Arvin Union School District
August 27th, 1993
LOCAL SCIENTIFIC PRACTIONER RESEARCH

THE USE OF TEACHER SURVEYS TO IDENTIFY "AT RISK" STUDENTS IN THE ARVIN SCHOOLS

Donald J. Asbridge
Arvin Union School District

An ongoing source of concern in the Arvin Union School District, as well as many school districts nationwide, has been in the area of identification of students who are felt to be "at risk" to develop significant difficulties in certain areas related to school, home, and/or the community. This descriptive study attempted to utilize teacher surveys to identify children at low, medium and high levels of risk in the areas of academics, behavior, emotionality, gang involvement, motivation, community, vocation, self esteem, crisis, and "other" areas. A description and discussion of the findings were forwarded and a confidential "master list" of names, areas, and levels of risk by grade and gender was made available to each administrator and school site principal. Recommendations related to the identification of the local at risk population and related issues were forwarded.

The Arvin Union School District is located in a rural agricultural community rich in cultural, socioeconomic, and geopolitical diversity. With a population growing at a rate greater than one percent annually and located close to major urban population centers in Bakersfield and Los Angeles, children in the district are increasingly exposed to many modern-day influences and factors which can place them at risk for problems as they face the crucial developmental and social challenges awaiting them in the future.

"At risk" is a much-used, often overused term in education, mental health, and society today. Yet, it is an important term; research and experience indicate many behaviors, factors, or conditions can place a student "at risk" for future academic or other areas of difficulty in achieving his/her human potential. According to the *Report to the Legislature* by the Orange County Department of Education (1993), greater than 61% of California children might be considered at risk in various areas.

Many in the public domain have called for changes in education. Former president George Bush stated, "There will be no renaissance without revolution... We must transform America's schools" (America 2000). At the time of this writing, current U.S. President Bill Clinton is

---

This paper is the first of a planned series addressing the identification, intervention, and prevention of problems considered to place students "at risk" in our district.

Correspondence should be addressed to Donald J. Asbridge, Department of Special Education, Arvin Union School District, 737 Bear Mountain Boulevard, Arvin, California.

working on his educational goals and strategies, to be known as Goals 2000. On October 9, 1991, Governor Pete Wilson signed Assembly Bill 1650 (Chapter 757, Statutes of 1991), authored by Assemblywoman Beverly Hansen, the School-Based Early Mental Health Intervention and Prevention Services for Children Act... for the purpose of implementing prevention and early intervention mental health services to children in kindergarten through third grade. Listed high in the priority for change is the need to address at risk students and behaviors.

The mission statement (March 2, 1992) for the Arvin Union School District is "*to [help students]... demonstrate competency in all subjects and be prepared to be responsible citizens, productive workers, and life-long learners.*" In order for that mission, as well as those mentioned above, to become a reality, it seems apparent that one necessary step is to identify problems and students experiencing problems, provide appropriate specific and general interventions, and ultimately prevent further such problems from occuring.

The public, government, and media, although usually well-intentioned in their suggestions for school change, often are unaware of the extensive amount of services schools already provide for students. It is important to note that many district programs, procedures, and processes are already in place to identify and treat children considered at risk in certain areas. Such programs in our district include, but are not limited to, Chapter One, Bilingual, Migrant, Special Education, Reading Recovery, D.A.R.E., Reception Center, Health, Speech, and Preschool. Each school site has a student study team (SST), Bear Mountain has a Student Assistance Program (SAP), and Haven Drive Middle School has a Crisis Intervention Team (CI). SST, SAP, and CI are structured regular education service delivery programs for at risk students; each school will have all three programs by the end of this school year. Parent involvement is encouraged through Parent Clubs, Parent Education Meetings, and the Parent Teacher Organization (PTO). School sports programs, clubs, afterschool activities, Honor Society, QUEST, peer tutors, migrant tutoring, classroom advisories, and Leadership Class provide qualitative opportunities. Psychological services, counseling and therapy, and additional District Instructional Support (DIS) services are provided for at risk students by the school psychologist. Part-time onsite mental health services are available from a local community agency. Consultation and communications occur between schools and parents on a daily basis, often through the use of the community liason person. Teachers work with students on an ongoing basis in attempts to help students learn to cope with and solve their problems. Local parent groups have organized in attempts to curb gang activities. Finally, a full spectrum of services are available in nearby Bakersfield and/or Los Angeles for students or families experiencing any kind of difficulties; schools make outside referrals to access services. The list of services and interventions available goes on and on, but still, concern exists for our students who experience a wide variety of mild to severe difficulties in areas ultimately important in their social, physical, and mental health development and quality of life. Some in education ask, "*what else can we do?*"

