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Exploring the Use of the Check & Connect Program as a Behavioral Intervention for Students with Attention-Deficit Hyperactivity Disorder

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Abstract

Student engagement is critical to the overall academic and behavioral well-being of a child in school. When working with students who have been diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD), it is important for students to understand that, even though it may be more difficult for them to complete certain tasks or follow certain rules, they can be engaged and successful. Check & Connect is a research-based intervention which involves developing a strong, positive relationship between a student and a trained mentor (University of Minnesota, 2013). A single subject design using a non-concurrent multiple baseline across students' was employed to determine the effect of a Check & Connect program on appropriate classroom behaviors for four 2nd grade students who had a medical diagnosis of ADHD. The behaviors that were addressed included remaining on-task, following directions and completing assignments throughout the school day. Each student had the opportunity to complete a daily checklist and earn up to eight or ten points per day for assignment completion and on-task behavior depending on the schedule of the classroom. Based on the results of this study, the implementation of the "Check & Connect" program yielded positive results for three of the four students who participated.

Keywords: ADHD, daily checklists, on-task behavior, student engagement

Introduction

Attention-Deficit Hyperactivity Disorder (ADHD) is characterized as a neurobehavioral developmental disorder (Frank-Briggs, 2011). As reported in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V, 2013), ADHD affects 3-5% of school-aged children. ADHD can be medically diagnosed when a child meets a number of specific criteria for inattention and hyperactivity that have persisted for at least six months. Separate criteria exist to define both inattention and hyperactivity. As stated in the DSM-V, at least six of the following criteria defined in the DSM-V (2013) must be displayed for the inattention diagnosis to be considered: a) often fails to give close attention to details or makes careless mistakes in schoolwork or other activities; b) often has difficulty sustaining attention in tasks or play activity; c) often does not seem to listen when spoken to directly; d) often does not follow through on instructions and fails to finish schoolwork, chores or duties; e) often has difficulty organizing tasks and activities; f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort such as schoolwork or homework); g) often looses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books or tools); h) is often easily distracted by extraneous stimuli; i) is often forgetful in daily activities. At least six of the following criteria defined in the DSM-V (2013) must be displayed for the hyperactivity diagnosis to be considered: a) often fidgets with hands or feet or squirms in seat; b) often leaves seat in classroom or in other situations in which remaining seated is expected; c) often runs about or climbs excessively in situations in which it is inappropriate d) often has difficulty playing or engaging in leisure activities quietly; e) is often “on the go” or often acts as if “driven by a motor”; f) often talks excessively. (American Psychiatric Association, 2013).

In today’s classroom, educators are required to identify students whose needs are not being met either academically, behaviorally or both to ensure that a proper plan and interventions

can be put into place so that each child can succeed to the best of his/her ability (Arcia et al. 2000). Many times these are students who have met the criteria listed previously and have been identified as students with ADHD. “In classroom settings, these students often complete work at rates lower than expected, produce work of poorer quality than they are capable of, and have difficulty maintaining on-task behaviors or following through when given instructions” (Harris et.al. 2005, p. 145). Under the modified Individuals with Disabilities Education Act, children with ADHD, whose behavior and learning problems impaired academic progress, became eligible for federally mandated special education services (Davila, Williams & McDonald, 1991).

The Department of Education in Georgia has implemented a four-tier Response to Intervention (RTI) model for identifying and addressing students' academic and/or behavioral needs. For the foundation of the model, all students receive standards-based grade-level instruction which is also known as Tier 1 (Pyramid of Interventions, 2011). Students are administered universal screenings which assists teachers in identifying students who will need more individualized assistance. Educators also progress monitor which allows teachers to assess the effectiveness of instruction and to differentiate their assistance based on the instructional and/or behavioral needs of the students. If Tier 1 strategies are not working and students are not making significant gains, then the school’s RTI committee should meet and develop a plan that focuses more attention on student needs. At this point in the process, a student would then enter Tier 2. By adding Tier 2 interventions, students in this stage receive more concentrated small-group or individual interventions that target specific needs and essential skills. All Tier 2 interventions should be research-based and may involve an increase in intensity, frequency, and duration of the strategies that were done while the student was in Tier 1. Students in Tier 2

require more progress monitoring to ensure the effectiveness of the interventions based on the student's response to them. (Pyramid of Interventions, 2011). After interventions have been used with fidelity over a predetermined amount of time with students, data are reviewed once again and if students continue to struggle then they are placed in Tier 3. Additional interventions, which are even more specific to student needs, are then used in Tier 3 and after a given period of time, if these are found ineffective, then the RTI committee should make an appropriate referral for consideration of evaluation and placement for Tier 4 services. If found eligible, this student receive services in Special Education, English to Speakers of Other Languages (ESOL), Gifted or other programs that are delivered by specially trained teachers. The Student Support Team (SST) is mandated by federal court order. Through this the RTI model was developed as a systemic process to bridge behavioral and academic gaps. The success of any SST relies on the foundation of Tiers 1 and 2. In schools, success is achievable when schools closely examine their data to the needs of students from the school-wide level to the classroom and then to individual student needs. Research based strategies and interventions are to be used by educators to meet the needs of students who are struggling. "The Georgia Pyramid of Interventions/RTI is a robust school improvement framework which is guided by data-driven decision making and time-proven practices to proactively address the needs of all Georgia students in the 21st Century" (Pyramid of Interventions, 2011, p. 4).

Since addressing the needs of all students is the primary focus of the RTI process, educators must ensure that all students are engaged on a daily basis to achieve this goal. Student engagement is critical to the overall academic and behavioral well-being of a child in school. Engagement is generally described as involving aspects of a student's behavior, cognition, and affect (Christenson, et al. 2008). A student is much more likely to be successful in anything if

he/she takes ownership of the situation and believes that it can be done; therefore, helping students to achieve the following belief is imperative: "I can," "I want to," and "I belong" (National Research Council, 2004). When working with students who have been diagnosed with ADHD, it is important for students to understand that, even though it may be more difficult for them to complete certain tasks or follow certain rules, they can be engaged and successful. Finding appropriate interventions to use with students who have difficulty maintaining focus on tasks throughout the school day is part of the RTI process that is conducted in schools today (Pyramid of Interventions, 2011). The need for various individualized interventions to help with student engagement is a must in the area of special education and should be considered a priority when assisting students with ADHD. Interventions which have been studied and used to address this need over the past few decades include, but are not limited to, behavior management plans, modifications to academic assignments and medication (Burley & Waller, 2005; DuPaul et al., 2011; Perrin et al., 2008). As these are only a few of the many interventions used, emphasis has been placed on these due to the success found when they were implemented within the classroom setting to help improve student engagement. This is cause for a brief exploration into each of these interventions.

