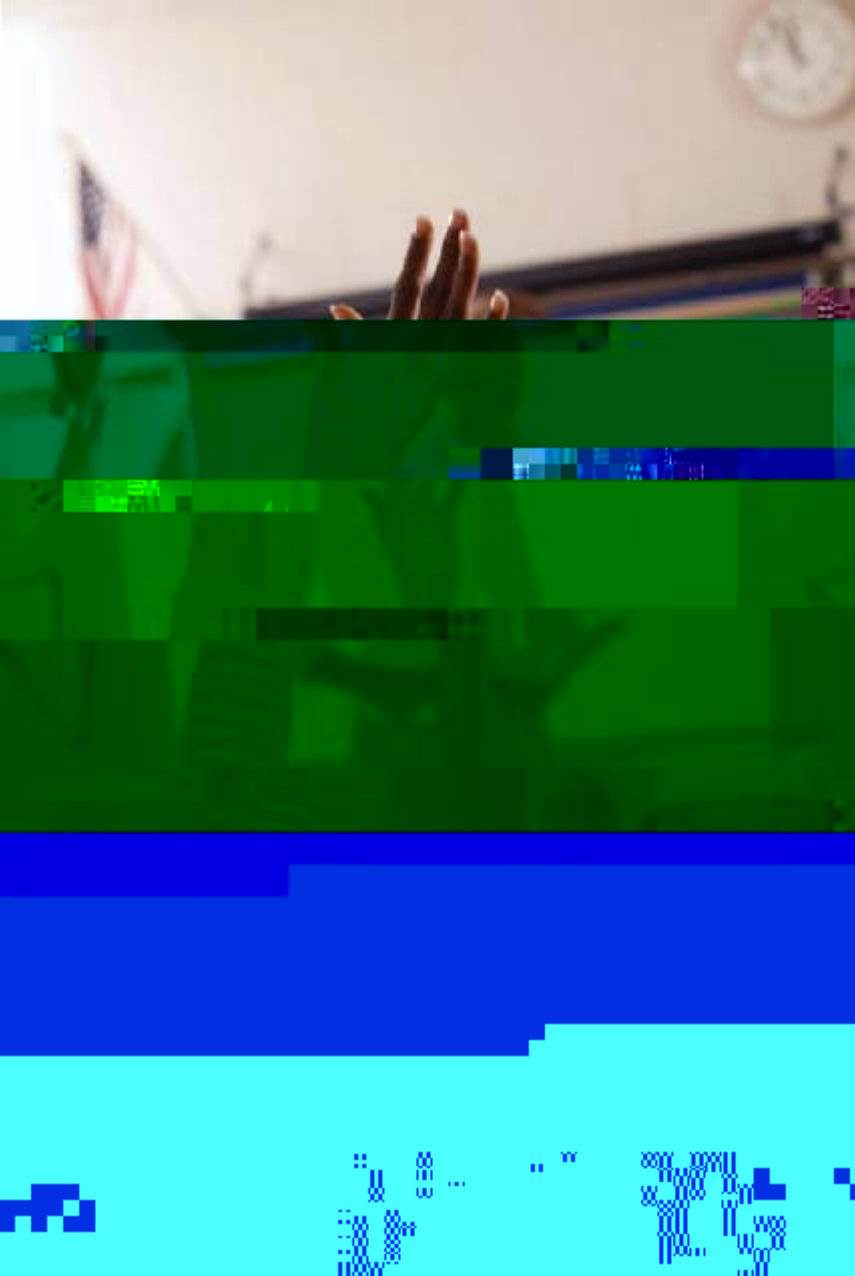


School
Readiness
Integration
(SRI) Models:
A Descriptive



Executive Summary

In 2003, the Texas Legislature passed Senate Bill 76 which requires school districts to investigate sharing sites among childcare programs before establishing their own stand-alone preschool childcare programs. In 2005 the Legislature expanded the School Readiness Integration (SRI) initiative with the passage of Senate Bill 23. Agencies that implement a SRI model are eligible to participate in the Texas Early Education Model (TEEM). The State Center for Early Childhood Development (State Center) is SB 069 the chief sponsor for TEEM. The State Center provides TEEM communities with onsite and online professional development training, project coordinators/mentors, training stipends for teachers, classroom material and software-based progress monitoring instruments and personal digital assistance devices.

During the four years of the TEEM initiative, communities increased from 11 communities in 2003 to 33 communities by the fall of 2006. Each TEEM community continued to expand each year. By fall of 2006, 45% of the classrooms were located in ISD, 28% were in Head Start and 27% were in childcare facilities. The number of children in classrooms that were participating in the TEEM initiative rose from 1,584 in 2003 to 26,956 in 2006.

The State Center is the fiscal steward for state appropriated funds, the program

Executive Summary

\$21.8 million on the TEEM initiative from September 1, 2003 through January 31, 2007.

Because expenditures at the community level were available, a cost allocation model was developed to estimate the cost for TEEM community.

In Year 1, the research design for examining student and teacher performance was a treatment versus control design. In Year 2, the schools that had served as controls for year 1 now received TEEM training, changing the research design to a dosage study, comparing classrooms with teachers who had more TEEM experience to those with less TEEM experience. While this changes the nature of the research questions that can be addressed with this dataset, classrooms can still be viewed as having been randomly assigned (in year 1) to high or low dosage conditions.

There was considerable variation both between and within communities with regards to student performance and teacher outcomes. For about half of the communities, students in the treatment groups improved more than students in the control groups, and for the other half of the communities students in the control groups improved more than the students in the treatment groups on the student outcome measures (e.g., mCLASS subtests). TEEM did lead to overall improvement for teachers, although there was considerable variation, with teachers in both control and treatment groups obtaining both positive and negative difference scores on the teacher outcome measure (i.e., Teacher Behavior Rating Scale.)

Recommendations were offered for future implementation in three areas; program initiation/implementation, program costs, and program effectiveness (student performance). Each area has unique data requirements that must be determined in advance in order to assure that policy relevant questions can be addressed. A central data repository to ensure completeness and standardized record keeping (content and format) is a minimal requirement

for cost and student performance data. Building this repository will be necessary as the longitudinal assessment of program impact will be the logical next step in understanding how the SRI initiative is implemented in TEEM communities.

In addition, future evaluations should focus on the more important underlying question for TEEM, which is whether TEEM better prepares students for elementary school. In other words, “Does TEEM really improve school readiness for children?”