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## Study of the Implementation of the Safe and Drug-Free Schools and Communities Act Program State Grants

**Sponsored by:**

**The U.S. Department of Education**

**Conducted by:**

**Westat**

### **Provider Questionnaire**

This questionnaire is designed to be completed by the person who implements (or implemented) the program identified on the label affixed to the cover of the questionnaire during the 2008-09 school year. If this person is not available to complete the questionnaire, the person most knowledgeable about the implementation of the program should complete the questionnaire.

**You can complete this survey online at <https://www.sdfs-evaluation.org>.** You will need the ID and password for your program, which can be found on the attached gold Web Information Sheet.

**If you prefer, you may complete this paper version.** If you complete the paper version, please provide the following information, keep a copy of the completed survey for your files, and return the original to Westat at the address shown below. We have enclosed a postage-paid envelope for your convenience.

Name of person completing form: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title/position: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of School: \_\_\_\_\_

Best days and times to reach you (in case of questions): \_\_\_\_\_

Return form to:

Attn: Debbie Alexander (#8622.09.01)  
Westat  
1650 Research Boulevard, TA 2100  
Rockville, Maryland 20850

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# Study of the Implementation of the Safe and Drug-Free Schools and Communities Act Program State Grants

## Instructions and Frequently Asked Questions

### General Instructions

This questionnaire focuses on the youth alcohol, tobacco, and other drug (ATOD) use and school crime prevention curriculum, instruction, or training provided to students during the 2008–09 school year.

Please review the following study definitions before you begin the survey.

**ATOD** – Includes alcohol, tobacco, illegal drugs, inhalants, and inappropriate use of prescription and over-the-counter medications.

**School crime** – Includes illegal, violent, or disruptive behaviors that result in damage, pain, injury, or fear, or result in disruptions of the school environment. Violent behaviors include bullying, verbal aggression, physical aggression, possession or use of weapons, and sexual harassment.

**Program** – An integrated set of activities intended to achieve one or more goals and objectives. Only programs that are supported by an implementation manual or other similar documentation should be considered.

As you answer the questions, please think about the program named on the label affixed to the cover of the questionnaire that was related to these topics.

For this questionnaire, please consider aspects of the program that aimed to teach students factual information, increase their awareness of social influences to engage in school crime, expand their repertoires for recognizing and appropriately responding to risky or potentially harmful situations, improve their moral character, etc.

These programs are sometimes delivered in a classroom format using teacher lectures, demonstrations, and class discussion but may also be delivered in small group settings or individually. Use may be made of audiovisual materials, worksheets or workbooks, textbooks, handouts, and the like. Instruction may be brief (less than an hour) or extended (requiring several years to complete).

Please consider the way the program named on the questionnaire label was *actually implemented*, rather than on procedures that might be outlined in the program documentation. If more than one version of this program was implemented in your school, please report **ONLY** on the *version that served the largest number of students the last time the program was implemented*. (For example, if your school implemented both the middle school version of Program A as well as the high school version of Program A in Fall 2008 and more students were served by the high school version of the program, all question responses should reflect the implementation of the high school version of Program A.)

### **Frequently Asked Questions**

**Who should complete this questionnaire?** This questionnaire is designed to be completed by the person who implements (or implemented) the program identified on the label affixed to the cover of the questionnaire during the 2008-09 school year. If this person is not available to complete the questionnaire, the person most knowledgeable about the implementation of the program should complete the questionnaire. Please feel free to involve other school staff if they would also be knowledgeable about the program's implementation, for example, if you are new to the program this year and have limited knowledge regarding the program operations during 2008–09 school year.

**Will my responses be confidential?** Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district, school, or individual. We will not provide information that identifies the district, school, or respondent to anyone outside the study team, except as required by law.

**Who can I contact if I have questions?** If you have questions about the completion of this survey, please contact a Westat study representative, toll-free at 1-888-XXX-XXXX, or by email at [SDFSEvaluation@westat.com](mailto:SDFSEvaluation@westat.com).

