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EMOTIONAL HEALTH

## **Primary Project: 2017-18 Rochester City School District (RCSD) Program Outcome Summary**

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LYNN SMITH  
STAŚ LOTYCZEWSKI

AUGUST, 2018

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Children's Institute is a recognized leader in programs, research, and evaluations supporting children's social and emotional health. Our partner, COMET Informatics, offers a data support system that provides informed decision-making, organizational quality improvements, and improved outcomes for children and youth.

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## Introduction

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Primary Project has been providing social and emotional support to students in pre-K – second grade in Rochester City School District (RCSD) elementary schools for over 60 years. Currently in 21 elementary buildings, the core team, consisting of the school based social worker or psychologist and child associate, works collaboratively with teachers to identify students who are just beginning to show signs of difficulties with school adjustment. Children's Institute has a long partnership with the district through shared financial resources and supporting program implementation through training and consultation.

This report focuses on the work and accomplishments of Primary Project during the 2017-18 school year in the Rochester City School District. Some highlights include:

- Continued close collaboration between Children's Institute and the Rochester City School District.
- Ongoing training, consultation, and continued support for program implementation.
- Systematic social and emotional screening of all students in targeted grades at buildings implementing Primary Project.
- Positive student outcomes based on assessments and observations from teachers, school based mental health professionals, and child associates.

## Historical Context

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Primary Project, formerly known as Primary Mental Health Project, was developed in partnership with Children's Institute and the Rochester City School District in 1957. The idea for Primary Project was initiated by a district social worker and psychologist who, together with a researcher from Children's Institute, developed this flagship program to meet the needs of children experiencing school adjustment difficulties. The early rationale for the development of Primary Project was to provide a cost-effective preventive support service to young children experiencing mild school adjustment difficulties. In the early years, Primary Project was implemented in one elementary building in the Rochester City School District and has since expanded to 21 elementary schools. Primary Project received numerous national awards and accolades attesting to its effective and efficient programming. It is listed on the National Registry of Evidence-Based Programs and Practices of the Substance Abuse and Mental Health Services Administration (SAMHSA). Among the many awards bestowed on Primary Project is the U.S. Surgeon General's Report on Mental Health (1999) recognizing it as one of five exemplary research-based prevention programs in the nation for enhancing children's mental health.

## Program Content

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Primary Project contains six core components, each of which contributes to the program's success.

1. Focus on young primary grade children who are just starting to show school adjustment issues
2. Systematic screening and selection for students who are best served by the program
3. Use of paraprofessionals to provide direct services to children
4. Change in the role of the mental health professional
5. Ongoing program evaluation
6. Integration into the school environment

**Focus on young children:** Primary Project was designed for students in pre-k through 3<sup>rd</sup> grade. Currently, in RCSD Primary Project services are provided mostly to K-2 students.

**Systematic screening and selection:** After the first four weeks of school, classroom teachers complete the Teacher-Child Rating Scale (T-CRS) on all children in 1st & 2<sup>nd</sup> grade. This systemic approach is intentional so all children will be reviewed and considered and it is particularly helpful in differentiating children who might benefit most from Primary Project and those who are in need of more intensive services. In January, kindergarten students were screened using the T-CRS in all Primary Project schools and those students were considered for a second cycle of Primary Project. By allowing the children ample time for early school adjustment, the children who continue to show signs of early school adjustment difficulty will be more readily identifiable. Primary Project is part of schools' Response to Intervention (RtI).

The T-CRS, which is used as a screening tool for this project, consists of 32 items that assess four primary domains of a child's socio-emotional adjustment:

- **Task orientation:** A child's ability to focus on school related tasks
- **Behavior control:** A child's skill in adapting and regulating behavior and emotions
- **Assertiveness:** A child's interpersonal ability to engage and assert one's needs
- **Peer social skills:** A child's ability to interact with peers

The RCSD school-based team (school mental health professional, child associate, and teacher) reviews the screening data of all children and selects those who fall within the 15% to 30% percentiles on any of the scales of the T-CRS and are deemed to be at early risk for school adjustment. After children are identified, written parental permission is obtained by school personnel. Upon permission receipt, the child associates begin scheduling sessions and meeting with children.

The T-CRS serves not only as a measure to identify children for Primary Project, but also as a valuable measure for identifying children who may need more intensive support or services. The school mental health professional can use the screening data to inform practices that meet

the social and emotional needs of all the children based on the rating scale, observational data, and teacher and parent inputs.

**Use of paraprofessionals:** Child associates are RCSD employees and provide the direct services to the children in the program. They are selected for their ability to establish effective, genuine, caring relationships with children. To add to this natural ability, they are trained in the child-centered intervention using play, which is described below. Their responsibilities include:

- Establish helping, supportive relationships with children
- Participate in ongoing professional development
- Engage in weekly supervision
- Maintain notes
- Communicate with parents and staff
- Prepare and maintain the playroom space

School buildings have designated space that is used for the weekly play sessions between associates and children. These rooms are specifically equipped with expressive and creative toys or media that will encourage young children's natural ability to create and communicate through play. Child associates are specifically trained to be "therapeutic agents", which involves learning basic helping skills of listening with focused attention, responding empathically to the child, encouraging the child's decision making, reflecting the child's feelings, building the child's competence by encouraging instead of praising, giving developmentally appropriate responsibility back to the child whenever they are capable, and setting emotionally responsive limits. These skills are all part of the intervention, which is driven by a theoretical underpinning of child-centered play.

Children meet with their assigned associate one-to-one for approximately 12-15 sessions, once a week, for 30-40 minutes. Primary Project best practices indicates that children are re-evaluated by the team after 12-15 sessions to determine whether they should "graduate" from the program or continue for additional time. Every child is discussed during these team meetings to ensure children receive the most appropriate level of service.

**Role of the mental health professional and supervision:** Mental health professionals, usually the school social worker, are responsible for directing the day-to-day project activities. They also have the primary responsibility to clinically supervise, support, and help train the child associates beyond the training provided by Children's Institute. Additionally, they direct the screening and selection of students, monitor students' progress, and provide clinical oversight. This role provides an opportunity for school mental health professionals to expand their reach to a greater number of children. Children's Institute provides support through ongoing training for supervisors as well as onsite consultation with the core team (school based mental health professional and child associate).

