



Conducting Practical Needs Assessments

January 2008

Cherry Hill

Livingston

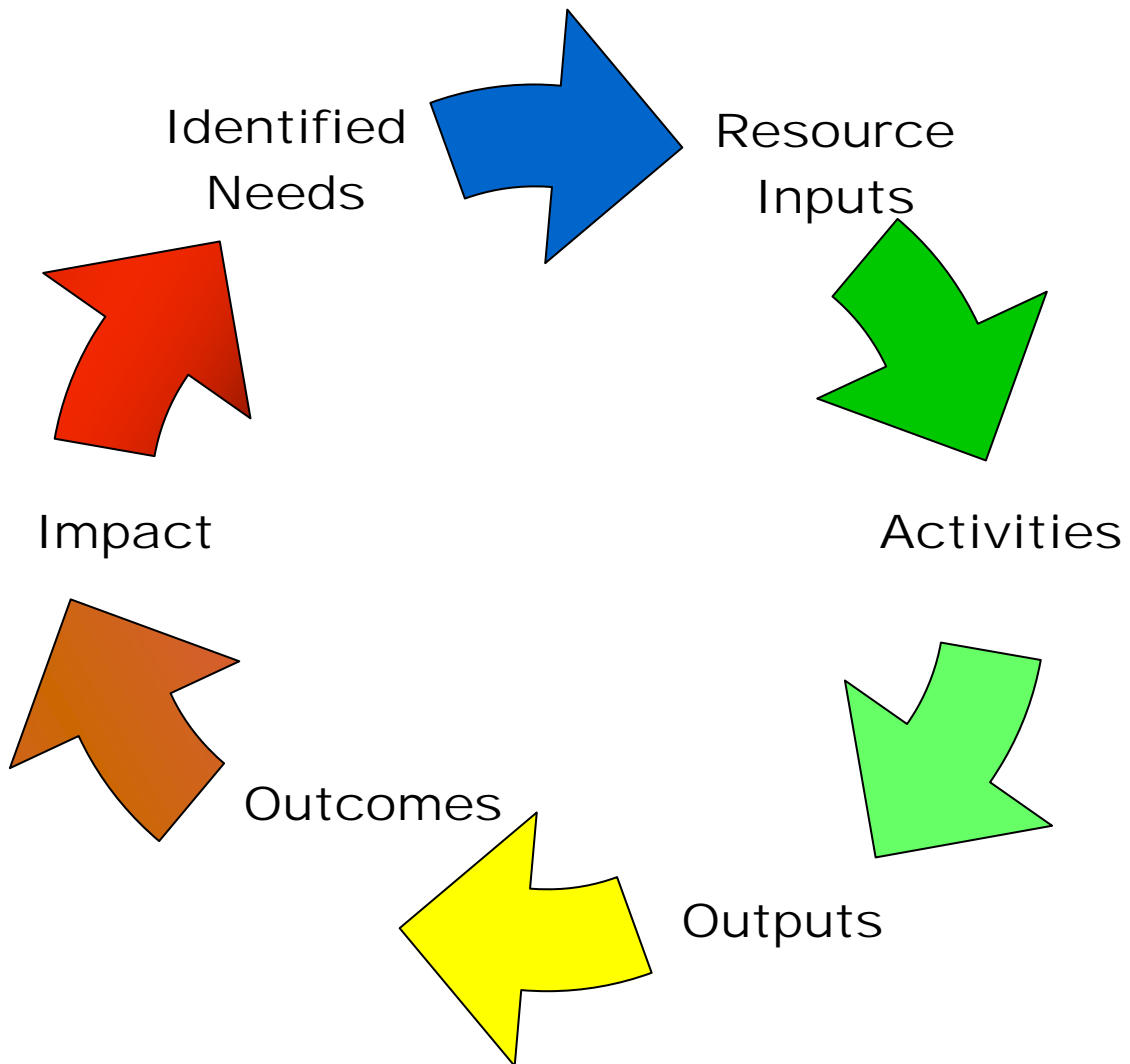
Piscataway

<http://sdfsc.rutgers.edu>

732-445-6173

<http://sdfscibb.forumsvibe.com>

Logic Model



Logic Model based on the work of the W.K. Kellogg Foundation January 2004

Types of Data

Quantitative Data consist of counts, rates, or other statistics that document the actual existence or absence of problems, behaviors, or occurrences (e.g., attendance rates, crime reports, drug use surveys).

Qualitative Data reflect individual and community perceptions gleaned from focus groups, stakeholder interviews, and open-ended survey questions. This type of data results in descriptions of problems, behaviors, or events. It is possible to add a quantitative component to qualitative data (e.g., of the 1,200 young people interviewed, 400 reported weekly alcohol use).

Quantitative vs. Qualitative Data Quantitative data yield more statistics, while qualitative data yield more descriptive information.

Incidence data reflect the rate of occurrences (e.g., There were 10 reported fights during the 2005-2006 school year), especially in the number of new cases of substance use and violence.

