

IRIS CENTER EXTERNAL EVALUATION:

FORMATIVE OUTCOME EVALUATION FINDINGS OF FACULTY AND PROFESSIONAL DEVELOPMENT PROVIDERS

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APRIL 2017

The IRIS Center is funded through a cooperative agreement with the U.S. Department of Education, Office of Special Education Programs (OSEP) Grant #H325E120002. The contents of this report do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government.

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Suggested citation (APA):

Montrosse-Moorhead, B., & Kern, L. (2017, April). *IRIS Center external evaluation: Formative outcome evaluation findings of faculty and professional development providers*. Storrs: University of Connecticut.

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Executive Summary

This formative outcome evaluation is guided by an interest in collecting data around four key areas: (1) who is using the IRIS Center's resources, particularly its signature products, the IRIS STAR Legacy Modules; (2) how the IRIS Center is satisfying current needs; (3) how the IRIS Center's resources are being infused in courses, curricula, and professional development; and (4) future needs. Specifically, the evaluation questions consisted of the following:

Evaluation Question 1: To what extent are IRIS *STAR Legacy* Modules and resources infused in courses and curricula? What is the extent of infusion?

Evaluation Question 2: As a result of IRIS Center use, to what extent do faculty and professional development providers self-report an increase in their (a) awareness and (b) knowledge of evidence-based practices and how do they infuse them into their courses and curricula or training and materials?

Evaluation Question 3: How do EC/EI faculty and professional development providers rate the IRIS Center in terms of quality, relevance, and usefulness?

Evaluation Question 4: What are the future needs of faculty and professional development providers in terms of resources, topics, training, and/or services? How can the IRIS Center help address these needs?

Evaluation Question 5: If funding for the IRIS Center ended, causing the services to disappear, in what way would that impact faculty and professional development providers?

The IRIS Center's internal evaluation efforts have documented that a number of groups (i.e., college and university faculty [hereafter referred to as *faculty*], professional development [PD] providers, undergraduate and graduate students, new and experienced teachers, school and district leadership) access and use IRIS Center resources. However, because the vision of the IRIS Center is "to be national leaders in transforming personnel preparation and PD programs for educators by building the capacity of higher education faculty and PD providers to prepare effective personnel skilled in the use of evidence-based practices" (http://iris.peabody.vanderbilt.edu/about/who-we-are/mission/), the decision was made to restrict the sample for this survey to higher education faculty and PD providers as *primary users*.

Faculty Participants:

The IRIS Center provided a sampling list that consisted of either (a) faculty currently on the IRIS Center's listsery (n=4,071), or (b) faculty who submitted information to UConn volunteering to participate in survey efforts (n=32). After removal of participants who opted out because they were not serving as faculty, 3,855 were invited, and of those 906 began the survey (24%)

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response rate), which is within the range of typical response rates for online questionnaires (Nulty, 2008). Of the 906 that began the survey, 894 completed it (99% completion rate).

PD Providers Participants:

Again, although the IRIS Center keeps detailed records of individuals who participate in dissemination efforts, it is impossible to identify the entire population the IRIS Center serves or intends to serve, and thereby a representative sampling frame for evaluation efforts. Individuals were invited to participate in one of two ways: (a) via a link disseminated to the IRIS Center PD listserv (n=492), and (b) via a link posted on the IRIS Center Website (n=35). After accounting for PD providers who were already part of the original listserv, a total of 515 PD providers were invited to participate. Overall, the response rate was 19%, which was reflective of the total number of those PD providers that were invited (n=515) and of those that began the survey (n=100). Participants took approximately 7 minutes to complete the survey, with a survey completion rate of 70%. The overall number of participants was 88.

Final Participant Sample:

The IRIS *STAR Legacy* Module use findings included in this report were descriptively compared to Google analytics Module use statistics and differences in use patterns were noted. These differences are discussed more thoroughly in the report, and reasons offered for differences. Due to differences, readers should be careful to not infer that results generalize to *all* IRIS users.

Implications:

Among faculty and PD providers who responded to the survey, and among those who are similar to this sub-sample of IRIS users:

- The IRIS Center is meeting the need of the states in supporting the preparation of faculty and PD providers who work with students with disabilities.
- The IRIS Center is serving a unique need for faculty and PD providers, and reallocation of funding would have a significant impact on both groups and those they instruct and coach.
- Through its use of past evaluations and feedback from both experts and its users, the IRIS Center has solidified its role as a purveyor of evidence-based information, a vital role in implementation science.
- IRIS STAR Legacy Modules and resources are being heavily infused in courses and curricula, and trainings and PD materials. This pattern holds true even for newer IRIS STAR Legacy Modules that have not been available for an extended amount of time.
- Faculty and PD providers report that use of IRIS *STAR Legacy* Modules has increased their awareness and knowledge of evidence-based practices.
- Faculty and PD providers report they infuse IRIS *STAR Legacy* Modules into their courses and curricula or training and materials.
- The IRIS Center has significantly increased the self-efficacy of both faculty and PD providers, thereby increasing both the capacity and potential use of the materials.

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Introduction

The IRIS Center is funded through a cooperative agreement (#H325E120002) from the U.S. Department of Education's Office of Special Education Program's Personnel Development Program to Improve Services and Results for Children (or Personnel Development Program, PDP). The auspices for this program come from the Individuals with Disabilities Education Act (IDEA). The purpose of the PDP is "(1) to help address state-identified needs for highly qualified personnel in special education, related services, early intervention, and regular education to work with children with disabilities and (2) to ensure that those personnel have the skills and knowledge needed to serve these children" (Fiore, Nimkoff, Munk, & Carlson, 2013, p. 1). As part of its purview, the PDP funds national centers to support the development of personnel by both building capacity and through the development of evidence-based products. These centers are charged with "(1) enhancing the knowledge base through research or the organization of existing knowledge for specific audiences, (2) developing evidence-based products and services, and (3) providing TA" (Fiore et al., 2013, p. 6).

Within the PDP context, and based on the Center's logic model, the overarching goal of IRIS is to improve the necessary awareness, knowledge, and skills of college and university faculty and PD providers working in the schools who prepare or deliver training to personnel to ensure that these personnel also have the requisite awareness, knowledge, and skills to be successful in serving children with disabilities. To accomplish this goal, six project objectives have been established:

- 1. Develop a national resource center for teaching and learning tools, coursework, and training modules for building the capacity of practicing educators to use evidence-based instructional and intervention practices in addressing the needs of children with disabilities (birth through age 21) and their families, and PD practices for use with preservice and practicing educators;
- 2. Make available training modules related to these practices that were developed under prior OSEP investments, and update them to align with developments in the field, as needed:
- 3. Develop exemplary teaching and learning tools, coursework, and training modules on the use of these practices that can be integrated into pre-service preparation and PD programs;
- 4. Demonstrate the application of technology in coursework and training modules to support the use of evidence-based practices;
- 5. Use technology to efficiently and effectively develop, deliver, and disseminate the Center's products and services; and
- 6. Provide TA to support the use of the Center's products.

This formative outcome evaluation is guided by four questions: (1) who is using the IRIS Center's resources, specifically the IRIS *STAR Legacy* Modules, (2) how is the IRIS Center satisfying current needs, (3) how are the IRIS Center's resources being infused in courses, curricula, and PD, and (4) what are the future needs? Answers to these questions will provide

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information on the awareness, knowledge, and use of the IRIS Center and the increase in the capacity of faculty and PD providers' access, use, and teaching of evidence-based practices.

To understand the role that IRIS plays, it is necessary to consider past evaluations and outcomes of the Center, as well as the purpose and goals of the current Center, described in the next section. Additionally, the next section includes a discussion of the logic behind the IRIS Center and the unique role IRIS plays to support states in increasing the awareness, knowledge, and skills of personnel to use evidence-based practices.

Prior IRIS CENTER Evaluation and Research Efforts

The IRIS Center has been part of several external evaluations. Fiore et al. (2013) led a PDP sponsored evaluation of the 12 funded national centers. The evaluators reviewed products, extant data, interviewed the centers' directors, and compiled an expert panel to review a selected sample of the products and services from the years 2001 through 2007. The precursors to the current IRIS Center (IRIS-I and IRIS-II) were included in this evaluation. Across the centers, there were diverse audiences and purposes spanning from preparing special education doctoral students and fellows to supporting school leadership. Some centers focused on personnel preparation and others on practices to support students with specific disabilities. IRIS-I and IRIS-II were unique among the centers in their goal/s to "assist college faculty to better prepare general education teachers, administrators, school counselors, and school nurses" (IRIS-I; Fiore et al., 2013, p. 7) and "... to assist college faculty and PD providers in the preparation of high-quality personnel in inclusive settings" (IRIS-II, Fiore et al., 2013, p. 8). Both centers were envisioned as using a virtual environment to deliver evidence-based on-line instructional modules and other resources.

Across all centers, the panel rated the majority of products as being *very high* or *high* for quality (77%) and for relevance/usefulness (82%). More specifically, mean ratings (ranging from 1, *very low* to 5, *very high*) were reported as *high* (4.0) for quality (mean=4.13) and relevance/usefulness (mean=4.25). Of the products reviewed, four out of seven were rated over 4.0 for both quality and usefulness/relevance and consisted of briefs or short reports; conferences, institutes, or workshops; university courses, programs, or training models; and Web-based training modules (Fiore et al., 2013).

The evaluation report also described the details of each of the centers, including IRIS-I and IRIS-II. For IRIS-I, the Center identified two signature works that scored as *high* or *very high* for quality (79%; mean=4.33) and relevance/usefulness (86%; mean = 4.47) and 8 other products scored as *high* or *very high* for quality (82%; mean=4.57) and relevance/usefulness (90%; mean=4.36). For IRIS-II, the Center identified two signature works that scored as *high* or *very high* for quality (100%; mean=4.75) and relevance/usefulness (93%; mean=4.47) and 8 other products that scored as *high* or *very high* for quality (93%; mean=4.33) and relevance/usefulness (84%; mean=4.44). Overall, the results supported the success of the IRIS Centers for both high quality and relevance/usefulness (Fiore et al., 2013).

In 2012, IRIS-II commissioned an evaluation that focused on the actual users (Montrosse, 2012). As part of this evaluation, faculty and PD providers (n=610) were surveyed on their

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characteristics and the use and influence of the IRIS *STAR Legacy* Modules. Similar to the PDP evaluation, positive findings were reported. Most faculty (70.2%) indicated that they use IRIS *STAR Legacy* Modules in their classes, the majority of which were undergraduate and master's level special education classes. Comparatively fewer (30.4%) PD providers used the IRIS *STAR Legacy* Modules for their trainings, with those that did using them for elementary school staff and experienced teachers. As far as usefulness, most of the faculty (90.4%) reported using IRIS *STAR Legacy* Modules, and of those faculty most (82.8%) rated the IRIS *STAR Legacy* Modules as *very useful*. Of the PD providers who used IRIS Center resources, most (97.3%) used the Activities. Many (66.7%) of the PD providers rated the Activities as *very useful*. Most (82.9%) of the surveyed PD providers also used IRIS Modules and most (82.8%) rated them as *very useful*. Overall, IRIS-II received highly positive results for both quality and usefulness from its end users, which corresponds with the findings for quality and usefulness with the larger evaluation of the expert panel across all of the DPD national centers.

Independent researchers have also examined the IRIS Center. Test, Kemp-Inman, Diegelmann, Hitt, and Bethune (2015) examined 47 Websites that provide information and resources about evidence-based practices in special education or related services. They found that 57% met their criteria for *trust* or *trust with caution* with the IRIS Center being one of the few (n=16) that were rated as *trust* (Test et al., 2015). Sayeski, Hamilton-Jones, and Oh (2015) used an experimental design to assign 115 participants to three IRIS *STAR Legacy* Modules (Peer-Assisted Learning Strategies [PALS], Accommodations, and Classroom Management) under three conditions (homework, instructor-facilitated, and flipped classroom). They found strong effects for each Module, and for the PALS Module, there were significant positive results in knowledge for each instructional condition, with participants in the flipped classroom having the best results compared to independent conditions (Sayeski et al., 2015). These studies and others demonstrate the quality and success of the IRIS Center (e.g., Cancio, Albrecht, & Holden, 2013; Conderman & Hedin, 2013; Lemons, Kearns, & Davidson, 2014; Mason-Williams & Wasburn-Moses, 2016; Matyo-Cepero & Varvisotis, 2015; Smith & Tyler, 2011; Torres, Farley, & Cook, 2014; Wilkinson, 2013).

The Current IRIS Center

Supported by its previous success in producing quality, useful, and relevant products for faculty and PD providers, the Center applied for and was awarded a cooperative agreement to continue its work and expand its resources. The call for funding listed the purpose of the Center as to "(1) help address State-identified needs for highly qualified personnel—in special education, related services, early intervention, and regular education—to work with children, including infants and toddlers with disabilities; and (2) ensure that those personnel have the necessary skills and knowledge, derived from practices that have been determined, through evidence-based research and experience, to be successful in serving those children" (Dept. of Education Notices, 2012, p. 35610). The request for applications asked for additional work in "(a) existing training modules be updated to align with new developments in the field, as needed; (b) resources to be expanded to include coursework, in addition to training modules; and (c) more training modules and coursework to be developed to address the most pressing demands that today's educators face in classrooms, early childhood programs, and early intervention programs" (Dept. of Education Notices, 2012, p. 35612). Finally, the funded Center needed to "(1) serve as a national resource

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for teaching and learning tools, coursework, and training modules for building the capacity of educators to use evidence-based instructional and intervention practices in addressing the needs of children with disabilities (birth through age 21) and PD practices for use with pre-service and practicing educators; (2) make available training modules related to these practices that were developed under prior OSEP investments, and update them to align with developments in the field, as needed; (3) develop exemplary teaching and learning tools, coursework, and training modules on the use of these practices that can be integrated into pre-service preparation and PD programs; (4) demonstrate the application of technology in coursework and training modules to support the use of evidence-based practices; (5) use technology to efficiently and effectively develop, deliver, and disseminate Center products and services; and (6) provide TA to support the use of the Center products" (Dept. of Education Notices, 2012, p. 36512).

As part of its funding, the IRIS Center was required to include plans for an evaluation by a third-party evaluator that included "an independent review of the quality, relevance, and usefulness of the coursework and training modules developed by the Center; the reach of Center products and services; and the impact of the Center's products and services on pre-service programs and their students, as well as on practicing educators' knowledge, skills, and use of evidence-based practices" (Dept. of Education Notices, 2012, p. 36512). The Center was also to design a logic model that could be used to help guide both formative and summative evaluations. As part of the approved logic model, the IRIS Center included several activities that would ultimately produce the following proximal, intermediate, and distal outcomes:

Proximal Outcomes	Intermediate Outcomes	Distal outcomes
 Building awareness and knowledge of evidence-based practices by independent learners through its products and services. Using products and services to build the capacity of personnel preparation program faculty and PD providers to conceptualize curricula, coursework, and clinical experiences that are grounded in the use of evidence-based practices. 	 Grounding use of evidence-based practices in personnel preparation program curricula, coursework, and clinical experiences. Grounding use of evidence-based practices in ongoing PD for educator development curricula, coursework, and coaching. 	 Practicing educators use evidence-based instructional and intervention practices. Changes in social, economic, educational, or environmental practice. High-quality services are provided for children with disabilities and their families, which leads to high-quality results.

