral Disruptions in Early Grades

Reversing the Rising Frequency and Intensity of Student Misbehavior

Part IV: Enhance Support for Higher-Needs Students

District Leadership Forum

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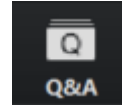
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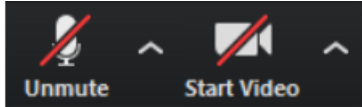
Asking a Question

To ask the presenter a question, type it into the Q&A panel and press send.

Managing Behavioral Disruptions in Early Grades

Reversing the Rising Frequency and Intensity of Student Misbehavior

1
Prevent Misbehavior Through Early Intervention

2
Create Conditions for Positive Classroom Behavior

3
Promote the Social Emotional Well-Being of Students and Teachers

4
Enhance Support for Higher-Needs Students

1. Transition Program for Incoming High-Risk Kindergarteners
2. Universal Behavioral Screening to Identify Students in Need of Support
3. Teacher Home Visit Program
4. Trusted Adult-Student Relationship Mapping

5. Self Regulation-Friendly Classroom Audit
6. Expanded Time for Free Play
7. Districtwide PBIS Implementation
8. Standardized Behavior Guidelines and Data Collection

9. Direct Instruction of Key Social-Emotional Skills
10. Embedded SEL Routines for Adults
11. Teacher Burnout Coping Supports

12. Trauma-Informed Perspective of Student Behavior
13. Cross-Functional Behavior Health Intervention Team
14. Cognitive Behavioral Support for Students with a History of Trauma
15. Reintegration-Focused Alternative Classroom

Impossible to Prevent All Behavioral Challenges

A Small Number of High-Need Students Can Consume Educator Time

Even In An Optimized Tiered System of Supports, Some Students Will Need Additional Behavioral Interventions to Be Successful

Individualized

1-5%

Small Group

10-15%

Up to 20% of students will need more intensive support

Universal supports typically serve ~80% of students
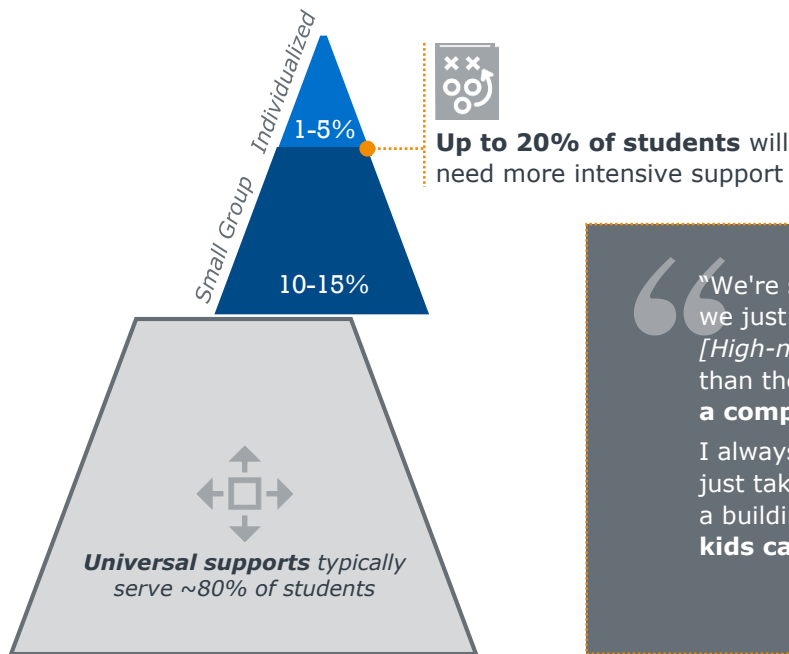
> "We're seeing things that, quite frankly, we just didn't see even 10 years ago. *[High-needs students]* tend to be younger than they used to be, **and for some, it's a complete lack of behavioral control.**
>
> I always call them the "runners"—kids just taking off. When you're looking at a building of 750, **a handful of those kids can keep a lot of people busy.**"
>
> *Superintendent, IA*

How Do Schools Best Meet Complex and Individualized Student Needs?

Supporting Students in Least Restrictive Educational Setting Most Ideal…

"Students with early-starting conduct problems […] are **disproportionately placed in restrictive educational environments** outside of mainstream classrooms.

Although intended to benefit students, research suggests that restrictive placements may **exacerbate the maladjustment** of youth with conduct problems."

Powers, C., Bierman, K., Coffman, D. "Restrictive Educational Placements," 2016

…But Managing Persistent or Intense Behavior Remains Difficult

Assessing underlying cause of the behavior is **time-consuming**, complicated

Behavioral outbursts may **compromise safety** of student, classmates, teacher

Teachers implement behavior modification strategies **inconsistently**

Interventions **insufficiently monitored, adjusted**

Sources: Powers, C. Bierman, K. Coffman, D., "Restrictive Educational Placements Increase Adolescent Risks for Students With Early-Starting Conduct Problems," Journal of Psychology and Psychiatry, December 2015; EAB interviews and analysis.