Findings

Behavior management plans can be successfully designed and implemented after a target behavior is identified (Burley & Waller, 2005). Because students with ADHD often have difficulty completing assignments and can often distract others with their inattentive and off-task behaviors, an appropriate classroom management system must be in place to address these issues so that they do not negatively affect their own or the learning of other students within the classroom setting (Burley & Waller, 2005). As a classroom management system can be for the

entire classroom, a specific behavior management plan can be created for students with ADHD as part of the overall classroom management system. Perrin et al. (2008) reported that systematic rewards and consequences, including point systems or the use of a token economy can be included in the overall plan to increase appropriate behavior and eliminate inappropriate behavior. Although behavior management plans can be effective if implemented correctly and used appropriately with students who have been diagnosed with ADHD, various studies indicate that without a combination of a behavior management plan and medication to address the inattention and hyperactivity issues, positive results are not as widespread as when the two are combined (Perrin et al., 2008).

Stimulant medication is another intervention used as a treatment option for students who have been diagnosed with ADHD. Stimulant medications, which are used to treat the symptoms of ADHD, include methylphenidate (short-, intermediate-, and long-acting) and dextroamphetamine (short-, intermediate-, and long-acting: Perrin et al., 2008). Other medications which are used to treat the symptoms of ADHD include tricyclic antidepressants and bupropion (Perrin et al., 2008). Individuals respond differently to the medications, therefore, several trials may be necessary with various medications before a balance is found and the medication seems to be working for the child (Perrin et. al., 2008). Results of several studies in a meta-analysis indicate that medication, in certain cases, can prevent the need for other intense behavioral interventions due in part to the large dosage of medication that a student is given on a daily basis (Abramowitz et al., 1992). Although many students take prescription medications to help with characteristics associated with ADHD, there are still many who do not, therefore, other options have to be considered by educators in finding the best practices to put into place in order to help these students be as successful as possible throughout the school year.

Another intervention used for students with ADHD is the modification of academic assignments. One particular antecedent-based strategy used frequently is the reduction of task demands by modifying length and/or content of assignments (DuPaul et al., 2011). Current research indicates that if the length of a student's assignment is reduced, then the student would be able to attend to the task at a better rate because of the shorter amount of time that the student was required to focus on the assignment before having the opportunity to take a break, change tasks or move to another location in the classroom (DuPaul et al., 2011). This would be very beneficial as a modification when teaching students with ADHD due to their need of frequent breaks when working. Other academic interventions that can be implemented include a focus on the way that particular subject matter is presented to students with ADHD and also the instructional materials, including additional manipulatives than what other students in the classroom receive, when necessary. Modifying assignments by reducing lengths and/or altering instruction to accommodate the attention span of students with ADHD may not prove to be the most effective intervention and is not always acceptable to use in certain situations or with particular assignments. Thus there is another intervention that may prove effective for some students with ADHD to help them stay on-task and engaged in school which is the Check & Connect program.

Check & Connect Program

According to information obtained from the University of Minnesota, the Check & Connect program began in 1990 with funding support from the U.S. Department of Education, Office of Special Education Programs (OSEP; University of Minnesota, 2013). The support was originally set to be in place for five years and offered assistance to high-school students who were disengaged from school and giving strong consideration to dropping out of school.

Although changes in the program have been implemented over the years, Check & Connect is still used as a viable option for students in middle school and high school who are struggling and ready to quit school without an appropriate education (Cheney et al., 2010; Todd et al., 2008). Check & Connect is a research-based intervention which involves developing a strong, positive relationship between a student and a trained mentor (University of Minnesota, 2013). The mentor is not only involved with the student but also the student's family in hopes of fostering a positive relationship that will extend beyond the school day (University of Minnesota, 2013). The 'Check' component of the program refers to the systematic monitoring of student performance variables such as absences, tardies, behavioral office referrals and grades (University of Minnesota, 2013). The 'Connect' component of the program refers to the personalized, timely intervention focused on problem solving, skill building, and competence enhancement (University of Minnesota, 2013). Although the Check & Connect program was originally designed for high school students, it has since become widely used as a RTI intervention at schools across America to address issues with, not only high school students, but also middle school, elementary school and primary school students as well (Cheney et al., 2010; Todd et al., 2008). In elementary and primary schools, the Check & Connect program is used to assist students who struggle with on-task behavior and assignment completion (University of Minnesota, 2013).

There are several variations of the Check & Connect program now in place throughout schools. Several of the programs which have a similar design to Check & Connect are known as the following: Check In – Check Out program (CICO) and the Check, Connect & Expect program (CCE) (Cheney et al., 2010; Todd et al., 2008). As various interventions are used across the RTI process, students across several tiers have had success with a variation of the

Check & Connect program (Cheney et al., 2010; Todd et al., 2008). Regardless of the name of the program, the basis of the intervention is essentially the same. Goals are developed based on students' needs and placed into a daily behavior report card that students take to another designated teacher, mentor or coach (University of Minnesota, 2013). The students and mentors meet individually to discuss the goals at the beginning of the day and talk about strategies the students can use throughout the day to help them achieve these goals. The daily behavior report cards are completed by the teacher(s) that work with the students throughout the day. At the completion of the day, the students report back to the designated mentor and discuss the students' performance on the daily behavior report card. Students may receive incentives if goals are met. Information is then relayed to parents concerning the results of the daily behavior report card (Cheney et al., 2010; Todd et al., 2008).

There are a number of studies which include research that has been conducted on the effectiveness of this particular behavioral intervention. Results and information from the following studies indicate that overall student engagement increased when programs with components mentioned above were implemented. In one particular study, the CICO program was used as an intervention to assist four students with behavior problems (Todd et al., 2008). This study was conducted in a rural elementary school in the Pacific Northwest. A multiple baseline across participants design was employed to evaluate the effect of the CICO intervention on student behavior. Prior to the start of the intervention, students exhibited the following behaviors during regular classroom instruction: noncompliant behaviors, refusal to complete assignments, talking out, talking to peers, being in the wrong places and making noises. Problem behaviors were recorded 3-4 days per week using a 20-minute interval recording systems. During the intervention, students used a daily behavior report card in each setting during their

school day. One different component of this particular CICO program was that students reported to their mentor five times during the school day for feedback rather than just once in the morning and once in the afternoon. The students reported at the following times: check-in first thing in the morning, before morning recess, before lunch, before afternoon recess and at check-out. By doing this, students had an opportunity to receive adult attention and interaction outside of the regular classroom during the day. Results of this study indicated that when this CICO intervention was implemented all four students decreased their problem behaviors and increased appropriate behaviors throughout the day.