According to Wasik et al. (1993), "teachers' judments have not been frequently used as part of a schoolwide screening procedure... Less frequently, teachers have been asked to provide a global judgment of children's academic adjustment or likelihood for school success. It is possible however, that such a judgment, letting the teacher combine information across a number of child characteristics, could be very informative... One potentially important global measure of teachers' judgments is to have teachers classify children according to their risk for school success or failure."

Teacher's perceptions *are* important in the education and mental health of students. Indeed, teachers' judgments have been found to be more accurate than test scores in some instances (Hoge & Butcher, 1984). The survey method was chosen because it was less expensive than costly screening/assessment instruments available, relatively easy to administer, and because it tapped valuable teacher global perceptions of student problems.

The specific purpose of this paper was to attempt to successfully utilize the teacher survey

method to identify and describe at risk students in all grades in our district; it was hoped the survey method would be found to be cost- and time-effective. The secondary purpose was that, with an increased understanding of the at risk in our district, subsequent research and program development could articulate plans, programs, or strategies which could help with appropriate interventions and subsequent efforts in prevention.

At Risk vs. Mentally Healthy Students

Although many definitions exist, for the purposes of this study an "at risk" student is defined as *"a child who is experiencing problems or who has a [degree of] chance of experiencing problems which might impair, negate, or adversely affect the child's opportunity to realize his or her natural potential"* (loosely adopted from The Bureau for At-Risk Youth, 1992). The definition of at risk is contrasted with that of a "mentally healthy" student, who is (or is productively working toward becoming) *"independent, responsible, able to work productively in the fashion demanded by society, and able to participate in the perpetuation of that society"* (Fromm, 1941).

METHOD

Subjects

Subjects in this study were all students enrolled in the Arvin Union School District from preschool through seventh grade at the end of the 1992/93 school year. Eighth grade students were not included because by graduating to high school they would not be returning to our district next year. At the time of data collection 2049 students were possible for inclusion.

Surveys

All 84 teachers and additional staff were asked to participate in the survey by listing concerns. The survey included a topsheet (see Addendum A) which provided instructions on how to complete the survey, and the actual survey form (Addendum B), which allowed ample room to list students in their room, and to identify the grade, gender, and areas/levels of concern per student. See Table 1 for a description of each category of risk.

Teachers at Haven Drive Middle School were asked to express concerns for students in their homeroom; due to prep periods and other scheduling quirks, this method was deemed most appropriate for data gathering. Because some teacher concern was voiced, primarily the fact that homeroom teachers might not know their students as well as other students with whom they spend more time, the cumulative list was made available to all HDMS teachers in the school office for one week, where they were able to review and make additions to the list, although only one name was subsequently added. Teachers at the other school sites (Preschool, Sierra Vista, and Bear Mountain Elementary School) were able to express concerns for students in their own classes.

Master Lists

Survey results were tallied by the experimenter and compiled on to three confidential master lists in booklet form, one for each school. These lists were given to each administrator and principal before the start of the 1993/94 school year. Each list included student names by gender and grade; in addition, the area(s) of concern (e.g., academics, behavior, etc.) were checked and categorized as high, medium, or low risk. A sample master list sheet (utilizing ficticious initials) is included as Addendum C.

The master lists were prorated to be current for the start of the 1993/94 school year (e.g., children rated as preschoolers were listed as kindergarten students, etc.) The master lists may have included some misspellings because of handwriting variance among respondents and in only one case accounted for retentions. Due to time and other circumstances it was impossible to account

TABLE 1
Description of ten "at risk" categories (areas).

Academics (ACAD):
Includes grades and overall school performance/achievement.

Behavior (BEH):
Includes school (e.g., referrals, negative consequences) and community conduct (e.g., probation, police).

Emotionality (EMOT):
Emotionality and liablity; excessive frustration, etc.

Gang Involvement (GANG):
Suspected gang activity, ideation, or exposure; includes substance abuse.

Motivation (MOT):
Includes apparent low desire or effort to complete work or succeed in academics or other school or life area.