Prevalence data reflect the percentage of a population that is affected by a problem within a given period of time (e.g., In the past 5 years, 12% of middle school girls in our school district were involved in, at least, 1 fight).

Data Triangulation is a method of using multiple sources of data to establish the validity of research outcomes.

*Adapted from Step-By-Step Planning Guide
Rutgers SDFSC Project*

Collecting and Compiling Data

<i>Method</i>	<i>Yields</i>	<i>Advantages</i>	<i>Disadvantages</i>
Surveys	Knowledge, behaviors and attitudes regarding substance use and violence	<ul style="list-style-type: none"> • Reach large population • Anonymity • Easy to compare and analyze • Survey templates exist • Relatively inexpensive 	<ul style="list-style-type: none"> • Self-report bias • Impersonal • Low return rates • Limited space for expression
Archival/ Document Review	-Information about program components -statistical data, such as health statistics and crime statistics	<ul style="list-style-type: none"> • Already exists • Easy and quickly accessed • Unobtrusive • Objective evidence 	<ul style="list-style-type: none"> • May not reflect local data • Need to check source reliability • Not easily comparable
Individual Interviews	Knowledge, behaviors and attitudes regarding substance use and violence	<ul style="list-style-type: none"> • In-depth information • Builds relations with students and staff • Helps generate survey questions • Allows for free expression 	<ul style="list-style-type: none"> • Difficult to compile and analyze • Need trained facilitator • Time-consuming • Reaches smaller population
Focus Groups	Knowledge, behaviors and attitudes regarding substance use and violence	<ul style="list-style-type: none"> • On-the-spot synthesis of different points of view • Builds relations with students and staff • Helps generate survey questions • Reaches more people than an individual interview 	<ul style="list-style-type: none"> • Difficult to compile and analyze • Need trained facilitator • Time-consuming • Difficult to schedule
Literature	-Evidence of effective interventions in other settings -Review of trends across communities	<ul style="list-style-type: none"> • Normalizes problems • Provides insight on new or ground-breaking interventions 	<ul style="list-style-type: none"> • Not locally relevant
Observations	Behaviors witnessed by a trained observer as they are occurring	<ul style="list-style-type: none"> • Unobtrusive • Highly relevant information • Able to record data first-hand, as it occurs • Does not rely on self-report 	<ul style="list-style-type: none"> • Requires skilled observer • Students/staff may alter behaviors as a result of being observed • Time-consuming
Rubrics	Monitors change in the behavior of a specific audience	<ul style="list-style-type: none"> • Clarifies a range of expectations • Can be easily modified • Can be created for any content area • Criteria are well-defined 	<ul style="list-style-type: none"> • Can require continuous revision • Time-consuming • Labor intensive • Defining the criteria can be complex

Based on Rutgers SDFSC Project “Step-By-Step Planning Guide”

New Jersey Needs Assessment Data Sources

Free NJ Data Sources	Content	State/Local Data	Where to Find
NJ School Report Card	Attendance rates, drop-out rates, suspensions and expulsion percentages are available for review.	Local	NJDOE website- click on NJ School Report Card http://www.state.nj.us/njded/data/
NJ State Police Gang Survey	Survey data are collected on gang activity and trends by municipality, age, and school.	Local	Access information through NJ State Police website, under public information http://www.njsp.org/ Go to search, type <gang survey>, click to download
Electronic Violence and Vandalism Reporting System (EVVRS)	Data include incidences of violence, vandalism, and substance abuse. Data also include the number of suspensions, expulsions, and removals to interim alternative settings for these offenses.	Local	Access through the NJDOE Homeroom, click on EVVRS http://homeroom.state.nj.us/
NJ Middle School Substance Use Survey	Data collected from 7 th & 8 th grade students throughout NJ in public and independent schools. Data includes estimates of prevalence of ATOD use and the identification of risk and protective factors.	State	Last report from 2003 NJ Department of Human Services website- click on NJ Middle School Substance Use Survey under <i>Survey/Research Reports</i> http://www.state.nj.us/humanservices/das/das_reports.html
Uniform Crime Report	Crime data collected from all 21 counties within NJ, including summary incident reports, arrests by age, offender information, and other crime data.	State	NJ State Police website http://www.state.nj.us/lps/njsp/info/stats.html
NJ Student Health Survey	Survey data collected from high school students on risk-taking behaviors. The 2005 NJ Student Health Survey includes middle school data. The survey helps to maintain awareness of current trends among teens and provide feedback on the impact of large-scale programs to influence teen behavior.	State	NJDOE website - click on New Jersey Student Health Survey http://www.state.nj.us/njded/data/
Violence, Vandalism, and	Information collected reflects state-wide data on incidents of vandalism, violence,		NJDOE website - click on Violence, Vandalism, and Substance Abuse in New Jersey Schools