In a different approach, The CCE program was used with students at the elementary level who were on Tier 2 of the RTI process and who were at-risk and could potentially be identified as having emotional or behavioral disabilities without intervention (Cheney et al., 2010). In this particular study, 20-25 students were paired with a coach who had received extensive training with the CCE program. In various phases throughout this program, students not only worked on learning to take responsibility of what they did during the day, but they also worked to increase their social skills and problem-solving strategies through different lessons taught by their teacher during the year. These particular lessons were taught specifically to the students in this study. Students selected for this study were identified as those who were at-risk of school failure and also had behavioral problems. Results of this study indicated that 70% of the students that used this intervention saw vast improvements in their behavior and did not progress into needing further intervention for emotional or behavioral disabilities. Another finding of this research was that the quality of students' relationships with school staff is directly connected to student outcomes. After students were successful by meeting their daily goals after an 8-week period, then they moved to a self-monitoring phase for a 4-week period. Although the studies differed

using the CICO program and the CCE program, the same approach was taken as students checked-in with a designated adult and completed a daily progress report to check-out.

It is possible that the use of a Daily Behavior Report Card (DBRC) is more effective when used over an entire school day rather than only in the morning and afternoon. In another study, Fabiano, et al. (2009), examined the stability of DBRCs for children with ADHD in special education. Researchers also investigated the reliability between DBRCs used over an entire school day. Finally, they examined the content validity between Individualized Education Plan (IEP) goals and objectives and daily behavior report card targets. The participants in this study included 63 children between 6 and 12 years old who had all been diagnosed with ADHD through the use of evidence-based assessment procedures. A control group (19 students) and an experimental group (44 students) were examined throughout the study. Students were in various placements from regular education classes, to resource rooms, to self-contained settings with a special education teacher and a paraprofessional. Target behaviors that were measured consisted of the following: interrupting, noncompliance, academic productivity, and behaviors in unstructured areas including hallways and the cafeteria. By using a DBRC and working towards mastery of IEP goals and objectives, the goal for students were for them to do the following: start work with three or fewer prompts; complete at least one assignment with 80% accuracy; follow directions with three or fewer reminders; accepts feedback appropriately with no more than two arguments; have no instances of regression; follow transition rules with three or fewer reminders; and returns completed homework (Fabiano, et al., 2009). The control group was monitored with DBRC completed by the teachers daily. The experimental group completed the DBRC individually each day. Results of this study indicated that the DBRC can be considered a very practical and usable option for progress monitoring students with ADHD in special

education settings when the DBRC is developed using information from IEP goals and objectives.

In yet another study related to the use of DBRC, researchers examined the effectiveness of the CCE program (Stage, et al., 2012). The purpose of this study was to report on three different studies that addressed the validity of the use of Daily Progress Reports (DPR) for treatment decisions within the CCE program. DPRs are essentially the same as DBRCs used in studies previously mentioned and have the same function as being used throughout the school day. Participants included in this study were 1st, 2nd and 3rd grade students in 18 elementary schools within three school districts. This was a comparative study. Students used in the control group were identified by the use of the Systematic Screening Behavior Disorder and students in the experimental group were identified by teachers as students who were in need of additional support during the day due to behavior problems. Students who participated in the study received instruction in either a regular education classroom or a resource room. One specific detail that made this study different than the others that were examined is the fact that students who participated had a range of disabilities in addition to ADHD. The disabilities of students in this study consisted of the following: autism, developmental delays, emotional disturbance, other health impairment (which included ADHD), specific learning disabilities, speech/language impairments, and traumatic brain injury. Results indicated that the only criterion related to percentage of DPR scores over time and end of the year status was the change in externalizing behavior. One final result mentioned was that by the fourth week of the CCE intervention students who consistently earned 75% out of 100% of their daily progress reports could be moved to the self-monitoring phase (Stage et al., 2012).

One very important component of many of the programs that use a DBRC is the self-monitoring part of the process. If students with ADHD are going to benefit completely from a program such as Check & Connect, then they need to eventually be able to self-monitor their behavior and/or academic progress throughout the school day (Harris, et al., 2005). Students need to realize the importance of regulating their own behavior in all situations. According to Harris, et al. (2005), the ability to regulate one's own behavior is considered an important characteristic of human beings. Once a student is taught how to self-monitor, they can transfer this knowledge into both behavior and academics. This is known as Self-Monitoring of Attention (SMA) and Self-Monitoring of Performance (SMP). The research that has been done provides meaningful information for future use in the classroom with students who have been diagnosed with ADHD. To implement SMA and SMP with students, research suggests that as part of the process, teachers should train students by using a tone that they are familiar with. When the students hear a specific tone or sound that they were taught when trained how to self-monitor, they know that they should examine if they are on-task at the time. Students mark a "yes" or "no" on their checklist and then discussed this portion of the checklist with their mentor later in the day. If they were not on-task, then the students can evaluate what they should be doing so that they have the opportunity to return to the task or assignment that they should be completing (Harris et al., 2005).

Throughout the studies that examine Check & Connect and various other forms of the program, many researchers mentioned that, although these programs have been successful with students with ADHD, further research needs to be conducted. Fabianoet al., (2009) stated that additional research is needed to examine the consistency of a DBRC that is completed between a rater such as a regular education and special education teacher and a student. Todd et al., (2008)

stated that future research is needed to document whether the CICO program and procedures can be maintained with fidelity over a lengthy period of time. Also, in other studies, specifically related to teacher understanding of ADHD, Murray, Rabiner, and Hardy (2011) suggested that more studies should be conducted to examine how teachers work with specific inattentive behaviors in classrooms. It is important for additional research to be conducted in this area to assist teachers with meeting the specific needs of students with attention and/or behavior problems which influences overall student engagement throughout the school day.

Statement of Problem & Research Question

Once more research is conducted in the area of targeting specific inattentive behaviors throughout the school day then educators may be able to better serve the individual learning needs of students who struggle with maintaining focus in class, completing assignments, and distracting other students. Educators are challenged daily with upholding school-wide and classroom behavioral expectations for students to follow. By looking further into programs that are known for promoting positive behavioral expectations, teachers and students can both assist in doing their part in finding ways to make the learning environment a suitable place to be.

As medication is only one intervention for students who have been diagnosed with ADHD, this should not be considered the only option and is not always available for students consistently throughout a school year. Medication is not the answer for every child with a diagnosis of ADHD. Because medication is not always a viable option, the exploration of other evidence-based interventions is necessary. Variations of the Check & Connect program have shown positive results at the high school and middle school level to prevent dropout and encourage students to remain in school; therefore, additional studies should be conducted to determine if this particular intervention is effective at the primary and elementary school levels

to address inappropriate behaviors (Christenson & Thurlow, 2004). Therefore, the purpose of this research is to answer the following research questions: (1) What effect does the Check & Connect program have on assignment completion for primary school-age students with ADHD? (2) What effect does the Check & Connect program have on on-task behavior for primary school-age students with ADHD?