Disruptive Events Impact Classrooms Negatively

And Exclusionary Response Leaves Underlying Student Needs Unaddressed

> "**The impact of these disruptive events can vary from a few minutes to 45 minutes**. We have had to stop math lessons, writing lessons, reading lessons, and even art projects. There are students who are here to learn and can't get the attention they require because **a handful of students are struggling so much they demand all of the teacher's attention.**"
>
> *Third Grade Teacher, OR*

Educators Resort to Suspension More Frequently For Students Who Struggle the Most, But Without Proper Supports Student Behavior Unlikely to Change

14x

Children with anxiety 14 times more likely to be suspended or expelled from pre-K

1%   **12%**

Anxiety
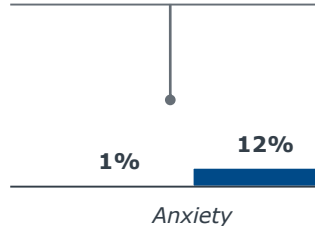
43x

Children with behavioral problems 43 times more likely to be suspended or expelled from pre-K

71%

4%

Behavior Problems
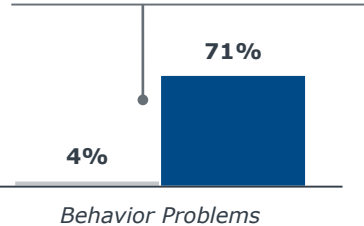
■ Share of Pre-K Population   ■ Share of Suspensions, Explusions

50%

Up to 50 percent of suspended students **receive subsequent suspensions**

Sources: Novoa, C. Malik, R., "Suspensions are Not Support: The Disciplining of Preschoolers With Disabilities," Center for American Progress, January 2018; Owen, J. Wettach, J. Hoffman, K., "Instead of Suspension: Alternative Strategies for Effective School Discipline; EAB interviews and analysis.

With a Troubling Impact on Students' Behavioral and Social Functioning

Early Traumatic Experiences Prevalent Across the Country

>46%

Of children nationwide **have had at least one ACE[1]**

>20%

Of children nationwide **have had at least two ACEs[1]**
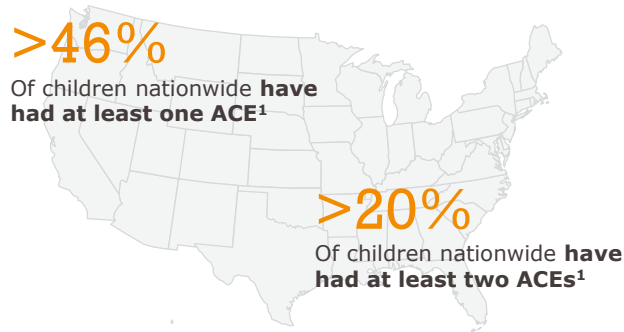
District Leaders See Many Sources of Trauma in Their Own Communities

Family instability
(e.g., abuse, neglect, parental drug use)

Sudden incidents
(e.g., accident, death)

Natural disasters

Refugee populations

Children Who Face Adverse Events More Likely to Struggle in School

2x

Children ages 6+ with two or more ACEs are **twice as likely to be disengaged from school**

4x

Children ages 3 to 5 with two or more ACEs are four times more likely to:

- Have trouble **calming themselves down**
- Be **easily distracted**
- Struggle to **make and keep friends**

1) Adverse Childhood Experience.

Sources: "Traumatic Experiences Widespread Among U.S. Youth, New Data Show," Robert Wood Johnson Foundation, October 2017; EAB interviews and analysis.

Research Shows Toxic Stress Can Hinder Children's Cognitive and Social-Emotional Development

*Children exposed to chronic poverty-related stressors experience **reduced gray matter volumes** in the frontal and temporal cortex and the hippocampus[1]*

3-4%
Below developmental norms for families **at 150% of poverty line**

8-9%
Below developmental norms for families **at 100% of poverty line**

"Adjusting for potential confounders […] experiencing ACEs is associated with below-average language and literacy skills, math skills, **attention problems, social problems, and aggression.** […] With few exceptions, increased ACEs were associated with increased odds of below-average academic skills and behavior problems."

Jimenez et. al., "Adverse Experiences in Early Childhood," 2016

1) Parts of the brain responsible for planning complex cognitive behavior, personality expression, decision making, moderating social behavior, emotional association, among other functions.

Sources: Blair, C. Raver, C., "Poverty, Stress, and Brain Development: New Directions for Prevention and Intervention," Academic Pediatrics, April 2016; Jimenez, M. Wade, R. Lin, Y. Morrow, L. Reichman, N., "Adverse Experiences in Early Childhood and Kindergarten Outcomes," American Academy of Pediatrics, February 2016; EAB interviews and analysis.

