

**TEACHERS' ACCEPTABILITY OF SELF-MONITORING
BASED ON PROBLEM TYPE AND GRADE OF TEACHER**

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To the Graduate Council:

I am submitting herewith a field study written by Kim Justice entitled "Teachers' Acceptability of Self-Monitoring Based on Problem Type and Grade of Teacher." I have examined the final paper copy of this field study for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Education Specialist Degree, with a major in School Psychology.

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Patti Wilson, Major Professor

We have read this field study and
recommend its acceptance:

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Acceptance for the Council:

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BASED ON PROBLEM TYPE AND GRADE OF TEACHER

A Field Study
Presented for the
Education Specialist Degree
Austin Peay State University

Kim Justice

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Dedication

This field study is dedicated to my husband, Joel,
for years of unconditional love and support which have
allowed me to continue to reach for my goals.

Acknowledgments

I would like to thank those who have guided me through the process of completing my Educational Specialist Degree. Specifically, I would like to thank Dr. Wilson for her continuing efforts to improve the School Psychology program. Her relentless diligence has breathed new life into a once withering program. Also, I would like to thank her for her continued guidance and support as I have jumped the hurdles required to earn this degree. I would also like to thank Dr. Woods for his guidance throughout the process of developing this field study. Finally, I would like to thank Dr. Baldwin for serving on my committee. I wish her only the best in her future endeavors.

Abstract

Self-monitoring (SM) is a cognitive-behavioral intervention which involves evaluating and documenting one's own behavior. Research has repeatedly found self-monitoring to be a highly effective intervention for a variety of problem types. However, just because an intervention has been shown to be effective does not ensure that a teacher will implement the intervention; they must find the intervention acceptable. The purpose of this study was to investigate teachers' acceptability of SM interventions and to examine if acceptability ratings differ significantly based on problem type (academic, behavioral and social-emotional) and grade of teacher (preschool-5, 6-8, and 9-12). A total of 37 teachers completed a procedural acceptability, situational acceptability, and a demographics form. Mean ratings of acceptability, overall and for each problem type, are reported and an ANOVA was performed to determine main effects of problem type and grade of teacher. Overall, teachers found SM acceptable. Additionally, acceptability ratings were higher for academic problems than behavioral, which in turn were higher than social-emotional problems. Finally, acceptability ratings did not differ significantly based on grade of teacher.

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Teachers' Acceptability of Self-Monitoring Based on

Problem Type and Grade of Teacher

The Individuals with Disabilities Act (IDEA; 1997) provides that each child with a disability be afforded a free appropriate public education in the least restrictive environment. As a result of this legislation, many students with disabilities are included in the regular classroom. The manifestations of the students' disabilities in this environment often require some type of intervention. One type of intervention that has been shown to be effective in the inclusion classroom, as well as the special education and regular classroom, is self-monitoring (Reid, 1996).

Self-monitoring is a cognitive-behavioral strategy that consists of self-assessment and self-recording. Self-assessment involves examining and questioning one's own behavior. For example, students may ask themselves "Am I paying attention?" Self-recording is the process of documenting the response to one's self-assessment (McDougall, 1998). Specifically, the student is asked to record certain aspects of a target behavior, such as frequency, rate, amplitude, or duration. Such self observation has routinely been used to obtain baseline and post-intervention data to monitor treatment effects (Johnson & White, 1971). However, the act of recording one's own behavior has been shown to have reactive effects, thus changing the observed behavior (Kazdin, 1974).

In a review of literature, Webber, Scheuermann, McCall, and Coleman (1993) discovered three emerging views as to why reactivity to self-monitoring occurs. A metacognitive view suggests that reactivity occurs during self-monitoring because attending to one's behavior leads to a heightened awareness of the behavior, which in turn leads to self-regulation. A second view provides a behavioral explanation. The act of self-monitoring is described as an external

antecedent which leads to internalized self-administered consequences. As people self-monitor their behaviors, they make judgments of their performances, which are either reinforcing or punishing. This self-evaluation motivates behavior change. In contrast, the third view offers an externally controlled explanation. Self-monitoring is seen as a cue that precedes external consequences. According to this view, internalized consequences are viewed unnecessary for behavior change (Webber, et al., 1993).

