



# Conclusion

# Chapter 51

## Conclusions and Recommendations

---

*Fresh Directions* integrates a vast array of perspectives—those of youth, community-based providers, Community Programs Division staff, Probation Officers, and even those of other evaluators—to tell as robust a story as possible about programs in the community that exist to help keep San Francisco youth out of the juvenile justice system. These programs partner with the SFJPD/CPD to promote the healthy development of San Francisco's youth. We see evidence of how this model effectively achieves many of the outcomes it aims to accomplish.

This section provides a set of top-line conclusions and recommendations, based on the data provided in this report, as well as our two years of experience in working with the SFJPD to evaluate programs funded through their Community Programs Division. Many of the recommendations also reflect a systems-level perspective that provides a context within which we believe it is important to view the efforts of the Community Programs Division and its funded partners in the community.

### **Key Findings Regarding the Effectiveness of SFJPD/CPD-Funded Community-Based Organizations**

First and foremost, the findings about individual community-based organizations must be considered in context. The circumstances under which community-based organizations operated this past year with respect to their CPD contract were by no means "normal." Some waited over half of the fiscal year to get contracts in place and payment for their services. It is not entirely fair to expect optimal performance and effectiveness in the challenging conditions such as those posed in fiscal year 2003-2004.

The portfolio of SFJPD/CPD-funded programs is eclectic, addressing diverse needs, in neighborhoods across the city, and generally in the areas where they are most needed as indicated by neighborhood-based geographic patterns of juvenile crime. This means that the Division has a broad reach on many dimensions through the work of its community partners.

The data presented in this report reveals that SFJPD/CPD-funded programs are having a wide range of significant positive effects on the youth they serve. Perhaps most significantly, based on our query of the JJIS system for a sample of youth who have participated in SFJPD/CPD-funded programs, youth have had many fewer contacts with the juvenile justice system – fewer referrals, detentions, filed petitions, sustained petitions, and dispositions – after program entry than prior to program entry. While all of the outcomes that programs have achieved are important, the ultimate goal is indeed to keep youth out of the juvenile justice system.

The positive changes youth experience are not coincidental. In order to prove definitely that there was a direct cause and effect relationship between services provided and changes experienced, our evaluation design would need to include a control group against which to compare results. In lieu of that, we ask about ways youth have changed and discuss findings in the context of the types of services they participated in; we also ask youth to comment on how they think they have changed or grown as a result of their participation in a program.

Recognizing it is often easy to poke holes in evaluation methods and designs, our hypothesis is that upon further tightening of this evaluation process and with more data over time, these programs will demonstrate their effectiveness with even greater certainty. This underscores the value in bringing forth, as we have in this report, the data that are available, as they become available. We have taken this preliminary look and seen indications of effectiveness; we should continue the exploration in pursuit of improving services to at-risk and high-risk young people in San Francisco.

## Recommendations Regarding the PrIDE Evaluation System

LFA proposes the following specific recommendations for the PrIDE evaluation system:

- Beginning in the 2004-2005 fiscal year, change the name of the PrIDE system to CP-YES, Community Programs Youth Evaluation System.
- Re-evaluate the design of the PrIDE evaluation and consider ways to even further simplify the process. For example, explore web-based data entry systems for community-based organizations to enter and provide data on numbers and characteristics of youth served. The overall goal of further refining and simplifying the system would be to increase its manageability, both from the perspective of community-based organizations as well as that of the Community Programs Division staff. This relates to the next recommendation regarding integration of the PrIDE system in to the Community Programs Division.
- From the start, SFJPD envisioned that the PrIDE system would be internally managed as a collaborative effort of the Community Programs Division and the IT Department. This is an important goal to keep in focus. However, at this time, it is our assessment that the current Community Programs Division staffing structure does not provide for the capacity to manage the system internally; SFJPD/CPD would need to hire at least one full-time staff person to manage the system adequately. We are engaged in a planning process with key Community Programs Division staff to address the question of what needs to change in order for the SFJPD/CPD to manage the evaluation system internally. We will produce a concrete set of recommendations based on this planning process at the end of June 2004.
- Develop concrete strategies to ensure the timeliness and completeness of data collection while maximizing the utility of data collected for community-based organizations. For example, build in monetary incentives, such as an additional percentage of funding (e.g., 10%) contingent upon submission of data, and provide reports on the data submitted that organizations would find useful at the line staff, management, and board levels for program reflection, planning and fundraising purposes.
- Refine the utility of data in JJIS. A link with the PrIDE system has been successfully established, but the structure of how data are stored in JJIS, and possibly the process and timing of how these data are entered, appear to be significant barriers to using them for meaningful analyses of youths' involvement in the juvenile justice system. Fortunately, SFJPD has a capable and committed IT staff; with appropriate resources—both financial and human—JJIS could be refined to be of immense benefit to all stakeholders interested in better understanding the patterns of young people's involvement with the juvenile justice system and how to intervene in the cyclical path in which too many young people in San Francisco become ensnared.
- Test the hypothesis that youth who are involved in SFJPD/CPD-funded programs have better juvenile justice outcomes than youth who do not participate in SFJPD/CPD-funded programs. This would require: 1) improving the quality of data available through JJIS and 2) analyzing these data among youth who participate in SFJPD/CPD-funded programs against a comparison group of young people, similarly composed in terms of demographic characteristics and risk profiles, who **have not** received services from a SFJPD/CPD-funded program. LFA recommends pursuing such a study as a high priority, with the understanding that by association upgrading JJIS would also become a high priority for the SFJPD. [NOTE: A comparison group study *could* currently be conducted without enhancing JJIS; however, we feel that it would be much more meaningful if it were done with data about juvenile justice system involvement that is of better utility than JJIS can currently provide.]

## **Conclusion, Next Steps, and Acknowledgements**

Notwithstanding conclusions and recommendations above, there are still gaps in what we know about the effectiveness of funded programs. Evaluation efforts—however modified and simplified as they might be in the future—should continue to build on the growing set of data available and round out the emerging pictures of program effectiveness profiled in this report. The above set of recommendations outlines areas where we believe evaluation-related attention should be focused.

LFA plans to distill the information in this report into a research brief to disseminate broadly. We think that San Francisco has the opportunity to make a significant contribution to the fields of youth development and juvenile justice by sharing what can be accomplished when probation departments partner with community-based organizations.

We close this report with our respect for all of the young people who are spending their time in community-based programs to create better futures for themselves. We honor the service providers in the community who give from their hearts and souls so that these young people can have positive role models, people to turn to, and activities to engage in that enrich their lives. We applaud the SFJPD for its investment in a Community Programs Division that works “outside of the box” to bridge probation services with community services. With a unified focus on the best interests of San Francisco’s youth, together it is possible to create opportunities for youth to achieve their optimal potential.



# Appendices

## Appendices

---

- Fresh Directions Data Sources and Future Directions for Evaluation
- Data Sources for All CPD-Funded Programs
- Bibliography
- Participant Tracking Spreadsheet
- Participant Tracking Spreadsheet Instructions
- CBO Questionnaire
- Senior Analyst Site Visit Form
- Probation Officer Survey
- PrIDE Instruments: Baseline, Follow-up and Exit Forms

# **Fresh Directions Data Sources and Future Directions for Evaluation**

---

This report includes information from varied data sources, which are described below. The following explains the data sources and documents data available for this report; it also details challenges encountered in using these data sources and identifies potential solutions.

## **Participant Tracking Spreadsheets**

Participant Tracking Spreadsheets provide information about the number and characteristics of youth participants. On a monthly basis, along with their invoice, staff of programs that are funded by the Community Programs Division are required to submit an electronic or paper copy of an Excel spreadsheet that contains individual-level data for all youth who participated in their program during the prior month.

Data from participant tracking spreadsheets is only presented to members of the public in the aggregate – for programs or sets of SFJPD/CPD-funded programs – to protect individual youths' confidentiality. The data is solely used for the purpose of reporting on service utilization and program evaluation. Electronic files of participant tracking spreadsheets are maintained by the PRIDE team in folders that are accessible only via password protected computers.

One of the original goals for the participant tracking spreadsheets was to provide a complete picture of the youth served by SFJPD/CPD-funded programs. As a census of youth served it is meant to provide us with basic information across all programs: number of youth served, length of program participation, exit reasons, and youths' demographic characteristics.

By providing us with the name and dates of birth of participants, participant tracking spreadsheets allow us to link to JJIS and assess participants' pre- and post-program involvement in the juvenile justice system.

Further, for programs that do participate in PRIDE, this information would enable us to monitor data submission.

## **Data Available for This Report**

Participant Tracking Spreadsheets were available for a total of 30 organizations.

**Exhibit A**  
**Challenges and Potential Solutions:**  
**Participant Tracking Spreadsheets**

Challenges	Potential Solution
LFA did not receive participant tracking spreadsheets on a timely basis for most programs. In some cases, programs did not submit them to staff of the Community Programs Division in a timely fashion; in others, they were not forwarded to LFA. As a result, LFA was not able to use the spreadsheets to confirm whether programs were submitting all required PRIDE data.	Move forward with the implementation of an on-line system for data submission, either utilizing a portion of the system developed by DCYF or developing a compatible system for SFJPD.
LFA originally envisioned collecting these data via an on-line form that would allow program staff to easily update the information, permit LFA and CPD staff to review it in real-time, and control the format in which information was collected. When the idea for the on-line system was put on hold, programs were given a spreadsheet template. This spreadsheet was difficult for some organizations to complete. Further, organizations did not complete the spreadsheet in a standard way. This meant that program staff spent a lot of time figuring out how to complete the spreadsheets and the evaluators spent a lot of time figuring out how to de-code information submitted.	
Program staff provided partial names and incomplete dates of birth for participants. This limited our ability to use the information to link to JJIS.	Require staff to submit documentation that verifies youths' names and birth dates; explore the possibility of collecting Social Security numbers.

