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ABSTRACT

Many of the 56 school districts of Nassau County in New York State offer programs to support youth-at-risk. The programs are diverse, and they vary across districts in availability, effectiveness, and perceived need. This study sought to determine availability, effectiveness, and perceived need of programs which provide at-risk youth with academic support, counseling and personal growth, staff development and training, health education, adolescent pregnancy prevention, suicide prevention, child abuse prevention, parenting and parent education, college entrance, employment training, and community education. A survey instrument was mailed to each of the 56 school districts in Nassau County with 40 school buildings responding, representing 34 districts. These were the major findings: (1) most dropouts left school in grades 10, 11, or 12; (2) the three major reasons for leaving school were personal problems, academic difficulties, and employment; (3) a majority believed that dropouts and out-of-school youth would remain in school if an alternative were offered; (4) virtually all indicated that in-school staff handled referral, management, and follow-up of attendance problems, acting-out, emotional/social behaviors, and potential suicides; (5) one-fourth represented districts that had a district-wide Parents' Advisory Council; and (6) most support programs providing services for the at-risk population were rated moderately effective. (ABL)

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YOUTH-AT-RISK NEEDS ASSESSMENT

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Youth-at-Risk Needs Assessment

1. Background

The Commissioner's Task Force on the Education of Children and Youth At Risk developed a comprehensive long-term strategy for improving the education of at-risk children. Its final report, "The Time for Assertive Action," (1988) urged forging new and enhanced collaborations among those committed to eliminating inequity and improving the educational experience of at-risk children residing in New York State.

Many of the 56 districts in Nassau County offer programs intended to support youth-at-risk. The programs are diverse, and they vary across districts in availability, effectiveness, and perceived need. The purpose of this study was to determine availability, effectiveness, and perceived need of programs which provide at-risk youth with academic support, counseling and personal growth, staff development and training, health education, adolescent pregnancy prevention, suicide prevention, child abuse prevention, parenting and parent education, college entrance, employment training, and community education.

2. Methodology

A survey instrument (appended) was developed cooperatively by the Division of Instructional Programs and Services and the Office of Institutional Research and Evaluation of the Board of Cooperative Educational Services (BOCES) of Nassau County. The survey was mailed to each of the 56 school districts in Nassau County with a cover letter describing the purpose of the study and urging cooperation in completing and returning the survey.

In addition to questions concerning (a) dropouts, (b) referral, management, and follow-up of students with problem behaviors, and (c) partnerships with community agencies and businesses, the survey elicited information regarding (d) availability, effectiveness, and perceived need for programs which support youth-at-risk.

Response was obtained from 40 building and district-level administrators in 34 Nassau County districts. Responses regarding availability, effectiveness, and perceived need for programs which support youth-at-risk were analyzed to derive mean ratings for programs and numbers of districts which required assistance in establishing programs. Programs included the following:

Academic support

- remedial programs to improve basic skills
- academic support programs in specific content areas
- curriculum modification
- computer assisted tutorial
- special assistance for the limited English proficient
- alternative means of gaining academic credit for graduation

- alternative classes
- alternative schools

Staff development and training

- early identification and intervention
- specialized teaching strategies
- specialized counseling strategies

Counseling and personal growth

- on-site counseling
- peer counseling
- personal growth and development support groups
- self esteem and social skill training
- stress management training
- effective communication training
- decisionmaking and problemsolving training
- outward bound/leadership/challenge programs
- training how to cope with peer pressure
- teacher advocacy/ombudsman program

Health education

- drug and alcohol prevention
- health education
- AIDS education

Adolescent pregnancy prevention

- workshops for teachers, students, parents
- on-site preventive counseling
- parenting education to teen parents

Suicide prevention

- counseling/training for school staff in
 - . identification and referral of at-risk students
 - . available community resources
 - . school-based preventive counseling

Child abuse prevention

- counseling/training for school staff in
 - . identification and referral
 - . available community resources
 - . counseling strategies
 - . school-based counseling
- child abuse prevention program for parents
- intervention program for abusive parents

Parenting and parent education

- programs for parents of at-risk youth
- workshops to enhance family relationships
- family skills/family life education for student
- teacher inservice program to develop effective partnership with parents
- program to provide supplementary community support services in conjunction with school-based parent training

Employment training

- career planning
- vocational training
- work study
- employment skills training

College entrance

- SAT prep courses
- college admissions guidance and support specifically designed for at-risk youths
- academic tutoring for college-bound at-risk youth

Community education

- community-based educational programs in collaboration with local community organizations in the areas of:
 - alcohol abuse prevention
 - drug abuse prevention
 - suicide prevention
 - teenage pregnancy prevention
 - AIDS prevention

The results of this study provide a basis for identifying needed programs and determining priorities for assisting districts to serve youth-at-risk.

3. Results

A. Respondents

Forty respondents to the survey were educational staff from 34 districts (Table 1).

Table 1

Districts of Respondents

<u>Districts</u>	<u># Surveys</u>	<u>Districts</u>	<u># Surveys</u>
Baldwin	1	Locust Valley	1
Bellmore-Merrick	1	Lynbrook	1
Bethpage	1	Massapequa	1
East Meadow	1	Merrick	1
East Rockaway	1	Mineola	1
East Williston	1	New Hyde Park	2
Elmont	1	Plainview	1
Floral Park	2	Plainview-Old Bethpage	1
Franklin Square	1	Port Washington	1
Freeport	1	Rockville Centre	1
Glen Cove	1	Roslyn	1
Great Neck	1	Seaford	2
Hempstead	2	Sewanhaka	3
Hewlett-Woodmere	1	Syosset	1
Hicksville	1	Uniondale	1
Island Park	1	Valley Stream	1
Jericho	1	West Hempstead	1
Total			40

Most persons who were identified as contact persons (91) were administrators at the district or building level. Contact persons primarily included assistant/deputy superintendents and district superintendents, directors of special education/pupil personnel services and of curriculum/instruction, principals and assistant principals, and program coordinators (Table 2).

Table 2

Contact Persons

<u>Title</u>	<u>n</u>	<u>Valid %</u>
Asst/Deputy Superintendent/Superintendent	15	43%
Director Special Education/PPS	7	20
Director/Assistant Supt Curr & Instrction	5	14
Principal/Asst Principal	4	11
Program Coordinator	2	6
District Grants Writer	1	3
School Psychologist	1	3
No response	5	
Total	40	100%

B. Advisory Councils

Three-fifths of the respondents indicated that their districts did not have a district-wide Parents' Advisory Council (Table 3).

Table 3

Districtwide Parents' Advisory Council

<u>In district</u>	<u>n</u>	<u>Valid %</u>
No	24	60%
Yes	9	40
No Response	7	
Total	40	100%

In cases where respondents specified the role of the Parents' Advisory Council, the role generally involved providing information, coordination, review, and advisement (Table 4).

