

FRCA Evaluation

Measures Notebook
(Contains Approved Measures)

March 28, 2007



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Colorado Family Resource Center Association
Outcomes and Measurement Tools Chart 2007
March 22, 2007

These measures are to be used as Pre-Post Tests. If you are delivering “one-time only services” (e.g., an informational health fair, food bank services) these measures will not be applicable.

It is the expectation that each FRC will implement the *Colorado Family Support Matrix* as well as track referrals monthly.

Additional measures are provided for the Early Childhood Education, Adult (Parenting) Education, and Youth Services Core Service Areas. It is anticipated that each FRC will choose, in addition to the CO Family Support Matrix, one other listed Core Service Area Measure by May 2007.

If you have difficulty finding a measure suited for your program in one of these core service areas, please contact Mary Jane Carroll at mjcarroll@omni.org, 303-839-9422 ext. 155 for assistance.

Colorado Family Resource Center Association

Outcomes and Measurement Tools Chart 2007

March 22, 2007

Core Service Area: **Family Support**

OUTCOMES	MEASUREMENT TOOLS/ Instruments	DESCRIPTION OF TOOL	COST OF TOOL	ON LIST OF STATE MEASURES?	HOW TO ACCESS TOOL
Family Stability	Family Support Matrix	16 items; measures wide range of family domains (e.g., financial, child care, access to services). Required of all FRCs.	Free	YES	In Notebook

Core Service Area: **Youth Services**

OUTCOMES	MEASUREMENT TOOLS/ Instruments	DESCRIPTION OF TOOL	COST OF TOOL	ON LIST OF STATE MEASURES?	HOW TO ACCESS TOOL
Increased Life Skills	CMI: Social Skills	5 items measuring general social skills (part of Core Measures Initiative)	Free	YES	In Notebook
	CMI: Decision-Making	4 items assessing overall decision-making abilities (part of Core Measures Initiative)	Free	YES	In Notebook
	CMI: Goal-Setting	6 items assessing ability to set and follow-through with goals (part of Core Measures Initiative)	Free	YES	In Notebook
	Conflict Resolution: Self-Control and Cooperation Scales	12 items; 2 scales measuring self-control and cooperation (part of CDC Compendium)	Free	YES	In Notebook
Self-efficacy	Self-efficacy – Adolescent	10 items—Appropriate for adolescents; measures general self-efficacy (Schwarzer & Scholz)	Free	YES	In Notebook
	Self-efficacy – Child	11 items—Appropriate for children; measures social self-efficacy (Bandura)	Free	YES	In Notebook
ATOD Use	30-Day ATOD Use	3 items; measures Alcohol, Drug, Tobacco and Other Drug Use (ATOD) within last 30 days. (On the GPRA)	Free	YES	In Notebook
	CMI: Perceived Risk of Harm	4 items; Assesses student's perception of the potential risks due to drug use (On the GPRA)	Free	YES	In Notebook

Colorado Family Resource Center Association
Outcomes and Measurement Tools Chart 2007
 March 22, 2007

Core Service Area: Adult Learning / Parenting Classes

OUTCOME	MEASUREMENT TOOLS	DESCRIPTION OF TOOL	COST OF TOOL	LIST OF STATE MEASURES	HOW TO ACCESS TOOL
Increased parenting skills/practices	Adult-Adolescent Parenting Inventory 2 (AAPI-2)	40-item scale (used in Nurturing Parent Program). Assesses parenting and child rearing attitudes of adult and adolescent parent and pre-parent populations.	\$122 for the kit	YES	http://nurturingparenting.com/aapi/
	Parenting Stress Index (PSI) – Short Form	36-item scale; for parents of infants through adolescents	\$158 for the kit	YES	http://www3.parinc.com/products/product.aspx?Productid=PSI
	CMI: Parent-Child Affective Rating Scale	7 items; Measures parent/child bonding; easy to administer	Free	YES	In Notebook
	Parenting Practices Scale	20 items; strong research background	Free	YES	In Notebook
	Raising a Baby	14 items; strong research background; measures knowledge of infant development (used by some Parents as Teachers programs)	Free	YES	In Notebook
	Parent-Infant Activities	14 items from the Early Head Start Research and Evaluation project; self-report of daily interactions (used by some Parents as Teachers programs)	Free	YES	In Notebook
	Parent Practices Interview	Detailed measure; strong research background; used by Invest in Kids to evaluate The Incredible Years Parent Program	Free	YES	In Notebook

Colorado Family Resource Center Association
Outcomes and Measurement Tools Chart 2007
 March 22, 2007