**Community-Based Organization (CBO) Questionnaire**

In lieu of an annual report, Community Programs Division grantees and contractors submitted a CBO Questionnaire. The questionnaire was designed to simplify the type of information that programs were required to provide as well as to collect a common set of data across all programs. LFA worked with staff of the Community Programs Division to develop this questionnaire.

Program staff were required to submit the CBO Questionnaire to the Community Programs Division by March 15, 2004; thus, the information contained on these forms is for the contract period July 2003 to March 2004.

**Data Available for This Report**

A total of 31 organizations submitted CBO Questionnaires.



**Exhibit B**  
**Challenges and Potential Solutions:**  
**Community-Based Organization (CBO) Questionnaire**

Challenges	Potential Solution
Organizations were asked to complete CBO Questionnaires in a very short time period, during which they were also expected to host site visits and to submit a variety of other data.	Review information submitted and determine ways to refine the CBO Questionnaire. Provide program staff with advanced warning, technical assistance, and more time to complete the form.
Some SFJPD/CPD-funded programs submitted CBO Questionnaires late and others never submitted them.	

**Senior Analyst Site Visit Questionnaire**

Community Programs Division Senior Analysts completed a brief questionnaire for each program whose contract they monitor based on information they gathered during their annual site visit to grantees and contractors. Senior analysts commented on grantees' compliance with contractual agreements as well as program strengths and barriers to program implementation. Their perspective is included in this report in order to contextualize program-by-program findings.

**Data Available for This Report**

Senior Analyst Site Visit Questionnaires were available for 33 organizations/programs.

**Exhibit C**  
**Challenges and Potential Solutions:**  
**Senior Analyst Site Visit Questionnaire**

Challenges	Potential Solution
Staff completed site visits and write-ups within a very short period of time.	Schedule site visits and plan for this work in advance; simplify the site visit questionnaire so completing it is less burdensome on CPD staff.
A Senior Analyst Site Visit Questionnaire was not provided for every SFJPD/CPD-funded program.	

**Probation Officer Questionnaire**

Probation Officers are an important link between youth who are involved in the juvenile justice system and community programs that are funded by the Community Programs Division. Community-based programs are funded by the Juvenile Probation Department in part to give Probation Officers options for how to help their wards get their needs met and to prevent their further involvement with the juvenile justice system.

In order to assess Probation Officer's usage of community programs that are funded by the Community Programs Division as well as their level of satisfaction with the services these programs provide, LFA developed a brief "Feedback Form for Community Programs." This form was administered during the first three weeks of March 2004 by Liz Jackson-Simpson, Director of the Community Programs Division. Ms. Jackson-Simpson attended a series of Probation Officer unit meetings to explain the purpose of the questionnaire and to allow Probation Officers to complete the questionnaire at the meeting.

### Data Available for This Report

A total of 27 Probation Officers completed the Feedback Form, representing 45.0% of the total Probation Officers currently employed by the Juvenile Probation Department.

#### Exhibit D Challenges and Potential Solutions: Probation Officer Questionnaire

Challenges	Potential Solution
This data collection required a lot of time on the part of the Director of the Community Programs Division.	Work through Probation Officers' Supervisors to distribute and collect future surveys in order to increase the response rate and minimize CPD-staff time.
The Feedback Form was designed so that it could be completed very quickly and easily. As a result, it did not gather in-depth information from Probation Officers.	Complement the Feedback Form with focus groups or interviews in order to collect more robust information from Probation Officers.

### Juvenile Justice Information System (JJIS) Data

The JJIS system is maintained by the Information Technology (IT) unit of the SFJPD. Youth who are cited or referred to the Juvenile Probation Department are assigned a probation file number (PFN). JJIS includes an in-depth record of detentions, petitions, sustained petitions, and dispositions.

### Data Available for this Report

A dataset that contained records for 1,018 youth was linked to JJIS to conduct a records check. This contained data for a total of 31 organizations.

#### Exhibit E Challenges and Potential Solutions: JJIS

Challenges	Potential Solution
Participant tracking spreadsheets were merged and youths' records were unduplicated. A JJIS check was conducted for 1,018 youth. The only information available for linking the two datasets was name and date of birth. There was a high level of error in the names and dates of birth recorded which limited the number of youth for whom PFNs were located. Further, some program staff did not provide youths' program start date, which was required to do a pre- and post-program check of the JJIS system. As a result, the JJIS check could only be conducted for a sample of the youth served.	Require staff to submit documentation that verifies youths' names and birth dates; explore the possibility of collecting Social Security numbers; pending timely submission of participant tracking data, conduct JJIS checks on a regular basis to monitor data quality.

Challenges	Potential Solution
For this analysis, the evaluators used information about start dates to conduct a records check of pre- and post-program contacts with the juvenile justice system. Due to the way that dates are recorded in JJIS information, youth may be referred to a community-based program based on a contact with the juvenile justice system; based on this records check, their program start date will appear to precede their contact with the system.	Explore ways to modify JJIS data that enhances its utility for evaluation.
One of the original visions for PrIDE is that there be an electronic link between that database and JJIS in order to ease the recidivism check. That link is not currently working.	Fix the link between PrIDE and JJIS.

## PrIDE Data

PrIDE (Program Information for Development and Evaluation) is an ongoing evaluation system in which about two-thirds of 42 programs that are funded by the Community Programs Division participate. The original concept for PrIDE was developed by the American Justice Institute; in July 2002, through a competitive bidding process, LaFrance Associates, LLC (LFA) was awarded the contract to manage and further enhance the system.

Survey questions on the PrIDE forms are adapted from a variety of sources, including: the San Francisco Department of Children, Youth, and Their Families' Youth Survey; the California Healthy Kids Survey, the Ansell-Casey Life Skills Assessment, and the Individual Protective Factors Index (IPFI): A Measure of Adolescent Resiliency, developed by EMT Associates, Inc. These sources are footnoted on the instruments. The instruments were piloted in November and December 2002, and were modified based on these pilot tests. They were implemented across organizations that were funded by SFJPD/CPD in the 2002-2003 fiscal year in January 2003.

The PrIDE system involves data collection at three points in time: at time of program entry, at the end of the follow-up period, and at program exit.<sup>1</sup> PrIDE data collection forms are available in English and Spanish.

When youth enter a program, staff either conduct a brief interview with them or give them the interview form to complete themselves. The PrIDE Baseline Survey collects information about youths' personal characteristics (gender, race/ethnicity, primary language, neighborhood); family situation; educational experiences; extra-curricular activities; interests; employment experience and job readiness; relationship with parents, peers, and others; skills; risk factors; and program participation. The purpose of the PrIDE Baseline Survey is to obtain basic information about youths' strengths and needs at the time of program entry.

At the end of the follow-up period, program staff either conduct a brief interview or give the youth the PrIDE Follow-up Survey form to complete themselves. The PrIDE Follow-up Survey collects similar information to the PrIDE Baseline Survey, with additional questions related to program participation and service satisfaction.

Staff also complete a one-page Exit Form for all youth upon their departure from a PrIDE program.

<sup>1</sup> The length of the follow-up period differs by program, and is based on the standard length of time that youth are involved in the program.

The Baseline Survey, Follow-up Survey, and Exit Forms are sent by program staff to PrIDE project staff on a regular basis. The information on the forms is entered by PrIDE staff into a database that is maintained by San Francisco Juvenile Probation Department's Information Technology staff.

Informed parental consent is required for all youth, including youth who are not wards of the court. Parents are provided the opportunity to withdraw their youth from PrIDE data collection; if this happens, information collected on the PrIDE data collection forms are not entered into the database.

The only people who can see individual youth's PrIDE surveys are program staff and staff of the PrIDE project.<sup>2</sup> Information from the PrIDE data collection system is only available to the Juvenile Probation Department staff, Juvenile Probation Commissioners, and other members of the public in the aggregate. With the exceptions mentioned above, PrIDE data are kept confidential so that no individual youth's answers can be attributed to him/her in reports that are generated from the PrIDE database.

### Data Available for This Report

This report contains data from a total of 627 baselines, 266 follow-ups, and 234 exit forms. Because this is the first comprehensive evaluation report for the Community Programs Division and because PrIDE (PrIDE) is an ongoing data collection system, this report includes all PrIDE information that was collected since the PrIDE data collection forms developed by LFA were implemented in January 2003. PrIDE data were available for 25 programs, although not all programs submitted Follow-up data, which is necessary for outcomes analysis.

### Exhibit F Challenges and Potential Solutions: PrIDE

Challenges	Potential Solution
<p>The PrIDE dataset does not include all youth served. Most of the programs that did not participate in PrIDE were not required to do so, because 1) they were participating in a concurrent evaluation for DCYF, or 2) they provide services for which the standard PrIDE data collection forms are not appropriate. Several programs that were required to submit PrIDE data did not do so. Further, some parents declined their child's participation in the evaluation.</p> <p>The primary reason why the dataset is not complete for programs that participate in PrIDE is, however, because staff did not begin collecting data until January 2004 and/or they did not collect data for all youth served.</p>	<p>Ensure that information on youth served is completed in a timely fashion (through participant tracking spreadsheets or an on-line form) so that evaluators can monitor data submission. Explore options for on-line submission of PrIDE data. Continue ongoing contact with program staff to provide technical assistance on any data collection issues encountered.</p>
<p>When LFA was hired to manage and further enhance the PrIDE evaluation system, the project was already several years underway. Some programs had never participated in PrIDE and they were not required to begin participating. As a result, it is somewhat arbitrary whether SFJPD/CPD-funded programs are required to participate in PrIDE or not.</p>	<p>Develop clear criteria to specify which programs and which youth within programs should participate in PrIDE data collection.</p>

<sup>2</sup> PrIDE staff will be developing automated client-level summary reports that will be available to adults who work with an individual youth including program staff and (if applicable) the youth's probation officer.