**What should I do when I have completed the questionnaire? If you are completing this survey online at <https://www.sdfs-evaluation.org>, it will be automatically submitted to Westat when you select the final “Submit Completed Survey” button. We encourage you to print out a copy of your completed survey before submitting your completed survey. If you are completing this paper version of this survey, please make a copy of the completed questionnaire for your records and return the original in the enclosed postage-paid envelope within 3 weeks, or send it to: Debbie Alexander (#8622.09.01), Westat, 1650 Research Boulevard, TA 2100, Rockville, MD 20850-3195.**

**A. Program Objectives and Selection Criteria**

THESE QUESTIONS ASK ABOUT THE FACTORS RELATED TO THE ORIGINAL SELECTION OF THE PROGRAM AND THE OBJECTIVES OF THIS PROGRAM AS IMPLEMENTED DURING 2008-09 SCHOOL YEAR.

1. How important was each of the following sources of information in the original selection of this program for implementation at the school? (SELECT ONE RESPONSE FOR EACH ITEM.)

	Very important	Somewhat important	A little important	Not at all important
a. People with jobs similar to mine.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
b. Professional conferences or meetings inside my school district.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
c. Professional conferences or meetings outside my school district.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
d. Marketing brochures, videos, or other information .	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
e. Results from an evaluation of the program.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
f. Publications summarizing research on what works to prevent problem behavior or to increase school safety .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
g. Formal needs assessment (e.g. collection or compilation of data to identify areas for improvement) done specifically for the school.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
h. Consultation with outside professionals (e.g. law enforcement, ATOD education or treatment specialist).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

**2. How much did the following factors contribute to the original selection of this program for implementation at the school? (SELECT ONE RESPONSE FOR EACH ITEM.)**

	Contributed very much	Contributed somewhat	Did not contribute at all
a. Cultural appropriateness.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
b. Relevance to district objectives for youth ATOD use and school crime prevention programs .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
c. Amount of total classroom time required .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
d. Fit with regular school operations .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
e. Feasibility of implementing program .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
f. Capacity of schools to implement programs effectively.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
g. Program cost.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
h. School staff interest in the program.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
i. Research on program effectiveness .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
j. Amount of staff training required .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
k. Student interest in the program.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
l. District data on student needs.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
m. School data on student needs.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
n. Other data on student needs (specify) _____	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
o. Other factors (specify) _____	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>


**3. How much responsibility did each of the following persons or groups have in originally getting this program started at the school? (SELECT ONE RESPONSE FOR EACH ITEM.)**

	Very much responsibility	Some responsibility	A little responsibility	No responsibility
a. Principal or other school administrators .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
b. School-based planning team .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
c. Teachers.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
d. School social worker/psychologist/counselor .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
e. Other professional staff at the school.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
f. Paraprofessionals at the school .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
g. Security personnel .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
h. Other school staff .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
i. Parents .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
j. School district staff.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
k. Other (Please specify): _____	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

4. When the program was last implemented during the 2008-09 school year, was it intended to...*(SELECT YES OR NO FOR EACH ITEM.)*

- |   | <u>Yes</u>                            | <u>No</u>                             |
|---|---------------------------------------|---------------------------------------|
| a. Prevent or reduce student ATOD use .....       | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| b. Reduce school crime committed by students..... | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |

**B. Program Implementation**

 **REMINDER: IF, DURING THE LAST TIME THE PROGRAM WAS IMPLEMENTED IN THE 2008-09 SCHOOL YEAR, MORE THAN ONE VERSION OF THE PROGRAM WAS USED, PLEASE REPORT ONLY ON THE VERSION THAT SERVED THE LARGEST NUMBER OF STUDENTS.**

5. When the program was last implemented during the 2008-09 school year, was it a part of the regular required curriculum at the school? *(SELECT ONE RESPONSE.)*

- |           |                                       |
|-----------|---------------------------------------|
| Yes ..... | <input type="checkbox"/> <sup>1</sup> |
| No.....   | <input type="checkbox"/> <sup>2</sup> |

6. When the program was last implemented during the 2008-09 school year, how much time elapsed between the first lesson and the last lesson? *(SELECT ONE RESPONSE.)*

- |                             |                                       |
|-----------------------------|---------------------------------------|
| An entire school year ..... | <input type="checkbox"/> <sup>1</sup> |
| 7 to 8 months .....         | <input type="checkbox"/> <sup>2</sup> |
| 4 to 6 months .....         | <input type="checkbox"/> <sup>3</sup> |
| 1 to 3 months .....         | <input type="checkbox"/> <sup>4</sup> |
| 1 to 3 weeks .....          | <input type="checkbox"/> <sup>5</sup> |
| 1 to 6 days.....            | <input type="checkbox"/> <sup>6</sup> |
| Less than 1 day .....       | <input type="checkbox"/> <sup>7</sup> |