Home/Community (COM):
Includes divorce, abuse, socioeconomic factors, etc. in the home or community.

Vocational (VOC):
Concerns regarding social/study skills, responsibility, self-help skills, independence, and dropping-out.

Low Esteem (EST):
Shyness, withdrawn, etc.

Crisis (CRI):
Includes suicidal/homicidal statements, thoughts, gestures, notes in logs, etc., or recent death in the family.

Other (OTH):
Describe concern(s).

for student transfers and moves, so some students may have been listed in incorrect grades and some omissions/inclusions of names was inevitable. The master list should be considered a pre-test for further research and a "starting point" to identify students and their potential or real problems as they enter the 1993/94 school year. The master list should also be conceptualized as a working document in which children at risk are identified; inclusion on the list should lead toward action plans for appropriate treatment/interventions. The master list should be periodically (at least annually) updated and flexible to be changed as the school year progresses. Finally, the master list should be considered an instrument to be used for prevention.

Categories (Areas) of Risk

This research was limited to ten categories (areas) of risk. The ten chosen areas (see Table 1) were hoped to yield representative and comprehensive, yet manageable numbers. With the identification of so many precedants and anticedants related to problems of modern American youth, it could have been possible to develop rankings for many more at risk categories such as: family structure and dynamics, personality style, language, handicaps, low birth weight, development and maturation, life and social stress, attachment and bonding, immunizations, socioeconomic and sociometric status, peer relationships, health and physical fitness, pregnancy and parenting, antisocial and violent behavior, attendance, drug babies, retention, poverty, television and video games, family moves, new arrivals to the country, eating disorders, etc.

Some larger categories that by definition include the at risk (i.e., special education, migrant, and bilingual) were not chosen as areas of risk for this project because these students either have already been identified and are receiving interventions, or procedures already exist to identify them.

Data Analysis

Data was primarily descriptive and involved the reporting of frequencies, observations, and percentages. Inferential statistics included Spearman correlations between problems across grades by gender, and chi-square analysis between expected and observed frequencies of levels of risk between genders.

RESULTS

Of the 84 teachers in the Arvin Union School District asked to participate in the survey, 65 (77.4%) chose to respond. In efforts to identify 100% of at risk students in the district, a 100% participation rate by teachers was highly desirable. With only 77% participation, the validity of the study fell into question; therefore, the findings of this study might have been an *underestimate* by as much as 25% of the actual students considered at risk as per the working definition.

Of the 2049 students possible for inclusion, 397 (19.4%) were described as at risk by the teachers who responded to the survey. Accounting for the possibility of a 23% underestimate, as described above, 486 students (23.7%) might have been a more accurate estimate of at risk students in our district.

Districtwide frequencies per individual area by school, grade, and gender are outlined in Table 2. For the 397 students a total of 1221 problems were identified. Numbers such as this (i.e., more problems than students) were possible because more than one category could be checked per student. Indeed, an average of 3.07 categories were checked per identified student. Modal data for each area are also identified in Table 2. The school with the most identified problems was Haven Drive Middle School ($n = 536$); problems were reported more for eighth graders ($n = 267$); boys were described as having more problems ($n = 957$) than girls; and the area of academics ($n = 270$) was listed most frequently.

TABLE 2

Frequencies and modes in each area of risk listed per school, grade, and gender for the district.

*Indicates modal number for each area of risk.

School:	Sierra Vista School						Bear Mountain Elem. School						Haven Drive Middle School						
Grade:	Kind		1st		2nd		3rd		4th		5th		6th		7th		8th		
Gender:	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
ACAD	5	3	10	6	30	6	37	6	20	9	32	5	27	11	14	2	38*	9	270
BEH	5	2	12	5	20	5	26	3	14	1	13	3	17	3	12	1	32*	9	183
EMOT	4	2	3	0	13	0	20	1	7	3	8	2	8	5	14	1	29*	8	128
GANG	0	1	1	0	3	2	11	0	3	0	4	2	9	0	7	0	20*	3	66
MOT	7	3	2	0	14	3	21	1	10	4	16	2	20	8	14	2	32*	10	169
COM	5	7	7	6	12	3	15*	6	12	7	7	5	6	5	3	2	14	5	127
VOC	0	0	0	0	6	4	6	0	4	2	13	1	27*	7	11	1	27*	7	116
EST	8	2	4	0	14	4	12	2	8	4	15	8	11	10	5	1	16*	4	120
CRI	0	1	1	0	3*	0	3*	1	0	0	3*	0	0	1	0	0	1	1	15
OTH	5*	3	4	3	1	1	1	0	1	1	0	0	0	0	1	4	2	0	27
Total:	39	24	44	20	116	28	152	20	79	31	111	28	124	50	81	14	211	56	1221