Free NJ Data Sources	Content	State/Local Data	Where to Find
Substance Abuse in NJ Public Schools Report	and substance abuse.	State	http://www.state.nj.us/njded/data/
NJ State Health Assessment Data (NJSHAD) System	This source is an interactive query system that provides users with customized NJ health data. The data are generally applicable to adults only. A user may be able to access some specific youth issues.	State	Access through the NJ Department of Health and Human Services website http://njshad.doh.state.nj.us/welcome.html
The Association for Children in New Jersey-New Jersey Kids Count	Kids Count is a national and state-by state statistical effort to track the children in the U.S., funded by the Anne E. Casey Foundation. New Jersey Kids Count uses indicators, such as poverty, income, child health and test scores to draw a portrait of the well-being of children in New Jersey.	State	www.acnj.org

Analyzing Data

Once data is collected, data analysis begins. The data analysis procedure may differ depending on whether quantitative or qualitative data were collected.

For **qualitative** analysis, consider the following rules of thumb:

- **Combine** data by consolidating all raw data into one document
- **Protect** data by saving a copy of the master before analyzing data
- **Recruit** multiple readers of the data to increase reliability of analysis
- **Read** through all of the raw data first to get an overall impression of the information
- **Group** common quotes or ideas, possibly by question or section
- **Write** themed statements to represent each group of quotes

For **quantitative** analysis, consider the following rules of thumb:

- **Combine** data by consolidating all raw data into one document
- **Protect** data by saving a copy of the master before analyzing data
- **Calculate** frequencies and percentages of responses
- **Look** for trends (i.e., gradual shifts in knowledge, behaviors and attitudes over time) among the results (e.g., delayed onset of ATOD use, more positive attitudes about maintaining safe school environment)

Questions to consider when analyzing either type of data:

- Are the data current?
- Are the data valid?
 - Is there under-reporting? Over reporting? How do you know?
 - What do you know about the sample?
- Do data indicate differences between target populations?
- What other measures should you analyze to get a more complete picture?

*Adapted from Step-By-Step Planning Guide
Rutgers SDFSC Project*

Identifying Risk and Protective Factors

Risk factors that predict future risky behaviors by youth are shown below.

Individual

- Antisocial behavior and alienation/delinquent beliefs/general delinquency involvement/drug dealing
- Gun possession/illegal gun ownership/carrying
- Teen parenthood
- Favorable attitudes toward drug use/early onset of AOD use/alcohol/drug use
- Early onset of aggression/violence
- Intellectual and/or development disabilities
- Victimization and exposure to violence
- Poor refusal skills
- Life stressors
- Early sexual involvement
- Mental disorder/mental health problem

Family

- Family history of problem behavior/parent criminality
- Family management problems/poor parental supervision and/or monitoring
- Poor family attachment/bonding
- Child victimization and maltreatment
- Pattern of high family conflict
- Family violence
- Having a young mother
- Broken home
- Sibling antisocial behavior
- Family transitions
- Parental use of physical punishment/harsh and/or erratic discipline practices
- Low parent education level/illiteracy
- Maternal depression

School

- Low academic achievement
- Negative attitude toward school/low bonding/low school attachment/commitment to school

- Truancy/frequent absences
- Suspension
- Dropping out of school
- Inadequate school climate/poorly organized and functioning schools/negative labeling by teachers
- Identified as learning disabled
- Frequent school transitions

Peer

- Gang involvement/gang membership
- Peer ATOD use
- Association with delinquent/aggressive peers
- Peer rejection

Community

- Availability/use of alcohol, tobacco, and other drugs in neighborhood
- Availability of firearms
- High-crime neighborhood
- Community instability
- Low community attachment
- Economic deprivation/poverty/residence in a disadvantaged neighborhood
- Neighborhood youth in trouble
- Feeling unsafe in the neighborhood
- Social and physical disorder/disorganized neighborhood

Protective factors that protect youth against delinquency and substance abuse are shown below.

Individual

- Positive/resilient temperament
- Religiosity/valuing involvement in organized religious activities
- Social competencies and problem-solving skills
- Perception of social support from adults and peers
- Healthy sense of self
- Positive expectations/optimism for the future
- High expectations

Family

- Good relationships with parents/bonding or attachment to family
- Opportunities and reward for prosocial family involvement
- Having a stable family

- High family expectations

School

- School motivation/positive attitude toward school
- Student bonding and connectedness (attachment to teachers, belief, commitment)
- Academic achievement/reading ability and mathematics skills
- Opportunities and rewards for prosocial school involvement
- High-quality schools/clear standards and rules
- High expectations of students
- Presence and involvement of caring, supportive adults

Peer

- Involvement with positive peer group activities and norms
- Good relationship with peers
- Parental approval of friends

Community

- Economically sustainable/stable communities
- Safe and health-promoting environment/supportive law enforcement presence
- Positive social norms
- Opportunities and rewards for prosocial community involvement/availability of neighborhood resources
- High community expectations
- Neighborhood/social cohesion

*Adapted from Helping America's Youth
"Community Guide"*

40 Developmental Assets® for Adolescents (ages 12-18)

Search Institute® has identified the following building blocks of healthy development—known as **Developmental Assets**®—that help young people grow up healthy, caring, and responsible.