7. When the program was last implemented during the 2008-09 school year, when did it occur? *(SELECT YES OR NO FOR EACH ITEM.)*

- |  | <u>Yes</u>                            | <u>No</u>                             |
|--|---------------------------------------|---------------------------------------|
| a. Before school begins.....                         | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| b. During the school day .....                       | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| c. Immediately after school (2:00 – 6:00 p.m.) ..... | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| d. In the early evening (6:00 –9:00 p.m.) .....      | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| e. Late in the evening (after 9:00 p.m.) .....       | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| f. On weekends.....                                  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |

**8. When the program was last implemented during the 2008-09 school year, how often did most of the students taking part in the program actually participate? (SELECT ONE RESPONSE.)**

- More than once a day ..... <sup>1</sup>
- Once a day ..... <sup>2</sup>
- 2 to 6 times a week ..... <sup>3</sup>
- Once a week..... <sup>4</sup>
- 2 or 3 times a month ..... <sup>5</sup>
- Once a month..... <sup>6</sup>
- Less than once a month..... <sup>7</sup>
- Once or twice during a school year..... <sup>8</sup>

**9. When the program was last implemented during the 2008-09 school year, how many lessons did most of the students taking part in the program actually complete? (RECORD NUMBER.)**

\_\_\_\_\_ Lessons

**10. When the program was last implemented during the 2008-09 school year, how many students typically participated in each session of this program? (RECORD NUMBER.)**

\_\_\_\_\_ Students

**11. When the program was last implemented during the 2008-09 school year, where was it held most of the time? (SELECT ONE RESPONSE.)**

- Classroom ..... <sup>1</sup>
- Library or media center..... <sup>2</sup>
- Auditorium..... <sup>3</sup>
- School office..... <sup>4</sup>
- Cafeteria..... <sup>5</sup>
- Outdoors on school grounds ..... <sup>6</sup>
- Other (Please specify) \_\_\_\_\_ <sup>7</sup>



**12. When the program was last implemented during the 2008-09 school year, which of the following topics were actually taught by instructors for this program? (SELECT ONE RESPONSE FOR EACH ITEM.)**

	Taught	Not taught	Not a program component
a. General health or safety promotion.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
b. Cultural or historical topics (e.g., race, class, society).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
c. Alcohol, tobacco, or other drug information (e.g., facts vs. myths, effects and consequences) .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
d. Sex education.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
e. Violence prevention (including victimization avoidance, coping with victimization or loss experiences).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
f. Ethics, moral, or character education (e.g., personal responsibility, male responsibility).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
g. Etiquette or manners education.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
h. Job skills, career education, work experience, career exploration or development .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
i. Academic study skills or test-taking .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
j. Self-confidence, self-esteem, or self-image .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
k. Emotional inventory (e.g., recognizing and understanding feelings, recognizing physical cues such as sweaty hands).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
l. Emotional control (e.g., anger management, stress control).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
m. Emotional perspective taking (e.g., anticipating the perspectives or reactions of others, empathy training) .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
n. Social influence (e.g., recognizing and resisting social influences to engage in problem behavior, recognizing and resisting risky situations, refusal or resistance skills training, assertiveness training) .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
o. Social problem-solving skills (e.g., identifying problem situations, generating alternative solutions, evaluating consequences, decision-making, applying good judgment).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
p. Self-management (e.g., personal goal-setting, self-improvement, self-monitoring, self-reinforcement, self-punishment) .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
q. Attribution (e.g., attributing the cause of events or circumstances to one's own behavior—as in teaching students that poor grades are due to insufficient effort on the part of the student rather than the task being too difficult).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
r. Communication skills (e.g., interpreting and processing social cues, understanding nonverbal communication, negotiating).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
s. Other topics (Please specify): _____	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>

**13. When the program was last implemented during the 2008-09 school year, did instructors use the following instructional strategies in this program? (SELECT YES OR NO FOR EACH ITEM.)**

