Many New Hampshire schools continue to struggle with the complex social, emotional, and behavioral needs of students. Failure to meet these needs not only affects academic achievement, it can also result in negative outcomes such as mental health crises, substance misuse, dropping out of school, risky sexual behavior, and violence.

Addressing these needs has never been more important, and requires more than quick fixes and one-day workshops.

The MTSS-B framework has been shown to improve student engagement, create school climates and cultures that are positive and inclusive of all students, improve student academic outcomes, and reduce behavioral issues.

This interactive, hands-on training is designed specifically for school teams that are ready to support students who are exhibiting concerning behaviors by developing a systematic, team-based approach for using evidence-based interventions and supports.

### Tier 2 Team members will focus on how to:

- Establish an effective team
- Use effective screening and other practices to determine those students who will benefit
- Design short-term evidence-based small group interventions
- Evaluate fidelity and effectiveness of the interventions using data-based decision making
- Engage school staff and families

#### 2020 Training Dates:

- March 12 (snow date 3/17)
- April 14 (snow date 4/16)
- May 11
- June 4

#### Times: 8:00am–3:30pm

#### Location:

UNH Institute on Disability
57 Regional Drive, Concord NH

#### Lead Instructor:

Howard Muscott, Ed.D.
Director, New Hampshire Center for Effective Behavioral Interventions and Supports (NH CEBIS)

#### How to register

phone: 603.228.2084 | relay: 711
email: contact.iod@unh.edu

Register online at www.iod.unh.edu/events
2020 NH MTSS-B Tier 2 Team Training Series
REGISTRATION FORM

Team of 3–5: $2,500 | Team of 6–8: $3,500 | cost includes meals & training materials

Full Name of School: ___________________________________________________________________
Address: ___________________________ City: __________________ State: ___ ZIP: ______

Please List Your Team Members: (attach additional sheet if needed)

Team Leader/Coach Name: ___________________________ Title: ____________________________
Daytime Phone: ___________________ Email Address: ______________________________________

Team Member 2 Name: ___________________________ Title: ____________________________
Team Member 2 Email: ________________________________________________________________

Team Member 3 Name: ___________________________ Title: ____________________________
Team Member 3 Email: ________________________________________________________________

Team Member 4 Name: ___________________________ Title: ____________________________
Team Member 4 Email: ________________________________________________________________

Team Member 5 Name: ___________________________ Title: ____________________________
Team Member 5 Email: ________________________________________________________________

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Credit Card Payment Email Address: ______________________________________________________

Please note any dietary/accessibility accommodations: ______________________________________

7 days’ cancellation notice required for refund. See iod.unh.edu/events for full event policies.