

Application for Funds: School Year 2021-2022

A nationally recognized, evidence-based, early intervention and validated New York State Sharing Success program, Primary Project is intended to reduce mild social, emotional, and school adjustment difficulties. For this funding opportunity, students in kindergarten to third grade may be identified to participate in this program. Students, likely to benefit and for whom parental permission is granted, are paired with a carefully selected and trained child associate who provides one-on-one support under the supervision of a mental health professional.

An invitation

School districts, public or private elementary schools, charter schools, other public agencies, and nonprofit 501 (c) (3) organizations are invited to submit applications to Children's Institute, Inc. to receive funding for the implementation of Primary Project in New York State.

Funds

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. Our intention is to support programs for a three-year period with declining grant award in years two and three. Primary Project programs in year two of funding may request no more than 75% of the initial year one award, and no more than 50% in the third and final year of funding. Schools must maintain the same level of child associate time as outlined in year one across the funding period.

Funds may not be used for a program in a school that is/has been implementing the program during the current school year or within the past three years. Funds may be used to expand the Primary Project program to new schools in a district, contingent upon maintenance of effort in the original school(s) and possession of national certification status in the existing schools.

In the third year of funding, schools are required to apply for Primary Project National Certification. More information about the process is available on the Children's Institute website.

Fiscal support is contingent on funds received from New York State, timely implementation of Primary Project and completion of program documentation (budgets, sustainability plans, annual state surveys) for each year of the award. The specific amount of New York State funds available in 2021-2022 is contingent upon the funds received from the State. As part of New York State funding and reporting requirements each year, aggregate data will be compiled for Primary Project programs that receive New York State funds. All identifiable information is removed from the report, summarizing group outcome data for funded programs.

The Program

This early intervention program is comprised of six structural components:

- 1) Services for young children
- 2) Systematic screening and selection
- 3) Provision of direct helping services by paraprofessionals
- 4) **Supervision** and support for paraprofessionals by mental health professionals
- 5) Ongoing program evaluation
- 6) Integration of the program into the school environment

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Review Process

Applications are evaluated by a team of individuals who have experience with Primary Project. Scoring is based on the following criteria:

- Adherence to the instructions and submission guidelines (5 points)
- Understanding of program goals to support learning and the core components of Primary Project, including impact/outcomes and evaluation/performance measures (45 points)
- Readiness for program implementation (20 points)
- Budget (20 points)
- Overall likelihood of successful implementation (10 points)

Contents of a Submitted Application

- Checklist (See Appendix 1, available on the Children's Institute's website¹)
- Cover letter (Signed/dated by district superintendent, Charter School Leader or Agency Director)
- Face Page (See Appendix 2, available on the website)
- School Information Page (See Appendix 3, available on the website)
- Abstract and Narrative form (See Appendix 4, available on the website)
- Resume(s) of mental health professional (supervisor) (FYI: As part of the NYS Primary Project Application for Funds review process, this document will be shared electronically with application reviewers.)
- Budget (See Appendix 5, available on the website)
- Budget Narrative (See Appendix 6, available on the website)
- Electronic Data Collection Calculation Sheet (COMET) (See Appendix 7, available on the website).
- Additional attachments:
 - Community organization applicants must include a letter from the partnering school district that demonstrates an understanding of Primary Project, how the district will support its implementation, and how the agency will interact with staff at the school.

Sample appendices in this application

- Sample Budget (Appendix 8)
- Sample Budget Narrative (Appendix 9)
- Sample Electronic Data Calculation Sheet (COMET) (Appendix 10)

Other appendices in this application

- Duties of Key Staff in Primary Project (Appendix 11)
- Primary Project Standards (Appendix 12)

Timeline

Applications are due electronically by 5pm on March 12, 2021. Early submissions are welcome. Combine all documents into one PDF and e-mail to Arlene Bobin at <u>abobin@childrensinstitute.net</u>.

Notification of award: June 1, 2021

¹ <u>https://www.childrensinstitute.net/programs-and-services/primary-project/application-for-funds</u>

To Learn More

Additional information about the Primary Project program (core components, best practices, and national certification process), is housed on our website at <u>https://www.childrensinstitute.net/programs-and-services/primary-project</u>.