In essence, the IRIS Center seeks to 1) increase the awareness, knowledge, and skills of faculty and PD providers who prepare or deliver training to personnel to who work with children with disabilities, and 2) provide faculty and PD providers with instructional materials to use in their personnel-development activities. This evaluation addresses the overall purpose of the IRIS Center while considering any increase in awareness, knowledge, and skills under its logic model and purpose. In addition, in order to address the call to support states in their preparation of

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personnel, the delivery of evidence-based practices and the awareness, knowledge, and skill-acquisition of its users, it is important to consider the background of these issues and their relation to the IRIS Center.

Serving unique need that supports states in the preparation of personnel

One of the foundational purposes of the IRIS Center is to help address state-identified needs for highly qualified personnel in special education. As changes in federal policy (e.g., *Every Student Succeeds Act*, 2016) shift more control of education to states, it is important that states receive the support that they need to ensure that they can provide quality personnel for the field. This evaluation can help address whether the IRIS Center is serving a unique need across the country in providing support and resources for faculty and PD providers. Collecting demographic information on the characteristics of the faculty and PD providers who use the resources can help address their awareness, knowledge, and skills in the use of the materials. In addition, a question can be included to ask about future needs.

Building capacity for and the awareness, knowledge, and skills to use evidence-based practices

An overall goal of the IRIS Center is to build the capacity of faculty and PD providers to increase the awareness, knowledge, and skills of personnel in special education and related services. One of the core purposes of the Individuals with Disabilities Education Act (IDEA) is "supporting high-quality, intensive pre-service preparation and PD for all personnel who work with children with disabilities in order to ensure that such personnel have the skills and knowledge necessary to improve the academic achievement and functional performance of children with disabilities, including the use of scientifically based instructional practices, to the maximum extent possible" (2004, 1400(c)(5)(e)). As IDEA calls for the direct inclusion of such evidence-based practices in preservice preparation and PD, it is important to consider how these practices might reach their intended users. One model, detailing the mechanisms through which evidence-based practices reach and are used by intended users, has been proposed by Fixsen and colleagues.

As part of their work on implementation science, Fixsen, Naoom, Blase, Friedman, and Wallace (2005) examined factors needed to bring evidence-based practices to the end users. In their conceptual model, optimal outcomes include "changes in adult professional behavior (knowledge and skills of practitioners and other key staff members within an organization or system)" (Fixsen et al., 2005, p.12), and require five implementation components.

Implementation Component	Definition from Fixsen et al. (2005)
Source	A "best example," often a composite of the original practice or program that was developed and evaluated and the best features of attempted implementations of that practice or program.
Destination	The individual practitioner and the organization that adopts, houses, supports, and funds the installation and ongoing use of an innovation.
Communication Link	An individual or group of individuals, named "purveyors" in this

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	monograph, representing a program or practice who actively work to implement the defined practice or program with fidelity and good effect at an implementation site.
Feedback Mechanism	A regular flow of reliable information about performance of individuals, teams, and organizations acted upon by relevant practitioners, managers, and purveyors.
Influence (Sphere Of)	Social, economic, political historical, and psychosocial factors that impinge directly or indirectly on people, organizations, or systems.

Note: Definitions included in this table are verbatim definitions from Fixsen et al. (2005, p. 12).

Of all of the components, the purveyors serve a vital role in making sure that the evidence-based material reaches its intended users (Fixsen et al., 2005). In its attempt to change the practices of adults to implement evidence-based practices, the IRIS Center is fulfilling this capacity as purveyor. Through its activities in both preparation and dissemination of evidence-based practices, the IRIS Center aims to change adult behavior by increasing the capacity to provide evidence-based instruction and to increase its actual use. Through the use of ongoing formative and summative evaluation data, the IRIS Center intends to play a strong role in the implementation cycle.

In order to evaluate whether the IRIS Center has acted as a successful change agent through its role as purveyor of evidence-based information, it is thus important to consider any increases (both perceived and actual) in awareness, knowledge, and use among the intended users. To that end, this formative outcome evaluation has included questions related to awareness, knowledge, and skills, and serves as an opportunity to increase feedback from its end users.

Building capacity for and the awareness, knowledge, and skills to use evidence-based practices by personnel

An additional goal under the logic model of the IRIS Center is to build the *capacity* of faculty and PD providers and ultimately for faculty and providers to increase their awareness, knowledge, and skills to use the materials. Many faculty and PD providers are asked to serve a role as teachers of information. As such, confidence or self-efficacy in their ability to access and use material can impact the act of teaching and the resources chosen. Specifically, self-efficacy influences the individual's choices, their effort and ability to persist, and their level of achievement. This concept includes both the belief of the individual that she or he can do what is necessary, and that she or he has the requisite skills to be successful (Tschannen-Moran & Hoy, 2001). In other words, research has demonstrated that if people think they can, and have been taught applicable strategies to support this mindset, they are more likely to succeed (Bohlin, Durwin, & Reese-Weber, 2009).

Self-efficacy is particularly relevant in the field of teaching. Lack of teacher self-efficacy has led to increased burn-out in the profession (Brown, 2012). Moreover, studies have found that teachers with greater self-efficacy positively impact student outcomes (Klassen, Tze, Betts, and Gordon, 2011). Following Bandura's social cognitive view, Skaalvik and Skaalvik (2009) define

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teacher's self-efficacy "as individual teachers' beliefs in their own abilities to plan, organize, and carry out activities required to attain given educational goals" (p. 612). Self-efficacy influences teachers' effort in teaching, including their goals and persistence to overcome difficulties (Tschannen-Moran & Hoy, 2001), and focuses on a teacher's belief in their future ability to perform a task, rather than their current actual ability (Tschannen-Moran, Hoy, & Hoy, 1998). Given the importance of self-efficacy for teachers, and the goals to build both capacity and use, this formative outcome evaluation includes a measurement of teacher self-efficacy.

The IRIS Center is funded as a national center under the federal Personnel Development Program as a resource to help build the *capacity* of faculty and PD providers—those who deliver pre-service and in-service training to personnel who provide special education and related services. The next section of this report describes a formative outcome evaluation that includes evaluation questions, the survey for faculty and PD providers, and key findings.

Formative Outcome Evaluation Purpose

This formative outcome evaluation is guided by interest in collecting data around four key areas: (1) who is using the IRIS Center's resources (i.e., IRIS *STAR Legacy* Modules), (2) how the IRIS Center is satisfying current needs, (3) how the IRIS Center's resources are being infused in courses, curricula, and PD, and (4) future needs. These areas will address the distal, intermediate, and proximal goals in the logic model, especially as relates to the awareness, knowledge, and use of the IRIS resources, particularly IRIS Modules, and the increase in the capacity of faculty and PD providers to access, use, and teach evidence-based material. Specifically, the formative outcome evaluation questions consisted of the following:

Evaluation Question 1: To what extent are IRIS *STAR Legacy* Modules and resources infused in courses and curricula? What is the extent of infusion?

Evaluation Question 2: As a result of IRIS use, to what extent do faculty and PD providers self-report an increase in their (a) awareness and (b) knowledge of evidence-based practices and how to infuse them into their courses and curricula or training and materials?

Evaluation Question 3: How do EC/EI faculty and PD providers rate the IRIS Center in terms of quality, relevance, and usefulness?

Evaluation Question 4: What are the future needs of faculty and PD providers in terms of resources, topics, training, and/or services? How can the IRIS Center help address these needs?

Evaluation Question 5: If funding for the IRIS Center ended, causing the services to disappear, in what way would that impact faculty and PD providers?

Summary of Formative Outcome Evaluation Methods

During the winter of 2016, IRIS Center staff and external evaluators Bianca Montrosse-Moorhead, PhD (head evaluator), and Laura Kern, JD (graduate student evaluator), worked collaboratively to develop surveys (see Appendix B for a copy of the survey instruments). Two separate surveys were developed, one for faculty and another for PD providers. The surveys were administered between January 20 through February 14 (faculty) and February 3–18 (professional development providers).

In what follows, details concerning the sample are presented so that readers understand who responded to the survey in reviewing key findings, and thus what inferences would be appropriate and inappropriate to make. A fuller discussion of evaluation methods is included in Appendix A, including participants, data-collection procedures, analysis procedures, and limitations.

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Faculty Participants

Determination of a representative sampling frame was not feasible. Thus, those invited to participate were either (a) faculty currently on the IRIS Center's listserv (n=4,071), or (b) faculty who submitted information to UConn volunteering to participate in survey efforts (n=32). In total, 4,103 faculty were invited to participate. However, 129 faculty contacted UConn to indicate that they had retired (emeriti IRIS users) or had moved to a leadership position and were no longer teaching courses, bringing the total potential sample size down to 3,974. In addition, 119 individuals began the survey but were exited out because, although they were previously faculty, they no longer served in a faculty position, which further reduced the potential sample to 3,855. Of the 3,855 that were invited, 906 began the survey (24% response rate), which is within the range of typical response rates for online questionnaires (Nulty, 2008). Of the 906 that began the survey, 894 completed it (99% completion rate). The median survey completion time was 12:00 minutes.

Participants were mostly female (81%); white (82%); not of Spanish, Hispanic, or Latino ethnicity (86%); and did not have a disability (92%). On average, participants were 55 years old, with an age range of 29 to 81 years. In terms of the type of institution at which they are employed, 97% teach at a four-year college or university, 65% teach at a public university, 6% teach at a Hispanic Serving Institution, and 4% teach at a Historically Black College or University. As for participants' experience with the IRIS Center, on average, participants reported using IRIS resources for 7 years, with only 8% reporting less than one year of use. In terms of areas of focus, 65% focused on early elementary, 62% on late elementary, 56% on middle/junior high, 49% on high school, 30% on pre-school, 24% on transition programs, 18% on adults, 16% on early intervention, and 16% in other areas. Participants could select more than one option accounting for the greater than 100% response on the area of focus.

Professional Development Provider Participants

As with the faculty, determination of a representative sampling frame was not feasible. There were two ways individuals were invited to participate: (a) via a link disseminated to the IRIS PD listserv (n=492), and (b) via a link posted on the IRIS Website (n=35). After accounting for PD providers who were already part of the original listserv, a total, of 515 PD providers were invited to participate. Overall, the response rate was 19%, which was reflective of the total number of those professional providers that were invited (n=515), and of those that began the survey (n=100). Participants took approximately 7 minutes to complete the survey, with a survey completion rate of 70%. The overall number of participants was 88.

Participants included 24 college faculty, 26 PD providers, 1 college student (undergraduate), one graduate student, 5 experienced teachers (teaching more than 3 years), 6 school leaders, and 24 other (e.g., professional staff, state consultant, Director of Special Services). Respondents were predominantly female (n=41 or 91%). When asked to identify race, responses were as follows: 1 (2%) American Indian or Alaska Native, 2 (4%) Asian, 7 (16%) Black or African American, no (0%) Hawaiian/Other Pacific Islander, 34 (76%) White, 1 (2%) Other (specified as Multiracial), and 2 (4%) Prefer not to Specify. Furthermore, 32 (89%) of respondents were not of Spanish, Hispanic, or Latino origin. Age ranged from 38 to 69 years, with the average participant age of

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56. As far as disability status, most respondents (n=40 or 89%) identified that that they did not have a disability.

Final Sample of Participants

For the purposes of investigating the external validity of survey results, the IRIS *STAR Legacy* Module use findings contained in this report were descriptively compared to use data collected through Google Analytics. A statistical comparison was not possible due to differences in how these data are collected. Even so, differences in use patterns were observed. The differences in IRIS are discussed more thoroughly in the report, specifically in the section on IRIS *STAR Legacy* Module use.

Two additional pieces of information might be helpful in understanding these differences. One, an earlier IRIS report (Montrosse, 2012) explored differences in IRIS users in terms of their use of technology. Four distinct profiles were identified: technologically delayed, land-anchored mobile-users, exclusively mobile users, and technovores. Other differences in terms of general Internet behaviors and technology attitudes among IRIS users were also detected. Two, IRIS Website materials and resources, which are the focus of the current evaluation report, are technologically based educative materials and resources. Thus, even though all use the IRIS Website, we would also expect there to be differences in how users come to the Website and in how they use materials and resources. That is, we would expect for there to be distinct IRIS Website user profiles.

Based on descriptive differences in IRIS STAR Legacy Module use, we hypothesize that survey respondents represent a sub-sample of the overall IRIS user population, thus limiting the external validity of our findings. Readers should be careful to not infer that results generalize to *all* IRIS users. That said, and as discussed more fully in Appendix A, the internal validity of the study is not a concern, which is why we are able to report our findings.

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Key Formative Outcome Evaluations Findings

Evaluation Question 1: To what extent are IRIS *STAR Legacy* Modules and resources infused in courses and curricula? To what extent are IRIS *STAR Legacy* Modules and resources infused in PD trainings and material? What is the extent of infusion?

Survey participants were asked to focus on a few key IRIS *STAR Legacy* Modules, which were selected because of variability in topical focus and length of time posted on the IRIS Website. The table below represents the *IRIS STAR Legacy* Modules selected for inclusion on the surveys, including when they were developed and posted on the IRIS Website.

IRIS STAR Legacy Modules	Post Date (Reverse Chronological Order)
Current IRIS Center Funding	
Early Childhood Environments: Designing Effective Classrooms	12/18/15
Intensive Intervention (Part 1): Using Data-Based	12/16/15
Individualization To Intensity Instruction	
Intensive Intervention (Part 2): Collecting and Analyzing Data for	12/16/15
Data-Based Individualization	
Dual Language Learners with Disabilities: Supporting Young	11/30/15
Children in the Classroom	
Autism Spectrum Disorder: An Overview for Educators	09/01/15
Early Childhood Behavior Management: Developing and	02/26/15
Teaching Rules	
Bookshare: Providing Accessible Materials for Students with	02/13/15
Print Disabilities (revision)	
Evidence-Based Practices (Part 1): Identifying and Selecting a	12/15/14
Practice or Program	
Evidence-Based Practices (Part 2): Implementing a Practice or	12/15/14
Program with Fidelity	
Evidence-Based Practices (Part 3): Evaluating Learner Outcomes	12/15/14
and Fidelity	
Prior IRIS Center Funding	
Classroom Management (Part 1): Learning the Components of a	08/06/12
Comprehensive Behavior Management Plan	
Differentiated Instruction: Maximizing the Learning of All	02/23/12
Students	
Teaching English Language Learners: Effective Instructional	06/14/11
Practices	
Functional Behavioral Assessment: Identifying the Reasons for	09/30/09
Problem Behavior and Developing a Behavior Plan	

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Universal Design for Learning: Creating a Learning Environment	09/02/09
that Challenges and Engages All Students	
Classroom Assessment (Part 1): An Introduction to Monitoring	09/01/04
Academic Achievement in the Classroom	

First, faculty and PD providers were asked whether they used IRIS STAR Legacy Modules developed under the current contract. Out of all of the IRIS STAR Legacy Modules developed under the current contract, the two with the highest use are the same across both faculty and PD providers who responded to the survey—Evidence-Based Practices (Part 1): Identifying and Selecting a Practice or Program, and Evidence-Based Practices (Part 2): Implementing a Practice or Program with Fidelity.