While we are unsure how self-monitoring leads to reactivity, research has repeatedly shown that self-monitoring is an effective behavior management technique (McDougall, 1998). This technique has been used successfully in classroom settings with a variety of problem types including academic, behavioral, and social-emotional (Shapiro & Cole, 1999). I will consider these in turn.

Self-monitoring has been used as an intervention for a variety of academic problems including academic skills, academic behaviors, and learning strategies. Academic self-monitoring includes observation and recording of discrete behaviors related to production and accuracy (Shapiro & Cole, 1999). Harris (1986) studied the effects of self-monitoring on productivity for four students with learning disabilities. The students were instructed to record the number of spelling words written for practice during the allotted class time. The results indicated an increase in production with the use of self-monitoring. Similar results were found by Maag, Rutherford, and DiGangi (1992) in their study of productivity and on-task behavior of students with learning disabilities. In this study, self-observation, self-recording, and contingent reinforcement were used as the intervention technique. Academic productivity was measured by counting the number of math problems attempted. To measure on-task behavior, a teacher's aide would randomly tap the

shoulders of each participant to cue them to assess and record whether or not they were working on their assignment. Both productivity and on-task behavior increased after the implementation of self-monitoring.

Self-monitoring has also been shown to be highly effective in dealing with problem behaviors. Clees (1995) had students self-monitor five behaviors including bringing materials to class, beginning class on-task, turning in homework, completing class work, and writing assignments in an assignment book. Each participant was provided training in the self-monitoring process during which each target behavior and teacher expectations were operationally defined. Throughout the study, participants kept a notebook to record whether they met each of the teachers expectations. Participants showed significant gains in performance after the implementation of self-monitoring. Another study involving students with classroom behavior difficulties used self-monitoring techniques to increase on-task behaviors while decreasing off-task disruptive behavior (Rumsey & Ballard, 1985). The students were provided with self-recording charts and at the sound of a tone they were to record whether they were working or not working. On separate charts the students reported how many reading words they had copied from the blackboard. Both on-task behavior and productivity increased with the use of the self-monitoring technique.

A review of literature by Shapiro and Cole (1999) describes how self-monitoring has been used as both an assessment tool and an intervention for children with social-emotional problems such as depression. Children in these studies were asked to monitor and record positive thoughts or events to reduce negative thoughts. Beidel, Neal, and Lederer (1991) found that self-recording can be a useful tool in assessing anxiety in children; however, treatment effects were not measured.

Teacher Acceptability

Research overwhelmingly supports the use of self-monitoring as an intervention technique for a variety of problem types (Shapiro & Cole, 1999). However, simply because research supports self-monitoring does not ensure that teachers will implement and adhere to this technique. They must first find self-monitoring acceptable. Judgements of acceptability are based on an overall evaluation of the procedures used in the intervention . Specifically, judgements of acceptability usually examine the appropriateness of the treatment for the problem, the fairness, reasonableness, and intrusiveness of the treatment; and if the treatment matches conventional notions of what treatment should be (Kazdin, 1980). Several instruments have been developed to measure treatment acceptability (Elliot & Treuting, 1991). Acceptability research has assessed a great number of behavioral interventions including self-monitoring. A review of literature by Mitchem and Young (2001) found that acceptability research in the area of self-monitoring was either unclear or informally reported. Olympia, Sheridan, Jenson, and Andrews (1994) reported that teachers' mean response to questions concerning the acceptability of self-management was "slightly agree." A study by Harris, Prellar, and Graham (1990) found self-monitoring to be acceptable using the Intervention Rating Profile-15 (IRP-15). Additionally, they found that self-monitoring was significantly more acceptable as an intervention for mild problems verses severe problems.

Present Study

The present study examined teachers' overall acceptability of self-monitoring. Additionally, this study investigated differences between acceptability ratings for the use of self-monitoring

techniques for various problem types (academic, behavioral, and social emotional) and grade levels (preschool-5; 6-8; 9-12). This study has the following hypotheses: (1) Teachers will rate self-monitoring in general as acceptable; (2) Teachers will find self-monitoring more acceptable for less disruptive problem types (academic and social-emotional, rather than behavioral) because self-monitoring is viewed as a minimalist treatment; (3) Teachers in higher grades (grades 6-8; 9-12) will find self-monitoring more acceptable than teachers of lower grades (preschool-5) because this technique emphasizes independence (Dunlap, Dunlap, Koegel, & Koegel, 1991). However, self-monitoring has been shown to be effective for a variety of age groups (Kopp, 1988).