The Application for Funds appendices, as well as other resources are available at <u>https://www.childrensinstitute.net/programs-and-services/primary-project/application-for-funds.</u> These include:

- the *Creating Connections* video
- a PowerPoint presentation specific to the application for funds process
- Primary Project: An Overview
- Primary Project Best Practices Rubric
- Primary Project Measures
- Primary Project Playroom Materials

You are strongly encouraged to contact Children's Institute with any questions related to the application process: Arlene Bobin, Primary Project Grants Coordinator, via email at <u>abobin@childrensinstitute.net</u> or 585-295-1000 ext. 266.

Application

Note: Contents of the Application and six core components are highlighted in bold. Use the Abstract and Narrative Form (Appendix 4, available on the website) to describe your understanding of the core components as outlined in this application.

Abstract

A brief description of the purpose for offering this program to the school, the students who will be served, and summary of the activities to achieve the goals of Primary Project

Program Narrative

This section demonstrates an understanding of the six core components and how the core components will be implemented at the site(s).

1.0 Characteristics of the School(s)

- Help us better understand your school community.
- Describe how Primary Project fits within the continuum of existing social emotional programs at your school (**Integration**). If other schools in your district implement Primary Project, please provide information on how activities will be coordinated across the district.
- Describe what activities have occurred to introduce Primary Project to school personnel (**Integration**).

2.0 Program Implementation

2.1 Screening and student selection process/Services for young children

- **General Information:** Schools are **not** required to serve students in each of the four grade levels (K, 1, 2, 3), rather select which grade levels would be most appropriate based on your school needs. Typically, a child associate (individual who works directly with identified students) who works 15 hours per week will serve approximately 12 students per cycle (fall and spring) or a total of 24 students per year. Therefore, you are encouraged to identify what is the greatest need for specific grade levels. Generally, 10-15% of the total number of students screened may qualify for program participation.
 - What grade levels will be served?
 - How many total students do you anticipate in those grades for fall 2021? This is the number of students screened.
 - Approximately 10-15% of the number screened will be served. How many children do you anticipate serving?
 - Estimate the number of child associate hours that are needed to serve the number of students in the previous question. (Typically, a 15 hr. /wk. child associate can see 12 students per cycle or 24 students per year.)
- Describe the **screening** measure(s) that will be used to support the selection process.

Note: Psychometrically sound, online **screening** measures are available through Children's Institute. The Teacher-Child Rating Scale (T-CRS) has been used as a universal screener to measure student's social-emotional adjustment through the COMET system. Teachers must have computer access for online completion of measures. (If students are learning virtually, the Parent-Child Rating Scale (P-CRS) may be used as a screening tool; however, it is an optional measure.)

- If a screening tool other than the T-CRS is used, identify the name of the assessment tool and provide a sample to accompany your application. Describe how the measure will identify areas of need and differentiate at-risk vs. high-risk students.
- Describe how determinations for student **selection** will be made and who will be involved in these decisions.

2.2 Intervention

- Describe your understanding of the one-on-one, nondirective, child-led play **intervention** including the frequency (one time per week) and duration (12-15 consecutive sessions over fall or spring cycle). What does the intervention look like, how will the time be spent during the play sessions? In the event of virtual sessions, please explain how this will be coordinated based on your district's policies.
- Expand on how the relational and expressive value of play connects to young children's learning and social-emotional well-being.
- Describe how services will be culturally and linguistically appropriate for the students served.

2.3 Staffing² (The document, Duties of Key Staff, is Appendix 11 in this application.)

- **Professional Staff:** Identify the mental health professional staff³ who will assume specific program responsibilities: include critical areas of focus, such as program coordination, selection of students, training, and on-going **supervision** of the child associate(s). Indicate the full-time equivalent anticipated for this project. (Please note that the mental health professional and the Project Coordinator may be the same person.) A critical factor for the success of this program is support from both the mental health supervisor and school principal.
- **Paraprofessional Staff**: Define the process for recruiting and hiring the child associate(s). Outline the **roles and responsibilities of the child associate(s)**. Indicate the number of positions and full-time equivalents anticipated. Primary Project paraprofessionals are typically school employed staff members.

2.4 Supervision

• Describe **supervision** of the child associate, the mental health professional who will be responsible, the frequency, and what will occur during this time. (Primary Project supervisors must participate in Primary Project supervisor training.)

 $^{^2}$ Note: Applications submitted by a community agency, will describe roles and responsibilities both within the applying agency, as well as within the site of implementation. Attach a letter from the school district indicating an understanding of the project and how the district will support its implementation.