Knowledge Important First Step in Changing Teacher Mindset and Approach

Study in Brief: *"Impact of Trauma-Informed Care Professional Development on […] Knowledge, Dispositions, and Behaviors Toward Traumatized Students"*

Large, urban school district

552 participants, classified and certified staff

3.5 hour trauma-informed care (TIC) professional development

Pre-post test, 52 item *Trauma-Informed Care Dispositions Survey*

Found that TIC[1] professional development resulted in a **statistically significant change in:**
- Overall knowledge of TIC
- Self-ratings on 21 of 26 disposition subscales
- Self-ratings on 9 of 10 behavior subscales

2x
Teachers **lacking an empathetic mindset** are twice as likely to suspend students over the course of the school year[2]

Sample Disposition Measures

"I feel empathy for students when they are having problems"

"I try to look at student's side of a disagreement before making a decision"

"I give students opportunities to make choices and decisions"

"I believe it is important to learn about students and their community"

Sample Behavior Measures

"I utilize strategies with the intent to create a safe environment for students"

"I use active listening strategies when interacting with students"

"I give students positive reinforcement for good behavior"

---

1) Trauma-Informed Care
2) 9.6% suspension rate versus 4.8 %

Sources: Goodwin-Glick, K., "Impact of Trauma Informed Care Professional Development on School Personnel Perceptions and Knowledge Dispositions, and Behaviors Toward Traumatized Students," Bowling Green State University Graduate School of Education, May 2017; Parker, C., "Teacher Empathy Reduces Student Suspensions," Stanford University, April 2016; EAB interviews and analysis.

Providing a Trauma-Informed Point of View

Growing Number of Frameworks Exist to Create Trauma-Informed Schools

Popular Trauma-Informed Care Frameworks Share Four Main Components

- **The Flexible Framework,** Helping Traumatized Children Learn *(Massachusetts Advocates for Children)*
- **Compassionate Schools Initiative** *(Washington State OSPI[1])*
- **The Sanctuary Model** *(By Dr. Sandra L. Bloom)*
- **Child Trauma Toolkit for Educators** *(National Child Traumatic Stress Network)*
- **Trauma-Informed Schools Initiative** *(Missouri DESE[2])*

Schoolwide focus to address broad impact of toxic stress rather than providing treatment only to those experiencing acute trauma symptoms

Dedication to a safe school environment *(e.g., physical safety, psychological safety, orderly and welcoming learning environment)*

Building student skills *(e.g., resilience, coping, relationship building)*

Building staff capacity to support students experiencing toxic stress, trauma *(e.g., instructional strategies, effective discipline, strategies to prevent burnout)*

Despite Interest, Districts Take Fragmented Approach to Trauma-Informed Care

Efforts exclusively at school, individual level (e.g., book reads, conferences)

District-developed training available, but optional for interested staff

1) Office of Superintendent of Public Instruction
2) Department of Elementary and Secondary Education

Source: Eklund, K. Rossen, E., "Guidance for Trauma Screening in Schools," National Center for Mental Health and Juvenile Justice, September 2016; EAB interviews and analysis.

Hardwiring a Trauma-Sensitive Approach

Champaign Community Unit 4 Schools Implements Universal TIC Training

District Leaders Find Trauma Lens Integral to Effectively Meeting Student Needs

◆ GOAL SETTING　　　　◆ CONTENT DEVELOPMENT　　　　◆ IMPLEMENTATION

Superintendent Sets District-Wide Expectation

- **In 2017,** superintendent sets school culture and climate professional development goal
- Motivated by efforts to address opportunity gap evident across the district

> "*All district staff will be trained in trauma-informed care by the end of school year 2018-19*"

5-hour "Trauma 101" training created by district clinicians *(i.e., school psychologists, social workers)* in partnership with Center for Childhood Resilience

Training topics include:
- Definition, prevalence of trauma
- Impact of trauma on the brain
- Strategies to support children impacted by trauma
- Compassion fatigue and self-care

"Train the Trainer" Enables Delivery Across District

- **Application process** used to recruit, select interested staff
- **Equal number** of clinicians and administrators selected
- **Administrators, clinicians deliver content in pairs** to provide both the clinical and classroom perspectives on trauma-informed practice

Profiled Institution:

Champaign Community Unit 4 Schools, IL

Rapid Roll-Out Has Noticeable Impact

Nearly All Staff Trained in One Year, Exclusively Leveraging Existing PD Time

Multiple Delivery Models Provide Schools With Flexibility to Integrate TIC Training With Other PD Needs

15 of 19

School buildings fully trained by fall 2018 as well as all transportation staff

Model 1

- **Use 1 full day** of district-controlled PD time
- Approach used to train all middle schools at the same time

Model 2

- **Use 1 half-day** (~3 hours) of district or building PD time
- **Use 2 additional hours** at next school faculty meetings to finish training

Training Leads to Significant Gains in Knowledge on Key Trauma-Related Topics

"My knowledge of _____ is"; % of "very good/excellent" responses[1]

