

PHASE I FINAL REPORT

TEACHER IVES: ONGOING POSITIVE SUPPORT FOR TEACHERS

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Project summary

The goal of this Phase I project was to fully develop and test one module in a professional-development training program for middle-school teachers intended to enhance classroom behavior management skills. The complete training program is based on principles of applied behavior analysis and is consistent with principles contained in Positive Behavior Support (PBS) interventions, which is a multi-systemic model for supporting the needs of students. The training program employs empirically-validated behavioral techniques to address challenges that will help teachers recognize and develop their behavior management goals. This is a particularly pressing need because evidence has shown that when classroom management is ineffective, learning is severely restricted (Walker, Colvin, and Ramsey; 1995; Wilson, Gottfredson, and Najaka, 2001).

As well as focusing on content issues in the Phase I module, we placed equal importance on the delivery method. This is because we hoped to be able to address inadequacies in the standard inservice training model by which teachers receive professional development. In this Phase I project, we proposed to develop an Interactive Video Email Service (IVES) that would deliver small, frequent doses of information. The IVES approach is designed to provide opportunities that allow participants to interact with training content over a period of time, rather than in a standard one-time lecture by an expert. Each email that a teacher received in the IVES training was linked to a component (video presentation, self assessment, interactive exercise, worksheets and print summaries) on a training website (IrisEdOnline), which was developed to host interactive training interventions.

We then proposed to evaluate the feasibility of the Phase I IVES program by measuring its impact on teacher knowledge related to classroom management, their sense of efficacy, their satisfaction with the program, and their online use patterns. We used a pre-post test design with randomized treatment and no-treatment control groups. A no-treatment control group was selected as a comparison because no similar program currently exists that is equivalent in both content and format to the IVES program. Because teachers frequently receive minimal in-service exposure to behavior management practices and techniques, the no-

treatment control group is a close approximation of what teachers are likely to experience in the field. Finally, we proposed to recruit 120 teachers from across the United States for this study.

#### Formative research: key informants

To help us establish effective, pragmatic protocols for implementing the IVES system, we interviewed 6 school district administrators (4 women, 2 men, 8 non-Hispanic, 1 Asian, 5 Caucasian) in Los Angeles, San Francisco and rural and urban Oregon. These key informants held the following positions in their districts: Student Achievement Leader, Director of Student Services, Behavior Specialist, Coordinator for Behavior Support Division of Special Education, and Executive Director Pupil Services Dept. Our main goal in interviewing these experts was to get their feedback on ways to calibrate the training so that it would be consistent with the professional development needs of teachers and the realities facing behavior specialists and administrators. We explained that we were developing training for teachers on classroom strategies for managing behavior and optimizing instruction. The training would be designed for individualized instruction, and its goal would be to help teachers adapt the strategies to conditions in their classrooms.

We presented a description of how the IVES email-driven online delivery works. Each content topic would be delivered to teachers through a brief email linked to instructional online components (video presentation, self-assessments, interactive exercises, print summaries) on a dedicated training website (IrisEdOnline; IEO). We described how administrative staff could have institutional access to the IEO site and be able to download reports on program usage by participating teachers. When asked how they felt about this overall approach, there was general agreement that online training was needed, with support for this particular idea ranging from mildly positive to enthusiastic. A number of informants stated that they get many requests from classroom teachers for trainings in behavior management. They acknowledged that this type of training had the potential for being cost effective as well as flexible in terms of delivery. They were excited about the institutional access, mentioning that it would allow oversight and promote accountability.

One administrator said that he was “excited about the opportunity for using IVES to build capacity...that it could affect hundreds of teachers” and that he would have something other than “drive-by in-service.” He also stated that the problem with PBS “is that it doesn’t have a classroom management system within the larger system.”