Challenges	Potential Solution
<p>The prior court order that enabled the PrIDE project to collect data on youth served required affirmative parental consent, meaning for each youth surveyed, a parental consent form had to be submitted. This meant that a lot of the data that was submitted to PrIDE could not be used, because programs had extreme difficulty in getting parents to submit consent forms. LFA worked to revise the court order and to get a court order that required only negative consent, meaning parents could decline their child's participation in the evaluation.</p>	<p>This issue has already been resolved by revising the court order.</p>
<p>Some program staff said that they collected and submitted PrIDE data that the evaluators did not receive and/or were not entered into the PrIDE database.</p>	<p>Explore whether data submitted were not received due to inter-office mail issues within SFJPD or due to administrative error on the part of the evaluation team (filing data prior to entering it into the database).</p>
<p>The PrIDE database is maintained by the IT Department. Because the person who is primarily responsible for maintaining the database was only recently made a permanent staff member, and because that person stopped work on the project due to the lack of a contract and payment, for a number of months the PrIDE database was not functioning optimally. There are a number of still-unresolved issues with the PrIDE database that were put on hold while preparing for this report.</p>	<p>Continue coordination with the IT Department to ensure that the database is fully functional.</p>
<p>Program staff continue to experience difficulties regarding the amount of time and effort required to collect PrIDE data.</p>	<p>Explore ways to further simplify PrIDE data collection to reduce burden on SFJPD/CPD-funded programs and to provide ongoing reports that are of value to program staff.</p>
<p>When LFA took over the PrIDE project in July 2002, we stepped into a project that had cultivated a lot of ill-will both among community-based providers, the Juvenile Probation Commission, the community-at-large, and the staff of the Juvenile Probation Department. Many people have not let go of their negative associations with the system, and are still waiting to see proof of its value.</p>	<p>It is our sincere hope that by providing the information in this report and future reports, the community of providers and other stakeholders concerned about at-risk and high-risk youth in San Francisco will reconsider their impressions of the value that an evaluation system such as PrIDE can deliver.</p> <p>To symbolically represent what we see as a rebirth of the PrIDE project, we recommend henceforth renaming PrIDE to CP-YES, the Community Programs Youth Evaluation System.</p>

## DCYF Evaluation Data

Several SFJPD/CPD-funded programs do not participate in the PrIDE evaluation because they are participating in a concurrent Department of Children, Youth, and Their Families (DCYF) evaluation. The DCYF evaluation is being conducted by Resource Development Associates, Inc.

### Data Available for this Report

We received approval from DCYF to utilize information from their comprehensive evaluation report for three programs: the Parenting Skills Program, Street Law Program, and Solutions Program. We reviewed reports for three programs that were prepared by RDA for DCYF. Further, DCYF staff did a data run to provide us with information on participant demographics.

#### Exhibit G Challenges and Potential Solutions: DCYF Data

Challenges	Potential Solution
Data from the DCYF evaluation system was received less than two weeks prior to our deadline for this report. For this reason, LFA was only able to incorporate a limited amount of data from this evaluation system.	Explore the possibility of utilizing the DCYF evaluation data in a more comprehensive way for future reports and allow adequate time to access and analyze the information.

## Conclusion

The size and scope of this report grew over time. Initially conceived of as a report on only those programs that participate in the PrIDE evaluation, LFA recognized the potential to create a truly comprehensive report for the Community Programs Division. For this reason, we gladly accepted the challenge of including data for all SFJPD/CPD-funded programs, many of which we had no knowledge of or contact with prior to reviewing their CBO Questionnaires and other data submitted.

The downside to all this data collection is that it required a great deal of effort on the part of many people to provide information for this report. Further, this data collection took place during a very compressed period of time, partly due to the fact that the scope of this project grew within such a short period of time and partly due to the unique challenges faced by providers who had contracts with the Department in the 2003-04 fiscal year.

While one can try to anticipate all of the challenges that might be encountered in working with data, inevitably it is through the act of working with information that one can best identify shortcomings and ways to overcome them. By openly identifying challenges and possible solutions, we see this report both as a triumph in its own right but also as a starting point; we expect that future efforts will be much less challenging and time-consuming for all involved and we expect that they will yield even more valuable data to inform decision-making.

**Exhibit H  
Data Sources for All CPD-Funded Programs**

<b>Organization - Program</b>	<b>Participant Tracking Spreadsheet(s) July 03 - Feb 04</b>	<b>CBO Questionnaire</b>	<b>Senior Analyst Site Visit Form</b>	<b>PrIDE Data</b>	<b>DCYF Data</b>
Ark of Refuge - Spirit Life Chaplaincy Program	✓	✓	✓		
Asian American Recovery Services - Straight Forward Club	✓	✓	✓		
Bayview Hunter's Point Foundation - IHBS	✓	✓	✓	✓	
Bernal Heights Neighborhood Center - OMCSN	✓	✓	✓	✓	
Brothers Against Guns - IHBS	✓	✓	✓	✓	
CARECEN - Second Chance Tattoo Removal	✓	✓	✓	✓	
Center for Young Women's Development - Girls Detention Advocacy Project and Sister Circle	✓	✓	✓	✓	
Center on Juvenile and Criminal Justice - Detention Diversion Advocacy Project					
Community Works - ROOTS	✓	✓	✓	✓	
Community Works - Young Women's Internship Program	✓	✓	✓	✓	
Community Youth Center - IHBS	✓	✓	✓	✓	
Edgewood Center for Children and Families - Kinship Support Network	✓	✓	✓		
Ella Hill Hutch Community Center - UJIMA Co-Ed Mentorship Program			✓		
Family Restoration House - The X-Cell Club/Life Skills	✓	✓	✓	✓	
Girls 2000 - Family Services Project	✓	✓	✓	✓	
Girls Justice Initiative, United Way - Detention-Based Case Management	✓	✓	✓		
Girls Justice Initiative, United Way - Inside Mentoring	✓				
Huckleberry Youth Programs - Status Offender	✓	✓	✓	✓	
Impact Community High School - Performing Arts Workshop	✓	✓	✓	✓	
Instituto Familiar de la Raza - Intensive Case Management	✓	✓	✓	✓	
Instituto Familiar de la Raza - IHBS	✓	✓	✓	✓	
Mission Neighborhood Center - Home Detention Program	✓	✓	✓	✓	
Mission Neighborhood Center - Young Queens on the Rise	✓	✓	✓	✓	
Morrisania West, Inc. - IHBS	✓	✓	✓	✓	
Office of Samoan Affairs - IHBS			✓		
Parenting Skills - Parenting Skills Program					✓
Potrero Hill Neighborhood House - IHBS	✓	✓	✓	✓	
Potrero Hill Neighborhood House - Omega Peer Counseling Program			✓		
SAGE Project, Inc. - Girls Survivor Services	✓	✓	✓	✓	
Samoan Community Development Center CLC - Anger Management	✓	✓	✓	✓	
The San Francisco Boys and Girls Home - Pre-Placement Shelter	✓	✓	✓	✓	
SLUG/Department of Public Works - Saturday Community Service Solutions Program					✓
Special Services for Groups - Ida B. Wells High School Occupational Therapy Program	✓	✓	✓	✓	
University of San Francisco - Street Law					✓
Urban Services YMCA - Bayview Beacon Center Truancy Program	✓		✓		
Vietnamese Youth Development Center - IHBS		✓	✓	✓	
Youth Accountability Boards - California Community Dispute Services	✓	✓	✓		✓
Youth Guidance Center Improvement Committee - GED Plus	✓			✓	
Youth Guidance Center Improvement Committee - Focus I	✓	✓	✓	✓	
Youth Guidance Center Improvement Committee - Focus II	✓			✓	
YWCA - Girls Mentorship Program	✓			✓	
YWCA - FITS Girls Program	✓	✓	✓	✓	

## Bibliography

---

Bogenschneider, K. (1996). An Ecological Risk / Protective Theory for Building Prevention Programs, Policies, and Community Capacity to Support Youth. *Family Relations*, 45(2):127-138.

Borduin, C.M., Mann, B.J., Cone, L.T., Henggeler, S.W., Fucci, B.R., Blaske, D.M., & Williams, R.A. (1995). Multisystemic Treatment of Serious Juvenile Offenders: Long-Term Prevention of Criminality and Violence. *Journal of Consulting and Clinical Psychology*, 63(4):569-578.

Budnik, K. A. & Sheilds-Fletcher, E. (1998). What About Girls? *OJJDP Fact Sheet*. 84:1-4.

Calhoun, G.B., Glaser, B.A., & Bartolomucci, C.L. (2001). The Juvenile Counseling and Assessment Model and Program: A Conceptualization and Intervention for Juvenile Delinquency. *Journal of Counseling and Development*, 79(2):131-141.

Dishion, T.J., & Andrews, D.W. (1995). Preventing Escalation in Problem Behaviors with High-Risk Young Adolescents: Immediate and 1-Year Outcomes. *Journal of Consulting and Clinical Psychology*, 63(4):538-548.

Ellickson, P.L., & McGuigan, K.A. (2000). Early Predictors of Adolescent Violence. *American Journal of Public Health*, 90(4):566-572.

Garnezy, N. (1993). Children in Poverty: Resilience despite Risk. *Psychiatry*, 56:127-136.

Greenwood, P.W. (1994). What Works with Juvenile Offenders: A Synthesis of the Literature and Experience. *Federal Probation*, 58:63-67.

Hawkins, J.D. (1999). Preventing Crime and Violence through Communities that Care. *European Journal on Criminal Policy and Research*, 7:443-458.

Hawkins, J.D., Catalano, R.F., Kosterman, R., Abbott, R., & Hill, K.G. (1999). Preventing Adolescent Health Risk Behaviors by Strengthening Protection During Childhood. *Archives of Pediatrics and Adolescent Medicine*, 153(3):226-234.