■ Before Training ■ After Training

	Before Training	After Training
Adverse Childhood Events (ACEs)	53.4%	96.8%
Trauma and effects on children's development/behavior	67.0%	98.3%
Trauma-sensitive practices to support children exposed to trauma	57.0%	97.7%
Compassion fatigue	50.1%	97.4%
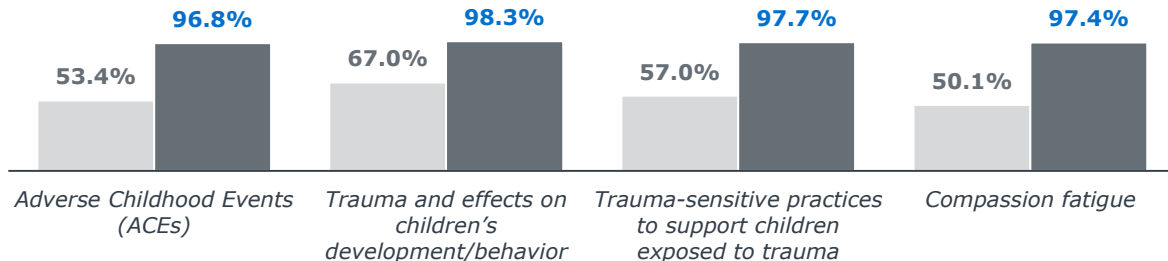
1) n=300 participants

Difficult to Meet Student Need for Support Services

Staffing, Procedural Inefficiency Make Students Likely to Fall Through Cracks

Counseling and Social Work Services Perpetually Stretched Thin…

Chart showing ratios:
- School Counselors: Recommended Ratio 250:1, National Average 482:1
- School Psychologists: Recommended Ratio 700:1, National Average 1,653:1
- Social Workers: Recommended Ratio 400:1, National Average 660:1

Legend: □ Recommended Ratio ■ National Average
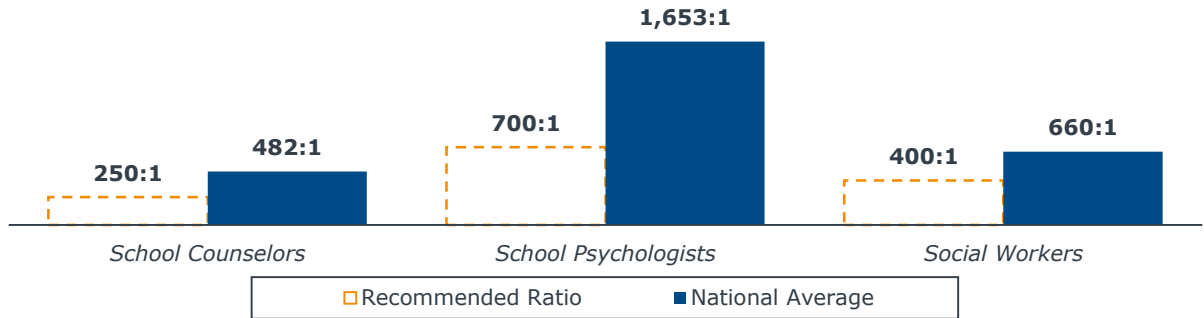
…And Referral Processes Lead to Inconsistency in Student Intervention

"The bulk of our referrals *[to counseling services]* come from staff members, but if you have six teachers one could refer *[a student]* to a social worker, another could refer them to a counselor, and another to the psychologist. **The referrals could be going in all directions.**"

Assistant Superintendent of Educational Services, CA

Sources: "NASP Recommendations for Comprehensive School Safety Policies," National Association of School Psychologists, January 2013; Fuschillo, A., "The Troubling Student-to-Counselor Ratio that Doesn't Add Up," EdWeek, August 2018; EAB interviews and analysis.

Providing Coordinated Behavioral Health Support

Behavioral Health Intervention Team Leverages Cross-Functional Expertise

School-Level Teams Collaborate to Address Behaviors of Concern

Principal

School Counselor

Profiled Institution:

Berlin Public Schools, NH

Social Worker

BHIT[1] reviews cases based on referrals and universal behavioral screening data

School Psychologist

Registered Behavior Technician

Community Behavioral Health Provider

- FTE with expertise in behavior analysis
- Informs development of behavioral interventions, provides behavior management coaching to school staff *(e.g., principals, teachers)*
- BCBA[2] certified or person with extensive coursework, experience managing challenging behavior *(e.g., school psychologist, special educator)*

- District contracts with local behavioral health agency
- Agency staff attend BHIT meetings and provide direct student support 1 day per week
- Fills gaps in district service provision, streamlines referral process to external service provider

1) Behavioral Health Intervention Team.
2) Board Certified Behavior Analyst.

Optimize Referrals to Behavioral Health Services

Staff Education Key to Identifying Students Most in Need of Support

BHIT[1] referral and meeting agenda templates available in the Appendix

Referrals primarily come from district staff, but can come from anyone in or outside of the school *(e.g., parent, neighbor, community member)*