A behavior support specialist tasked with training school district staff expressed the opinion that a service such as IVES could be used effectively to intensively train behavior teams who could in turn use the media material to support individual teaching staff members. They all thought that the IVES system, as well as the online training, would be well accepted by the school staff. When asked what might be some of the difficulties in running this training, they thought that teachers might not access their email regularly and/or might have technical difficulties.

Key informants also recommended focusing on the foundational, preventive aspects of classroom management as opposed to corrective strategies.

#### Formative research: focus groups

We conducted focus groups with teachers and administrators at state (Corvallis, Oregon) and national (Boston, Massachusetts) conferences of the Association for Positive Behavior Support. We recruited a total of 18 participants; 16 identified themselves as White, non-Latinos; one as African American; and one as Native Hawaiian. Thirteen of the participants were women. Twelve of the participants were teachers with an average of 15.3 years of teaching experience.

The focus groups provided social validation for the IVES method of frequent email messages linked to brief, multimedia online training. We presented four prototypes of IVES email screen shots (see Appendix A) and asked participants to rate the effectiveness of each version based on *appeal*, *information*, and *motivation*. Screen shot B received the highest endorsement with 72% choosing it as the most *Appealing*; 83% as most *Informative*; and 72% as most *Motivational*. There was general agreement that including pictures of diverse students was necessary. In terms of presenting information in the email, we were urged to use bulleted points rather than text paragraphs.

#### Development of program materials

Guided by formative input from the key informant interviews and the feedback from project consultants (Dr. Geoffrey Colvin and Dr. Jeffrey Sprague), the development team (Principal Investigator, Media Developer, Instructional Designer, Graphic Designer and Technology Coordinator) developed content for a program on how to establish behavior expectations, a key preventive classroom management strategy. After sequencing the content material for discrete instructional messages, scripts for emails, video components, self-assessments, interactive materials and print materials were generated. Program components were reviewed by project consultants and revisions were made by the development team. The program as a whole was reviewed in storybook form with the goal of achieving a progressive and linked instructional experience.

Once the script materials were finalized, the production phase of the project began and individual IVES assets (emails, video, interactive multimedia, web interface) were created, reviewed by key project personnel, and revised when necessary. The production effort required the efforts of a video production team, a graphic artist, and a technology coordinator.

#### Usability testing

When the IVES program was finalized, the Technology Coordinator uploaded the IVES material to IEO, the web interface. The program was thoroughly tested in house by IRIS technical and professional staff not specifically involved in production of this product; problems were identified and corrected. Then, following recommendations by Virzi (1992), out-of-house usability tests were conducted with 6 middle-school teachers. These teachers were judged to be reasonably representative of our target market in terms of age, ethnicity, and gender (6 women; two Hispanic, one Asian, one African/American; three Caucasian).

Usability testers were sent IVES emails and asked to follow directions, including accessing all program components. To rate the usability of the program's website, they were asked to complete a questionnaire based on Tullis and Stetson's (2004) adaptation of Brooke's (1996) widely-used System Usability Scale (SUS). When there were questions, participants were interviewed to better understand their perception of barriers to consistent program use, to gather their impressions of the technology and the program, and their suggestions for improvements.

Participant comments generally indicated that (a) the program was easy to use, (b) they could complete the tasks in a reasonable amount of time, (c) the program was appealing and engaging, (d) they could successfully navigate the program "dashboard", and (e) they didn't experience any serious technical difficulties. Some minor technical glitches were uncovered and these were corrected prior to launch. A summary of usability participant responses is included in Appendix B.

#### Feasibility study: randomized treatment – no-treatment control evaluation

We evaluated the feasibility of the IVES program by examining change in participants' content knowledge, self-efficacy, consumer satisfaction, and program usage in a pre-post test design with randomized treatment and no-treatment control groups.

A no-treatment control group was selected as a comparison because no similar program existed that was equivalent in both content and format to the IVES program. Because teachers frequently receive minimal inservice exposure to behavior management practices and techniques, the no-treatment control group is a close approximation of what teachers are likely to experience in the field.