A ranking of problem areas from most to least (see Figure 1) yielded the following results. Academics (ACAD $n = 270$), behavior (BEH $n = 183$), motivation (MOT $n = 169$), emotionality (EMOT $n = 128$), community (COM $n = 127$), esteem (EST $n = 120$), vocational (VOC $n = 116$), gang involvement (GANG $n = 66$), "other" areas (OTH $n = 27$), and crisis (CRI $n = 15$).*1*

Gender Comparisons

According to teacher report, boys were identified as having problems much more frequently than girls in every grade level (see Figure 2). The highest identified frequencies in each category by grade (modal categories) were for boys. Modes occured for eighth grade boys in six areas (ACAD $n = 38$; BEH $n = 32$; EMOT $n = 29$; GANG $n = 20$; MOT $n = 32$; and EST $n = 16$). Third grade boys were identified most frequently at risk in the community (COM $n = 15$). Kindergarten boys were described as having the most problems in "other" categories (OTH $n = 5$). Bimodal results (two-way tie) were found with sixth and eighth grade boys in the area of vocational risk (VOC $n = 27$). Finally, trimodal results (three-way tie) were tallied for second, third, and fifth grade boys felt to be experiencing some form of crisis at the end of the school year (CRI $n = 3$). A total of 292 boys (73.6%) and 105 girls (26.4%) were described as at risk (see Figure 3).

As graphically illustrated in Figure 4, the Spearman correlation coefficient ($r_S = .62$) suggested boys' problems increased in frequency through the progression of grades K-8. The coefficient of determination ($r^2 = .38$) indicated at least a moderate amount of the reported problems seemed to relate to the current grade (also age), while the coefficient of indetermination ($K^2 = .62$) indicated other internal/external factors exist which unfortunately have a negative impact on boys as they progress through the important early years of social, emotional, and physical development. This information is important in the prediction of the occurance of problems and should be considered in educational strategies, interventions, and prevention.

Correlational analysis ($r_S = .40$) of girls' progress through the grades suggested less of a relationship between the variables of problems and grade/age. The frequency of girls' problems remained relatively steady ($r^2 = .16$); therefore, girls' problems seemed equally likely to occur at almost any grade/age and should be primarily explained as being due to other internal/external variables ($K^2 = .84$).

Degrees of Risk

Chi-square analysis ($\chi^2 = 2.18$; $df = 2$; $p \approx .40$; $\alpha = .05$) did not statistically support the impression that the occurance of either boys' or girls' problems were described as "high" more often than "medium" or "low" than would be expected by chance alone. Still, it is important to note that at least 144 boys and 47 girls were described as high risk by teachers in our district.

"Other" Areas of Risk

The 27 areas described as "other" included a variety of domains which can lead to, or result from, students experiencing difficulties in school, home, and the community. The "other" areas were identified as nutrition, hyperactivity, witness to trauma, police involvement, non-english speaking, threatening/violent behavior, absences/truancy/attendance, attitude to authority, pregnancy, physical handicap, speech problems, hearing difficulties, allergies, and stealing.

1Note: **Direct and immediate intervention has been, or will be, provided for all students described as at risk for any type of crisis (CRI).**

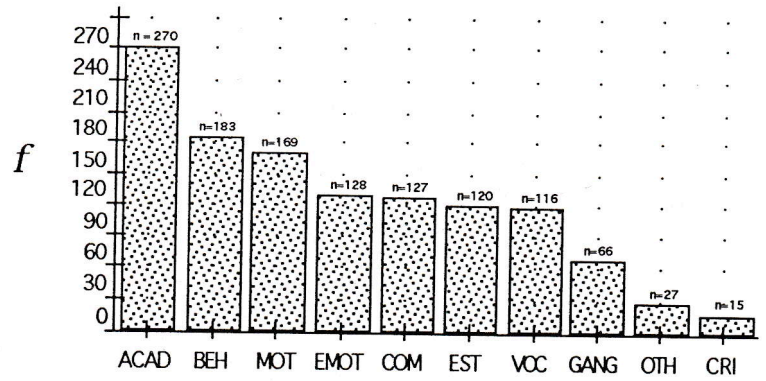

Figure 1. Ranking of total identified problems per category.