**Ongoing program evaluation:** Each year, schools generate site-specific formal evaluation reports via COMET. Schools are able to access in real time pre- and post- data for T-CRS and A-CRS (Associate Child Rating Scale), the Child Log (record of sessions), and the Professional Summary Report (PSR) (completed by the school-based mental health professional). The project

teams are strongly encouraged to share their data with building administrators and teachers to demonstrate outcomes, as well as to drive any programmatic changes.

**Integration into the school community:** Primary Project is used as a Tier 2 intervention as part of the RtI (Response to Intervention) approach. Because children are screened and identified as showing emerging signs of school adjustment difficulties, identification and intervention are critical at this juncture.

## Services

During the 2017-18 school year, Primary Project was implemented in 21 elementary buildings in the district (see Table 1 below). A total of 3,045 students were screened using the T-CRS measuring student's socio-emotional development. Once teachers identified appropriate students for services and written parent consent was obtained, services were provided to a total of 598 students in grades prekindergarten through 2<sup>nd</sup> grade across the 21 buildings.

*Table 1 – Schools in which Primary Project was implemented, grades served, number of students screened and served*

School	Grades Served	Number of Students Screened	Number of Students Served
2	K-2	<b>147</b>	<b>22</b>
5	K-2	<i>205</i>	<b>14</b>
7	K-1	<i>222</i>	<i>22</i>
8	K-2	<b>157</b>	<i>45</i>
9	K-2	<b>296</b>	<i>42</i>
10	K-2	<b>142</b>	<b>16</b>
15	K-2	<b>98</b>	<i>20</i>
19	K-2	<b>102</b>	<b>15</b>
25	K-2	<b>128</b>	<i>17</i>
28	K-2	<i>238</i>	<b>45</b>
29	K-2	<b>155</b>	<b>32</b>
33	K-2	<i>473</i>	<b>87</b>
34	K-2	<b>206</b>	<b>43</b>
35	K-2	<b>188</b>	<i>23</i>
41	1-2	<i>145</i>	<i>23</i>
42	K-2	<b>173</b>	<i>24</i>
43	K-2	<b>146</b>	<b>14</b>
44	K-2	<i>115</i>	<b>12</b>
53	Pre-K & K	<b>141</b>	<i>26</i>
57	K-2	<i>191</i>	<b>14</b>
58	K-3	<i>180</i>	<i>40</i>

\*Bolded numbers indicate a reduction in numbers screened and/or served from the prior year; italicized numbers indicate an increase in numbers screened and/or served from the prior year.

## Training

Ongoing training is essential to both school based mental health professionals and child associates to strengthen and refine their skills in child led play. It is considered best practices that new child associates and school based mental health professionals/supervisors receive the two day introductory training held in the fall. In addition, two day supervision training is offered for school based supervisors to also support supervisors' skills. Annually, for seasoned associates, a minimum of six hours of ongoing training related to Primary Project is considered best practices. For the past few years, the majority of training hours for RCSD occurred early on in the fall, prior to program start up. This was based on feedback from both mental health professionals and child associates that training would be more desirable prior to starting service with students. In the 2017-18 year, a summer workshop was provided for building administrators focusing on an overview of Primary Project and sharing outcome data (from the 2016-17 school year) with instruction on how to interpret the data. For RCSD Primary Project teams, the school year began with a "kick off" meeting that brought together child associates and supervisors. This meeting is designed to offer relevant training to both school based mental health professionals and child associates and provides teams with information to ensure a strong start to the program year. The 2017-18 school year commemorated a milestone birthday celebration for Primary Project. A 2-day conference was provided in Rochester, New York and included Primary Project teams from New York State and nationally. The Rochester City School District paraprofessional union supported registration fees for child associates. Continuing Education Credits were offered to all NYS social workers in attendance. An outline of trainings provided is highlighted in Table 2.

*Table 2 – Trainings Offered for RCSD*

Training	Date
Primary Project: 60 Years of Prevention in RCSD	8/10/17
RCSD "Kick Off" Meeting/Training: Taking Care of Our Own Social & Emotional Needs So We Can Teach Others	9/22/17
Introductory Two Day Primary Project Training	9/14 & 15/17; 9/26 & 9/27/17; 1/11 & 1/12/18
Preparing for National Certification	10/6/17
Prevention Goes a Long Way: 60 Years of Primary Project	10/26 & 10/27/17
Two Day Supervision Training	11/1 & 11/2/17

## Consultation

During this past year, most schools received one on-site visit from a Children's Institute consultant to address programmatic questions, offer guidance and support, and help support the team address clinical issues that arose during playroom sessions. Visits included the building supervisor/school based social worker or psychologist and child associate(s). It was strongly encouraged that the team invite its building administrator to the meeting as well. The intent of the visit was to train and support retrieval of COMET evaluation reports, review the previous year's data, address start up plans for Primary Project, prepare for national certification, and address any concerns early in the year to ensure a strong implementation. Throughout the year, the consultant remains in contact with Primary Project personnel through e-mails and phone communication.

## Other support

Collegial circles are professional development opportunities for RCSD child associates, facilitated by the Primary Project consultant for the district. Collegial circles provide the opportunity for small groups of child associates to share resources and playroom experiences, solve common problems, and discuss needs and questions. One collegial circle was provided and attended by 11 child associates.

## Student Outcomes

Ongoing program evaluation is a core component and considered best practices for Primary Project. Each year, schools collect data via COMET, a web based tool. At the end of each year, teams are able to access reports and are encouraged to share results with building staff, including teachers and administrators. The table below highlights the measures that are used, the time that they are completed, and the member of the Primary Project team responsible for completion.

*Table 3 – Primary Project Measures and Outcomes*

Primary Project 2017-18			
Outcome	Measures	Number of participants with complete data	Method
Social, emotional and behavioral adjustment	Teacher-Child Rating Scale (T-CRS)	520	Teacher Report
Student progress in the playroom	Associate Child Rating Scale (A-CRS)	519	Child Associate Report
Record of sessions with participating students	Child Log (CLOG)	579	Child Associate Report
Summarizes student's program experience and provides recommendations	Professional Summary Report (PSR)	563	School based social worker or psychologist

Screening is conducted at two points during the year using the T-CRS. The first is four weeks into the start of the school year and the second is in January. After screening using the T-CRS, children rated as being at risk for social-emotional difficulties are considered for referral to Primary Project. Generally, “at risk” is operationally defined as scoring at or below the 30<sup>th</sup> percentile on one or more of the T-CRS's subscales.