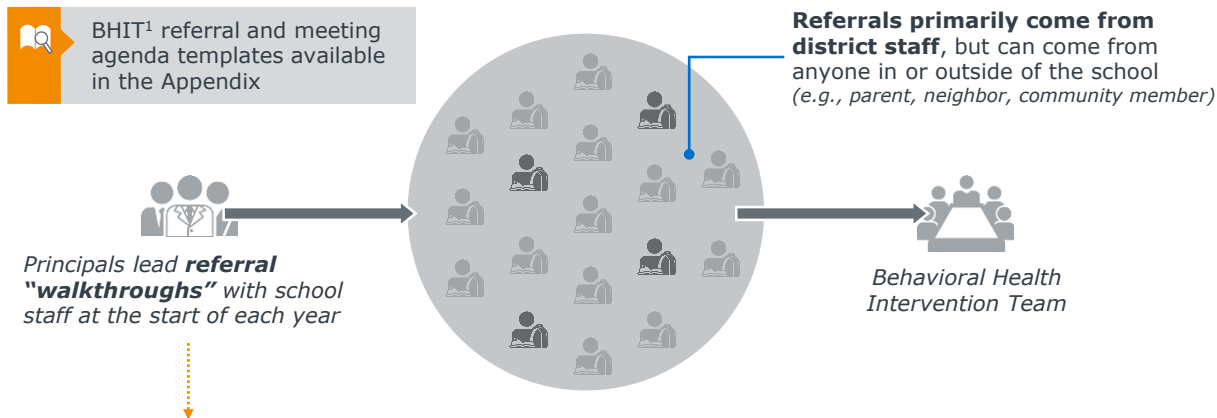*Principals lead **referral "walkthroughs"** with school staff at the start of each year*

Behavioral Health Intervention Team

"Walkthroughs" focus on:

- **Overview** of referral, service planning process
- **Identifying** internalized and externalized behaviors of concern
- **Being specific**, **clear** in articulating behavioral issues on referrals

DO refer—behavior that is observable, measurable

- ✓ Violent outbursts
- ✓ Social withdrawal
- ✓ Intense emotions *(e.g., anger, fear, sadness)*
- ✓ Chronic headaches, stomachaches

Do NOT refer—broad student circumstances, minor behavior infractions

- x Parental separation, divorce
- x Grandparent illness
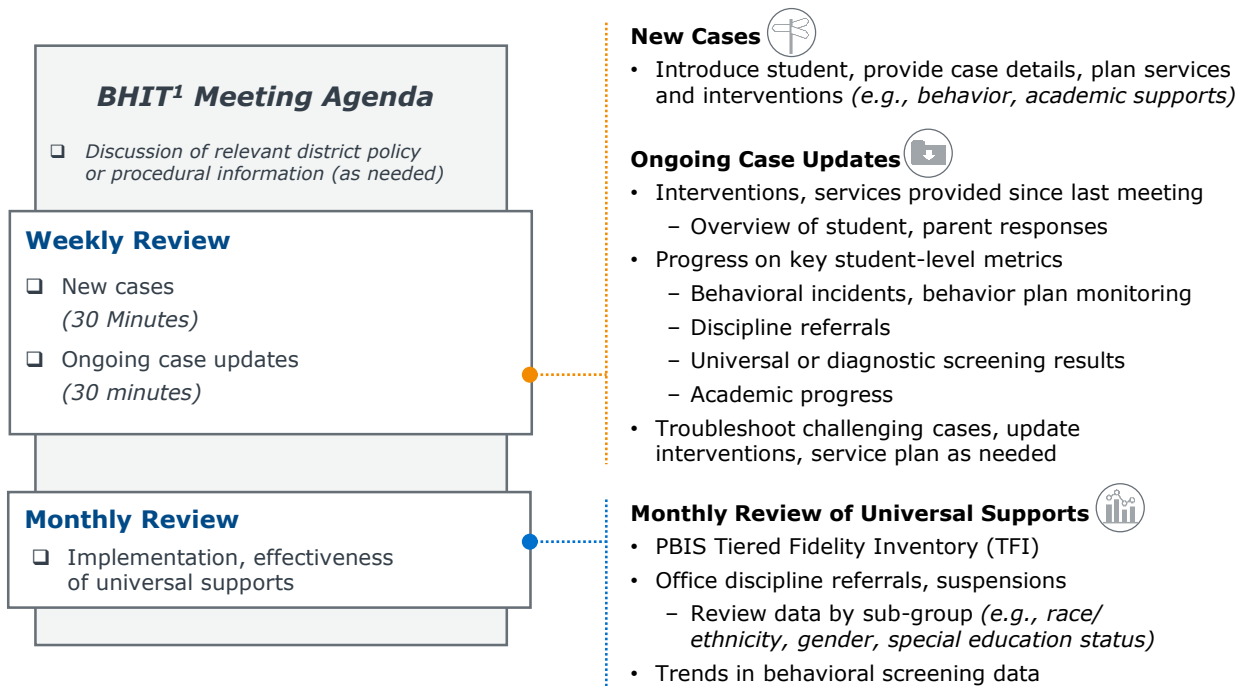- x Not following directions
- x Talking with peers during instruction

Source: EAB interviews and analysis.

Dedicated Time to Assess Student Needs, Progress

Standing Meetings Focus Attention on Behavioral Health Needs

Team Meetings Balance New Case Intake with Case Monitoring, Data Review

BHIT[1] Meeting Agenda

❑ *Discussion of relevant district policy or procedural information (as needed)*

Weekly Review

❑ New cases
(30 Minutes)

❑ Ongoing case updates
(30 minutes)

Monthly Review

❑ Implementation, effectiveness of universal supports

New Cases

- Introduce student, provide case details, plan services and interventions *(e.g., behavior, academic supports)*

Ongoing Case Updates

- Interventions, services provided since last meeting
  - Overview of student, parent responses
- Progress on key student-level metrics
  - Behavioral incidents, behavior plan monitoring
  - Discipline referrals
  - Universal or diagnostic screening results
  - Academic progress
- Troubleshoot challenging cases, update interventions, service plan as needed

Monthly Review of Universal Supports

- PBIS Tiered Fidelity Inventory (TFI)
- Office discipline referrals, suspensions
  - Review data by sub-group *(e.g., race/ ethnicity, gender, special education status)*
- Trends in behavioral screening data

1) Behavioral Health Intervention Team.

