Conducting Practical Needs Assessments

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Logic Model

Identified Needs → Resource Inputs

Impact → Activities

Outcomes → Outputs

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

- A need is “a condition or situation in which something is required” (*American Heritage Dictionary*)

- In prevention work a need is typically a desirable change in beliefs, attitudes, or behaviors

- Needs are connected to target populations (i.e. what group(s) has/have the need?)

- Needs are identified through a needs assessment process which includes:
  - Data collection (through methods such as interview, survey, focus group, review of existing data sets or records, etc.)
  - Data analysis
  - Conclusions outlining specific needs for target populations, based on analysis of the data

- Can be summarized as the difference between the “Current State of Affairs” and the “Desired State of Affairs”

Resources/Inputs

- Resources/Inputs include all available resources that can be utilized to address identified needs.

- Resources/Inputs include:
  - Financial Resources
  - Time Resources
  - Personnel

- Also consider activities/programs that have been implemented and that are currently in place:
  - What staff members are already trained to implement programs or teach specific curriculum?
  - What supplies/materials do you currently own or have access to?
Activities

- Activities include all programs, services, and activities utilized to address target populations’ need(s)
- Activities should have goals and objectives
- Determine what is currently being implemented – make any appropriate changes to existing activities and add additional activities as necessary
- All activities should be researched prior to implementation, taking into consideration target audience(s) and need(s)
- Activities should be planned and coordinated in a comprehensive plan
- Activities should include evaluation plans

Outputs

- The activities that were actually implemented
- Also referred to as “process data”
- Examples include:
  - The number of workshops conducted
  - The number of students who participated in a particular program
  - The frequency of trainings/meetings
  - The number of staff members trained to teach a particular curriculum
  - The specific schools in a district that are currently implementing a specific bullying prevention program
- Output data do not indicate whether or not activities are achieving the desired effect
- Output data should be used to adjust activities, as necessary
Outcomes

- Short-term, measurable results of implemented activities
- Determine if short-term goals and objectives are being achieved
- Goals and objectives can be in the direction of increasing or decreasing knowledge, skills, or abilities (e.g. an increase in students’ awareness of what behaviors are considered bullying)
- Some sources in determining reasonable outcome measures are:
  - Prior year experience
  - Information from other districts
  - Program developers or vendors
  - Credible research or literature
  - Other Resources (such as the Rutgers Safe and Drug-Free Schools and Communities Project)
- Outcomes are incremental steps towards long-range objectives, so specific goals may be different from year to year

Impact

- The long-term effect of implemented activities
- Accounts for changes that require 7-10 years
- Creates a long-term vision for program planning and evaluation
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.

There are 2 kinds of data that can be collected:

Archival data, or data that already exists
Survey data, or data that you create

Adapted from Step-By-Step Planning Guide
Rutgers SDFSC Project
# Collecting and Compiling Data

<table>
<thead>
<tr>
<th><strong>Method</strong></th>
<th><strong>Yields</strong></th>
<th><strong>Advantages</strong></th>
<th><strong>Disadvantages</strong></th>
</tr>
</thead>
</table>
| Surveys    | Knowledge, behaviors and attitudes regarding substance use and violence | • Reach large population  
• Anonymity  
• Easy to compare and analyze  
• Survey templates exist  
• Relatively inexpensive | • 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 | • Already exists  
• Easy and quickly accessed  
• Unobtrusive  
• Objective evidence | • May not reflect local data  
• Need to check source reliability  
• Not easily comparable |
| Individual Interviews | Knowledge, behaviors and attitudes regarding substance use and violence | • In-depth information  
• Builds relations with students and staff  
• Helps generate survey questions  
• Allows for free expression | • Difficult to compile and analyze  
• Need trained facilitator  
• Time-consuming  
• Reaches smaller population |
| Focus Groups | Knowledge, behaviors and attitudes regarding substance use and violence | • 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 | • 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 | • Normalizes problems  
• Provides insight on new or ground-breaking interventions | • Not locally relevant |
| Observations | Behaviors witnessed by a trained observer as they are occurring | • Unobtrusive when done well  
• Highly relevant information  
• Able to record data first-hand, as it occurs  
• Does not rely on self-report | • 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 | • Clarifies a range of expectations  
• Can be easily modified  
• Can be created for any content area  
• Criteria are well-defined | • Can require continuous revision  
• Time-consuming  
• Labor intensive  
• Defining the criteria can be complex |

*Adapted from Rutgers SDFSC Project Step-By-Step Planning Guide*
School and Community Data Sources

Education Statistics

Schools or school districts collect annual data and report findings on suspensions, expulsions, and disciplinary actions related to violence and substance use, such as physical fights and possession, use, or sale of alcohol, tobacco, and illicit drugs on school property. Expect to find information on the reason for the disciplinary action(s), any injuries sustained, the type of substance(s) involved, and the grade of the student(s) involved. Keep in mind, however, that districts may have different ways of determining how to address violations of school rules (e.g., warning, detention, suspension, expulsion), which could make comparisons across schools difficult.