Hawkins, J.D., & Lam, T. (1987). Teacher Practices, Social Development, and Delinquency. In J.D. Burchard & S.N. Burchard (Eds.), *Prevention of Delinquent Behavior* pp. 241-274). Newbury Park, CA: Sage.

Hellman, D.A., & Beaton, S. (1986). The Pattern of Violence in Urban Schools: The Influence of School and Community. *Journal of Research in Crime and Delinquency*, 23:102-127.

Henggeler, S.W. (1989). *Delinquency in Adolescence*. Newbury Park, CA: Sage.

Kuperminc, G.P., & Allen, J.P. (2001). Social Orientation: Problem Behavior and Motivations toward Interpersonal Problem Solving among High Risk Adolescents. *Journal of Youth and Adolescence*, 30(5): 597-622.

LaFrance, S., Twersky, F., Latham, N., Foley, E., & Bott, C. (2001). A Safe Place for Healthy Youth Development: A Comprehensive Evaluation of the Bayview Safe Haven, a Component of San Francisco's Local Action Plan for Juvenile Justice Reform. San Francisco, CA: BTW Consultants, Inc. & LaFrance Associates.

Lattimore, C.B., Mihalic, S.F., Grotzinger, J.K., & Taggart, R. (1998). The Quantum Opportunities Program. In D.S. Elliot (Ed.) *Blueprints for Violence Prevention: Book Four*. Boulder, CO: Center for the Study and Prevention of Violence.



Munson, W.W., & Strauss, C.F. (1993). Career Salience of Institutionalized Adolescent Offenders. *The Career Development Quarterly*, 41:246-256.

Patterson, G.R., Capaldi, D., & Bank, L. (1991). An Early Starter Model for Predicting Delinquency. In D.J. Pepler and K.H. Rubin (Eds.), *The Development and Treatment of Childhood Aggression* (pp. 139-168). Hillsdale, NJ: Erlbaum.

Ruse, Bill. Juvenile Jailhouse Rocked: Reforming Detention in Chicago, Portland, and Sacramento. *ADVOCASEY*. Fall/Winter 1999. 4 May 2004  
<<http://www.aecf.org/publications/advocasey/winter99/juv/juv.pdf>>.

Scott, K.K., Tepas, J.J., Frykber, E., Taylor, P.M., & Plotkin, A.J. (2002). Turning Point: Rethinking Violence – Evaluation of Program Efficacy in Reducing Adolescent Violent Crime Recidivism. *The Journal of Trauma, Injury, Infection, and Critical Care* 53(21):21-27.

Schmidt, J.A. (2003). Correlates of Reduced Misconduct among Adolescents Facing Adversity. *Journal of Youth and Adolescence*, 32(6): 439-452.

Simcha-Fagan, O., & Schwartz, J.E. (1986). Neighborhood and Delinquency: An Assessment of Contextual Effects. *Criminology*, 24:667-703.

The Annie E. Casey Foundation. Juvenile Detention Alternatives Initiative. 4 May 2004  
<<http://www.aecf.org/initiatives/jdai/>>.

Thornberry, T.P., Moore, M., & Christenson, R.L. (1985). The Effect of Dropping out of High School on Subsequent Criminal Behavior. *Criminology*, 23:3-18.



## Participant Tracking Spreadsheet Instructions

Please update the following spreadsheet with information about each of the youth your program served during the report period.

During the report period (the month for which you are submitting an invoice):

- For each youth who enters your program, complete column 1=7 (using the format specified below)
- For each youth who exits your program, complete column 8=9 (using the format specified below)
- For each youth who entered your program and continues to participate in your program, do not make any changes to his/her record.

Column	Information	Please use the following format for completing the spreadsheet
1	Youth's first name	Enter entire first name
2	Youth's last name	Enter entire last name
3	Youth's birthdate	mm/dd/yyyy
4	Date the youth entered your program	mm/dd/yyyy
5	Gender	M = Male F = Female TF = Transgendered Female TM = Transgendered Male U = Unknown
6	Please specify the youths' race/ethnicity using the codes provided to the right. (PrIDE utilizes the same race/ethnicity format as other public records and JJIS)	A = Other Asian B = African American C = Chinese D = Cambodian F = Filipino G = Guamanian H = Latino -Hispanic I = American Indian J = Japanese K =Korean L = Laotian O = Other P = Pacific Islander S = Samoan U = Hawaiian V = Vietnamese W = White X = Dont know Z = Asian Indian
7	Date the youth exited/stopped attending your program	mm/dd/yyyy
8	Reason the youth exited your program (specify all that apply)	1 = Completed the program 2 = Partial Completion of program 3 = Committed to juvenile hall 4 = Failure to appear at program 5 = New arrest-law violation 6 = Poor performance or behavior in program 7 = Youth dropped out of program 8 = Probation violation 9 = Youth moved out of area 10 = Referred to other agency-agencies 11 = Other reason 99 = Don't know

**2003-04 Questionnaire for Completion by Programs  
Funded by the Juvenile Probation Department Community Programs Division**

**Please complete this form by March 15, 2004 and email to \_\_\_\_\_**

1. **Name of person completing this form:** \_\_\_\_\_
2. **Name of program:** \_\_\_\_\_
3. **Name of organization:** \_\_\_\_\_
4. **What is the agency's total budget for this program:** \$\_\_\_\_\_
5. **Provide a description of the program/service that is supported by the JPD. (Please feel free to attach additional pages or substitute program materials.)**  
\_\_\_\_\_

***Please answer the following questions for services provided since July 2003.***

6. **Indicate the total number of youth served from each of the following neighborhoods.**  

___ Bayview Hunter's Point	___ Glen Park	___ OMI	___ South of Market
___ Bernal Heights	___ Haight	___ Outer Mission	___ St. Francis Wood
___ China Basin	___ Hayes Valley	___ Parkside-Lakeshore	___ Sunset
___ Civic Center	___ Ingleside Terrace	___ Portola	___ Telegraph Landing/Golden Gateway
___ Crocker-Amazon	___ Japantown	___ Potrero Hill	___ Upper Market
___ Diamond Heights	___ Marina	___ Presidio-Pacific Heights	___ Visitacion Valley
___ Downtown/Tenderloin	___ Mission	___ Richmond	___ West of Twin Peaks
___ East of Twin Peaks	___ Noe Valley	___ Russian Hill/Nob Hill	___ West Portal
___ Excelsior	___ North Beach	___ South Beach/Rincon Hill	___ Western Addition
			___ Other: _____
7. **What is the average length of time that youth participate in this program?**  

<input type="checkbox"/> Less than one week	<input type="checkbox"/> More than 1 month and less than 6 months	<input type="checkbox"/> 1-2 years
<input type="checkbox"/> Between one week and one month	<input type="checkbox"/> Between six months and 1 year	<input type="checkbox"/> More than 2 years
<input type="checkbox"/> Other: _____		
8. **What is the average amount of time participants spend in this program per week?** \_\_\_\_\_ hours per week  Not applicable
9. **What is the average number of youth who participate in this program at any one time?** \_\_\_\_\_
10. **What is this program's primary target population? Please check all that apply.**  

<input type="checkbox"/> Youth in a particular age group (please specify): _____
<input type="checkbox"/> Youth of a particular gender (please specify): _____
<input type="checkbox"/> Youth who live in a particular neighborhood (please specify): _____
<input type="checkbox"/> Youth of a particular race/ethnicity (please specify): _____
<input type="checkbox"/> Youth who are truant
<input type="checkbox"/> Youth who are on probation
<input type="checkbox"/> Youth who are at-risk of becoming involved with the juvenile justice system
<input type="checkbox"/> Youth who have used/abused drugs or alcohol
<input type="checkbox"/> Youth who are involved in gangs
<input type="checkbox"/> Other (please specify): _____

11. **How are youth referred to this program? Please check all that apply.**

- Self – Youth had been to the program before or found out about it on their own
- From a friend
- Brother, sister, or cousin
- Parent, guardian, or other adult family member
- Probation Officer
- Outreach Worker
- Case Manager
- Social Worker
- Teacher or School Counselor
- Other: *Who or how?* \_\_\_\_\_

12. **What services/activities can participants access while in the program? Check all that apply.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Job training/readiness services  | <input type="checkbox"/> Anger management services   | <input type="checkbox"/> Practical assistance such as help with transportation or meals |
| <input type="checkbox"/> Tutoring/help with homework      | <input type="checkbox"/> Health education services   | <input type="checkbox"/> Extra-curricular or after-school activity                      |
| <input type="checkbox"/> GED services                     | <input type="checkbox"/> Housing services/assistance | <input type="checkbox"/> Other service/activity: _____                                  |
| <input type="checkbox"/> Mentoring                        | <input type="checkbox"/> Substance use counseling    |   |
| <input type="checkbox"/> Case management                  | <input type="checkbox"/> Mental health counseling    |   |
| <input type="checkbox"/> Intensive home-based supervision |  |   |

13. **How many staff are involved in the program? Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_**

14. **Please describe any challenges your agency and/or this program has experienced since the beginning of the contract period (July 2003) that affected the services and programs you offered:**

\_\_\_\_\_

The JPD Community Programs Division funds programs that are making a difference in the lives of youths, their families, and community in a variety of ways.

