**District-wide Positive Behavior Support**  
**Commitment for District-wide PBS**

District ____________________________ Date __________

Administrator __________________________

The following commitments are necessary to develop a District PBS Coaching Model.

<table>
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<th>Requirement/Commitment</th>
<th>Details</th>
<th>Completion/Commitment Date</th>
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| **1. Political Support** | 1. Student social behavior and/or school climate is top five goals for the district?  
2. PBS efforts connected with District global goals and efforts (academics, etc.)?  
3. District PBS Leadership team is willing to report to school board & superintendent at least annually?  
4. PBS policy statement developed?  
5. District level administrator is appointed as coordinator of efforts (FTE allows for coordination to manage district PBS activities & school coaching) | Date __________ |
| **2. Coordination** | 1. Regular PBS Leadership meetings to be held at the district level and attended by a member of each building implementing PBS (at least 1 meeting every 2 months).  
2. Leadership meeting is hosted by a district-level administrator | Date __________ |
| **3. Funding** | Funding sources identified so buildings are able to send teams to training throughout the school year for at least 3 years. | Date __________ |
| **4. Training Capacity** | 1. District representative develops and coordinates strategic training schedule incorporating three tiers of preventative model of behavior support.  
2. PBS Coach leads on-going training of school PBS teams.  
3. On-going professional development for district PBS Coach  
4. Train evaluators within the district (e.g. SETs, SWIS) | Date __________ |
| **5. Demonstrations** | Identify a minimum of 3-5 schools (or 50% of districts with less than 10 schools) that sign commitment: List schools (attach commitment sheet)  
1. 4. 7.  
2. 5. 8.  
3. 6. 9. | Date __________ |
| **6. Commitment to sustain for at least 3 years** | Three year commitment to PBS Coaching position & allocating training time to school teams | Date __________ |
| **7. School-wide PBS Evaluation** | 1. Two SET evaluations for each new school in the first year  
2. Annual SET evaluations after first year  
3. Annual EBS Self-Assessment surveys | Date __________ |

I understand and agree to the above commitments to qualify for the School-wide PBS Training series and support.

Administrator __________________________ Date __________

signature

C. Borgmeier (Portland State University) & K. Ingram, 2005