In addition, many schools collect other relevant information, including rates of truancy, absenteeism, and numbers of students enrolled or promoted. Other useful sources of information include school "report cards" (as opposed to individual student report cards) and aggregated standardized test results, which can reveal how well a school is performing as a whole.

Crime Statistics

Crime statistics are available from local police departments. Reports often appear in two sections -- offenses (reported crimes) and arrests. Offenses are the best indicator of the volume of crime occurring in the community. Arrests are a better measure of a police department's response to crime. Information on some types of criminal activities may only be available as arrest data or as reported crimes -- not as both.

Information available from police departments can include the following: arrests for alcohol or drug possession, sale of drugs, drunk driving, liquor law violations, arrests for teen violence, aggravated assault, vandalism, curfew violations, and disorderly conduct.

Court Statistics

The Administrative Office of the Courts (in most states) and other state agencies annually publish court statistics (e.g., convictions for various crimes) by county or district. Such reports may contain information on cases that involved drug-related, alcohol-related, or violent crimes.
Health Statistics

State and county health departments -- especially maternal and child health divisions, medical examiners' offices, and state offices of vital statistics -- collect information on a variety of health indicators, such as causes of disability and disease, deaths related to substance use and violence, and alcohol- or drug-related traffic accidents. Many state health departments also have a division devoted to alcohol and other drug services.

State health departments can also be a good source of information about policies, ordinances, and procedures related to substance abuse and violence prevention (e.g., DUI (driving under the influence) arrests, liquor law violations). They also provide information related to "availability" indicators for alcohol and firearms (e.g., the number of liquor licenses, alcohol outlet locations, and firearm outlet locations). Hospital records -- including hospital admission and discharge records, emergency room and emergency medical services records, and trauma registries -- represent another useful source of health-related data; they can reveal patterns of alcohol- and drug-related illnesses and injuries, as well as other injury and violence patterns in your community.

Political Data

Information on voter participation by congressional district or state is available from the local chapter of the League of Women Voters (http://www.lwv.org/) or from the Congressional Quarterly (http://www.cq.com/). High voter participation is often considered a marker for community cohesion and involvement.

Demographic Data

Census data, available through state and county planning offices and public and university libraries, can be used to determine whether your community has certain risk factors that tend to be associated with substance abuse or violence, such as poverty, unemployment, high crime and divorce rates, a large number of single-parent households, and fluctuations in population. Census data for most cities and towns can be retrieved from the U.S. Census Bureau's website (http://www.census.gov/), though many states and localities have similar information on their own websites as well.

Economic Data

Economic data can provide information about how difficult or easy it is to obtain tobacco, alcohol, or firearms in your region. For example, you can obtain information on retail alcohol, cigarette, and firearm prices from the American Chamber of Commerce Research Association (http://www.accra.org/) and information on alcohol outlet locations through state departments' alcohol beverage control boards (http://www.atf.treas.gov/alcohol/info/faq/subpages/lcb.htm). Similar information on firearm and tobacco outlet locations can be found at local police departments and at state and local departments of public health, respectively.
Other Possible Sources of Information

- **Social service agencies** generally have records on a variety of relevant issues, including demographic data related to employment, poverty, child abuse, children in foster care, and families receiving public assistance.
- **Area college and university researchers** may have relevant information about (or current projects that are studying) different aspects of your schools and communities.
- **Local newspapers and other media** often contain information on local health problems, the state of the schools, and prevention programs and policies.
- **Service directories** provide contact and other information (e.g., eligibility requirements, hours of operation) for local and regional prevention, treatment programs, and enrichment/recreational programs.
- **The reference librarian at your local library** may have additional resources.

“Selecting Research-Based Prevention Programs for Your School”
www.ed.gov
# New Jersey Needs Assessment Data Sources