³ Note: Supervisors must have a minimum of a Master's Degree in a mental health field, such as social work, school psychology, or school counseling.

2.5 Space and materials

- Describe the space to be used as the playroom for the duration of the project. In the event of virtual sessions, what considerations will be taken into account for the intervention to take place remotely?
- Describe general, expressive materials made available for students' use in the playroom sessions.

2.6 Sustainability

• Highlight strategies to sustain the program as funding declines in years two and three and after funding ends. One example might be to present the program overview and outcomes to community stakeholders, such as the Board of Education.

2.7 Ongoing program evaluation

Describe the measures to formally evaluate student progress of those participating in the program.

Children's Institute offers on-line measures to capture input from: 1) the teacher (Teacher-Child Rating Scale which is also used as the screener), 2) child associate (Associate-Child Rating Scale; Child Log), and 3) mental health professional (Professional Summary Report). (If students are learning virtually, the Parent-Child Rating Scale (P-CRS) may be used to assist in the screening process. However, it is an optional measure.)

- For continuous program improvement, the **evaluation**, including outcomes, is conducted annually.
- Children's Institute is required to report de-identified, group outcome data on program evaluation measures in our report to the state; you will be required to use the aforementioned evaluation measures. The Electronic Data Collection Sheet (COMET) (Appendix 7) is used to calculate the cost of the measures to include in the budget.

Budget Guidelines

The program budget must include all expenses associated with the implementation of Primary Project in identified school sites for the **first year**. A total project budget is completed, separating costs by local share (district support) and grant requested. Note: Indirect costs may <u>not</u> be included. A budget template (Appendix 5) is available on the website. A sample budget is included in this document (Appendix 8).

The budget narrative (Appendix 6) accompanies the budget form. The narrative explains the cost for each budget category; maximum two pages (*single-spaced*, *12 point font*). A sample budget narrative is included in this document (Appendix 9).

Staffing:

Professional salaries may <u>not</u> be included in the grant request, but are entered into the local share of the budget form. (This is typically 10% of the mental health supervisor's salary.)

Paraprofessional or the child associate salaries and benefits may be included up to 100% in the first year. For example, one child associate at 15 hours a week at \$16 per hour for 35 weeks equals \$8,400 (15 x 16 x 35=\$8,400), plus benefits.

Supplies and Materials:

Resource materials are included in the budget at \$660 (includes shipping & handling) per school. This one-time fee for training materials includes:

Quantity	Item	Cost
2	Program Development Manual	\$165.00 ea. (total \$330.00)
1	Teacher-Child Rating Scale Examiner's Manual	\$65.00
1	The Intervention: Basic Skills DVD and Companion Resource Guide	\$90.00
1	Supervision DVD and Companion Resource Guide	\$90.00
1 pack	Program Brochure (English)	\$25.00*
	Total	\$660.00**

*Each package contains 50 brochures. Program brochures are available in Spanish for an additional charge of \$25 (*plus shipping*).

**The total \$660 includes 10% shipping and handling.

Playroom supplies: creative and expressive items to be used in the intervention. Typically, a budget of \$500 is the maximum amount. In the event of virtual sessions, this may be increased to allow for a larger number of items to be accessed by each child. Include examples of the type of materials which you intend to secure.

Travel Expenses: Registration fees for the new Primary Project training and the Supervision training for funded sites are waived by NYSED. Grant funds can be requested for <u>travel and lodging</u> expenses related to these trainings in the event in-person training occurs.

• New Primary Project training is typically offered in Rochester, NY. (In the event that inperson training is not available, training will be virtual.) If in-person training is held and staff require lodging and other travel related expenses, approximate hotel costs are \$150 per room per night. The following individuals are required to participate in the new Primary Project training: child associate(s), supervisor(s), and project coordinator. The principal is required to participate in at least day one content of the new Primary Project training (The Basics). Training typically occurs in September and/or October.

• Only supervisors are required to participate in the supervision training. Budget travel accordingly. Training typically is available in November.

Additional Training: Subsequent training opportunities may be offered during the year. The team is encouraged to participate. Budget estimated costs for travel, lodging, and registration for attendees in the event in-person training takes place. Professional development is expected as adherence to best practice. (Following the initial year of training hours, the child associate who works directly with the students, is required to attain a minimum of 6 hours of training each year.)