Core Service Area: Early Childhood Education

OUTCOME	MEASUREMENT TOOLS	DESCRIPTION OF TOOL	COST OF TOOL	LIST OF STATE MEASURES	HOW TO ACCESS TOOL
Improve progress towards achieving age-appropriate developmental milestones	Devereux Early Childhood Assessment (DECA)	37 items; for 2-5 year olds (meets Head Start and IDEA requirements)	\$200 for the kit	YES	http://www.devereuxearlychildhood.org/
	Social Competence Scale-Teacher	25 items; Measure of preschool child's development of social skills; Easy to fill out; lots of research behind it; Used by Incredible Years/Invest in Kids in Colorado	Free	YES	In Notebook
	Ounce Scale	Organized around interpreting child's growth and development of six major areas: Personal Connections, Feelings about Self, Relationships with Other Children, Understanding and Communicating, Exploration and Problem Solving, and Coordination.	\$123 for the kit	YES	http://ags.pearsonassessments.com/group.asp?nGroupInfoID=aOunce
	Ages and Stages Questionnaire	30 items; screening tool used to detect developmental mental delays in infants and children up to age five.	\$199 for the kit	Pending	http://www.brookespublishing.com/store/books/bricker-asq/
	Peabody Picture Vocabulary Test (PPVT)	Measure of vocabulary for standard English and a screening test of verbal ability. No reading or writing required.	\$230-\$999 depending on the kit	Pending	http://ags.pearsonassessments.com/group.asp?nGroupInfoID=a12010

*If you have difficulty finding a measure suited for your program, please contact Mary Jane Carroll at mjcarroll@omni.org, 303-839-9422 ext. 155

Core Service Area:
Family Support

Family ID: _____

Colorado Family Support Assessment

This assessment is being used to find out about the level of support needed by families across various areas of life. The advocate should complete the assessment in the context of caring discussion and dialogue with the family. Identifying a family's level of need for support and their target goals is best done with input from **both** the family and the advocate.

- **This assessment is for families that are receiving the more intensive, longer-term family support services.** These services are usually deliberate and coordination occurs between families, advocates and other agencies.
- All of the domains do not need to be completed during one session. The assessment may be filled out within one session for some families; with other families it may take a few sessions to discuss and score all of the domains. **Complete the date field in each column only after entering a score for every domain.**
- There are two possible scores for each domain: the current score and a goal score. **The current score is required for every domain.** You may, however, also choose to set goals with the family. If a domain does not apply to a family, put a zero ("0") for "Does not apply" in the score field. Most domains should apply to most families. Only complete the assessment for those categories that are discussed with the family.
- The first eight domains listed are very important to collect data on as they are areas for which FRCA receives specific funding. You may skip around on the assessment as needed, but **make sure to address all of the domains.**
- **The benchmarks are examples of what may fall under the scores. They are not all-inclusive. They are there to serve as a guide** to help you determine with the family what level of support they may need.

Please complete on family member being interviewed:

Gender: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth: _____ (mo/day/yr)
Race/Ethnicity <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Hispanic/Latino/Spanish <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White/Caucasian <input type="radio"/> Other	Number of children you support: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more <input type="radio"/> None
Marital/Relationship Status: <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/> Domestic partner (living together unmarried)	

Family ID: _____

Colorado Family Support Assessment

DOMAIN	SCORE 1 Date Completed:	FOLLOW UP 1 (30-60 days post) Date Completed:	FOLLOW UP 2 (60-90 days post) Date Completed:	1 Immediate support is critical (urgent situation)	2 Support needed to help family move toward stability	3 Family making progress toward stable life situation	4 Family is stable, safe and moving toward thriving	5 Family is thriving!
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EXAMPLE BENCHMARKS

	Current	Goal	Current	Goal	Current	Goal					
Adult Education*							Language acquisition or literacy difficulties, and/or no high school diploma/GED. Not enrolled in educational programs for these.	Enrolled in literacy and/or GED and/or ESL program and is making progress.	Earned high school diploma/GED and completed language acquisition and/or ESL classes.	Engaged in additional education/training to improve life situation.	Completed additional education/training, improving family's economic and social opportunities.
Children's Education*							Children not enrolled in school and/or educational programs. No reading at home with child.	Not all children engaged in educational services. Minimal educational progress being made; little to no reading at home with child.	Children enrolled in school and/or educational programs but not achieving at expected level for age.	Children enrolled in adequate educational programs and are making progress toward developmental milestones.	All children enrolled in desired school and/or educational programs and are performing at or beyond developmentally appropriate level.
Employment*							No job.	Temporary, part-time or seasonal employment; wage not livable, no benefits.	Permanent or full time employment but wage not livable; few or no benefits.	Employed full time with livable wage and some benefits.	Permanent, full-time employment with livable wage and benefits (or other employment that meets family needs).
Family Relations*							Unsafe relationships; domestic violence/abuse is present.	Relationship support not readily identifiable. Potential for abuse or neglect.	Potential for support identifiable. Seeks to work on improving relationships.	Relationships are becoming stable and healthy. Communication more open and supportive.	Healthy relationships with significant others; relationships are stable, loving and supportive.
Financial*							No income.	Inadequate income and/or difficulty budgeting. Receive subsidies/support. Lack of discretionary income.	Can meet basic needs with subsidy/support; learning to budget and manage income.	Can meet basic needs and manage debt without support. Uses a budget regularly.	Income is sufficient and well managed; has extra income, is able to save.
Health Care Access*							Immediate need for health care but no insurance and/or access to either conventional or alternative services.	No insurance and/or access to health care (e.g., no providers in vicinity, cannot afford co-pay, etc.)	Some members of family have access to health care when needed.	All members of family have access to health care when needed, but may strain budget.	All members have access to health care and dental care when needed.

1

* The first eight domains listed are required as they are areas for which FRCA receives specific funding, however all domains should be scored.