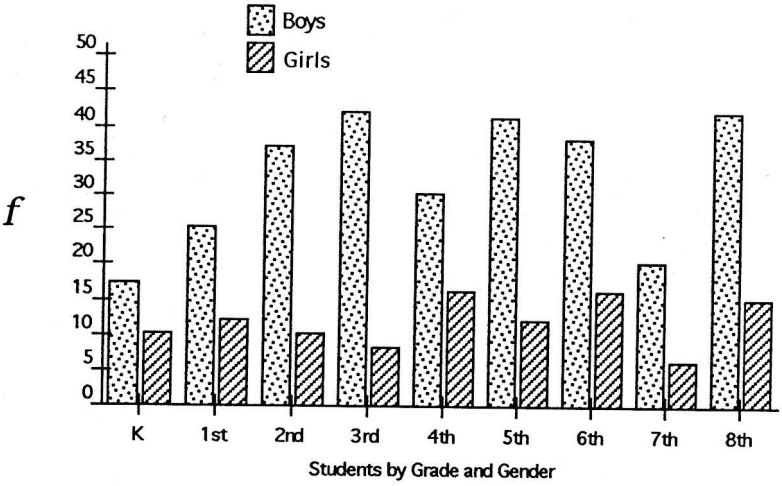

Figure 2. Students identified as "at risk" by grade and gender.

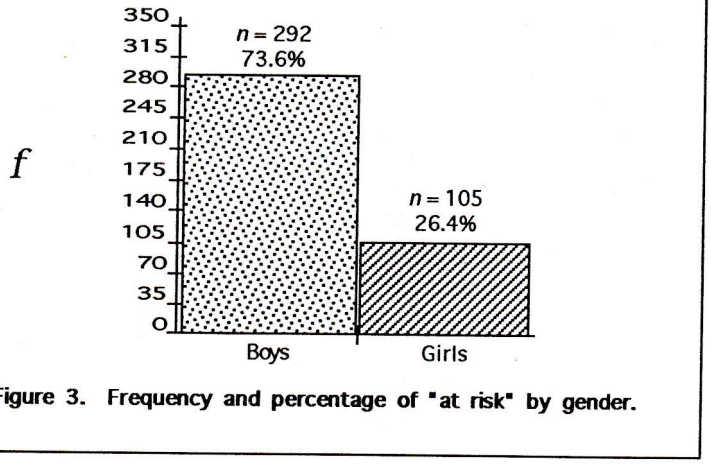

Figure 3. Frequency and percentage of "at risk" by gender.

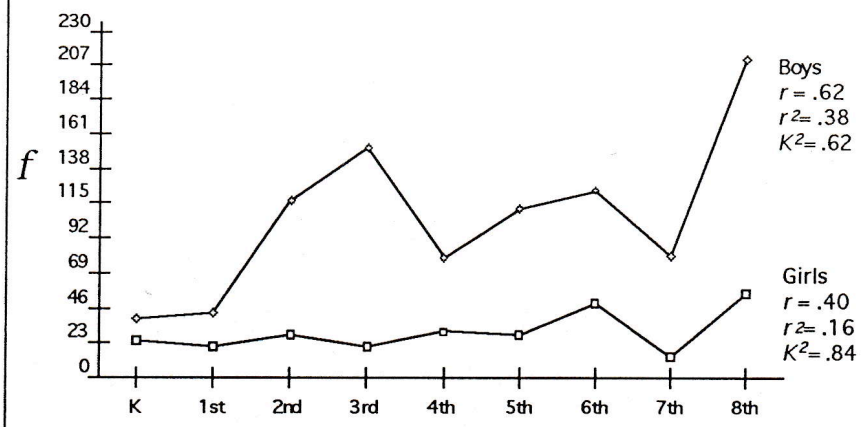

Figure 4. Spearman correlations (r_s) between gender and grade/[age].

$\chi 2 = 2.18$; $df = 2$; $p \approx .40$; $\alpha = .05$.

