

Attachment 2

Table of Measures

6th Grade Survey (in separate file: A2 6th surv.htm)

7th Grade Survey (in separate file: A2 7th surv.htm)

Parent Survey

YOUTH MEASURES	Source	Type	Domain
Demographic Questionnaire	Developed by investigators	Covariate	
Decision Making	Developed by investigators	Intermediate outcome	
Self Control Scale	Developed by investigators, adapted from Kendall & Wilcox, 1979	Intermediate outcome	Social competence
Assets	Adapted from Oman, et al (2002)		Social Competence
Frequency of aggression at school	Developed by investigators	Outcome	Aggression
Aspirations Inventory	Developed by investigators	Intermediate outcome	Possible selves
Friend Behavior Questionnaire (5 friends)	Simons-Morton, 1999	Mediator	Attitudes toward aggressive and deviant behavior
Parent Demandingness	Jackson, et al, , 1998	Covariate	Parenting behavior
Parental Academic Monitoring Index	Developed by investigators	Covariate	Parenting behavior
Parental Support Index -	Barber	Covariate	Parenting behavior
Parental Psychological Control	Barber	Covariate	Parenting Behavior
Parental Behavioral Aggression Questionnaire	Barber	Covariate	Parenting Behavior
Classroom Climate Teacher involvement, support and structure	Little et al., 2003	Outcome	Aggressive behavior
Problem Behavior (30 days) Questionnaire -	Adapted from RAPS, 1998 version, Connell, 1995	Outcome	School Engagement, classroom climate
Class Engagement – Math, Language Arts, Science, Social Studies. Subscales are Participation and Value	Simons-Morton, 1999	Outcome	Deviant behavior
Index of Academic Achievement	Participation – Special Education Elementary Longitudinal Study Value – Developed by Investigator	Covariate	School Engagement
Perceptions of Parental Attitudes About Fighting	Developed by investigators	Covariate	Grades
Peer Deviance Acceptance Questionnaire	Orpinas, et al, 1999	Mediator	Attitudes toward adult expectations
Depression Scale	Simons-Morton, et al, 1999	Mediator	Attitudes toward aggressive, deviant, and adaptive behavior
Adult Influences	Dahberg, L et al, 1998,	Covariate	Depressive symptomatology
	Adapted from Oman et al. 2002	Covariate	Adult mentor

PARENT MEASURES	Author	Type	Domain
Demographic Questionnaire	Developed by investigators	Covariate	Demographics
Stressful Life Events	Dodge, (1986)	Covariate	Stress
Attention Problems Scale	Achenbach, 1991	Covariate	Child attention problems
Parental Monitoring Questionnaire	Developed by investigators	Covariate	Parenting behavior
Parental School Valuing	Developed by investigators	Mediator	Parental attitudes and expectations
Parental Attitudes Toward Fighting	Modification of Orpinas, 1999	Mediator	Parental attitudes and expectations
Activities with Child Inventory	Developed by investigators	Mediator	Parent involvement
Aggressive Behaviors	Dodge, 1986	Outcome	Child aggressive behaviors
Aggression and Social Deviance Scales	Achenbach, 1991	Outcome	Child aggressive and deviant behaviors
Involvement in Child's School Life Questionnaire	CPPRG 1991	Mediator	Parent involvement
Intervention Specific Expectations	Developed by investigators, 2003	Mediator	Parent Expectations
Relationship with Child's School Questionnaire	CPPRG, 1991	Mediator	Parent Involvement
School Adjustment Questionnaire	CPPRG, 1991	Mediator	Parent School Adjustment
Intervention Specific Communication	Developed by investigators, 2003	Mediator	Parent Communication

References

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**STEPPIN' UP PARENT MEASURES
Highlandtown Middle School**

Baseline: Fall 2005 and Spring 2006

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0523). Do not return the completed form to this address.

Good [morning/afternoon/evening], I'm _____ from the Steppin' UP Program [insert school name]. Can I talk to the parent of [insert child's name]? Are you [insert parent name]? Thank you for your participation in this program. We are interviewing parents of 6th graders in order to develop health related programs for parents of middle school students.