On the faculty side, the last part of this tripartite, *Evidence-Based Practices (Part 3): Evaluating Learner Outcomes and Fidelity*, is the third most-used IRIS *STAR Legacy* Module by the respondents to the survey.

On the PD provider side, *Intensive Intervention (Part 2): Collecting and Analyzing Data for Data-Based Individualization* is the third most used IRIS *STAR Legacy* Modules, just barely coming ahead of its predecessor, *Intensive Intervention (Part 1): Using Data-Based Individualization to Intensity Instruction.* At the same time, over half of faculty respondents also report using this module. This is an interesting finding, as these IRIS *STAR Legacy* Modules were released approximately one month before the faculty survey, and a month and a half before the PD provider survey.

In addition, over half of the PD providers who responded to the survey also report using the IRIS STAR Legacy Modules Autism Spectrum Disorder: An Overview for Educators and the Early Childhood Behavior Management: Developing and Teaching Rules.

The remaining IRIS STAR Legacy Modules—Early Childhood Environments: Designing Effective Classrooms, and Dual Language Learners with Disabilities: Supporting Young Children in the Classroom—were used by slightly less than half of the faculty and PD provider respondents. Roughly a quarter of faculty and PD provider respondents reporting using the IRIS STAR Legacy Module Bookshare: Providing Accessible Materials for Students with Print Disabilities.

That said, as noted in the introduction, the *IRIS STAR Legacy* Module use findings for faculty and PD providers who responded to this survey look different than use data captured by Google analytics. For example, the Module on Autism Spectrum Disorder, which had been recently released at the time of the survey, is rated as being actively used by survey respondents but is not included in the top 10 most-used Modules by Google Analytics. Similarly, Modules on Evidence-Based Practices (1, 2, and 3) were rated as being used often by respondents but did not rank in the top 10 Modules for actual Website use. Because of the way the data were collected for this survey and the way Google analytics data are collected, an investigation in to why these differences in use patterns exists is not possible. However, there is a possibility that those who responded to this survey might represent a small sub-sample of IRIS users, and not IRIS users as a whole.

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IRIS STAR Legacy Modules	Post Date (Reverse	% Faculty Reporting Use	% PD Prov. se Reporting Use	
	Chrono. Order)	(n=906)	(n=61)	
Current IRIS Center Funding				
Early Childhood Environments:	12/18/15	39	44	
Designing Effective Classrooms				
Intensive Intervention (Part 1):	12/16/15	52	66	
Using Data-Based Individualization				
To Intensity Instruction	12/15/12			
Intensive Intervention (Part 2):	12/16/15	52	67	
Collecting and Analyzing Data for				
Data-Based Individualization	11/30/15	42	47	
Dual Language Learners with Disabilities: Supporting Young	11/30/13	42	4/	
Children in the Classroom				
Autism Spectrum Disorder: An	09/01/15	43	62	
Overview for Educators	07/01/13	73	02	
Early Childhood Behavior	02/26/15	42	51	
Management: Developing and	02/20/10			
Teaching Rules				
Bookshare: Providing Accessible	02/13/15	23	29	
Materials for Students with Print				
Disabilities (revision)				
Evidence-Based Practices (Part 1):	12/15/14	61	76	
Identifying and Selecting a Practice				
or Program				
Evidence-Based Practices (Part 2):	12/15/14	58	71	
Implementing a Practice or Program				
with Fidelity	10/15/14		62	
Evidence-Based Practices (Part 3):	12/15/14	55	63	
Evaluating Learner Outcomes and				
Fidelity				

Next, any faculty member or PD provider who indicated they did not use any of the IRIS *STAR Legacy* Modules developed under the current funding cycle was asked about their use of IRIS *STAR Legacy* Modules developed under prior projects. However, most of the PD providers skipped this question. Thus, only results for faculty members are presented in the table below.

Among faculty that answered this survey and set of questions (n=137), at first glance results would suggest that these IRIS *STAR Legacy* Modules are only being used by approximately one-third of faculty. However, this runs counter to verifiable Google Analytics data, which indicate that the top-two visited IRIS *STAR Legacy* Modules are Universal Design for Learning and Functional Behavioral Assessment. It is also important to keep in mind that only faculty who reported not using IRIS *STAR Legacy* Modules developed under the current funding cycle were asked this question. Moreover, among those who reported using one or more of the IRIS *STAR Legacy* Modules developed under prior funding, 100% indicated that they plan to use this

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Module in the future. Thus, the low use rates of IRIS *STAR Legacy* Modules in the table below are likely a selection artifact; that is, they likely reflect a small sub-sample of IRIS users and are not reflective of use patterns for all IRIS users.

IRIS STAR Legacy Modules	Post Date (Reverse Chronological Order)	% of faculty Reporting Use (n=137)
Prior IRIS Center Funding		
Classroom Management (Part 1): Learning	08/06/12	31
the Components of a Comprehensive		
Behavior Management Plan		
Differentiated Instruction: Maximizing the	02/23/12	35
Learning of All Students		
Teaching English Language Learners:	06/14/11	17
Effective Instructional Practices		
Functional Behavioral Assessment:	09/30/09	30
Identifying the Reasons for Problem		
Behavior and Developing a Behavior Plan		
Universal Design for Learning: Creating a	09/02/09	35
Learning Environment that Challenges and		
Engages All Students		
Classroom Assessment (Part 1): An	09/01/04	22
Introduction to Monitoring Academic		
Achievement in the Classroom		

Note: PD provider results are not included due to the low number of responses.

Among faculty and PD providers who responded that they use IRIS *STAR Legacy* Modules, a large proportion of faculty (87%) and PD providers (86%) reported using IRIS Modules to supplement materials. Moreover, both PD providers (51%) and faculty (33%) respondents completely replaced prior materials with IRIS *STAR Legacy* Modules.

Have you used IRIS STAR Legacy Modules to:	% Faculty Used (n=906)	% PD Prov. Used (n=61)
Supplement material in a textbook/professional development material	87	86
Replace textbook/professional development material	33	51

Note: Percentages do not sum to 100% as faculty could check that they have used IRIS *STAR Legacy* Modules in both ways.

A high proportion of both faculty and PD provider respondents to the survey use IRIS *STAR Legacy* Modules to prepare for special education classes or PD (79% and 85%, respectively), in addition to delivering those courses or trainings (80% and 78%, respectively). A significant percentage of both faculty and PD provider respondents also use IRIS *STAR Legacy* Modules to

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prepare for general education classes or PD (64% and 75%, respectively), and to deliver those courses or trainings (64% and 75%, respectively). A similar trend is observed for combination special and general education classes or PD—64% of faculty and 67% of PD provider respondents report using IRIS *STAR Legacy* Modules to prepare, and 66% of faculty and 59% of PD providers report using them to deliver those courses or trainings. As for courses or sessions satisfying licensure requirements, 62% of faculty who responded to the survey use them in those classes, while 59% of PD providers who responded to the survey use them in those trainings.

Have you used IRIS STAR Legacy Modules in any of the following ways?	% Faculty Used for Course Preparation (n=906)	% PD Prov. Used for Training Preparation (n=61)	% Faculty Used for Course Delivery (n=906)	% PD Prov. Used for Training Delivery (n=61)
Special Education class/PD	79	85	80	78
General Education class/PD	64	75	64	75
Combination Special and General Education class/PD	64	67	66	59
Class/PD satisfying other licensure requirements (Delivery asked on faculty survey only)	62	49	59	-
Class/PD satisfying other program requirements (Only asked on faculty survey)	63	-	60	-

Note: Percentages do not sum to 100% as faculty and PD Providers could check that they have used *IRIS STAR Legacy* Modules in multiple ways.

Building capacity for effective use

A precursor to use and related to building the capacity and use of the material, teaching self-efficacy in regards to use of IRIS Modules was hypothesized to play an important role in the extent to which IRIS Modules and resources are infused in courses and curricula. To test this theory, a faculty IRIS Module self-efficacy scale was adapted from Skaalvik & Skaalvik (2007). Participants responded to this 12-item survey using a five-point scale from *strongly disagree* (1) to *strongly agree* (5).

Exploratory factor analysis, using data from the faculty survey only due to an inadequate number of responders for the PD provider survey for this type of statistical analysis, suggested the presence of two sub-scales: (a) classroom instruction self-efficacy, and (b) non-instructional self-efficacy. Eight items loaded onto the first sub-scale, while four items loaded onto the second sub-scale. Furthermore, analysis indicated strong internal consistency for both subscales. The Cronbach's alpha for the classroom instruction self-efficacy scale was .95, and the Cronbach's alpha for the non-instructional self-efficacy was .90. Both of these are in the excellent or strong range, suggesting that the scales are reliable (DeVellis, 2003).

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As evidenced in the table below, although faculty respondents reported feeling slightly more efficacious than PD provider respondents in terms of their instructional and non-instructional roles and responsibilities, both groups of respondents report very high levels of self-efficacy on both dimensions as a result of using IRIS Modules.

Moreover, a chi-square test of association was performed to examine whether differences in self-efficacy (generally self-efficacious, generally not self-efficacious) were detected across faculty focus areas. None of these tests of association were significant, confirming that faculty and PD providers who responded to the survey generally felt high levels of self-efficacy regardless of their focus area (e.g., EC/EI, transition).

	% Faculty Agreeing or Strongly Agreeing	% PD Prov. Agreeing or Strongly Agreeing
As a result of using these IRIS STAR Legacy Modules:	(n=906)	(n=61)
Instructional Self-Efficacy Sub-Scale I find it easier to prepare for class/professional	97	88
development.	91	00
I find it easier to deliver instruction in class/professional development.	97	83
I can explain central themes in my subjects so that even novice students/participants understand.	97	88
I can provide good guidance and instruction to all students/participants regardless of their level of knowledge.	97	90
I can answer students'/participants' questions so they understand difficult problems.	96	82
I can explain subject matter so that most students/participants understand the basic principles.	97	88
I am more confident preparing for my course/professional development.	92	78
I am more confident in delivering content for my course/professional development.	92	77
Non-Instructional Self-Efficacy Sub-Scale		
I am more confident in supervising graduate or part-time instructors teaching a course/ I am more confident in coaching participants.	85	77
I am more confident in supervising students in practicum or internship courses. (Only asked on faculty survey)	83	-
I am more confident in designing curricula. (Only asked on faculty survey)	90	-
I am more confident in delivering PD.	88	80

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Evaluation Question 2: As a result of IRIS use, to what extent do faculty and PD providers self-report an increase in their (a) awareness and (b) knowledge of evidence-based practices and how to infuse them into their courses and curricula, or training and materials?

In examining the table below, a significant proportion of faculty and PD providers respondents to the survey report that IRIS Modules have contributed to an increase in their awareness and knowledge of evidence-based practices and how to infuse them into courses and curricula, or training and materials. The percentages are based on the number of respondents for each question rather than the overall respondents reporting use of the IRIS Modules.

IRIS STAR Legacy Modules	Post Date (Reverse Chronological Order)	% Faculty Reporting Increased Awareness (n=906)	% PD Prov. Reporting Increased Awareness (n=61)	% Faculty Reporting Increased Knowledge (n=906)	% PD Prov. Reporting Increased Knowledge (n=61)
Current IRIS Center Funding					
Early Childhood Environments: Designing Effective Classrooms	12/18/15	93	95	93	94
Intensive Intervention (Part 1): Using Data-Based Individualization To Intensity Instruction	12/16/15	90	96	92	96
Intensive Intervention (Part 2): Collecting and Analyzing Data for Data-Based Individualization	12/16/15	89	97	93	97
Dual Language Learners with Disabilities: Supporting Young Children in the Classroom	11/30/15	91	100	91	100

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Autism Spectrum Disorder: An Overview for Educators	09/01/15	92	97	92	97
Early Childhood Behavior Management: Developing and Teaching Rules	02/26/15	90	95	92	95
Bookshare: Providing Accessible Materials for Students with Print Disabilities (revision)	02/13/15	93	100	91	100
Evidence-Based Practices (Part 1): Identifying and Selecting a Practice or Program	12/15/14	90	100	92	100
Evidence-Based Practices (Part 2): Implementing a Practice or Program with Fidelity	12/15/14	90	97	93	97
Evidence-Based Practices (Part 3): Evaluating Learner Outcomes and Fidelity	12/15/14	91	96	92	96
Prior IRIS Center Funding					
Classroom Management (Part 1): Learning the Components of a Comprehensive Behavior Management Plan		89	-	88	-

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Differentiated Instruction: Maximizing the Learning of All Students	08/06/12	94	-	97	-
Teaching English Language Learners: Effective Instructional Practices	02/23/12	93	-	100	-
Functional Behavioral Assessment: Identifying the Reasons for Problem Behavior and Developing a Behavior Plan	06/14/11	81		85	
Universal Design for Learning: Creating a Learning Environment that Challenges and Engages All Students	09/30/09	92	-	100	-

Note: PD provider results are only presented for IRIS Modules developed under the new contract due to low numbers of responses for PD providers in regards to IRIS *STAR Legacy* Modules developed under prior contracts.

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Evaluation Question 3: How do EC/EI faculty and PD providers rate IRIS in terms of quality, relevance, and usefulness?