Family ID: _____

Colorado Family Support Assessment

DOMAIN	SCORE 1		FOLLOW UP 1		FOLLOW UP 2		1	2	3	4	5
	Date Completed:		(30-60 days post) Date Completed:		(60-90 days post) Date Completed:		Immediate support is critical (urgent situation)	Support needed to help family move toward stability	Family making progress toward stable life situation	Family is stable, safe and moving toward thriving	Family is thriving!
Housing*							Homeless or facing possible eviction.	In transitional or temporary housing and/or current rent/mortgage payment is unaffordable.	In stable housing that is safe but unaffordable and/or marginally adequate.	Household is in safe, adequate subsidized housing.	Household is in safe, adequate, unsubsidized and affordable housing.
Parenting Skills*							New to parenting and/or not familiar with child development concepts	Parenting skills still developing. Could benefit from parenting classes.	Feels that parenting skills are adequate although aware of areas of growth. Has received knowledge around parenting.	Parenting skills are adequate and/or has taken parenting classes.	Parenting skills are well developed. Feels confident in knowledge about healthy/nurturing parenting.
Childcare							Need childcare, but none is available/accessible and/or child is not eligible for CCAP.	Childcare is unreliable or unaffordable.	Affordable subsidized childcare is available, but limited (e.g., few/no vacancies, etc.).	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.
Food							No food or means to prepare it. Relies on support from sources of free or low-cost food.	On food stamps or needs support on a regular basis. Nutritional content could be improved.	Can meet basic food needs with occasional support.	Can meet basic food needs without support.	Ability to purchase nutritional food household desires.
Legal							Unresolved legal issues such as divorce, charges, child support, requiring immediate attention.	Current charges and/or trial pending, in need of legal assistance to resolve; not sure where to get help.	Compliance with legal issues and/or pending cases but not fully resolved.	Successful closure of legal issues; knows how and where to access affordable legal assistance.	No pending or new legal issues whatsoever. Able to access affordable legal assistance if necessary.
Mental Health							Experiencing severe difficulty in day-to-day life due to mental health challenges. Mental health needs are not being met; doesn't know where to go to get help.	Feels that mental health symptoms may get in the way of daily living; not sure what to do or where to go for help. Could benefit from mental health services.	Identified mental health needs and working towards getting them met. Has access to affordable or free services.	Needs are being managed. Only minimal symptoms that are expected responses to life stressors.	Feels good about mental health—does not need any assistance in this area; knows where to go for affordable assistance if help was needed.

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Colorado Family Support Assessment

DOMAIN	SCORE 1 Date Completed:	FOLLOW UP 1 (30-60 days post) Date Completed:	FOLLOW UP 2 (60-90 days post) Date Completed:				1 Immediate support is critical (urgent situation)	2 Support needed to help family move toward stability	3 Family making progress toward stable life situation	4 Family is stable, safe and moving toward thriving	5 Family is thriving!
Mobility							No access to transportation (public or private) or personal vehicle is not working.	Transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car and driver are adequately insured.
Substance Use							Severe use/dependence; institutional living or hospitalization may be helpful. Help not sought.	Substance use negatively affects the individual and/or the family. Wants help.	Addressing substance use issues; currently participating in affordable or free services.	Substance use has not affected the family's life for a period of time. No recurrent dangerous use.	No drug/alcohol abuse. Healthy attitude toward use.
Support Network							Lack of necessary support from family/friends.	Family/friends can be supportive, but lack resources to help when needed.	Some support from family/friends when necessary.	Strong support from family/friends. Knows how/where to access resources when needed.	Family has healthy support network and is able to be a resource to others.
Utility Assistance							Have a utility cut-off notice or an outstanding bill, with no resources to pay bill, reconnect fees, etc.	Lack of or very little resources available to pay utility bills on an on-going basis. Receives LEAP or Energy Outreach Colorado support.	Need help during months when bill is higher. Bills strain budget.	Usually able to pay bill, but experience occasional emergencies.	Able to pay utility bills on an on-going basis.

Notes (for Family Center purposes only): -

*The first eight domains listed are required as they are areas for which FRCA receives specific funding, however all domains should be scored.

Core Service Area:
Youth Services

Administrative use only

Local ID _____

CMI: Social Skills

pretest _____

(please do not list participant's name)

posttest _____

This survey is being used to find out about your program. Please take your time and be sure to answer each question carefully and honestly. Your answers are completely confidential, which means that no one but you will know what you said. To keep your answers confidential, do NOT put your name on this survey. This is not a test, so there are no right or wrong answers. If you do not find an answer that fits exactly, use the one that comes closest. You may skip any question and can choose to end the survey at any time.

Thank you for your help!

Tell Us About You...

1) Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Gender:

Male

Female

4) What grade are you in?

3rd

8th

4th

9th

5th

10th

6th

11th

7th

12th

5) What best describes you? (Your Ethnicity):

Black/African American

American Indian or Alaskan Native

Hispanic Latino

Asian

Native Hawaiian or Other Pacific Islander

White

More than one race

Other

Local ID _____

CMI: Social Skills

1. I know how to make friends with people of the opposite sex.

- Strongly agree
- Agree a little
- Disagree a little
- Strongly disagree

2. If I want my friends to go along with me, I know what to say to them.

- Strongly agree
- Agree a little
- Disagree a little
- Strongly disagree

3. It is easy for me to make new friends.

- Strongly agree
- Agree a little
- Disagree a little
- Strongly disagree

4. It is easy for me to ask my friends for favors and help when I need to.

- Strongly agree
- Agree a little
- Disagree a little
- Strongly disagree

5. How hard or easy is it for you to get along with other people?

- Very easy
- Pretty easy
- Pretty hard
- Very hard

Administrative use only

Local ID _____

CMI: Decision Making

pretest _____

(please do not list participant's name)

posttest _____

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Thank you for your help!