Method

Setting

This research was conducted in a primary school located in a rural county in Georgia. This school contained grades Pre-Kindergarten, Kindergarten, 1st grade, 2nd grade and at the time the research was conducted the school consisted of approximately 750 students. The student demographic breakdown was as follows: 45% Caucasian; 37% African American; 12% Hispanic; 3% Multi-racial; and 3% Asian. The number of students who received free and reduced lunch was 79% of the school population. The total number of students receiving special education was 98. The total number of teachers within the school was 56 which consisted of 46 regular education teachers and 10 special education teachers.

Participants

Student participants in this study consisted of four 2nd grade students who had a medical diagnosis of ADHD and had been identified by their homeroom teachers during regular Tier 2 grade level meetings as having a difficult time remaining on-task, following directions and completing assignments throughout the school day. Teachers completed a rating scale that is used across grade levels at Tier 2 meetings to identify students who are in need of additional support. Parental consent was obtained during a parent/teacher conference with the parent, homeroom teacher, and researcher (see Appendix A). Minor assent was also obtained from each

student that participated in the study (see Appendix B). Adult participants included in this study consisted of three 2nd grade homeroom teachers and the school's Due Process Facilitator who served as the independent observer, and the researcher who served as the Check & Connect mentor. Consent from the three teachers and independent observer was obtained during a weekly scheduled grade level meeting in which all teachers 2nd grade teachers were present (see Appendix C).

Nick. Nick was a male Hispanic 2nd grade student. His age at the beginning of the study was 7 years, 11 months. He had a medical diagnosis of bipolar disorder and Attention Deficit Hyperactivity Disorder and was consistently on medication during the study. When assessed at the beginning of the school year on a variety of academic assessments, Nick received the following scores: Scholastic Reading Inventory (418) with the goal for 2nd grade being 330 by the end of the year; STAR Reading (235) with the goal for 2nd grade being 300 by the end of the year; and STAR Math (430) with the goal for 2nd grade being 464 by the end of the year. Scores indicated that Nick was working at or above grade level at the beginning of the school year.

Mike. Mike was a male African American 2nd grade student. His age at the beginning of the study was 7 years, 11 months. He had a medical diagnosis of Attention Deficit Hyperactivity Disorder and medication was inconsistent during the study. When assessed at the beginning of the school year on a variety of academic assessments, Mike received the following scores: Scholastic Reading Inventory (235) with the goal for 2nd grade being 330 by the end of the year; STAR Reading (98) with the goal for 2nd grade being 300 by the end of the year; and STAR Math (451) with the goal for 2nd grade being 464 by the end of the year. Scores indicated that Mike was working on grade level at the beginning of the school year.

Jane. Jane was a female Caucasian 2nd grade student. Her age at the beginning of the study was 7 years, 4 months. She had a medical diagnosis of Attention Deficit Hyperactivity Disorder and was consistently on medication during the study. When assessed at the beginning of the school year on a variety of academic assessments, Jane received the following scores: Scholastic Reading Inventory (253) with the goal for 2nd grade being 330 by the end of the year; STAR Reading (109) with the goal for 2nd grade being 300 by the end of the year; and STAR Math (409) with the goal for 2nd grade being 464 by the end of the year. Scores indicated that Jane was working on grade level at the beginning of the school year.

Kenneth. Kenneth was a male African American 2nd grade student. His age at the beginning of the study was 7 years 9 months. He had a medical diagnosis of Attention Deficit Hyperactivity Disorder and medication was inconsistent during the study. When assessed at the beginning of the school year on a variety of academic assessments, Kenneth received the following scores: Scholastic Reading Inventory (0) with the goal for 2nd grade being 330 by the end of the year; STAR Reading (313) with the goal for 2nd grade being 300 by the end of the year; and STAR Math (417) with the goal for 2nd grade being 464 by the end of the year. Scores indicated that Kenneth was working on at or just slightly below grade level at the beginning of the school year.

Mrs. Miel. Nick's homeroom teacher, Mrs. Miel, was a regular education teacher who had been teaching for 5 years. She previously taught 5th grade and at the time of this study, she had been teaching 2nd grade for 3 consecutive years. She held a duel Bachelor's degree in Regular and Special education and a Master's degree in Accomplished Teaching.

Mrs. Robin. Mike's homeroom teacher, Mrs. Robin, was a special education teacher who had been teaching for 20 years. She previously taught regular education which included

Kindergarten, 1st grade, 2nd grade and 3rd grade. As a special education teacher, she taught a resource class which included Kindergarten through 2nd grade. During this study, she served as the special education teacher in an inclusion class. She held a Bachelor's degree in Early Childhood Education, a Master's degree in Early Childhood Education and a Specialist degree in Interrelated Special Education.

Mrs. Far. Jane and Kenneth's homeroom teacher, Mrs. Far, was a regular education teacher who had been teaching for 4 years. She had previously taught 3rd grade in an elementary school. At the time of this study, she had been teaching 2nd grade for two consecutive years. She held a Bachelor's degree in Criminal Justice, a Master's degree in Counseling and Psychology, and a Specialist degree in Early Childhood Education.

Independent Observer. The school's Due Process Facilitator (DPF) served as the independent observer in this study. The DPFs job entailed conducting initial meetings for students who qualified for special education services, reading all paperwork for each special education teachers and supporting special education teachers throughout the school day. She had previously been a classroom teacher for seven years. She previously taught Pre-Kindergarten and first grade as the regular education teacher. She also taught in a Kindergarten inclusion class and a 1st and 2nd grade resource class as the special education teacher. She held a Bachelor's degree in Psychology and a Master's degree in Interrelated Special Education.

Mentor. The mentor in this study was a special education teacher who had been teaching for 16 years. She previously taught in a regular education 4th grade classroom as the regular education teacher. She taught in a resource class and an inclusion classroom which included 3rd, 4th and 5th grades where she served as the special education teacher. She also served as a special education teacher in a 1st and 2nd grade resource class. During this study, she was a 2nd grade

special education inclusion teacher. She held a Bachelor's degree in Special Education and a Master's Degree in Interrelated Special Education.

Research Design

For this research, a single subject non-concurrent multiple baseline across students design was employed to evaluate the effectiveness of the Check & Connect program on students' behaviors (McMillan & Schumacher, 2010). Baseline data were collected by the homeroom teacher for the first student using a daily behavior checklist which included assignments and behavioral objectives that were supposed to be completed during the school day (see Appendixes D, E, F, and G). In the baseline phase, students did not know that data were being collected during this time. Once the baseline data for the 1st student were stable within 50% of the baseline mean for 3-5 consecutive sessions, then the student entered the training phase and received instruction on the daily behavior checklist. After training, the 1st student entered the intervention phase. Once improvement was shown at 30% over the baseline mean, the 2nd student entered the baseline phase and baseline data were collected the same way for the 2nd student as they were for the 1st student. Once the baseline data for the 2nd student were stable within 50% of the baseline mean for 3-5 consecutive sessions, then the student entered the training phase and received instruction on the daily behavior checklist. After training, the 2nd student entered the intervention phase. The 3rd student then entered began the baseline phase. These procedures continued until all 4 students were in the intervention phase. Each student remained in the intervention phase until the school's fall break holiday week. Depending on the student, the intervention phase lasted from three weeks to eight weeks. Upon returning from the break, maintenance data were collected on each student.