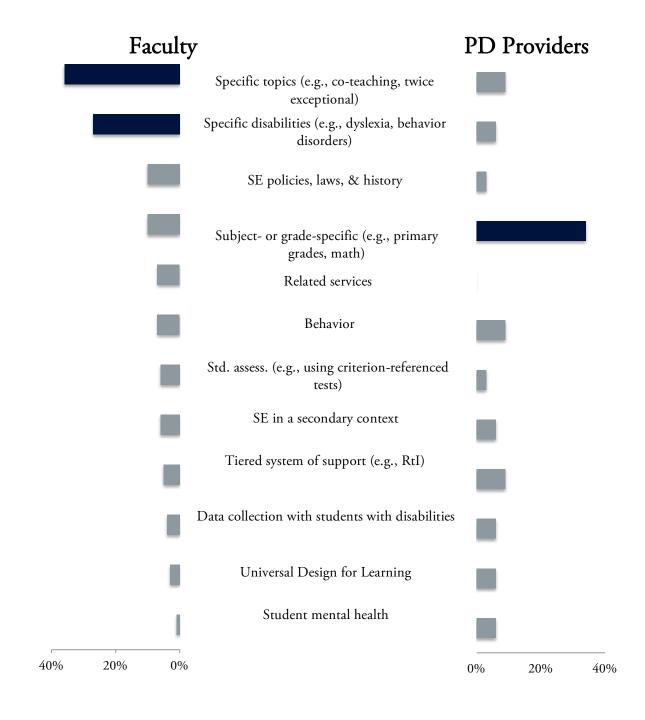
Results are not available for this evaluation question. Despite pilot testing the survey, a glitch in the online survey question display logic occurred. Thus, *only* faculty and PD providers who responded to the survey and who *only* specialized in EC/EI were asked about the quality, relevance, and usefulness of the IRIS Center. This was neither intended nor correct and limits our ability to answer this evaluation question.

Evaluation Question 4: What are the future needs of faculty and PD providers in terms of resources, topics, training, and/or services? How can IRIS help address these needs?

Faculty and PD providers who responded to the survey report a diverse set of future needs ranging from specific topics like co-teaching and twice exceptional students, to student mental health (Figure 1). Faculty respondents most often reported needing more resources on specific topics, specifically co-teaching, twice exceptional students, assistive technology, English language learners, developing IEPs, and classroom management, as well as on specific disabilities such as dyslexia, behavior disorders, and deaf and hard of hearing. In contrast, PD provider respondents expressed a desire for more information on subject- or grade-specific material, for example Common Core Standards.

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Figure 1. Self-reported needs of faculty (n=906) and PD provider (n=61) survey responders.



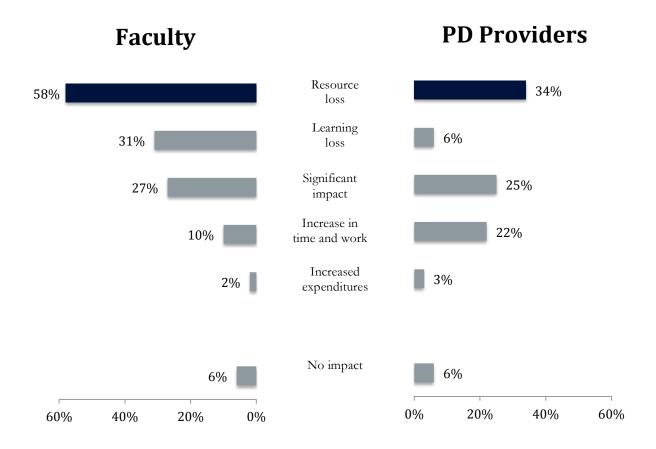
Evaluation Question 5: If funding for IRIS ended, causing the services to disappear, in what way would that impact faculty and PD providers?

The IRIS Center is one of the few OSEP-funded centers that provides support to faculty in their preparation of personnel to work with children with disabilities. More specifically, IRIS serves

both faculty and PD providers, the two groups most directly responsible for personnel preparation. Given the unique context in which the IRIS Center operates and the distinct population it alone serves, another important question to consider is: Does it really serve a unique need? One way to get an answer to this question is by asking what the impact would be if funding for IRIS were reallocated to other areas of personnel preparation. If IRIS really were serving a unique need that was helping to support personnel preparation then faculty and PD providers would be able to clearly articulate the projected negative impact of reallocation of funding. To test this hypothesis, both faculty and PD providers were asked to describe how the reallocation of funding for IRIS would impact them.

Results from the survey respondents lend support to the hypothesis that IRIS is serving a unique need that assists faculty and PD providers in their preparation of personnel, and that reallocation of funding would have an impact (Figure 2; largest areas of reported impact highlighted in black). In fact, only 6% of faculty and PD providers who responded to the survey indicated "no impact."

Figure 2. Self-reported impact of reallocation of personnel preparation funding for IRIS CENTER on faculty (n=906) and PD providers (n=61) who responded to the survey.



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The largest proportion of faculty and PD providers who responded to the survey indicated that reallocation of funding would impact them, which lends support to the claim that IRIS is serving a unique need. More specifically, comments were clustered into five areas: resource loss, learning loss, significant impact, increase in time and work, and increased expenditures.

The largest proportion of faculty and PD providers who responded to the survey reported a very specific impact—namely, the *loss of a valued resource* or tool grounded in evidence-based practice and research. For example, one faculty member wrote, "Although I would step up and develop course material to covered the IRIS content, an individual professor could never accomplish the depth and breadth of the material IRIS provides. I would have to take lessons offline, which would definitely have a negative impact on my students. And, as a professor, it would be challenging if not impossible to be knowledgeable about all the content IRIS presents." And a PD provider wrote, "I would have no materials to help with all of the different educational topics that must be delivered to new and seasoned teachers. This would be a travesty. Our system is small and runs on a very tight budget. IRIS is my go-to for resources. Please do not take it away."

About a quarter of respondents to the survey expressed that it would have a *significant impact* on them, albeit it in different ways. Some indicated that it would have a "negative impact"; others talked about the impact it would have on the "quality" of their teacher preparation, induction, and PD activities; while still others described the impact it would have on their curricular program. For example, one PD provider wrote, "It would definitely eliminate a valuable resource in helping me to plan and deliver professional development. The IRIS *STAR Legacy* Modules are my go-to source for any PD I'm planning." And a faculty member who also specializes in both elementary and secondary special education and has been using IRIS Center since she joined the university one year ago said, "I would certainly have a deficit to fill. IRIS Modules are an invaluable source of current research-based strategies that support pre-service teacher learning and new teacher practice in the classroom. There is no other way to access material that is in alignment with current standards and practices in education."

Faculty who responded to the survey also discussed how the loss of IRIS would be a loss of a *free high-quality resource*. One faculty member who specializes in elementary special education and has been using IRIS since it launched wrote, "I believe the IRIS Modules are one of the greatest free resources available to new and practicing educators and administrators. They are well researched, current, practical, entertaining, and easily understood. If funding were ceased, it would be a significant loss as a resource to my students (teacher candidates) and to myself as an educator who provides instructional resources for new educators. Over the years, I've used multiple Modules on multiple occasions to provide students with greater depth and background in a variety of areas. They've served as resource material, assignments, and lecture topics." And a PD provider wrote, "Certainly hope this resource does not disappear. It is valued and what a loss for local districts!!! We have many other PD opportunities for teachers. However, this one is such high quality and free!! Teachers respect organizations that provide assistance based on the foundation of making improvements for successful learning instead of organizations that are only interested in making money!!!"

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Not surprisingly, faculty who responded to the survey discussed the impact reallocation of funding for IRIS would have on their classrooms, resulting in a *loss of learning*. For example, one faculty member who has been using IRIS for eight years and specializes in EI/EC wrote, "I would have to completely redesign the course. My students really love the interactive nature and the practice they get is invaluable. They appreciate being able to practice with the IRIS Center before trying it in the classroom. They have also commented that they enjoy the assignments and learn more from the IRIS Center than their textbook." In contrast, very few PD providers who responded to the survey highlighted this impact.

At the same time, PD providers respondents, more so than faculty respondents, expressed how the reallocation of IRIS funding would cause the *amount of time and work* they put in to personnel preparation activities to increase substantially. As one PD provider noted, "It would require more time in regards to planning for professional development because it would be necessary to search and identify other reputable, vetted sources of information. With IRIS, I know the information can be trusted and it is well thought out in regards to presentation and activities. The vignettes and scenarios saved me countless time of trying to locate or create scenarios to incorporate into my training." Faculty expressed similar sentiments. One faculty member, who has used IRIS for 12 years and specializes in secondary special education, remarked, "I have used a number of IRIS Modules across all of the years I have taught at this university. Many are completely integrated into my coursework. If they were not available, I would have to revise several courses completely, locate new materials. It would be very time-consuming. The Modules are very effective in providing information and examples in a compact way that I am confident using in my classes."

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Implications of the Formative Outcome Evaluation Findings

The overarching purpose of the IRIS Center, according to the cooperative agreement, is to "(1) help address State-identified needs for highly qualified personnel—in special education, related services, early intervention, and regular education—to work with children, including infants and toddlers with disabilities; and (2) ensure that those personnel have the necessary skills and knowledge, derived from practices that have ben determined, through evidence-based research and experience, to be successful in serving those children" (Dept. of Education Notices, 2012, p. 35610). The goals are also focused on practicing educators to ensure that they have the necessary awareness and knowledge, derived from evidence-based research and practices, to be successful in serving those children. Therefore, the goals and subsequent scope of work of the IRIS Center are focused on IHE faculty, PD providers, and practicing educators. Within this context, the IRIS Center has specified six objectives:

- (1) Serve as a national resource for teaching and learning tools, coursework, and training modules for building the capacity of educators to use evidence-based instructional and intervention practices in addressing the needs of children with disabilities (birth through age 21) and PD practices for use with pre-service and practicing educators;
- (2) Make available training modules related to these practices that were developed under prior OSEP investments, and update them to align with developments in the field, as needed;
- (3) Develop exemplary teaching and learning tools, coursework, and training modules on the use of these practices that can be integrated into pre-service preparation and PD programs;
- (4) Demonstrate the application of technology in coursework and training modules to support the use of evidence-based practices;
- (5) Use technology to efficiently and effectively develop, deliver, and disseminate the Center's products and services; and
- (6) Provide TA to support the use of the Center's products.

In order to accomplish these goals, the IRIS Center has developed a logic model that links its activities, products, and dissemination to its ultimate goals, which include building the capacity of its users and increasing their knowledge and use of relevant evidence-based practices. Throughout this process, IRIS acts as a purveyor of evidence-based practices that supports its important role in the implementation science and increases the capacity and use of those that teach using the materials as evidenced by increasing the self-efficacy of its users.

Overall, the survey results suggest that the IRIS Center is supporting the preparation of professionals who work with students with disabilities who responded to this survey. In particular, this evaluation has several significant findings that suggest a link between its purpose and the objectives under this grant, at least for the faculty and PD providers who responded to the survey:

1. The IRIS Center is serving a unique need that supports states in the preparation of personnel;

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- 2. The IRIS Center is building the capacity for and the skills to use evidence-based practices; and
- 3. The IRIS Center is building the capacity, skills, and use of practices among personnel to teach using evidence-based practices.

Each of these global findings will be addressed separately below.

Implication 1: The IRIS Center is serving a unique need that supports states in the preparation of personnel

The IRIS Center is one of the few national centers to focus on faculty and PD providers, those who support state-identified needs in the preparation and training of highly qualified personnel—in special education, related services, early intervention, and regular education—to work with children, including infants and toddlers, with disabilities. The survey included respondents across all levels of service delivery, ranging from early intervention to transition to adulthood. Both faculty and PD providers who responded to the survey reported that the lack of IRIS resources caused by an end to the Center's funding would have a significantly negative impact on their work. For example, several respondents reported that this would impact their ability to provide quality lessons and materials. Faculty respondents are also using IRIS as a supplement to traditional textbooks, with others who responded to the survey use IRIS Modules and resources to replace them entirely. Results suggest that faculty who responded to the survey are reporting increased use of the newer Modules, which might be indicative of the ability of the IRIS Center to understand and support the current needs of personnel. In all, IRIS is serving a unique need for faculty and PD providers who responded to the survey, and reallocation of funding would have a substantial, adverse impact on both groups and those they instruct and coach.

Implication 2: The IRIS Center is building capacity for and the awareness, knowledge and skills to use evidence-based practices

As one focus of education has shifted to the importance of using evidence-based resources, the field has become more aware of the research-to-practice gap and that offering a "train-and-hope" approach will not succeed in supporting the use of evidence-base practices (Fixsen et al., 2005). Looking at the field of implementation, Fixsen et al. likewise suggested that we need to think of the process of how the practices reach the intended users. As part of that cycle, they suggested that there needs to be a "purveyor" of the information—an entity or person that can take the material and bring it to the intended users, while incorporating their needs and feedback. The survey results suggest that the IRIS Center serves as a key purveyor in this process, at least in those that responded to the survey.

Through its work with leaders in the field in compiling resources and developing the IRIS Modules, the IRIS Center gathers information on evidence-based practices and develops it into resources for faculty and professional service providers. The IRIS Center then asks for feedback from its users, and incorporates it back into its resources and processes. For example, with the IRIS-II evaluation, 20% of participants in the evaluation survey indicated they had other needs, which included autism, bilingual special education, early childhood/early intervention, and assessment (Montrosse, 2012). Additional Modules were developed based on a needs assessment

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at the beginning of the current funding cycle, as well as due to a specific request from OSEP (for a Module on autism spectrum disorder). IRIS Modules developed under the current funding period met all of these needs: Autism Spectrum Disorder: An Overview for Educators, Intensive Intervention (Part 2): Collecting and Analyzing Data for Data-Based Individualization, Early Childhood Environments: Designing Effective Classrooms, Early Childhood Behavior Management: Developing and Teaching Rules, and Dual Language Learners with Disabilities: Supporting Young Children in the Classroom. The most-recent survey has also identified several current needs among users who responded to the survey, and through this formative outcome evaluation such feedback can be directly incorporated into the provision of new products. In engaging in its research and design process, IRIS Center serves the needs of the nation in promoting the implementation of evidence-based practices and improving the quality of personnel.

Implication 3: The IRIS Center is building capacity for and the awareness, knowledge and skills to use evidence-based practices by personnel

The results of the survey suggest that for some users, the IRIS Center is building the capacity of pre-service and in-service educators by increasing their self-efficacy and by raising their awareness, knowledge, and skills in the use of evidence-based practices in various ways.

To build the capacity and skills of teachers, it is often important to also build their self-efficacy. Self-efficacy is the ability to access and use relevant resources. It can increase skill-acquisition as individuals become more confident that they can succeed, improve how they use instructional materials (Bohlin, Durwin, & Reese-Weber, 2009; Tschannen-Moran & Hoy, 2001), decrease burn-out (Brown, 2012), and improve student outcomes (Klassen, Tze, Betts, and Gordon, 2011). IRIS has increased the self-efficacy of both faculty and PD providers, thereby increasing both the capacity and potential use of the materials. Faculty who responded to the survey reported an increase in confidence levels for both instruction (ranging from 92% to 97%) and non-instruction (ranging from 83% to 90%), and PD providers who responded to the survey reported an increase in confidence levels for instruction (ranging from 77% to 90%) and non-instruction (ranging from 77% to 80%). Moreover, statistical analysis revealed no difference in levels of self-efficacy by focus area, meaning that regardless of their focus area (e.g., EC/EI, transition) all pre-service and in-service educators who responded to the survey report high levels of self-efficacy.