Method

Participants

Packets were sent out to 120 elementary and secondary school teachers solicited from a rural Kentucky school district. Thirty-six teachers completed and returned their packets, which is a 30 percent response rate. Eighty-one percent of the respondents were female, while 19 percent were male. The following are the percentage of participants that fell within the various age ranges: 18-25 years, 16%; 26-35 years, 24%; 36-45 years, 32%; 46-55 years, 27%. Of those who responded, 62 percent taught preschool- 5th grade, 16 percent taught grades 6-8, and 22 percent taught grades 9-12. Twenty-four percent of the respondents taught in special education classrooms, 14 percent taught in inclusion classrooms, and 62 percent taught in regular education classrooms. Respondents also reported their familiarity with the self-monitoring technique. Fourteen percent were not familiar with the technique. Some respondents (16%) indicated that they were familiar with the technique, but had never used it in their classrooms. Many teachers

(38%) were familiar with the technique and had used it in the past, but do not currently use it in their classrooms. Thirty percent of the respondents were familiar with and currently used self-monitoring in their classrooms.

Materials

Instructions Sheet

The instructions sheet provided the participants with general directions for completing the study and a description of self-monitoring. The description provided general procedures of the self-monitoring technique, which included defining a target behavior, identifying reinforcers, designing a monitoring method, teaching the method, and fading (Dunlap, et al., 1991) (See Appendix A).

Procedural Acceptability Measure

The Procedural Acceptability Measure was modeled after Sheridan and Steck's (1995) adaptation of the Behavioral Intervention Rating Scale (BIRS; Elliot & Treuting, 1991). The BIRS has been frequently used as a measure of treatment acceptability (Finn & Sladeczek, 2001). A factor analysis of the BIRS revealed three factors including acceptability, effectiveness, and time of effectiveness (Elliot & Treuting, 1991). Modeling Sheridan and Steck (1995), this study will use only the 15 acceptability factor items from the BIRS. Elliot and Treuting (1991) reported a reliability coefficient of .97 for the acceptability factor. The acceptability measure for the present study will also include six items measuring logistical barriers of time and administrative support (Sheridan & Steck, 1995). Each of the items consists of a statement which is rated on a 6-point Likert scale ranging from strongly disagree to strongly agree (See Appendix B). Before scoring this measure, all ratings for negatively stated items (e.g., self-monitoring would not likely be successful in changing a student's behavior) will be reversed. Mean scores for the

acceptability factor and the logistical barriers factor, including logistical barriers of time and administrative items, will be obtained for each participant.

Situational Acceptability Measure

The Situational Acceptability Measure consists of 21 student problems that fall into three categories: academic problems, behavioral problems, and social-emotional problems (Sheridan & Steck, 1995). For each of the student problems, participants are asked to rate the acceptability of self-monitoring as an intervention technique using a 6-point Likert scale (1 = very unacceptable to 6 = very acceptable) (See Appendix C). Scores for each participant will be obtained by computing means and standard deviations for items in each of the three problem categories.

Demographics Form

The demographics form consists of 5 items that indicate each participant's age, gender, grade level, classroom type and familiarity with self-monitoring (See Appendix D).

Procedures

Packets containing an informed consent document (See Appendix E), an instructions sheet, a demographics questionnaire, the Procedural Acceptability Measure, the Situational Acceptability Measure, and a self-addressed envelope were placed in the school mailboxes of each teacher in the five Kentucky schools. The informed consent document explained participant rights and the purpose of the study. The participants were informed that completing and returning their packets implied consent. Each potential participant received a pen valued at less than one dollar regardless of participation. The instructions sheet informed the participants to complete each of the enclosed forms and mail all completed forms to the principle investigator using the enclosed self-addressed envelope. Four days after the initial mailing, a postcard was placed in each teacher's mailbox

thanking those who participated and reminding those who might still be interested in participating to return their packets.