	<u>Yes</u>	<u>No</u>
a. Cooperative learning (e.g., small group discussion and activities) .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
b. Class discussions .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
c. Story telling .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
d. Videos, films, or other audiovisual aids.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
e. Use of props (e.g., puppets, dolls) .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
f. Establishment and enforcement of ground rules (e.g., confidentiality, respect for different opinions) .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
g. Behavioral modeling (e.g., use of peer models to demonstrate a new skill) .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
h. Role-playing .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
i. Skits, games, or other interactive exercises .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
j. Rehearsal and practice of new skill .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
k. Applying program strategies to other settings or situations.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
l. Use of cues to remind individual to display a behavior (e.g., posters) .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
m. Coaching (e.g., directing or guiding students on the use of skills, providing support as skills are practiced).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
n. Active or reflective listening.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
o. Goal setting.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
p. Behavioral management/behavioral modification techniques (e.g., gold stars, points, tokens, strikes, verbal praise, daily report cards, validation).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
q. Peer teachers/leaders.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
r. Co-teaching/co-leadership .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
s. Parent involvement .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
t. Homework .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
u. Other (Please specify): _____	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>

**14. When the program was last implemented during the 2008-09 school year, how often did instructors of the program ... (SELECT ONE RESPONSE FOR EACH ITEM.)**

	Always or often	Sometimes	Seldom	Never
a. Drop topics from the curriculum.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
b. Add topics to the curriculum .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
c. Modify the curriculum topics (e.g., to make them more culturally relevant, age-appropriate).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
d. Offer fewer sessions than the curriculum called for .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
e. Offer more sessions than the curriculum called for .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
f. Revise the order in which lessons were presented .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
g. Shorten the duration of the program .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
h. Lengthen the duration of the program .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
i. Vary how often sessions are held (e.g., teach the program once rather than twice a week).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
j. Modify the instructional strategy called for in the curriculum...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
k. Target different populations than specified by the curriculum implementation materials (e.g., intended for 6 <sup>th</sup> graders, but implemented with 8 <sup>th</sup> graders). .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

**15. When the program was last implemented during the 2008-09 school year, were adaptations made to the program for any of the following reasons? (SELECT YES OR NO FOR EACH ITEM BELOW.)**

	<u>Yes</u>	<u>No</u>
a. Scheduling/time constraints? .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
b. Cultural or language needs?.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
c. School/district policies regarding content?.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
d. Cost/limited financial resources?.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
e. Staff or instructor preferences?.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
f. Other (Please specify)_____	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>

**16. When the program was last implemented during the 2008-09 school year, was the program developer consulted before making changes to how the program was used? (SELECT YES OR NO FOR EACH ITEM.)**

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
a. Someone from the district consulted the developer .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
b. Someone from the school consulted the developer.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>

If no one consulted the program developer about the changes, check this box , and go to Question 18.

17. When the program was last implemented during the 2008-09 school year, to what extent did the developer approve changes to how the program was implemented?

If you do not know the extent to which the developer approved changes, check this box , and go to Question 18.

The developer....(SELECT ONE RESPONSE)

- Approved all changes ..... <sup>1</sup>
- Approved most changes..... <sup>2</sup>
- Approved some changes ..... <sup>3</sup>
- Did not approve any changes..... <sup>4</sup>

18. Which of the following describe the application of rewards for student learning when this program was used? (SELECT YES OR NO FOR EACH ITEM.)

If no rewards were applied for student learning, check this box , and go to Question 20.

- |   | <u>Yes</u>                            | <u>No</u>                             |
|---|---------------------------------------|---------------------------------------|
| a. Groups were rewarded for the achievement of individual group members ..... | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| b. Groups were rewarded for group accomplishments.....                        | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| c. Individuals were rewarded for their own achievements .....                 | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |

19. When the program was last implemented in the 2008-09 school year, how often were the following strategies used to recognize or reward students? (SELECT ONE RESPONSE FOR EACH ITEM.)

	Very often	Sometimes	Seldom	Never
a. Students were recognized for the level of their <b>performance</b> so that students with superior performance received rewards and students with poor performance received few rewards.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
b. Students were recognized for the <b>effort</b> they expended .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
c. Students were recognized for their <b>improvement</b> over prior levels.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
d. Students were recognized for successful <b>competition</b> against students with similar levels of past performance .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
e. Teachers avoided calling attention to the level of individual student performance.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

20. When the program was last implemented during the 2008-09 school year, how often did instructors...  
(SELECT ONE RESPONSE FOR EACH ITEM.)