After completing their participation in the program, children are again assessed using the T-CRS.

During the 2017-18 year, a total of 3,045 students were screened using the T-CRS measuring student's socio-emotional development. Once teachers identified appropriate students for services and written parent consent was obtained, services were provided to a total of 598 students in grades pre K-2 across the 21 buildings.

Some demographic data of 2017-18 participating students are as follows:

- 51% boys; 49% girls
- 2% pre-K; 32% Kindergarten; 35% 1<sup>st</sup> grade; 30% 2<sup>nd</sup> grade; 1% 3<sup>rd</sup> grade
- 62% African American, 25% Latino, 10% Caucasian, 3% Asian

Child logs were completed on 604 students in Primary Project. A total of 7,678 contacts (individual sessions with children) occurred; the average number of sessions per child is 13; and the average length of time for sessions is 30 minutes.

To determine the impact of the program, we examine the effect sizes of the change from the initial and the final T-CRS assessment for children completing the program. The standard to be used when looking at impact will be change equivalent to one-quarter of a standard deviation (0.25) or greater. This is consistent with the standard employed by the What Works Clearinghouse (WWC), part of the U.S. Department of Education's Institute of Education Sciences (IES). The effect sizes for each of the T-CRS subscales was computed for the Primary Project referred subsample that was initially at risk for that specific problem behavior. For example, since only certain students were deemed at risk for behavior control problems, the effect size calculations for behavior control only consider children who were initially scored at or below the 30<sup>th</sup> percentile on that subscale. A separate effect size is provided for each of the four T-CRS subscale scores.

For the 2017-18 school year, Primary Project T-CRS scores' effect sizes for the four at risk subgroups were:

- 1.13 for the Task Orientation at risk subgroup (N=243)
- 0.34 for the Behavior Control at risk subgroup (N=322)
- 1.28 for the Assertiveness at risk subgroup (N=229)
- 0.85 for the Peer Social Skills at risk subgroup (N=242)

Each of the effect sizes exceeds the threshold of 0.25.

Overall, T-CRS results of Primary Project indicated positive outcomes for the 2017-18 year. Of the 520 students for whom pre and post T-CRS instruments were completed, there was an increase in all four areas (task orientation, behavior control, peer social skills and assertiveness) on the T-CRS. (This T-CRS report follows this section.)

While positive change is noted for all schools combined (district wide) on all four domains of the T-CRS, following the T-CRS report are four individual reports each highlighting the 21 elementary buildings that implemented Primary Project and the pre-post T-CRS outcome for each area; task orientation, behavior control, assertive social skills and peer social skills.

Each year, child associates complete the Associate Child Rating Scale (A-CRS) at the beginning (after 3-4 sessions with the student) of the student's time in Primary Project and at the end. In the 2017-18 year, child associates completed pre- and post- A-CRS instruments on 519 children. There was positive change noted on all four areas of the A-CRS (initiative/ participation, acting out/limits, shy/anxious, and self-confidence). Similar to the T-CRS, change is noted by effect size. Large effect size change is noted for students on the self-confidence and initiative/participation scales. Small effect size is noted for the shy/anxious scale. While acting

out/limits indicate positive growth, effect size was less than 0.25 (This A-CRS report follows the T-CRS report noted above).

The Professional Summary Report (PSR) summarizes a child’s program experience, as perceived by the school based mental health professional (social worker or psychologist) and is completed at the end of the student’s experience in Primary Project. The supervising mental health professional utilizes input from child associates and teachers and indicates recommendations for each individual student. In the 2017-18 year, large effect sizes were noted in many of the 12 areas rated by the supervising mental health professional (This PSR report follows the A-CRS report noted above.). School based supervisors made the recommendation to terminate Project for 80% of participants; 4% were recommended to continue participation in Primary Project next fall.

Success in the program was assessed by the mental health professional’s recommendation for the child. Cases in which the child leaves Primary Project because the goals were met (rather than because the school year is ending, the child is moving, etc.) and the professional’s recommendation is to terminate the child from Project (as opposed to re-evaluation, continuing next year, etc.) can be considered “successful” outcomes, with other combinations being considered “unsuccessful”. Using this criterion, approximately 61% of the participants were successful. We compared the average (mean) T-CRS, A-CRS, and PSR change scores for these two groups of Primary Project students. The results are presented in the charts below.