BHIT[1] Enhances Capacity to Meet Student Needs

Diverse Professional Backgrounds and Team Approach Ensure Berlin Public Schools' Students Access the Behavioral Health Supports They Need
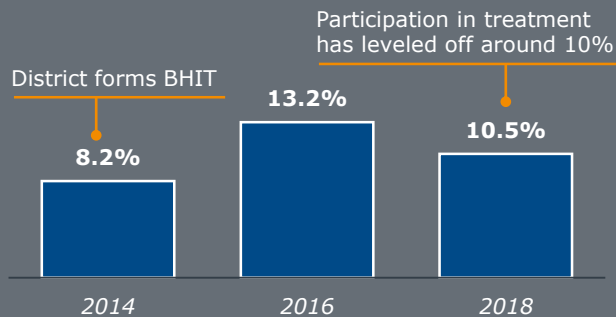
15% Of students **are typically reviewed** by the BHIT in a year

" Our Behavioral Health Intervention Team is a relatively large group **with lots of varied perspectives** that we find make it more likely that we can, using a collaborative process, latch on to a best way forward to help students succeed behaviorally. "

Bob Thompson, Program Manager,
Office of Student Wellness

BERLIN PUBLIC SCHOOLS

Percentage of Students Receiving Treatment at Community-Based Behavioral Health Agency

Participation in treatment has leveled off around 10%

District forms BHIT

8.2% **13.2%** **10.5%**

2014 *2016* *2018*

For more best practices, see EAB's study **"Responding to Students of Concern: Best Practices for Behavioral Intervention Teams"** including:

- Campus-Wide Basic Training Campaigns
- Role-Based Differentiated Behavioral Health Training
- Behavioral Intervention Team Training Models
- Running a Best-In-Class Behavior Intervention Team Meeting

1) Behavioral Health Intervention Team.

Developing a School-Based Trauma Intervention

Clinical Support Helps Children Process Experience, Builds Coping Skills

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

- **Developed by a team of clinician-researchers** from the RAND Corporation, UCLA[1], Los Angeles USD[2]
- Clinical group and individual intervention **for grades 5-12**
- **Designed to reduce symptoms** of PTSD, depression, behavior problems
- **Uses cognitive-behavioral techniques** *(e.g., relaxation, cognitive restructuring, exposure)*
- Multiple clinical and randomized control trials showing impact
  - **42% reduction** in PTSD symptoms
  - **14% reduction** in behavior problems

"Bounce Back" Program an Adaptation of CBITS for Elementary School Students

10 Group Sessions
- 1 hour, once per week
- Focus on coping skills, feelings identification, relaxation exercises, social support, problem solving

2-3 Individual Sessions
- Clinician helps each child develop a "My Story" trauma narrative

1-3 Parent Sessions
- Provide strategies to reinforce skill building at home
- Child's trauma narrative shared with parent at end of program

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1) University of California at Los Angeles.
2) Unified School District.

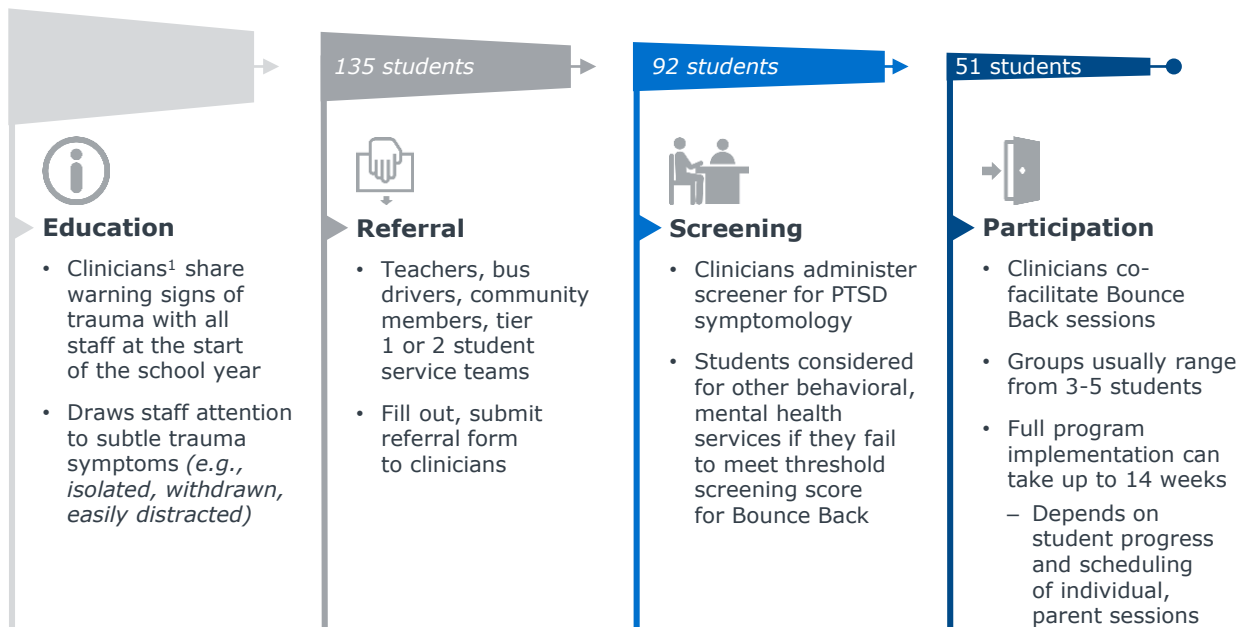# District Offers Trauma Support in Every School