Tell Us About You...

1) Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Gender:

Male

Female

4) What grade are you in?

3rd

8th

4th

9th

5th

10th

6th

11th

7th

12th

5) What best describes you? (Your Ethnicity):

Black/African American

American Indian or Alaskan Native

Hispanic Latino

Asian

Native Hawaiian or Other Pacific Islander

White

More than one race

Other

Local ID _____

CMI: Decision Making

1. How often do you stop to think about your options before you make a decision?

- Never
- Sometimes, but not often
- Often
- All the time

2. How often do you stop to think about how your decisions may affect others' feelings?

- Never
- Sometimes, but not often
- Often
- All the time

3. How often do you stop and think about all of the things that may happen as a result of your decisions?

- Never
- Sometimes, but not often
- Often
- All the time

4. I make good decisions.

- Never
- Sometimes, but not often
- Often
- All the time

Administrative use only

Local ID _____

CMI: Goal Setting

pretest _____

(please do not list participant's name)

posttest _____

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Thank you for your help!

Tell Us About You...

1) Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Gender:

Male

Female

4) What grade are you in?

3rd

8th

4th

9th

5th

10th

6th

11th

7th

12th

5) What best describes you? (Your Ethnicity):

Black/African American

American Indian or Alaskan Native

Hispanic Latino

Asian

Native Hawaiian or Other Pacific Islander

White

More than one race

Other

Local ID _____

CMI: Goal Setting Scale

1. How often do you work on goals that you have set for yourself?

- Never
- Sometimes, but not often
- Often
- All the time

2. Once I set a goal, I don't give up until I achieve it.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

3. Whenever I do something, I always give it my best.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

4. I think about what I would like to be when I become an adult.

- Never
- Sometimes, but not often
- Often
- All the time

5. How often do you set goals to achieve?

- I usually don't set goals
- I sometimes set goals
- I usually set goals
- I always set goals

6. When I set a goal, I think about what I need to do to achieve that goal.

- Never
- Sometimes, but not often
- Often
- All the time

Administrative use only

Local ID _____
(please do not list participant's name)

Conflict Resolution

pretest _____
posttest _____

This survey is being used to find out about your program. Please take your time and be sure to answer each question carefully and honestly. Your answers are completely confidential, which means that no one but you will know what you said. To keep your answers confidential, do NOT put your name on this survey. This is not a test, so there are no right or wrong answers. If you do not find an answer that fits exactly, use the one that comes closest. You may skip any question and can choose to end the survey at any time.

Thank you for your help!

1) Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Gender:

- Male
- Female

4) What grade are you in?

- 3rd 8th
- 4th 9th
- 5th 10th
- 6th 11th
- 7th 12th

5) What best describes you? (Your Ethnicity):

- Black/African American
- American Indian or Alaskan Native
- Hispanic Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- More than one race
- Other

Local ID _____

Conflict Resolution: Self-Control and Cooperation Scales

Self-Control

1. Sometimes you have to physically fight to get what you want.

- YES!**
- yes
- no
- NO!**

2. I get mad easily.

- YES!**
- yes
- no
- NO!**

3. I do whatever I feel like doing.

- YES!**
- yes
- no
- NO!**

4. When I am mad, I yell at people.

- YES!**
- yes
- no
- NO!**

5. Sometimes I break things on purpose.

- YES!**
- yes
- no
- NO!**

6. If I feel like it, I hit people.

- YES!**
- yes
- no
- NO!**

Cooperation

7. I like to help around the house.

- YES!
- yes
- no
- NO!

8. Being part of a team is fun.

- YES!
- yes
- no
- NO!

9. Helping others makes me feel good.

- YES!
- yes
- no
- NO!

10. I always like to do my part.

- YES!
- yes
- no
- NO!

11. It is important to do your part in helping the home.

- YES!
- yes
- no
- NO!

12. Helping others is very satisfying.

- YES!
- yes
- no
- NO!

Local ID _____

Self Efficacy-Adolescent

pretest _____

(please do not list participant's name)

posttest _____

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Tell Us About You...

1) Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Gender:

- Male
- Female

4) What grade are you in?