The interview will take about 30 minutes and you will be paid \$20.00 in appreciation for your time and effort. Please provide us with an address where you would like to receive your money.

Your name will never appear with your answers to these questions so no one will know how you answered them. During the interview, I'm going to be asking you about yourself and your adolescent. I want to stress that there are no right or wrong answers to the questions. The most important thing is that you answer honestly. Do you have any questions before we begin?

Section A

The following is a list of stressful events that sometimes occur in people's lives. Think about which of these events may have happened in your family in the past year and how stressful they were for you and your family. Please answer on a scale from 1-10, 1 being not at all stressful and 10 being extremely stressful.

	Did not occur	Did Occur									
		Not At All Stressful									Extremely Stressful
1. Family move/major remodeling.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
2. Family member other than child got in trouble with the law.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
3. Family member's drug/alcohol use.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
4. Family had financial problems.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
5. Family member with major illness.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
6. Death of family member.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
7. Family member's pregnancy /birth.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
8. You got a separation /divorce.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
9. You and a significant other reconciled/ got back together.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
10. Conflict between adult family members.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
11. One of your children suspended or expelled from school.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
12. One of your children changed schools.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	

13. One of your children received disciplinary action at school.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
14. One of your children failed a grade.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
15. One of your children had a falling out with close friend.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
16. One of your children broke up with boyfriend /girlfriend.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
17. One of your children did not have friends.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
18. One of your children was sick for over a week.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
19. One of your children got in trouble with the law.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

Section B

The next set of questions asks you about what you say to your child about disagreements and fights. Please rate each statement on a scale from 1-10, 1 being never and 10 being always.

I would tell my child...	Never									Always
1. To ignore someone who calls you a name.	□	□	□	□	⑤	⑥	⑦	⑧	⑨	⑩
2. To tell a teacher or another adult if someone asks you to fight.	□	□	□	□	⑤	⑥	⑦	⑧	⑨	⑩
3. To try to talk your way out of it if someone asks you to fight.	□	□	□	□	⑤	⑥	⑦	⑧	⑨	⑩
4. To think a problem through, calm yourself, and then talk the problem out with your friend.	□	□	□	□	⑤	⑥	⑦	⑧	⑨	⑩
5. To hit someone back if s/he hits you.	□	□	□	□	⑤	⑥	⑦	⑧	⑨	⑩

6. To hit someone if s/he calls you names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10
7. To call someone names back if s/he calls you names first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10
8. To take the first swing if someone asks you to fight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10
9. To solve problems by fighting if they can't be solved by talking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10
10. You'd be a coward or a "chicken" if you walked away from a fight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10
11. Anyone who won't fight will get "picked on" even more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10
12. Fighting is no good no matter what – there are other ways to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10
13. To fight only when he/she needs to defend him/her self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10

Section C

Please indicate whether or not these statements about [child's name] school participation are important to you on a scale from 1-10. 1 indicates not at all important and 10 very important.

I want [child's name] to...	Not at all Important										Very Important
	1	2	3	4	5	6	7	8	9	10	
1. Take part in class discussions or activities.	1	2	3	4	5	6	7	8	9	10	
2. Not be bored by his/her schoolwork	1	2	3	4	5	6	7	8	9	10	
3. Learn things in school that will be useful to his/her future job.	1	2	3	4	5	6	7	8	9	10	
4. Get good grades.	1	2	3	4	5	6	7	8	9	10	
5. Put a lot of energy into school work.	1	2	3	4	5	6	7	8	9	10	
6. Be interested in most of what he/she learns in school.	1	2	3	4	5	6	7	8	9	10	
7. Be upset with low grades.	1	2	3	4	5	6	7	8	9	10	
8. Do his/her homework.	1	2	3	4	5	6	7	8	9	10	
9. Care about doing his/her best in school.	1	2	3	4	5	6	7	8	9	10	
10. Get an education in order to get the job that he/she wants.	1	2	3	4	5	6	7	8	9	10	

11. Want to know even more about something he/she learned in school.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
12. Have school work this year that will prepare him/her for high school.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
13. Put his/her best effort into doing his/her homework.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
14. Be a good student.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
15. Be interested in most of the work the teachers give.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
16. Value what he/she is learning in school.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
17. Really pay attention to what the teacher is saying.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
18. Get assigned homework even if it's just to keep him/her busy.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
19. Learn things in school that help him/her make good decisions in life.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
20. Care about being as successful in school as he/she is in other things.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
21. Do extra work on his/her own for classes.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
22. Really enjoy this school.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
23. Not rush through homework just to get it done.	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

Section D

The next set of questions asks about different things parents might keep track of. How much do you agree or disagree that you do these things, 1 being strongly disagree and 10 being strongly agree?