Results

Procedural Acceptability Measure

The Procedural Acceptability Measure consists of 21 items. The first 15 items make up the acceptability factor, while the last 16 items make up the logistical factor. Items were rated on a 6-point Likert scale from “strongly agree” to “strongly disagree.” Of the 37 returned Procedural Acceptability Measures, two had one response missing and one had two responses missing. Due to the limited response rate, means were obtained for these questionnaires using the remaining responses. The overall mean score for the acceptability of self-monitoring factor was rated as “slightly agree” ($M=4.73$, $sd=0.61$). Additionally, the overall mean score for the logistical factor was also rated as “slightly agree” ($M=4.47$, $sd=0.74$). The overall acceptability mean scores were very similar for teachers of different grade levels [preschool-5 ($M=4.81$, $sd=0.68$); 6-8 ($M=4.82$, $sd=0.28$); 9-12 ($M=4.6$, $sd=0.63$)] and were rated from “slightly agree” to “agree.” A 1 x 3 factor analysis of variance (ANOVA) did not indicate a significant difference between groups ($F[2]=0.36$, $p>.05$).

Situational Acceptability Measure

The Situational Acceptability Measure consists of 21 student problems that fall within three categories (academic, behavioral, social-emotional). Participants rated the acceptability of self-monitoring as an intervention for each student problem on a 6-point Likert scale from “very acceptable” to “very unacceptable.” Of the 37 completed Situational Acceptability Measures, one had no response to one item and one had no responses to 11 items. The mean was calculated for the

questionnaire missing one response; however, the questionnaire that had 11 items unanswered was not used. The use of self-monitoring as an intervention for academic problems was rated as “slightly acceptable” ($M=4.27$, $sd=1.04$). However, ratings for both behavioral ($M=3.22$, $sd=1.1$) and social-emotional ($M=2.79$, $sd=.91$) problems were “slightly unacceptable.” A 1 x 3 factor ANOVA showed a significant main effect for problem type ($F[2]=41.836$, $p<.001$). A paired samples t-test was used to further examine the differences among the acceptability ratings. Specifically, acceptability ratings were significantly higher for academic problems than behavioral problems ($t[35]=6.53$, $p<.001$, Bonferroni adjusted) and social problems ($t[35]=7.84$, $p<.001$, Boniferoni adjusted). Additionally, self-monitoring was rated as more acceptable for behavior problems than social-emotional problems ($t[35]=2.94$, $p<.05$, Bonferroni adjusted).

Discussion

The first hypothesis of this study predicted that self-monitoring would be rated as acceptable. As this study hypothesized, the overall acceptability of self-monitoring was favorable . These results may have occurred because self-monitoring is a minimalist intervention that has been shown to be highly effective and allows students to take some responsibility for their own behavior. Additionally, logistical acceptability was also rated favorably. Overall, teachers felt that the time required to implement the intervention was reasonable and they also felt that their administration would be supportive of them using this technique.

Secondly, this study hypothesized that teachers of grades 6-8 and 9-12 would find self monitoring more acceptable than teachers of younger students (preschool-5) because self-monitoring promotes independence. However, ratings for the 3 groups were consistent. Self-monitoring was rated as acceptable regardless of grade level. This may be due to the fact that

self-monitoring is a simplistic intervention that can be used effectively with a variety of age groups. It should be noted that the sample sizes for the groups were varied, which resulted in a limited number of subjects falling within the 6-8 ($n=6$) and 9-12 ($n=8$) groups when compared to preschool-5 ($n=23$).

While acceptability ratings did not vary based on grade of teacher, acceptability ratings did vary based on problem type. The third hypothesis of this study predicted that self-monitoring would be more acceptable for less disruptive problem types, such as academic and social-emotional problems. This study found that self-monitoring was rated as most acceptable for academic problem types. However, the use of self-monitoring for behavior problems was rated as less acceptable, and self-monitoring for social-emotional problems was rated as least acceptable. As we have stated before, self-monitoring is a minimalist intervention and teachers tended to rate it as more acceptable for less severe problem types. For example, academic problems listed on the Situational Acceptability measure, such as incomplete work and inaccurate work, were less complex and severe than some behavioral problems including vandalism, fighting, and alcohol abuse and social-emotional problems like depression and suicide threats. Additionally, teachers may find self-monitoring more acceptable for those problem types with which they are most familiar and comfortable.