- 3rd 8th
- 4th 9th
- 5th 10th
- 6th 11th
- 7th 12th

5) What best describes you? (Your Ethnicity):

- Black/African American
- American Indian or Alaskan Native
- Hispanic Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- More than one race
- Other

1. I can always manage to solve difficult problems if I try hard enough.

- Not at all true
- Hardly true
- Moderately true
- Exactly true

2. If someone opposes me, I can find the means and ways to get what I want.

- Not at all true
- Hardly true
- Moderately true
- Exactly true

3. It is easy for me to stick to my aims and accomplish my goals.

- Not at all true
- Hardly true
- Moderately true
- Exactly true

4. I am confident that I could deal efficiently with unexpected events.

- Not at all true
- Hardly true
- Moderately true
- Exactly true

5. Thanks to my resourcefulness, I know how to handle unforeseen situations.

- Not at all true
- Hardly true
- Moderately true
- Exactly true

6. I can solve most problems if I invest the necessary effort.

- Not at all true
- Hardly true
- Moderately true
- Exactly true

7. I can remain calm when facing difficulties because I can rely on my coping abilities.

- Not at all true
- Hardly true
- Moderately true
- Exactly true

8. When I am confronted with a problem, I can usually find several solutions.

- Not at all true
- Hardly true
- Moderately true
- Exactly true

9. If I am in trouble, I can usually think of a solution.

- Not at all true
- Hardly true
- Moderately true
- Exactly true

10. I can usually handle whatever comes my way.

- Not at all true
- Hardly true
- Moderately true
- Exactly true

Administrative use only

Local ID _____

Self Efficacy-Child

pretest _____

(please do not list participant's name)

posttest _____

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Thank you for your help!

Tell Us About You...

1) Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Gender:

Male

Female

4) What grade are you in?

3rd

8th

4th

9th

5th

10th

6th

11th

7th

12th

5) What best describes you? (Your Ethnicity):

Black/African American

American Indian or Alaskan Native

Hispanic Latino

Asian

Native Hawaiian or Other Pacific Islander

White

More than one race

Other

Local ID _____

Self Efficacy Child

1. How well can you participate in class discussions?

- Not well at all
- Not too well
- Sometimes well
- Pretty well
- Very well

2. How well can you learn the skills needed for team activities?

- Not well at all
- Not too well
- Sometimes well
- Pretty well
- Very well

3. How well can you live up to what your peers expect of you?

- Not well at all
- Not too well
- Sometimes well
- Pretty well
- Very well

4. How well can you live up to what you expect of yourself?

- Not well at all
- Not too well
- Sometimes well
- Pretty well
- Very well

5. How well can you make and keep female friends?

- Not well at all
- Not too well
- Sometimes well
- Pretty well
- Very well

6. How well can you make and keep male friends?

- Not well at all
- Not too well
- Sometimes well
- Pretty well
- Very well

7. How well can you carry on conversations with others?

- Not well at all
- Not too well
- Sometimes well
- Pretty well
- Very well

8. How well can you work in a group?

- Not well at all
- Not too well
- Sometimes well
- Pretty well
- Very well

9. How well can you express your opinions when other classmates disagree with you?

- Not well at all
- Not too well
- Sometimes well
- Pretty well
- Very well

10. How well can you stand up for yourself when you feel you are being treated unfairly?

- Not well at all
- Not too well
- Sometimes well
- Pretty well
- Very well

11. How well can you deal with situations where others are annoying you or hurting your feelings?

- Not well at all
- Not too well
- Sometimes well
- Pretty well
- Very well

Local ID _____

30 Day ATOD USE

pretest _____

(please do not list participant's name)

posttest _____

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Thank you for your help!

Tell Us About You...

1) Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Gender:

Male

Female

4) What grade are you in?

3rd

8th

4th

9th

5th

10th

6th

11th

7th

12th

5) What best describes you? (Your ethnicity):

Black/African American

American Indian or Alaskan Native

Hispanic Latino

Asian

Native Hawaiian or Other Pacific Islander

White

More than one race

Other

Local ID _____

30 Day ATOD Use

1. Cigarette Use: During the past 30 days, how frequently have you smoked cigarettes?

- Not at all
- Less than 1 cigarette per day
- 1 - 5 cigarettes per day
- About 1/2 pack per day
- About 1 pack per day
- About 1 1/2 packs per day
- 2 packs or more per day

2. Alcohol Use: On how many occasions during the past 30 days have you had more than just a few sips of an alcoholic beverage - for example, beer, wine, hard liquor (vodka, whiskey, gin, etc.) - or any other beverage with alcohol? (Do not include sips for religious or ceremonial purposes.)

- 0 Occasions
- 1 - 2 Occasions
- 3 - 5 Occasions
- 6 - 9 Occasions
- 10 - 19 Occasions
- 20 - 39 Occasions
- 40+ Occasions

3. Marijuana Use: During the past 30 days, about how many marijuana cigarettes (joints, reefers) or the equivalent, did you smoke a day?

- None
- Less than 1 per day
- 1 per day
- 2 to 3 per day
- 4 to 6 per day
- 7 to 10 per day
- 11 or more per day

Administrative use only

Local ID _____

CMI: Perceived Risk of Drug Use

pretest _____

(please do not list participant's name)

posttest _____

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Thank you for your help!

Tell Us About You...

1) Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Gender:

Male

Female

4) What grade are you in?

3rd

8th

4th

9th

5th

10th

6th

11th

7th

12th

5) What best describes you? (Your Ethnicity):

Black/African American

American Indian or Alaskan Native

Hispanic Latino

Asian

Native Hawaiian or Other Pacific Islander

White

More than one race

Other

Local ID _____

CMI: Perceived Risk of Drug Use

1. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

- No risk
- Slight risk
- Moderate risk
- Great risk

2. How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?

- No risk
- Slight risk
- Moderate risk
- Great risk

3. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?