Table 4

Role of Parents' Advisory Council

<u>Role</u>	<u>n</u>	<u>Valid %</u>
Information resource	5	56%
Coordinates input from indivl parnts' councils	2	22
Reviews districtwide programs	1	11
Advises and reviews AIDS education curriculum	1	11
No response	31	
Total	40	99%

C. Dropouts

According to respondents, two-fifths of dropouts left school in 12th grade. The next largest group, one-third of dropouts, left school in 11th grade. One-fifth left school in 10th grade (Table 5).

Table 5

Percent Total Dropouts Leaving School By Grade

<u>Grade</u>	<u>Mean %</u>
12	39%
11	31
10	20
9	6
8	4
<u>Total</u>	<u>100%</u>

The primary reasons students left school were personal problems and academic difficulties (more than one-half the students) and employment (slightly fewer than one-half of the students). Students commonly had more than one reason for leaving school (Table 6).

Table 6

Reasons Students Leave School

<u>Reason</u>	<u>n</u>	<u>%</u>
Personal problems	23	58%
Academic	21	53
Employment	19	48
Unknown	7	18
Legal problems	5	13
Pregnancy	3	8

Two-thirds of the respondents indicated that they believed that dropouts and out-of-school youth would return to and/or remain in school if an alternative were offered (Table 7).

Table 7

Would Dropouts/Out-of-School
Youth Return to/Remain in School
if an Alternative Were Offered?

Response	n	Valid %
Yes	20	67%
No	10	33
No response	10	
Total	40	100%

D. Managing Behavior Problems

Virtually all respondents indicated that counseling and case conferencing were available to manage behavior problems in school. A detention room and a dean of students or of discipline were available in more than half the respondents' districts. Teacher/mentor support was available in districts of approximately one-third of the respondents (Table 8).

Table 8

Assistance Available to Manage
Behavior Problems

Assistance	n	%
Counseling	38	95%
Case conferencing	37	93
Detention room	23	58
Dean of student/discipline	21	53
Teacher/mentor support	14	35
Crisis cool down room	12	3
Other	18	45

Respondents identified 65 social service agencies utilized by their districts for referral, management, and follow-up. These primarily included counseling or mental health centers and, to a lesser extent, hospital programs, government agencies, and youth outreach and youth councils (Table 9).

Table 9

Social Service Agencies Utilized for Referral, Management, and Follow-up of Problems

<u>Agency</u>	<u># Times Cited</u>
Counseling or mental health center	35
Hospital	16
Gov't agencies	13
Youth outreach/Youth council	10
Community social service agency	6
Probation/police/protective services	5
Religious/ethnic org'n	5
Community home	3
Community center	3
University	1
Private practitioner	1
Other	6

Respondents identified school staff who were responsible for handling referral, management, and follow-up of problems concerning attendance, acting-out behavior, social and emotional problems, potential suicide, and aftermath of suicide. Attendance problems were handled primarily by the school administrative staff or by the teacher and attendance teacher. Acting-out behavior was handled primarily by the administrative staff and, to a lesser extent, by an administrator in collaboration with a psychologist and a counselor. Emotional and social problems, potential suicide, and aftermath of suicide were handled primarily by a counselor and a psychologist, often with the assistance of a social worker (Table 10).

Table 10

School Staff Handling Referral,
Management, and Follow-up of Problems

Staff	Mean Valid %					
	Problem					
	A	A B	E	S	P S	A S
	t	c e	m	o	o u	f u
	t	t h	o	c	t i	t i
	n	n a	t	i	e c	e c
	d	g v	i	a	n i	r i
	n	i o	l	t d	m d	
	c	o o	n	i e	a e	
	e	u r	a	a	t	
		t	l	l	h	
Handled, not specified	37.0%	38.5%	38.5%	38.5%	37.8%	32.1%
Principal, dean, asst principal, admin asst	25.0	33.3	5.1	2.6	2.7	---
Teacher, attendance tchr	22.5	---	---	---	---	---
Administrator, psycho- logist, counselor	5.0	17.9	12.8	10.8	8.1	17.9
Counselor, psychologist, social worker	5.0	2.6	20.5	25.6	29.7	28.6
Counselor, psychologist	2.5	5.1	15.4	20.5	8.1	7.1
Nurse	2.5	2.6	---	---	---	---
Psychologist	---	---	7.7	2.6	13.5	14.3
No response (n)	(0)	(1)	(1)	(1)	(3)	(12)
Total	100%	100%	100%	100%	100%	100%

Between 5 and 16 respondents indicated external agency staff who handled referral, management, and follow-up of problems concerning with attendance, acting-out behavior, social and emotional problems, potential suicide, and aftermath of suicide. In those cases where external agency staff were specified, these generally were mental health clinics and psychologists (Table 11).

Table 11

External Agency Staff Handling Referral, Management, and Follow-up of Problems

Staff	Mean valid %					
	Problem					
	A	A B	E	S	P S	A S
	t	ce	m	o	o u	f u
	t	th	o	c	t i	t i
	n	na	t	i	e c	e c
	d	g v	i	a	n i	r i
	n	i	o	l	t d	m d
	c	o o	n		i e	a e
	e	ur	a		a	t
		t	l		l	h
Handled, not specified	60.0%	37.5%	61.5%	66.7%	68.8%	50.0%
Mental health clinic	20.0	37.5	23.1	16.7	25.0	35.7
Psychologist	20.0	2.5	15.4	16.7	6.3	14.3
No response	(35)	(32)	(27)	(28)	(24)	(26)
Total	100%	100%	100%	100%	100%	100%

E. Partnership

Slightly more than one-half of the respondents represented districts which were involved in a business/industry partnership and also in a community/human services partnership (Table 12).

Table 12

District Involved in School/Community Partnerships

Response	Business/Industry Partnership		Community/Human Services	
	n	Valid %	n	Valid %
Yes	21	55%	20	56%
No	17	45	16	44
No response	(2)		(4)	
Total	40	100%	40	100%

Twenty respondents whose districts were currently involved in a school/community partnership described partnership participants as, primarily, nearby banks and businesses.

Table 13

Business/Industry Partnerships

Partner	n
Nearby banks and businesses	9
Unspecified	7
Academies	2
Drug free schools	1
Mentoring program	1
Total	20

Partnerships with community/human service agencies were varied. They included partnerships with senior citizen centers, nursing homes, and community centers, among others (Table 14)

Table 14

Community/Human Service Agency Partnerships

Partner	n
Unspecified	6
Senior citizens center/nursing home	4
Nassau County Dept of Drug & Alcohol Addiction	3
Community Center	3
Drug free and communities grant	3
BOCES	2
Counseling Center	2
Boys and Girls Club	1
College	1
Library	1
Hospital	1
Orphanage	1
Special needs sharing program	1
YETP-through Nassau County	1
Youth Environmental Service	1
Total	31

In cases where respondents provided a reason why their district was not involved in a business/industry or community human service agency partnership, the most common reason, offered by nearly half of those who responded, was lack of knowledge, information, and resources. A second reason why districts were not involved in a business/industry or community human service agency partnership was staff and budget constraints (Table 15).