The resources of the IRIS Center are increasing awareness, knowledge, and skills for personnel respondents who work in special education and related services as well as general education. The surveys report that faculty and PD providers who responded to the survey have increased their awareness and knowledge of evidence-based practices and how to infuse them into their courses and curricula or training and materials. Faculty respondents reported increases in awareness (ranging between 81% to 94%) and knowledge (ranging between 85% to 100%), and PD respondents reported increases in awareness (ranging between 95% to 100%) and knowledge (ranging between 95% to 100%). As for reported use, IRIS Modules and resources are being heavily infused in courses and curricula, trainings, and PD materials across special and general education respondents. For example, faculty (79%) and PD providers (85%) who responded to the survey use the Modules to prepare for special education classes/professional development. This pattern holds true even for newer IRIS Modules that have not been available for an

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extended amount of time. Many faculty (87%) and PD providers (86%) who responded to the survey are using the Modules to supplement textbook/professional development material. Some faculty (33%) and half of the PD providers (51%) respondents are using Modules to replace textbook/professional development material. The surveys suggest that the awareness, knowledge, and use of evidence-based resources have increased as a result of IRIS *STAR Legacy* Modules.

Questions for the IRIS Center to Consider

The results of this evaluation across those that responded to the survey were extremely favorable for the IRIS Center, showing an increase in awareness, knowledge, and skills, and an overall increased capacity to use evidence-based resources by both faculty and PD provider respondents. Supporting its role as a purveyor of evidence-based materials and the importance of ongoing feedback in the implementation cycle, there is still more that can be considered as part of the process. The questions include:

- 1. What questions arise from the characteristics of IRIS Center faculty and PD providers who responded to the survey? How can these questions be included in future internal or external evaluation efforts?
- 2. What implications do changes in current federal policy have for how the IRIS Center engages in its work as a purveyor of evidence-based resources?
- 3. Faculty and PD providers who responded to the survey identified different future needs. What other actions can be done to identify and meet the varying needs of each group of users?

Concluding Statement for the IRIS Center

Taken as a whole, the results of the formative outcome evaluation provide external, independent confirmation that IRIS Center is exceeding expectations across the respondents to the survey. Although it is not possible given the parameters of this report to address all the purposes and outcomes of the IRIS Center—including other instructional resources (e.g., Case Study Units, Activities), tools for the revision and development of new coursework, curricula, and PD activities, as well as sample syllabi, curriculum matrices, and PD events—evidence from this formative outcome evaluation support the claim that IRIS Center is serving a unique role in improving the necessary awareness, knowledge, and skills of faculty and PD providers who prepare or deliver training to personnel to ensure that these personnel also have the requisite awareness, knowledge, and skills to be successful in serving children with disabilities. Although care must be taken not to generalize the results to all users of IRIS, this subset of the population who responded to the survey suggests that IRIS is succeeding in its mission.

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Appendix A: Faculty and PD Provider Survey Methodology

Participants

IRIS Center internal evaluation efforts have documented that a number of groups (i.e., college and university faculty [hereafter referred to as faculty], PD providers, undergraduate and graduate students, new and experienced teachers, school and district leadership) access and use resources developed, produced and disseminated by the IRIS Center. However, because the vision of the IRIS Center and its staff is "to be national leaders in transforming personnel preparation and PD programs for educators by building the capacity of higher education faculty and PD providers to prepare effective personnel skilled in the use of evidence-based practices" (http://iris.peabody.vanderbilt.edu/about/who-we-are/mission/), the decision was made to restrict the sample for this survey to higher education faculty and PD providers as the primary users and undergraduate and graduate college students as secondary users.

As indicated above, determination of a representative sampling frame was not feasible. Thus, those that were invited to participate in the survey designed for faculty were either (a) faculty currently on the IRIS Center's listserv (n=4,071), or (b) faculty who submitted information to UConn volunteering to participate in survey efforts (n=32). In total, 4,103 faculty were invited to participate. However, 129 faculty contacted UConn to indicate that they had retired (emeriti IRIS users) or had moved to a leadership position and were no longer teaching courses, bringing the total potential sample size down to 3,974. In addition, 119 individuals began the survey, but were exited out because, although they were previously faculty, they no longer served in a faculty position, which further reduced the potential sample down to 3,855. Of the 3,855 that were invited, 906 began the survey (24% response rate). Of the 906 that began the survey, 894 completed the survey (99% completion rate). The median survey completion time was 12:00 minutes.

As with the faculty, for PD providers determination of a representative sampling frame was also not feasible. Again, there were two ways individuals were invited to participate: (a) via a link disseminated to the IRIS Center's listserv (n=492) for PD providers, and (b) via a link posted on the IRIS Center's Website (n=35). After accounting for PD providers who were already part of the original listserv, a total, of 515 were invited to participate. Overall, the response rate was 19% of the total number invited (n=515), and of those that began the survey (n=100). Participants took approximately 7 minutes to complete the survey, with a survey completion rate of 70%. The overall number of participants was 88.

The IRIS *STAR Legacy* Module use findings contained in this report were descriptively compared to Google Analytics Module use statistics, and differences in use patterns were noted. These differences are discussed more thoroughly in the report, and reasons offered for differences. Due to differences, readers should be careful to not infer that results generalize to *all* IRIS users.

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Data Collection Procedures

During the winter of 2016, IRIS center staff and external evaluators Bianca Montrosse-Moorhead PhD (head evaluator), and Laura Kern, JD (graduate student evaluator), worked collaboratively in the development of a pair of surveys. Further, the Norwegian Teacher Self-Efficacy Scale (Skaalvik & Skaalvik, 2007) was adapted to ascertain whether IRIS has any positive impact on teacher self-efficacy.

Beginning on January 20, 2016, IRIS users from a list by provided by the Center who self-identified as faculty or PD providers were invited to complete a formative outcome evaluation survey as either faculty or as a professional developer, and were given two weeks to do so. This formative outcome evaluation was guided by interest in collecting data around four key areas: (1) who is using the *IRIS Center's* resources (i.e., *IRIS STAR Legacy* Modules); (2) how IRIS is satisfying current needs, (3) how the *IRIS Center's* resources are being infused in courses, curricula, and PD, and (4) future needs. Specifically, the evaluation questions consisted of the following:

Evaluation Question 1: To what extent are *IRIS STAR Legacy* Modules and resources infused in courses and curricula? What is the extent of infusion?

Evaluation Question 2: As a result of *IRIS Center* use, to what extent do faculty and PD providers self-report an increase in their (a) awareness and (b) knowledge of evidence-based practices and how do they infuse them into their courses and curricular, or training and materials?

Evaluation Question 3: How do EC/EI faculty and PD providers rate the *IRIS Center* in terms of quality, relevance, and usefulness?

Evaluation Question 4: What are the future needs of faculty and PD providers in terms of resources, topics, training, and/or services? How can the *IRIS Center* help address these needs?

Evaluation Question 5: If funding for the *IRIS Center* ended, causing the services to disappear, in what way would that impact faculty and PD providers?

Before the survey was launched, IRIS staff piloted the survey to make sure that the display and skip logic were working. In January, 2016, the survey was deployed by using the Qualtrics online survey software. It remained open for two weeks, with a reminder sent approximately one week and one day prior to the survey closing.

Analysis Procedures

A number of analysis techniques were employed. First, data were visually inspected and cleaned (duplicates deleted, spelling corrected on open-ended comments, etc.). Second, descriptive statistics were used to assess measures of central tendency (mean, median) and

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variability (range, standard deviation) and to calculate percentages. This also allowed for the identification of outlying variables.

Qualitative analysis involved first dividing the data into segments based on survey questions. Then, responses to each open-ended question were read to gather an overall sense of the data. Finally, data for each question were coded using words or phrases that describe the meaning of the text. To provide credibility and trustworthiness of qualitative data, verbatim responses are included in the body of the report.

Additionally, we included items that corresponded to self-efficacy sub-scales adapted from the Norwegian Teacher Self-Efficacy Scale (Skaalvik & Skaalvik, 2007) for some of the Questions that addressed Evaluation Question 1. We then used exploratory factor analysis on these items on the faculty survey (only due to an inadequate number of responders for the PD provider survey for this type of statistical analysis). Results suggested the presence of two sub-scales: (a) classroom instruction self-efficacy, and (b) non-instructional self-efficacy (see Table A1). Eight items loaded onto the first sub-scale, while four items loaded onto the second sub-scale (see Table A2). Furthermore, analysis indicated strong internal consistency for both subscales. The Cronbach's alpha for the classroom instruction self-efficacy scale was .95, and the Cronbach's alpha for the non-instructional self-efficacy was .90. Both of these are in the excellent or strong range, suggesting that the scales are reliable (DeVellis, 2003).

Table A1. Factor based on a principal components analysis with oblimin rotation for 12 items (n=894)

Items	Classroom instruction self-efficacy	Non- instructional self-efficacy
I find it easier to prepare for class.	.785	
I find it easier to deliver instruction in class.	.819	
I can explain central themes in my subjects to that even novice students can understand.	.844	
I can provide good guidance and instruction to all students regardless of their level of knowledge.	.846	
I can answer students questions to that they understand difficult problems.	.828	
I can explain subject matter so that most students understand the basic principles.	.827	
I am more confident preparing for my class.	.693	
I am more confident in delivering content for my course.	.678	
I am more confident in supervising graduate or part-time instructors teaching a course.		.882
I am more confident in supervising students in practicums or internship courses.		.873
I am more confident in designing curricula.		.720
I am more confident in delivering PD.		.810

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Note. Factor loadings < .5 are not listed.

Table A2. Descriptive statistics for the faculty self-efficacy scale factors (n=894)

	No. of items	Mean	Standard Deviation	Cronbach's alpha
Classroom instruction self- efficacy	8	33.9	6.51	.95
Non-instructional self- efficacy	4	17.6	4.6	.90

We considered using cluster analysis, a statistical process that can be used to identify groups that answer survey questions in similar ways. Due to a lower response for PD providers, we considered responses from the faculty participants. However, our sample was not diverse enough to obtain meaningful groups based on demographic categories and/or the respondents were not discrete in their roles in personnel development (e.g., participants spanned across multiple age levels such as early intervention and elementary) to be able to look at groups that would be relevant for additional layers of analysis. Therefore, we were not able to use this technique to obtain additional information on group patterns of responding.

Survey Limitations and Delimitations

A glitch in the advanced skip logic occurred for the EC/EI evaluation question 3. This resulted in faculty and PD providers who *only* specialized in EC/EI were asked about the quality, relevance, and usefulness of IRIS, resulting response rates for these questions that were too low to report. The extent to which a critical number of survey non-responders were excluded, thus potentially influencing the results, is unknown. This means that the extent of non-response bias cannot be assessed. This is especially true for PD providers, which was the target group least likely to respond. The extent to which results gleaned from PD providers represent the larger population of PD providers IRIS intends to reach is unknown.

The results presented in this report cannot be generalized to *all* IRIS users. IRIS *STAR Legacy* Module use findings contained in this report were descriptively compared to Google Analytics Module use statistics and differences in use patterns were noted. These differences are discussed more thoroughly in the report, and reasons offered for differences. Due to differences, readers should be careful about not inferring that results generalize to *all* IRIS users.

A few other limitations are worth noting. As noted in several places throughout the report, the extent to which survey responses were influenced by the traditional nature of the work (e.g., typical audience, format, and purpose of classes or trainings) of faculty and PD providers is unknown. To examine internal consistency on the self-efficacy questions, we conducted an exploratory factor analysis, but due to limited time and budget, we did not test for reliability or validity for the other questions on the survey. Finally, the questions focused on the Modules and did not consider the full extent of services and Web-based resources that IRIS provides.

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Appendix B: Surveys

The surveys for both faculty and PD providers are included below. Both surveys included skip logic, meaning that some questions were asked or not asked based on prior responses. The skip logic used is not included in the surveys that follow.

Faculty Survey

Please read the following thoroughly before moving on to the survey.

You are being asked to participate in a summative evaluation survey of IRIS Center resources because you were identified as a college or university faculty member who has used them in the past.

Purpose: This summative evaluation is guided by interest in collecting data around four key areas: (1) who is using the *IRIS Center's* resources (i.e., Modules); (2) how IRIS is satisfying current needs, (3) how the *IRIS Center's* resources are being infused in courses, curricula, and professional development, and (4) future needs. This information will be reported to the *IRIS Center's* funding agency (the U.S. Department of Education's Office of Special Education Programs) and will be used internally by the *IRIS Center's* staff to plan future efforts. In order to minimize the time required to complete the survey, we are only asking questions that address the required external evaluation questions. It is anticipated that the time needed to complete this survey will vary, but we estimate that the survey should take you about 10-15 minutes to complete.

Risks: There is no risk connected to your participation in this study, although an associated burden may be the time commitment. In order to help minimize this burden, we have created an online survey with automated skip patterns to ensure you are only responding to questions that are directly applicable.

Benefits: You may feel like you gain some benefit from having a voice in an evaluation that will inform IRIS future practice, and possibly funding decisions made by the U.S. Office of Special Education Programs (OSEP).

Compensation: There is no compensation for participating in this survey.

Voluntary participation: Please understand that your participation in this survey is completely voluntary. Your decision whether or not to participate will in no way affect your current or future relationship with the *IRIS Center's* staff or with your employer. You have the right to discontinue this survey at any time without penalty.

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Confidentiality: An external evaluator, affiliated with the University of Connecticut is conducting this study. Information will be presented in aggregated form so as not to identify your individual information. Individual responses will not be accessible or shared with the *IRIS Center* or anyone else.

Anticipated use: It is anticipated that IRIS Center staff will use information from this evaluation study internally. Externally, the U.S. Department of Education's Office of Special Education Programs (OSEP) may also use it.

If you have questions about this survey or the external evaluation, please contact Dr. Bianca Montrosse-Moorhead at (860) 486-0177 or by email at Bianca@uconn.edu. If you have questions about IRIS Center resources, please contact Dr. Naomi Tyler at (615) 343-5610 or by email at iris@vanderbilt.edu.

Q2.1 SECTION 1. First Things First

Directions: The questions below are designed to gather some basic background information to ensure we only ask relevant questions that are directly applicable to you. Read each item carefully before responding. Answer as honestly as you can. There are no right or wrong answers. Thank you.