<table>
<thead>
<tr>
<th>Free NJ Data Sources</th>
<th>Content</th>
<th>State/Local Data</th>
<th>Where to Find</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ School Report Card</td>
<td>Data which presents thirty-five fields of information for each school in the following categories: school environment, students, student performance indicators, staff, and district finances.</td>
<td>Local</td>
<td><a href="http://www.state.nj.us/njded/data/">http://www.state.nj.us/njded/data/</a></td>
</tr>
<tr>
<td>NJ State Police Gang Survey</td>
<td>Survey data are collected on gang activity and trends by municipality, age, and school.</td>
<td>Local</td>
<td>Access information through NJ State Police website, under public information <a href="http://www.njsp.org/">http://www.njsp.org/</a>, Go to search, type &lt;gang survey&gt;, click to download</td>
</tr>
<tr>
<td>Electronic Violence and Vandalism Reporting System (EVVRS)</td>
<td>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.</td>
<td>Local</td>
<td><a href="http://homeroom.state.nj.us/">http://homeroom.state.nj.us/</a></td>
</tr>
<tr>
<td>NJ Middle School Substance Use Survey</td>
<td>Data collected from 7th &amp; 8th 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.</td>
<td>State</td>
<td>Last report from 2003 <a href="http://www.state.nj.us/humanservices/das/das_reports.html">NJ Department of Human Services website- click on NJ Middle School Substance Use Survey under Survey/Research Reports http://www.state.nj.us/humanservices/das/das_reports.html</a></td>
</tr>
<tr>
<td>Uniform Crime Report</td>
<td>Crime data collected from all 21 counties within NJ, including summary incident reports, arrests by age, offender information, and other crime data.</td>
<td>State</td>
<td><a href="http://www.state.nj.us/lps/njsp/info/stats.html">http://www.state.nj.us/lps/njsp/info/stats.html</a></td>
</tr>
<tr>
<td>NJ Student Health Survey</td>
<td>This survey summarizes the findings of the 2007 New Jersey Student Health Survey of high school students in grades 9-12. The findings help maintain awareness of current trends among teens and provide measures on the impact of large-scale programs intended to influence their behavior.</td>
<td>State</td>
<td><a href="http://www.nj.gov/education/students/yrbs/index.htm">http://www.nj.gov/education/students/yrbs/index.htm</a></td>
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New Jersey Department of Education website
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</tr>
</thead>
<tbody>
<tr>
<td>Violence, Vandalism, and Substance Abuse in NJ Schools</td>
<td>The Commissioner’s report provides the Legislature with information concerning serious student misconduct grouped into the following four categories: violence, vandalism, weapons, and substance abuse.</td>
<td>State</td>
<td><a href="http://www.state.nj.us/njded/data/">http://www.state.nj.us/njded/data/</a></td>
</tr>
<tr>
<td>NJ State Health Assessment Data (NJSHAD) System</td>
<td>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.</td>
<td>State</td>
<td><a href="http://njshad.doh.state.nj.us/welcome.html">http://njshad.doh.state.nj.us/welcome.html</a></td>
</tr>
<tr>
<td>The Association for Children in New Jersey-New Jersey Kids Count</td>
<td>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.</td>
<td>State</td>
<td><a href="http://www.acnj.org">www.acnj.org</a></td>
</tr>
<tr>
<td>2006 NJ Youth Tobacco Survey</td>
<td>As part of its Comprehensive Tobacco Control Program (CTCP), the New Jersey Department of Health and Senior Services (NJDHSS) developed statewide and local tobacco control programs targeting youth smoking. This report focuses on current patterns of tobacco use among New Jersey youth.</td>
<td>State</td>
<td><a href="http://www.state.nj.us/health/as/ctcp/documents/2006_njyts_report.pdf">www.state.nj.us/health/as/ctcp/documents/2006_njyts_report.pdf</a></td>
</tr>
</tbody>
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New Jersey Department of Health and Senior Services
Analyzing Data

Once data are 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)

Once you have collected the data, it is time to analyze it. Your data analysis will assist you in identifying which risk and protective factors need to be prioritized in your community action plan, as well as provide justification for grant applications, support existing policies and programs, and assist you in selecting new prevention programs to implement. The following are questions that need to be asked of the data:

1. What do the raw data tell you? At first glance, what do the data tell you? Do the raw numbers impress you as being low? Average? High? Any red flags?
2. How do the data compare to previous years? Is there a trend? By comparing numbers for previous years, you can begin to get a picture of how the data has been changing over time. Is it increasing? Decreasing? Staying the same? How have trends changed in relation to population changes?
3. How do our data compare with other similar data (national, state, county, etc.)? Are the trends similar? Are the rates about the same? Are they going up or down?
4. What can be interpreted from the data? After reviewing the raw data, the data trends, and the data comparisons (if available), what can you interpret from your analysis? What is happening? Do you know why it is occurring? What could have caused the trend? What does the observed level or trend tell you about this risk or protective factor? What other factors or events could account for the data?

5. Are there relationships among risk factors that you can identify based on the data you have? Examine your data across risk factors and across protective factors.

6. Should you prioritize this risk factor? The more information obtained about the indicator data, the easier this question will be to answer.

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

Community Assessment Training
Communities That Care training manual
Research Terms and Concepts

Comparison Group

A group of individuals whose characteristics are similar to those of the program participants but who do not receive the program.

Reliability

The extent to which observations or measures are consistent or stable.

Validity

The degree to which what was observed or measured is the same as what was purported to be observed or measured

Reliability: Do the questions on a particular survey work together to measure one concept?

Validity: Is this one concept what you were attempting to measure?

Statistical Significance

When outcome measures across comparison groups are compared statistically (i.e. tested) for X measure, and the differences between these two group is likely to not be due to chance or error, it is said that there is a statistically significant difference between these groups on X measure.

