School-Based Intervention Teams:
SBIT Staff Survey & Teacher Acceptability Questionnaire
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This resource was created by educators participating in the Syracuse (NY) City Schools School-Based Intervention Team (SBIT) Project.

Those wishing for more information about the SBIT Project should contact:

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Section VII: SBIT Introductory Staff Survey and Referring Teacher Acceptability Questionnaire

Purpose & Guidelines for Use:

**SBIT Introductory Staff Survey:** When a school is considering adopting the SBIT Team model, we recommend that presenters provide staff with an overview of the problem-solving process. Then the presenters should hand out the SBIT Introductory Staff Survey and request that staff complete the anonymous questionnaire. The collated results will give buildings a very good idea of the level of staff support for the process and also help to identify staff members who—because they were nominated by a number of their colleagues—would be good candidates to serve as SBIT Team members.

**SBIT Teacher Acceptability Questionnaire:** After a referring teacher has participated in an SBIT meeting and had sufficient time to try out the intervention, he or she receives a copy of this questionnaire to complete anonymously. The survey provides building SBIT Teams with invaluable information about how inviting teachers find SBIT meetings to be, how helpful they believed the Team to be, and how well referring teachers felt that they could actually carry out the intervention plans.
School Based Intervention Team Introductory Presentation: Staff Survey

We value your input about this school’s adopting the SBIT Teacher Team model. Please complete this brief, anonymous question and return it to the SBIT presenters:

1. What is your position in the school?
   - General-Education Teacher
   - Special Education Teacher
   - Support Staff (e.g., School Nurse, School Psychologist, School Counselor, etc.)
   - Teaching Assistant/Paraprofessional
   - Other (Please specify): ___________________________

2. Based on what you now know about the SBIT Process after this presentation…

   How much do you believe that your school would benefit from having an SBIT Team?

   1. No benefit  2. Little benefit  3. Some benefit  4. A lot of benefit

   How likely do you think it is that your school can organize an effective SBIT Team?


3. What are some major roadblocks that you believe might need to be addressed in this school in order for SBIT to be successful? What are some creative solutions that you think could address these concerns?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

4. If you could nominate any 3 people in your building to serve on the SBIT Team, whom might you select? (Please include your own name if you would be interested in serving on this team!):

   a. __________________________________________________
   b. __________________________________________________
   c. __________________________________________________
School-Based Intervention Team Teacher Acceptability Questionnaire

Date:_________________

We are contacting you because you referred a child to your building’s School-Based Intervention Team this year. As a teacher, your feedback is very important in helping us to assess how effective the SBIT Team has been at your school. Please take a few minutes to complete the items below. The questionnaire is anonymous. Your responses and comments will be compiled and shared with your building’s SBIT Team, but you will not be identified. Thank you in advance for helping us to evaluate the SBIT program!

1a. How would you rate the severity of the student’s target problem(s) prior to your referring the child to SBIT?

Not at all severe 1 2 3 4 5 6 Very severe

1b. How would you rate the severity of the student’s target problem(s) now (after referring the child to SBIT)?

Not at all severe 1 2 3 4 5 6 Very severe

Regarding the interventions used, please circle the number which best describes your agreement/disagreement with each statement, using the following scale:
1=strongly disagree 2=disagree 3=slightly disagree 4=slightly agree 5=agree 6=strongly agree

2. I liked the procedures used in this intervention.

3. This intervention was a good way to handle the problem.

4. Overall, this intervention was beneficial for the child.

5. I had the resources (time/materials) needed to implement this intervention.

6. To what extent were you and/or others able to implement the SBIT intervention as designed?

Never/Didn’t 1 2 3 4 5 6 Every day/Exactly as planned

7. Do you feel that you have gained intervention ideas or knowledge through your involvement with the SBIT Team that you will be able to use with other students?

Definitely NO 1 2 3 4 5 6 Definitely YES

8. In general, how helpful was the SBIT Team in helping you to achieve a positive outcome for the student?

Not at all helpful 1 2 3 4 5 6 Very helpful
9. What were the most helpful aspects of the SBIT process for you?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. In your opinion, what areas could the SBIT Team improve to make it a better or more useful experience for referring teachers?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________