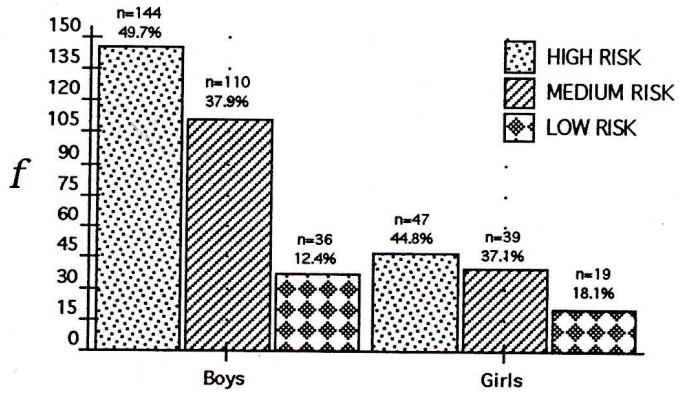

Figure 5. Frequency of risk, classified as high, medium, or low, by gender. Chi Square is high risk vs. low and medium risk.

CONCLUSION

Results of this study suggest that about 2 out of every 10 students ($n = 397$; 19.4%) in our district should be considered at risk as defined by the working definition in this research. These are students and problems identified above and beyond those already identified in other areas of risk such as special education, migrant, bilingual, etc. These results are not inconsistent with other research, which has estimated greater than 61% of American and Californian youths might be considered as at risk in these complex times.

The use of the teacher survey method in the Arvin Union School District found the provision of qualitative and quantitative information useful in identifying and describing characteristics related to the target population. Lack of participation by respondents has been noted to be a primary drawback in the use of surveys (Gay, 1980), and in this case may have resulted in up to a 25% underestimate of student problems. Therefore, the validity of the overall project fell in to question. However, with encouragement and the observation of concrete results from their participation, increases in responses should be seen in future annual survey administrations.

The use of the survey was virtually free of charge to the district (and therefore the taxpayer), as opposed to many standardized screening or assessment instruments for at risk populations currently available on the market. In addition, the survey method was quite time-effective for the district. Teachers could complete the survey in about 3 to 15 minutes and results were simply tallied on to summary forms by the researcher. The most time consuming task was producing the comprehensive master lists for each school, which required about 50 hours of data management and typing. All work was performed by this examiner over the course of summer vacation and therefore no direct or indirect services or salary were lost to the district.

The results of this project will be best used as part of a renewed emphasis toward prevention efforts for the populations described. With the information included in the master lists, principals and those working with at risk students in our district now have the opportunity to provide direct interventions and principles of prevention for identified students in their noted areas of risk. General descriptive information, as set forth in this paper, should also help determine courses of action and future directions of emphasis in education.

A disturbing result of this research was that 15 students were described as in crisis at the end of the 1992/93 school year. The school psychologist processed 11 crisis referrals during the school year. Numbers such as this are alarming for a district the size of ours and certainly justify last year's formation of the crisis intervention team at Haven Drive Middle School, which this year will expand to provide districtwide crisis intervention and prevention.

A related finding was that more students were identified as high risk than low or medium risk. One would expect the opposite finding (i.e., more low risk than high risk). It is possible and logical that teachers tended to emphasize "larger" problems and areas of concern than "smaller" ones. Still, as it relates to the concepts of identification and prevention, the awareness of "early warning signs" is of utmost importance because small problems often become large problems and small problems are usually easier to solve than larger problems.

An interesting, but not unexpected result, was the wide discrepancy between problems noted for both genders. Boys' problems seemed to increase as they progressed through the grades, the frequency of problems peaking in 8th grade (follow-up data from high school ages and beyond were not available for this paper). More boys were considered at risk than girls by a ratio of almost 3:1, this finding again consistent with other research (Rubin & Cohen, 1986; Ironsmith & Poteat, 1990). Further research would be necessary to infer causation into this complex real or imagined perception of gender differences. It does seem evident from the results of this and other research that schools, society, and family systems seem to be failing boys in particular in areas related to prevention and intervention of at risk.

Recommendations for further research include the annual re-administration of surveys to

test growth or change and the effects of independent variables in identified vs. non-identified students (pre-test and post-test data) and to seek reliability and validity data. Additional research might address the complex interactions between the chosen areas of risk as they relate to home, school, and community settings; it seems obvious that the schools alone cannot be expected to solve the issue of children at risk: the home and community also need to make *monumental* changes in their methods.