Figure 1 -- TCRS Outcomes

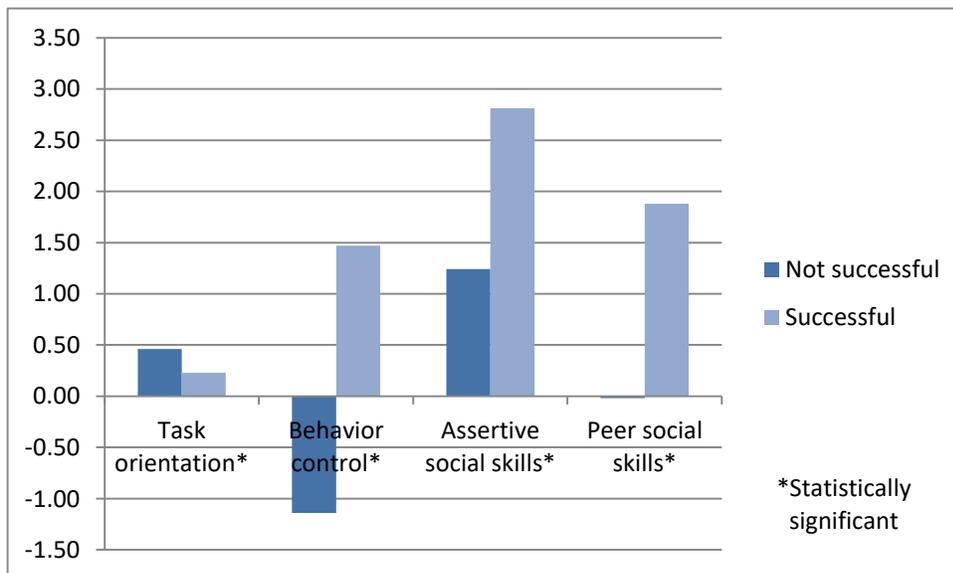


Figure 2 -- ACRS Outcomes

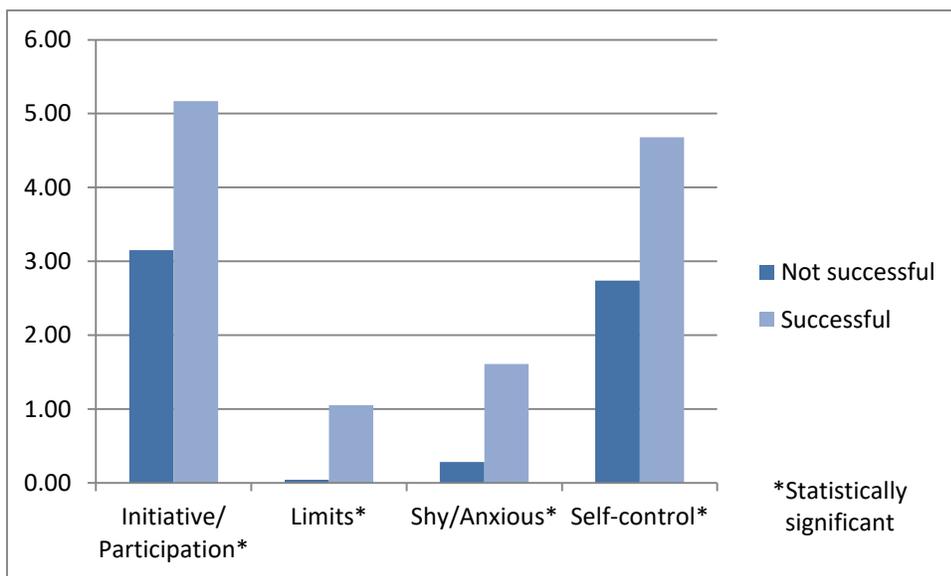
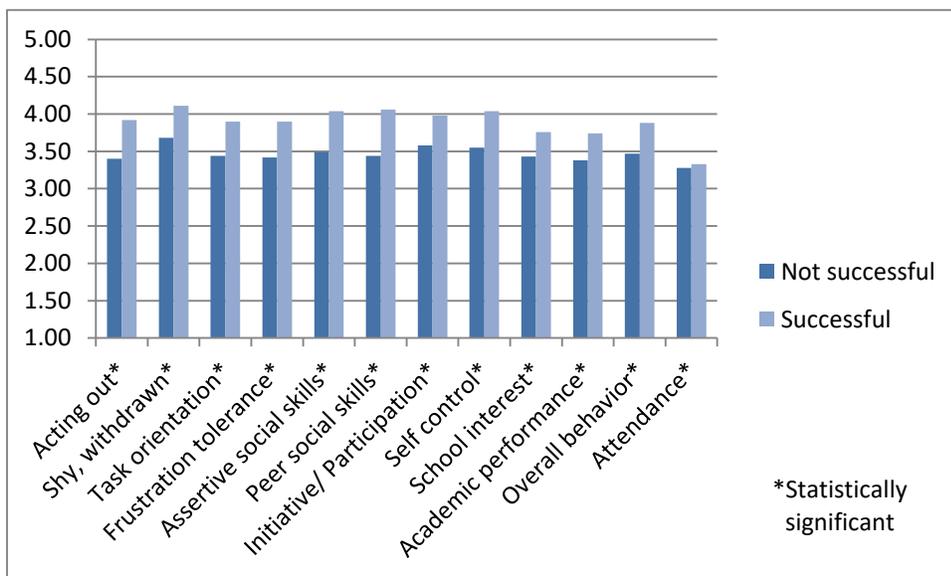


Figure 3 -- PSR Outcomes



For each outcome variable, the “successful” group out-performed the “unsuccessful” group. All the results are statistically significant at  $p < .05$ .

## Program Successes

**Continued partnership** - Since the inception of Primary Project in 1957, Children's Institute and the Rochester City School District have been partners in providing social and emotional support to its students. Part of Primary Project's success is the relationship between the Children's Institute coordinator for Primary Project and the RCSD District Coordinator, Ruth Turner.

**Certification** - National certification is an endorsement of programs that meet best practices and implement the program with attention to program fidelity. Nationally certified schools must apply every three years to become recertified. Certification requires schools to submit materials that describe how Project is being implemented at their building, as well as a letter of support from the building administrator. After materials are received, the building is assigned a Children's Institute representative/endorser experienced in Primary Project. The RCSD district coordinator for Primary Project is a strong supporter of all schools receiving and maintaining national certification. In order to receive ongoing fiscal support certification is an expectation that ensures best practices are met. Below is a table highlighting certification status and renewal dates.

School	Certification Status	Renewal date
#2	Full certification	June 2021
#5	Full Certification	June 2019
#7	Full certification	June 2021
#8	Full Certification	April 2020
#9	Provisional certification	May 2019
#10	Full certification	June 2021
#15	Full certification	May 2020
#19	Full Certification	May 2020
#25	Full certification	June 2021
#28	Full certification	June 2021
#29	Full certification	June 2021
#33	Full certification	May 2021
#34	Full certification	June 2021
#35	Full certification	May 2021
#42	Full certification	June 2021
#43	Full certification	Certification visit postponed until 2018-19 school year
#44	Full certification	June 2019
#53	Full certification	May 2020
#57	Full certification	Certification visit postponed until 2018-19 school year
#58	Full certification	May 2021

**Expansion** – Children’s Institute releases an annual application for funding (AFF) inviting districts across the state to apply for funding to support Primary Project implementation. Applicants may request a maximum of \$15,000 per school/site for up to two schools in a district (\$30,000 maximum per district) for the first year. The intention is to support programs for a three-year period with a declining grant award in Years 2 and 3. Joseph C. Wilson Foundation Academy (RCSD School #68) was awarded new funding and will begin Primary Project in fall 2018.

## Program Challenges

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**Staffing** – Child associates are in unique positions within schools. These positions require well rounded individuals who possess strong relational skills with children and adults while balancing other responsibilities which include:

- Orienting/training teachers and other new users in buildings to COMET.
- Facilitating the parent consent process.
- Preparing and maintaining the playroom space.
- Participating in ongoing trainings and professional development related to Primary Project.
- Participating in regularly scheduled supervision.
- Maintaining notes on children identified for the program.
- Completing assigned measures in COMET.
- Maintaining ongoing communication with staff and parents.