External Assets	Support	<p>1. Family support—Family life provides high levels of love and support.</p> <p>2. Positive family communication—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.</p> <p>3. Other adult relationships—Young person receives support from three or more nonparent adults.</p> <p>4. Caring neighborhood—Young person experiences caring neighbors.</p> <p>5. Caring school climate—School provides a caring, encouraging environment.</p> <p>6. Parent involvement in schooling—Parent(s) are actively involved in helping young person succeed in school.</p>
	Empowerment	<p>7. Community values youth—Young person perceives that adults in the community value youth.</p> <p>8. Youth as resources—Young people are given useful roles in the community.</p> <p>9. Service to others—Young person serves in the community one hour or more per week.</p> <p>10. Safety—Young person feels safe at home, school, and in the neighborhood.</p>
	Boundaries & Expectations	<p>11. Family boundaries—Family has clear rules and consequences and monitors the young person’s whereabouts.</p> <p>12. School Boundaries—School provides clear rules and consequences.</p> <p>13. Neighborhood boundaries—Neighbors take responsibility for monitoring young people’s behavior.</p> <p>14. Adult role models—Parent(s) and other adults model positive, responsible behavior.</p> <p>15. Positive peer influence—Young person’s best friends model responsible behavior.</p> <p>16. High expectations—Both parent(s) and teachers encourage the young person to do well.</p>
	Constructive Use of Time	<p>17. Creative activities—Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.</p> <p>18. Youth programs—Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.</p> <p>19. Religious community—Young person spends one or more hours per week in activities in a religious institution.</p> <p>20. Time at home—Young person is out with friends “with nothing special to do” two or fewer nights per week.</p>

Internal Assets	Commitment to Learning	<p>21. Achievement Motivation—Young person is motivated to do well in school.</p> <p>22. School Engagement—Young person is actively engaged in learning.</p> <p>23. Homework—Young person reports doing at least one hour of homework every school day.</p> <p>24. Bonding to school—Young person cares about her or his school.</p> <p>25. Reading for Pleasure—Young person reads for pleasure three or more hours per week.</p>
	Positive Values	<p>26. Caring—Young person places high value on helping other people.</p> <p>27. Equality and social justice—Young person places high value on promoting equality and reducing hunger and poverty.</p> <p>28. Integrity—Young person acts on convictions and stands up for her or his beliefs.</p> <p>29. Honesty—Young person “tells the truth even when it is not easy.”</p> <p>30. Responsibility—Young person accepts and takes personal responsibility.</p> <p>31. Restraint—Young person believes it is important not to be sexually active or to use alcohol or other drugs.</p>
	Social Competencies	<p>32. Planning and decision making—Young person knows how to plan ahead and make choices.</p> <p>33. Interpersonal Competence—Young person has empathy, sensitivity, and friendship skills.</p> <p>34. Cultural Competence—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.</p> <p>35. Resistance skills—Young person can resist negative peer pressure and dangerous situations.</p> <p>36. Peaceful conflict resolution—Young person seeks to resolve conflict nonviolently.</p>
	Positive Identity	<p>37. Personal power—Young person feels he or she has control over “things that happen to me.”</p> <p>38. Self-esteem—Young person reports having a high self-esteem.</p> <p>39. Sense of purpose—Young person reports that “my life has a purpose.”</p> <p>40. Positive view of personal future—Young person is optimistic about her or his personal future.</p>

This page may be reproduced for educational, noncommercial uses only. Copyright © 1997, 2006 by Search Institute, 615 First Avenue N.E., Suite 125, Minneapolis, MN 55413; 800-888-7828; www.search-institute.org. All Rights Reserved.
The following are registered trademarks of Search Institute: Search Institute®, Developmental Assets® and Healthy Communities • Healthy Youth®.