	Strongly Disagree										Strongly Agree
1. I read and sign papers that come home from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
2. I know where my child is when s/he is not at home or at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
3. I know what my child's grades are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
4. I know when my child has misbehaved at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
5. I know whom my child is with when s/he is not at home or at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
6. I know what my child likes to do in his/her free time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
7. I talk to my child's teachers about his/her schoolwork or behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
8. I know what my child is doing when s/he is not at home or at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
9. I know when report cards and interim reports are sent home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
10. I know my child's friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
11. I know at least some of my child's teachers' names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
12. I know where my child goes after school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
13. I ask my child about his/her schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
14. I know what classes my child is taking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
15. I know what my child spends his/her money on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
16. I know when my child completes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	

his/her homework.

Section E

How often is each of the following statements true for your child? Please answer on a scale from 1-10, 1 being never true and 10 being almost always true.

	Never True				Almost Always True					
1. When my child has been teased or threatened, he or she gets angry easily and physically strikes back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤	⑥	⑦	⑧	⑨	⑩
2. My child always claims that other children are to blame in a fight and feels that they started the trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤	⑥	⑦	⑧	⑨	⑩
3. When someone accidentally hurts my child (such as by bumping into him or her), he/she assumes that the peer meant to do it, and then reacts with anger/fighting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤	⑥	⑦	⑧	⑨	⑩
4. My child gets other kids to gang up on somebody that he or she does not like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤	⑥	⑦	⑧	⑨	⑩
5. My child uses physical force (or threatens to use force) in order to dominate other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤	⑥	⑦	⑧	⑨	⑩
6. My child threatens or bullies others in order to get his or her own way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤	⑥	⑦	⑧	⑨	⑩

Section F

Below is a list of items that describe children. Please think about how much each one describes your child in the past 6 months. Please answer all items as well as you can, 0 meaning not true, 1 meaning somewhat/sometimes true and 2 meaning very often or often true, even if some do not seem to apply to your child.

My child...	Not True/Rarely True	Somewhat/Sometimes True	Very True/Often True
1. Acts too young for his/her age.	①	<input type="checkbox"/>	<input type="checkbox"/>
2. Can't concentrate, can't pay attention for long	①	<input type="checkbox"/>	<input type="checkbox"/>
3. Can't sit still, restless, or hyperactive	①	<input type="checkbox"/>	<input type="checkbox"/>
4. Seems confused or seems to be in a fog	①	<input type="checkbox"/>	<input type="checkbox"/>
5. Day-dreams or gets lost in his/her thoughts	①	<input type="checkbox"/>	<input type="checkbox"/>
6. Is impulsive or acts without thinking	①	<input type="checkbox"/>	<input type="checkbox"/>
7. Is nervous, highstrung, or tense	①	<input type="checkbox"/>	<input type="checkbox"/>
8. Has nervous movements or twitching	①	<input type="checkbox"/>	<input type="checkbox"/>
9. Does poorly on school work	①	<input type="checkbox"/>	<input type="checkbox"/>
10. Is poorly coordinated or clumsy	①	<input type="checkbox"/>	<input type="checkbox"/>
11. Stares blankly	①	<input type="checkbox"/>	<input type="checkbox"/>
12. Doesn't seem to feel guilty after misbehaving.	①	<input type="checkbox"/>	<input type="checkbox"/>