Q2 one	.2 Which of the following categories best describes your primary position? (Please check e.)
0	College faculty (1)
0	Professional development provider (2)
\mathbf{O}	College student (undergraduate) (3)
\mathbf{O}	Graduate student (4)
\mathbf{O}	New teacher (teaching 0-3 years) (5)
\mathbf{O}	Experienced teacher (teaching more than 3 years) (6)
\mathbf{O}	School leader (7)
0	Other (please specify) (8)

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Q2	.3 What is your level(s) of focus? (Please check all that apply.)
	Early Intervention: ages 0-3 (1)
	Pre-school: ages 3-6 (2)
	Early Elementary: grades Kindergarten – 3rd grade (3)
	Late Elementary: grades 4th to 5th/6th (4)
	Middle School/Junior High: grades 6th/7th to 8th/9th (5)
	High School: grades 9th/10th to 12th (6)
	Transitional programs: 12th grade to age 21 (7)
	Adult: ages 21 and over (8)
	Other (9)

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Q3.1 SECTION 2: Satisfaction Among EC/EI Faculty

Directions: For this section, we are asking you to reflect on the *IRIS STAR Legacy* Modules and your perceptions of their relevance, quality, and usefulness. Read each item carefully before responding. Answer as honestly as you can. There are no right or wrong answers. Thank you.

Q3.2 I believe that the IRIS STAR Legacy Modules are:

	Strongly Disagree (1)	Disagree (2)	Neither Disagree or Agree (3)	Agree (4)	Strongly Agree (5)	Not applicable as I have never used the Modules. (6)
a. Relevant. (1)	O	O	O	0	O	O
b. Helping to solve important problems in special education. (2)	O	O	O	0	O	0
c. Helping to address critical issues in special education. (3)	O	O	O	•	0	•
d. Directly related to the special education problems or issues I am interested in. (4)	0	0	•	•	0	•
e. Directly related to the special education problems or issues I instruct and need to know about. (5)	O	O	O	0	O	0
f. Covering content related to diverse populations in special education. (6)	O	O	O	O	O	0

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g. High quality. (7)	O	•	O	0	O	O
h. Reflective of the current evidence-base in special education. (8)	O	O	O	•	O	0
i. Grounded in current legislation or policy in special education. (9)	O	O	O	O	O	0
j. Clear, well-formatted, and organized. (10)	O	•	O	0	•	0
k. Useful. (11)	O	O	O	O	O	O
1. Easily understood. (12)	O	•	O	•	•	O
m. Providing guidance and direction on special education. (13)	O	O	O	0	O	•
o. Providing information that can be acted upon to achieve the outcomes I intend. (14)	O	0	0	0	0	0
p. Providing information that can be acted upon in more than one special education setting. (15)	O	O	Q	O	•	•
q. Providing information that can be acted upon over time in special education. (16)	O	•	•	0	•	•

Q4.1 SECTION 3. Infusion of IRIS

Directions: This next set of questions will ask you to reflect on the multiple ways that you are using *IRIS STAR Legacy* Modules across various settings and in various professional

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capacities. This set of question focuses on the Modules that were developed under the current funding cycle. We are also interested in better understanding your actual use, as well as any increase in confidence, awareness, and knowledge resulting from the use of the Modules. Read each item carefully before responding. Answer as honestly as you can. There are no right or wrong answers. Thank you.

Q4.2 Recognizing that some modules have recently been posted, have you used any the following *IRIS STAR Legacy* Modules:

	No, Never (1)	Yes, Rarely (2)	Yes, Occasionally (3)	Yes, Regularly (4)	I don't know if I have used this Module (5)
Autism Spectrum Disorder: An Overview for Educators (1)					
Bookshare: Providing Accessible Materials for Students with Print Disabilities (revision) (2)					
Dual Language Learners with Disabilities: Supporting Young Children in the Classroom (3)					
Early Childhood Behavior Management: Developing and Teaching Rules (4)					
Early Childhood Environments: Designing Effective Classrooms (5)					
Evidence-Based Practices (Part 1): Identifying and Selecting a Practice or Program (6)					
Evidence-Based Practices (Part 2): Implementing a Practice or Program with Fidelity (7)					

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Evidence-Based Practices (Part 3): Evaluating Learner Outcomes and Fidelity (8)	<u> </u>		
Intensive Intervention (Part 1): Using Data-Based Individualization to Intensity Instruction (9)			
Intensive Intervention (Part 2): Collecting and Analyzing Data for Data-Based Individualization (10)			

Q4.3 Below is another list of *IRIS STAR Legacy* Modules from previous funding cycles. Please indicate whether (a) you have used each Module, (b) you plan to use the Module again, and (c) you are aware that other colleagues are using each Module.

	I have used this module.			I will use this module again.			To the best of my knowledge, this module is being used by other colleagues in my program, department, college, or school.		
	No (1)	Yes (2)	Not Sure (3)	No (1)	Yes (2)	Not Sure (3)	No (1)	Yes (2)	Not Sure (3)
Classroom Assessment (Part 1): An Introduction to Monitoring Academic Achievement in the Classroom (1)	O	O	O	O	O	O	O	O	0
Classroom Management (Part 1): Learning the Components of a Comprehensive Behavior	O	O	O	O	O	O	O	O	•

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Management Plan (2)									
Differentiated Instruction: Maximizing the Learning of All Students (3)	O	O	O	O	O	O	O	O	•
Functional Behavioral Assessment: Identifying the Reasons for Problem Behavior and Developing a Behavior Plan (4)	O	O	O	O	O	O	O	O	o
Teaching English language learners (5)	O	O	0	0	0	0	0	O	O
Universal Design for Learning: Creating a Learning Environment that Challenges and Engages All Students (6)	0	0	0	0	O	O	O	0	0

Q4.4 On a previous question, you indicated that you have used *IRIS STAR Legacy* Modules. With that in mind, please respond to the question below. As a result of using these *IRIS STAR Legacy* Modules:

	Strongly Disagree (1)	Disagree (2)	Neither Disagree nor Agree (3)	Agree (4)	Strongly Agree (5)	Not applicable as I have not used these Modules in this way.
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						(6)
I find it easier to prepare for class. (1)	0	0	0	0	0	0
I find it easier to deliver instruction in class. (2)	O	O	O	O	O	O
I can explain central themes in my subjects so that even novice students understand. (3)	O	O	O	O	O	0
I can provide good guidance and instruction to all students regardless of their level of knowledge. (4)	O	O	O	O	0	0
I can answer students' questions so they understand difficult problems. (5)	O	O	O	O	O	0
I can explain subject matter so that most students understand the basic principles. (6)	O	O	O	O	O	0
I am more confident preparing for my course. (7)	O	O	O	0	0	0
I am more confident in delivering content for my course. (8)	O	O	O	0	O	0
I am more confident in supervising graduate or part-time instructors	O	O	O	0	O	O

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teaching a course. (9)						
I am more confident in supervising students in practicum or internship courses. (10)	O	O	O	O	O	0
I am more confident in designing curricula. (11)	0	O	O	0	0	0
I am more confident in delivering professional development. (12)	0	O	O	•	0	0

Q4.5 On a previous question, you indicated that you have used *IRIS STAR Legacy* Modules. With that in mind, please respond to the question below. Have you used any of these *IRIS STAR Legacy* Modules in any of the following ways?

	No (1)	Yes, Once (2)	Yes, More than Once (3)	Not Applicable (4)
Course preparation for Special Education class (1)	0	0	O	•
Course preparation for General Education class (2)	O	O	o	o
Course preparation for combination Special and General Education class (3)	0	•	•	•
Course preparation for class satisfying other licensure requirements (4)	•	•	•	•
Course preparation for class satisfying other program requirements (5)	•	•	•	•
Course delivery for Special Education class (6)	0	•	O	O

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Course delivery for General Education class (7)	0	0	0	O
Course delivery for combination Special and General Education class (8)	O	O	O	O
Course delivery for class satisfying other licensure requirements (9)	O	O	o	O
Course delivery for class satisfying other program requirements (10)	O	O	O	O
Delivering professional development (11)	O	O	O	O
Other professional capacities Describe: (12)	•	O	O	O

Q4.6 On a previous question, you indicated that you have used *IRIS STAR Legacy* Modules. With that in mind, please respond to the question below. My awareness of using evidence-based practices related to the topic(s) identified below has increased as a result of using *IRIS STAR Legacy* Modules.

	Strongly Disagree (1)	Disagree (2)	Neither Disagree nor Agree (3)	Agree (4)	Strongly Agree (5)	Not Applicable, I didn't mean to mark that I had used this Module. (6)
Autism Spectrum Disorder: An Overview for Educators (17)	O	O	O	0	O	0
Bookshare: Providing Accessible Materials for Students with Print Disabilities (revision) (12)	O	•	•	0	0	•
Dual Language Learners with Disabilities: Supporting Young	O	O	O	0	0	O

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Children in the Classroom (13)						
Early Childhood Behavior Management: Developing and Teaching Rules (3)	O	O	0	0	•	O
Early Childhood Environments: Designing Effective Classrooms (14)	O	O	0	0	•	O
Evidence-Based Practices (Part 1): Identifying and Selecting a Practice or Program (15)	0	O	O	O	•	0
Evidence-Based Practices (Part 2): Implementing a Practice or Program with Fidelity (4)	0	O	0	0	O	O
Evidence-Based Practices (Part 3): Evaluating Learner Outcomes and Fidelity (18)	0	O	O	O	•	0
Intensive Intervention (Part 1): Using Data- Based Individualization to Intensity Instruction (19)	O	O	O	O	O	0
Intensive Intervention (Part 2): Collecting and Analyzing Data for	0	O	O	0	0	•

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Data-Based Individualization (20)						
Classroom Assessment (Part 1): An Introduction to Monitoring Academic Achievement in the Classroom (21)	Q	O	Q	O	O	O
Classroom Management (Part 1): Learning the Components of a Comprehensive Behavior Management Plan (22)	O	O	O	O	•	0
Differentiated Instruction: Maximizing the Learning of All Students (23)	O	O	O	O	•	0
Functional Behavioral Assessment: Identifying the Reasons for Problem Behavior and Developing a Behavior Plan (24)	O	O	O	O	•	0
Teaching English Language Learners (25)	0	o	O	O	O	0
Universal Design for Learning: Creating a Learning Environment that Challenges and Engages All Students (26)	O	O	•	O	0	0

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Q4.7 On a previous question, you indicated that you have used *IRIS STAR Legacy* Modules. With that in mind, please respond to the question below. My knowledge of using evidence-based practices related to the topic(s) identified below has increased as a result of using *IRIS STAR Legacy* Modules.

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	Strongly Disagree (1)	Disagree (2)	Neither Disagree nor Agree (3)	Agree (4)	Strongly Agree (5)	Not Applicable, I didn't mean to mark that I had used this Module. (6)
Autism Spectrum Disorder: An Overview for Educators (17)	O	O	O	O	O	0
Bookshare: Providing Accessible Materials for Students with Print Disabilities (revision) (12)	O	Q	Q	Q	Q	0
Dual Language Learners with Disabilities: Supporting Young Children in the Classroom (13)	O	0	0	O	0	•
Early Childhood Behavior Management: Developing and Teaching Rules (3)	•	•	0	O	•	•
Early Childhood Environments: Designing Effective Classrooms (14)	O	0	O	O	0	0
Evidence-Based Practices (Part 1): Identifying and Selecting a Practice or Program (15)	O	O	O	O	O	•

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Evidence-Based Practices (Part 2): Implementing a Practice or Program with Fidelity (4)	O	0	0	O	0	•
Evidence-Based Practices (Part 3): Evaluating Learner Outcomes and Fidelity (18)	O	O	O	0	O	0
Intensive Intervention (Part 1): Using Data-Based Individualization to Intensity Instruction (19)	O	0	O	0	O	•
Intensive Intervention (Part 2): Collecting and Analyzing Data for Data-Based Individualization (20)	O	0	0	O	O	•
Classroom Assessment (Part 1): An Introduction to Monitoring Academic Achievement in the Classroom (21)	0	0	0	O	0	•
Classroom Management (Part 1): Learning the Components of a Comprehensive	0	0	O	0	0	•

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Behavior Management Plan (22)						
Differentiated Instruction: Maximizing the Learning of All Students (23)	0	•	0	O	0	O
Functional Behavioral Assessment: Identifying the Reasons for Problem Behavior and Developing a Behavior Plan (24)	O	•	•	O	0	O
Teaching English language learners (25)	O	O	0	0	0	O
Universal Design for Learning: Creating a Learning Environment that Challenges and Engages All Students (26)	O	0	0	O	0	O

Q4.8 To the best of your knowledge, are you the only faculty member at your university who is using the *IRIS STAR Legacy* Modules in courses offered in your school or program? (Please check one.)

O	Yes	(1)
	1 03	(1)

O No (2)

Q4.9 You indicated that other faculty members at your school or in your program are using the Modules in their courses. Do you, as a group, collaboratively decide which <i>IRIS STAR Legacy</i> Modules to use across courses and instructors? (Please check one.)
O Yes (1) O No (2)
Q4.10 You indicated that faculty at your school or in your program collaboratively decide which <i>IRIS STAR Legacy</i> Modules to use across courses and instructors? Which groups are involved in this collaborative planning effort? (Please check all who apply.)
 □ General education faculty (1) □ Special education faculty (2) □ Educational leadership faculty (3) □ School Psychology faculty (4) □ Counseling faculty (5) □ Other types of faculty (Please specify) (6)
Q4.11 Faculty members involved in this collaborative planning effort teach in which of the following types of programs? (Please check all that apply.)
 □ Undergraduate courses (1) □ M.A./M.Ed. courses (2) □ Ph.D./Ed.D courses (3)
Q4.12 On average, how many <i>IRIS STAR Legacy</i> Modules do you use in your courses each academic year? (Please enter a whole number from 0 to 65).
Q4.13 Across all of your courses combined, approximately how many students do you teach each academic year? (Please enter a whole number from 0 to 5000).
Q4.14 On average, how many <i>IRIS STAR Legacy</i> Modules do you use in the practica and internships you supervise each academic year? (Please enter a whole number from 0 to 65).

