

 **Primary Project Best Practices Rubric**

**Rubric overview**

The Primary Project Certification Rubric is used to assess the extent to which a school is meeting standards of a quality program. The rubric highlights Primary Project structural core components, standards and best practices. The endorser uses it as one tool to rate a program in the certification process. It can also be used locally for a school to assess itself. The Best Practices Rubric is available in Microsoft Word on the Children’s Institute’s website.

**Scoring of specific standards is on a continuum:**

4: Above standard

3: Meets standard

2: Below standard

1: Significantly below standard

**The rubric is further divided into ranking categories of: critical, essential and elective.**

**Critical** indicators: 14 are related to core components of Primary Project.

* All critical areas must be met at level three to attain certification.

**Essential** indicators: 23 are based on best practices.

* 80% (18) of the essential areas must be met at level three to attain certification.

**Elective** indicators: 7

* Although not necessary to attain certification, they represent areas that quality programs should strive for as they work toward continuous improvement.

**School:**

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| **KEY COMPONENT ONE : Focus on young children for the short term Critical Essential Elective**  |
|  |  | **1****Minimal level of implementation** | **2****Limited development or partial implementation** | **3****Mostly functioning level of implementation** | **4****Fully functioning-high level of implementation** | **Score** |
| **Focus on seeing young children for short term. Team decisions made on children’s individual needs.** | 1AChildren served | Children in grades pre-K to six participate in Primary Project. | At least 50% of the children are in grades pre-K to three. | At least 85% of the children are in grades pre-K to three. | 100% of the children are in grades pre-K to three. |       |
| 1BMode of seeing children (cycle range of 12-15 sessions) (preferably one cycle) | 35% of the children participate for two or less consecutive cycles or semesters. | 50% of the children participate for two or less consecutive cycles or semesters. | 85% of the children participate for two or less consecutive cycles or semesters. | 100 % of the children participate for two or less consecutive cycles or semesters. |       |
| 1CTeam reviews children after each cycle (12-15 sessions) to determine next steps. | No evidence of this review after one cycle. Children stay in the program for longer than one cycle without review. | Partial development of a team review process after one cycle. Team is working towards individual child driven decisions. | Most children are reviewed after one cycle. Team decides on child placement after one cycle, based on individual child needs. | All children are reviewed after one cycle. Decisions are made based on need of individual child.  |       |
| 1D Number of children served | For every 15 hours/wk. of employment fewer than 6 children are served. | For every 15 hours/wk. of employment 6 - 9 children are served. | For every 15 hours/wk. of employment 9 – 11 children are served. | For every 15 hours/wk. of employment 12 or more children are served. |       |

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|  | 1EPlay pairs or small group sessions | Groups are used without first completing a 12-15 session cycle of individual play sessions.  | Children go in and out of individual or pair or group play with no distinct sequence or decision making. | 12-15 session cycle of individual play time is completed prior to pair or group, and non-directive play group is implemented. | Individual play time is considered as Primary Project best practices.If a child needs group, a referral is made for another intervention. |       |

As evidenced by: team interviews, various measures including Child Logs, evaluation reports, program documentation, conference notes, Child Associate schedule

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| **KEY COMPONENT TWO: Focus on systematic screening and appropriate selection Critical Essential Elective** |
|  |  | **1****Minimal level of implementation** | **2****Limited development or partial implementation** | **3****Mostly functioning level of implementation** | **4****Fully functioning-high level of implementation** | **Score** |
| **Screening and selection** | 2A Multiple screening methods | Screening is not conducted. | At least one screening method is used. | At least two methods of screening are used, including one standardized rating scale. | More than two methods are used, including one standardized rating scale. |       |
| 2BTiming |  Screening is not conducted. | Screening is conducted sooner than four weeks into the school year. |  | Screening is conducted four to six weeks into the school year. |       |
|  | 2CAppropriate children served | Less than half of the children served are in the mild range for school adjustment. | More than 50% of the children served are in the mild range for school adjustment.  | At least 80% of the children served are in the mild range for school adjustment. Children who are in need of a more intensive intervention are referred to the appropriate program. | 90% of the children served are in the mild range for school adjustment. Children who are in need of a more intensive intervention are referred to the appropriate program. |       |

As evidenced by: Methods:

* Completed rating scales in documentation files Screening measures: AML-R, T-CRS
* Screening processing information from Children’s Institute Equivalent, standardized rating scales
* Conference notes Direct observation: classroom, other settings
* Interviews with teachers, parents, administration and core team Informal observations