Please tell us about outcomes in the following areas. *Only provide information about outcomes in areas which pertain to your program. Complete the following tables as follows* For example, if your program does not include a “work and job readiness” component, please leave this section blank. **THIS INFORMATION WILL BE USED TO SUPPLEMENT ANY PRIDE DATA THAT YOU HAVE SUBMITTED.**

15. Education

Anticipated Outcomes for Participants:	Relevant for your program?	Based on any information you have available, please describe program outcomes in this area:
▪ School attendance will increase	<input type="checkbox"/>	
▪ School behavioral problems will decrease	<input type="checkbox"/>	
▪ Orientation toward the future will increase	<input type="checkbox"/>	
▪ Engagement in positive after-school activities will increase	<input type="checkbox"/>	

16. Work and Job Readiness:

Anticipated Outcomes for Participants:	Relevant for your program?	Based on any information you have available, please describe program outcomes in this area:
▪ Job readiness will increase	<input type="checkbox"/>	
▪ Employment will increase	<input type="checkbox"/>	

17. Building Positive Relationships

Anticipated Outcomes for Participants:	Relevant for your program?	Based on any information you have available, please describe program outcomes in this area:
▪ Positive peer relationships will increase	<input type="checkbox"/>	
▪ Positive parental/guardian relationships will increase	<input type="checkbox"/>	
▪ Positive relationships with service providers will increase	<input type="checkbox"/>	

18. Skill-Building

Anticipated Outcomes for Participants:	Relevant for your program?	Based on any information you have available, please describe program outcomes in this area:
▪ Social development and self care skills (e.g. ability to take care of their needs and respect for self) will increase	<input type="checkbox"/>	
▪ Anger management skills will improve	<input type="checkbox"/>	

19. Risk Behavior

Anticipated Outcomes for Participants:	Relevant for your program?	Based on any information you have available, please describe program outcomes in this area:
▪ Substance use will decrease	<input type="checkbox"/>	
▪ Gang affiliation will decrease	<input type="checkbox"/>	
▪ Involvement with the juvenile justice system will decrease	<input type="checkbox"/>	

20. Service Satisfaction

Anticipated Outcomes for Participants:	Relevant for your program?	Based on any information you have available, please describe program outcomes in this area:
▪ Youth served will be satisfied or very satisfied with the types of programs and services offered, program staff, respect shown for cultural/ethnic background, and program overall.	<input type="checkbox"/>	
▪ Program assesses, addresses, and provides referrals for youths' needed services.	<input type="checkbox"/>	

21. Other Outcomes Relevant for Your Program

Anticipated Outcomes for Participants:	Based on any information you have available, please describe program outcomes in this area:
▪	
▪	
▪	
▪	
▪	
▪	
▪	
▪	

**City and County of San Francisco**

**Juvenile Probation Department**

**Community Programs Division**

---

7. What barriers has this organization experienced in providing services during this contract year? Has this grantee been able to satisfactorily overcome these barriers?
  
8. By what method is this program's services being evaluated at this time? If the program is not obligated to participate in PrIDE, why not?

**Collect the following forms (electronically, if possible) from the provider:**

- Participant tracking spreadsheet(s) for periods July 2003 – February 2004
- 2003-04 Questionnaire for Completion by Programs Funded by the Juvenile Probation Department Community Programs Division

CITY AND COUNTY OF SAN FRANCISCO  
JUVENILE PROBATION DEPARTMENT

## FEEDBACK FORM FOR COMMUNITY PROGRAMS

**We are interested in your feedback on the community programs the Juvenile Probation Department contracts with for services. Please take a few moments to complete this form and submit it to the Community Programs Division by March 15, 2004.**

a	b	c	d	e		f
Program	Organization	Have you <i>ever</i> referred youth to this program? <i>If yes, complete d - f</i>	Approximate # of youth referred since July 2003	How satisfied were you with services provided?		Would you refer youth to this program in the future?
IHBS	Bayview Hunter's Point Foundation	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outer Mission Community Support Network	Bernal Heights Neighborhood Center	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
IHBS	Brothers Against Guns	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth Accountability Boards	California Community Dispute Services	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Chance Tattoo Removal	CARECEN	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sister Circle	Center for Young Women's Development	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detention Diversion Advocacy Project	Center on Juvenile and Criminal Justice	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
IHBS	Community Youth Center	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Young Women's Internship Program	Community Works	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
ROOTS Support for Children of Incarcerated Parents	Community Works	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
UJIMA Co-Ed Mentorship Program	Ella Hill Hutch Community Center	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Restoration House	Family Restoration House – Life Skills	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Services Project	Girls 2000	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Status Offender	Huckleberry Youth Programs	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No



**CITY AND COUNTY OF SAN FRANCISCO  
JUVENILE PROBATION DEPARTMENT**

<b>a</b>  <b>Program</b>	<b>b</b>  <b>Organization</b>	<b>c</b> <b>Have you <u>ever</u> referred youth to this program?</b>  <i>If yes, complete d - f</i>	<b>d</b> <b>Approximate # of youth referred since July 2003</b>	<b>e</b> <b>How satisfied were you with services provided?</b>		<b>f</b> <b>Would you refer youth to this program in the future?</b>
Intensive Case Management	Instituto Familiar de la Raza	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
IHBS	Instituto Familiar de la Raza	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Detention Program	Mission Neighborhood Center	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Young Queens on the Rise	Mission Neighborhood Center	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
IHBS	Morrisania West, Inc.	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ida B. Wells High School Occupational Therapy Program	Special Services for Groups	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
IHBS	Office of Samoan Affairs	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impact High School	Performing Arts Workshop	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
IHBS	Poterero Hill Neighborhood House	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer Counseling Program	Poterero Hill Neighborhood House	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAGE Project	SAGE Project, Inc	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Learning Center – Anger Management	Samoa Community Development Center	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Placement Shelter	The San Francisco Boys and Girls Home	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
IHBS	Vietnamese Youth Development Center	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
GED Plus	Youth Guidance Center Improvement Committee	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Focus I	Youth Guidance Center Improvement Committee	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Focus II	Youth Guidance Center Improvement Committee	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Girls Mentorship Program	YWCA	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
FITS Girls Program	YWCA	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒		<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Not satisfied <input type="checkbox"/> No comment	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PrIDE Baseline Survey Youth Self-Administered

**Please complete:**

Name of Organization: _____												Today's Date	____ / ____ / ____ <small>Mo. Day Year</small>		
Name of Program: _____													____ / ____ / ____ <small>Mo. Day Year</small>		
First Name												When were you born?	____ / ____ / ____ <small>Mo. Day Year</small>		
Last Name												When was your first day in this program?	____ / ____ / ____ <small>Mo. Day Year</small>		

***Please read the following before you begin this survey.***

This survey asks you to complete questions about your background, schooling, activities you participate in, the people in your life, and what you want to get out of this program. The purpose of this survey is to get a better sense of who you are and to understand how this program can best support you. Also, this program receives funds from the San Francisco Juvenile Probation Department and is part of the PrIDE project (Program Information for Development and Evaluation). This means that all of the youth who enter this program complete this type of survey. In the future you will be asked to participate in a follow-up survey that is similar to this one.

This form will be sent to the PrIDE project at the Juvenile Probation Department. All of the information that is collected for the PrIDE project helps the Department and our program understand more about the difference this program makes and how this program can provide better services to youth in our program.

This survey will take about 20 minutes to complete. Some of the questions may be personal; you can always choose not to answer a question. We would prefer that you choose not to answer a question than have you answer a question dishonestly.

### Confidentiality Disclaimer

The only people who will be able to see your answers to these questions are the staff of this program and the staff of the PrIDE project. If you have a Probation Officer, he/she can request a summary of the survey. Otherwise, all of the information that you share will be kept confidential and your answers will never be associated with your name. None of your answers will jeopardize your status in this program and no information gathered through this survey can be used against you in a court of law. If you have any questions about the survey or how your answers will be kept confidential, please ask the person who gave you this survey for assistance.

I have read the above statement and understand what it means.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Today's Date

I received a consent form to take home to my parent/guardian.

## Demographics/Characteristics

- What is your gender?** Please check one only.  
 Male  Female  Transgender → Identifies as  Male  Female
- What is your ethnicity or race?** Please check one only. If more than one race or ethnicity applies to you, please check "Other" and specify your ethnicity or race.
 

<input type="checkbox"/> White	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other Asian: _____
<input type="checkbox"/> African American	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<input type="checkbox"/> American Indian
<input type="checkbox"/> Latino (Hispanic)	<input type="checkbox"/> Korean	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Biracial/Multiracial/Other: _____
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian	_____
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Don't know/Don't want to answer
- What language do you primarily speak at home?** Please check one only.
 

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cantonese
<input type="checkbox"/> Russian	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Don't know/Don't want to answer		
- What neighborhood do you live in?** Please check one only.
 

<input type="checkbox"/> Bayview Hunter's Point	<input type="checkbox"/> Ingleside Terrace	<input type="checkbox"/> Richmond
<input type="checkbox"/> Bernal Heights	<input type="checkbox"/> Japantown	<input type="checkbox"/> Russian Hill/Nob Hill
<input type="checkbox"/> China Basin	<input type="checkbox"/> Marina	<input type="checkbox"/> South Beach/Rincon Hill
<input type="checkbox"/> Civic Center	<input type="checkbox"/> Mission	<input type="checkbox"/> South of Market
<input type="checkbox"/> Crocker-Amazon	<input type="checkbox"/> Noe Valley	<input type="checkbox"/> St. Francis Wood
<input type="checkbox"/> Diamond Heights	<input type="checkbox"/> North Beach	<input type="checkbox"/> Sunset
<input type="checkbox"/> Downtown/Tenderloin	<input type="checkbox"/> OMI	<input type="checkbox"/> Telegraph Landing/Golden Gateway
<input type="checkbox"/> East of Twin Peaks	<input type="checkbox"/> Outer Mission	<input type="checkbox"/> Upper Market
<input type="checkbox"/> Excelsior	<input type="checkbox"/> Parkside-Lakeshore	<input type="checkbox"/> Visitacion Valley
<input type="checkbox"/> Glen Park	<input type="checkbox"/> Portola	<input type="checkbox"/> West of Twin Peaks
<input type="checkbox"/> Haight	<input type="checkbox"/> Potrero Hill	<input type="checkbox"/> West Portal
<input type="checkbox"/> Hayes Valley	<input type="checkbox"/> Presidio-Pacific Heights	<input type="checkbox"/> Western Addition
		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Don't Know/Don't Want to Answer		
- What is your street address?**

			<input type="checkbox"/> Don't know/Don't want to answer
Street Name and Number	City	Zip Code	
- Who do you live with?** Please check the one that best applies.
 