Since the program contained important information for all teachers, we felt strongly that the control group should have the opportunity to access the program after their post-test was completed. Providing the control-group access to the program would also provide us with usage data about teachers' likelihood to access online programs regardless of monetary incentive.

Baseline pre-intervention data was collected for participants in the treatment and control groups to assess entry levels of content knowledge and self-efficacy. These scores served as a covariate in the final analyses to control for individual differences in the construct being measured.

The treatment group participated in a 4-week intervention using the IVES program. Before and after the intervention, the Classroom Management Knowledge Assessment and the Teacher Efficacy Scale were administered online to both the treatment and control groups to evaluate the growth in knowledge of classroom management principles and changes in teachers' sense of efficacy. Consumer satisfaction data about the relevance, accessibility, and usefulness of the program was collected from members of the treatment group using an online Consumer Satisfaction Survey. Data about use patterns of treatment and control participants as they interacted with the program was collected whenever possible and later analyzed.

#### Sample Selection

We set a goal of having 120 middle-school teachers participate in the study. Because the program was not mandated by the school administrators of the participating teachers, we expected significant attrition. To account for this, we decided to over recruit, and signed up 136 teachers. Of these, 92 completed the study, which exceeded our original goal by 14 teachers. We primarily recruited teachers through emailing lists furnished by school districts and through contacts with administrators in a number of districts. IRIS had previously used these methods to successfully recruit teacher participants for past studies.

Obviously, a sample thus selected cannot be guaranteed to represent US middle-school teachers based on standard probability sampling theory. However, it is a cost-effective approach that is likely to reasonably represent teachers who would be most interested in a product like IVES. Only schools not currently participating in school-wide effective behavioral support systems were represented so as to avoid the influence of possible confounding variables on the observed outcomes of the study.

#### Measures

A *Demographic* instrument was used at pretest to collect basic participant information. A description of the participant population is described in the Results section of this report.

A pre-post *Classroom Management Knowledge Assessment* was developed in collaboration with project expert consultants and consisted of nine true/false and 18 multiple-choice items covering relevant content associated with the IVES program vignettes and aligned with the principles of classroom management. Because no instrument to measure this program's content existed, it was necessary for us to develop it. To substantiate content validity of the measure, we (A) obtained feedback from key informants on important domains of classroom management, and received suggestions on specific index items. (B) Five cooperating local-area middle-school teachers not involved in the project reviewed the index items for face validity: appropriateness of the content and readability. They were each paid \$50.

Pre and post self-efficacy was measured using the classroom management subscale from the *Teacher Sense of Efficacy Scale* (Tschannen-Moran & Hoy, 2001). The subscale contained eight items in five-point Likert format

('1' nothing to '5' a great deal). This subscale, with an *alpha* of .90, has been shown to be a valid and reliable measure of classroom management. Data was collected at baseline and post-intervention for participants in the treatment and control groups. Comparison data was evaluated to determine the overall changes in perceptions of efficacy based on participation in the IVES program.

A post-only *Consumer Satisfaction* instrument consisting of nine questions was developed if the online training was easy to use, interesting, presented clearly, and perceived as containing valuable knowledge.

Baseline equivalency

To ensure that baseline equivalency resulted from the random assignment of groups, the treatment and control conditions were compared on demographic characteristics and outcome measures collected at the pre-test. Table 1 (below) displays the baseline demographic characteristics by study condition. The groups did not differ significantly ( $p > .05$ ) on any of the demographic characteristics. A baseline difference was found for the self-efficacy measure with the treatment condition ( $M = 4.3, SD = 0.6$ ) scoring significantly higher ( $t [129] = 3.0; p = .003$ ) than the control condition ( $M = 4.0, SD = 0.6$ ). Self-efficacy at baseline was treated as a covariate in all subsequent outcome analysis.