Profiled Institution:
Champaign Community Unit 4 Schools, IL

Key Components of Bounce Back Implementation at Champaign Unit 4 Schools

Including Referral and Participation Data from Year 1 of Implementation

135 students   *92 students*   51 students

Education

- Clinicians[1] share warning signs of trauma with all staff at the start of the school year

- Draws staff attention to subtle trauma symptoms *(e.g., isolated, withdrawn, easily distracted)*

Referral

- Teachers, bus drivers, community members, tier 1 or 2 student service teams

- Fill out, submit referral form to clinicians

Screening

- Clinicians administer screener for PTSD symptomology

- Students considered for other behavioral, mental health services if they fail to meet threshold screening score for Bounce Back

Participation

- Clinicians co-facilitate Bounce Back sessions

- Groups usually range from 3-5 students

- Full program implementation can take up to 14 weeks

  – Depends on student progress and scheduling of individual, parent sessions

1) School psychologists and social workers.

Source: EAB interviews and analysis.

Parents, Teachers Important Part of Student Recovery

Help Extend Skill Building Outside of Bounce Back Sessions

Parents

Bounce Back Sessions

Teachers

Initial Consent

- Schools address any parent apprehension via phone calls or in-person meetings

  – Clarify goals of the program, emphasize focus on skill building

Ongoing Participation

- Informal phone or e-mail exchanges to provide update on sessions *(e.g., skills being taught, student progress)*

- Attend at least one clinical session with the student

Find sample Bounce Back templates and resources in the Appendix

Weekly Updates

- E-mail sent to teachers of participating students detailing skill being covered that week

  – Provides strategies for skill reinforcement in the classroom

Transition Support

- Some students struggle to transition back to class after their session

  – Upon returning to class, student shares new skills, strategies they learned with their teacher

  – Incorporate reminders *(e.g., pictures on their desk)* to use strategies throughout the day

Source: Bounce Back, "Bounce Back Program Overview," https://bouncebackprogram.org/; EAB interviews and analysis.

Setting Students on the Right Path

Bounce Back Students Show Significant Reduction in Trauma Symptoms

Formal Program Evaluation Shows Immediate and Sustained Benefits

Connecticut Department of Children and Families, Statewide CBITS and Bounce Back Evaluation Report

39% **Reduction in PTSD symptoms** for children participating in Bounce Back program

> "Children who received Bounce Back **immediately demonstrated significantly greater improvements** in parent- and child-reported posttraumatic stress and child-reported anxiety symptoms over the 3-month intervention. […]
>
> The treatment group maintained or showed **continued gains in all symptom domains** over the 3-month follow-up period."
>
> *Langley et. al., "Bounce Back: Effectiveness of an Elementary School Based Intervention," 2015*

Program Participation and Follow-Up at *Champaign Community Unit 4 Schools*

80
Total kids served in the Bounce Back program since 2016

90%
Over 90 percent of Bounce Back students experienced reduction in PTSD symptoms

Monitor student progress, ongoing needs following intervention

Begin, continue other **school-based interventions**
(e.g., check-in/check-out, skill building groups)

Refer to external services
(e.g., social work, mental health)

Sources: Sapere, H. Lang, J. "Connecticut CBITS & Bounce Back Evaluation Report," Child Health and Development Institute of Connecticut, June 2017; Langley, A., Gonzalez, A. Sugar, C. Solis, D. Jaycox, L., "Bounce Back: Effectiveness of an Elementary School Based Intervention for Multicultural Children Exposed to Traumatic Events," Journal of Consulting and Clinical Psychology, October 2015; EAB interviews and analysis.