Table 15

Why District is NOT Involved in a Business/Industry or Community/Human Service Agency Partnership

Why not involved	n	Valid %
Lack knowledge/information/resources	9	53%
Staff/budget constraints	4	24
Not interested	3	18
"Partners" are engaged "ad hoc"	1	5
No response	23	
Total	40	100%

Twenty-seven respondents who indicated that their districts were at the initiation stages of a partnership required assistance in sharing successful models, training, and technical assistance (Table 16).

Table 16

District, at Initiation Stages of Partnership, Requires:

Need	n	%
Sharing successful models	11	41%
Training	9	33
Technical assistance	7	26
Total	27	100%

F. Effectiveness of/Need for Programs

Respondents from districts where support programs for at-risk youth were available rated programs' perceived program effectiveness on a scale from 5= "most effective" to 1= "least effective". In addition, respondents rated the perceived need for specific programs in their districts on a scale from 5= "most needed" to 1= "least needed". Analyses of the "need" ratings were conducted separately to distinguish between the perceived need for programs in districts providing specific support programs and the perceived need for programs in districts without support programs.

For purposes of this report, a mean rating of 1 through 1.9 was considered not effective or not needed; 2 through 2.9 was slightly effective or slightly needed; 3 through 3.9 was moderately effective or moderately needed; and 4 through 5 was very effective or very needed.

Academic support programs

Between 23 and 38 respondents represented districts which provided academic support programs for at-risk youth. All the academic support programs were very effective or moderately effective. Remedial programs to improve basic skills, provided in districts of 38 respondents, were very effective. Moderately effective academic support programs included academic support programs in content areas, curriculum modification, special assistance for mainstreamed limited English proficient students, alternative schools, alternative classes, alternative means of gaining academic credit for graduation, and computer assisted tutorial program (Table 17).

Table 17

Effectiveness of Existing Academic Support Programs

<u>Program</u>	<u>n</u>	<u>Mean*</u>	<u>sd</u>
Remedial programs to improve basic skills	(38)	4.3	0.57
Academic support programs in content areas	(34)	3.9	0.78
Curriculum modification	(38)	3.8	0.79
Special assistance for mainstreamed limited English proficient students	(36)	3.8	0.99
Alternative schools	(23)	3.8	1.00
Alternative classes	(28)	3.6	1.03
Alternative means of gaining academic credit for graduation	(27)	3.6	0.97
Computer assisted tutorial program	(27)	3.3	1.20
Other	(2)	5.0	----

* Rated on a scale from 5 (most) to 1 (least)

Between 11 and 21 respondents from districts providing academic support programs for at-risk youth rated the need for eight specific programs. Special assistance for mainstreamed limited English proficient students and alternative schools were perceived as most needed in districts of 20 and 11 respondents, respectively, offering these programs. Moderately needed academic support programs in districts providing them included alternative classes, alternative means of gaining academic credit for graduation, computer assisted tutorial program, academic support programs in specific content areas, remedial programs to improve basic skills, and curriculum modification (Table 17.)

Table 18

Need for Academic Support Programs in Districts With Existing Programs

<u>Program</u>	<u>n</u>	<u>Mean*</u>	<u>sd</u>
Special assistance for mainstreamed limited			
English proficient students	(20)	4.1	1.12
Alternative schools	(11)	4.0	1.55
Alternative classes	(16)	3.8	1.33
Alternative means of gaining academic credit			
for graduation	(14)	3.6	1.34
Computer assisted tutorial program	(16)	3.6	1.26
Academic support programs in content areas	(21)	3.6	1.20
Remedial programs to improve basic skills	(19)	3.5	1.17
Curriculum modification	(21)	3.3	1.28
Other	(0)	---	----

* Rated on a scale from 5 (most) to 1 (least)

Between 1 and 7 respondents from districts without specific academic support programs for at-risk youth rated the need for specific programs in their districts. Special assistance for mainstreamed limited English proficient students and academic support programs in specific content areas were perceived as very needed by one respondent. Academic support programs perceived as moderately needed in districts of 2 to 7 respondents included alternative classes, alternative schools, alternative means of gaining academic credit for graduation, curriculum modification, and computer assisted tutorial program (Table 19).

Table 19

Need for Academic Support Programs in Districts Without Existing Programs

Program	n	Mean*	sd
Special assistance for mainstreamed limited English proficient students	(1)	5.0	--
Academic support programs in specific content areas	(1)	4.0	--
Alternative classes	(5)	3.6	1.14
Alternative schools	(7)	3.4	1.27
Alternative means of gaining academic credit for graduation	(4)	3.3	1.71
Curriculum modification	(2)	3.3	--
Computer assisted tutorial program	(3)	3.0	1.00
Remedial programs to improve basic skills	(0)	--	--
Other**	(2)	4.0	--

* Rated on a scale from 5 (most) to 1 (least)

** Alternative school within high school

Between 34 and 36 respondents represented districts which provided staff development programs to support at-risk youth. Early identification/intervention procedures were perceived as very effective. Specialized counseling strategies and specialized teaching strategies were perceived as moderately effective (Table 20).

Table 20
Effectiveness of Existing Staff Development Programs

Program	n	Mean*	sd
Early identification/intervention procedures	(36)	4.0	0.86
Specialized counseling strategies	(35)	3.7	0.99
Specialized teaching strategies	(34)	3.7	0.97
Other**	(1)	4.0	---

* Rated on a scale from 5 (most) to 1 (least)

** Suicide prevention

Between 20 and 21 respondents representing districts which provided staff development programs to support at-risk youth rated the need for specific programs. Specialized counseling strategies and early identification/intervention procedures were perceived as very needed, and specialized teaching strategies were perceived as moderately needed, by respondents from districts providing these programs (Table 21).

Table 21
Need for Staff Development Programs in Districts With Existing Programs

Program	n	Mean*	sd
Specialized counseling strategies	(21)	4.1	1.22
Early identification/intervention procedures	(20)	4.0	1.26
Specialized teaching strategies	(20)	3.9	1.37
Other	(0)	--	--

* Rated on a scale from 5 (most) to 1 (least)

Between 1 and 2 respondents from districts without staff development programs to support at-risk youth rated the need for specific programs in their districts. Specialized teaching strategies and early identification and intervention procedures were perceived as very needed by 2 and 1 respondents, respectively. Specialized counseling strategies were perceived as moderately needed by 2 respondents from districts which did not provide these programs (Table 22).

Table 22

Need for Staff Development Programs in Districts Without Existing Programs

Program	n	Mean*	sd
Specialized teaching strategies	(2)	4.5	0.71
Early identification/intervention procedures	(1)	4.0	--
Specialized counseling strategies	(2)	3.5	0.7
Other	(0)	1.0	--

* Rated on a scale from 5 (most) to 1 (least)

Between 16 and 36 respondents represented districts which provided counseling/personal growth programs for at-risk youth. On-site counseling was perceived as very effective in districts of 35 respondents. Moderately effective counseling/personal growth programs included self-esteem and social skill training, training how to cope with peer pressure, decisionmaking and problemsolving training, effective communication training, personal growth and development support groups, and outward bound/leadership/challenge programs. Counseling and personal growth programs which were perceived as slightly effective programs included peer counseling, teacher advocacy/ombudsman program, and stress management training (Table 23).