Independent Variable

The independent variable in this study consisted of the Check & Connect behavioral intervention program. Through this program, a checklist was developed for each student based on individual behavior needs. The student then completed the "check-in" process with a mentor in the morning to discuss the expected behavior for the day and then returned to class where the classroom teachers scored the checklist based on behaviors and assignment completion throughout the day. The student then returned to the mentor to "check-out" at the end of the day. During this time, the student and mentor reviewed the checklist and discussed the student's day.

Dependent Variable

The dependent variable of this study consisted of appropriate classroom behaviors for the students who participated in the study. The specific behaviors which were targeted included: remaining on-task throughout a lesson, following all directions given by the teacher, and completing assignments each day. These data were collected by using the students' daily behavior checklist.

Measures

Specific measures were used for this study based on the daily behavior checklist for each student to determine if the students were meeting academic and behavioral goals for each day. A daily behavior checklist was developed together by each homeroom teacher and the Check & Connect mentor for each individual student (see Appendixes D, E, F, and G). Each checklist consisted of 3 to 4 target behaviors based on the needs of each student, such as on-task, assignment completion and following school rules in all areas throughout the school. The checklists were specific to the school day for each student. Students had the opportunity to score a total of 8 or 10 points per day based on the checklist. Upon completion of each

assignment, students were given a point if they remained on-task, followed directions and completed the assignment. Students had the opportunity to earn one point during each of the following times: Morning Work, Rocket Math, Daily Math Lesson, Reading Lesson, Writing Lesson, Science and/or Social Studies Lesson, and two additional assignments according to the teacher and/or lesson plans for the day. Since these were primary level students and remain with the same teacher all day, checklists were broken down into specific sections which included academic subjects, lunchroom behavior, hallway behavior, and an additional section for events that did not occur daily such as assemblies and/or field trips, etc.

Data Collection

The Check & Connect mentor recorded scores from all four students' checklist at the end of each day during the student's check-out times. At the end of the week, scores were recorded into an Excel spreadsheet. All data were graphed so that homeroom teachers and the mentor could view data from the week. Once this information had been reviewed, teachers and the mentor discussed details of the Check & Connect intervention and discussed results from the week with each other to determine if adjustments in goals needed to be made for each student.

Implementation Procedures

The following procedure was used to implement the Check & Connect intervention. During the first few weeks of the school year, three 2nd grade teachers and an independent observer were selected to participate in this research. The researcher served as the mentor to the students selected. Participants were given consent forms to review and sign (see Appendix C). Once consent was received, teachers and the independent observer had the process of the Check & Connect intervention explained to them as well as how to score the students' daily checklist. Teachers were instructed to choose two students from each homeroom who needed additional

support with the following: remaining on-task, following directions and completing assignments throughout the school day.

Once the students were selected by the teachers, parental consent forms (see Appendix A) were given to the parents of the students selected to participate. When permission was received, forms were distributed for student assent (see Appendix B). As soon as consent and assent had been obtained, the researcher began collecting baseline data by giving each homeroom teacher a clipboard which contained checklists for each participant. Once data was stable for each student participating, the entire process of the Check & Connect program, including the daily checklist, was explained to each student individually during a morning session. The student and the Check & Connect mentor discussed positive behaviors and school expectations. The students were also shown a copy of their specific daily checklist and received instruction on how they could earn points for the checklist throughout the school day by remaining on-task, following directions and completing assignments. Each student had the opportunity to earn a total of 8 or 10 points each day depending on the format of their checklist. During training, students individually helped create a list of incentives (snack machine, extra computer time, teacher helper, etc) that was specific to each student and was used as part of the intervention. Following the completion of the training, implementation of the Check & Connect program began the following day and continued daily for each student. Students retrieved their checklists in the morning and completed the "check-in" procedure with the mentor. As each assignment and/or task was completed throughout the school day, the homeroom teacher recorded this information on the daily checklist. Scores were totaled by the homeroom teacher at the end of the day. Students then reported to the Check & Connect mentor in a separate classroom for the check-out

procedure. Once the Check & Connect mentor reviewed the daily checklist, students were rewarded for the day if they met their goal for the day.

Data Analysis

All data collected were compiled and graphed weekly for each individual student by the Check & Connect mentor and the Due Process Facilitator. The graphed data were analyzed weekly to determine if the intervention was effective for each student each week. The mentor looked for changes in behavior based on the implementation of the intervention across students. The mentor also looked to see if more instances of the desired behavior (on-task, following directions and assignment completion) was achieved throughout the intervention by earning the most possible points on the checklists which indicated the treatment was effective.

Reliability and Fidelity

The school's DPF served as the independent observer in this study. To make sure that all data were accurate and reliable, the DPF checked and reviewed data for each student weekly. The DPF verified that the Check & Connect program was being implemented with fidelity by conducting periodic consultations with the mentor and teachers who were participating in the study.

Results

Nick

Graphed data for Nick is available in Figure 1. Baseline data were collected over five sessions by Nick's homeroom teacher with a mean of 6.6 and a range of 6.0 to 8.0. Data were collected for a total of 29 sessions during the intervention phase with a mean of 6.44 and a range of 5.0 to 8.0. During the maintenance phase, data were collected over five sessions with a mean of 5.6 and a range of 0.0 to 8.0. Overall, Nick showed inconsistency in remaining on-task

throughout a lesson, following all directions given by the teacher, and completing assignments each day.

Mike

Graphed data for Mike is available in Figure 1. Baseline data were collected over four sessions by Mike's homeroom teacher with a mean of 7.75 and a range of 7.0 to 8.0. Data were collected for a total of 23 sessions during the intervention phase with a mean of 7.43 and a range of 0.0 to 8.0. During the maintenance phase, data were collected by Mike's teacher over five sessions with a mean of 8.0%. Overall, Mike showed consistency in remaining on-task throughout a lesson, using an appropriate tone of voice in the classroom, not yelling out during the day, maintaining control, not having a tantrum during the school day, following all directions given by the teacher and completing assignments each day.