Review of school records and referrals

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| **KEY COMPONENT THREE: Use of paraprofessionals****(Child Associates) in a direct service role with children Critical Essential Elective**  |
|  |  | **1****Minimal level of implementation** | **2****Limited development or partial implementation** | **3****Mostly functioning level of implementation** | **4****Fully functioning-high level of implementation** | **Score** |
| **Use of paraprofessionals** | 3 AInitial training and subsequent staff development specific to the Child Associate role | Little or no basic Primary Project training in the core areas and two or fewer hours of Primary Project related training for subsequent years of employment | Some basic Primary Project training and fewer than 3 hours of Primary Project related training for subsequent years of employment | Successful completion of basic Primary Project training and 6 hours of Primary Project related training for subsequent years of employment | Successful completion of basic training and more than 6 hours of Primary Project related training in subsequent years  |       |

As evidenced by: certificates, team interviews, program documentation. This is training that supports the paraprofessional nature of the work of the child associate. Participation in formal Play Therapy training is outside the scope of the program.

Basic training should be in the following core areas:

1. Building healthy relationships
2. Understanding school culture and related policies
3. Facilitating healthy communication
4. The importance of play, including developmental stages of play and the relationship of play to learning
5. Child development
6. Data collection
7. Child-centered play
8. Limit setting
9. Multicultural development
10. Confidentiality and privacy

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|  | 3BWeekly, formal supervision  | No formal supervision by a mental health professional for the Child Associate  | Supervision is informal and not consistently scheduled.Group supervision may occur, but no individual supervision is occurring. | Formal weekly supervision occurs. Cancellations are rare and rescheduled.Individual and group may be rotated but group does not replace the need for regularly scheduled individual supervision. Minimum of 24 hours a school year | Formal individual supervision occurs on a consistent, weekly basis.Cancellations are rare and rescheduled. Group supervision if occurring is rotated and does not take the place of weekly individual supervision. More than 24 hours a school year |  |

As evidenced by: team interviews, supervision logs/notes

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|  | 3CPlay session notes | No notes are taken. | Notes are brief and there is no focus.  | Notes are appropriate with a focus on children’s activities.  | Notes are appropriate with a focus on children’s activities, including emotions. |       |
|  | 3D Schedule | Child Associate schedule is inappropriate. | Time is tight.Child Associate has very little time or flexibility in the schedule. | Time is allotted on most days for the Child Associate to complete necessary tasks.\* | Time is allotted for Child Associate to see children for 30 minutes, clean up and write notes. Child Associate has time for breaks and lunch and is not expected to work through those times to see children. |       |
| **Child Associate in direct service role** | 3ESelection Conference Participation | Does not attend | Attends a few selection conferences. | Attends most selection conferences. | Attends all selection conferences. |       |
| 3FOrganization system of records/notes | No system is evident. | Limited organization of files  | Clear organization | Exceptional organization |       |

\* Note taking, make-ups, supervision

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|  | 3GChild Associate- Teacher communication | No communication exists. | Limited communication exists. | Some communication exists. | Regular, consistent communication exists about the child. |       |
|  | 3HRole definition | No job description exists. | Generic school or district job description exists. | Child Associate specific job description exists. | Comprehensive job description exists specific to the knowledge and skills of the position. |       |

As evidenced by: team interviews, various measures including Child Logs, program documentation, conference notes, random selection of files or records, Child Associate schedule

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| **KEY COMPONENT FOUR: Use of Mental Health Professional as Supervisor, Consultant and Leader****Critical Essential Elective**  |
|  |  | **1****Minimal level of implementation** | **2****Limited development or partial implementation** | **3****Mostly functioning****level of implementation** | **4****Fully functioning high level of implementation** | **Score** |
| **Use of Mental Health Professional as Supervisor, Consultant and Leader** | 4ASupervisorassigned | Supervisor is not assigned to Primary Project.  | Supervisor is available only as needed. | Supervisor is assigned and available as needed. | Supervisor is assigned and consistently available to the Child Associate. |       |
| 4BSupervisor has completed an introductory Primary Project training. | Supervisor did not attend introductory training. | Supervisor only attended part of the introductory training.  |  | Supervisor attended Primary Project introductory training.  |       |
| 4C Role in screening and selection and other conferences | Supervisor is not involved. | Supervisor is only partially involved. | Supervisor is involved most of the time.  | Supervisor is lead professional-highly involved. |       |

As evidenced by: training certificates, conference logs, child goal sheets, interviews with multiple team members