External Assets	Support	<ol style="list-style-type: none"> 1. Family support—Family life provides high levels of love and support. 2. Positive family communication—Parent(s) and child communicate positively. Child feels comfortable seeking advice and counsel from parent(s). 3. Other adult relationships—Child receives support from adults other than her or his parent(s). 4. Caring neighborhood—Child experiences caring neighbors. 5. Caring school climate—Relationships with teachers and peers provide a caring, encouraging environment. 6. Parent involvement in schooling—Parent(s) are actively involved in helping the child succeed in school. 	
	Empowerment	<ol style="list-style-type: none"> 7. Community values youth—Child feels valued and appreciated by adults in the community. 8. Children as resources—Child is included in decisions at home and in the community. 9. Service to others—Child has opportunities to help others in the community. 10. Safety—Child feels safe at home, at school, and in his or her neighborhood. 	
	Boundaries & Expectations	<ol style="list-style-type: none"> 11. Family boundaries—Family has clear and consistent rules and consequences and monitors the child’s whereabouts. 12. School Boundaries—School provides clear rules and consequences. 13. Neighborhood boundaries—Neighbors take responsibility for monitoring the child’s behavior. 14. Adult role models—Parent(s) and other adults in the child’s family, as well as nonfamily adults, model positive, responsible behavior. 15. Positive peer influence—Child’s closest friends model positive, responsible behavior. 16. High expectations—Parent(s) and teachers expect the child to do her or his best at school and in other activities. 	
	Constructive Use of Time	<ol style="list-style-type: none"> 17. Creative activities—Child participates in music, art, drama, or creative writing two or more times per week. 18. Child programs—Child participates two or more times per week in cocurricular school activities or structured community programs for children.. 19. Religious community—Child attends religious programs or services one or more times per week. 20. Time at home—Child spends some time most days both in high-quality interaction with parents and doing things at home other than watching TV or playing video games. 	
	Internal Assets	Commitment to Learning	<ol style="list-style-type: none"> 21. Achievement Motivation—Child is motivated and strives to do well in school. 22. Learning Engagement—Child is responsive, attentive, and actively engaged in learning at school and enjoys participating in learning activities outside of school. 23. Homework—Child usually hands in homework on time. 24. Bonding to school—Child cares about teachers and other adults at school. 25. Reading for Pleasure—Child enjoys and engages in reading for fun most days of the week.
		Positive Values	<ol style="list-style-type: none"> 26. Caring—Parent(s) tell the child it is important to help other people. 27. Equality and social justice—Parent(s) tell the child it is important to speak up for equal rights for all people. 28. Integrity—Parent(s) tell the child it is important to stand up for one’s beliefs. 29. Honesty—Parent(s) tell the child it is important to tell the truth. 30. Responsibility—Parent(s) tell the child it is important to accept personal responsibility for behavior. 31. Healthy Lifestyle—Parent(s) tell the child it is important to have good health habits and an understanding of healthy sexuality.
		Social Competencies	<ol style="list-style-type: none"> 32. Planning and decision making—Child thinks about decisions and is usually happy with results of her or his decisions. 33. Interpersonal Competence—Child cares about and is affected by other people’s feelings, enjoys making friends, and, when frustrated or angry, tries to calm her- or himself. 34. Cultural Competence—Child knows and is comfortable with people of different racial, ethnic, and cultural backgrounds and with her or his own cultural identity. 35. Resistance skills—Child can stay away from people who are likely to get her or him in trouble and is able to say no to doing wrong or dangerous things. 36. Peaceful conflict resolution—Child seeks to resolve conflict nonviolently.
		Positive Identity	<ol style="list-style-type: none"> 37. Personal power—Child feels he or she has some influence over things that happen in her or his life. 38. Self-esteem—Child likes and is proud to be the person that he or she is. 39. Sense of purpose—Child sometimes thinks about what life means and whether there is a purpose for her or his life. 40. Positive view of personal future—Child is optimistic about her or his personal future.

External Assets	Support	<ol style="list-style-type: none"> 1. Family support—Parent(s) and/or primary caregiver(s) provide the child with high levels of consistent and predictable love, physical care, and positive attention in ways that are responsive to the child’s individuality. 2. Positive family communication—Parent(s) and/or primary caregiver(s) express themselves positively and respectfully, engaging young children in conversations that invite their input. 3. Other adult relationships—With the family’s support, the child experiences consistent, caring relationships with adults outside the family. 4. Caring neighbors—The child’s network of relationships includes neighbors who provide emotional support and a sense of belonging. 5. Caring climate in child-care and educational settings—Caregivers and teachers create environments that are nurturing, accepting, encouraging, and secure. 6. Parent involvement in child care and education—Parent(s), caregivers, and teachers together create a consistent and supportive approach to fostering the child’s successful growth.
	Empowerment	<ol style="list-style-type: none"> 7. Community cherishes and values young children—Children are welcomed and included throughout community life. 8. Children seen as resources—The community demonstrates that children are valuable resources by investing in a child-rearing system of family support and high-quality activities and resources to meet children’s physical, social, and emotional needs. 9. Service to others—The child has opportunities to perform simple but meaningful and caring actions for others. 10. Safety—Parent(s), caregivers, teachers, neighbors, and the community take action to ensure children’s health and safety.
	Boundaries & Expectations	<ol style="list-style-type: none"> 11. Family boundaries—The family provides consistent supervision for the child and maintains reasonable guidelines for behavior that the child can understand and achieve. 12. Boundaries in child-care and educational settings—Caregivers and educators use positive approaches to discipline and natural consequences to encourage self-regulation and acceptable behaviors. 13. Neighborhood boundaries—Neighbors encourage the child in positive, acceptable behavior, as well as intervene in negative behavior, in a supportive, nonthreatening way. 14. Adult role models—Parent(s), caregivers, and other adults model self-control, social skills, engagement in learning, and healthy lifestyles. 15. Positive peer relationships—Parent(s) and caregivers seek to provide opportunities for the child to interact positively with other children. 16. Positive expectations—Parent(s), caregivers, and teachers encourage and support the child in behaving appropriately, undertaking challenging tasks, and performing activities to the best of her or his abilities.
	Constructive Use of Time	<ol style="list-style-type: none"> 17. Play and creative activities—The child has daily opportunities to play in ways that allow self-expression, physical activity, and interaction with others. 18. Out-of-home and community programs—The child experiences well-designed programs led by competent, caring adults in well-maintained settings. 19. Religious community—The child participates in age-appropriate religious activities and caring relationships that nurture her or his spiritual development. 20. Time at home—The child spends most of her or his time at home participating in family activities and playing constructively, with parent(s) guiding TV and electronic game use.