Jane

Graphed data for Jane is available in Figure 1. Baseline data were collected over four sessions by Jane's homeroom teacher with a mean of 9.75 and a range of 9.0 to 10.0. Data were collected for a total of 21 sessions during the intervention phase with a mean of 9.90 and a range of 9.0 to 10.0. During the maintenance phase, data were collected over five sessions with a mean of 10.0. Overall, Jane showed consistency in remaining on-task throughout a lesson, maintaining control, not becoming angry not having a meltdown during the day, following all directions given by the teacher and completing assignments each day.

Kenneth

Graphed data for Kenneth is available in Figure 1. Baseline data were collected over six sessions by Kenneth's homeroom teacher with a mean of 9.16 and a range of 6.0 to 10.0. Data were collected for a total of 10 sessions during the intervention phase with a mean of 9.5 and a

range of 7.0 to 10.0. During the maintenance phase, data were collected over five sessions with a mean of 9.5 and a range of 8.0 to 10.0. Overall, Kenneth showed consistency in remaining on-task throughout a lesson, following all directions given by the teacher and completing assignments each day.

Discussion

The focus of this study was to determine if the use of the Check & Connect program was an effective intervention to use daily in assisting students, who had a medical diagnosis of ADHD, in assignment completion and on-task behavior throughout the school day. Based on the results of this study, the implementation of the Check & Connect program yielded positive results for three of the four students who participated. The intervention was most effective with Jane, Kenneth, and Mike and least effective with Nick.

Nick did not benefit from the intervention to the extent that the other three students did. Most days, he was tardy to school which affected his overall day. He would have to come one period later to collect his checklist and begin his day with the mentor. He was not very eager to discuss his day with the mentor and on days he received fewer points on his checklist, he would attempt to make excuses as to why the teacher gave a negative mark for an incomplete assignment or not following directions throughout the school day. Due to Nick's additional diagnosis of bi-polar disorder, it could be concluded by reviewing his inconsistent data and his overall attitude towards the program that he will probably need additional supports and/or interventions other than a checklist to assist him in assignment completion and remaining on-task throughout the school day.

Mike benefited from the time spent with the mentor each day as well. He would often enter the classroom in the morning full of energy and ready to begin his day with a positive

attitude after meeting with the mentor. He was very enthusiastic and excited to see the mentor each morning and offered hugs daily. By the afternoon, Mike was a little more subdued due to medication; however, he was still eager to discuss his day and share details of specific events with the mentor. Most days, he was happy to announce that he had earned his points for the day and enjoyed choosing his reward. Overall, Mike's scores indicate that once he became familiar with the mentor and the program, he benefitted from the intervention and developed a positive relationship with someone he could seek positive attention from throughout his school day.

Jane benefited from the time spent with the mentor each day. After becoming familiar with the mentor, she began to look forward to spending time with the mentor each day and sharing information about things she was learning in class, how her day had been and grades that she made on class work. Although there was not much of a change in Jane's daily scores between baseline and intervention, the homeroom teacher noted that Jane was more engaged throughout the day and asked to do her check-in and check-out daily. Upon completion of the research, Jane's teacher asked if she would be able to continue participating in the Check & Connect program each day because it was so beneficial for her. The mentor and teacher agreed that Jane would be able to continue the program for the remainder of the school year.

Kenneth also benefited from the time spent with the mentor each day. He did not always want to discuss his day but with prompting he would share brief information about details of his day with the mentor. Kenneth accepted the rewards that were given when he earned them; however, the incentives and rewards did not seem to be as motivating for him as the other students. Although his data were still variable through the intervention, there was more variability during the maintenance phase when he was participating in the check-in and check-

out process with the mentor. It can be inferred that he benefited from the program because during the intervention phase his data were more stable.

Based on the overall results of this study, it can be concluded that when an intervention such as the Check & Connect program is used with primary school students with ADHD, it has positive effects on assignment completion and on-task behavior throughout the school day. Students benefited from building a positive relationship with someone other than their teachers. This proved to be effective because students were able to separate themselves from the classroom to discuss their day with the mentor, whether positive or negative, which promoted a sense of still being able to end their day on an optimistic note no matter what had occurred and discuss ways to make improvements for the next day.

Limitations

There are several limitations that should be taken into consideration as the results of this study are interpreted. Due to a lengthy delay in the International Review Board (IRB) approval, the beginning of the research was postponed until school had been in session approximately two full months. During this time, students who began the school year without medication had been taking it on a consistent basis by the time the research started. Some behaviors that students exhibited and teachers noted as a major concern at the beginning of the school year were not as consistently evident by the time the study began. This limitation could hinder the results of the study because the checklists, which were created by teachers, targeted specific behavioral concerns that were evident at the beginning of the school year and were less of a concern once the intervention phase of the study began.

Another limitation to the study could be attributed to the full week of school that the researcher had to be absent due to the serious illness of a family member. Although students

continued working toward goals listed on the checklists each day, they were unable to spend valuable time with their mentor to discuss their day and collect rewards for five consecutive school days. The week following this incident was a full week of Thanksgiving break for students, so by the time they were able to spend time with the mentor again two full weeks had elapsed. Although unavoidable, this time without interaction with the mentor could hinder the results of this study.

Implications for Practice

Due to the positive results discovered in this study, several implications for practice could be offered to educators for use in their classrooms. Educators should take into consideration that results from this study, as well as others, show that behavior management plans (such as Check & Connect) can be successfully designed and implemented after target behavior(s) are identified and addressed throughout the school day (Burley & Waller, 2005). Also, teachers could possibly take the basic checklists that were used in this study and use them to assist students who struggle with other off-task or non-compliance behaviors, other than those associated with ADHD and defined previously in the DSM-V (2013), which may be exhibited throughout the school day. Teachers must realize that if a program such as this should is to be effectively implemented with students it must be done with fidelity during the school day. As with any intervention, if it is not working properly, then steps should be taken to change the intervention and/or checklists to meet the needs of the students.

Future Research

The field would benefit from further research related to the use of the Check & Connect program with additional primary school students over an extended period of time. Much of the research that has been conducted using the Check & Connect program includes middle school

and high school students. As student engagement throughout the school day is vital to the overall learning environment, it would be beneficial to see more research conducted when students are in their formative years of primary and elementary schools to determine if it would have an impact on their middle and high school years and possibly decrease the dropout rate.