Program Data/Evaluation: Data collection/evaluation are mandatory during each of the three grant funded years. Complete and include the Electronic Data Collection Calculation Sheet (COMET) (Appendix 7); a sample is included in this application (Appendix 10). Applicants are welcome to contact COMET directly at support@comet4children.com to learn more about the web-based tool and additional capabilities.

Sample Budget Appendix 8 Primary Project Application for Funds 2021-2022 (Please complete one per application per district for first year only.)

Budget Category	Total Project Budget	Local Share	Grant Requested
Professional Salaries & Benefits *	6284	6284	
Paraprofessional Salaries & Benefits	9950	200	9750
Supplies & Materials	1160	100	1060
Travel Expenses	3042	150	2892
Training	250	100	150
Program data/evaluation	1283	135	1148
Total	21969	6969	\$15,000

* Professional salaries may **not** be part of the grant request but should be noted in the local share field. Child Associate salaries and benefits may be requested for funding. (**Electronic signatures are not acceptable**.)

Chief School District Administrator (or Agency Director) Print Name Signature

Date

Chief Financial Officer Print Name Signature

Date

Sample Budget Narrative Appendix 9 Primary Project Application for Funds 2021-2022

Professional salaries and benefits = \$6284

• The Project Supervisor/Coordinator's salary = \$6,284 (10% of time, recorded in the local share)

Paraprofessional salaries and benefits = \$9,950

- The Child Associate's salary = \$9,950 (15 hrs./wk. @\$16/hr. for 35 wks.), plus benefits (\$1,550)
- \$9,750 (grant supported)
- \$200 (local share)

Supplies and materials = \$1,160

- Program materials = \$660 (grant supported)
- Playroom supplies as detailed in the proposal (\$500 max.)
- \$1,060 (grant supported)
- PTA donations = \$100 (local share)

Travel expenses = \$3,042

- The principal, child associate, mental health professional (supervisor) and project coordinator will attend the **New Primary Project training**. Expenses are detailed below:
 - Round trip mileage for 2 cars (300 miles round trip at 545/mile plus tolls) = 340
 - Hotel for 4 people for 2 nights @\$150/night = \$1200
 - Food for 4 people for 2 days @ 40/day = 320
- The mental health professional will attend the **Supervision** training and expenses are detailed below:
 - \circ Round trip mileage and tolls = (300 miles round trip at \$.545/mile plus tolls) = \$171
 - Hotel for 1 person for 2 nights @\$150/night = \$300
 - Food for 1 person for 2 days @\$40/day= \$80
- The child associate and the mental health professional supervisor will attend another training opportunity. Expenses are detailed below:
 - Mileage and tolls = (300 miles round trip at \$.545/mile plus tolls) = \$171
 - Hotel for 2 people for 1 night @\$150 night = \$300
 - Food for 2 people for 2 days @ 40/day = 160
- \$2,892 (grant supported)
- \$150 (local share)

Subsequent training opportunity = \$250

- Training registration for child associate and mental health professional @ 125 = 250
- \$150 (grant supported)
- \$100 (local share)

Program data/evaluation = \$1,283

- See Electronic Data Collection Calculation Sheet
- Projection of 240 children screened and 24 children served
- \$1148 (grant supported)
- \$135 (local share)

Sample Electronic Data Collection Calculation Sheet (COMET) Appendix 10 Primary Project Application for funds 2021-2022

Applicant Name _____

Enter numeric value in blue cells only. Other table cells are locked. Totals are fixed and determined by blue cells.

Fee Calculator:			
Measures (\$2.58/each)			
Organization/School District annual fee (\$236)			\$236
	# of schools	cost/site	
Site fee (\$118/school)	1	118	\$118
Screening calculation	# screened	# needed	Cost
T-CRS	240	240	\$619
Other measure sample calculation	# served	# needed	cost
T-CRS (post-intervention)	24	24	\$62
A-CRS (pre- and post-intervention) (2/child)	24	48	\$124
CL (one per child)	24	24	\$62
PSR (one per child)	24	24	\$62
P-CRS (screening and post-intervention) (2/child) optional	0	0	\$0
Total Other measures		120	\$310
	Total		
	Screening		\$619
	Other measures Annual fee Site fee		\$310
			\$236
			\$118
	Grand total		\$1,283

