**CK3LI**

**Fidelity of Implementation Overview**

We collect information about implementation in order to:

* Document components of instruction
* Identify which components of instruction require additional support
* Plan coaching and professional development efforts that are aligned with, and responsive to, teacher needs
* Determine implementation of Tier 1/2 instructional practices across the CK3LI project to inform the development and refinement of the CT K-3 Reading Model

*All information we collect about implementation:*

* Are completely confidential. Individual de-identified implementation checklists will be stored securely at UConn and will not be shared with school, district, or state personnel.
* Will not be used to evaluate teachers. Data will only be analyzed at the project level, not at the level of individual teachers.

**CK3LI SY 2015-16: Implementation Checklist and Coaching Procedures**

1. Provide classroom teacher/interventionists with a copy of the **Implementation Checklist** as well as well as the **Teacher Checklist** prior to your scheduled observation time. Review the Overview if necessary, to ensure the they understand the purpose of the tools. Discuss any questions the teacher has and explain to them how the follow-up feedback session will work.
2. Observe the teacher using the **Implementation Checklist** while following along with the Teacher's Manual and ECRI Checklist tool. The implementation checklist will be individualized to the whole group lesson plan that you have designed at each grade level.
3. After the observation, use the **Implementation Observation Feedback Tool** (to identify specific target areas and specific items to focus on during the feedback session.
4. Conduct a feedback session with the teacher or a small group of grade level teachers using the **Coaching Log**.
* Use the debriefing questions to begin the session.
* Use your notes from the feedback tool and checklist to provide targeted and constructive feedback
* Use the Implementation Goals form to identify and record one or more areas to focus on. (Provide one copy to the teacher and save one copy) This should be done collaboratively with the teacher(s) during the feedback session.
1. Keep copies of all documents and share with the teachers if requested. Although we understand that each Literacy Coach will probably use these forms somewhat differently, we would like you to save then so we can look for trends, etc.

**Observation Plan**

* Each classroom teacher will be observed (2) times during the school year.
* Each teacher/interventionist (strategic groups) will be observed (2) times during the school year.

\* Fox Run, Sprague & Andrew Avenue will focus on classroom/whole group observations this year.

**Implementation Checklist: Whole Group (SAMPLE)**

*This form is to be used by the reading coach during the classroom implementation observation. A copy of this form as well as the teacher check-in tool should be given to the teacher prior to the implementation observation. Keep this completed form, and leave a copy with the teacher if requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Check-in #:** 1 2  | **Teacher ID:\_\_\_\_\_\_\_\_\_\_\_****School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Lesson #:** \_\_\_\_\_\_\_**Lesson Start/End Time**: \_\_\_\_\_\_ - \_\_\_\_\_\_\_**Length of Lesson:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Coach**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Reliability Check-in**:  Yes No  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not applicable** | **Did not do the activity**  | **Completed SOME of the activity as specified** | **Completed MOST of the activity as specified** | **Completed ALL of the activity as specified**  | MCj04326020000[1]  |
| **Content Knowledge**  |  |  |  |  |  |  |
| * Question of the Week
 | ☐ | ☐ | ☐ | ☐ | ☐ | Start Time:\_\_: \_\_\_\_End Time:\_\_: \_\_\_\_ |
| * Concept Talk
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Amazing Words Sing with me chart
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Robust Vocabulary Routine
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| **ECRI**  |  |  |  |  |  |  |
| * Say it, Spell it, Say It
 | ☐ | ☐ | ☐ | ☐ | ☐ | Start Time:\_\_:\_\_\_\_End Time:\_\_: \_\_\_\_ |
| * Irregular Word Reading
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Phoneme Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Letter name review
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Cards Intro & Practice
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Review Beginning
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Review Advanced
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Review Cont. Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound by Sound Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Text Based Comprehension** |  |  |  |  |  |  |
| * Information Elements
 | ☐ | ☐ | ☐ | ☐ | ☐ | Start Time:\_\_: \_\_\_\_End Time:\_\_: \_\_\_\_ |
| * Envision It Video (Day 1)
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Read Aloud (Day 1)
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Introduce the Main Selection
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Retell (Day 2)
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Second Main Selection Read (3)
 | ☐ | ☐ | ☐ | ☐ | ☐ |

*Notes:*

**Implementation Checklist: Small/Intervention Group – SAMPLE K**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Check-in #:** 1 2  | **Teacher ID:\_\_\_\_\_\_\_\_\_\_\_****School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Lesson #:** \_\_\_\_\_\_\_**Lesson Start/End Time**: \_\_\_\_\_\_ - \_\_\_\_\_\_\_**Length of Lesson:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Coach**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Reliability Check-in**:  Yes No  |

*This form is to be used by the reading coach during the small group/strategic intervention observation. A copy of this form as well as the teacher check-in tool should be given to the teacher prior to the implementation observation. Keep this completed form, and leave a copy with the teacher if requested.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not applicable** | **Did not do the activity**  | **Completed SOME of the activity as specified** | **Completed MOST of the activity as specified** | **Completed ALL of the activity as specified**  | MCj04326020000[1]  |
| **ECRI**  |  |  |  |  |  |  |
| * Say it, Spell it, Say It
 | ☐ | ☐ | ☐ | ☐ | ☐ | Start Time:\_\_:\_\_\_\_End Time:\_\_: \_\_\_\_ |
| * Irregular Word Reading
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Phoneme Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Cards Intro & Practice
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Letter Name
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Review Beginning
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Continuous Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound by Sound Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Regular Word Reading
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Decodable Text Routine
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Fluency Routine
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Phoneme Segmentation
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Dictation
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Needs More Practice Sheet
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Fluency/Accuracy Log
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Text Based Comprehension** |  |  |  |  |  |  |
| * Narrative/Informational Text Poster
 | ☐ | ☐ | ☐ | ☐ | ☐ | Start Time:\_\_: \_\_\_\_End Time:\_\_: \_\_\_\_ |
| * Student Retell: (Narrative/Informational Text Bookmarks)
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Written Retell Form (ECRI)/Written Summary
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Decodable Text/Leveled Reader:
 | ☐ | ☐ | ☐ | ☐ | ☐ |
|  |

