

**Instructions:** This form should be filled out for schools that want to use the PBIS Assessment web application ([www.pbisassessment.org](http://www.pbisassessment.org)). If your school has, or is in the process of, implementing a positive behavior support program and you want to use PBIS Assessment, please complete this form below and send it to [accounts@pbisassessment.org](mailto:accounts@pbisassessment.org) as an attachment or fax it to 541-346-2471. If you have questions, you can contact us by email or by phone at 855-455-8194.

Required fields are marked with an asterisk (\*).

| <b>School Information</b>                           |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>*School Name:</b>                                |                          |                          |                          | <b>*District Name:</b>   |                          |                          |                          | <b>County:</b>           |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>*Mailing Address:</b>                            |                          |                          |                          | <b>*City:</b>            |                          |                          |                          | <b>*State/Province:</b>  |                          |                          |                          | <b>*Zip/Postal Code:</b> |                          |                          |                          |                          |                          |
| <b>Physical Address:</b> <i>(if different)</i>      |                          |                          |                          | <b>City:</b>             |                          |                          |                          | <b>State/Province:</b>   |                          |                          |                          | <b>Zip/Postal Code:</b>  |                          |                          |                          |                          |                          |
| <b>*Phone:</b>                                      |                          |                          |                          | <b>Fax:</b>              |                          |                          |                          | <b>Web Address:</b>      |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>*Grade Levels:</b> <i>(check all that apply)</i> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Pre Pre K</b>                                    | <b>Pre K</b>             | <b>K</b>                 | <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 | <b>6</b>                 | <b>7</b>                 | <b>8</b>                 | <b>9</b>                 | <b>10</b>                | <b>11</b>                | <b>12</b>                | <b>Pos t12</b>           |                          |                          |

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| <b>*School Administrator:</b> |  |  |  | <b>Phone:</b><br>(    ) |  |  |  | <b>*Email:</b> |  |  |  |  |  |  |  |  |
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| <b>*PBIS Assessment Coordinator:</b> |  |  |  | <b>Phone:</b> |  |  |  | <b>*Email:</b> |  |  |  |  |  |  |  |  |
| <b>State PBIS Coordinator:</b>       |  |  |  | <b>Phone:</b> |  |  |  | <b>*Email:</b> |  |  |  |  |  |  |  |  |

**Additional School Information:**

| <b>Private School?</b>              |                                    | <b>Juvenile Justice</b> |  |  |  | <b>Other Alternative?</b> |  |  |  | <b>Alternative Behav Prog?</b> |  |  |  |  |
|-------------------------------------|------------------------------------|-------------------------|--|--|--|---------------------------|--|--|--|--------------------------------|--|--|--|--|
| <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |                         |  |  |  |                           |  |  |  |                                |  |  |  |  |

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|  | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |  |  |
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|  | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |  |  |
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|  | <b>Yes</b> | <b>No</b> |  |  |
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