	Very often	Sometimes	Seldom	Never
a. Formally or informally assess student mastery of the lessons .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
b. Re-teach material that had not been mastered .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

**C. Program Evaluation**



**REMINDER:** IF, DURING THE LAST TIME THE PROGRAM WAS IMPLEMENTED IN THE 2008-2009 SCHOOL YEAR, MORE THAN ONE VERSION OF THE PROGRAM WAS USED, PLEASE REPORT ONLY ON THE VERSION THAT SERVED THE LARGEST NUMBER OF STUDENTS.

21. When the program was last implemented during the 2008-09 school year, (SELECT ONE RESPONSE FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
a. were instructors held accountable for ensuring that it was provided at the school? .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
b. were the instructors required to keep records documenting the delivery of specific lessons or content for this program? .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
c. did a supervisor directly observe this program as it was delivered? .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
d. did the instructors' personnel appraisals depend on the quality of instruction or delivery of this program? .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>

22. When the program was last implemented during the 2008-09 school year, how closely did the instructors follow the plan and procedures documented in the manual? (SELECT ONE RESPONSE.)

If no manual was available for this program, check this box , and go to Question 24.

Very closely .....	<input type="checkbox"/> <sup>1</sup>
Fairly closely .....	<input type="checkbox"/> <sup>2</sup>
Somewhat .....	<input type="checkbox"/> <sup>3</sup>
Not too closely .....	<input type="checkbox"/> <sup>4</sup>

**23. When the program was last implemented during the 2008-09 school year, to what extent was each of the following factors an asset or barrier? (SELECT ONE RESPONSE FOR EACH ITEM.)**

	Significant asset	Somewhat of an asset	Neither an asset nor barrier	Somewhat of a barrier	Significant barrier
a. Fit between program and other school programs and goals.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
b. Cohesiveness and collaboration among all key stakeholders.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
c. Support of parents.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
d. Clarity of program goals and procedures.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
e. Clear lines of authority.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
f. Open lines of communication among district administrators, school administrators, and instructors.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
g. Structural stability (e.g., low staff turnover).....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
h. Program “champion” to garner widespread support for programs and guide day-to-day operations.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
i. Timely problem solving.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
j. Persuading staff to embrace the values and ideals of prevention programming.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>

**24. When the program was last implemented during the 2008-09 school year, which of the following best describes the principal’s response to its provision at the school? (SELECT ONE RESPONSE.)**

- The principal worked hard to make sure this program ran smoothly <sup>1</sup>
- The principal generally supported this program..... <sup>2</sup>
- The principal neither helped nor hindered this program..... <sup>3</sup>
- The principal generally did not support this program..... <sup>4</sup>
- The principal often created problems for this program..... <sup>5</sup>

**D. Program Participant Characteristics**

THE NEXT QUESTIONS ASK ABOUT THE EXPERIENCES AND CHARACTERISTICS OF THE STUDENTS WHO PARTICIPATED IN THIS PROGRAM THE LAST TIME IT WAS IMPLEMENTED DURING THE 2008-09 SCHOOL YEAR. PLEASE INCLUDE ALL STUDENTS WHO RECEIVED ANY OF THE PROGRAM CONTENT, REGARDLESS OF THEIR LEVEL OF ATTENDANCE OR ENGAGEMENT IN THE LESSONS.



**REMINDER:** IF, DURING THE LAST TIME THE PROGRAM WAS IMPLEMENTED IN THE 2008-2009 SCHOOL YEAR, MORE THAN ONE VERSION OF THE PROGRAM WAS USED, PLEASE REPORT ONLY ON THE VERSION THAT SERVED THE LARGEST NUMBER OF STUDENTS.

25. When the program was last implemented during the 2008-09 school year, what grade levels participated? (SELECT YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
a. Pre-kindergarten .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
b. Kindergarten .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
c. Grade 1 .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
d. Grade 2 .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
e. Grade 3 .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
f. Grade 4 .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
g. Grade 5 .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
h. Grade 6 .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
i. Grade 7 .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
j. Grade 8 .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
k. Grade 9 .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
l. Grade 10 .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
m. Grade 11 .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
n. Grade 12 .....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>

26. When the program was last implemented in the 2008-09 school year, which of the following best describes the students who participated? (SELECT ONE RESPONSE.)

- All students in a participating grade or grades ..... <sup>1</sup>
- Only students who are members of a population deemed at heightened risk for ATOD use or school crime (e.g., those living in a high crime neighborhood) ..... <sup>2</sup>
- Only individual students who already show evidence of having problems with ATOD use or school crime (e.g., experimented with drugs, suspended or arrested for violent behavior) ..... <sup>3</sup>

27. When the program was last implemented during the 2008-09 school year, how many different students at the school participated? (RECORD NUMBER.)