The hiring process takes time to ensure that high quality child associates are identified and will remain in that position for many years in order to ensure continuity of services. When changes in staffing occur, particularly during the school year, it is a disruption in services to students which often prevents them from receiving the full benefit of Primary Project.

Similarly, school based mental health professionals (social workers or psychologists) are responsible for directing the day to day implementation of Primary Project including but not limited to: 1) supervising the child associate(s), 2) overseeing selection of students and 3) facilitating teacher conferences. When leadership of the program is absent or deficient, program fidelity weakens.

**Maximizing program effectiveness** - Generally, children selected for Primary Project have mild school adjustment difficulties. However, it is believed that some children included in Primary Project may have difficulties that exceed the mild range. As a guide, when programs identify children with mild school adjustment difficulties, they are typically no more than 10-15% of the total number served in the school. For example, if you screen 100 children, 10 children may be experiencing moderate school adjustment difficulties and may be appropriate candidates for Primary Project participation. Keeping this general rule in mind, a careful review of current buildings' student population in addition to screening and selection practices may help to plan the amount of child associate time needed per building.

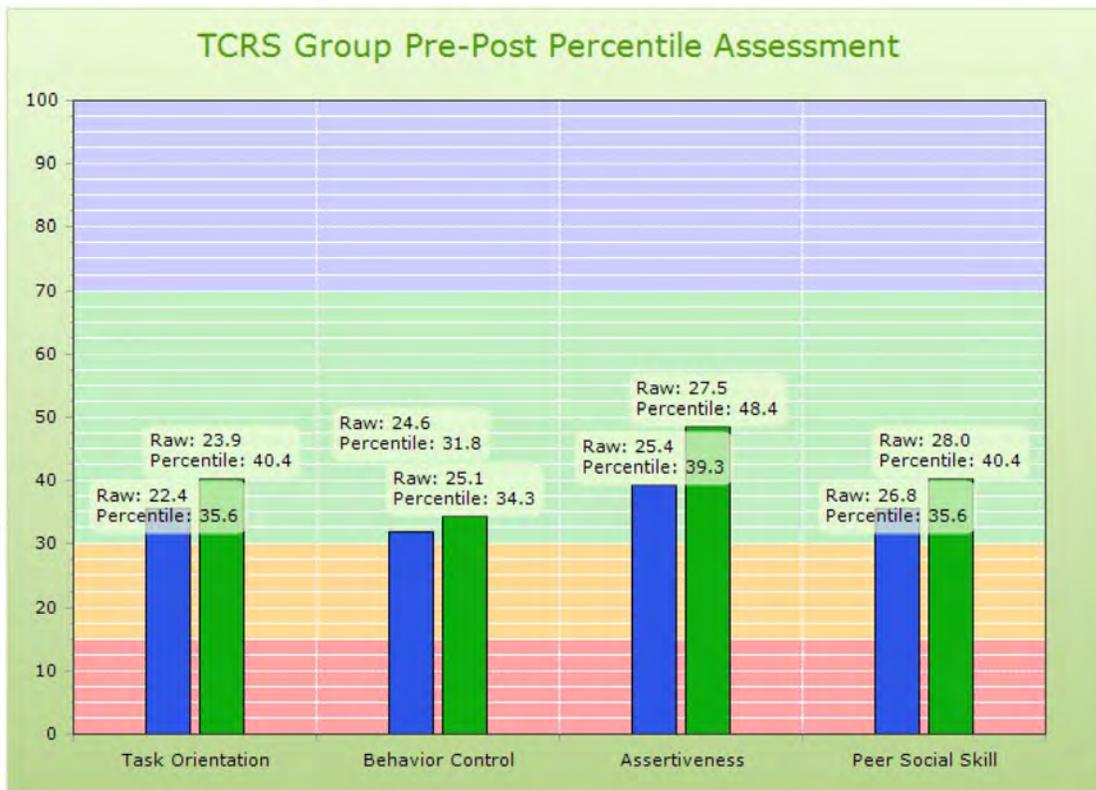
## Future Direction

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This report highlights the 2017-18 year for Primary Project in the Rochester City School District. Positive student outcomes were noted based on perceptions of teachers, child associates, and supervisors. The partnership between Children's Institute and RCSD continues to be strong. Each year, Children's Institute plans with district staff to identify ways to strengthen and refine Primary Project practices within schools.

It is Children's Institute's intent to continue its partnership with the district and offer high quality training and consultation to support ongoing program implementation with fidelity.

