**Universal Screening Action Plan – Elementary School**

*Elementary School Name:*

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| **Question** | **Answer** |
| 1. Why does your school want to conduct universal screening?
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| 1. What screening measure will you use?
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| 1. Who will be on your school’s universal screening team (e.g., school counselor, school psychologist, administrator)?
 | **Name** | **Title** |
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| 1. Who will be the school’s screening team lead (this person will communicate with the central office about screening)?
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| 1. How often, when, and where will the school’s screening team meet?
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| 1. How will parents be notified in advance of the screening?
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| 1. Will you obtain passive or active parental consent?
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| 1. Who will manage the parental consent process (e.g., send home the consent form; receive signed consent forms; send list of non-consented students to teachers)?
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| 1. When will teachers be trained on how to complete the universal screener?
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| 1. List the two weeks designated for universal screening.
 | **Fall** | **Spring** |
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| 1. On what day and at what time will teachers complete the screening?
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| 1. Who will coordinate the day-of screening (should be the screening team lead)?
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| 1. Describe the step-by-step process for the day-of screening (e.g., reminding the staff, getting forms to the staff, supporting the staff during screening, staff getting the data to the data coordinator).
 | **Step 1:** |
| **Step 2:** |
| **Step 3:** |
| **Step 4:** |
| **Step 5:** |
| 1. Who will clean the screening data (e.g., look for duplicate responses and/or abnormally high or low responses)?
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| 1. What date will you review the analyzed data with the universal screening team?
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| 1. Describe how the data will be used to inform Tier 1 supports.
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| 1. Describe your process for following up with students who score in the high-risk range.
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| 1. How and when will the results of the screening be communicated to staff?
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| 1. How will families be notified of the screening results?
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