- No risk
- Slight risk
- Moderate risk
- Great risk

4. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

- No risk
- Slight risk
- Moderate risk
- Great risk

Core Service Area:
Adult Learning/Parenting Classes

Adult-Adolescent Parenting Inventory (AAPI-2)

Proprietary! Go to this website for pricing and more information:

<http://nurturingparenting.com/aapi/>

Parenting Stress Index – Short Form

Proprietary! Go to these websites for pricing and more information:

<http://www.cdphe.state.co.us/ps/tgys/grants/TGYSOutcomesChart.pdf>

<http://www3.parinc.com/products/product.aspx?Productid=PSI>

Administrative use only

Local ID _____

CMI: Parent-Child Affective Rating Scale

pretest _____

(please do not list participant's name)

posttest _____

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Tell Us About Your Child...

1) Child's Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Child's Gender:

Male

Female

4) What grade is your child in?

3rd

8th

4th

9th

5th

10th

6th

11th

7th

12th

5) What best describes your child?

(Ethnicity):

Black/African American

American Indian or Alaskan Native

Hispanic Latino

Asian

Native Hawaiian or Other Pacific Islander

White

More than one race

Other

Local ID _____

CMI: Parent-Child Affective Rating Scale

During the past month, when you and your child have spent time talking or doing things together, how often did you:

A. Get angry at him or her?

- Always
- Almost always
- Fairly often
- About half the time
- Not too often
- Almost never
- Never

B. Let this child know you really care about him/her?

- Always
- Almost always
- Fairly often
- About half the time
- Not too often
- Almost never
- Never

C. Shout or yell at this child because you were mad at him/her?

- Always
- Almost always
- Fairly often
- About half the time
- Not too often
- Almost never
- Never

D. Act loving and affectionate toward him/her?

- Always
- Almost always
- Fairly often
- About half the time
- Not too often
- Almost never
- Never

E. Let this child know that you appreciate him/her, his/her ideas or things he/she does?

- Always
- Almost always
- Fairly often
- About half the time
- Not too often
- Almost never
- Never

F. Yell, insult or swear at him/her when you disagreed?

- Always
- Almost always
- Fairly often
- About half the time
- Not too often
- Almost never
- Never

G. When this child does something wrong, how often do you lose your temper and yell at him or her?

- Always
- Almost always
- Fairly often
- About half the time
- Not too often
- Almost never
- Never

Administrative use only

Local ID _____

Parenting Practices Scale

pretest _____

(please do not list participant's name)

posttest _____

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Tell Us About Your Child...

1) Child's Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Child's Gender:

Male

Female

4) What grade is your child in?

Pre-school

Kindergarten

1st – 4th

5th – 8th

9th - 12th

5) What ethnicity is your child?

Black/African American

American Indian or Alaskan Native

Hispanic Latino

Asian

Native Hawaiian or Other Pacific Islander

White

More than one race

Other

Local ID _____

1. How often do you read to your child?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

2. How often do you praise your child?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

3. How often do you talk or play with your child for more than 5 minutes?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

4. How often do you make believe together?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

5. How often do you laugh with your child?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

6. How often do you wish to not spend time together?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

7. How often do you say you may leave if your child misbehaves?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

8. How often do you tell your child that (s)he is bad?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

9. How often do you do something that your child enjoys?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

10. How often do you play games or hobbies with your child?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

11. How often do you get angry when you punish your child?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

12. How often does the kind of punishment for your child depend on your mood?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

13. How confident are you in your ability to change your child's misbehavior?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

14. How often do you have problems managing your child?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

15. How often does your child ignore punishment?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

16. How often is your child disciplined for the same thing?

- Never
- About once a week or less
- More than once a week, but less than once a day
- One or two times a day
- Many times each day

17. What fraction of the time are your activities with your child actually fun?

- Never
- Less than half the time
- About half the time
- More than half the time
- All the time

18. What fraction of the time are you too tired to do something fun?

- Never
- Less than half the time
- About half the time
- More than half the time
- All the time

19. What fraction of the time is your talk about your child's behavior focused on praise?

- Never
- Less than half the time
- About half the time
- More than half the time
- All the time

20. What fraction of the time is your talk about your child's behavior focused on disapproval?

- Never
- Less than half the time
- About half the time
- More than half the time
- All the time

Administrative use only

Local ID _____
(please do not list name)

Raising A Baby

pretest _____
posttest _____

This survey is being used to find out about your program. Please take your time and be sure to answer each question carefully and honestly. Your answers are completely confidential, which means that no one but you will know what you said. To keep your answers confidential, do **NOT** put your name on this survey. This is not a test, so there are no right or wrong answers. If you do not find an answer that fits exactly, use the one that comes closest. You may skip any question and can choose to end the survey at any time. **Thank you for your help!**

Tell Us About Your Child...

1) Child's Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Child's Gender:

- Male
- Female

4) What ethnicity is your child?