**Group Percentile Pre/Post Report**

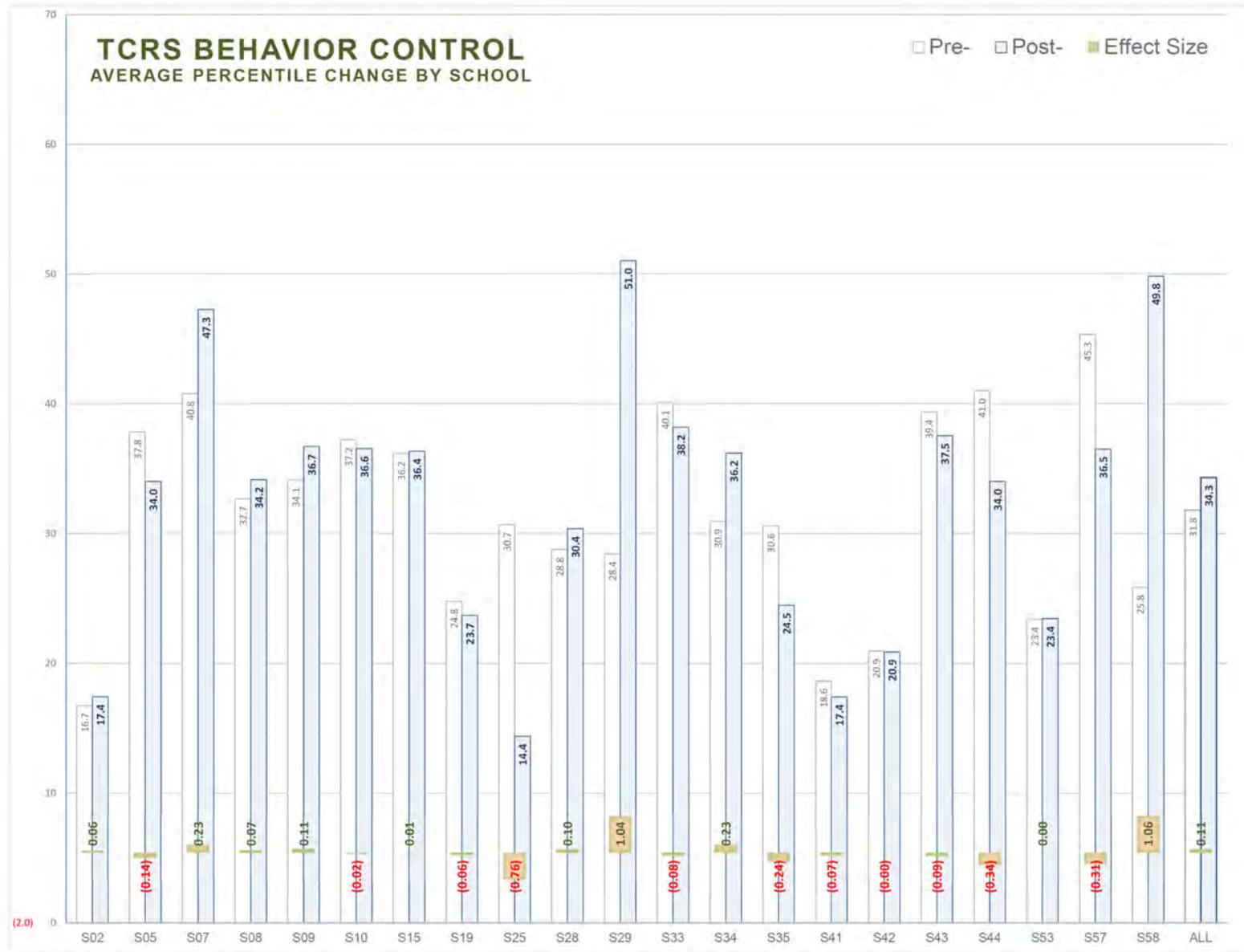


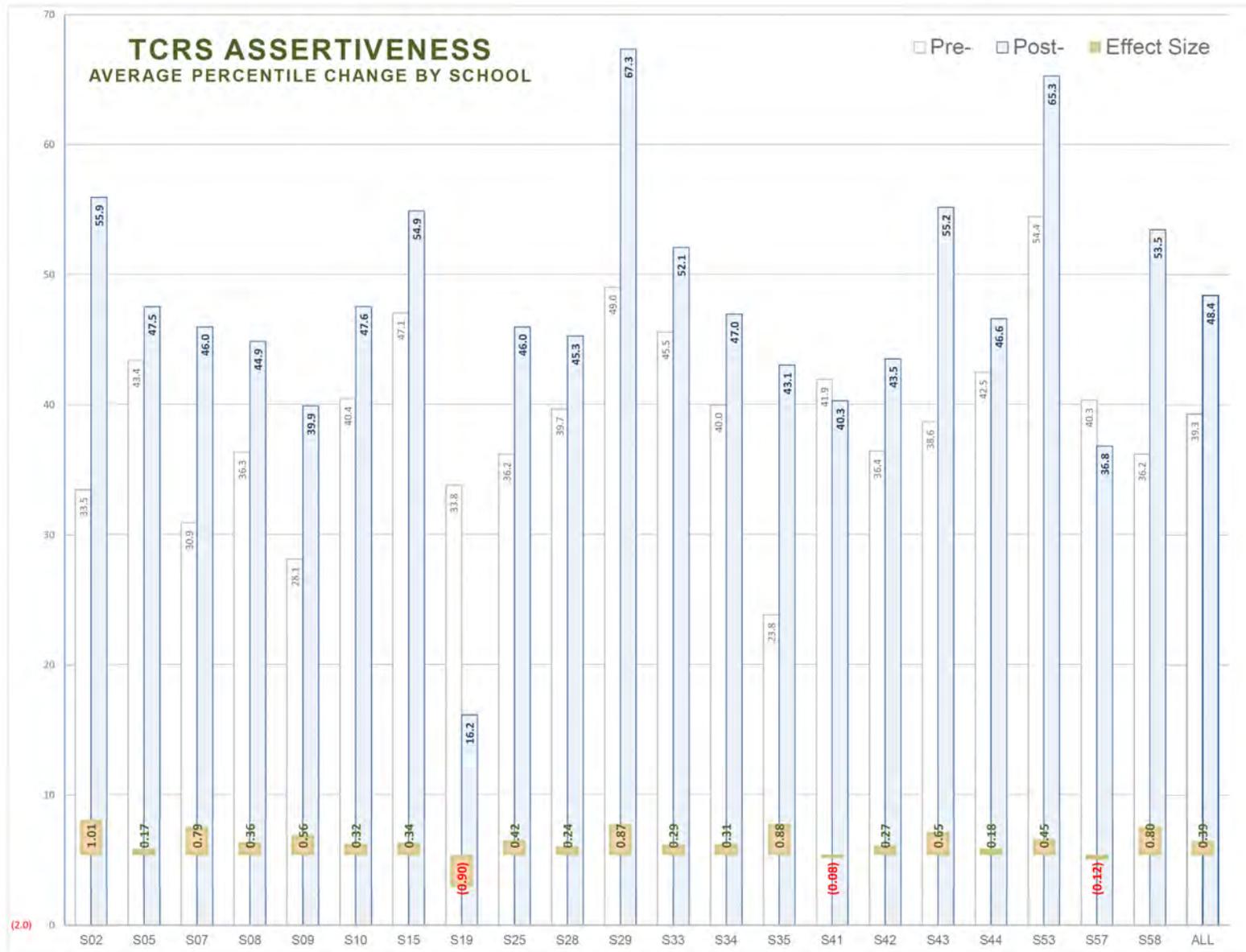
**Group**      **Group Description**  
 First      RCSD 2017-18 TCRS Outcomes N=598 subjects

