Classroom Teacher Social Validity- PRE

Teacher: Date:

Student(s):

Proposed Intervention:

For each item please circle the number that most closely represents your opinion about the proposed intervention.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Strongly Disagree | Neutral | Strongly Agree |

The proposed intervention will:

1. Fit into my regular schedule 1 2 3 4 5
2. Not take up too much time 1 2 3 4 5
3. Teach Important Skills 1 2 3 4 5
4. Be suitable given the classroom culture 1 2 3 4 5
5. Be easy to implement and maintain 1 2 3 4 5
6. Quickly improve the student’s skill 1 2 3 4 5
7. Have lasting positive effects 1 2 3 4 5
8. Improve student’s overall performance 1 2 3 4 5

Student Social Validity- PRE

Teacher: Date:

Student(s):

Proposed Intervention:

For each item please circle the number that most closely represents your opinion about the proposed intervention.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Strongly Disagree | Neutral | Strongly Agree |

The proposed intervention will:

1. Be easy for me to stick with 1 2 3 4 5
2. Be fair to me 1 2 3 4 5
3. Teach Important Skills 1 2 3 4 5
4. Help me change in important ways 1 2 3 4 5
5. Quickly improve my skill 1 2 3 4 5
6. Make a difference in my grades 1 2 3 4 5
7. Give me things I like to earn 1 2 3 4 5
8. Help me do better in school overall 1 2 3 4 5