Table 1: Baseline demographics by Condition

Variable	Control ( $n = 60$ )		Treatment ( $n = 74$ )	
	<i>n</i>	(%)	<i>n</i>	(%)
Gender				
Male	9	(15.0)	16	(21.6)
Female	51	(85.0)	58	(78.4)
Ethnic Status				
Hispanic	1	(1.7)	3	(4.1)
Non-Hispanic	56	(93.3)	64	(86.5)
Chose not to respond	3	(5.0)	7	(9.5)
Race				
White	46	(76.7)	61	(82.4)
Black/African American	5	(8.3)	1	(1.4)
Asian	1	(1.7)	1	(1.4)

Variable	Control ( <i>n</i> = 60)		Treatment ( <i>n</i> = 74)	
	<i>n</i>	(%)	<i>n</i>	(%)
American Indian/ Native Alaskan	2	(3.3)	3	(4.1)
More than one race	2	(3.3)	4	(5.4)
Chose not to respond	4	(6.7)	4	(5.4)
Education				
BA/BS	22	(41.7)	31	(41.9)
Post graduate work	10	(16.7)	15	(20.3)
MA/MS	22	(40.0)	27	(36.5)
PhD	1	(1.7)	1	(1.4)
	<i>M</i>	( <i>SD</i> )	<i>M</i>	( <i>SD</i> )
Years of experience at current position	5.2	(5.0)	4.4	(4.3)

Notes. *M* = Mean; *SD* = Standard Deviation. No statistically significant differences ( $p > .05$ ) were found between Treatment and Control conditions.

#### Pre-test to post-test change

The control group had on average 71% ( $SD = 10\%$ ) of the knowledge items correct at pre-test and 72% ( $SD = 9\%$ ) at post-test compared to the treatment group which had 72% ( $SD = 11\%$ ) correct at pre-test and 77% ( $SD = 11\%$ ) at post-test. The average self-efficacy score for the control group at pre-test was 4.0 ( $SD = 0.6$ ) and also 4.0 ( $SD = 0.6$ ) at post-test. The treatment group had an average pre-test self-efficacy score of 4.4 ( $SD = 0.6$ ) and 4.5 ( $SD = 0.6$ ) at post-test.

To test the efficacy of the program an analysis of covariance (ANCOVA) was conducted on the post-test outcome measures in which the pre-test outcome measures and the pre-test self efficacy composite score were included as covariates. Both the knowledge item proportion score ( $F [3,106] = 5.00, p = .027, \eta^2 = .05$ ) and the self-efficacy composite score ( $F [2,106] = 5.65, p = .019, \eta^2 = .05$ ) showed statistically significant differential rates of change from the pre-test to post-test. The observed significant difference from pre-test to post-test corresponds to medium effect sizes for both measures.

#### Consumer Satisfaction

Consumer satisfaction data administered to the treatment participants at post-test suggest an overall high satisfaction with the program (see Table 2, below). Of the nine categories assessed, at least 75% of the participants endorsed the two highest categories of “mostly agree” or “strongly agree” for each item. An overall satisfaction score computed across all nine items shows an average rating of 5.2 ( $SD = 1.1$ ) on the six-point scale.

It is worth noting that the three items receiving the highest scores on the Consumer Satisfaction include the following: (a) 80.8% strongly agreed that “were able to complete tasks in a reasonable amount of time,” (b) 71.2% strongly agreed “training was easy to use,” (c) 60% strongly agreed “terminology is clear.”