\_\_\_\_\_ Different students

**E. Program Instructor Characteristics**

28. When the program was last implemented during the 2008-09 school year, how many instructors conducted this program? (RECORD NUMBER.)

\_\_\_\_\_ Instructors

29. Think of the typical instructor who conducted this program at the school during the last time it was implemented in the 2008-09 school year. How large a part of that instructors's job was his or her work related to this program? (SELECT ONE RESPONSE.)

This was the primary role of the instructor at the school ..... <sup>1</sup>

This was a major part of this instructor's duties at the school ..... <sup>2</sup>

This was a minor but expected part of this instructor's duties at the school ..... <sup>3</sup>

This instruction or training took place when other school duties allowed ..... <sup>4</sup>

30. When the program was last implemented during the 2008-09 school year, did most of the program instructors work full time or part time at the school? (SELECT ONE RESPONSE.)

Full time ..... <sup>1</sup>

Part time ..... <sup>2</sup>

They did not work at the school ..... <sup>3</sup>

31. When the program was last implemented during the 2008-09 school year, did most of the instructors who conducted this program do so as part of their normal paid job duties, were they paid specifically to conduct this program, or were they unpaid volunteers? (SELECT ONE RESPONSE.)

Part of their normal paid job duties ..... <sup>1</sup>

Paid specifically to conduct this program ..... <sup>2</sup>

Unpaid volunteers ..... <sup>3</sup>



**F. Program Training and Technical Support**

THE NEXT FEW QUESTIONS ASK ABOUT TRAINING FOR INSTRUCTORS WHO CONDUCTED THIS PROGRAM THE FIRST TIME IT WAS EVER CONDUCTED AT THE SCHOOL – REGARDLESS OF WHEN THAT MIGHT HAVE BEEN.

**32. How much training on this program was completed by most instructors the first time it was conducted at the school? (SELECT ONE RESPONSE.)**

If there was no initial training, check this box  and go to the instructions preceding Q35.

- 4 days or more ..... <sup>1</sup>
- 2 – 3 days ..... <sup>2</sup>
- 1 full day ..... <sup>3</sup>
- A half day ..... <sup>4</sup>
- Short demonstration or orientation only ..... <sup>5</sup>
- Don't know ..... <sup>6</sup>

**33. Who conducted the initial training for this program? (SELECT ONE RESPONSE.)**

- Staff from this school ..... <sup>1</sup>
- Staff from another school in this district ..... <sup>2</sup>
- School district staff ..... <sup>3</sup>
- Trainer(s) from the program developer/publisher ..... <sup>4</sup>
- Other (Please specify) \_\_\_\_\_ <sup>5</sup>
- Don't know ..... <sup>6</sup>

**34. Which of the following describes the initial training for this program? (SELECT YES OR NO FOR EACH ITEM.)**

If you did not attend the initial training, check this box  and go to the instructions preceding Q35.

- |  | <u>Yes</u>                            | <u>No</u>                             |
|--|---------------------------------------|---------------------------------------|
| a. The presentation was clear and organized .....  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| b. Principles to be followed were presented .....  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| c. Principles were illustrated with examples.....  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| d. Participants practiced applying the principles .....  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| e. Participants received feedback on their performance in<br>applying the principles.....  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| f. Participants' questions and concerns about possible obstacles in<br>applying the principles were addressed .....  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| g. Trainers provided assistance to participants in solving problems<br>or implementing new practices following the training .....  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| h. As part of training, participants made specific plans (or set<br>goals or standards) for the program .....  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| i. Participants were asked to make public commitments to use<br>specific new methods as part of the training.....  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| j. Participants were provided with manuals, notebooks,<br>workbooks, or recording forms to take back to the school or<br>classroom to assist in putting the program in place ..... | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |

***INSTRUCTIONS: QUESTIONS 35-38 ASK ABOUT VARIOUS TYPES OF SUPPORT THAT MIGHT HAVE BEEN PROVIDED TO PROGRAM INSTRUCTORS BY STAFF FROM THIS SCHOOL, THE DISTRICT, OR OTHER EXTERNAL SOURCES DURING THE 2008-09 SCHOOL YEAR. THESE TYPES OF SUPPORT INCLUDE FOLLOW-UP TRAINING, COACHING OR MENTORING, AND PROGRAM GUIDANCE. AS YOU ANSWER THESE QUESTIONS, PLEASE USE THE STUDY DEFINITIONS PROVIDED.***