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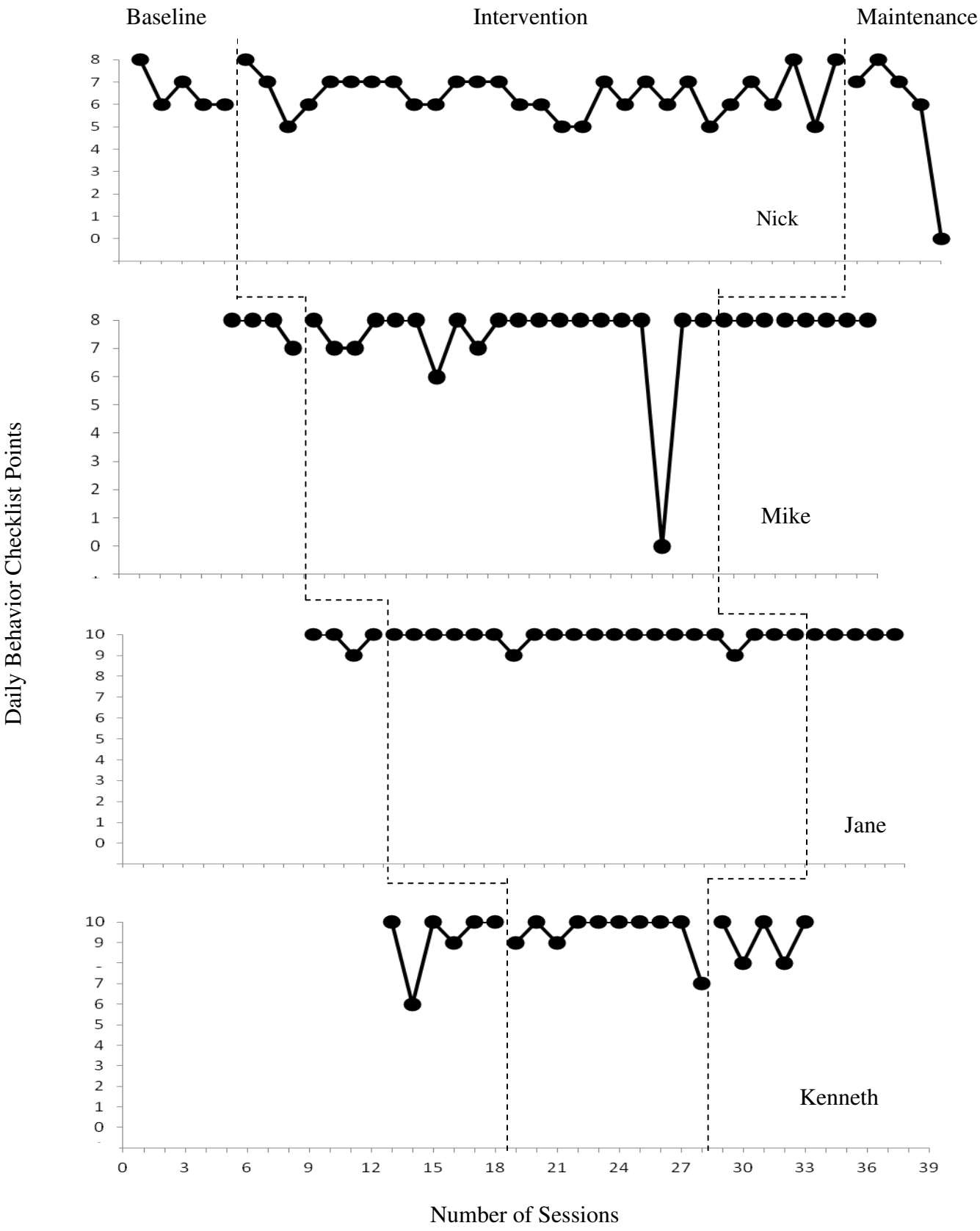
Figure 1. Graphed Data for Participants


Baseline
Intervention
Maintenance
Nick
Mike
Jane
Kenneth
Daily Behavior Checklist Points
Number of Sessions
0 3 6 9 12 15 18 21 24 27 30 33 36 39

IRB Parent/Guardian Consent Form

I, _____, give permission for my child, _____, to be a participant in the research, Check & Connect program with Primary School Students, which is being conducted by, Beverly Waddell, who can be reached at (478)451-9771. I understand that my child's participation is voluntary; I can withdraw my consent at any time. If I withdraw my consent, my child's data will not be used as part of the study and will be destroyed.

The following points have been explained to me:

1. The purpose of this study is to determine if the Check & Connect program is an effective behavioral intervention for students with Attention-Deficit Hyperactivity Disorder.
2. The procedures are as follows: my child will be asked to complete a daily checklist in which he/she can earn points throughout the school day by completing assignments and following directions.
3. You will be asked to sign two identical consent forms. You must return one form to the investigator before the study begins, and you may keep the other consent form for your records.
4. My child may find that some questions are invasive or personal. If your child becomes uncomfortable answering any questions, he or she may cease participation at that time.
5. Your child will not likely experience physical, psychological, social, or legal risks beyond those ordinarily encountered in daily life or during the performance of routine examinations or tests by participating in this study.
6. Your child's individual responses will be confidential and will not be release in any individually identifiable form without your prior consent unless required by law.
7. The investigator will answer any further questions about the research (see above telephone number).
8. In addition to the above, further information, including a full explanation of the purpose of this research, will be provided at the completion of the research project on request.

Signature of Investigator Date

Signature of Parent or Guardian Date

(If participant is less than 18 years of age)

Research at Georgia College & State University involving human participants is carried out under the oversight of the Institutional Review Board. Address questions or problems regarding these activities to Mr. Marc Cardinalli, Director of Legal Affairs, CBX 041, GCSU, (478) 445-2037.

Appendix B

IRB Minor Assent Form

I, _____, agree to participate in the research, Check & Connect, which is being conducted by, Mrs. Beverly Waddell, who can be reached at (478)451-9771. I understand that my participation is voluntary; I can stop at any time. If I withdraw my consent, my data will not be used as part of the study and will be destroyed.

The following points have been explained to me:

1. I will be asked to participate in the Check & Connect program each day by completing a daily checklist and earning points for completing work and following directions.
2. My name will not be on the data sheet.
3. I will be asked to sign two identical consent forms. One form must be returned to the investigator before the study begins, and I can keep the other consent form.
4. If I become uncomfortable answering any questions, I can stop participating at that time.
5. I am not putting myself in any more physical, psychological, social, or legal danger than I would ordinarily encountered in daily life or during the performance of routine examinations or tests.
6. My information will be kept secret, and no one will know that the answers or results are mine, unless I tell them.
7. If I have any questions about this research, I can ask Mrs. Waddell or call the telephone number above.
8. If I want to know more about the research, I can ask for more information.

Signature of Investigator Date

Signature of Minor Participant Date

Research at Georgia College & State University involving human participants is carried out under the oversight of the Institutional Review Board. Address questions or problems regarding these activities to Mr. Marc Cardinalli, Director of Legal Affairs, CBX 041, GCSU, (478) 445-2037.