Sample Size

Sampling is a method of making conclusions about a whole population by looking at a representative sub-sample of the whole population. An ideal sample size is one that is most representative of the whole.
Risk and Protective Factors

Risk Factors

Many of the risk factors that make it likely that youth will engage in risky behaviors are the opposite of the protective factors that make it likely that a teen will not engage in such behaviors. For example, one risk factor is family management problems. If parents fail to set standards for their teen’s behavior, it increases the likelihood that the teen will engage in substance abuse or delinquent behavior. Conversely, a protective factor is effective parenting. If parents consistently provide both nurturing and structure, it increases the likelihood that a teen will not get involved with substance abuse or delinquent behavior and will become involved in positive activities.

Exposure to risk factors in the relative absence of protective factors dramatically increases the likelihood that a young person will engage in problem behaviors. The most effective approach for improving young people’s lives is to reduce risk factors while increasing protective factors in all of the areas that touch their lives.

Risk factors function in a cumulative fashion; that is, the greater the number of risk factors, the greater the likelihood that youth will engage in delinquent or other risky behavior. There is also evidence that problem behaviors associated with risk factors tend to cluster. For example, delinquency and violence cluster with other problems, such as drug abuse, teen pregnancy, and school misbehavior.

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

Researchers know less about protective factors than they do about risk factors because fewer studies have been done in this area. However, they believe protective factors operate in three ways. First, they may serve to buffer risk factors, providing a cushion against negative effects. Second, they may interrupt the processes through which risk factors operate. For example, a community program that helps families learn conflict resolution may interrupt a chain of risk factors that lead youth from negative family environments to associate with delinquent peers. Third, protective factors may prevent the initial occurrence of a risk factor, such as child abuse. For example, infants and young children who are easy-going may be protected from abuse by eliciting positive, rather than frustrated, responses from their parents and caregivers.

Recent scientific studies have shown that community resources also can influence individual teenagers’ positive traits. For example, young people are more likely to be a part of youth organizations and sports teams if their parents perceive that the community is safe and that it has good neighborhood and city services (such as police and fire protection or trash pickup). Similarly, youth are more apt to be exposed to good adult role models other than their parents when communities have informal sources of adult supervision, when there is a strong sense of community, when neighborhoods are perceived to be safe, and when neighborhood and city services are functioning.

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

*Based on FindYouthInfo.gov
Risk and Protective Factors*
What Is Resilience?

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress -- such as family and relationship problems, serious health problems, or workplace and financial stressors. It means "bouncing back" from difficult experiences.

Research has shown that resilience is ordinary, not extraordinary. People commonly demonstrate resilience. One example is the response of many Americans to the September 11, 2001 terrorist attacks and individuals' efforts to rebuild their lives.

Being resilient does not mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, the road to resilience is likely to involve considerable emotional distress.

Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and developed in anyone.

Resilience Factors & Strategies

Factors in Resilience

A combination of factors contributes to resilience. Many studies show that the primary factor in resilience is having caring and supportive relationships within and outside the family. Relationships that create love and trust, provide role models, and offer encouragement and reassurance help bolster a person's resilience.

Several additional factors are associated with resilience, including:

- The capacity to make realistic plans and take steps to carry them out
- A positive view of yourself and confidence in your strengths and abilities
- Skills in communication and problem solving
- The capacity to manage strong feelings and impulses

All of these are factors that people can develop in themselves.

Strategies For Building Resilience

Developing resilience is a personal journey. People do not all react the same to traumatic and stressful life events. An approach to building resilience that works for one person might not work for another. People use varying strategies.
Some variation may reflect cultural differences. A person's culture might have an impact on how he or she communicates feelings and deals with adversity -- for example, whether and how a person connects with significant others, including extended family members and community resources. With growing cultural diversity, the public has greater access to a number of different approaches to building resilience.

Some or many of the ways to build resilience in the following pages may be appropriate to consider in developing your personal strategy.

10 Ways to Build Resilience

**Make connections.** Good relationships with close family members, friends, or others are important. Accepting help and support from those who care about you and will listen to you strengthens resilience. Some people find that being active in civic groups, faith-based organizations, or other local groups provides social support and can help with reclaiming hope. Assisting others in their time of need also can benefit the helper.

**Avoid seeing crises as insurmountable problems.** You can't change the fact that highly stressful events happen, but you can change how you interpret and respond to these events. Try looking beyond the present to how future circumstances may be a little better. Note any subtle ways in which you might already feel somewhat better as you deal with difficult situations.

**Accept that change is a part of living.** Certain goals may no longer be attainable as a result of adverse situations. Accepting circumstances that cannot be changed can help you focus on circumstances that you can alter.

**Move toward your goals.** Develop some realistic goals. Do something regularly -- even if it seems like a small accomplishment -- that enables you to move toward your goals. Instead of focusing on tasks that seem unachievable, ask yourself, "What's one thing I know I can accomplish today that helps me move in the direction I want to go?"