Several methodological issues arose during the course of this study. This research might lend itself to more intensive inferential statistics if percentages, rather than frequencies, were employed. Also, substance abuse should be a separate category, rather than included in the area of gang involvement (GANG). Finally, data collection and management would be much more efficient if gathered by more than one researcher, possibly one person per grade.

The slogan for this year in the Arvin School District is "*Together in Unity,*" which is appropriate because it seems apparent that with the large numbers of students experiencing difficulties or who are considered at risk, it will take a large *team* effort from all to make further and continued significant positive changes for at risk children in our town, state, and country.

REFERENCES

Cowen, E. L., Pederson, A., Babigian, H., Izzo, L. D., & Trost, M. A. (1973). Long-term follow-up of early detected vulnerable children. *Journal of Consulting and Clinical Psychology*, 41, 438-446.

Fromm, E. *Escape from freedom.* New York: Avon Books, 1941 (also published by Holt, Rinehart, & Winston).

Gay, L. R. (1980). *Educational evaluation & measurement.* Columbus, Ohio: Charles E. Merrill Publishing Co. (Publ), p. 119.

Hiser, D., & Benn, W. (1993). *Early intervention for school success report to the legislature*, 1991-92. Costa Mesa, CA: Orange County Department of Education, pp. i-xviii.

Hoge, R. D., & Butcher, R. (1984). Analysis of teacher judgment of pupil achievement levels. *Journal of Educational Psychology*, 76, 777-781.

Ironsmith, M., & Poteat, G. M. (1990). Behavioral correlates of preschool sociometric status and the prediction of teacher ratings of behavior in kindergarten. *Journal of Clinical Child Psychology*, 19, 17-25.

Parker, J. G., & Asher, S. R. (1987). Peer relations and later personal adjustment: are low-accepted children at risk? *Psychological Bulletin*, 102, 357-389.

Raueser, C. E. (1992). *AB 1650: School-based early mental health intervention and prevention services for children act.* Memo sent from the California Department of Mental Health to all school districts statewide.

Ruben, K. H., & Cohen, J. S. (1986). The revised class play: correlates of peer assessed social behaviors in middle childhood. In R. J. Prinz (Ed.), *Advances in behavioral assessment of children and families* (Vol. 2, pp. 179-206). Greenwich, CT: JAI Press.

United States Department of Education (1992). *America 2000.* Brochure describing program sent to all schools by Lanny Griffith, Assistant Secretary, Office of Intergovernmental and Interagency Affairs, Washington D.C., (February 11th, 1992).

Wasik, B. H., & Murray, L. M. (1985, August). *An observational study of kindergarten children at risk for retention.* Paper presented at the American Psychological Association meeting, Los Angeles, California.

Wasik, B. H., Wasik, J. L., & Frank, J. (1993). Sociometric characteristics of kindergarten children at risk for school failure. *Journal of School Psychology*, 31, 241-257.

Werz, E., Director (1992). *At-risk resources 1992 buyers guide.* The Bureau for At-Risk Youth, Huntington, NY. Information adapted from p. 2.

The author would like to thank all teachers and staff who completed the survey. The information you provided will help children in our district.

The initial draft of this paper is to be released to AUSD administration and staff; the final draft will be submitted to *The California Association of School Psychologists (CASP)* for consideration for research presentation at their annual convention.

This research has attempted to be consistent with the goals and intents of *America 2000*, *Goals 2000*, and *AB 1650*: it is hoped research such as this can provide utilitarian, pragmatic, progressive, common sense approaches, at no cost, which can enrich the lives of children by identifying and ultimately preventing the occurance of at risk conditions.

This research was produced entirely free of charge to the public.

Addendum A

Monday, May 17th, 1993

Dear Teacher,

Enclosed is a brief form which I am asking you to complete and return to my box by May 28th.

I am asking you to list the names of students whom you consider to be "at risk" in the areas described. The purposes of this request are to a) help us continue to move toward the "preventative" model of service delivery; b) to help us determine the effectiveness of our present interventions system; c) to help us determine what kind of interventions and programs might be needed to help in the treatment of children "at risk;" and d) to help us understand what kind of problems and levels of concern face us in the education of the children in our district.

Preschool, Sierra Vista, and Bear Mountain teachers: indicate your concerns for students in your class only. *Haven Drive Middle School teachers:* indicate concerns for students in your home room only -- do not list 8th graders. *All teachers:* do not list students about whom you have no concerns or whom you do not consider to be "at risk."