Measures	Description	Who	When
Associate-Child Rating Scale (A-CRS)	assesses a child's relative strengths and weaknesses	Child Associate	Twice. At 3-4 sessions and end of program
Child Log (CLOG)	systematic record of contacts	Child Associate	At end of program participation
Parent-Child Rating Scale (P- CRS) (optional)	assesses a child's relative strengths and weaknesses	Parent/guardian	Twice. At screening and end of program.
Professional Summary Report (PSR)	summarizes program experience from perspective of supervisor	Mental Health Supervisor	At end of program participation
Teacher-Child Rating Scale (T- CRS)	assesses positive and negative aspects of a child's socio-emotional school adjustment	Teacher	Twice. At screening and end of program participation

Duties of Key Staff in Primary Project Appendix 11 Primary Project Application for Funds 2021-2022

Project Coordinator

The project coordinator possesses a clear understanding of the program's philosophical base, associated tasks, and the program goals. This person interfaces with district administrators, parents, teachers, and team staff. The overarching goal of this position is to integrate Primary Project within the school and district. The project coordinator will foster "ownership" by multiple stakeholders (teachers, principals, school board members, and parents), negotiate budgetary, contractual and personnel matters and support quality implementation of Primary Project. The coordinator must have the necessary information, sufficient time and skills to coordinate activities, and familiarity with program budget and funding. Project coordinator duties often include administrative oversight of the program, hiring of child associates, ensuring an appropriate playroom space housed with expressive toys and materials, developing and monitoring the budget, acting as spokesperson and Primary Project advocate in the school district and community, removing barriers to program implementation, ensuring completion of program evaluation forms and maintaining records, coordinating assignment, scheduling and progress conferences, training, consultant and certification visits.

In districts serving several schools, an overall coordinator, such as a pupil personnel director or another district level administrator, may serve in this capacity. In districts with a small number of schools, a district level coordinator may exist; however, this role is typically filled by the school principal or the mental health professional (school psychologist, social worker, and/or counselor).

Mental Health Professional (Supervisor of Child Associate)

This individual has primary responsibility for overseeing day-to-day project activities. These include supervision, support and training of the child associate(s), and monitoring the progress of the students in the program. Additional responsibilities include conducting assignment, mid-cycle, and end-of-cycle conferences, clinical oversight of the program and the fostering of essential communication links between parents, principals, teachers, and child associates. Duties of the project coordinator and mental health professional may overlap. In fact, the mental health professional and the project coordinator may be the same person. The mental health professional (supervisor) also facilitates review/progress conferences, which include parents and/or teachers, and participates in program consultations. The mental health professional requires administrative support and sufficient time to carry out these responsibilities.

Child Associate (paraprofessional)

The child associate meets with students one-on-one to provide expressive play sessions, developing a positive relationship with students under the direct supervision of the mental health professional. This individual participates in training, assignment, termination, and other conferences, assists in record keeping and reporting, writes notes on each session, and provides feedback to the Primary Project team, teachers, etc. The child associate is a school employed staff member.

COMET Primary Administrator (CPA)

The COMET Primary Administrator, at the district or school based level, gathers resources, schedules, trains, and supports users of the web-based COMET system, monitors data submitted and progress, generates and prints reports, and analyzes and interprets data. The mental health professional or project coordinator, with support from others as needed, may serve in this role.

Primary Project Standards Appendix 12 Primary Project Application for Funds 2021-2022

Overview

Children's Institute defines a Primary Project program as:

a proactive program for young children that utilizes trained paraprofessionals to facilitate a warm, trusting, and growth-promoting relationship through the use of developmentally appropriate play strategies. Primary Project operates within a school environment to foster the development of young children's social and emotional capabilities.

The standards outlined in this document represent the *minimum* criteria for successfully operating and maintaining Primary Project. Primary Project programs will continue to improve their practices through training, supervision, and consultation among program participants.

The core components of Primary Project are:

- I. A focus on young children
- II. Early screening and appropriate selection of children
- III. Use of paraprofessionals in a direct service role
- IV. Use of mental health professionals as supervisors, consultants, and leaders
- V. Use of ongoing outcome and process evaluation
- VI. Integration of Primary Project within the school and community settings

In addition to the six structural components outlined above, these standards also identify four more categories to be considered.

- VII. Use of developmentally appropriate child-centered, play-based strategies
- VIII. Playroom functionality and conduciveness to working with young children
- IX. Ongoing development for mental health professionals and paraprofessionals
- X. Clearly articulated practices

I. A Focus on Young Children

- A. For this Application for Funds, children participating in Primary Project are pupils identified through screening in kindergarten, first, second, and/or third grade classrooms. Sessions are approximately 30 minutes in length. Children in Primary Project are seen individually for no more than two consecutive cycles. A cycle is typically one school semester (fall and spring) or 12-15 sessions.
- B. Children's progress is reviewed after one cycle and decisions to graduate or retain a child in the program for another cycle are made based on individual child's need. If a child requires a more intensive intervention, the child is referred to the appropriate program.