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	.15 Across all of the practica and internships combined, approximately how many students you supervise each academic year? (Please enter a whole number from 0 to 5000).
Q4	.16 Do you use the <i>IRIS STAR Legacy</i> Modules in your: (Please check all that apply.)
	Undergraduate courses (1) M.A./M.Ed. courses (2) Ph.D./Ed.D courses (3)
Q4	.17 Do you use the IRIS STAR Legacy Modules in your: (Please check all that apply.)
	General education courses (1) Special education courses (2) Educational leadership courses (3) School Psychology courses (4) Counseling courses (5) Other types of courses (Please specify) (6)
-	.18 In which type of course formats have you used the <i>IRIS STAR Legacy</i> Modules? (Please eck all that apply.)
	Traditional classroom setting (i.e., everyone meets face-to-face at a specified time) (1) Synchronous online classroom setting (i.e., everyone meets online at a specific time) (2) Asynchronous online classroom setting (i.e., everyone completes the course online at their own pace) (3)
	Hybrid course (i.e., meets both face-to-face and online) (4)
	Practicum supervision (i.e., students are in applied placements and receive guidance
	individually or as a group) (5)
	Other (please explain) (6)

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-	.19 In what way(s) do you have students complete <i>IRIS STAR Legacy</i> Modules (Please eck all that apply.)
	Independently outside of class (1) Independently during class (2) In groups outside of class (3) In groups during class (4) As an entire class (5) As part of flipped instruction (e.g., Modules are used independently outside of class with class time devoted to application of knowledge from the Module) (6) As part of assigned homework (7) Other (please explain) (8)
-	.20 What kind of class discussion do you have about the IRIS <i>STAR Legacy</i> Modules? ease check all that apply.)
	We do not discuss the Modules in class. (1) I introduce the Module briefly before students complete it. (2) We have ongoing discussions about the Module as students work through it. (3) We discuss or debrief after students have completed the Module. (4) Other (please explain) (5)
Q4	.21 Have you used IRIS STAR Legacy Modules to:

	Yes (1)	No (2)
Supplement material in a textbook? (1)	O	O
Replace material in a textbook? (2)	O	O

Q4.22 What are the benefits to using *IRIS STAR Legacy* Modules either as a supplement or replacement for a textbook?

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-	.1 SECTION 4: Future Needs Directions: For this section, we would like to know what you uld like IRIS to provide in the future.
Q5	.2 Are there any topics that you would like, but could not find, IRIS resources for?
Q5	.3 Are there additional trainings or services you would like IRIS to provide?
imj	.4 If funding for IRIS ended, causing the services to disappear, in what way would that pact your courses (e.g., how you prepare your courses, how you deliver your courses, your affidence in delivering the material, etc.)? Please be as descriptive and specific as possible.
Q6	.1 SECTION 5: Tells Us About Yourself
	rections: For this last section, we are interested in hearing more about you to help us serve a better in the future.
Q6	.2 Are you: (Please check one.)
O	Male (1) Female (2) Prefer not to specify (3)
Q6	.3 Which of the following best describes your race? (Please check all that apply.)
	American Indian or Alaska Native (1) Asian (2) Black or African American (3) Native Hawaiian or Other Pacific Islander (4) White (5) Other (please specify) (7) Prefer not to specify (8)

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	4 Which of the following categories best describes your Spanish, Hispanic, and/or Latino icity? (Please check all that apply.)
N H O O O	I am not of Spanish, Hispanic, or Latino origin. (1) Mexican, Mexican-American, Chicano (2) Puerto Rican (3) Cuban (4) Latin American (5) Other (please specify) (6) Prefer not to specify (7)
Q6.5	5 In what year were you born? (Please enter your 4-digit birth year.)
disal of di rece	6 Are you a person with a disability? (For the purposes of this survey, a person with a bility meets one or more of the following criteria: 1) has a disability based on the definition isability under the Americans with Disabilities Act 2) has a documented disability and ived disability related services in higher education 3) had either an IEP or a 504 planing elementary and/or high school.) (Please check one.)
1 0	Yes (1) No (2) Prefer not to specify (3)

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Q6	.7 Which of the following categories describe your disability? (Please select all that apply.)
	Autism (1) Deaf/blindness (2) Deafness (and/or hard-of-hearing) (3) Emotional disturbance (or behavioral disorder) (4) Hearing impairment (5) Intellectual disability (6) Multiple disabilities (7) Orthopedic impairment (physical disability) (8) Other health impairment (9) Specific learning disability (10) Speech and/or language impairment (11) Traumatic brain injury (12) Visual impairment including blindness (13) Other (please specify) (14) Prefer not to specify (15)
	2-year college (1) 4-year college or university (2)
Q6	.9 Is this institution: (Please check all that apply.)
	Single-gender (1) Religiously affiliated (2) Historically Black College or University (3) Hispanic Serving Institution (4) Tribal College or University (5) Public (6) Private (7)

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PD Provider Survey

Please read the following before moving on to the feedback form.

You are being asked to participate in a summative evaluation feedback form of IRIS Center resources because you were identified as a professional development provider who has used them in the past.

Purpose: This summative evaluation is guided by interest in collecting data around four key areas: (1) who is using the *IRIS Center's* resources (i.e., Modules); (2) how IRIS is satisfying current needs, (3) how the *IRIS Center's* resources are being infused in courses, curricula, and professional development, and (4) future needs. This information will be reported to the *IRIS Center's* funding agency (the U.S. Department of Education's Office of Special Education Programs) and will be used internally by the *IRIS Center's* staff to plan future efforts. In order to minimize the time required to complete the feedback form, we are only asking questions that address the required external evaluation questions. It is anticipated that the time needed to complete this feedback form will vary, but we estimate that the feedback form should take you about 10-15 minutes to complete.

Risks: There is no risk connected to your participation in this study, although an associated burden may be the time commitment. In order to help minimize this burden, we have created an online feedback form with automated skip patterns to ensure you are only responding to questions that are directly applicable.

Benefits: You may feel like you gain some benefit from having a voice in an evaluation that will inform IRIS future practice, and possibly funding decisions made by the U.S. Office of Special Education Programs (OSEP).

Compensation: There is no compensation for participating in this feedback form.

Voluntary participation: Please understand that your participation in this feedback form is completely voluntary. Your decision whether or not to participate will in no way affect your current or future relationship with the *IRIS Center's* staff or with your employer. You have the right to discontinue this feedback form at any time without penalty.

Confidentiality: An external evaluation team, affiliated with the University of Connecticut, is conducting this study. Information will be presented in aggregated form so as not to identify your individual information. Individual responses will not be accessible or shared with the *IRIS Center* or anyone else.

Anticipated use: It is anticipated that IRIS Center staff will use information from this study internally. Externally, the U.S. Department of Education's Office of Special Education Programs (OSEP) may also use it.

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If you have questions about this feedback form or the external evaluation, please contact Dr. Bianca Montrosse-Moorhead by email at bianca@uconn.edu. You may also contact Laura Kern, who is assisting Dr. Montrosse-Moorhead, by email at laurakern@hotmail.com. If you have questions about IRIS Center resources, please contact Dr. Naomi Tyler at (615) 343-5610 or by email at iris@vanderbilt.edu. Ready to begin the feedback form? Simply click on the button located in the bottom right-hand side of the screen. If you are having trouble locating the button, it looks like this: [>>].

Q2.1 SECTION 1. First Things First

Directions: The questions below are designed to gather some basic background information to ensure we only ask relevant questions that are directly applicable to you. Read each item carefully before responding. Answer as honestly as you can. There are no right or wrong answers. Thank you.

Q2 one	.3 Which of the following categories best describes your primary position? (Please check e.)
	College faculty (1)
	Professional development provider (2) College student (undergraduate) (3)
	Graduate student (4)
O	New teacher (teaching 0-3 years) (5)
O	Experienced teacher (teaching more than 3 years) (6)
O	School leader (7)
O	Other (please specify) (8)
~	.2 Have you used <i>IRIS STAR Legacy</i> Modules as part of delivering professional velopment? (Please check one)
	Yes (1) No (2)

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ele	mentary, transition, etc.)?
Q2	.5 What is your level(s) of focus? (Please check all that apply.)
	Early Intervention: ages 0-3 (1)
	Pre-school: ages 3-6 (2)
	Early Elementary: grades Kindergarten – 3rd grade (3)
	Late Elementary: grades 4th to 5th/6th (4)
	Middle School/Junior High: grades 6th/7th to 8th/9th (5)
	High School: grades 9th/10th to 12th (6)
	Transitional programs: 12th grade to age 21 (7)
	All of the above (8)
	Other (9)

Q2.4 With which group(s) do you devote most of your time and energy (e.g., pre-school, late

Q3.1 SECTION 2: Satisfaction Among EC/EI Professional Development Providers

Directions: For this section, we are asking you to reflect on the *IRIS STAR Legacy* Modules and your perceptions of their relevance, quality, and usefulness. Read each item carefully before responding. Answer as honestly as you can. There are no right or wrong answers. Thank you.

Q3.2 I believe that the IRIS STAR Legacy Modules are:

	Strongly Disagree (1)	Disagree (2)	Neither Disagree or Agree (3)	Agree (4)	Strongly Agree (5)	Not applicable as I have never used the Modules. (6)
a. Relevant. (1)	O	O	O	O	O	O
b. Helping to solve important problems in special education. (2)	O	O	O	O	O	•
c. Helping to address critical issues in special education. (3)	O	0	O	o	0	0
d. Directly related to the special education	O	O	•	O	O	0

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problems or issues I am interested in. (4)						
e. Directly related to the special education problems or issues I instruct and need to know about. (5)	0	0	O	O	O	O
f. Covering content related to diverse populations in special education. (6)	0	O	O	O	O	0
g. High quality. (7)	O	O	O	O	•	0
h. Reflective of the current evidence-base in special education. (8)	•	•	•	0	O	0
i. Grounded in current legislation or policy in special education. (9)	0	0	O	0	O	0
j. Clear, well-formatted, and organized. (10)	O	O	0	O	O	•
k. Useful. (11)	•	O	•	0	•	0
1. Easily understood. (12)	•	•	O	O	•	•
m. Providing guidance and direction on special education. (13)	O	O	O	0	O	0
o. Providing information that can be acted upon to achieve the outcomes I intend.	0	O	O	O	O	0

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(14)						
p. Providing information that can be acted upon in more than one special education setting. (15)	O	O	O	0	0	•
q. Providing information that can be acted upon over time in special education. (16)	0	O	O	O	0	0

Q4.1 SECTION 3. Infusion of IRIS

Directions: This next set of questions will ask you to reflect on the multiple ways that you are using *IRIS STAR Legacy* Modules across various settings and in various professional capacities. This set of question focuses on the Modules that were developed under the current funding cycle. We are also interested in better understanding your actual use, as well as any increase in confidence, awareness, and knowledge resulting from the use of the Modules. Read each item carefully before responding. Answer as honestly as you can. There are no right or wrong answers. Thank you.

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Q4.2 Recognizing that some modules have recently been posted, have you used any the following *IRIS STAR Legacy* Modules:

	No, Never (1)	Yes, Rarely (2)	Yes, Occasionally (3)	Yes, Regularly (4)	I don't know if I have used this Module (5)
Autism Spectrum Disorder: An Overview for Educators (1)		٥			
Bookshare: Providing Accessible Materials for Students with Print Disabilities (revision) (2)	۵			۵	
Dual Language Learners with Disabilities: Supporting Young Children in the Classroom (3)					
Early Childhood Behavior Management: Developing and Teaching Rules (4)					
Early Childhood Environments: Designing Effective Classrooms (5)				_	
Evidence-Based Practices (Part 1): Identifying and Selecting a Practice or Program (6)					
Evidence-Based Practices (Part 2): Implementing a Practice or Program with Fidelity (7)					
Evidence-Based Practices (Part 3): Evaluating Learner Outcomes and Fidelity (8)					
Intensive Intervention (Part 1):					

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Using Data-Based			
Individualization to Intensity			
Instruction (9)			
Intensive Intervention (Part 2):			
Collecting and Analyzing Data			
for Data-Based Individualization			
(10)			

Q4.3 Below is another list of *IRIS STAR Legacy* Modules from previous funding cycles. Please indicate whether (a) you have used each Module, (b) you plan to use the Module again, and (c) you are aware that other colleagues are using each Module.

	I have used this module.			I will	use this m again.	odule	mod	o the best of my knowledge, this module is being used by other colleagues in my organization.		
	No (1)	Yes (2)	Not Sure (3)	No (1)	Yes (2)	Not Sure (3)	No (1)	Yes (2)	Not Sure (3)	Not Appli cable (4)
Classroom Assessment (Part 1): An Introductio n to Monitoring Academic Achieveme nt in the Classroom (1)	O	•	•	•	•	0	•	0	•	•
Classroom Manageme nt (Part 1): Learning the Component	0	O	O	O	O	O	O	O	•	0

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s of a Comprehen sive Behavior Manageme nt Plan (2)										
Differentiat ed Instruction: Maximizin g the Learning of All Students (3)	O	O	O	O	O	O	O	O	O	0
Functional Behavioral Assessment : Identifying the Reasons for Problem Behavior and Developing a Behavior Plan (4)	O	O	O	O	O	O	O	O	•	0
Teaching English language learners (5)	•	0	0	•	0	0	0	O	0	0
Universal Design for Learning: Creating a	O	0	O	O	0	0	•	0	0	O

Learning Environme					
nt that					
Challenges					
and					
Engages					
All					
Students					
(6)					

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Q4.4 On a previous question, you indicated that you have used *IRIS STAR Legacy* Modules. With that in mind, please respond to the question below. As a result of using these *IRIS STAR Legacy* Modules:

	Strongly Disagree (1)	Disagree (2)	Neither Disagree nor Agree (3)	Agree (4)	Strongly Agree (5)	Not applicable as I have not used these Modules in this way. (6)
I find it easier to prepare for professional development. (1)	O	O	O	•	O	0
I find it easier to deliver professional development. (2)	O	O	O	0	O	0
I can explain central themes so that even novice participants understand. (3)	O	O	O	O	O	O
I can provide good guidance and instruction to all participants regardless of their level of knowledge. (4)	O	0	0	0	0	O
I can answer participants' questions so they understand difficult problems. (5)	O	O	O	O	O	0
I can explain subject matter so that most participants understand the basic principles. (6)	O	O	O	O	O	0
I am more confident	O	O	O	O	O	O

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preparing for my professional development. (7)						
I am more confident in delivering content for my professional development. (8)	O	O	O	O	O	0
I am more confident in coaching participants. (9)	O	•	•	0	•	O
I am more confident in designing professional development. (11)	O	O	O	0	O	0

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Q4.5 On a previous question, you indicated that you have used *IRIS STAR Legacy* Modules. With that in mind, please respond to the question below. Have you used any of these *IRIS STAR Legacy* Modules in any of the following ways?

	No (1)	Yes, Once (2)	Yes, More than Once (3)	Not Applicable (4)
Professional development preparation for Special Educators (1)	0	0	0	0
Professional development preparation for General Educators (2)	O	O	O	O
Professional development preparation for Special and General Educators attending the same training/session (3)	O	O	Q	O
Professional development preparation for session satisfying other licensure requirements (4)	O	O	O	0
Professional development delivery for Special Educators (6)	0	O	O	0
Professional development delivery for General Educators (7)	0	O	O	0
Professional development delivery for Special and General Educators attending the same training/session (8)	O	O	O	O
Other professional professional development scenario (Please describe.) (12)	O	O	O	O

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Q4.6 On a previous question, you indicated that you have used *IRIS STAR Legacy* Modules. With that in mind, please respond to the question below. My awareness of using evidence-based practices related to the topic(s) identified below has increased as a result of using *IRIS STAR Legacy* Modules.