Internal Assets	Commitment to Learning	<ol style="list-style-type: none"> 21. Motivation to mastery—The child responds to new experiences with curiosity and energy, resulting in the pleasure of mastering new learning and skills. 22. Engagement in learning experiences—The child fully participates in a variety of activities that offer opportunities for learning. 23. Home-program connection—The child experiences security, consistency, and connections between home and out-of-home care programs and learning activities. 24. Bonding to programs—The child forms meaningful connections with out-of-home care and educational programs. 25. Early literacy—The child enjoys a variety of pre-reading activities, including adults reading to her or him daily, looking at and handling books, playing with a variety of media, and showing interest in pictures, letters, and numbers.
	Positive Values	<ol style="list-style-type: none"> 26. Caring—The child begins to show empathy, understanding, and awareness of others’ feelings. 27. Equality and social justice—The child begins to show concern for people who are excluded from play and other activities or not treated fairly because they are different. 28. Integrity—The child begins to express her or his views appropriately and to stand up for a growing sense of what is fair and right. 29. Honesty—The child begins to understand the difference between truth and lies, and is truthful to the extent of her or his understanding. 30. Responsibility—The child begins to follow through on simple tasks to take care of her- or himself and to help others. 31. Self-regulation—The child increasingly can identify, regulate, and control her or his behaviors in healthy ways, using adult support constructively in particularly stressful situations.
	Social Competencies	<ol style="list-style-type: none"> 32. Planning and decision making—The child begins to plan for the immediate future, choosing from among several options and trying to solve problems. 33. Interpersonal skills—The child cooperates, shares, plays harmoniously, and comforts others in distress. 34. Cultural awareness and sensitivity—The child begins to learn about her or his own cultural identity and to show acceptance of people who are racially, physically, culturally, or ethnically different from her or him. 35. Resistance skills—The child begins to sense danger accurately, to seek help from trusted adults, and to resist pressure from peers to participate in unacceptable or risky behavior. 36. Peaceful conflict resolution—The child begins to compromise and resolve conflicts without using physical aggression or hurtful language.
	Positive Identity	<ol style="list-style-type: none"> 37. Personal power—The child can make choices that give a sense of having some influence over things that happen in her or his life. 38. Self-esteem—The child likes her- or himself and has a growing sense of being valued by others. 39. Sense of purpose—The child anticipates new opportunities, experiences, and milestones in growing up. 40. Positive view of personal future—The child finds the world interesting and enjoyable, and feels that he or she has a positive place in it.

Clintonville, N.J. Needs Assessment Scenario

Clintonville Public Schools (CPS) has an enrollment of approximately 2,965 students in Pre-K to grade 12, with four elementary schools, one middle school and one high school. The racial makeup of the district students is as follows: approximately 60% are White/Non-Hispanic, 20% are Hispanic, 9% are Asian, 9% are African-American and 2% are Other or Multiracial. The district is predominantly comprised of suburban families in the middle to upper-middle class, with a median family income of \$50,000.

The following data were gathered in the order of presentation during the needs assessment:

Measurement Tool	Findings
NJ School Report Card	<ul style="list-style-type: none"> ▪ Clintonville Middle and High School’s incidents of disciplinary actions are higher than the state average.
School records on specific incidents leading to student suspension	<ul style="list-style-type: none"> ▪ Over the past 3 years, the number of high school students suspended for smoking cigarettes on school grounds has been gradually increasing from 20 to 28 to 39 incidents.. ▪ Over the past 3 years, the number of middle school girls who were suspended for incidents of bullying rose from 10 to 16 to 29.
Middle School Student Survey (A survey created by the Clintonville School District for use with their students)	<ul style="list-style-type: none"> ▪ This year, 5% of students at Clintonville Middle School reported being a victim of bullying. The previous year, 1.5% of students reported being a victim of bullying. ▪ This year, 25% of students at Clintonville Middle School reported witnessing an act of bullying. The previous year, 20% of students reported being a witness of an act of bullying. ▪ This year, 10% of boys between the ages of 14 and 16 reported smoking cigarettes in the past 30 days.