Table 23

Effectiveness of Existing Counseling/Personal Growth Programs

Program	n	Mean*	sd
On-site counseling	(35)	4.1	0.60
Self-esteem & social skill training	(34)	3.5	0.93
Training how to cope with peer pressure	(36)	3.4	0.84
Decisionmaking & problemsolving training	(32)	3.3	0.82
Effective communication training	(38)	3.1	0.85
Personal growth & development support gps	(30)	3.1	1.04
Outward bound/leadership/challenge programs	(17)	3.1	1.10
Peer counseling	(22)	2.9	1.11
Teacher advocacy/ombudsman program	(16)	2.8	1.05
Stress management training	(22)	2.7	1.03
Other**	(1)	5.0	

* Rated on a scale from 5 (most) to 1 (least)

** Evening counseling sessions

Between 8 and 24 respondents from districts providing counseling/personal growth programs for at-risk youth rated the need for specific programs. Counseling/personal growth programs which were perceived as very needed in districts providing them included self-esteem and social skill training, training how to cope with peer pressure, decisionmaking and problemsolving training, and teacher advocacy/ombudsman program. Programs perceived as moderately needed included stress management training, effective communication training, on-site counseling, peer counseling, personal growth and development support groups, and outward bound/leadership/challenge programs (Table 24).

Table 24

Need for Counseling/Personal Growth Programs in Districts With Existing Programs

Program	n	Mean*	sd
Self-esteem & social skill training	(22)	4.1	0.94
Training how to cope with peer pressure	(23)	4.1	1.00
Decisionmaking & problemsolving training	(20)	4.0	1.05
Teacher advocacy/ombudsman program	(11)	4.0	0.78
Stress management training	(15)	3.9	1.22
Effective communication training	(17)	3.8	1.15
On-site counseling program	(18)	3.7	1.49
Peer counseling	(13)	3.6	0.96
Personal growth & development support gps	(24)	3.5	1.06
Outward bound/leadership/challenge programs	(8)	3.5	1.60
Other	(1)	5.0	--

* Rated on a scale from 5 (most) to 1 (least)

Between 1 and 10 respondents from districts without counseling/personal growth programs for at-risk youth rated the need for specific programs in their districts. Programs which were perceived as moderately needed included effective communication training, training how to cope with peer pressure, decision-making and problemsolving training, self-esteem and social skill training, peer counseling, stress management training, teacher advocacy/ombudsman program for at-risk youth, and outward bound/leadership/challenge programs. On-site counseling was perceived as slightly needed in one district (Table 25).

Table 25

Need for Counseling/Personal Growth Programs in Districts Without Existing Programs

Program	n	Mean*	sd
Effective communication training	(5)	3.6	0.55
Training how to cope with peer pressure	(2)	3.5	0.71
Decisionmaking & problemsolving training	(4)	3.5	0.58
Self-esteem & social skill training	(3)	3.4	0.58
Peer counseling	(9)	3.4	1.51
Stress management training	(8)	3.3	1.28
Teacher advocacy/ombudsman program	(10)	3.2	1.14
Outward bound/leadership/challenge programs	(10)	3.2	1.23
On-site counseling	(1)	2.0	--
Personal growth & development support gps	(0)	-	--
Other	(0)	-	--

* Rated on a scale from 5 (most) to 1 (least)

Between 37 and 39 respondents represented districts providing health education programs for at-risk youth. Health education and drug and alcohol prevention programs were perceived as very effective. AIDS education programs were perceived as moderately effective (Table 26).

Table 26

Effectiveness of Existing Health Education Programs

Program	n	Mean*	sd
Health education	(39)	4.1	.74
Drug & alcohol prevention	(39)	4.0	.61
AIDS education	(37)	3.8	.79
Other	(3)	4.3	.58

* Rated on a scale from 5 (most) to 1 (least)

Between 22 and 23 respondents from districts providing health education programs for at-risk youth rated the need for three specific programs. All three types of health education programs were perceived as moderately needed in districts providing these programs. These included health education, drug and alcohol prevention, and AIDS education (Table 27).

Table 27

Need for Health Education Programs in Districts
With Existing Programs

Program	n	Mean*	sd
Health education	(23)	3.9	1.46
Drug & alcohol prevention	(23)	3.9	1.41
AIDS education	(22)	3.9	1.51
Other	(0)	--	--

* Rated on a scale from 5 (most) to 1 (least)

Zero (0) respondents from districts without health education programs for at-risk youth rated the need for specific programs in their districts (Table 28).

Table 28

Need for Health Education Programs in Districts
Without Existing Programs

Program	n	Mean*	sd
Health education	(0)	--	--
Drug & alcohol prevention	(0)	--	--
AIDS education	(0)	--	--
Other	(0)	--	--

* Rated on a scale from 5 (most) to 1 (least)

Between 13 and 27 respondents represented districts providing adolescent pregnancy prevention programs for at-risk youth. Adolescent pregnancy prevention programs which were perceived as moderately effective included on-site preventive counseling and workshops for teachers, students, and parents. Parenting education to teen parents was perceived as slightly effective (Table 29).

Table 29

Effectiveness of Existing Adolescent Pregnancy Prevention Programs

Program	n	Mean*	sd
On-site preventive counseling	(27)	3.1	1.16
Workshops for teachers, students, parents	(15)	3.0	1.13
Parenting education to teen parents	(13)	2.7	0.86
Other**	(4)	4.3	0.50

* Rated on a scale from 5 (most) to 1 (least)

** Nassau BOCES (1), partnership w. health, socl work, & psych services (1), not specified (2)

Between 9 and 17 respondents from districts providing adolescent pregnancy prevention programs rated the need for three types of programs. All three types of adolescent pregnancy prevention programs were perceived as moderately needed by respondents from districts providing these programs. These included on-site preventive counseling, workshops for teachers, students, and parents, and parenting education to teen parents (Table 30).

Table 30

Need for Adolescent Pregnancy Prevention Programs in Districts With Existing Programs

Program	n	Mean*	sd
On-site preventive counseling	(17)	3.8	1.35
Workshops for teachers, students, parents	(13)	3.5	0.97
Parenting education to teen parents	(9)	3.3	0.71
Other	(2)	4.6	0.71

* Rated on a scale from 5 (most) to 1 (least)

Between 1 and 9 respondents from districts without adolescent pregnancy prevention programs for at-risk youth rated the perceived need for specific programs in their districts. Programs perceived as moderately needed included workshops for teachers, students, and parents; and parenting education to teen parents. On-site preventive counseling was perceived as slightly needed in one district without this program (Table 31).

Table 31
Need for Adolescent Pregnancy Prevention Programs in Districts Without Existing Programs

	n	Mean*	sd
Workshops for teachers, students, parents	(9)	3.4	1.01
Parenting education to teen parents	(7)	3.1	1.35
On-site preventive counseling	(1)	2.0	--
Other	(0)	--	--

* Rated on a scale from 5 (most) to 1 (least)

Between 33 and 38 respondents represented districts which provided three types of suicide prevention programs for support of at-risk youth. All the suicide prevention programs were perceived as moderately effective. These included school-based preventive counseling, and consultation/training for school staff in available community resources and identification and referral of at-risk students (Table 32).

Table 32
Effectiveness of Existing Suicide Prevention Programs

Program	n	Mean*	sd
School-based preventive counseling	(38)	3.6	1.00
Consultation/training for school staff in:			
available community resources	(38)	3.6	1.05
identification & referral of at-risk students	(38)	3.6	1.08
Other**	(1)	3.0	---

* Rated on a scale from 5 (most) to 1 (least)

** Comment: cultural based problem

Between 18 and 22 respondents represented districts providing suicide prevention programs for support of at-risk youth. Consultation/training for school staff in the area of identification and referral was perceived as very needed by respondents from districts providing these programs. School-based preventive counseling and consultation/training for school staff in available community resources were perceived as moderately needed by respondents from districts providing these programs (Table 33).

Table 33

Need for Suicide Prevention Programs in Districts With Existing Programs

Program	n	Mean*	sd
School-based preventive counseling	(18)	3.8	1.11
Consultation/training for school staff in:			
identification & referral of at-risk students	(21)	4.0	1.16
available community resources	(22)	3.7	1.25
Other	(0)	--	--

* Rated on a scale from 5 (most) to 1 (least)

Consultation/training for school staff in identification and referral of at-risk students was perceived as very needed by a respondent from one district without this program (Table 34).

Table 34

Need for Suicide Prevention Programs in Districts Without Existing Programs

Program	n	Mean*	sd
Consultation/training for school staff in:			
identification & referral of at-risk students	(1)	5.0	--
available community resources	(0)	--	--
School-based preventive counseling	(0)	--	--
Other	(0)	--	--

* Rated on a scale from 5 (most) to 1 (least)

Between 18 and 38 respondents represented districts providing child abuse prevention programs. Child abuse prevention programs perceived as moderately effective included school-based counseling, and consultation/training for school staff in identification and referral, available community resources, and counseling strategies. Child abuse prevention program for parents and intervention programs for abusive parents were perceived as slightly effective (Table 35).

Table 35

Effectiveness of Existing Child Abuse Prevention Programs

Program	n	Mean*	sd
School-based counseling	(35)	3.7	1.05
Consultation/training for school staff in:			
identification & referral	(37)	3.6	1.14
available community resources	(38)	3.6	1.17
counseling strategies	(36)	3.5	1.11
Child abuse prevention program for parents	(19)	2.9	1.27
Intervention program for abusive parents	(18)	2.3	1.33
Other**	(2)	2.0	1.41

* Rated on a scale from 5 (most) to 1 (least)

** Will be starting Project Parent (2)

Between 12 and 22 respondents from districts which provided child abuse prevention programs for support of at-risk youth rated the need for specific programs. Child abuse prevention programs for parents was perceived as very needed by 14 respondents representing districts providing this program. Consultation/training for school staff in counseling strategies was perceived as very needed in 21 districts providing these programs. School-based preventive counseling, intervention programs for abusive parents, and consultation/training for school staff in the areas of identification and referral and available community resources were perceived as moderately needed by respondents representing districts which provided these programs (Table 36).

Table 36

Need for Child Abuse Prevention Programs in Districts With Existing Programs

Program	n	Mean*	sd
Child abuse prevention program for parents	(14)	4.1	0.86
School-based counseling	(22)	3.9	1.21
Intervention program for abusive parents	(12)	3.9	1.00
Consultation/training for school staff in:			
`counseling strategies	(21)	4.0	1.14
`identification & referral	(21)	3.9	1.35
`available community resources	(21)	3.8	1.34
Other	(1)	5.0	--

* Rated on a scale from 5 (most) to 1 (least)

Between 1 and 10 respondents from districts without child abuse prevention programs for at-risk youth rated the need for specific programs in their districts. Child abuse prevention programs were perceived as very needed by 10 respondents in districts without existing programs. Intervention programs for abusive parents were perceived as very needed by 7 respondents. One respondent perceived consultation/training for school staff in identification and referral and available community resources, and school-based counseling strategies as very needed (Table 37).

Table 37

Need for Child Abuse Prevention Programs in Districts Without Existing Programs

Program	n	Mean*	sd
Child abuse prevention program for parents	(10)	4.1	0.99
Intervention program for abusive parents	(7)	4.0	0.82
Consultation/training for school staff in:			
`identification & referral	(1)	4.0	--
`available community resources	(1)	4.0	--
School-based counseling	(1)	4.0	
Other	(1)	4.0	--

* Rated on a scale from 5 (most) to 1 (least)

Between 22 and 30 respondents represented districts providing parent and parenting education programs for support of at-risk youth. Parent and parenting education programs perceived as moderately effective included parenting skills/family life education for students, workshops to enhance family relationships, and programs to provide supplementary community support services (i.e., health, nutrition, financial aid, etc.) in conjunction with school-based parent training. Teacher in-service programs to develop effective partnership with parents and programs for parents of at-risk youth were perceived as moderately effective (Table 38).

Table 38

Effectiveness of Existing Parent and Parenting Education Program

<u>Program</u>	<u>n</u>	<u>Mean*</u>	<u>sd</u>
Parenting skills/family life educ for stdnts	(29)	3.1	0.98
Workshops to enhance family relationships	(26)	3.1	1.21
Program to provide supplementary community support srvc w schl-based prnt training	(22)	3.0	0.95
Teacher in-service program to develop effective partnership with parents	(22)	2.9	1.01
Programs for parents of at-risk youth	(30)	2.8	1.15
Other**	(4)	3.5	1.73

* Rated on a scale from 5 (most) to 1 (least)

** Very active PTSA program (2), unspecified (2)

Between 16 and 23 respondents from districts providing parent and parenting education programs for support of at-risk youth rated the need for specific programs. Parent and parenting education programs which were perceived as very needed by respondents representing districts which provided these programs included programs for parents of at-risk youth, workshops to enhance family relationships, and programs to provide supplementary community support services in conjunction with school-based parent training. Programs which were perceived as moderately needed by respondents in providing districts included parenting skills/family life education for students and teacher in-service programs to develop effective partnership with parents (Table 39).

Table 39

Need for Parent and Parenting Education Programs in Districts
With Existing Programs

Program	n	Mean*	sd
Programs for parents of at-risk youth	(23)	4.2	0.89
Workshops to enhance family relationships	(20)	4.1	0.95
Program to provide supplementary community supp servcs w schl-based parent training	(16)	4.0	0.97
Prnting skills/family life educ for stdnts	(20)	3.9	1.31
Teacher in-service program to develop effective partnership with parents	(17)	3.8	1.30
Other	(3)	4.0	1.00

* Rated on a scale from 5 (most) to 1 (least)

Between 3 and 7 respondents from districts without programs for parent and parenting education programs rated the need for specific programs in their districts. Programs perceived as highly needed included: parenting skills/family life education for students, teacher in-service to develop effective partnership with parents, programs for parents of at-risk youth, and workshops to enhance family relationships. Programs to provide supplementary community support services in conjunction with school-based parent training were perceived as moderately needed (Table 40).