In summary, we have found that overall teachers find self-monitoring acceptable regardless of the grade level they teach. However, they found self-monitoring more acceptable for academic problems rather than behavioral and social-emotional problems. This information can prove valuable to school psychologists when consulting with teachers. A vast number of interventions are available for school psychologists to recommend to teachers for a variety of problem types. Many of these

interventions have research attesting to their effectiveness. However, this does not mean teachers will find these interventions acceptable and use them. They must also find them acceptable. If several interventions are suggested to teachers which they do not find acceptable, they may not adhere to the intervention which will lead to failure and may compromise the consulting relationship. Acceptability research provides valuable information to school psychologist when offering interventions for teachers to use in their classrooms. Results from this study indicate that the self-monitoring would be a good technique to suggest to teachers who have students with academic problems, rather than behavioral or social-emotional problems. Further research on the acceptability of other intervention types is recommended to provide school psychologists with information on other techniques that are viewed as acceptable by teachers.

The following limitations of this study should be considered when interpreting the results. The main limitation of this study was the small response rate. Only 30 percent of teachers who were sent packets completed and returned their questionnaires. The small response rate may have been due to the timing of the study. The study was conducted right before spring break when teachers were preparing for district-wide achievement testing. Additionally, many teachers were attending spring programs and field trips with their students.

Another limitation of this study is a limitation inherent in self-report research. The relationship between self-report and actual behavior is questionable. While teachers rated self-monitoring as acceptable, this study cannot predict if they would actually implement the intervention in their classrooms. Additionally, less than five percent of the responses were at extreme ends of the Likert scale, indicating no significant floor or ceiling effects.

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APPENDICES

APPENDIX A Instructions Sheet

Thank you for agreeing to participate in this study. Please fill out the enclosed questionnaires (Procedural Acceptability Measure, Situational Acceptability Measure, Demographic Form) referring to the following description of self-monitoring. Upon completion, return the 3 questionnaires in the self-addressed envelope provided. Remember, returning the completed questionnaires implies your consent to participate. Please do not write your name on any of the questionnaires.

Self-monitoring

Self-monitoring is an intervention that is used to improve problem behaviors. The following is a description of the general procedures used for this technique.

Step 1. Operationally define target behavior.

Describe in detail the behavior you wish to increase or decrease (Example: wear glasses during reading period each day).

Step 2. Identify functional reinforcers (optional).

You may choose reinforcers such as praise or free time to reward the student for the act of self-monitoring (see step 4) or improving behavior.

Step 3. Design self-monitoring method/device.

A method of recording the target behavior should be developed (example: chart, check sheet or notebook).

	1 st Period	2 nd Period	3 rd Period	4 th Period	5 th Period	6 th Period
1. I brought my book to class.						
2. I wrote my assignments in my assignment book.						

Step 4. Teach child to use self-monitoring device.

Help the child to clearly identify the target behavior and record the behavior on a chart. Model the act of recording the behavior if necessary. Have the child self-monitor behavior at predetermined times throughout the day. You may provide cues as necessary. Review the record with the child daily.

Step 5. Fade use of the self-monitoring device.

After behavior has been improved, you can gradually reduce its use until it is no longer needed. (Example: record on-task behavior every 10 minutes instead of every 5 minutes).

Procedures adapted from: Dunlap, L. K., Dunlap, G., Koegel, L. K., & Koegel, R. L. (1991). Using self-monitoring to increase independence. *Teaching Exceptional Children*, 17-22.

APPENDIX B

Procedural Acceptability Measure

Refer to the description of self-monitoring on the Instructions Sheet. Please evaluate the intervention by circling the number which best describes your agreement or disagreement with each statement.

1=Strongly Disagree 2= Disagree 3= Slightly Disagree 4= Slightly Agree 5= Agree 6= Strongly Agree

	SD	D	SLD	SLA	A	SA
1. Self-monitoring seems consistent with other procedures I have used.	1	2	3	4	5	6
2. Self-monitoring would not likely be successful in changing a student's behavior.	1	2	3	4	5	6
3. I encounter student problems severe enough to warrant use of self-monitoring.	1	2	3	4	5	6
4. I believe self-monitoring would be appropriate for use with a variety of student problems.	1	2	3	4	5	6
5. I believe most teachers would find self-monitoring to be an appropriate method of intervention for a variety of student problems.	1	2	3	4	5	6
6. I believe that most teachers would find self-monitoring suitable for certain student problems.	1	2	3	4	5	6
7. Self-monitoring is not a reasonable method of intervention for student problems.	1	2	3	4	5	6
8. Self-monitoring would likely result in negative side-effects for the student.	1	2	3	4	5	6
9. I believe I would feel comfortable recommending the use of self-monitoring to other teachers.	1	2	3	4	5	6
10. I liked the self-monitoring procedures described.	1	2	3	4	5	6
11. I would be willing to use self-monitoring with the students, parents, and teachers with whom I work.	1	2	3	4	5	6
12. Self-monitoring is not a good way to handle student problems.	1	2	3	4	5	6
13. Self-monitoring does not seem fair to the students.	1	2	3	4	5	6
14. Self-monitoring is an acceptable approach for intervention with student's problems.	1	2	3	4	5	6
15. Overall, I believe self-monitoring would likely be beneficial to the student, teacher and parent.	1	2	3	4	5	6