	Strong ly Disagr ee (1)	Disagre e (2)	Neither Disagre e nor Agree (3)	Agree (4)	Strongl y Agree (5)	Not Applicable, I didn't mean to mark that I had used this Module. (6)
Autism Spectrum Disorder: An Overview for Educators (17)	0	0	0	0	0	0
Bookshare: Providing Accessible Materials for Students with Print Disabilities (revision) (12)	O	0	0	O	0	O
Dual Language Learners with Disabilities: Supporting Young Children in the Classroom (13)	O	0	O	O	0	O
Early Childhood Behavior Management: Developing and Teaching Rules (3)	O	0	O	O	0	O
Early Childhood Environments: Designing Effective Classrooms (14)	O	O	0	O	O	O
Evidence-Based Practices (Part 1): Identifying and Selecting a Practice or	O	0	0	O	0	O

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Program (15)						
Evidence-Based Practices (Part 2): Implementing a Practice or Program with Fidelity (4)	0	•	•	O	•	•
Evidence-Based Practices (Part 3): Evaluating Learner Outcomes and Fidelity (18)	O	•	•	Q	0	0
Intensive Intervention (Part 1): Using Data- Based Individualization to Intensity Instruction (19)	O	0	0	O	•	0
Intensive Intervention (Part 2): Collecting and Analyzing Data for Data-Based Individualization (20)	O	0	0	O	0	O
Classroom Assessment (Part 1): An Introduction to Monitoring Academic Achievement in the Classroom (21)	O	0	0	O	0	0
Classroom Management (Part 1): Learning the Components of a Comprehensive Behavior Management Plan (22)	O	O	O	0	0	0
Differentiated	O	O	O	O	O	O

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Instruction: Maximizing the Learning of All Students (23)						
Functional Behavioral Assessment: Identifying the Reasons for Problem Behavior and Developing a Behavior Plan (24)	0	•	0	0	•	•
Teaching English Language Learners (25)	O	O	O	O	o	0
Universal Design for Learning: Creating a Learning Environment that Challenges and Engages All Students (26)	O	0	0	0	0	0

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Q4.7 On a previous question, you indicated that you have used *IRIS STAR Legacy* Modules. With that in mind, please respond to the question below. My knowledge of using evidence-based practices related to the topic(s) identified below has increased as a result of using *IRIS STAR Legacy* Modules.

	Strong ly Disagr ee (1)	Disagre e (2)	Neither Disagre e nor Agree (3)	Agree (4)	Strong ly Agree (5)	Not Applicable, I didn't mean to mark that I had used this Module. (6)
Autism Spectrum Disorder: An Overview for Educators (17)	0	O	O	O	O	O
Bookshare: Providing Accessible Materials for Students with Print Disabilities (revision) (12)	O	0	0	0	O	O
Dual Language Learners with Disabilities: Supporting Young Children in the Classroom (13)	O	O	O	O	O	O
Early Childhood Behavior Management: Developing and Teaching Rules (3)	O	O	O	O	O	O
Early Childhood Environments: Designing Effective Classrooms (14)	O	O	O	O	O	O
Evidence-Based Practices (Part 1): Identifying and Selecting a Practice or	O	O	O	O	O	O

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Program (15)						
Evidence-Based Practices (Part 2): Implementing a Practice or Program with Fidelity (4)	0	0	O	O	O	0
Evidence-Based Practices (Part 3): Evaluating Learner Outcomes and Fidelity (18)	O	O	•	O	O	O
Intensive Intervention (Part 1): Using Data- Based Individualization to Intensity Instruction (19)	O	0	0	O	O	0
Intensive Intervention (Part 2): Collecting and Analyzing Data for Data-Based Individualization (20)	O	0	0	O	O	0
Classroom Assessment (Part 1): An Introduction to Monitoring Academic Achievement in the Classroom (21)	O	0	•	O	O	0
Classroom Management (Part 1): Learning the Components of a Comprehensive Behavior Management Plan (22)	O	•	•	O	O	•

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Differentiated Instruction: Maximizing the Learning of All Students (23)	O	O	O	O	O	O
Functional Behavioral Assessment: Identifying the Reasons for Problem Behavior and Developing a Behavior Plan (24)	O	0	O	O	O	•
Teaching English language learners (25)	O	O	O	•	O	O
Universal Design for Learning: Creating a Learning Environment that Challenges and Engages All Students (26)	0	•	•	0	O	•
Q4.8 What is the extent of your involvement in delivering professional development that used <i>IRIS STAR Legacy</i> Modules? (Please check one.) O I was involved in the planning of the professional development, but not the delivery. (1) O I was involved in delivery of the professional development, but not the planning. (2) O I was involved in both the planning and delivery of the professional development. (3)						
Q4.9 To the best of your knowledge, are there other PD provider in your organization that are using the <i>IRIS STAR Legacy</i> Modules in professional development? (Please check one.)						
Yes (1)No (2)Not applicable (3)						

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Q4.10 You indicated that other professional developers in your organization are using the Modules in their professional development. Do you, as a group, collaboratively decide which *IRIS STAR Legacy* Modules to use across professional development trainings/sessions? (Please check one.)

O Yes (1)

Q4.11 You indicated that other professional development providers in your organization collaboratively decide which *IRIS STAR Legacy* Modules to use across trainings/sessions. Which groups are involved in this collaborative planning effort?

O No (2)

	Not Involved (1)	Involved (2)
Technical Assistance Centers (e.g., see list of federally funded centers) (9)	O	0
State education agency staff (1)	O	O
Local education agency staff (2)	0	O
Early Intervention staff (3)	O	•
School staff: Preschool (4)	•	•
School staff: Elementary school (5)	•	•
School staff: Middle or junior high school (7)	•	•
School staff: High school (8)	O	•
Other (Please specify.) (6)	0	O

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Q4.12 You indicated that you have used *IRIS STAR Legacy* Modules as part of delivering professional development. For what type of institution did you personally provide this professional development? (Please check all that apply.)

	Have Not Provided PD (1)	Have Provided PD (2)
State education agency staff (1)	•	0
Local education agency staff (2)	0	O
Early Intervention staff (3)	•	O
School staff: Preschool (4)	•	O
School staff: Elementary school (5)	0	O
School staff: Middle or junior high school (6)	0	O
School staff: High school (7)	•	O
Other (Please specify.) (8)	O	O

Q4.13 On average, how many professional development trainings/sessions do you offer per year? Please enter the number of classes (Please enter a whole number from 0 to 365).

Q4.14 Across all of your trainings/sessions combined, approximately how many individuals do you provide professional development for each year? (Please enter a whole number from 0 to 500000).

Q4.15 In which type of professional development formats have you used the *IRIS STAR Legacy* Modules? (Please check all that apply.)

	Have Not Used in this Format (1)	Have Used in this Format (2)
Traditional, face-to-face (1)	0	•
Webinar (2)	O	O
Podcast (3)	O	O

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On-line internet-based (4)	0	•
Hybrid (i.e., mix of on-line and face-to-face) (7)	•	O
One-on-one coaching (5)	•	O
Other (please explain) (6)	O	0

Q4.16 Does your professional training include the following:

	No (1)	Yes (2)
Supervising of future trainers (1)	•	•
Supervising and/or field experience of participants (2)	•	•
Coaching of participants (3)	0	O
Other (please explain) (4)	•	•

Q4.17 How has using the *IRIS STAR Legacy* Modules changed your supervision of future trainers, of field experiences, of coaching professional development participants, or in other ways?

Q4.18 Do you use the IRIS STAR Legacy Modules for:

	No (1)	Yes (2)
District-based initial licensure (1)	•	•
District-based permanent licensure (2)	0	•
Continuing education credits (CEUs) (3)	•	•
As part of a direct grant requirements (e.g, the PD is a necessary component of the actual grant) (4)	O	•
As part of external grant requirements (e.g., the PD is given because of grant funding not directly related to specific grant components) (5)	O	0

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Induction of early intervention providers (ages 0 to 3) (7)	O	0
Induction of new general education teachers (8)	O	•
Induction of new special education teachers (including preschool) (9)	O	0
Professional development for education leadership personnel (e.g., principals) (10)	O	0
Professional development for experienced teachers (11)	•	O
Professional development for school psychologists (12)	•	O
Professional development for school counselors (13)	•	O
Professional development for paraprofessionals (14)	•	o
Other (please specify) (6)	•	•

Q4.19 In what way(s) do you have participants complete IRIS STAR Legacy Modules?

	No (1)	Yes (2)
Independently outside of the professional development (1)	•	•
Independently during the professional development (2)	•	•
In groups outside of the professional development (3)	•	•
In groups during the professional development (4)	•	•
As an entire class during the professional development (5)	•	•
As part of assigned homework (6)	•	•
Other (Please explain.) (7)	•	O

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Q4.20 What kind of discussion do you have about the *IRIS STAR Legacy* Modules during the professional development trainings/sessions?

	No (1)	Yes (2)
I introduce the Module briefly before participants complete it. (1)	0	0
We have ongoing discussions about the Module as participants work through it. (2)	O	O
We discuss or debrief after participants have completed the Module. (3)	O	O
Other (Please explain.) (4)	•	O

Q4.21 Have you used IRIS STAR Legacy Modules to:

	Yes (1)	No (2)
Designing materials related to your professional development (1)	•	•
Supplementing material in your professional development (2)	•	O
Replacing material in your professional development (3)	•	O
As material in your professional development (4)	•	O

Q4.22 What are the benefits of using *IRIS STAR Legacy* Modules either as for designing, supplementing, replacing, or as material for professional development?

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Q4.23 Have you used any of the following IRIS Center resources in your professional development trainings/sessions?

	Yes (23)	No (24)
Sample Professional Development (PD) Activity Collection (1)	0	0
Planning Forms (2)	•	0

Q5.1 SECTION 4: Future Needs

Directions: For this section, we would like to know what you would like IRIS to provide in the future.

- Q5.2 Are there any topics that you would like, but could not find, IRIS resources for?
- Q5.3 Are there additional trainings or services you would like IRIS to provide?
- Q5.4 If funding for IRIS ended causing the services to disappear, in what way would that impact your professional development (e.g., how you prepare your professional development, how you deliver your professional development, your confidence in delivering the material, etc.)?
- Q6.1 SECTION 5: Tells Us About Yourself Directions: For this last section, we are interested in hearing more about you to help us serve you better in the future.
- Q6.2 Are you: (Please check one.)
- **O** Male (1)
- O Female (2)
- O Prefer not to specify (3)

Q6	.3 Which of the following best describes your race? (Please check all that apply.)
	American Indian or Alaska Native (1) Asian (2) Black or African American (3) Native Hawaiian or Other Pacific Islander (4) White (5) Other (please specify) (7) Prefer not to specify (8)
-	.4 Which of the following categories best describes your Spanish, Hispanic, and/or Latino nicity? (Please check all that apply.)
	I am not of Spanish, Hispanic, or Latino origin. (1) Mexican, Mexican-American, Chicano (2) Puerto Rican (3) Cuban (4) Latin American (5) Other (please specify) (6) Prefer not to specify (7)
Q6	.5 In what year were you born? (Please enter your 4-digit birth year.)
dis of o	.6 Are you a person with a disability? (For the purposes of this survey, a person with a ability meets one or more of the following criteria: 1) has a disability based on the definition disability under the Americans with Disabilities Act 2) has a documented disability and eived disability related services in higher education 3) had either an IEP or a 504 planting elementary and/or high school.) (Please check one.)
O	Yes (1) No (2) Prefer not to specify (3)

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Q6	.7 Which of the following categories describe your disability? (Please select all that apply.)
	Autism (1)
	Deaf/blindness (2)
	Deafness (and/or hard-of-hearing) (3)
	Emotional disturbance (or behavioral disorder) (4)
	Hearing impairment (5)
	Intellectual disability (6)
	Multiple disabilities (7)
	Orthopedic impairment (physical disability) (8)
	Other health impairment (9)
	Specific learning disability (10)
	Speech and/or language impairment (11)
	Traumatic brain injury (12)
	Visual impairment including blindness (13)
	Other (please specify) (14)
	Prefer not to specify (15)

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Q6.8 How frequently do the following agencies ask for your professional development services?

	Never (1)	Very Rarely (2)	Rarely (3)	Somewhat Infrequently (4)	Somewhat Frequently (5)	Frequently (6)	Always (7)
State education agency (19)	0	0	0	O	0	0	0
County education agency (20)	•	•	•	0	•	•	0
District education agency (21)	•	0	•	•	•	•	0
Schools (22)	O	O	O	0	O	O	O
Other (Please describe.) (23)	•	0	•	O	0	0	0

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Q6.9 How many years have you been using the IRIS STAR Legacy Modules? (Please check
one.)
O Less than 1 year (1)
O 1 year (2)
O 2 years (3)
O 3 years (4)
Q 4 years (5)
O 5 years (6)
O 6 years (7)
O 7 years (8)
O 8 years (9)
O 9 years (10)
O 10 years (11)
O 11 years (12)
O 12 years (13)
O 13 years and more (14)
Q6.10 How did you learn about the IRIS Center resources?
Q6.11 Have you ever been to a conference presentation that focused on the IRIS Center and its resources? (Please check one.)
O Yes (1)
O No (2)
J 1.0 (2)
Q6.12 Have you ever participated in an IRIS training seminar? (Please check one.)
O Yes (1)
O No (2)
Q6.13 If you have comments you would like to share about your experiences with IRIS Center resources, please provide them in the space below.

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Q6.10 How many years have you been using the <i>IRIS STAR Legacy</i> Modules? (Please check one.)
O Less than 1 year (1)
O 1 year (2)
O 2 years (3)
O 3 years (4)
Q 4 years (5)
O 5 years (6)
O 6 years (7)
O 7 years (8)
O 8 years (9)
O 9 years (10)
O 10 years (11)
O 11 years (12)
O 12 years (13)
O 13 years and more (14)
Q6.11 How did you learn about the IRIS Center resources? Q6.12 Have you ever been to a conference presentation that focused on the IRIS Center and its
resources? (Please check one.)
O Yes (1) O No (2)
Q6.13 Have you ever participated in an IRIS training seminar? (Please check one.)
O Yes (1) O No (2)
Q6.14 If you have comments you would like to share about your experiences with IRIS Center resources, please provide them in the space below.
Q7.1 Please click on the button (bottom right) to submit your completed survey. After you do

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so, your survey will be complete. Thank you for participating in the IRIS Center Summative Evaluation survey! Your answers will help us to better understand the experiences and needs of

those using the IRIS Center's resources. Again, if you have questions about this survey, please contact Dr. Bianca Montrosse-Moorhead at (860) 486-0177 or by email at bianca@uconn.edu. If you have questions about IRIS Center resources, please contact Dr. Naomi Tyler at (615) 343-5610 or by email at iris@vanderbilt.edu.

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