Table 40

Need for Parent and Parenting Education Programs in Districts Which Do Not Have Existing Programs

	n	Mean*	sd
Parenting skills/family life education for students	(3)	5.0	--
Teacher in-service to develop effective partnership with parents	(7)	4.4	1.13
Programs for parents of at-risk youth	(3)	4.3	1.16
Workshops to enhance family relationships	(6)	4.3	1.03
Supplementary community support services (health, nutrition, financial aid) in conjunction with school-based parent training	(6)	3.8	1.60
Other	(0)	--	--

* Rated on a scale from 5 (most) to 1 (least)

Between 28 and 31 respondents represented districts providing employment training programs for support of at-risk youth. Career planning, vocational training, work study, and employment skills training were perceived as moderately effective (Table 41).

Table 41

Effectiveness of Existing Employment Training Programs

	n	Mean*	sd
Career planning	(31)	3.8	0.69
Vocational training program	(28)	3.8	0.84
Work study program	(30)	3.7	0.90
Employment skills training	(29)	3.6	0.73
Other**	(2)	4.0	1.41

* Rated on a scale from 5 (most) to 1 (least)

** Life skills transitional program

Between 14 and 17 respondents from districts providing employment training programs for at-risk youth rated the need for specific programs. Career planning was perceived as very needed by respondents from districts which provided these programs. Programs which were perceived as moderately needed by respondents in providing districts included vocational training, work study program, and employment skills (Table 42).

Table 42

Need for Employment Training Programs in Districts With Existing Programs

Program	n	Mean*	sd
Career planning	(17)	4.1	0.86
Vocational training	(14)	3.6	1.28
Work study	(17)	3.6	1.30
Employment skills training	(15)	3.6	1.30
Other	(1)	5.0	--

* Rated on a scale from 5 (most) to 1 (least)

One (1) respondent from a district without employment training programs for at-risk youth rated the need for work study as slight. None of the other employment training programs was rated (Table 43).

Table 43

Need for Employment Training Programs in Districts Without Existing Programs

Program	n	Mean*	sd
Work study	(1)	2.0	--
Career planning	(0)	--	--
Vocational training	(0)	--	--
Employment skills training	(0)	--	--
Other	(0)	--	--

* Rated on a scale from 5 (most) to 1 (least)

Between 24 and 30 respondents represented districts providing three types of college entrance programs for support of at-risk youth. College admissions guidance and support specifically designed for at-risk youth was perceived as very effective. SAT preparatory courses and academic tutoring for college-bound at-risk youth were perceived as moderately effective (Table 44).

Table 44

Effectiveness of Existing College Entrance Program

Program	n	Mean*	sd
College admissions guidance & support specifically designed for at-risk youth	(30)	4.0	0.81
SAT preparatory courses	(30)	3.7	0.88
Academic tutoring for college-bound at-risk youth	(24)	3.3	0.92
Other**	(1)	4.0	---

* Rated on a scale from 5 (most) to 1 (least)

** Transitional program

Between 11 and 15 respondents from districts providing college entrance programs for at-risk youth rated the need for specific programs. College entrance programs which were perceived as moderately needed by respondents from providing districts included college admissions guidance and support specifically designed for at-risk youth and SAT preparatory courses. Academic tutoring for college-bound at-risk youth was perceived as a slight need (Table 45).

Table 45

Need for College Entrance Programs in Districts With Existing Programs

Program	n	Mean*	sd
College admissions guidance & support specifically designed for at-risk youth	(15)	3.6	1.45
SAT preparatory courses	(14)	3.5	1.61
Academic tutoring for college-bound at-risk youth	(11)	2.9	1.30
Other	(1)	2.0	--

* Rated on a scale from 5 (most) to 1 (least)

Between 1 and 3 respondents from districts without specific college entrance programs for at-risk youth rated the need for specific programs in their districts. One respondent from a district without college/admissions guidance and support specifically designed for at-risk youth perceived this program as very needed. Three respondents perceived academic tutoring for college-bound at-risk youth to be moderately needed (Table 46).

Table 46

Need for College Entrance Programs in Districts Without Existing Programs

Program	n	Mean*	sd
College admissions guidance & support specifically designed for at-risk youth	(1)	5.0	--
Academic tutoring for college-bound at-risk youth	(3)	3.7	1.2
SAT preparatory courses	(0)	--	--
Other	(0)	--	--

* Rated on a scale from 5 (most) to 1 (least)

Between 16 and 24 respondents represented districts providing community education programs for support of at-risk youth. All five community education programs were perceived as moderately effective. These included alcohol abuse prevention, drug abuse prevention, teenage pregnancy prevention, AIDS prevention, and suicide prevention (Table 47).

Table 47

Effectiveness of Existing Community Education Programs

Program	n	Mean*	sd
Community-based educational programs in collaboration with local community organizations in the areas of:			
alcohol abuse prevention	(24)	3.5	0.23
drug abuse prevention	(24)	3.5	1.02
teenage pregnancy prevention	(16)	3.2	1.17
AIDS prevention	(22)	3.1	1.25
suicide prevention	(21)	3.1	1.04
Other**	(4)	3.3	1.53

* Rated on a scale from 5 (most) to 1 (least)

** Many programs/activities in all areas in the community (2)

Between 10 and 15 respondents from districts providing five community education programs for at-risk youth rated the need for specific programs. Community education programs which were perceived as highly needed by respondents from providing districts included AIDS prevention, suicide prevention, drug abuse prevention, and teenage pregnancy prevention. Alcohol abuse prevention was perceived as a moderate need (Table 48).

Table 48
Need For Community Education Programs in Districts With Existing Programs

Program	n	Mean*	sd
Community-based educational programs in collaboration with local community organizations in the areas of:			
AIDS prevention	(15)	4.1	1.10
suicide prevention	(13)	4.0	1.33
drug abuse prevention	(15)	4.0	1.31
teenage pregnancy prevention	(10)	4.0	1.33
alcohol abuse prevention	(15)	3.9	1.48
Other	(0)	--	--

* Rated on a scale from 5 (most) to 1 (least)

Between 3 and 8 respondents from districts without specific community education programs for at-risk youth rated the need for specific programs in their districts. Community education programs which were perceived as very needed included alcohol abuse prevention, drug abuse prevention, and suicide prevention. Teenage pregnancy prevention and AIDS prevention were perceived as moderately needed (Table 49).

Table 49
Need for Community Education Programs in Districts Without Existing Programs

Program	n	Mean*	sd
Community-based educational programs in collaboration with local community organizations in the areas of:			
alcohol abuse prevention	(3)	4.3	0.58
drug abuse prevention	(4)	4.3	0.50
suicide prevention	(5)	4.0	0.71
teenage pregnancy prevention	(8)	3.6	1.19
AIDS prevention	(5)	3.6	1.14
Other	(1)	4.0	--

* Rated on a scale from 5 (most) to 1 (least)

G. Community-Based Education Program

Asked to identify community-based education programs with which their district was working, respondents identified counseling centers, government agencies, Youth-at-Risk partnership programs, community agencies, and AIDS committees and councils, among others (Table 50).

Table 50

Community-Based Education Programs

Working With Districts

<u>Program</u>	<u>n</u>
Counseling center	4
Government agency	4
Youth-at-Risk partnership grant	2
Community agency	2
AIDS committee/council	2
Self help group	1
Hospital	1
Police department	1

H. Staff Development/Technical Assistance

Respondents believed that certain school and community groups should be provided staff development and/or technical assistance in relation to youth at-risk. At the elementary level, approximately one-half the respondents believed that staff development and/or technical assistance in relation to youth-at-risk should be provided to classroom teachers, school psychologists, administrators, parents, and pupil personnel staff. These groups were also considered appropriate targets for staff development and/or technical assistance re: at-risk youth at the junior high/ middle school levels; however, social workers and guidance counselors were considered appropriate additional targets for staff development and/or technical assistance by more than one-half the respondents at this level. Staff development and/or technical assistance was perceived as most critical at the high school level where at least three-fifths of the respondents believed that classroom teachers, school psychologists, administrators, parents, pupil personnel staff, and guidance counselors should be trained, and at least one-half believed that specialty teachers (art, music, etc.) should be trained (Table 51).

Table 51

Target Groups for Staff Development and/or
Technical Assistance

	Jr./		
	Elem.	Middle	High
Classroom teachers	58%	63%	70%
School psychologist	53	55	65
Administrators	53	50	60
Parents	48	50	63
Pupil personnel staff	48	48	60
Social workers	38	48	65
Specialty teachers	33	45	50
Guidance counselors	25	58	70
Paraprofessional staff	25	25	35
Community members	23	20	23
Other*			

* School board members (5% or 2 districts)

I. Exemplary Programs

Two-fifths of the respondents were willing to share programs in their districts which were exemplary programs for youth-at-risk (Table 52).

Table 52

Willing to Share Exemplary Programs

	n	%
Yes	17	42%
No	23	58
Total	40	100%

Respondents indicated a variety of exemplary programs which they would share. Five respondents each indicated willingness to share their districts' peer leadership programs and programs for alternative schools. Four respondents offered to share their districts' state-funded special projects, while two respondents each mentioned their districts' vocational/occupational education and alternative programs. Various other exemplary programs were indicated by individual respondents (Table 53).

Table 53

School Districts Willing Share Exemplary Programs

<u>Program</u>	<u>n</u>
Peer leadership	5
Alternative school	5
State-funded special projects	4
Vocational/occupational education	2
Alternative program	2
10th grade at-risk	1
Grades 8-9 group counseling	1
Home and careers	1
After-school child care center	1
Drug prevention	1
Guidance/counseling services	1
Suicide symptom recognition & coping strategy	1
Case conference approach	1
Parent involvement	1
Freshmen learning community	1
Sophomore team	1
At-Risk college counseling	1
Leadership training	1
Specialized counseling groups: (bereavement, divorce)	1
Special education social skills	1
ESL	1

3. Conclusions

This paper reports the results of a comprehensive survey which generated information about programs for youth at-risk that currently exist in Nassau County's 56 local school districts. The study produced an inventory of perceived needs, successful programs, and involvement with community-based organizations. This information will be used to create new programs and to strengthen school/community relationships.

The major findings of the needs assessment survey were:

- Most dropouts (90%) left school in Grades 10, 11, or 12. The percentage of students dropping out increased at each grade level (20%, 31%, and 40% respectively).
- Three main reasons for students leaving school were personal problems, academic difficulties, and employment (55%, 53%, and 48% respectively).
- A majority of respondents (68%) believed that dropouts and out-of-school youth would remain in school if an alternative were offered.
- Virtually all respondents indicated that in-school staff handled referral, management, and follow-up of attendance problems, acting-out, emotional/social behaviors, and potential suicides. When specific staff was indicated (in two-thirds of cases) teachers and building administrators and, to a lesser degree, counselors, psychologists and social workers were likely to handle emotional, social, and suicide-related issues.
- One-fourth of the respondents (27%) represented districts that had a district-wide Parents' Advisory Council. These councils provided input on various issues, reviewed programs/curricula, and made recommendations.
- Of 53 types of support programs providing services for the at-risk population which were rated in terms of effectiveness, 7 programs (13%) were rated "highly effective", 39 (74%) were rated "moderately effective", and 7 (13%) were "slightly effective".

Highly effective programs included:

Academic Support

Remedial programs to improve basic skills

Staff Development

Early identification and intervention procedures

Counseling/Personal Growth

On-site counseling

Health Education Programs

Health education

Drug and alcohol prevention

Adolescent Pregnancy Prevention

Parenting education to teen parents

College Entrance

College admissions guidance and support specifically designed for at-risk youth

Slightly effective programs included:

Counseling/Personal Growth

Peer counseling

Teacher advocacy/ombudsman program

Stress management training

Child Abuse Prevention

Child abuse prevention program for parents

Intervention program for abusive parents

Parent and Parenting Education

Teacher in-service to develop effective partnership with parents

Programs for parents of at-risk youth

Of 53 types of support programs and services for the at-risk population which were rated in terms of need, 19 (36%) were rated "high need", 33 (62%) as "moderate need", and 1 (2%) "low need" by respondents from districts which provided programs; and 20 (38%) were rated "high need," 30 (56%) as moderate need, and 3 (6%) as low need by respondents from districts without programs.

Programs which were perceived as highly needed by respondents from districts with existing programs included:

Academic Support

Special assistance for mainstreamed limited English proficient students

Alternative schools

Staff Development and Training

Early identification and intervention procedures

Specialized counseling strategies

Counseling Programs

Self-esteem and social skill training

Training how to cope with peer pressure

Decisionmaking & problemsolving training

Teacher advocacy/ombudsman program for at-risk youth

Suicide Prevention

Identification and referral of at-risk students

Parent and Parenting Education

Workshops to enhance family relationships

Program to provide supplementary community support services in conjunction with school-based parent training

Programs for parents of at-risk youth

Child Abuse Prevention

Consultation/training for school staff in counseling strategies

Child abuse prevention program for parents
Employment Training
Career planning
Community Education
Drug abuse prevention
Teenage pregnancy prevention
AIDS prevention
Suicide prevention

Programs which were perceived as slightly needed by respondents from districts with existing programs included:

College Entrance Programs

Academic tutoring for college-bound at-risk youth

Programs which were perceived as highly needed by respondents from districts without existing programs included:

Academic support

Remedial programs to improve basic skills
Academic support in specific content areas
Special assistance for limited English proficient students

Staff Development and Training

Early identification and intervention procedures
Specialized teaching strategies

Suicide Prevention

Identification and referral of at-risk students

Child Abuse Prevention

Consultation/training for school staff in
` identification and referral
` available community resources
` counseling strategies