	SD	D	SLD	SLA	A	SA
16. In terms of the potential benefits, the amount of time required to implement self-monitoring would be well worth the investment.	1	2	3	4	5	6
17. Compared to other interventions I use, the amount of my time required to implement self-monitoring would be much greater.	1	2	3	4	5	6
18. Considering my demands on time, self-monitoring would be impossible for me to implement.	1	2	3	4	5	6
19. My administrator(s)/supervisor(s) would likely object to my providing self-monitoring as described.	1	2	3	4	5	6
20. My administrator(s)/supervisor(s) would consider self-monitoring to be a valuable service for me to provide.	1	2	3	4	5	6
21. My administrator(s)/supervisor(s) would be supportive to my utilizing self-monitoring as described.	1	2	3	4	5	6

Modified from: Sheridan, S. & Steck, M. (1995). Acceptability of conjoint behavioral consultation: A national survey of school psychologists. *School Psychology Review*, 24, 633-647.

APPENDIX C

Situational Acceptance

Refer to the description of self-monitoring on the Instruction Sheet. Please rate the acceptability of self-monitoring for each of the following problems by circling the number which best describes your level of acceptability. Acceptability is defined as the appropriateness of the treatment for the problem, as well as the fairness, reasonableness, and intrusiveness of the treatment, and how well the treatment matches conventional notions of what treatment should be.

1=Very Unacceptable 2=Unacceptable 3=Slightly Unacceptable 4=Slightly Acceptable 5=Acceptable 6=Very Acceptable

	VU	U	SU	SA	A	VA
1. Fails to complete homework	1	2	3	4	5	6
2. Attention/concentration problems	1	2	3	4	5	6
3. Sloppy work	1	2	3	4	5	6
4. Truancy	1	2	3	4	5	6
5. Depression	1	2	3	4	5	6
6. Fighting	1	2	3	4	5	6
7. Incomplete work	1	2	3	4	5	6
8. Poor self-esteem	1	2	3	4	5	6
9. Anxiety	1	2	3	4	5	6
10. Inaccurate work	1	2	3	4	5	6
11. Noncompliant	1	2	3	4	5	6
12. Withdrawal	1	2	3	4	5	6
13. Fails to ask for needed assistance	1	2	3	4	5	6
14. Suicide Threat	1	2	3	4	5	6
15. Vandalism	1	2	3	4	5	6
16. School phobia	1	2	3	4	5	6

	VU	U	SU	SA	A	VA
17. Does not bring materials to class	1	2	3	4	5	6
18. Abuse of alcohol or other drugs	1	2	3	4	5	6
19. Selective Mutism *	1	2	3	4	5	6
20. Fails to grasp academic concepts	1	2	3	4	5	6
21. Stealing	1	2	3	4	5	6

* Selective Mutism is a disorder in which a child speaks normally in some situations (such as home) but refuses to speak in other situations (such as school).

Modified from: Sheridan, S. & Steck, M. (1995). Acceptability of conjoint behavioral consultant survey of school psychologists. *School Psychology Review*, 24, 633-647.

APPENDIX D
Demographics Form

please check the appropriate response.

Age: 18-25 years () 26-35 years () 36-45 years ()
 46-55 years () 56-65 years () 66 and above ()

Gender: Male () Female ()

Grade Level: Preschool-5 () 6-8 () 9-12 ()

Type of Classroom: Special Education () Inclusion () Regular ()

Familiarity with Self-Monitoring technique prior to this study: (Select one)

I was not familiar with this technique. ()

I was familiar with this technique, but have never used it in my classroom. ()

I was familiar with this technique and have used it in the past, but I do not currently use it. ()

I was familiar with this technique and currently use it in my classroom. ()

Thank you for your participation!