II. Early Screening and Selection

- A. All children in each targeted grade level are considered for participation through a screening process that is conducted four to six weeks into the school year.
- B. At least two methods are used to screen children for Primary Project, one being a standardized rating scale:
 - 1. Standardized rating scale, such as:
 - (a) Teacher-Child Rating Scale (T-CRS 2.1)
 - (b) Clinical Assessment of Behavior-Teacher Form (CAB-T)
 - 2. Direct observations in classrooms
 - 3. Teacher Referral
 - 4. Parent Referral
 - 5. Review of school records
 - 6. Informal Observations (other than primary classroom setting)
- C. Children selected for Primary Project exhibit mild adjustment difficulties that can or may be associated with a current situational crisis such as divorce, moving to a new school, or having trouble making friends. Children selected for Primary Project should <u>not</u> have major adjustment difficulties or serious emotional difficulties.
 - Children for whom Primary Project is **not** appropriate include those with conduct disorder or oppositional defiant disorder, chronic or severe depression and/or anxiety, severe attention deficit hyperactivity disorder, and/or autism.
- D. Participation in Primary Project does not serve as an alternative to special education placement; however, Primary Project may serve as an intervention within a district's Response to Intervention (RtI) system as a Tier 2 support.
- E. Data from screening are reviewed by the Primary Project team with input from parents when available. For children with difficulties that cannot be served within the scope of Primary Project, efforts are made to secure appropriate support.
- F. Generally, children selected for Primary Project have mild adjustment difficulties. However, it is believed that some children included in Primary Project may have difficulties that exceed the mild range. It is assumed that children with more moderate difficulties do not account for more than 10% of the total number served in the program. For example, if you are serving 100 children, 10 children may be experiencing moderate adjustment difficulties.

III. Use of paraprofessionals in a direct service role

- A. Child associates have as a minimum:
 - 1. A high school diploma, and
 - 2. Life experiences involving healthy interactions with young children.
- B. Each child associate has completed (or has a plan to complete within the first four months of employment) training in the following core areas:
 - 1. Building healthy relationships with children and staff
 - 2. Understanding school culture and related policies
 - 3. Facilitating healthy communication emotionally responsive language
 - 4. The importance of play, including developmental stages of play and the relationship of play to learning
 - 5. Child development
 - 6. Data collection
 - 7. Child-centered play
 - 8. Limit setting
 - 9. Multicultural development
 - 10. Confidentiality and privacy
- C. Child associates with more than one year of experience will participate in a minimum of six additional hours of training each year of employment.
- D. Child associates act within the parameters of their training and supervision.
 - 1. Activities appropriate for child associates are:
 - (a) Establishing relationships with children
 - (b) Participating in assignment, progress, and other Primary Project conferences
 - (c) Participating in training and supervision
 - (d) Maintaining brief notes on what happens during the play sessions
 - (e) Organizing records
 - (f) Scheduling play sessions with time for breaks, lunch, clean-up, and writing notes
 - (g) Communicating with teachers and other school staff
 - (h) Preparing and maintaining the playroom
 - 2. Activities **inappropriate** for child associates include the following:
 - (a) Providing mental health treatment or therapy to children
 - (b) Administering and/or scoring psychological tests
 - (c) Making referrals for outside treatment
- E. Child associates receive a minimum of 24 hours of individual and/or group supervision with the identified mental health professional each school year.
- F. Child associates usually serve 12 or more children for every 15 hours of employment.