<input type="checkbox"/> Two parents	<input type="checkbox"/> Alone	<input type="checkbox"/> Group Home/Foster Home
<input type="checkbox"/> One parent	<input type="checkbox"/> On the street	<input type="checkbox"/> Friends
<input type="checkbox"/> Family, but not parents	<input type="checkbox"/> Drug treatment program	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Guardian	<input type="checkbox"/> Jail/juvenile hall	<input type="checkbox"/> Don't know/Don't want to answer
- How did you find out about this program?** Check all that apply.
 

<input type="checkbox"/> Friend	<input type="checkbox"/> Juvenile Probation Department/Probation Officer/YGC
<input type="checkbox"/> School	<input type="checkbox"/> Police
<input type="checkbox"/> It's in my neighborhood	<input type="checkbox"/> Referred from another organization: _____
<input type="checkbox"/> Family	<input type="checkbox"/> Don't know/Don't want to answer

## Educational Experiences/Orientation Towards School and Learning<sup>i</sup>

8. **Do you go to school or are you in a GED program right now?** Please check one only.  Don't know/Don't want to answer
- Yes, school → *If Yes, What school?* \_\_\_\_\_  
→ *If Yes, What grade are you in right now?* \_\_\_\_\_
- Yes, GED → *If Yes, What is the name of your GED program?* \_\_\_\_\_
- No → *If No, How long ago did you stop going to school?* \_\_\_\_\_  
→ *If No, What is the last grade that you completed?* \_\_\_\_\_  
→ *If No, Would you like help getting back in school or getting your GED?*  
↳  Yes, to get back in school  Yes, to get my GED  No  Don't Know
9. **On average, about how many days of school/GED program do you miss in a month?** Please check one only.
- None  1 or 2 days  3 or 4 days  5 to 10 days  More than 10 days  
 Not applicable – I'm not in a GED program/school  Don't know/Don't want to answer
10. **In the past 3 months, have you gotten in trouble at school for your behavior and had any of the followings things happen?** Please check one only.
- No, I have not gotten in trouble at school in the past 3 months  
 Sent to Counselor's office → How many times? \_\_\_\_\_ For what? \_\_\_\_\_  
 Suspended from school → How many times? \_\_\_\_\_ For what? \_\_\_\_\_  
 Expelled from school → For what? \_\_\_\_\_ From what school? \_\_\_\_\_  
 Don't know/Don't want to answer
11. **How sure are you that you will graduate from high school?**  Don't know/Don't want to answer
- Very Sure  Somewhat Unsure  
 Somewhat Sure  Very Doubtful  
 Not Applicable – I'm planning on getting my GED.  
↳ ***If GED***, How sure are you that you will get your GED?  
 Very Sure  Somewhat Sure  Somewhat Unsure  Very Doubtful
12. **Have you ever been held back a grade in school?** Please check one only.
- Yes  No  Don't know/Don't want to answer
13. **Are you in special education classes or have you had an Individualized Education Plan (IEP)?** Please check one only.
- Yes  No  Don't know/Don't want to answer  Not Applicable – not in school
14. **In general, during the past school year, what kinds of grades did you get in school?** Please check one only.
- Not Applicable – I was not in school in the last year  Don't know/Don't want to answer  
 Mostly A's and B's  Mostly B's and C's  Mostly C's and D's  Mostly D's and F's
15. **What do you see yourself doing 5 years from now?**  Don't know/Don't want to answer
- \_\_\_\_\_
- \_\_\_\_\_
16. **For your job/career in the future, how much education/training will you need?** Please check one only.
- I don't need to finish high school  I need to graduate from a community or junior college  
 I need to finish high school or have a GED  I need to graduate from a 4 year college or university  
 I need to go to vocational, trade or business school after high school  I need a Master's Degree  
 I need a PhD or professional degree (JD/Law, MD, etc.)  
 Don't know/Don't want to answer

17. **How much do you agree with each of these statements?** Please check only one answer per row.

	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a. I enjoy going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't spend any extra time at my school if I don't have to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel safe at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I participate in activities that support my school such as attending sports events, after-school programs, student government, or pep rallies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Extra-Curricular Activities

18. **Do you do any of these activities (not including your activities in this program)?<sup>ii</sup>**

- a. Go to a neighborhood or community center (like the boys and girls club)  Yes  No  Don't know/Don't want to answer
- b. Participate in a youth group or club  Yes  No  Don't know/Don't want to answer
- c. Volunteer  Yes  No  Don't know/Don't want to answer
- d. Work for pay  Yes  No  Don't know/Don't want to answer
- e. Play sports on a team  Yes  No  Don't know/Don't want to answer
- f. Play a musical instrument  Yes  No  Don't know/Don't want to answer
- g. Participate in a religious group or club  Yes  No  Don't know/Don't want to answer
- h. Practice martial arts  Yes  No  Don't know/Don't want to answer
- i. Do other activities (specify): \_\_\_\_\_  Yes  No  Don't know/Don't want to answer

19. **What are your interests?**

Don't know/Don't want to answer

20. **Are you interested in getting involved in any extra-curricular activities?**

- Yes  No  Don't know/Don't want to answer

↳ If Yes, What are they? \_\_\_\_\_

21. **What are your greatest strengths and talents?**  Don't know/Don't want to answer

## Work and Job Readiness

22. **Have you ever had a job?**

- Yes  No  Don't know/Don't want to answer

23. **Do you have a job now?**

- Yes  No  Don't know/Don't want to answer

↳ If Yes, Where do you work now? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

How much money do you earn per hour? \$ \_\_\_\_\_

24. **Are you interested in getting a job (or finding a NEW job)?**

- Yes  No  Don't know/Don't want to answer

↳ If Yes, do you want any help from this program in getting a job?  Yes  No  Don't know/Don't want to answer

25. **A. Do you have...**

- a. ...California (or other state) ID card  Yes  No  Don't know/Don't want to answer
- b. ...Resume  Yes  No  Don't know/Don't want to answer
- c. ...Social Security card  Yes  No  Don't know/Don't want to answer
- d. ...Belief that you can get a job  Yes  No  Don't know/Don't want to answer
- e. ...Ideas about the type of job you want?  Yes  No  Don't know/Don't want to answer

## Relationships with Parents, Peers and Others<sup>iii</sup>

26. How much do you agree with each of these statements? Please check only one answer per row.

<i>I have a friend or relative about my own age...</i>	<b>I Strongly Disagree</b>	<b>I Disagree</b>	<b>I Agree</b>	<b>I Strongly Agree</b>	<b>No Opinion/ NA</b>
a...who really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b...who talks with me about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c...who helps me when I'm having a hard time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How much do you agree with each of these statements? Please check only one answer per row.

<i>In my home, there is a parent or some other adult...</i>	<b>I Strongly Disagree</b>	<b>I Disagree</b>	<b>I Agree</b>	<b>I Strongly Agree</b>	<b>No Opinion/ NA</b>
a...who expects me to follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b...who is interested in my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c...who believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d...who is too busy to pay much attention to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e...who talks with me about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f...who always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g...who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Skills<sup>iv</sup>

28. Please indicate your level of agreement with the following statements: Please check only one answer per row.

<b>Self-Care and Social Development</b>	<b>I Strongly Disagree</b>	<b>I Disagree</b>	<b>I Agree</b>	<b>I Strongly Agree</b>	<b>No Opinion/ NA</b>
a. I can name two or more places to get help if I feel unsafe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am generally healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I ask for help when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I accept compliments or praise without feeling embarrassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can take criticism without being very angry, sad or defensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have pride in my cultural background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I respect other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I respect other people's ways of looking at things, their lifestyle, and their attitudes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am able to organize and lead group activities (like school or sports activities).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I think about how my choices affect others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I think about how my choices now affect my future a year or more from now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Please indicate how much you agree with the following statements.<sup>v</sup> Please check only one answer per row.

	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a. Sometimes you have to physically fight to get what you want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I get mad easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When I am angry or upset I do whatever I feel like doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I am mad, I yell at people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes I break things on purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I feel like it, I hit people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Risk Factors**

30. Have you ever tried alcohol or drugs (including tobacco)?  Yes  No → Skip to Q32  
 Don't know/Don't want to answer → Skip to Q32

31. Please answer the following questions about your substance use: Please check only one answer per row.

Have You Ever Tried... <i>If Yes →</i>	How Frequently Have You Used This Substance in the Last Three Months?				Would You Like to Quit?
	Just Tried Once	About 1 or 2 Times a Month	About Once a Week	Almost Everyday	
Tobacco? <input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol? <input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marijuana/Weed? <input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other drugs: _____ _____ <input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

32. Do you hang out with people who are gang members?  
 Yes  No  Don't know/Don't want to answer

33. Do you know anyone who has ever been arrested?  
 Yes  No  Don't know/Don't want to answer  
 → **If Yes**, who? Check all that apply.  
 Parent  Brother/Sister  Other Relative  Other: \_\_\_\_\_  
 Friend  Me  Neighbor

34. Do you know anyone who has died?  
 Yes  No  Don't know/Don't want to answer  
 → **If Yes**, who? Check all that apply.  
 Parent  Brother/Sister  Friend  Neighbor  Other: \_\_\_\_\_

35. In general, do you feel safe in your neighborhood?  
 Yes  No  Don't know/Don't want to answer

36. In the past year, approximately how many times have you heard gunshots in your neighborhood?  
 Never  Once or Twice  Many times  Don't know/Don't want to answer