Definition of "at risk student:" an individual [student] who is or was in some way exposed to identified negative precedent(s); concern therefore exists that negative outcomes may result at some point in the future. Generally, some sort of intervention is considered necessary or desired for "at risk" students.

Key to ratings:

Student Name: List name of student, last name first.

Gr (Grade): List grade enrolled in at this time.

Gen (Gender): Circle M for male, F for female.

Type(s) of Concern: You feel the student might be "at risk" in the area or areas indicated below. Circle any and all that apply:

1 = Academics/grades/school performance
2 = Behavior, including school and community conduct (e.g., probation, police, etc.)
3 = Emotionality
4 = Gang involvement (incl. substance abuse)
5 = Poor motivation
6 = Home/community (incl. divorce, abuse, socioeconomic factors, etc.)
7 = Vocational (incl. dropout, study/social skills, responsibility, self-help skills)
8 = Low Esteem (incl. shyness, withdrawn, etc.)
9 = Crisis (incl. suicidal/homicidal statements, thoughts, gestures, notes in logs, drawings, etc.) or recent death in family.
10 = Other (desribe concern)

Degree of Concern: Circle your level of concern (mild, moderate, or severe).

Note: your input is confidential. You are expressing only your concerns (i.e., "I have an identified level of concern that an identified student might be at risk for a possible identified problem in the future, if interventions do no occur." You are not accusing anyone of anything).

Addendum B

Teacher Name: _____

#	Student Name	Gr	Gen	Type(s) of Concern	Degree of Concern
1			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
2			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
3			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
4			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
5			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
6			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
7			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
8			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
9			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
10			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
11			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
12			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
13			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
14			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
15			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
16			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
17			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
18			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
19			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
20			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
21			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
22			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
23			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
24			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
25			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
26			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
27			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
28			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
29			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
30			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
31			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
32			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
33			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
34			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
35			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
36			M F	1 2 3 4 5 6 7 8 9 10	Low Med High
37			M F	1 2 3 4 5 6 7 8 9 10	Low Med High

SAMPLE SHEET
Utilizing Fictional Initials

#	Name	1 ACAD	2 BEH	3 EMOT	4 GANG	5 MOT	6 COM	7 VOC	8 EST	9 CRI	10 OTH	f
HIGH RISK Males (Continued):												
23	Y.Z.	√	√	√	√	√	√	√	√			8
MEDIUM RISK Males:												
24	A.B.				√		√					2
25	C.D.	√	√	√		√		√	√			6
26	E.F.	√	√	√		√		√				5
27	G.H.	√	√	√	√	√		√	√			7
28	I.J.	√	√			√	√	√				5
29	K.L.	√	√	√		√		√				5
30	M.N.	√	√	√		√		√				5
31	O.P.	√	√	√		√						4
32	Q.R.	√	√	√		√	√	√	√			7
33	S.T.	√		√								2
34	U.V.		√									1
35	W.X.	√	√	√		√		√				5
36	Y.Z.	√	√	√	√	√	√	√				7
LOW RISK Males:												
37	A.B.					√		√				2
38	C.D.	√	√									2
39	E.F.		√									1
40	G.H.	√						√	√			3

Addendum C

PDF Resource 11.5 MB

The Use of Teacher Surveys to Identify "At Risk" Students in the Arvin Schools.

Donald J. Asbridge, Ed.S.

This inferential research utilized teacher phenomenology and envisioned a three-tier systematic process of intervention well before the behaviorists developed their version of this model. Described as being "twenty years ahead of it's time," it is now time to bring it back.

The strengths of this research include:
a) It's real scientific, inferential research, not just benchmark scores;
b) It values teachers' perceptions; teachers best know their students;
c) It doesn't just address "academics" and "behavior," it addresses the "whole human;"
d) Comprehensive data yields valuable information related to school-wide planning and interventions.
e) This model is cost- and time-effective.
f) *And much more!*

Just as is true for any model, there are cons, so be careful! Humans are important.

For questions regarding this research and/or further consultations or training regarding the development of quality services for the whole human being in your school or district, please feel free to contact me any time.

Donald J. Asbridge
Educational Specialist
Bakersfield, California USA
shrink@bak.rr.com
www.xpsych.com