School SBIRT
Implementation Planning Template

GOAL:

List the goal of your School SBIRT Implementation plan. These may be developed in collaboration with DESE SMART goals* that emphasize goals that are Specific, Measurable, Action-oriented, Realistic and Tracked.

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_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

INITIAL PLANNING:

1. Who will oversee SBIRT implementation? Include position at school.

   (Name, position)

2. When do you plan to begin conducting SBIRT? ______________________________

3. Which grade and school(s) will be screened? ______________________________

4. Who will be in charge of data collection?

   (Name, position)

5. How will screening results be documented?

   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

6. How will staff be trained? When?

   _______________________________________________________________________________
IMPLEMENTATION:

1. Which staff position(s) will be responsible for conducting screening?
   ______ # School Nurses
   ______ # School Counselors
   ______ # School Social Workers
   ______ # Physical Education Teachers
   ______ # Health Education Teachers
   ______ # Other, List: _______________________________________________

2. How will you ensure privacy and confidentiality for students?
   __________________________________________________________________
   __________________________________________________________________

3. What will parents and students be told about privacy and confidentiality?
   __________________________________________________________________
   __________________________________________________________________

4. How will school staff and teachers parents be informed of this screening?
   __________________________________________________________________
   __________________________________________________________________

5. How will parents be informed of this screening? (i.e. letter home to parents, school bulletin via email, faculty meeting, School Committee Meeting)
   __________________________________________________________________
   __________________________________________________________________

6. How will students be informed of this screening?
   __________________________________________________________________
   __________________________________________________________________

7. When will the screening be performed (i.e., during Health Education or Physical Activity class, other mandated screenings, scheduled visit with counselor, etc)?
   __________________________________________________________________
   __________________________________________________________________
8. What hand-outs do you have for students? Parents?

_____________________________________________________________________________________________

_____________________________________________________________________________________________

9. What in-school referral resources are currently available?

_____________________________________________________________________________________________

_____________________________________________________________________________________________

10. What outside community resources / agencies have been contacted in case further referral is needed

_____________________________________________________________________________________________

_____________________________________________________________________________________________

11. Who will do/make outside referrals and follow up, including parent/guardian notification, if needed?

_____________________________________________________________________________________________

_____________________________________________________________________________________________

12. Who is the contact with these individuals/ agencies?

_____________________________________________________________________________________________

_____________________________________________________________________________________________

13. How will follow-up, technical assistance and training of additional school staff be instituted?

_____________________________________________________________________________________________

_____________________________________________________________________________________________

14. What barriers do you anticipate for implementation?

_____________________________________________________________________________________________

_____________________________________________________________________________________________

15. How might you overcome them?

_____________________________________________________________________________________________

_____________________________________________________________________________________________