Table 2: Consumer Satisfaction

	Strongly disagree		Mostly disagree		Slightly disagree		Slightly agree		Mostly agree		Strongly agree	
	N	%	N	%	N	%	N	%	N	%	N	%
The online training was visually appealing.	2	3.8	4	7.7	0	0.0	2	3.8	22	42.3	22	42.3
It is easy to move from one page to another.	3	5.8	1	1.9	0	0.0	1	1.9	21	40.4	26	50.0
The overall organization of the site is easy to understand.	1	1.9	3	5.8	1	1.9	0	0.0	21	40.4	26	50.0
Individual pages are well designed	2	3.8	2	3.8	0	0.0	2	3.8	18	34.6	28	53.8
Terminology used in the online training is clear.	2	3.8	2	3.8	0	0.0	2	3.8	15	28.8	31	59.6
The content of the online training met my expectations	2	3.8	2	3.8	0	0.0	6	11.5	24	46.2	18	34.6
I would like to view this online training again in the future.	2	3.8	2	3.8	2	3.8	7	13.5	20	38.5	19	36.5
I was able to complete my tasks in a reasonable amount of time.	2	3.8	1	1.9	0	0.0	1	1.9	6	11.5	42	80.8
Overall, the online training was easy to use.	1	1.9	2	3.8	0	0.0	0	0.0	12	23.1	37	71.2

#### Program Use

Program use was measured by the total amount of time (in minutes) participants spent accessing the training, number of visits to the site, number of videos seen, and number of summary pages printed. We were able to validate the data for 54 (73%) of the treatment participants and for 27 (45%) of the control participants who accessed the program after having taken the post test. The treatment condition on average spent 96.1 minutes ( $SD = 77.4$ ,  $range = 0.3 - 72.0$ ) on the site, over 3.8 visits ( $SD = 2.6$ ,  $range = 1 - 13$ ), and saw 6.9 videos ( $SD = 0.7$ ,  $range = 2 - 7$ ). The no-treatment control condition on average spent 97.8 minutes ( $SD = 148.5$ ,  $range = 0.1 - 755.0$ ) on the site, over 3.6 visits ( $SD = 2.8$ ,  $range = 1 - 14$ ), and saw 5.4 videos ( $SD = 2.6$ ,  $range = 2 - 7$ ). Any participants who printed summary material printed all seven summaries. Thirty-five (67%) of the treatment

participants printed summaries compared to 17 (32%) of the control participants. Only the number of videos seen differed between the treatment and control conditions ( $t [79] = 3.9; p = .008$ ).

### Conclusions and lessons learned

In Phase I, we accomplished our primary goals. We: (a) conducted formative research to evaluate the significance, procedural appropriateness, perceived effectiveness, and importance of the IVES program, (b) developed and tested an email-driven multimedia program for middle-school classroom teachers, and (c) conducted a feasibility evaluation of the program with a representative group of teachers from across the nation.

The project demonstrated that we could produce a relevant professional development e-learning program that was suitable for teachers. Program development was an iterative process informed by our expert consultants, Drs. Sprague and Colvin. The Principal Investigator and the Research Manager established an expert advisory panel of key informants and represented by a range of professionals concerned with behavior management in middle school and focus groups. The training intervention presented teachers with a wide array of e-learning options including situational video models, interactive exercises, email messages, and print summaries. We exceeded our recruitment goals and successfully conducted the evaluation.

We were pleased to find that treatment participants spent an average of 96 minutes interacting with content materials over the course of multiple sessions. This compares favorably with the amount of time teachers spend on a particular topic (60 minutes) when attending a standard one-shot, inservice lecture presentation. We also noted that the usage data showed that the control group was as likely to devote as much time using the IVES program as the treatment group. This is particularly noteworthy given that the control group had neither the monetary incentive, nor the encouragement, from IRIS research staff to use the program.

Throughout the course of the study, we received confirmation as to how busy and strapped for time teachers can be. In future studies involving teachers, efforts to reduce attrition should be accomplished using a multi-pronged approach as recommended by experts (Reips, 2002; Joinson & Reips, 2005; Goritz, 2006). We envision using strategies that include the following: (a) seek the collaboration of building and district administrators in incorporating the IVES' program as a school-sanctioned training alternative; (b) provide professional development/continuing education units to teachers who complete the training; and (c) stress the contribution to science – the importance to themselves and to others of being fully engaged in the research project.

In examining the results of the evaluation, we note the favorable consumer satisfaction ratings, particularly in terms of the perceived reasonableness of the time demand, the ease of training, and the clarity of the terminology employed. In both measurement of knowledge and self-efficacy, the statistically significant differential rates of change from the pre-test to post-test and medium effect sizes for both measures are noteworthy given that this training was meant to be introductory and only a portion of the entire training proposed for Phase II.

This project represents an intervention that is both innovative and practical. There are many training programs across different disciplines that make some use of web technology, video, interactive multimedia and online assessments, but none that integrates them for convenient, manageable delivery. Given the deficiencies of the present-day inservice training system, the research literature recognizes the critical need for new and sustainable approaches to professional development. Further, since classroom management has been identified as a major teacher concern, this topic is timely and pressing. The participation of Drs. Colvin and Sprague as Project Consultants gives validity to the IVES approach and their collaboration ensures that teachers will receive empirically sound approaches for implementing positive behavior supports.



Even if the IVES delivery approach is incorporated at a school or school-system level, we expect that it will be but one of several options teachers may employ to learn and reinforce effective classroom management strategies. Thus, it is not necessary for us to project universal adoption in order for the product to be considered viable and effective. While specific market analysis is relevant to a Phase II study, we are pleased with the ratings from the evaluation sample (treatment group) on matters of knowledge, self-efficacy, consumer satisfaction, and program usage.

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## Appendix A. Four Prototypes of IVES Email Screen Shots

### BEHAVIORAL EXPECTATIONS

Go to [Module 1](#) to learn more about setting up behavioral expectations


**How do you want your students to behave? It's your choice. You can create the ideal classroom through identifying and teaching your expectations.**

- Focusing on behavioral expectations is more productive than having to deal with problem behaviors.
- Behavior, like other subjects in school, can be learned. As a teacher, you are in the perfect position to teach students how to behave appropriately.

To learn how, click on [Module 1](#) of this program.

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## Appendix B. Summary of Usability Responses

### USABILITY QUESTIONNAIRE

*Please respond to the questions below and note any problems.*

Did you receive all seven modules?

1. I received all seven modules with no problems. In general, I like the modules because they are very organized and easy to use.
2. Yes
3. Yes
4. No problem at all. The “test email” subject heading was confusing, though.
5. Yes
6. In module 3, it appeared that I didn’t complete the interactive activity although I did so 4 times. It still shows that this is incomplete.

Were you able to successfully open the videos that the modules linked you to?

1. Yes. no problems.
2. Yes.
3. Yes
4. No problems. There seemed to be an excessive wait between the end of the video clip and the return to the module menu – or maybe it’s just my computer.
5. Yes
6. No problems whatsoever. At times, in module 5, 6, and 7 it seems that the video stops mid-sentence, but upon taking the knowledge check it seems all necessary info is delivered.

Were you able to successfully open the Knowledge Checks on Modules 1, 4, 5, 6 and 7?

1. Yes, I was.
2. Yes
3. Yes
4. These were perfectly smooth and well put together. I liked the instant feedback that the quizzes provided. The required percent of correct answers needs to be set, though, as it currently reads “0%”.
5. Yes
6. Yes No problems, although at times I forgot what the exact answer was after hearing it. This is geared more towards auditory and visual learners.

Were you able to successfully open the Printables on modules 1 through 7?

1. Yes
2. No
3. Yes
4. Yes, although they opened only when I clicked the picture icon and not the tag line. This was only disturbing because the video opened when I clicked on the words.
5. Yes

6. Yes

Were you able to successfully open the Interactive Exercise on module 3?

1. Yes, although I finished the exercise on module 3, it did not say, "completed", but instead it still said, "required" on the dashboard.
2. Yes
3. No problems in accessing, understanding and interacting only in getting it to recognize when I had completed the last two sections of module 3.
4. Yes, I really liked it. It was kinda fun.
5. No problem, although the second phase of the organizing exercise was unexpected and, I think, the concept was a little underdeveloped.
6. I completed the activity 3 times but the checklist would not mark that the activity had been completed. I was able to do everything in the activity but it kept saying the activity was still required.

Were you able to successfully navigate the program dashboard and access all components from there?

1. Yes. The program was easy to use.
2. Yes
3. Yes, very easy.
4. After the third module, the menu kept reverting back to it, rather than bringing me back to the module I was currently working on. I had to keep re-opening the subsequent modules.
5. Yes
6. Yes. It was very user friendly and clearly organized for anybody to follow step by step.

In general, are the program directions clear?

1. Yes.
2. Yes.
3. Very
4. Very clear
5. Yes
6. Yes

Is the terminology in the program clear?

1. Yes.
2. Yes.
3. Extremely
4. Yes
5. Yes
6. Yes

Did you experience any confusion or frustration? Give specifics.

1. On the videos, first I could not figure out how to go back (rewind). But, later I could figure out that I had to put the mouse on to the arrow and scroll instead of just putting the mouse on where I wanted to rewind.



2. No.
3. None except that I did two sections of module 3 three times to get it to accept as completed and it would not so I went on.
4. A couple of minor things: These problems are not specific to this course, but they are a little frustrating. When signing up for Iris online, you are asked to give an alias for privacy during discussions. You are directed to use only letters and numbers, but it should remind you that spaces are considered characters. That took me a couple of tries to figure out and all other information was erased each time I gave an incorrect name. Also, there is a reminder that you will need Adobe reader and a recent Flash program, but I didn't realize that I also needed a sound card. I originally tried to do this on my school computer, which doesn't have a sound card. I think this is pretty common on teachers' computers, so it might be worth mentioning.
5. No.
6. Except for what was mentioned about module 3 (interactive exercise) no confusion/frustration.

Is the program visually appealing?

1. Yes, very much. I loved your videos!!
2. Yes.
3. Yes – but you forgot your question mark here. Sorry – it's a teacher thing.
4. Yes
5. Yes
6. Yes

Do you have comments about the instructional design?

1. I loved how you combined the video clips, exercises, and the printables.
2. Very good.
3. I like it. Tasks are broken into very manageable chunks.
4. It was good.
5. It was clear and easy to follow.
6. No additional comments.

Did you learn anything? What?

1. Specific examples of how teachers should talk to students about their behaviors will help me a lot in my future instruction.
2. Reinforced good practices.
3. I attended U of O under the consultants and I currently teach in a behavior room, so not really.
4. I'm interested in the idea of turning a class around mid-year. In the last module, you mentioned that this program can be implemented at any time in the school year with positive results. I'd like to see that in action or maybe even be provided with a supplemental module for the teacher who has gotten off on the wrong foot and would like to turn the class around, rather than just gritting her teeth until the end of the year.
5. It was a reinforcer for things I already knew.

6. This video reinforces teaching pedagogy and many of the guidelines laid out here work for younger and older students. It's a good review even for teachers who have experience. It would also be helpful for parents/guardians.

Is it easy to move from one page to another?

1. Yes. But, it took a little long to go back to the program dashboard from the video clips' pages.
2. Yes
3. Yes
4. Yep, although there seemed to be a bit of lag time.
5. Yes
6. Very. I liked having the dashboard to keep me on track.

Is the overall organization of the site easy to understand?

1. I think so.
2. Yes
3. Very
4. Yes
5. Yes
6. Yes, it clearly lets me know what I have done and what else is next.

Were you able to complete the tasks in a reasonable amount of time.

1. Yes.
2. Yes
3. Yes
4. The duration of the program was well-planned. It felt succinct, yet thorough.
5. Yes
6. Yes. It seemed to go by quickly.

Overall, was the program easy to use?

1. Yes.
2. Very
3. Very nice. Good job.
4. Yes
5. Yes
6. Very user friendly.