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|  | 4D Training in Primary Project Supervision | No formal training, just on the job experience | Supervisor has attended supervision workshops. | Master’s level course work in supervision  | Formal training specific to Primary Project Child Associate supervision  |       |
|  | 4ELeadership role regarding promotion of program to parents, community, school board etc. | No one responsible for on-going promotion of program | Does not view this as part of role. Child Associate is more likely to take on this responsibility. | Involved at some level, in more of a supporting role. Often delegates this to Child Associate. | Leader of ProjectMay involve other team members. |       |
|  | 4FSupervisor attends training with Child Associate. | Does not attend. | Attends at least 50% of trainings with Child Associate. | Regularly attends between 50-80% of the trainings with the Child Associate. | Attends over 80% of the trainings with the Child Associate.  |       |

As evidenced by: training certificates, logs, interviews with multiple team members, evaluation reports, presentation flyers

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| **KEY COMPONENT FIVE: Use of ongoing outcome and process evaluation Critical Essential Elective**  |
|  |  | **1****Minimal level of implementation** | **2****Limited development or partial implementation** | **3****Mostly functioning****level of implementation** | **4****Fully functioning high level of implementation** | **Score** |
| **Use of ongoing outcome and process evaluation** | 5AOutcomes and evaluation | No data collected. | Data collected but no evaluation completed. | Data collected and evaluation completed. | Multiple data and evaluation procedures in place: pre/post outcomes, teacher and parent feedback. |       |
| 5B Frequency | No data collected. | Evaluation conducted every four or more years. | Evaluation conducted at least every two-three years. | Evaluation conducted annually. |       |
| 5C Data & evaluation driven program improvements | No data collected | Data is collected, but no program improvement process is in place. | Evaluation is used for program improvements. | Formal and information evaluation is reviewed for improvements on a yearly basis. |       |
| 5DData and evaluation are shared with administration or principal. | Data and evaluation are not shared with administration.  | Data and evaluation are shared with administration. | Data and evaluation are shared and reviewed with building administration. | Data and evaluation are reviewed with administration and program improvements are discussed. |       |
| 5E Evaluation shared with stakeholders | Evaluation data is not shared with Primary Project team. | Team shares within the team. | Team shares with at least two stakeholders. | Team shares with three or more stakeholders annually (i.e. parents, teachers, administration, funders, school board). |       |

As evidenced by: evaluation reports, feedback forms, presentation flyers, interviews, meeting dates/notes

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| **KEY COMPONENT SIX : Integration into school and community Critical Essential Elective**  |
|  |  | **1****Minimal level of implementation** | **2****Limited development or partial implementation** | **3****Mostly functioning****level of implementation** | **4****Fully functioning high level of implementation** | **Score** |
| **Integration into school and community** | 6A Integration examples  | Stand-alone program; little, if any, evidence of integration. | At least two examples of integration shared by various team members. | At least three examples of integration shared by various team members. | Four or more examples of integration, including within the school and the community at large, shared by various team members |       |
| 6BInvolvement by extended members (parents, teachers and administration) | As little involvement as needed (i.e. completion of measures) | Limited evidence of involvement of parents, administrationTeacher’s involvement is minimal. | Parents, teachers, and administrators are involved in different facets depending on task, role and availability. | This project is considered part of the fabric of the school and multiple stakeholders are involved as appropriate. |       |
| 6CStrong administrative understanding and support | No actions | Can articulate program understanding, but limited involvement. | Understands, supports and communicates this support. One or two examples (newsletters, website etc.) | Understands, supports and communicates this support. Multiple examples of evidence of this support |       |

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|  | 6D Numerous parent communications | Parent permission is received, but no other communication procedures are in place. | Parents are sent additional information, if requested. | Several procedures to include parents throughout the process are in place. | Several procedures to include parents throughout the process are in place and additional activities are also planned to create a sense of community. |       |
|  | 6E Parent involvement opportunities are planned. | By parent request only | Two or more scheduled opportunities are offered (welcome back to school night, conferences). | More than two scheduled opportunities exist. | More than three scheduled opportunities are planned and scheduled. |       |
|  | 6FParent visits to playroom and access to information. | No evidence | If parent requests | Requests are welcomed, but not necessarily encouraged. | Requests for visits are welcomed and this is encouraged.Questions are answered promptly. |       |

As evidenced by:

* Parental interviews and understanding of program goals and objectives
* Parent information flyers, brochures, Back to School and Open House flyers, administrative school newsletter, Primary Project newsletter
* Primary Project mentioned on website, school handbook
* Part of RtI (Response to Intervention) process, child study team process etc.