Appendix C

IRB Consent Form

I, _____, agree to participate in the research, Check & Connect with Primary School Students, which is being conducted by, Beverly Waddell, who can be reached at (478)451-9771. I understand that my participation is voluntary; I can withdraw my consent at any time. If I withdraw my consent, my data will not be used as part of the study and will be destroyed.
The following points have been explained to me:

1. The purpose of this study is to determine if the Check & Connect program is an effective behavioral intervention for students with Attention-Deficit Hyperactivity Disorder .
2. The procedures are as follows: you will be asked to monitor students using the Check & Connect program. You will record information on each student's checklist daily.
3. You will not list your name on the data sheet. Therefore, the information gathered will be confidential.
4. You will be asked to sign two identical consent forms. You must return one form to the investigator before the study begins, and you may keep the other consent form for your records.
5. You may find that some questions are invasive or personal. If you become uncomfortable answering any questions, you may cease participation at that time.
6. You are not likely to experience physical, psychological, social, or legal risks beyond those ordinarily encountered in daily life or during the performance of routine examinations or tests by participating in this study.
7. Your individual responses will be confidential and will not be release in any individually identifiable form without your prior consent unless required by law.
8. The investigator will answer any further questions about the research (see above telephone number).
9. In addition to the above, further information, including a full explanation of the purpose of this research, will be provided at the completion of the research project on request.

Signature of Investigator Date

Signature of Participant Date

Research at Georgia College & State University involving human participants is carried out under the oversight of the Institutional Review Board. Address questions or problems regarding these activities to Mr. Marc Cardinalli, Director of Legal Affairs, CBX 041, GCSU, (478) 445-2037.

Appendix D

Student Checklist

Check & Connect

Name: _____

Date : _____

_____ completed the following assignments during class today:

Assignment #1 ☺ ☹ -- Morning Work Required Additional Time – yes/no

Assignment #2 ☺ ☹ -- Small Group Reading Required Additional Time – yes/no

Assignment #3 ☺ ☹ -- Whole Group Reading Required Additional Time – yes/no

Assignment #4 ☺ ☹ -- Center/Independent Work Required Additional Time – yes/no

Assignment #5 ☺ ☹ -- Writing/Spelling Required Additional Time – yes/no

Assignment #6 ☺ ☹ -- Small Group Math Required Additional Time – yes/no

Assignment #7 ☺ ☹ -- Center/Independent Work Required Additional Time – yes/no

Assignment #8 ☺ ☹ -- Recess Required Additional Time – yes/no

Assignment #9 ☺ ☹ -- Social Studies/Science Required Additional Time – yes/no

Total # of assignments completed today: _____ out of _____

_____ followed school rules in the following places:

Lunchroom – yes/no Restroom – yes/no Hallway (AM) – yes/no Hallway (PM) – yes/no

***The student remained on task throughout the school day with less than 2 teacher redirections. Yes/ No**

***The student followed directions during the school day. Yes/No**

Student Signature _____

Teacher Signature _____

Additional Comments:

Appendix E

Student Checklist

Check & Connect

Name: _____

Date : _____

_____ completed the following assignments during class today:

Assignment #1 ☺ ☹ -- Morning Work Required Additional Time – yes/no

Assignment #2 ☺ ☹ -- Small Group Reading Required Additional Time – yes/no

Assignment #3 ☺ ☹ -- Small Group Reading/ELA Required Additional Time – yes/no

Assignment #4 ☺ ☹ -- Writing/Spelling Required Additional Time – yes/no

Assignment #5 ☺ ☹ -- Science/Social Studies Required Additional Time – yes/no

Assignment #6 ☺ ☹ -- Whole Group Math Required Additional Time – yes/no

Assignment #7 ☺ ☹ -- Recess Required Additional Time – yes/no

Assignment #8 ☺ ☹ -- Small Group Math Required Additional Time – yes/no

Total # of assignments completed today: _____ out of _____

_____ followed school rules in the following places:

Lunchroom – yes/no Restroom – yes/no Hallway (AM) – yes/no Hallway (PM) – yes/no

***The student used an appropriate tone of voice in the classroom and did not yell out during the day. Yes/No**

***The student was able to maintain control and did not have a tantrum during the school day. Yes/No**

***The student did not argue with others during the school day. Yes/No**

Student Signature _____

Teacher Signature _____

Additional Comments:

Appendix F

Student Checklist

Check & Connect

Name: _____

Date : _____

_____ completed the following assignments during class today:

Assignment #1 ☺ ☹ -- Morning Work Required Additional Time – yes/no

Assignment #2 ☺ ☹ -- Morning Work Required Additional Time – yes/no

Assignment #3 ☺ ☹ -- Small Group Reading Required Additional Time – yes/no

Assignment #4 ☺ ☹ -- Whole Group Reading Required Additional Time – yes/no

Assignment #5 ☺ ☹ -- Writing/Spelling Required Additional Time – yes/no

Assignment #6 ☺ ☹ -- Science/Social Studies Required Additional Time – yes/no

Assignment #7 ☺ ☹ -- Rocket Group Math Required Additional Time – yes/no

Assignment #8 ☺ ☹ -- Recess Required Additional Time – yes/no

Assignment #9 ☺ ☹ -- Small Group Math Required Additional Time – yes/no

Assignment #10 ☺ ☹ -- Whole Group Math Required Additional Time – yes/no

Total # of assignments completed today: _____ out of _____

_____ followed school rules in the following places:

Lunchroom – yes/no Restroom – yes/no Hallway (AM) – yes/no Hallway (PM) – yes/no

***The student was able to maintain control and did not become angry during the school day. Yes/No**

***The student did not have a meltdown during the school day. Yes/No**

Student Signature _____

Teacher Signature _____

Additional Comments:

Appendix G

Student Checklist

Check & Connect

Name: _____

Date : _____

_____ completed the following assignments during class today:

Assignment #1 ☺ ☹ -- Morning Work Required Additional Time – yes/no

Assignment #2 ☺ ☹ -- Morning Work Required Additional Time – yes/no

Assignment #3 ☺ ☹ -- Small Group Reading Required Additional Time – yes/no

Assignment #4 ☺ ☹ -- Whole Group Reading Required Additional Time – yes/no

Assignment #5 ☺ ☹ -- Writing/Spelling Required Additional Time – yes/no

Assignment #6 ☺ ☹ -- Science/Social Studies Required Additional Time – yes/no

Assignment #7 ☺ ☹ -- Rocket Group Math Required Additional Time – yes/no

Assignment #8 ☺ ☹ -- Recess Required Additional Time – yes/no

Assignment #9 ☺ ☹ -- Small Group Math Required Additional Time – yes/no

Assignment #10 ☺ ☹ -- Whole Group Math Required Additional Time – yes/no

Total # of assignments completed today: _____ out of _____

_____ followed school rules in the following places:

Lunchroom – yes/no Restroom – yes/no Hallway (AM) – yes/no Hallway (PM) – yes/no

***The student followed all directions during the school day. Yes/No**

Student Signature _____

Teacher Signature _____

Additional Comments: