



59695



South Carolina PLAY
Project to Learn about ADHD in Youth

OMB No: 0920-0747; Exp Date: 7/31/2010

Parent Critical Events Form

High School (ages 16+)

ID #

--	--	--	--	--	--

Date

--	--	--	--	--	--	--	--

Month

Day

Year

We would like to learn how your child's school year is going and about any problem(s) he/she is experiencing. Also, we would like to know about any contact and communication you have had with your child's school.

1. Enrollment

A. Is your child currently enrolled in high school?

- ☐ Yes
☐ No

**If YES,
go to
Question
2**

B. Is your child currently attending college?

- ☐ Yes
☐ No

**If
YES,
End
Survey
Here**

C. When was the last time your child attended school:

--	--	--	--	--	--

Month

Year

D. What was the last grade your child attended:

--	--

 (K-12)

E. Did your child pass that grade?

- ☐ Yes
☐ No

F. Did your child get a high school diploma?

- ☐ Yes
☐ No

G. Did your child get a GED or equivalent?

- ☐ Yes
☐ No

H. Here are some reasons other people have given for leaving school. Which of these would you say apply to your child?

Your child: (mark all that apply)

- ☐ Got a job
☐ Didn't like school
☐ Couldn't get along with teachers
☐ Couldn't get along with other students
☐ Was pregnant
☐ Became the father/mother of a baby
☐ Had to support his/her family
☐ Was suspended from school
☐ Did not feel safe at school
☐ Had to care for family member(s) of his/her family
☐ Was expelled from school
☐ Felt he/she didn't belong at school
☐ Couldn't keep up with school work
☐ Was getting poor grades/failing school
☐ Got married/planned to get married
☐ Changed schools and didn't like the new one
☐ Couldn't work and go to school at the same time
☐ Thought he/she would not pass the state competency test
☐ Thought he/she would not be able to complete the high school course work requirements
☐ Thought it would be easier to get a GED
☐ Missed too many school days

Public reporting burden of this collection of information is estimated to average 4 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 information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333: ATTN: PRA (OMB No: 0920-0747).

- I. On the whole, does your child feel that leaving school was a good decision for him/her?

☐ Yes
☐ No
☐ Don't Know

**If NOT in
School, then
Done with
Survey**

2. Detentions

- A. Has your child been in detention this school year?

☐ Yes
☐ No
☐ Don't Know

**If NO,
go to
Question
3**

- B. If YES, how many different times was he/she in detention?

times

- C. Can you tell me why your child was put in detention?

☐ Behavioral Problems
☐ Academic Problems
☐ Other Problems
☐ Don't Know

3. Transfers

- A. Has your child changed schools this school year?

☐ Yes
☐ No
☐ Don't Know

**If NO,
go to
Question
4**

- B. How many times has he/she changed schools this school year?

times

- C. Why did your child change schools?

☐ Family moved
☐ Child expelled
☐ Zoning changes
☐ Overcrowded classes/child did not receive attention
☐ Other
☐ Don't Know

4. 504 Plans

- A. Does your child have a 504 Plan for this school year?

☐ Yes
☐ No
☐ Don't Know

**If NO,
go to
Question
5**

- B. Can you tell me about your child's 504 Plan? (What changes have been made for him/her?)

- C. Can you tell me why your child has a 504 Plan?

☐ Behavioral Problems
☐ Academic Problems
☐ Other Problems
☐ Don't Know

5. IEP Plan

- A. Does your child have an IEP Plan for this school year?

☐ Yes
☐ No
☐ Don't Know

**If NO,
go to
Question
6**

- B. Can you tell me about your child's IEP Plan? (What types of changes have been made for him/her?)

--

- C. What type of program is it?

☐ Regular Classroom

☐ Resource Room

☐ Alternative School

☐ Other: _____

- D. Can you tell me why your child has an IEP Plan?

☐ Behavioral Problems

☐ Academic Problems

☐ Other Problems

☐ Don't Know

6. Resource/Special Ed

- A. Is your child in any resource or special education classes this school year?

☐ Yes

☐ No

☐ Don't Know

- B. How many hours per week is he/she in a resource or special education class?

--	--

hrs/week

- C. Can you please list the resource or special education classes that your child takes?

--

FOR STUDY USE ONLY

ID Number

--	--

--	--

--	--

Date Interviewed

--	--

Month

--	--

Day

--	--	--	--

Year

Interviewed By

--	--	--

ID
Number

--	--

--	--

--	--

Critical Events (High)

Page 3 of 3