**Take decisive actions.** Act on adverse situations as much as you can. Take decisive actions, rather than detaching completely from problems and stresses and wishing they would just go away.

**Look for opportunities for self-discovery.** People often learn something about themselves and may find that they have grown in some respect as a result of their struggle with loss. Many people who have experienced tragedies and hardship have reported better relationships, greater sense of strength even while feeling vulnerable, increased sense of self-worth, a more developed spirituality, and heightened appreciation for life.
Nurture a positive view of yourself. Developing confidence in your ability to solve problems and trusting your instincts helps build resilience.

Keep things in perspective. Even when facing very painful events, try to consider the stressful situation in a broader context and keep a long-term perspective. Avoid blowing the event out of proportion.

Maintain a hopeful outlook. An optimistic outlook enables you to expect that good things will happen in your life. Try visualizing what you want, rather than worrying about what you fear.

Take care of yourself. Pay attention to your own needs and feelings. Engage in activities that you enjoy and find relaxing. Exercise regularly. Taking care of yourself helps to keep your mind and body primed to deal with situations that require resilience.

Additional ways of strengthening resilience may be helpful. For example, some people write about their deepest thoughts and feelings related to trauma or other stressful events in their life. Meditation and spiritual practices help some people build connections and restore hope.

Adapted from American Psychological Association
“The Road to Resilience”
What Are Developmental Assets?

**Building Blocks for Raising Healthy Children and Youth**

Since its creation in 1990, Search Institute’s framework of Developmental Assets has become the most widely used approach to positive youth development in the United States.

**Background**—Grounded in extensive research in youth development, resiliency, and prevention, the Developmental Assets represent the relationships, opportunities, and personal qualities that young people need to avoid risks and to thrive.

**The Power of Assets**—Studies of more than 2.2 million young people in the United States consistently show that the more assets young people have, the less likely they are to engage in a wide range of high-risk behaviors (see table below) and the more likely they are to thrive. Assets have power for all young people, regardless of their gender, economic status, family, or race/ethnicity. Furthermore, levels of assets are better predictors of high-risk involvement and thriving than poverty or being from a single-parent family.

**The Gap**—The average young person experiences fewer than half of the 40 assets. Boys experience three fewer assets than girls (17.2 assets for boys vs. 19.9 for girls).

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<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem alcohol use—Has used alcohol three or more times in the past month or got drunk once in the past two weeks.</td>
<td>45</td>
<td>26</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Violence—Has engaged in three or more acts of fighting, hitting, injuring a person, carrying or using a weapon, or threatening physical harm in the past year.</td>
<td>62</td>
<td>38</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>School Problems—Has skipped school two or more days in the past month and/or has below a C average.</td>
<td>44</td>
<td>23</td>
<td>10</td>
<td>4</td>
</tr>
</tbody>
</table>

* Data based on aggregate Search Institute sample of 148,189 students across the United States surveyed in 2003.

*Search Institute*
40 Developmental Assets® for Middle Childhood

Support
1. Family support — \( \frac{1}{2} \) of children do well when they feel close to and care about their family.
2. Positive family communication — \( \frac{1}{2} \) of children feel good about their family.
3. Other adult relationships — \( \frac{1}{2} \) of children have close relationships with at least one adult outside their immediate family.
4. Caring neighborhood — \( \frac{1}{2} \) of children feel safe and protected in their neighborhoods.
5. Caring school climate — \( \frac{1}{2} \) of children feel safe and protected at school.
6. Parent involvement in school — \( \frac{1}{2} \) of children feel an emotional bond with at least one adult involved in their education.

Empowerment
7. Community values youth — \( \frac{1}{2} \) of children feel safe and protected by adults.
8. Children as resources — \( \frac{1}{2} \) of children feel they are actively involved in making decisions about their lives.
9. Service to others — \( \frac{1}{2} \) of children feel they are actively involved in making decisions about how they can help others.
10. Safety — \( \frac{1}{2} \) of children feel safe and protected by adults.

Boundaries & Expectations
11. Family boundaries — \( \frac{1}{2} \) of children feel safe and protected by adults.
12. School boundaries — \( \frac{1}{2} \) of children feel safe and protected by adults.
13. Neighborhood boundaries — \( \frac{1}{2} \) of children feel safe and protected by adults.
14. Adult role models — \( \frac{1}{2} \) of children feel safe and protected by adults.
15. Positive peer influence — \( \frac{1}{2} \) of children feel safe and protected by adults.
16. High expectations — \( \frac{1}{2} \) of children feel safe and protected by adults.

Constructive Use of Time
17. Creative activities — \( \frac{1}{2} \) of children feel safe and protected by adults.
18. Child programs — \( \frac{1}{2} \) of children feel safe and protected by adults.
19. Religious community — \( \frac{1}{2} \) of children feel safe and protected by adults.
20. Time alone — \( \frac{1}{2} \) of children feel safe and protected by adults.