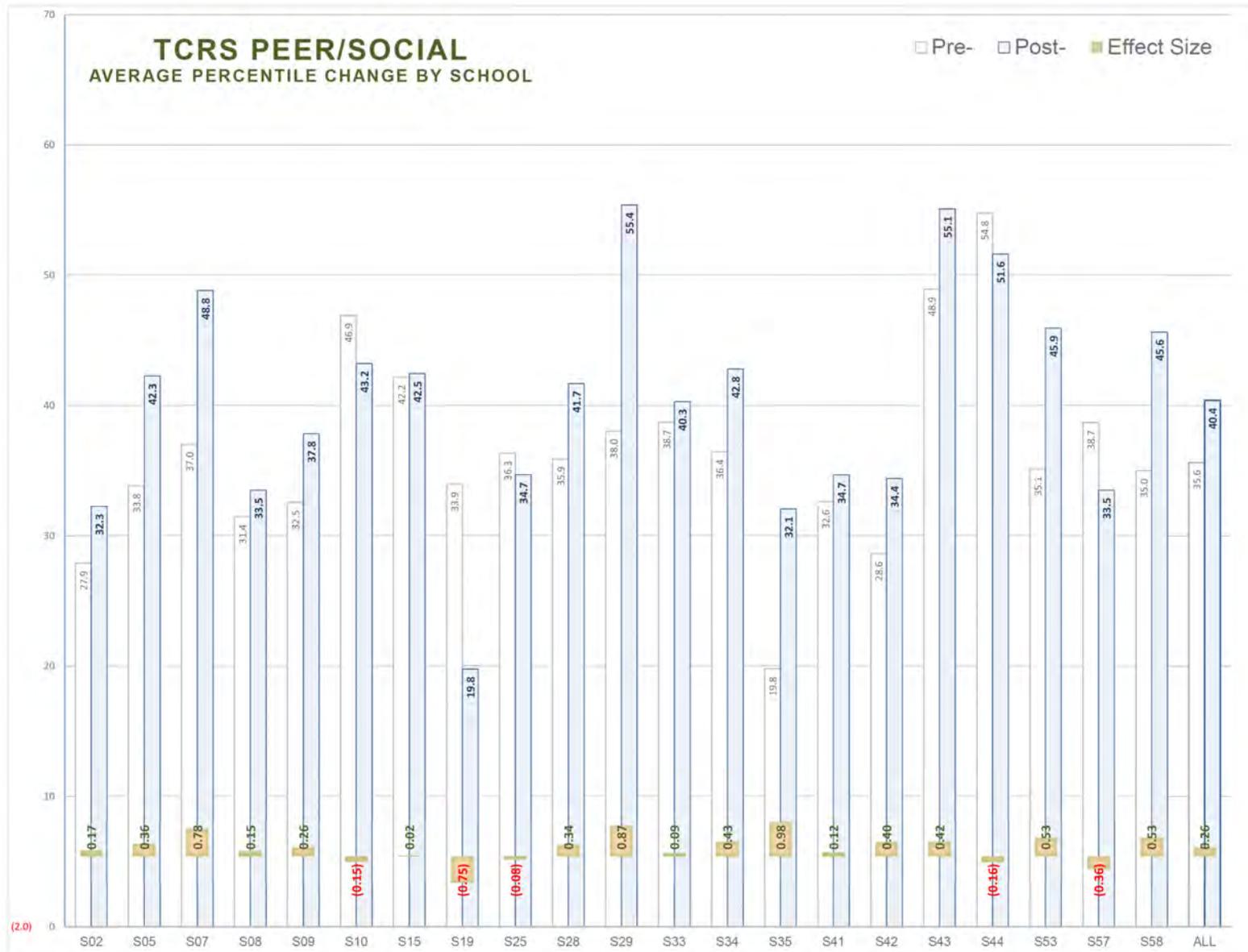
**Series**      **From**      **To**      **Option**  
 First      7/1/2017      6/30/2018      Earliest  
 Second      7/1/2017      6/30/2018      Latest

<u>Dimension</u>	<u>Effect Size</u>	<u>Std Dev</u>	<u>Count 1</u>	<u>Count 2</u>
Task Orientation	0.22	6.75	520	520
Behavior Control	0.06	6.71	520	520
Assertiveness	0.37	5.64	520	520
Peer Social Skill	0.21	5.41	520	520