- Black/African American
- American Indian or Alaskan Native
- Hispanic Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- More than one race
- Other

Please answer each of the following questions based on your knowledge of babies <u>in general</u> . Do not answer about your child. Think about what you know about <u>any baby</u> . Then, tell us how much you agree with the following questions:	Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
1) Babies with colic sometimes cry for 20 or 30 minutes at a time, no matter how much you try to comfort them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) All infants need the same amount of sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Taking care of a baby can leave the parent feeling tired, frustrated, or overwhelmed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) A one-year-old knows right from wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Some normal babies do not enjoy being cuddled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) The more you comfort crying babies by holding and talking to them, the more you spoil them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) A frequent cause of accidents for one-year-olds is pulling something like a frying pan, a tablecloth, or a lamp down on top of them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) A good way to train children not to hit is to hit them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) A baby of 6 months will respond to someone differently depending on whether the person is happy, sad or upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Most infants are ready to be toilet trained by one year of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Five-month-olds understand what “no” means.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) One-year-olds often cooperate and share when they play together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) A baby is about 7 months old before he or she can reach for and grab things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) A baby usually says its first real word by six months of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administrative use only

Local ID _____
(please do not list name)

Parent – Infant Activities

pretest _____
posttest _____

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Tell Us About Your Child...

1) Child's Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Child's Gender:

- Male
- Female

4) What ethnicity is your child?

- Black/African American
- American Indian or Alaskan Native
- Hispanic Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- More than one race
- Other

Local ID _____

Parent – Infant Activities

How many times in the <u>past month</u> have <u>you</u> done any of the following activities <u>with</u> your child?	More than once a day	About once a day	A few times a week	A few times a month	Rarely	Not at all
1) Played peek-a-boo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Done other kinds of face-to-face play (no toys)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Played patty-cake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Sang nursery rhymes, like “Jack and Jill?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Sang other kinds of songs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Danced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Read stories (from a book)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Told stories (not with a book)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Played outside in the yard, at a park, or at a playground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Done indoor active play (baby moved whole body)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Gone to a public place, like a zoo or museum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Tried to playfully tease and get your child to laugh?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Played with toys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Had quiet/cuddle (not sleeping) time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administrative use only

Local ID _____	Parenting Practices Interview	pretest _____
(please do not list participant's name)		posttest _____

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Tell Us About Your Child...

1) Child's Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Child's Gender:

- Male
- Female

4) What grade is your child in?

- Pre-school
- Kindergarten
- 1st – 4th
- 5th – 8th
- 9th - 12th

5) What ethnicity is your child?

- Black/African American
- American Indian or Alaskan Native
- Hispanic Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- More than one race
- Other

Invest in Kids – The Incredible Years
Parent Practices Interview

Parent Group ID: _____

This section asks questions about different ways of disciplining children and teaching them right from wrong.

1. The following is a list of things that parents have told us they do when their children misbehave. In general, how often do you do each of the following things when your child misbehaves (that is, does something s/he is not supposed to do)?

	Never	Seldom	Sometimes	About half the time	Often	Very Often	Always
Ignore it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raise your voice (scold or yell).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get your child to correct the problem or make up for his/her mistake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threaten to punish him/her (but not really punish him/her).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give him/her a brief time out away from family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send child to room for at least 60 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take away privileges (like TV, playing with friends).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give your child a spanking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slap or hit your child (but not spanking).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give your child extra work chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss the problem with child or ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If your child *hit* another child, how likely is it that you would discipline your child in the following ways?

	Never	Seldom	Sometimes	About half the time	Often	Very Often	Always
Ignore it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raise your voice (scold or yell).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get your child to correct the problem or make up for his/her mistake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threaten to punish him/her (but not really punish him/her).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give him/her a brief time out away from family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send child to room for at least 60 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take away privileges (like TV, playing with friends).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give your child a spanking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slap or hit your child (but not spanking).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give your child extra work chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss the problem with child or ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If your child *refused to do what you wanted him/her to do*, how likely is it that you would use each of the following discipline techniques?

	Never	Seldom	Sometimes	About half the time	Often	Very Often	Always
Ignore it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raise your voice (scold or yell).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get your child to correct the problem or make up for his/her mistake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threaten to punish him/her (but not really punish him/her).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give him/her a brief time out away from family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send child to room for at least 60 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take away privileges (like TV, playing with friends).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give your child a spanking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slap or hit your child (but not spanking).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give your child extra work chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss the problem with child or ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In general, how often do the following this happen?

	Never	Seldom	Sometimes	About half the time	Often	Very Often	Always
If you ask your child to do something and s/he doesn't do it, how often do you give up trying to get him/her to do it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you warn your child that you will discipline him/her if s/he doesn't stop, how often do you actually discipline him/her if s/he keeps on misbehaving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often does your child get away with things that you feel s/he should have been disciplined for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have decided to punish your child, how often do you change your mind based on your child's explanations, excuses or arguments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you show anger when you discipline your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do arguments with your child build up and you do or say things you don't mean to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is your child successful in getting around the rules that you have set?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often does the kind of punishment you give your child depend on your mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. This is a list of things that parents might do when their child behaves well or does a good job at something. In general, how often do you do each of the following things when your child behaves well or does a good job?

	Never	Seldom	Sometimes	About half the time	Often	Very Often	Always
Ignore it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Praise or compliment your child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give your child a hug, kiss, pat, handshake or "high five".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy something for him/her (such as special food, a small toy) or give him/her money for good behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give him/her an extra privilege (such as cake, go to the movies, special activity for good behavior).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give points or stars on a chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In an AVERAGE week, how often do you praise or reward your child for doing a good job at home or school?

- Less than once per week
- About once per week
- A few times per week, but not daily
- About once a day
- 2-5 times per day
- 6-10 times per day
- More than 10 times per day

7. Within the LAST 2 DAYS, how many times did you:

a. Praise or compliment your child for anything s/he did well?