Commitment to Learning
21. Achievement motivation — \( \frac{1}{2} \) of children feel safe and protected by adults.
22. Learning engagement — \( \frac{1}{2} \) of children feel safe and protected by adults.

Positive Values
23. Homework — \( \frac{1}{2} \) of children feel safe and protected by adults.
24. Rounding to school — \( \frac{1}{2} \) of children feel safe and protected by adults.
25. Reading for pleasure — \( \frac{1}{2} \) of children feel safe and protected by adults.

Social Competencies
26. Planning and decision making — \( \frac{1}{2} \) of children feel safe and protected by adults.
27. Interpersonal competence — \( \frac{1}{2} \) of children feel safe and protected by adults.
28. Cultural competence — \( \frac{1}{2} \) of children feel safe and protected by adults.
29. Resistance skills — \( \frac{1}{2} \) of children feel safe and protected by adults.
30. Positive conflict resolution — \( \frac{1}{2} \) of children feel safe and protected by adults.

Positive Identity
31. Personal power — \( \frac{1}{2} \) of children feel safe and protected by adults.
32. Self-esteem — \( \frac{1}{2} \) of children feel safe and protected by adults.
33. Sense of purpose — \( \frac{1}{2} \) of children feel safe and protected by adults.
34. Positive view of personal future — \( \frac{1}{2} \) of children feel safe and protected by adults.
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:

<table>
<thead>
<tr>
<th>Measurement Tool</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ School Report Card</td>
<td>▪ Clintonville Middle and High School’s incidents of disciplinary actions are higher than the state average.</td>
</tr>
</tbody>
</table>
| School records on specific incidents leading to student suspension | ▪ 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) | ▪ 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. |
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?

<table>
<thead>
<tr>
<th>Measurement Tool</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>District-wide Survey of Parents</td>
<td>Top concerns of parents of middle school students in Clintonville were:</td>
</tr>
<tr>
<td></td>
<td>- bullying (endorsed by 50% of respondents)</td>
</tr>
<tr>
<td></td>
<td>- arguments about homework (endorsed by 25% of respondents)</td>
</tr>
<tr>
<td></td>
<td>- 25% reported concerns about the nature of student use of the internet and cell phones</td>
</tr>
</tbody>
</table>

Adapted from Step-By-Step Planning Guide

Rutgers SDFSC Project
Building a Comprehensive Planning Team

Based on your community’s resources, determine the most feasible group size. It might change over time. Convene a small committee to formally consider the membership of the group. This committee can define the skills and resources needed for the group’s work and then develop a list of individuals and organizations that can contribute those skills and resources.

The table below provides an example of such a list.

<table>
<thead>
<tr>
<th><strong>What Skills or Resources are Needed</strong></th>
<th><strong>Where Can We Find Those Skills/Resources?</strong></th>
<th><strong>Who Can Contribute Those Skills/Resources?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Community leadership</td>
<td>Community coalitions and existing community systems</td>
<td>Heads of community groups and associations, faith-based organizations, nonprofit organizations, government agencies, and businesses</td>
</tr>
<tr>
<td>Funding strategies</td>
<td>Community foundations, hospitals, colleges, business roundtables, and service organizations</td>
<td>Grant writers, business leaders, development professionals, foundation officers, and religious leaders</td>
</tr>
<tr>
<td>Designing community assessment, collecting and analyzing data</td>
<td>Colleges, public health department, school district, human services agency, and community planning agency</td>
<td>Social scientists, statisticians, and program evaluators</td>
</tr>
</tbody>
</table>

The following questions can help you determine the composition of your community partnership:

- What skills, information, and resources do we need?
- What resources already exist in the community?
- How can we reach stakeholders?
- What expertise and services can other groups and organizations contribute?
- What members of the community can help bring credibility to our cause?

The committee members should consider whether they have existing relationships with people they would like to recruit or whether they will need to forge new connections. Natural partners include individuals and organizations that are already working on youth issues.

*Adapted from FindYouthInfo.gov “Form a Community Partnership”*
Potential Community Members

- Youth
- Parents
- Elderly
- 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 FindYouthInfo.gov
“Form a Community Partnership”*
Forming a Coalition

- **Search the landscape** - Before starting a coalition, determine whether similar organizations are already in existence in your community. Discuss your issues with existing coalitions to determine similarities and differences in your goals for forming a coalition.

- **Brainstorm ideas on potential participants** - Create a list of people to include in the coalition effort. Also, identify potential "champions" – people who can lead the effort.

- **Determine staffing, budget, and resources** - Identify the resources required to conduct the prevention planning effort. If possible, identify where the resources may be obtained.

- **Invite people to join** - Ask potential members to join the coalition. Invite them to attend an organizing meeting. If possible, have the "champion" or other community leaders extend the invitation.

