



Local Coordinator Information Form

NOTE: Information on this form may be displayed on our website. Please include only information that you wish to have displayed.

Local Coordinator Name:	
Occupation/Job Title:	
Employer/Organization:	
Employer/ Organization website:	
Employer Address:	Employer Phone:
Employer Fax:	
City and State:	Home/Mobile Phone:
Zip:	
Local Coordinator Mailing Address: <i>(If different than employer)</i>	Work Phone: <i>(If different than employer)</i>
Work ext.:	
City and State:	Fax: <i>(If different than employer)</i>
Zip:	
Email¹:	Preferred password²: <small>*If you are a SWIS Facilitator (or have SWIS access) leave this blank</small>

¹ **Email:** Local Coordinator *must* have an email address. This will be used as your login name.

² **Preferred password:** Passwords must be between 8-15 characters, contain at least one uppercase letter and at least one numeric character. The password can have special characters.



Districts for which you will be serving as PBIS Assessment Coordinator. (Note: if you will be working with all the schools within the district, only list the district name)	Schools in the district you will be conducting surveys for (initially)

Local PBIS Coordinators agree to use PBISassessment.org to:

1. Assist Schools/Districts/States to develop an evaluation plan for assessing the fidelity of PBIS Implementation
2. Schedule times for schools to conduct surveys
3. Train school personnel on entering survey data (e.g. SET, TIC, BoQ, BAT, SAS and SSS) with their PBIS Coach.
4. Ensure that school teams receive training/orientation on using data from PBISassessment.org for Decision Making and Action Planning

I agree to use www.pbisassessment.org as outlined above:

_____ Name (Coordinator signature)

_____ Date

Email completed form to: accounts@pbisassessment.org OR Fax to: (541) 346-2471