- Never
- Once
- Twice
- 3 times
- 4 or 5 times
- 6 or 7 times
- More than 7 times
- Not with my child in the last 2 days

b. Give him/her something extra, like a small gift, privileges, or a special activity with you, for something s/he did well?

- Never
- Once
- Twice
- 3 times
- 4 or 5 times
- 6 or 7 times
- More than 7 times
- Not with my child in the last 2 days

8. Please rate how much you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
Giving children a reward for good behavior is bribery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I shouldn't have to reward my children to get them to do things they are supposed to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe in using rewards to teach my child how to behave.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to praise children when they do well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to praise my child more often than criticize him/her, but it is hard to find behaviors to praise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I give my child praise or rewards to encourage good behavior, s/he will demand rewards for everything.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a child is having trouble doing something s/he is supposed to do (such as going to bed, picking up toys), it is a good idea to set up a reward or an extra privilege for doing it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please rate how much you agree with the following statements:

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
I have made clear rules or expectations for my child about chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have made clear rules or expectations for my child about not fighting, stealing, lying, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have made clear rules or expectations for my child about going to bed and getting up on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please rate how likely you are to do the following things:

	Not at all Likely	Slightly Likely	Somewhat Likely	Moderately Likely	Quite Likely	Very Likely	Extremely Likely
When your child completes his/her chores, how likely are you to praise or reward your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your child does NOT complete his/her chores, how likely are you to punish your child (such as taking away a privilege or grounding him/her)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your child fights, steals, or lies, how likely are you to punish your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your child goes to bed or gets up on time, how likely are you to praise or reward your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. About how many hours in the last 24 hours did your child spend at home without adult supervision, if any?

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 ½ - 2 hours |
| <input type="checkbox"/> Less than ½ hour | <input type="checkbox"/> 2-3 hours |
| <input type="checkbox"/> ½ - 1 hour | <input type="checkbox"/> 3-4 hours |
| <input type="checkbox"/> 1 – 1 ½ hours | <input type="checkbox"/> More than 4 hours |

12. Within the LAST 2 DAYS, about how many total hours was your child involved in activities outside your home without adult supervision, if any?

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 ½ - 2 hours |
| <input type="checkbox"/> Less than ½ hour | <input type="checkbox"/> 2-3 hours |
| <input type="checkbox"/> ½ - 1 hour | <input type="checkbox"/> 3-4 hours |
| <input type="checkbox"/> 1 – 1 ½ hours | <input type="checkbox"/> More than 4 hours |

13. Please answer the following:

	None or almost none	About 25%	About 50%	About 75%	All or almost all
What percentage of the time do you know <i>where your child is</i> when s/he is away from your direct supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What percentage of the time do you know exactly what your <i>child is doing</i> when s/he is away from you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What percentage of your child's friends do you know well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How much do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
It is very important for me to know where my child is when s/he is away from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents who check up on how their child behaves at friends' houses are too anxious about their child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving children lots of free, unsupervised time helps them learn to be more responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children who are not supervised by an adult are more likely to develop behavior problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this questionnaire!!

Core Service Area:
Early Childhood Education

Devereaux Early Childhood Assesment

Proprietary! Go to this website for pricing and more information:

<http://www.devereuxearlychildhood.org/>

Administrative use only

Local ID _____ Social Competence Scale Teacher pretest _____
(please do not list child's name) posttest _____

Tell Us About This Child...

1) Child's Birth Date (mo/day/yr): _____

2) Today's Date (mo/day/yr): _____

3) Child's Gender:

- Male
- Female

4) What grade is this child in?

- Pre-school
- Kindergarten
- 1st – 4th
- 5th – 8th
- 9th - 12th

5) What ethnicity is this child?

- Black/African American
- American Indian or Alaskan Native
- Hispanic Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- More than one race
- Other

Please rate each of the listed behaviors according to how well it describes this child.

	Not at All	A Little	Moderately Well	Well	Very Well
1. Functions well even with distractions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can accept things not going his/her way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Copes well with failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is a self-starter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Work/plays well without adult support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accepts legitimate imposed limits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Expresses needs and feelings appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Thinks before acting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Resolves peer problems on his/her own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Stays on task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Can calm down when excited or all wound up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Can wait in line patiently when necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Very good at understanding other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is aware of the effect of his/her behavior on others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Works well in a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Plays by the rules of the game.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Pays attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Controls temper when there is a disagreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Shares materials with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Cooperates with peers without prompting (Pro/Com)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Follows teacher's verbal directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is helpful to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Listens to others' points of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Can give suggestions and opinions without being too bossy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Acts friendly toward others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ounce Scale

Proprietary! Go to this website for pricing and more information:

<http://ags.pearsonassessments.com/group.asp?nGroupInfoID=aOunce>

Ages and Stages Questionnaire

Proprietary! Go to this website for pricing and more information:

<http://www.brookespublishing.com/store/books/bricker-asq/>

Peabody Picture Vocabulary Test (PPVT)

Proprietary! Go to this website for pricing and more information:

<http://ags.pearsonassessments.com/group.asp?nGroupInfoID=a12010>

For Questions or Assistance
on the FRCA Measures

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