- **Clarify expectations** - Develop a list of roles and responsibilities for coalition members. Decide what policies or criteria exist for membership.

- **Do not assume everyone understands the relevant issues** - Educate the members: Clarify "what's in it for them" and how they can contribute to the coalition.

- **Develop a vision and mission statement** - A vision statement describes what the community will look like if the prevention coalition is successful in its efforts. A mission statement expresses how the coalition will work to achieve the vision.

- **Define goals and objectives** - Once a coalition has determined its purpose through a mission statement, the next important task is to define goals and objectives.

“Building a Successful Prevention Program”
*SAMHSA-Western CAPT*
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

Conduct a Resource Assessment

What is a resource assessment?
A resource assessment is a systematic process for examining the current resources in your community which are reducing risk factor and increasing protective factors. It answers the question: "What's going on in my community?"

What are "resources"? They are anything that can be activated to reduce the likelihood that individuals or communities will begin or continue to abuse alcohol, tobacco, and other drugs.

Why do we need to complete a resource assessment?
A resource assessment will assist you in:

- Identifying gaps where new services should be implemented
- Avoiding duplication in services
- Building collaboration among service providers
- Modifying existing programs to meet prevention needs
- Identifying existing resources to sponsor new programs
- Ensuring you are putting your time and money where it will have the greatest impact
- Ensuring you are creating a comprehensive prevention strategy for your community
- Ensuring you are effectively impacting the priority risk and protective factors that you identified when completing your community assessment.
The following are questions (excerpted from the Communities That Care training manual) that need to be asked of the data. Use the questions to assess each current community program from which you collected information:

1. Does the program address known risk factors? If so, which ones? How does it reduce or eliminate the risk?
   It must be evident which risk factors are being addressed by the program/activity.

2. How does the program increase protective factors?
   Programs need to reduce risks in a way that builds bonds and strengthens clear standards for behavior. Does the program increase opportunities for youth to contribute? Does it teach the skills to contribute? Does it recognize skillful or successful performance? To be effective, the program must do all three.

3. Does the program intervene early, at a developmentally appropriate time?
   Prevention programs need to address risk factors as they are becoming salient (e.g., before academic failure occurs), before the behavior stabilizes.

4. Is it likely the program reaches those individuals or groups at greatest risk?
   Prevention programs need to be implemented in places where there are a large proportion of youngsters who are facing multiple risk factors. One way to assess programs for this criteria is to look at the target populations being served by the program. How widespread is the program? Does it adequately cover the target population? It may need to be implemented in more areas, or in different ways.

5. Does the program work with the diverse racial, cultural and economic groups in your community?
   Is the program delivered in a way that the groups relate to? Do the target groups prioritize it as something important? Is it appropriate to their needs? Is the program accessible to the group for which it is designed? If not, can it be modified to become accessible?

6. Does it address multiple risks with multiple strategies?
   For each program ask, "Does this complement other programs seeking to address this priority risk factor -- in other domains, or with other groups or ages?" and "How can this program complement programs focused on other risk factors we have prioritized?"

7. Has the program been evaluated? What evidence exists of its effectiveness?
   If a program meets all other criteria and appears to be effective, but has not been evaluated, consider encouraging the program to do a formal evaluation.

Adapted from Step-By-Step Planning Guide Rutgers SDFSC Project and “Building a Successful Prevention Program” SAMHSA-Western CAPT
Program Assessment Worksheet

Use this form to assist you in summarizing the answers to the questions. Use one form for each program/activity included in your resource assessment.

Program/Activity: ____________________________________________________________

List the priority risk factors addressed

__________________________________________________________________________
__________________________________________________________________________

How are the risk factors reduced?

__________________________________________________________________________
__________________________________________________________________________

Does the program provide opportunities?

________________________________________

Does the program provide skills?

________________________________________

Does the program provide recognition?

________________________________________

Does the program provide clear standards?

________________________________________

Is the program developmentally appropriate?

________________________________________

Does it reach those at greatest risk?

________________________________________

Does it address multiple risks with multiple strategies?

________________________________________

Does it work with diverse groups?

________________________________________

Is there evidence of its effectiveness?

________________________________________

Adapted from “Community Resources Assessment Training”
Communities That Care
Resource Gaps

It’s important to identify which resources in your community meet all the criteria listed above. A thorough assessment will require you to identify the areas in which your efforts to promote positive youth development fall short. These gaps, as we call them, can take several forms.