*Notes:*

**Whole Group Reading Instruction: Teacher Checklist (SAMPLE)**

*This form is to be used by the classroom teacher after the implementation observation and prior to the post observation debrief/implementation meeting.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not applicable** | **Did not do the activity**  | **Completed SOME of the activity as specified** | **Completed MOST of the activity as specified** | **Completed ALL of the activity as specified** |
| **Content Knowledge**  |  |  |  |  |  |
| * Question of the Week
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Concept Talk
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Amazing Words Sing with me chart
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Robust Vocabulary Routine
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| **ECRI**  |  |  |  |  |  |
| * Say it, Spell it, Say It
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Irregular Word Reading
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Phoneme Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Letter name review
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Cards Intro & Practice
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Review Beginning
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Review Advanced
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Review Cont. Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound by Sound Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Text Based Comprehension** |  |  |  |  |  |
| * Information Elements
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Envision It Video (Day 1)
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Read Aloud (Day 1)
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Introduce the Main Selection
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Retell (Day 2)
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Second Main Selection Read (3)
 | ☐ | ☐ | ☐ | ☐ | ☐ |

**Questions to reflect on:**

What do you think worked well during the lesson?

What didn’t work so well?

What would you do differently next time?

**Small Group Instruction: Teacher Checklist**

*Grade 1*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day:\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not applicable** | **Did not do the activity**  | **Completed SOME of the activity as specified** | **Completed MOST of the activity as specified** | **Completed ALL of the activity as specified** |
| **ECRI**  |  |  |  |  |  |
| * Say it, Spell it, Say It
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Irregular Word Reading
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Phoneme Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Letter name review
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Cards Intro & Practice
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Review Beginning
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Review Advanced
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound Spelling Review Cont. Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sound by Sound Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Spelling-Focused Blending
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Affix Review
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Contraction Review
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Spelling-Focused Multi-syllabic
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Decodable Text Routine
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Fluency Routine
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Phoneme Segmentation
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Dictation
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Needs More Practice Sheet
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Fluency/Accuracy Log
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Text Based Comprehension** |  |  |  |  |  |
| * Narrative/Informational Text Poster
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Student Retell: Narrative/Informational Text Bookmarks
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Written Retell Form (ECRI)/Written Summary
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Decodable Text/Leveled Reader:
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Main Selection, Close Read
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Sleuth, Close Read
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Comprehension Questions, Oral/Written
 | ☐ | ☐ | ☐ | ☐ | ☐ |
| * Look Back and Write Strategy
 | ☐ | ☐ | ☐ | ☐ | ☐ |

**Questions to reflect on:**

What do you think worked well during the lesson?

What didn’t work so well?

What would you do differently next time?

**CK3LI SY 2015-16: Implementation Feedback Tool**

|  |  |
| --- | --- |
| Teacher ID:  | School: |
| Check-In #: | Date: | Duration of visit: |
|  |

*This form is to be used as a reference by the coach to prepare for the feedback session with the teacher/interventionist. The areas for feedback serve to guide the debriefing and target specific areas of the instruction. Choose the three highest priority areas to target feedback and mark the selected three items on this page. Keep this form, and leave a copy of the observation/coaching log, if requested.*

|  |  |
| --- | --- |
|  **Target for feedback:** | **Specific items to consider:** |
| ❑ Content Knowledge   | ❑ Include a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ missed step(s) in an activity.❑ Adhere more closely to the teacher manual in the following areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❑ Adhere more closely to the use of materials❑ Adjust Pacing based on students who are having difficulty❑ Adjust pacing in order to cover all components of lesson❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ ECRI/Fundations/ERI, etc. | ❑ Include a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ missed step(s) in an activity.❑ Adhere more closely to the teacher manual in the following areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❑ Adhere more closely to the use of materials❑ Adjust Pacing based on students who are having difficulty❑ Adjust pacing in order to cover all components of lesson❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❑ Review the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routine Checklist |
| ❑ Text-Based Comprehension | ❑ Include a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ missed step(s) in an activity.❑ Adhere more closely to the teacher manual in the following areas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❑ Adhere more closely to the use of materials❑ Adjust Pacing based on students who are having difficulty❑ Adjust pacing in order to cover all components of lesson❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Student Engagement   | ❑ Pre-correct (restate) positively & acknowledge before problem reoccurs.❑ Review classroom behavior expectations❑ Acknowledge displays of behavior expectations❑ Respond quickly and briefly to minor problems |

Modifications: Were modifications to the whole group/small group template discussed? ❑ Yes ❑ No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CK3LI Implementation/Fidelity Coaching Log**

|  |  |
| --- | --- |
| Teacher(s) ID #:  | School: |
| Check-in #: 1 2 3 | Date: |
| Debriefing: Ask the teacher(s) the following three questions and use their responses to provide feedback.1. What do you think worked well during the lesson?2. What didn’t work so well?3. What would you do differently next time? |
| Notes: |

*This form is to be completed by the coach during the feedback session with the teacher(s).*

***Implementation Goals***

*This form is to be used during the feedback session with the teacher(s) and the coach. The coach and teacher(s) will reflect together and set implementation goals collaboratively.*

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Areas on which to focus: |
| ➊ |  |
| ➋ |  |
| ➌ |  |