## Program Participation

37. **Approximately, how much time do you spend in this program?** \_\_\_\_ hours per week  
 Don't know/Don't want to answer    Not applicable
38. **In general, do you feel safe coming to this program?**  
 Yes    No    Don't know/Don't want to answer    Not applicable
39. **Would you like help in any of the following areas?** Check all that apply.
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Homework//school/ GED studies | <input type="checkbox"/> Drug or alcohol use | <input type="checkbox"/> Problems at home                |
| <input type="checkbox"/> Finding a job                 | <input type="checkbox"/> Safer sex education | <input type="checkbox"/> Managing anger                  |
| <input type="checkbox"/> Keeping a job                 | <input type="checkbox"/> Emotional problems  | <input type="checkbox"/> Getting away from gangs         |
| <input type="checkbox"/> Transportation                | <input type="checkbox"/> Health problems     | <input type="checkbox"/> Changing your living situation  |
| <input type="checkbox"/> Other: _____                  | <input type="checkbox"/> Other: _____        | <input type="checkbox"/> Other: _____                    |
|  |  | <input type="checkbox"/> Don't know/Don't want to answer |

**Thank you for your time!**

**Please return this survey to the person who gave it to you.**

---

i Select questions adapted from the San Francisco Department of Children, Youth, and Their Families' Youth Survey.  
ii Source: San Francisco Department of Children, Youth, and Their Families' Youth Survey for Middle/High School Students.  
iii Source: California Healthy Kids Survey, © 1999 California Department of Education.  
iv Source: Ansell-Casey Life Skills Assessment, © 2000 Casey Family Programs and Dorothy I. Ansell.  
v Source: Individual Protective Factors Index (IPFI): A Measure of Adolescent Resiliency, © 1997 EMT Associates, Inc.



## PrIDE Follow-up Survey Youth Self-Administered

**Please complete:**

Name of Organization: _____										Today's Date	____/____/____ Mo. Day Year	
Name of Program: _____												
First Name										When were you born?	____/____/____ Mo. Day Year	
Last Name										When was your first day in this program?	____/____/____ Mo. Day Year	

***Please read the following before you begin this survey.***

This survey asks you to complete questions about your background, schooling, activities you participate in, the people in your life, and your experiences in this program. This program receives funds from the San Francisco Juvenile Probation Department and is part of the PrIDE project (Program Information for Development and Evaluation). This means that all of the youth who participate in this program complete this type of survey. You may remember that I asked you very similar questions when you first started this program.

This form will be sent to the PrIDE project at the Juvenile Probation Department. All of the information that is collected for the PrIDE project helps the Department and our program understand more about the difference this program makes and how this program can provide better services to youth in our program.

This survey will take about 20 minutes to complete. Some of the questions may be personal; you can always choose not to answer a question. We would prefer that you choose not to answer a question than have you answer a question dishonestly.

### Confidentiality Disclaimer

The only people who will be able to see your answers to these questions are the staff of this program and the staff of the PrIDE project. If you have a Probation Officer, he/she can request a summary of the survey. Otherwise, all of the information that you share will be kept confidential and your answers will never be associated with your name. None of your answers will jeopardize your status in this program and no information gathered through this survey can be used against you in a court of law. If you have any questions about the survey or how your answers will be kept confidential, please ask the person who gave you this survey for assistance.

I have read the above statement and understand what it means.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Today's Date

## Demographics/Characteristics

1. **What neighborhood do you live in?** Please check one only.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bayview Hunter's Point | <input type="checkbox"/> Ingleside Terrace        | <input type="checkbox"/> Richmond                         |
| <input type="checkbox"/> Bernal Heights         | <input type="checkbox"/> Japantown                | <input type="checkbox"/> Russian Hill/Nob Hill            |
| <input type="checkbox"/> China Basin            | <input type="checkbox"/> Marina                   | <input type="checkbox"/> South Beach/Rincon Hill          |
| <input type="checkbox"/> Civic Center           | <input type="checkbox"/> Mission                  | <input type="checkbox"/> South of Market                  |
| <input type="checkbox"/> Crocker-Amazon         | <input type="checkbox"/> Noe Valley               | <input type="checkbox"/> St. Francis Wood                 |
| <input type="checkbox"/> Diamond Heights        | <input type="checkbox"/> North Beach              | <input type="checkbox"/> Sunset                           |
| <input type="checkbox"/> Downtown/Tenderloin    | <input type="checkbox"/> OMI                      | <input type="checkbox"/> Telegraph Landing/Golden Gateway |
| <input type="checkbox"/> East of Twin Peaks     | <input type="checkbox"/> Outer Mission            | <input type="checkbox"/> Upper Market                     |
| <input type="checkbox"/> Excelsior              | <input type="checkbox"/> Parkside-Lakeshore       | <input type="checkbox"/> Visitacion Valley                |
| <input type="checkbox"/> Glen Park              | <input type="checkbox"/> Portola                  | <input type="checkbox"/> West of Twin Peaks               |
| <input type="checkbox"/> Haight                 | <input type="checkbox"/> Potrero Hill             | <input type="checkbox"/> West Portal                      |
| <input type="checkbox"/> Hayes Valley           | <input type="checkbox"/> Presidio-Pacific Heights | <input type="checkbox"/> Western Addition                 |
|   |   | <input type="checkbox"/> Other: _____                     |
|   |   | <input type="checkbox"/> Don't Know/Don't Want to Answer  |

2. **What is your street address?**

\_\_\_\_\_  Don't know/Don't want to answer  
 Street Name and Number City Zip Code

3. **Who do you live with?** Please check the one that best applies.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Two parents             | <input type="checkbox"/> Alone                  | <input type="checkbox"/> Group Home/Foster Home          |
| <input type="checkbox"/> One parent              | <input type="checkbox"/> On the street          | <input type="checkbox"/> Friends                         |
| <input type="checkbox"/> Family, but not parents | <input type="checkbox"/> Drug treatment program | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Guardian                | <input type="checkbox"/> Jail/juvenile hall     | <input type="checkbox"/> Don't know/Don't want to answer |

## Educational Experiences/Orientation Towards School and Learning

4. **Do you go to school or are you in a GED program right now?** Please check one only.  Don't know/Don't want to answer

- Yes, school → If Yes, **What school?** \_\_\_\_\_  
 → If Yes, **What grade are you in right now?** \_\_\_\_\_
- Yes, GED → If Yes, **What is the name of your GED program?** \_\_\_\_\_
- No → If No, **How long ago did you stop going to school?** \_\_\_\_\_  
 → If No, **What is the last grade that you completed?** \_\_\_\_\_

5. **On average, about how many days of school/GED program do you miss in a month?** Please check one only.

- None     1 or 2 days     3 or 4 days     5 to 10 days     More than 10 days  
 Not applicable – I'm not in a GED program/school     Don't know/Don't want to answer

6. **Since starting this program have you gotten in trouble at school for your behavior and had any of the followings things happen?** Please check one only.

- No, I have not gotten in trouble at school since I started this program
- Sent to Counselor's office → How many times? \_\_\_\_\_ For what? \_\_\_\_\_
- Suspended from school → How many times? \_\_\_\_\_ For what? \_\_\_\_\_
- Expelled from school → For what? \_\_\_\_\_ From what school? \_\_\_\_\_
- Don't know/Don't want to answer

7. **How sure are you that you will graduate from high school?**  Don't know/Don't want to answer  
 Very Sure  Somewhat Unsure  
 Somewhat Sure  Very Doubtful  
 Not Applicable – I'm planning on getting my GED.  
↳ **If GED**, How sure are you that you will get your GED?  
 Very Sure  Somewhat Sure  Somewhat Unsure  Very Doubtful
8. **Since starting this program what kinds of grades have you gotten in school?** Please check one only.  
 Not Applicable – I was not in school in the last year  Don't know/Don't want to answer  
 Mostly A's and B's  Mostly B's and C's  Mostly C's and D's  Mostly D's and F's
9. **What do you see yourself doing 5 years from now?**  Don't know/Don't want to answer
- 

10. **For your job/career in the future, how much education/training will you need?**  
 I don't need to finish high school  I need to graduate from a community or junior college  
 I need to finish high school or have a GED  I need to graduate from a 4 year college or university  
 I need to go to vocational, trade or business school after high school  I need a Master's Degree  
 I need a PhD or professional degree (JD/Law, MD, etc.)  
 Don't know/Don't want to answer

11. **How much do you agree with each of these statements?** Please check only one answer per row.

	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/NA
a. I enjoy going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't spend any extra time at my school if I don't have to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel safe at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I participate in activities that support my school such as attending sports events, after-school programs, student government, or pep rallies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. **Did coming to this program help you stay in school or get your GED?**  
 Yes  No  Don't know/Don't want to answer
13. **Did coming to this program make you feel more comfortable about your abilities in school/a GED program?**  
 Yes  No  Don't know/Don't want to answer

## Extra-Curricular Activities

14. **Do you do any of these activities (not including your activities in this program)?<sup>ii</sup>**
- a. Go to a neighborhood or community center (like the boys and girls club)  Yes  No  Don't know/Don't want to answer
- b. Participate in a youth group or club  Yes  No  Don't know/Don't want to answer
- c. Volunteer  Yes  No  Don't know/Don't want to answer
- d. Work for pay  Yes  No  Don't know/Don't want to answer
- e. Play sports on a team  Yes  No  Don't know/Don't want to answer
- f. Play a musical instrument  Yes  No  Don't know/Don't want to answer
- g. Participate in a religious group or club  Yes  No  Don't know/Don't want to answer
- h. Practice martial arts  Yes  No  Don't know/Don't want to answer
- i. Do other activities (specify): \_\_\_\_\_  Yes  No  Don't know/Don't want to answer
15. **Did you become involved in any extra-curricular activities because of your participation in this program?**  
 Yes  No  Don't know/Don't want to answer

↳ If Yes, What type of activities? \_\_\_\_\_

## Work and Job Readiness

16. **Do you have a job now?**

Yes     No     Don't know/Don't want to answer

↳ If Yes, Where do you work now? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

How much money do you earn per hour? \$ \_\_\_\_\_

17. **Are you interested in getting a job (or finding a NEW job)?**

Yes     No     Don't know/Don't want to answer

18. **Do you have...**

- |   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| a. ...California (or other state) ID card   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| b. ...Resume                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| c. ...Social Security card                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| d. ...Belief that you can get a job         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| e. ...Ideas about the type of job you want? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |

19. **Did you receive help from this program in finding or keeping a job?**

Yes     No     Don't know/Don't want to answer

## Relationships with Parents, Peers and Others<sup>iii</sup>

20. **How much do you agree with each of these statements?** Please check only one answer per row.

<i>I have a friend or relative about my own age...</i>	<b>I Strongly Disagree</b>	<b>I Disagree</b>	<b>I Agree</b>	<b>I Strongly Agree</b>	<b>No Opinion/ NA</b>
a...who really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b...who talks with me about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c...who helps me when I'm having a hard time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. **How much do you agree with each of these statements?** Please check only one answer per row.

<i>In my home, there is a parent or some other adult...</i>	<b>I Strongly Disagree</b>	<b>I Disagree</b>	<b>I Agree</b>	<b>I Strongly Agree</b>	<b>No Opinion/ NA</b>
a...who expects me to follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b...who is interested in my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c...who believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d...who is too busy to pay much attention to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e...who talks with me about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f...who always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g...who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. **Did you receive help or learn anything in this program that helped you get along better with your friends or relatives?**

Yes     No     Don't know/Don't want to answer

↳ If Yes, what type of help did you get? \_\_\_\_\_

**Skills<sup>IV</sup>**

23. **Please indicate your level of agreement with the following statements:** Please check only one answer per row.

Self-Care and Social Development	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a. I can name two or more places to get help if I feel unsafe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am generally healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I ask for help when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I accept compliments or praise without feeling embarrassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can take criticism without being very angry, sad or defensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have pride in my cultural background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I respect other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I respect other people's ways of looking at things, their lifestyle, and their attitudes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am able to organize and lead group activities (like school or sports activities).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I think about how my choices affect others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I think about how my choices now affect my future a year or more from now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. **Please indicate how much you agree with the following statements.<sup>V</sup>** Please check only one answer per row.

	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a. Sometimes you have to physically fight to get what you want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I get mad easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When I am angry or upset I do whatever I feel like doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I am mad, I yell at people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes I break things on purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I feel like it, I hit people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. This program taught me new ways to deal with my anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. This program helped me think ahead to the consequences of my actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. **Have you learned or done things at this program that you haven't done anywhere else?**

Yes     No     Don't know/Don't want to answer

If yes, please explain:

---



---



---

## Other Risk Factors

26. **Have you ever tried alcohol or drugs (including tobacco)?**     Yes     No → Skip to Q28  
 Don't know/Don't want to answer → Skip to Q28
27. **Please answer the following questions about your substance use:** Please check only one answer per row.

Have You Ever Tried...	If Yes →	How Frequently Have You Used This Substance in the Last Three Months?				Would You Like to Quit?
		Just Tried Once	About 1 or 2 Times a Month	About Once a Week	Almost Everyday	
Tobacco?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marijuana/Weed?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other drugs: _____ _____	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

28. **Do you hang out with people who are gang members?**  
 Yes     No     Don't know/Don't want to answer

## Program Participation

29. **How long have you been participating in this program?**  
 Less than one week                       More than 1 month and less than 6 months                       1-2 years  
 Between one week and one month                       Between six months and 1 year                       More than 2 years  
 Don't know/Don't want to answer
30. **Approximately, how much time do you spend in this program?** \_\_\_\_\_ hours per week  
 Don't know/Don't want to answer     Not applicable
31. **Did you get help from this program in any of the following areas?** (Check all that apply.)  
 Homework/school/ GED studies                       Drug or alcohol use                       Problems at home  
 Finding a job                       Safer sex education                       Managing anger  
 Keeping a job                       Emotional problems                       Getting away from gangs  
 Transportation                       Health problems                       Changing your living situation  
 Other: \_\_\_\_\_                       Other: \_\_\_\_\_                       Other: \_\_\_\_\_  
 Don't know/Don't want to answer
32. **If you were in trouble or needed to talk, who would you talk to at this program:** (check all that apply)  
 Another youth                       One staff person in particular  
 Any staff at this program                       No one at this program  
 Don't know/Don't want to answer
33. **How satisfied are you with the types of services offered at this program?**  
 Very dissatisfied                       Dissatisfied                       Satisfied                       Very Satisfied  
 No opinion                       Don't know/Don't want to answer
34. **How satisfied are you with the staff at this program?**  
 Very dissatisfied                       Dissatisfied                       Satisfied                       Very Satisfied  
 No opinion                       Don't know/Don't want to answer
35. **How satisfied are you with the respect shown for your ethnic and cultural background at this program?**  
 Very dissatisfied                       Dissatisfied                       Satisfied                       Very Satisfied  
 No opinion                       Don't know/Don't want to answer
36. **How satisfied are you with this program overall?**  
 Very dissatisfied                       Dissatisfied                       Satisfied                       Very Satisfied  
 No opinion                       Don't know/Don't want to answer

37. **In general, do you feel safe coming to this program?**

- Yes       No       Don't know/Don't want to answer       Not applicable

38. **In general, would you recommend this program to your friends?**

- Yes  
 No  
 Don't know

39. **After you complete this program, are you interested in staying in touch and helping out?**

- Yes  
 No  
 Don't know

40. **Is there anything you would like to add about your experience in this program?**

---

---

---

---

**Thank you for your time!**

**Please return this survey to the person who gave it to you.**

---

i Select questions adapted from the San Francisco Department of Children, Youth, and Their Families' Youth Survey.  
ii Source: San Francisco Department of Children, Youth, and Their Families' Youth Survey for Middle/High School Students.  
iii Source: California Healthy Kids Survey, © 1999 California Department of Education.  
iv Source: Ansell-Casey Life Skills Assessment, © 2000 Casey Family Programs and Dorothy I. Ansell.  
v Source: Individual Protective Factors Index (IPFI): A Measure of Adolescent Resiliency, © 1997 EMT Associates, Inc.

## PrIDE Exit Form

**Please complete this exit form for all youth with whom you conducted a Baseline Survey AND who are no longer in your program.**

Name of Organization: _____										Today's Date		___/___/___ Mo. Day Year	
Name of Program: _____										Your Initials		____	
Clients' First Name										Clients' Date of Birth		___/___/___ Mo. Day Year	
Clients' Last Name										Clients' Program Start Date		___/___/___ Mo. Day Year	

1. **Approximately, what date did the youth last participate in your program?** \_\_\_\_\_
2. **Approximately, how much time did the youth spend in this program?** \_\_\_\_ hours per week
3. **Why did the youth stop participating in your program? Check all that apply.**

<input type="checkbox"/> Completed the program	<input type="checkbox"/> Youth dropped out of program
<input type="checkbox"/> Partial completion of program	<input type="checkbox"/> Probation violation
<input type="checkbox"/> Committed to juvenile hall	<input type="checkbox"/> Absent from program without permission/AWOL
<input type="checkbox"/> Failure to appear at program	<input type="checkbox"/> Youth moved out of area
<input type="checkbox"/> New arrest/law violation	<input type="checkbox"/> Other reason: _____
<input type="checkbox"/> Poor performance or behavior in the program	<input type="checkbox"/> Don't know
4. **What services/activities did the youth participate in or access while in the program? Check all that apply.**

<input type="checkbox"/> Job training/readiness services	<input type="checkbox"/> Anger management services	<input type="checkbox"/> Practical assistance such as help with transportation or meals
<input type="checkbox"/> Tutoring/help with homework	<input type="checkbox"/> Health education services	<input type="checkbox"/> Extra-curricular or after-school activity
<input type="checkbox"/> GED services	<input type="checkbox"/> Housing services/assistance	<input type="checkbox"/> Other service/activity: _____
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Substance use counseling	
<input type="checkbox"/> Case management	<input type="checkbox"/> Mental health counseling	<input type="checkbox"/> Don't know
<input type="checkbox"/> Intensive home-based supervision		
5. **Does the youth continue to participate in other programs at your organization?**  
 Yes     No     Don't Know     Not applicable, our organization only operates this program  
 → **If Yes**, please briefly describe: \_\_\_\_\_
6. **Did you or another staff member ever refer the youth to another agency?**  
 Yes     No     Don't Know  
 → **If Yes**, which agencies: \_\_\_\_\_  
 → **If Yes**, for what types of services: **Check all that apply.**

<input type="checkbox"/> Job training/readiness services	<input type="checkbox"/> Anger management services	<input type="checkbox"/> Practical assistance such as help with transportation or meals
<input type="checkbox"/> Tutoring/help with homework	<input type="checkbox"/> Health education services	<input type="checkbox"/> Extra-curricular or after-school activity
<input type="checkbox"/> GED services	<input type="checkbox"/> Housing services/assistance	<input type="checkbox"/> Other service/activity: _____
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Substance use counseling	
<input type="checkbox"/> Case management	<input type="checkbox"/> Mental health counseling	<input type="checkbox"/> Don't know
<input type="checkbox"/> Intensive home-based supervision		
7. **Please answer the following questions to the best of your ability:**  
 Is the youth currently in school?     Yes     No     Don't Know  
 Is the youth currently working?     Yes     No     Don't Know  
 Is the youth currently in a stable living situation?     Yes     No     Don't Know
8. **Do you have any other information or comments about this youths' current situation or how the program helped this youth? Feel free to write on the back of this page.**

**Thank you for your time! When complete, please send this instrument to:**

PrIDE Staff

375 Woodside Ave, San Francisco, CA 94127