- **Effectiveness gaps** result when a community does not have any tested, effective resources to address a priority risk or protective factor.
- **Funding gaps** occur when funds are unavailable to implement or maintain tested, effective programs, policies and practices to address community’s priority risk and protective factors.
- **Domain gaps** occur when tested, effective resources are not available to address a priority risk factor in multiple domains (community, family, school, peer, and individual).
- It’s important to ensure that, for each priority risk factor, appropriate tested, effective resources are available for each relevant developmental period. If this is not the case, then the result is a **development gap**.
- **Demographic gaps** occur when tested, effective resources fail to address priority risk and protective factors for youth of all races, cultures, genders, languages and economic classes.
- **Geographic gaps** arise when tested, effective resources can limit or prohibit participation by youth or families, such as, when resources are available in the largest city of a county but not in outlying communities.
- **Implementation gaps** occur when tested, effective resources are not implemented with fidelity—that is, when the core components of a program, service or activity are not implemented as designed.

“Community Resources Assessment Training”

*Communities That Care*
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
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]
# Previously Developed Youth Survey Instruments

<table>
<thead>
<tr>
<th>Youth Survey</th>
<th>Content</th>
<th>Where to Find</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>The American Drug and Alcohol</td>
<td>The American Drug and Alcohol Survey (ADAS) is an anonymous paper &amp; pencil survey. It may be given to 4th through 12th grade students. The survey provides critical information to help school districts and communities understand the nature and extent of local substance use.</td>
<td><a href="http://www.rmbsi.com/">http://www.rmbsi.com/</a></td>
<td>Cost-related</td>
</tr>
<tr>
<td>Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boston Youth Survey</td>
<td>The Harvard Youth Violence Prevention Center (HYVPC) of the Harvard School of Public Health received CDC funding in 2005 for a five-year multi-tiered, multi-method research project designed to build capacity to reduce youth violence in Boston.</td>
<td><a href="http://www.hsph.harvard.edu/hyvpc/research/boston-youth-survey/index.html">http://www.hsph.harvard.edu/hyvpc/research/boston-youth-survey/index.html</a></td>
<td>Free</td>
</tr>
<tr>
<td>California Healthy Kids Survey</td>
<td>Targeted at grades 5-12, the CHKS enables schools and communities to collect and analyze valuable data regarding local youth health risks, assets, and behaviors. The survey is a powerful tool that can help schools and districts meet all the assessment requirements of the No Child Left Behind Act (NCLB) for Title IV Safe and Drug Free Schools and Communities by accurately identifying areas of strength and weakness.</td>
<td><a href="http://www.wested.org/hks">http://www.wested.org/hks</a></td>
<td>Cost-related</td>
</tr>
<tr>
<td>Character Education Partnership</td>
<td>Provides links to assessment instruments. These assessments are used to measure the culture and/or climate of a school. These assessments include elements that focus on measuring the social-emotional and character development aspects present in the school.</td>
<td><a href="http://www.character.org/schoolassessments?s=surveys">http://www.character.org/schoolassessments?s=surveys</a></td>
<td>Varies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MULTIPLE SOURCES</td>
<td></td>
</tr>
<tr>
<td>Youth Survey</td>
<td>Content</td>
<td>Where to Find</td>
<td>Cost</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Communities That Care Youth Survey</td>
<td>The Communities That Care Youth Survey, is a reliable and valid instrument to measure the incidence and prevalence of substance use, delinquency and related problem behaviors and the risk and protective factors that predict those problems in your community.</td>
<td><a href="http://ncadi.samhsa.gov/features/ctc/resources.aspx">http://ncadi.samhsa.gov/features/ctc/resources.aspx</a></td>
<td>Free</td>
</tr>
<tr>
<td>Healthy Youth-CDC</td>
<td>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</td>
<td><a href="http://www.cdc.gov/HealthyYouth/yrbs/index.htm">http://www.cdc.gov/HealthyYouth/yrbs/index.htm</a></td>
<td>Free</td>
</tr>
<tr>
<td>Michigan Measures and Tools for Analysis</td>
<td>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.</td>
<td><a href="http://www.michigan.gov/mdch/0,1607,7-132-2941_4871_4878-15022--00.html">http://www.michigan.gov/mdch/0,1607,7-132-2941_4871_4878-15022--00.html</a></td>
<td>Free</td>
</tr>
<tr>
<td>PRIDE Survey</td>
<td>The purpose of PRIDE surveys is to help local schools measure student alcohol, tobacco and other drug use. Pride Surveys measures behavior on many crucial issues that can affect learning: family, discipline, safety, activities, gangs, and more.</td>
<td><a href="http://www.pridesurveys.com">http://www.pridesurveys.com</a></td>
<td>Cost-related</td>
</tr>
<tr>
<td>Search Institute Profiles of Student Life: Attitudes and Behaviors Survey</td>
<td>Developed by the Search Institute, the survey provides baseline aggregate data on which to develop asset-building strategies. The A&amp;B survey provides a portrait of the developmental assets, thriving indicators, deficits, and risk behaviors of 6th-to 12th-grade youth.</td>
<td><a href="http://www.search-institute.org/">www.search-institute.org/</a></td>
<td>Cost-related</td>
</tr>
</tbody>
</table>