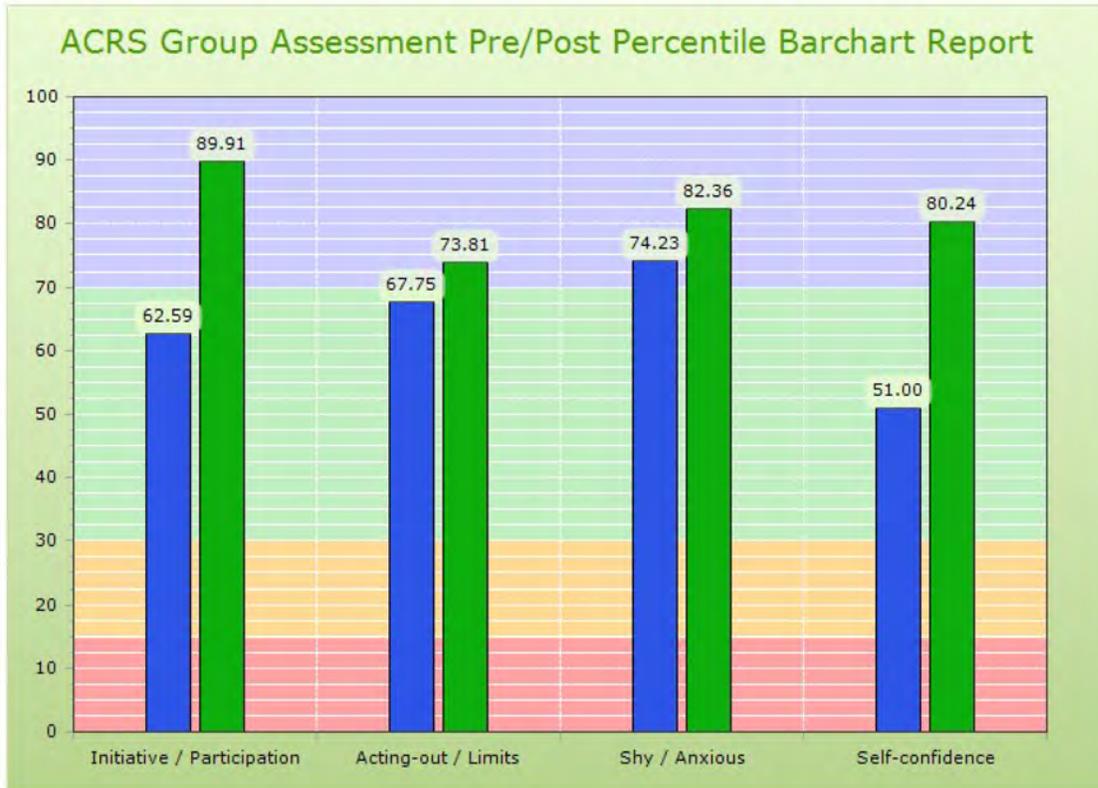




TCRS Average Percentile Change by School

School	Count	Average values for pre-				Average values for post-				Standard deviations of Pre-				Pre-to-post Difference				Effect size			
		TO_pc1	BC_pc1	AS_pc1	PS_pc1	TO_pc2	BC_pc2	AS_pc2	PS_pc2	stdev_TO1	stdev_BC1	stdev_AS1	stdev_PS1	diff_TOpc	diff_BCpc	diff_ASpc	diff_PSpc	es_TOpc	es_BCpc	es_ASpc	es_PSpc
s02	19	21.05	16.74	33.47	27.89	30.74	17.42	55.95	32.26	15.18	12.00	22.28	25.67	9.68	0.68	22.47	4.37	0.64	0.06	1.01	0.17
s05	11	29.27	37.82	43.36	33.82	33.55	34.00	47.55	42.27	20.47	26.35	23.94	23.16	4.27	-3.82	4.18	8.45	0.21	-0.14	0.17	0.36
s07	22	43.18	40.77	30.91	37.00	53.82	47.27	46.00	48.82	21.23	28.62	19.13	15.06	10.64	6.50	15.09	11.82	0.50	0.23	0.79	0.78
s08	44	35.59	32.68	36.34	31.43	39.00	34.16	44.89	33.50	19.48	21.12	23.51	13.38	3.41	1.48	8.55	2.07	0.17	0.07	0.36	0.15
s09	37	30.22	34.11	28.11	32.54	37.08	36.70	39.92	37.84	17.18	23.07	20.94	20.54	6.86	2.59	11.81	5.30	0.40	0.11	0.56	0.26
s10	9	48.56	37.22	40.44	46.89	52.44	36.56	47.56	43.22	25.41	33.77	22.47	24.50	3.89	-0.67	7.11	-3.67	0.15	-0.02	0.32	-0.15
s15	20	39.35	36.15	47.05	42.15	45.35	36.35	54.90	42.45	22.38	21.16	22.98	13.89	6.00	0.20	7.85	0.30	0.27	0.01	0.34	0.02
s19	13	28.23	24.77	33.77	33.92	22.23	23.69	16.15	19.77	16.20	16.65	19.55	18.98	-6.00	-1.08	-17.62	-14.15	-0.37	-0.06	-0.90	-0.75
s25	16	33.69	30.69	36.19	36.31	30.13	14.38	46.00	34.69	25.21	21.35	23.14	19.86	-3.56	-16.31	9.81	-1.63	-0.14	-0.76	0.42	-0.08
s28	42	33.93	28.76	39.67	35.90	35.24	30.38	45.29	41.69	19.74	16.87	22.99	16.99	1.31	1.62	5.62	5.79	0.07	0.10	0.24	0.34
s29	23	39.13	28.43	49.00	38.00	58.26	51.04	67.35	55.39	25.61	21.65	21.00	20.02	19.13	22.61	18.35	17.39	0.75	1.04	0.87	0.87
s33	88	39.88	40.08	45.55	38.70	40.50	38.20	52.10	40.30	20.69	23.63	22.82	16.77	0.63	-1.88	6.56	1.59	0.03	-0.08	0.29	0.09
s34	40	34.28	30.93	39.95	36.43	37.03	36.20	46.98	42.80	21.62	22.83	22.78	14.94	2.75	5.28	7.03	6.38	0.13	0.23	0.31	0.43
s35	17	25.71	30.59	23.82	19.76	33.41	24.47	43.06	32.06	15.33	24.98	21.89	12.48	7.71	-6.12	19.24	12.29	0.50	-0.24	0.88	0.98
s41	22	27.36	18.64	41.91	32.59	27.68	17.41	40.32	34.68	21.15	16.46	19.85	18.02	0.32	-1.23	-1.59	2.09	0.02	-0.07	-0.08	0.12
s42	15	40.73	20.93	36.40	28.60	37.40	20.87	43.53	34.40	24.51	18.58	26.80	14.39	-3.33	-0.07	7.13	5.80	-0.14	0.00	0.27	0.40
s43	11	58.09	39.36	38.64	48.91	56.09	37.55	55.18	55.09	19.71	20.51	25.43	14.78	-2.00	-1.82	16.55	6.18	-0.10	-0.09	0.65	0.42
s44	8	34.88	41.00	42.50	54.75	40.50	34.00	46.63	51.63	14.93	20.66	22.56	18.94	5.63	-7.00	4.13	-3.13	0.38	-0.34	0.18	-0.16
s53	18	34.44	23.39	54.44	35.11	34.17	23.44	65.28	45.94	21.79	19.75	24.07	20.63	-0.28	0.06	10.83	10.83	-0.01	0.00	0.45	0.53
s57	6	50.83	45.33	40.33	38.67	44.00	36.50	36.83	33.50	21.25	28.21	29.28	14.40	-6.83	-8.83	-3.50	-5.17	-0.32	-0.31	-0.12	-0.36
s58	39	33.59	25.85	36.18	34.97	56.72	49.85	53.46	45.64	24.41	22.67	21.69	20.15	23.13	24.00	17.28	10.67	0.95	1.06	0.80	0.53
ALL	520	35.57	31.80	39.28	35.62	40.40	34.31	48.40	40.40	21.51	22.68	23.11	18.29	4.84	2.52	9.13	4.79	0.22	0.11	0.39	0.26

**Group Percentile Pre/Post Report**



<u>Group</u>	<u>Group Description</u>
First	RCSD 2017-18 ACRS Outcomes N=598 subjects

<u>Series</u>	<u>From</u>	<u>To</u>	<u>Option</u>
First	7/1/2017	6/30/2018	Earliest
Second	7/1/2017	6/30/2018	Latest

<u>Dimension</u>	<u>Effect Size</u>	<u>Std Dev</u>	<u>Count 1</u>	<u>Count 2</u>
Initiative / Participation	0.92	29.68	519	519
Acting-out / Limits	0.21	28.54	519	519
Shy / Anxious	0.34	23.81	519	519
Self-confidence	0.89	32.89	519	519