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| **INTERVENTION: Use of developmentally appropriate child-led expressive play Critical Essential Elective**  |
|  |  | **1****Minimal level of implementation** | **2****Limited development or partial implementation** | **3****Mostly functioning****level of implementation** | **4****Fully functioning high level of implementation** | **Score** |
| **Use of developmentally appropriate child-led expressive play** | 7A Team understands philosophy of child-led expressive play and one- on-one relationship focused intervention. | Limited under- standing of the intervention Supports other strategies instead for the Child Associate to use | Can articulate the philosophy but isn’t always consistent in its support in supervision or training. | Team understands and supports the intervention and stays within philosophy with the Child Associate some of the time. | Understands, supports and stays within this philosophy with the Child Associate all the time. The Child Associate is not expected to try other interventions. |       |
| 7BNon-directive play intervention | The Child Associate is very directive and cannot articulate or demonstrate non-directive basic skills. | The Child Associate is more often directive in the play sessions. | The Child Associate utilizes non- directive play intervention and basic skills most of the time. | The Child Associate is fully implementing a non-directive play intervention and can demonstrate and articulate basic skills. |       |

As evidenced by: interviews and actual role plays or demonstrations, supervision notes, training attended

Basic skills:

* Child leads play and choices…Child Associate follows
* Plays interactively with the child when invited to do so
* Verbal, non-verbal and emotional attending to the child
* Active listening and reflections instead of questioning
* Reflection of feelings of the child and the child’s play
* Encouragement more than praise
* Allows the child to make decisions and returns responsibility back to the child to problem solve
* Sets limits as needed

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| **ENVIRONMENT: Developmentally appropriate playroom Critical Essential Elective** |
|  |  | **1****Minimal level of implementation** | **2****Limited development or partial implementation** | **3****Mostly functioning****level of implementation** | **4****Fully functioning high level of implementation** | **Score** |
| **Developmentally appropriate playroom** | 8APlayroom is development-ally appropriate for age level of children. | Toys are developmentally inappropriate. | Some toys are appropriate. | Most toys are appropriate. | All toys and materials are developmentally appropriate. |       |
| 8BExpressive toys are utilized. No computers, television or video games are used. | Little evidence of expressive toys and materials | Mix of expressive and non-expressive toys and materials | Most of the toys and materials are expressive in nature. | All the toys and materials in the playroom are expressive in nature. |       |
| 8C Playroom toys and materials are culturally diverse, including a variety of non-traditional families. | No evidence | Limited variety;only traditional or one culture represented | Most of playroom toys and materials span and match different cultures of children served in the program.  | A full variety of toys, materials are available that span and match different cultures of the children served in the program. |       |
| 8D Child accessible playroom | Shelves are too high. Toys and materials are inaccessible without the help of an adult. | Some toys and materials are inaccessible without the help of an adult. | Most toys and materials are easily accessible to the children. | All playroom toys and materials can be accessed by the children without adult help. |       |

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|  | 8EPlayroom space ensures privacy. | No privacy | Limited privacy, shared space | Privacy is assured. If space is shared, schedules do not overlap. | Individual privacy is always assured for both the child playing and the Child Associate. |       |
|  | 8FSufficient space for play | Crowded, too clutteredRoom is shared by others-traffic in and out. | Adequate: room may be shared but not intrusive. | Space is sufficient. | Space is ideal and not moved year to year. |       |
|  | 8GSufficient space for program materials, files and personal belongings of the Child Associate | No space for storage, office materials | Adequate | Space is sufficient. | Space is ideal and the Child Associate has a spot for materials and personal belongings. |       |

As evidenced by: Playroom visit and observation, Child Associate schedule

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| **CLEARLY ARTICULATED PRACTICES: Critical Essential Elective**  |
|  |  | **1****Minimal level of implementation** | **2****Limited development or partial implementation** | **3****Mostly functioning****level of implementation** | **4****Fully functioning high level of implementation** | **Score** |
| **Clearly articulated practices** | 9AChild Associate is aware of school policies, emergency procedures and child safety. | Little or no evidence | Policies exist but have not been reviewed. |  | Both Child Associate and supervisor can articulate examples or logs of these policies ex. fire and evacuation drills, confidentiality, child abuse reporting regulations. |       |
| 9BChild Associate keeps files and notes of sessions in a secure, locked area. | No evidence | Notes and files are kept, but not locked.  |  | Both notes and files are kept, locked and secured. |       |

As evidenced by:

* Interviews
* Observation of filing system and security
* Policies and procedure manual

Critical 14

Essential 23

Elective 7