Some Behavioral Issues Remain Difficult to Address in the General Classroom

Educators Struggle to Balance Needs of the Entire Classroom with Supporting Progress for Students with Persistent or Unsafe Behaviors

1st grade student

Daily emotional outbursts, often elopes or becomes violent toward school staff

Chronically absent, family experiencing homelessness

3rd grade student

Easily frustrated, repeatedly aggressive toward other students

Reading on grade level, making sufficient academic progress

4th grade student

Brings box cutter to school, triggers zero-tolerance suspension

No prior history of behavioral issues, parent appeals decision

Key District Challenges

How can we support this student while determining appropriate long-term service needs (e.g., behavioral, special education, wraparound)?
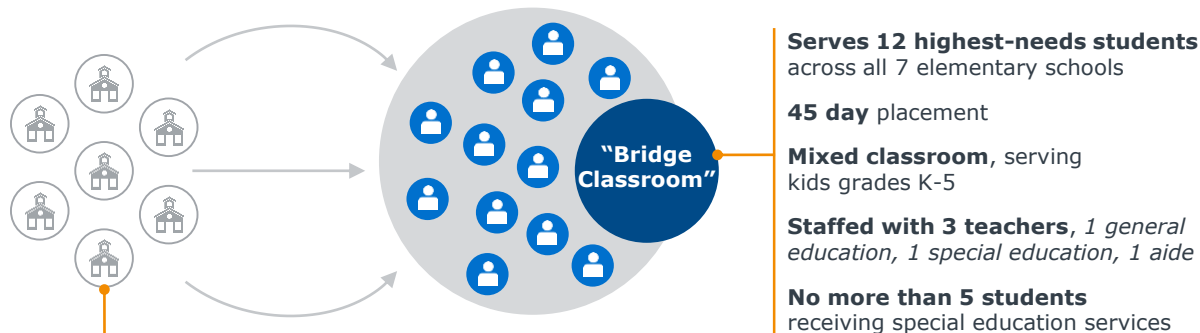
How can we provide this student with the strategies they need to preserve a safe and productive learning environment?

How can we maintain academic instruction while working to prevent future behavioral issues?

Targeted Alternative Behavior Support Program

Short-Term Placement Creates Space to Effectively Address Hardest Cases

"Bridge Classroom" Allows Staff to Maintain Academic Instruction While Assessing Persistent, Challenging Behavioral Issues

"Bridge Classroom"

Serves 12 highest-needs students across all 7 elementary schools

45 day placement

Mixed classroom, serving kids grades K-5

Staffed with 3 teachers, *1 general education, 1 special education, 1 aide*

No more than 5 students receiving special education services

Criteria for inclusion:

- Behavioral issue must be recurring *(i.e., placement can not be in response to a single high-needs incident)*

- All alternative interventions must be exhausted

- Can be an alternative to the few zero-tolerance discipline infractions

Profiled Institution:

Hamilton County Schools, TN

Highly Structured, Therapeutic Classroom Setting

"Bridge Classroom" Focuses on Social-Emotional Skill Building

Intensive Behavior Support

Behavior intervention plan created for each student when entering the program

- Targets 1-2 specific, measurable goals *(e.g., reduction in frequency of physically aggressive outbursts)*

Day begins with one hour of intensive, **explicit social-emotional skill instruction**

Focus on therapeutic interventions *(e.g., journaling, martial arts, puppetry, modeling clay)* while maintaining academic instruction

Regular classroom teacher comes once per week for 30-60 minute observations

Strategic Reintegration

Program start: student is in bridge classroom full-time, attends lunch and some specials in general education setting

Week 3-4: student starts reintegrating into general classroom environment

- Check to see if skills are transferring, which strategies the student is using successfully

By program end: student is integrated back into regular classroom for the full day

- Several check-in points scheduled throughout the day to monitor transition

Each student receives a "success kit" to bring home and back into regular classroom

- Outlines interventions that worked best for each child *(e.g., adaptive seating, noise-canceling headphones)*
- Staff train regular classroom teacher on implementation, monitoring as needed

Providing the Tools For Success

> "We have one student who is supposed to leave in 2 weeks, and he has really done wonderfully. He's very teachable, and he's out into the regular classroom now. When he's getting overwhelmed he gets out his noise-canceling headphones, he goes to his peace corner, he gets out his therapeutic journal and starts writing, he tells the teacher when he needs to leave the classroom.
>
> That's what we're asking him. We're not asking him not to have feelings, we're not asking him not to get mad or frustrated, **we're just asking him to have an appropriate response when he is frustrated so that he's not hurting himself or others.**
>
> **Since coming to the Bridge classroom he has had one incident in seven weeks' time versus about one a day.** So he's made a lot of progress, and we are super proud of him."

Jennifer Whalen, Behavior Specialist

HAMILTON COUNTY SCHOOLS

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Reversing the Rising Frequency and Intensity of Student Misbehavior

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Archived Webconferences

Available On Demand at eab.com

Narrowing the Third Grade Reading Gap

Mitigate Summer Slide with Engaging Summer Programming

Embracing the Science of Reading

Develop and Implement Schoolwide Expertise in Science-Based Reading Instruction

Redesign Small Group Instruction to Target Student Skill Deficits

Closing the College Access Gap

Creating a Culture of High Expectations and Building Student Confidence

Supporting More Informed Post-Secondary Choices

Removing Non-Academic Barriers to Application and Matriculation

Meeting the Career Readiness Imperative

Strategies for Integrating and Scaling Early Career Exposure

Boosting the Quality and Frequency of Career Decision Support

Aiding Transitions to Careers through Professional Skill Development

District Communications and Safety Collaborative

Lessons to Improve Your District's Image and Strengthen Community Relationships

Teacher Recruitment Collaborative

Ideas and Tools for Improving the Recruitment and Hiring of Teachers in K-12 Districts