IV. Use of mental health professionals as supervisors, consultants, and leaders

- A. Mental health professionals must have a master's degree in a mental health field such as counseling, social work, or psychology and have completed 1) the new Primary Project training and 2) the Primary Project Supervisor's training.
- B. The mental health professional is responsible for supervising child associates and overseeing Primary Project training and daily activities. The mental health professional:
 - 1. Coordinates and supervises screening and selection of children for participation
 - 2. Provides ongoing individual supervision of the child associate(s); group supervision can be rotated with individual supervision if there is more than one child associate.
 - 3. Provides training as indicated for the child associate(s)
 - 4. Meets during the year with staff and parents concerning issues such as selection, screening, and child progress
 - 5. Facilitates assignment, progress, and other conferences
 - 6. Is available for consultation (emergency and ongoing) about Primary Project children
 - 7. Ensures that evaluation measures are completed in a timely manner
 - 8. Represents Primary Project in public relations arenas, such as PTA or School Board meetings
 - 9. Uses data to make program improvements
 - 10. Formally evaluates the child associate(s) at least once a year
- C. The mental health professional provides weekly individual and group supervision of the child associate(s).
 - Professionals must engage in a minimum of 24 hours of supervision of the child associate(s) each school year.

V. Use of ongoing outcome and process evaluation

- A. Site is able to provide tangible evidence of outcome and process evaluation procedures:
 - 1. Progress notes
 - 2. Evaluation tools
 - 3. Related forms used at the site
- B. Information is used to provide program feedback.
 - This can be demonstrated through documentation of at least one yearly team meeting for program review and improvement planning.
- C. Information is shared with key stakeholders such as parents, teachers, and administrators.
 - This can be demonstrated through documented evidence of dates of presentations, informal meetings, or written information shared on outcome or process evaluation.
- D. Evaluation is conducted annually for New York State supported schools.

VI. Integration of Primary Project within the school and community settings

- A. Child associates and mental health professionals are able to demonstrate through narratives, case examples, and/or documentation that:
 - 1. Primary Project is viewed as part of the school, not as a peripheral program.
 - 2. Parents are contacted and welcomed to discuss their child's participation in the program.
- B. Teachers and administrators are included, as appropriate, in screening, selection, conferences, and goal setting.
- C. Program procedures include communication between staff and families.
- D. Staff, families, and schools work together to set goals for each child.
- E. Parents are introduced to participating professionals and paraprofessionals and possess an understanding of the Primary Project program.
- F. Parents are able to view a Primary Project playroom, if sessions are conducted in-person.
 - Primary Project staff members should answer any questions parents have in reference to the program.

VII. Use of developmentally appropriate child-centered, play-based strategies

- A. Child associates and mental health professionals understand their program's child-centered philosophy and are able to articulate it to others.
- B. Child associates are able to demonstrate through narratives or case studies that their practice reflects facilitative, child-centered, helping skills. These include the use of:
 - 1. Empathy (staff members respond to the range of children's feelings and temperaments)
 - 2. Reflection
 - 3. Visual, verbal, and emotional attending
 - 4. Tracking
 - 5. Active listening
 - 6. Employing a nondirective way of being with children
 - 7. Limit setting
- C. Child associates and mental health professionals recognize that each child has special interests, talents, and a personal style and temperament.
- D. Child associates and mental health professionals recognize the range of children's abilities.
- E. Child associates and mental health professionals recognize and understand the differences in cultural style and language.

VIII. Playroom functionality and conduciveness to working with young children (for in-person sessions)

- A. There is sufficient space for activities.
- B. The space is well designed for a range of play.
- C. Children can easily access materials and put them away independently.
- D. Materials are expressive in nature.
- E. Children can arrange materials and equipment to suit their activities.
- F. There is adequate and convenient storage space for equipment, materials, and personal possessions of staff members.
- G. Equipment for active play is safe.
- H. Materials are developmentally appropriate for the age range of the children in the program.
- I. Materials reflect the languages and cultures of the families served.
- J. Materials are in line with the styles, abilities, and interests of the individuals in the program.
- K. The playroom space provides privacy for children and the child associate(s).

IX. Ongoing development for mental health professionals and paraprofessionals

- A. Child associates with more than one year of experience will participate in a minimum of six additional hours of training each year of employment.
- B. Mental Health professionals are strongly encouraged to attend training with the child associates they supervise to allow for a shared understanding.

X. Clearly articulated practices

- A. Staff members are aware of school policies, including, but not limited to, emergency procedures and child safety.
- B. New staff members are given a comprehensive orientation to the Primary Project philosophy.
- C. The program has established procedures to manage emergencies.
- D. Written program policies and procedures, including emergency procedures and confidentiality policies, are reviewed with staff members.
- E. Staff members file their records of session activities in a secure area until end of service and follow district protocols regarding maintaining and disposing of records.
- F. Child associates or supervisors keep parents informed about Primary Project.
- G. Parents of children in Primary Project have an open invitation to meet with the child associate who is working with their child.