Measurement Tool	Findings
District-wide Survey of Parents	<p>Top concerns of parents of middle school students in Clintonville were:</p> <ul style="list-style-type: none"> ▪ bullying (endorsed by 50% of respondents) ▪ arguments about homework (endorsed by 25% of respondents) ▪ 25% reported concerns about the nature of student use of the internet and cell phones

A group of stakeholders met to discuss the findings of the needs assessment. The group included the district superintendent, the middle and high school principals, teacher representatives, student representatives, parent representatives, and a district substance awareness coordinator. The following questions were discussed:

- What problems were identified as a result of our needs assessment data?
- Are there other data sources that would be useful in further understanding our students?
- Were problems specific to certain target populations or to the entire student body?
- What factors in the school and community are contributing to the problem?
- What factors in the school and community need to be strengthened in order to combat the problem?
- What are the priority problems that we would like to address based on the results of the needs assessment?

*Adapted from Step-By-Step Planning Guide
Rutgers SDFSC Project*

Potential Community Members

- Local teens and families
- Schools
- Community organizations (especially those that serve youth)
- Faith-based organizations
- Health care providers (includes physical and mental health care as well as substance abuse treatment)
- Public health departments
- Law enforcement agencies
- Juvenile justice system
- Human services agencies
- Cooperative extension offices
- Parks and recreation departments
- Libraries
- Businesses
- The media
- Elected or appointed officials
- Colleges and Universities
- Service Organizations
- Professional Organizations
- Other individuals or organizations involved in defining community policies that affect youth

*Adapted from Helping America's Youth
"Form a Community Partnership"*

Gaps and Overlaps

Identify Existing Resources in the Community

Once strategies have been identified by districts to address their priority problem(s), districts should then examine local resources that already exist to address the problem. Such research may highlight successful programs in the community as well as identify gaps between what is needed and what is already in place. By researching what is available in the community, districts may discover referral sources, identify successful intervention programs and discover gaps in needed services. Community resources to look for include:

- after-school recreational programs
- alternative schools for youth
- agencies providing parenting and family services
- in- and out-patient substance abuse treatment facilities for parents and children
- law enforcement agencies
- mental health agencies
- prevention organizations
- health-related organizations and agencies
- youth organizations
- faith-based organizations

Research New Programs, Activities and Services

Once districts have identified their needs, characteristics of their schools and school district, strategies that are most likely to be successful with their students and the gaps in services in their community, the process of systematically investigating potential programs may begin. The following questions may be helpful in determining whether a potential program will meet established needs.

- What is the target population of the program? Is it similar to the population in the district's community?
- What are the program's goals and objectives? Do they align with district objectives?
- What strategies are used in the program? What are its core components?
- How often is the program delivered?
- When is the program delivered (e.g., before, during, after school)?
- What kind of training is required for staff to implement the program?
- What is the cost of the program? Are there subsequent costs, i.e. updating materials?

- Is the program evidence-based? What kind of evaluation data regarding the program's effectiveness is available?

Program research efforts will likely result in the identification of several programs to meet district needs. Programs should be selected on the basis of how well they match district goals, student/district needs, demographic information and a realistic appraisal of district resources; otherwise, desired outcomes may not be met. District staff, parents and relevant community members should be involved in a collaborative effort of selecting programs to meet student needs. By empowering key stakeholders in the decision-making process, there is a greater likelihood that there will be investment in the prevention/intervention efforts, thereby increasing the chances for success.

*Adapted from Step-By-Step Planning Guide
Rutgers SDFSC Project*

Previously Developed Youth Survey Instruments

Youth Survey	Content	Where to Find	Cost
Michigan Measures and Tools for Analysis	Provides downloadable instruments for surveying youth on attitudes and behaviors related to alcohol, tobacco, other drug use, and violence. Tools to help enter and analyze data are included.	http://www.michigan.gov/mdch/0,1607,7-132-2941_4871_4878-15022--,00.html	Free
SAMHSA's Prevention Platform: Measure and Instruments	Provides downloadable measures and instruments for measuring drug use.	http://preventionplatform.samhsa.gov/	Free
The American Drug and Alcohol Survey	A survey by the Rocky Mountain Behavioral Sciences Institute that gathers data on the nature and extent of local substance use. It surveys students about their attitudes toward substance use.	http://www.rmbsi.com/	Cost-related
California Healthy Kids Survey	Published by WestEd, this survey targets 5 th -12 th grade students by assessing their local youth health risks, behaviors, and protective factors. A module-based data collection system collects information on indicators of drug-use, violence, crime, physical and mental health.	http://www.wested.org/pub/docs/chks_home.html Locate tab called "the survey" to download document	Cost-related
PRIDE Survey	Survey data is collected on student drug use, by grade level and compared to national use rates. Provides summaries and tabular reports. Targeted towards students in 6 th -12 th grades.	Access through International Survey Associates at www.pridesurveys.com	Cost-related
Character Education Partnership	Provides links to assessment instruments that address such areas as civic attitudes, at-risk behavior, prosocial behavior and social skills.	http://www.character.org/site/c.gwKUJhNYJrF/b.993291/k.A810/Assessment_Index.htm	Varies
Healthy Youth-CDC	The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults, including substance abuse and violence	http://www.cdc.gov/HealthyYouth/yrbs/index.htm	Free