APPENDIX E
Consent to Participate in a Research Study
Austin Peay State University

You are being asked to participate in a research study. This form is intended to provide you with information about this study. You may ask the researchers listed below about this study or you may call the Office of Grants and Sponsored Research, Box 4517, Austin Peay State University, Clarksville, TN 37044, (931) 221-7881, with questions about the rights of research participants.

1. TITLE OF RESEARCH STUDY

Teachers' acceptability of self-monitoring based on problem type and grade of teacher.

2. PRINCIPAL INVESTIGATOR

Kim Justice, M.A.
Graduate Student, Psychology Department
Home: (931) 503-0936
E-mail: justicek@apsu.edu

Dr. Patti Wilson
Faculty Supervisor
Office: (931) 221-6407
E-mail: wilsonp@apsu.edu

3. THE PURPOSE OF THE RESEARCH

The purpose of this study is to investigate teachers' acceptability of self-monitoring interventions and to examine if acceptability ratings differ based on problem type (academic, behavioral, and social-emotional) and grade of teacher (preschool-5, 6-8, 9-12). This research project is being completed to fulfill degree requirements for the Education Specialist degree. The data and results obtained in this study may be published or presented.

4. PROCEDURES FOR THIS RESEARCH

If you choose to participate in this study, you will be asked to complete a demographics questionnaire, a Procedural Acceptability Measure, and a Situational Acceptability Measure. The demographics questionnaire will request information about your age, gender, grade level, type of classroom, and familiarity with the self-monitoring technique prior to the study. Information pertaining to grade level will be used to determine if acceptability ratings differ for teachers at various grade levels. All other demographic information will be used to describe the participants. The Procedural Acceptability Measure asks you to evaluate self-monitoring by reading statements and rating on a scale of 1 to 6 if you agree or disagree. The Situational Acceptability Measure lists a variety of problem types and asks you to rate how acceptable you feel self-monitoring would be as intervention. You will not be asked to place your name on any forms in this study. Participation in this study will take approximately 10-15 minutes. All collected data will remain confidential and will be stored in a locked filing cabinet at the Principal Investigator's residence. If the collected data is

published or presented, it will be done in a way that does not reveal the identity of participants. If you choose to not participate in this study, you may keep your packet or return the uncompleted packet to the Principal Investigator.

5. POTENTIAL RISKS OR BENEFITS TO YOU

Each research packet includes a pen that is yours to keep even if you choose not to participate in the study. The risks for this study are minimal. You do not have to answer any question you do not wish to answer. Additionally, you may feel a sense of pride for helping the Principal Investigator complete her research project and for contributing to research in the field of education and research techniques. The risks for participation in this study are minimal. A possible risk may include sense of lack of education for teachers who report that they are unfamiliar with the technique of self-monitoring. Contact information for the Principal Investigator and the Faculty Supervisor, who is a nationally certified school psychologist and a licensed psychologist with Health Service Provider designation, is provided below should any potential complications arise.

6. INFORMED CONSENT STATEMENT

I have read the above and understand what the study is about, why it is being done, and any benefits or risks involved.

I understand that I do not have to take part in this study, and my refusal to participate will involve no penalty or loss of rights.

I agree to participate in this study and understand that by agreeing to participate I have not given up any of my human rights.

I understand that returning my completed packet implies consent.

I understand that I may choose to withdraw from the study at any time until I mail the surveys. At that time, there will be no way to identify a particular survey.

I understand that I will receive a copy of this form.

If I have questions about this study I may call Kim Justice (graduate student, Psychology Department) at (931)-503-0936 or Dr. Patti Wilson (faculty supervisor, Psychology Department) at (931)-221-6407.

Vita

Kim Justice was born and raised in Clarksville, TN. She went to grade school at Woodlawn Elementary School and attended middle school at New Providence Middle School in Clarksville. She graduated with honors from Northwest High School in 1993. After graduation, she began working on her Bachelor's degree in Psychology and graduated in 1999. Directly after earning her B.S. degree, she began working on her Master's degree in School Psychology and graduated with honors in 2002. She is currently pursuing her Education Specialist degree and anticipates graduating in May 2003.