13. Hangs around with children who get in trouble.	⓪	☐	☐
14. Lies or cheats	⓪	☐	☐
15. Prefers playing with older children.	⓪	☐	☐
16. Runs away from home.	⓪	☐	☐
17. Sets fires.	⓪	☐	☐
18. Steals at home.	⓪	☐	☐
19. Steals outside the home.	⓪	☐	☐
20. Swears or uses obscene language.	⓪	☐	☐
21. Thinks about sex too much.	⓪	☐	☐
22. Is truant/skips school.	⓪	☐	☐
23. Uses alcohol or drugs for nonmedical purposes.	⓪	☐	☐
24. Vandalizes.	⓪	☐	☐
25. Argues a lot.	⓪	☐	☐
26. Brags, boasts	⓪	☐	☐
27. Is cruel, bullies, or is mean to others	⓪	☐	☐
28. Demands a lot of attention	⓪	☐	☐
29. Destroys his/her own things.	⓪	☐	☐
30. Destroys things belonging to his/her family or other children.	⓪	☐	☐
31. Is disobedient at home	⓪	☐	☐
32. Is disobedient at school	⓪	☐	☐
33. Gets jealous easily	⓪	☐	☐
34. Gets in many fights	⓪	☐	☐
35. Physically attacks people	⓪	☐	☐
36. Screams a lot	⓪	☐	☐
37. Shows off or clowns	⓪	☐	☐
38. Is stubborn, sullen, or irritable	⓪	☐	☐
39. Has sudden changes in mood or feelings	⓪	☐	☐
40. Talks too much	⓪	☐	☐
41. Teases a lot.	⓪	☐	☐
42. Has temper tantrums or a hot temper	⓪	☐	☐
43. Threatens people	⓪	☐	☐
44. Is unusually loud	⓪	☐	☐

Section G

On how many of the last 30 days have you done the following with your child? Please answer with the number of days each is true, 1-30.

Activity	Number of Days
Gone shopping together	
Gone to a religious service or church-related event together	
Gone to a movie, play, museum, or concert together	
Gone to a sporting event together (where you and your child weren't participants)	
Gone to a school event such as a sports game, open house, or other meeting together	
Gone to an event outside of school together in which my child was a participant (sports, concert, recital, play)	
Talked with your child about a problem he/she was having at school	
Talked with your child about their school work or grades	
Talked with your child about other things your child is doing in school	
Talked with your child about activities your child was doing outside of school	
Worked on your child's school project together	
Eaten a meal together	
Did chores or work at home together	
Participated in a community event together	

Section H

These questions are about your relationship with your child's school teachers and your involvement in your child's school last year, when your child was in the 5th grade. Please answer on a scale from 1-5, 1 being never, 2 being once or twice a year, 3 being almost every month, 4 being almost every week and 5 being more than once per week.

Last year, when my child was in the 5th grade...	Never	Once or twice a year	Almost every month	Almost every week	More than once per week
1. I called my child's teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤
2. My child's teacher called me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤
3. I wrote to my child's teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤
4. My child's teacher wrote to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤
5. I stopped by the school to talk to my child's teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤
6. I was invited to my child's school for a special event (such as a book fair).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤
7. I visited my child's school for a special event (such as a book fair).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤
8. I was invited to attend a parent-teacher conference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤
9. I attended a parent-teacher conference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤
10. I attended PTA meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤

Section I

The next questions ask you about expectations you may/may not have for [child's name]. Please say on a scale from 1-10, 1 meaning not at all like me and 10 meaning exactly like me, how much the statements about expectations describe you as a parent.

I expect my child to...

	Not at all Like me									Exactly like me
1. Always complete his/her homework on time	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
2. Never fight to solve a conflict	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
3. Use strategies or plans to reach a goal	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
4. See me more as a friend than a parent	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
5. Sign up to participate in community/ neighborhood events	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
6. Know where to get help with homework if he/she needs it	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
7. Be involved in organized community activities	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
8. Fight when it is necessary	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
9. Have friends outside of their family members	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
10. Take responsibility for his/her grades at	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

school										
11. Listen to trusted adults in the community (excluding at school) who look out for them	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
12. Know what the consequence (s) will be for misbehavior	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
13. Never get in trouble at school	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
14. Hang out with kids who stay out of trouble	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
15. Try hard enough to do their best in school	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
16. Be an active member in his/her neighborhood	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
17. Give back to his/her community	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
18. Always give me notes or forms sent home from school	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
19. Get involved in organized school activities	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
20. Act without thinking when there is a problem	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
21. Have an important role model in his/her life	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

Section J

my child's school.