**35. *FOLLOW-UP TRAINING* is typically delivered to a group of instructors and follows a curriculum, lesson plan, or agenda. Occurring after an initial training, it can address instructors' deficits or refresh instructors' memory of the program curriculum.**

**During the 2008-09 school year, how many times was formal follow-up training completed by most instructors providing this program? (SELECT ONE RESPONSE.)**

- |                          |                                       |
|--------------------------|---------------------------------------|
| None .....               | <input type="checkbox"/> <sup>1</sup> |
| Once.....                | <input type="checkbox"/> <sup>2</sup> |
| Twice .....              | <input type="checkbox"/> <sup>3</sup> |
| Three or more times..... | <input type="checkbox"/> <sup>4</sup> |

36. **COACHING OR MENTORING** is assistance provided to individual instructors in ways that will improve their performance on implementing a program, for the purposes of improving instruction and increasing effectiveness. It can include reviewing performance related to program delivery, tutoring on aspects of instruction that need improvement, and offering feedback on the instructor’s strengths and weaknesses.

During the 2008-09 school year, was ongoing coaching or mentoring available for instructors conducting this program from the following sources? (SELECT YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
a. Staff from this school.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
b. Staff from another school in this district.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
c. School district staff.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
d. Trainer(s) from the program developer/publisher.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
e. Other source (Please specify) _____	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>

37. **PROGRAM GUIDANCE** is operational or management assistance given to a school, for the purposes of improving program operations and increasing effectiveness. It can include program planning and implementation, and other aids to management.

During the 2008-09 school year, was program guidance on conducting this program available to the school from the following external sources? (SELECT YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
a. Staff from another school in this district.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
b. School district staff.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
c. Trainer(s) from the program developer/publisher.....	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>
d. Other external source (Please specify) _____	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>

38. During the 2008-09 school year, how many times did the school receive program guidance on conducting this program from an external source? (RECORD NUMBER.)

\_\_\_\_\_ Times

## G. Background Information

**39. During the 2008-09 school year, what was your primary role in this school?** (SELECT ONE RESPONSE.)

- Principal or other school administrator ..... <sup>1</sup>
- School-based planning team member ..... <sup>2</sup>
- Teacher ..... <sup>3</sup>
- School social worker/psychologist/counselor ..... <sup>4</sup>
- Other professional staff member..... <sup>5</sup>
- Paraprofessional..... <sup>6</sup>
- Security staff member ..... <sup>7</sup>
- Other (Please specify): \_\_\_\_\_ <sup>8</sup>

**40. During the 2008-09 school year, what was your role in relation to the program?** (SELECT YES OR NO FOR EACH ITEM.)

- |   | <u>Yes</u>                            | <u>No</u>                             |
|---|---------------------------------------|---------------------------------------|
| a. Principal of the school .....  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| b. Coordinator or organizer of this program .....                                 | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| c. A person involved in this program , but not the coordinator or organizer ..... | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| d. Other (Please specify): _____  | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |

**41. During the 2008-09 school year, how often did you work on a planning committee with other teachers, administrators, or other staff members from the school?** (SELECT ONE RESPONSE.)

- Several times a month..... <sup>1</sup>
- About once a month..... <sup>2</sup>
- Less than once a month..... <sup>3</sup>

**42. During the past 24 months, did you receive in-service training in...** (SELECT YES OR NO FOR EACH ITEM.)

- |  | <u>Yes</u>                            | <u>No</u>                             |
|--|---------------------------------------|---------------------------------------|
| a. Classroom management or instruction methods ..... | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |
| b. Preventing student ATOD use or school crime ..... | <input type="checkbox"/> <sup>1</sup> | <input type="checkbox"/> <sup>2</sup> |

\* \* \* \* \*

**Thank you for completing the survey. Please keep a copy for your records. We encourage you to submit your data on the web at [www.sdfs-evaluation.org](http://www.sdfs-evaluation.org). Otherwise, you can return the completed questionnaire to:**

**Attn: Debbie Alexander (#8622.09.01)  
Westat  
1650 Research Boulevard, TA 2100  
Rockville, Maryland 20850**

\* \* \* \* \*