Active Parental Consent

The Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. § 1232h; 34 CFR Part 98) applies to programs that receive funding from the U.S. Department of Education (ED). PPRA is intended to protect the rights of parents and students in two ways:

- It seeks to ensure that schools and contractors make instructional materials available for inspection by parents if those materials will be used in connection with an ED-funded survey, analysis, or evaluation in which their children participate; and
- It seeks to ensure that schools and contractors obtain written parental consent before minor students are required to participate in any ED-funded survey, analysis, or evaluation that reveals information concerning:
 - Political affiliations;
 - Mental and psychological problems potentially embarrassing to the student and his/her family;
 - Sex behavior and attitudes;
 - Illegal, anti-social, self-incriminating and demeaning behavior;
 - Critical appraisals of other individuals with whom respondents have close family relationships;
 - Legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers; or
 - Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

Consistent with PPRA of NCLB, NJ statute [Chapter 36 of Title 18A:36-34], approved on January 7, 2002, requires parental consent for collecting information from students that reveal information in one of the categories listed above, as well as social security numbers.

Regardless of the method (survey, interview or focus groups), parental consent must be obtained before information relevant to these categories is collected from students.

The following guidelines also must be followed regarding NJ statute:

- The school district must request prior written informed consent at least two weeks prior to the administration of the survey, assessment, analysis or evaluation.
- A student is not permitted to participate in any survey, assessment, analysis or evaluation that concerns the issues listed above unless the school district has obtained prior written informed consent from that student's parent or guardian.
- A school district that violates the provisions of NJ statutes may be subject to such monetary penalties as determined by the commissioner.

Obtaining active parental consent presents some challenges. For example, districts often report low return rates of the consent forms, thus affecting the sample size and representation of survey participants. The time (e.g., planning to send written informed consent to parents at least two weeks prior to administration of surveys), effort (e.g. staying organized and tracking consent forms), and capital (e.g., funds for photocopies and staff time to monitor consent process) that are needed in order to obtain active parental consent also are limited by staff and funding resources.

Given the challenges that are associated with obtaining active parental consent, the following are some suggestions that may be utilized in efforts to communicate with parents regarding consent information. These suggestions originate from the professional literature and research studies in which active parental consent was required.

- Attach a notice of rights and the consent form to the student's report card;
- Provide incentives, e.g., have drawing or raffle for students who return consent forms;
- Mail consent forms home to parents/guardians with a notice of rights and an explanation letter; and
- Provide parents/guardians with a self-addressed, stamped postcard to return the signed consent form.

Provide information and request responses at convenient times for parents, including at parent-teacher nights, *Back to School* nights or other events

*Adapted from Step-By-Step Planning Guide
Rutgers SDFSC Project*

SAMPLE PPRA Model Notice and Consent

The Protection of Pupil Rights Amendment (PPRA, 20 U.S.C. § 1232h; 34 CFR Part 98) requires **[SCHOOL DISTRICT]** to notify you and obtain consent for your child to participate in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas (“protected information surveys”):

1. Political affiliations or beliefs of the student or student’s parent.
2. Mental or psychological problems of the student or student’s family.
3. Sex behavior or attitudes.
4. Illegal, anti-social, self-incriminating, or demeaning behavior.
5. Critical appraisals of others with whom respondents have close family relationships.
6. Legally recognized privileged relationships, such as lawyers, doctors, or ministers.
7. Religious practices, affiliations, or beliefs of the student or parents.
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure, or use of student information for marketing purposes and certain physical exams and screenings.

The following is an announcement of a scheduled survey requiring parental consent. Please have your child return the consent form to **[SPECIFY INDIVIDUAL]**. (Please note that this notice and transfers consent from parents to any student who is 18-years-old or an emancipated minor under State law.)

Date: **INSERT DATE**
 Grades: 5th & 6th
 Activity: ABC Survey of At-Risk Behaviors
 Summary: This is an anonymous survey that asks students questions about behaviors, such as drug and alcohol use, sexual conduct, violence, and other at-risk behaviors. The survey also asks questions of a demographic nature concerning family make-up, the relationship between parents and children, and the use of alcohol and drugs at home.
 Consent: A parent must sign and return the attached consent form no later than **[INSERT DATE]** for your child to be permitted to participate in this survey.

If you wish to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to **[SCHOOL OFFICIAL, ADDRESS]**. **[SCHOOL DISTRICT]** will notify you of the time and place where you may review these materials. You have the right to review a survey and/or instructional materials before the survey is administered to a student.

I, [parent’s name] give my consent for [child’s name] to take the ABC Survey of At-Risk Behaviors on or about **[INSERT DATE]**.

Parent’s Signature

Please return this form no later than **[INSERT DATE]** to the following school official: **[PROVIDE NAME AND MAILING ADDRESS]**