Section K

Please indicate how strongly you agree or disagree with these statements about how you and [insert child's name] are adjusting to his/her new school this year on a scale from 1-10. 1 indicates strongly disagree and 10 strongly agree.

	Strongly Disagree										Strongly Agree
1. This year has been especially difficult for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
2. My child has had an easy time handling the new academic demands made on him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
3. My child gets along well with other kids at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
4. My child stays out of trouble with teachers and the staff at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
5. My child has had a good year at school so far.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
6. School work is really hard for my child this year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
7. Other kids try to make my child do things that he/she should not do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
8. My child has gotten into some trouble this year by breaking school rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
9. My child likes the new things about school this year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
10. My child did not do as well as he/she should have in academics so far this year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
11. My child does not have as many friends at school this year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	
12. Teachers are constantly on my child this year because he/she broke some	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	6	7	8	9	10	

rules.										
13. It was hard for me as a parent to adjust to my child's school situation this year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤	⑥	⑦	⑧	⑨	⑩
14. I adjusted well to the many changes at my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤	⑥	⑦	⑧	⑨	⑩
15. My child's school causes me a lot of hassles as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤	⑥	⑦	⑧	⑨	⑩
16. I keep up with what is going on with my child at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤	⑥	⑦	⑧	⑨	⑩
17. I have a lot of contact with my child's school teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤	⑥	⑦	⑧	⑨	⑩
18. I worry a lot about bad things that my child could get into at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⑤	⑥	⑦	⑧	⑨	⑩

Section L

Earlier we talked about your expectations for [child's name]. Now I'd like to ask you about how like you it would be to tell [child's name] to do the following things." Please indicate how strongly you agree or disagree to the statements on a scale from 1-10, 1 meaning strongly disagree and 10 meaning strongly disagree.

I tell my child to...

	Strongly Disagree									Strongly Agree
1. Always complete his/her homework on time	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
2. Never fight to solve a conflict	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
3. Use strategies or plans to reach a goal	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
4. See me more as a friend than a parent	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
5. Sign up to participate in community/ neighborhood events	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
6. Know where to get help with homework if he/she needs it	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
7. Be involved in organized community activities	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
8. Fight when it is necessary	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
9. Have friends outside of their family members	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
10. Take responsibility for his/her grades at school	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

11. Listen to trusted adults in the community (excluding at school) who look out for them	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
12. Know what the consequence (s) will be for misbehavior	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
13. Never get in trouble at school	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
14. Hang out with kids who stay out of trouble	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
15. Try hard enough to do their best in school	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
16. Be an active member in his/her neighborhood	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
17. Give back to his/her community	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
18. Always give me notes or forms sent home from school	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
19. Get involved in organized school activities	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
20. Act without thinking when there is a problem	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
21. Have an important role model in his/her life	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

PARENT DEMOGRAPHICS

Circle or write in the correct responses:

Are you the parent of _____[child's name]_____?

What is your relationship to the child who just started 6th grade?

- ① Mother ③ Father
② Stepmother ④ Stepfather
⑤ Other (write in): _____

What is the child's date of birth? ____/____/____

What is your gender?

- ① Male ② Female

What do you consider your ethnicity to be?

- ① Hispanic or Latino
② Not Hispanic or Latino

What do you consider your race to be? [Mark all that apply]

- ① Black or African American
② White
③ Asian
④ American Indian or Alaska Native
⑤ Native Hawaiian or Other Pacific Islander
⑥ Some Other Race _____

What is your age: _____

What is your highest level of education?

- ① Some high school
② High school graduate or G.E.D.
③ Some education beyond high school but no degree
④ Graduate of a technical school, trade school, or two-year college
⑤ College graduate or higher

What is your marital status?

- ① Married
② Living together, not married
③ Separated
④ Divorced
⑤ Widowed
⑥ Never married
⑦ Other (write in): _____

What is your total household income?

- ① Less than \$10,000 ⑦ Other (write in): _____
② \$10,000 - \$14,999
③ \$15,000 - 24,999
④ \$25,000 - 34,999
⑤ \$35,000 - 49,999
⑥ \$50,000 - 74,999