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| **Selection of CICO Coordinator(s) Self-Assessment** | |
| Proposed Individual(s): | Position: |

|  |  |  |
| --- | --- | --- |
| **Selection Question** | **Rating** | **Action Plan** |
| Respected positively by students? | YES NO ? |  |
| Respected positively by adults? | YES NO ? |  |
| Effective communication skills with students, school staff, and family members? | YES NO ? |  |
| Consistent with task and activity follow-through and completion? | YES NO ? |  |
| Effective in using data for decision making with regard to student progress monitoring and implementation fidelity? | YES NO ? |  |
| Fluent with CICO procedures? | YES NO ? |  |
| Capacity to train others on CICO procedures? | YES NO ? |  |

*If coordination functions are not in place,*

*delay school-wide implementation of CICO*

*interventions and systems.*

**STOP**