Child abuse prevention program for parents

Intervention program for abusive parents

Parenting and Parenting Education

Parenting skills/family life education for students

Workshops to enhance family relationships

Program to provide support services in conjunction with school-based parent training

Teacher in-service program to develop effective partnership with parents

Programs for parents of at-risk youth

College Entrance

College admissions guidance and support specifically designed for at-risk youth

Community Education

Community-based educational programs in collaboration with local community organizations in the areas of:

` alcohol abuse prevention

` drug abuse prevention

` suicide prevention

Programs which were perceived as slightly needed by respondents from districts without existing programs included:

Counseling

On-site counseling

Adolescent Pregnancy Prevention

On-site preventive counseling for at-risk students

Employment Training

Work study program

The needs assessment was useful to the extent that respondents were knowledgeable and aware of the need for support programs within their respective districts and to the extent to which the impact of programs was comparable within districts, across students and staff. Recognizing the limitations of this study, the cumulative data provided an important county-wide overview of local needs and suggested areas for subsequent program development.

The needs assessment process is significant in that it provides a viable planning model for regions seeking to develop strategies for integrating local school district and community agency services for at-risk youth. Needs assessment is particularly meaningful in areas where diverse programs exist and vary in availability, effectiveness, and perceived need.



Serving
56
Local
School Districts

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

OF NASSAU COUNTY

OFFICE OF THE DISTRICT SUPERINTENDENT OF SCHOOLS

November 2, 1989

U.S. Dept. of Education
555 New Jersey Avenue, NW
Room 522
Washington, D.C. 10108-5524

Re: FIRST
CFDA No. 84.211

Dear Sir:

Please send the readers' comments and the ranking
for our grant application to:

Betty Gittman, Ph.D.
Nassau BOCES
Salisbury Center
Valentines & The Plain Rd.
Westbury, New York 11590

Thank you.

Yours truly,

Betty Gittman, Ph.D.
Assistant Coordinator
Office of Institutional
Research and Evaluation

BG:mp

9. Please indicate who handles the referral, management and follow-up of the following: (Specify)

	<u>In School Staff</u>	<u>External Agency Staff</u>
Attendance Problems	_____	_____
Acting Out Behavior	_____	_____
Emotional Problems	_____	_____
Social Problems	_____	_____
Potential Suicide	_____	_____
Aftermath of Actual Suicide	_____	_____

10. Is your district involved in any school/community partnerships?

Business/Industry Partnership

No

Yes (Specify) _____

Community/Human Service Agency Partnership

No

Yes (Specify) _____

Other (Specify) _____

11. Indicate which one of the following statements applies to your district:

Our district is not involved in a partnership due to staff/budget constraints.

Our district is not involved in a partnership due to lack of knowledge/information/resources to affect this collaboration.

Our district is not involved for other reasons. (Specify)

Our district is at the initiation stages of a partnership. We require: (Check all that apply.)

Technical assistance

Sharing of successful models

Training

Other (Specify) _____

PLEASE ATTACH DESCRIPTIVE INFORMATION ABOUT THE PROGRAM(S) IF AVAILABLE.

12. This question is designed to determine the specific programs for at-risk youth which exist within your district and those programs which you feel are needed. Under the rating scale for existing programs, please indicate how effective you think each of your programs is. (Circle NU for approaches not used by your district.) Under the rating scale for programs that are needed within your district, please indicate the degree of need for your district. (Circle NA for approaches that are not applicable to your district.)

	<u>Effectiveness of Existing Programs</u>						<u>Need for Program</u>					
	<u>Most</u>		<u>Least</u>				<u>Most</u>		<u>Least</u>			
<u>Additional Academic Support Programs</u>												
Remedial programs to improve basic skills	5	4	3	2	1	NU	5	4	3	2	1	NA
Academic support programs in specific content areas	5	4	3	2	1	NU	5	4	3	2	1	NA
Curriculum modification	5	4	3	2	1	NU	5	4	3	2	1	NA
Computer assisted tutorial program	5	4	3	2	1	NU	5	4	3	2	1	NA
Special assistance for mainstreamed limited English proficient students	5	4	3	2	1	NU	5	4	3	2	1	NA
Alternative means of gaining academic credit for graduation	5	4	3	2	1	NU	5	4	3	2	1	NA
Alternative classes	5	4	3	2	1	NU	5	4	3	2	1	NA
Alternative schools	5	4	3	2	1	NU	5	4	3	2	1	NA
Other (specify) _____	5	4	3	2	1	NU	5	4	3	2	1	NA

	<u>Effectiveness of Existing Programs</u>						<u>Need for Program</u>					
	<u>Most</u>			<u>Least</u>			<u>Most</u>			<u>Least</u>		
<u>Staff Development and Training</u>												
Early identification and intervention procedures	5	4	3	2	1	NU	5	4	3	2	1	NA
The use of specialized teaching strategies	5	4	3	2	1	NU	5	4	3	2	1	NA
The use of specialized counseling strategies	5	4	3	2	1	NU	5	4	3	2	1	NA
Other (specify) _____	5	4	3	2	1	NU	5	4	3	2	1	NA
<u>Counseling/Personal Growth</u>												
On-site counseling program	5	4	3	2	1	NU	5	4	3	2	1	NA
Peer counseling	5	4	3	2	1	NU	5	4	3	2	1	NA
Personal growth and development support groups	5	4	3	2	1	NU	5	4	3	2	1	NA
Self-esteem and social skill training	5	4	3	2	1	NU	5	4	3	2	1	NA
Stress management training	5	4	3	2	1	NU	5	4	3	2	1	NA
Effective communication training	5	4	3	2	1	NU	5	4	3	2	1	NA
Decisionmaking and problemsolving training	5	4	3	2	1	NU	5	4	3	2	1	NA
Outward bound/leadership/challenge programs	5	4	3	2	1	NU	5	4	3	2	1	NA
Training how to cope with peer pressure	5	4	3	2	1	NU	5	4	3	2	1	NA
Teacher advocacy/ombudsman program for at-risk youth	5	4	3	2	1	NU	5	4	3	2	1	NA
Other (specify) _____	5	4	3	2	1	NU	5	4	3	2	1	NA

	<u>Effectiveness of Existing Programs</u>						<u>Need for Program</u>					
	<u>Most</u>			<u>Least</u>			<u>Most</u>			<u>Least</u>		
<u>Health Education</u>												
Drug and alcohol prevention program	5	4	3	2	1	NU	5	4	3	2	1	NA
Health education program	5	4	3	2	1	NU	5	4	3	2	1	NA
AIDS education program	5	4	3	2	1	NU	5	4	3	2	1	NA
Other (specify) _____	5	4	3	2	1	NU	5	4	3	2	1	NA
<hr/>												
<u>Adolescent Pregnancy Prevention</u>												
Workshops for teachers, students, parents	5	4	3	2	1	NU	5	4	3	2	1	NA
On-site preventive counseling for at-risk students	5	4	3	2	1	NU	5	4	3	2	1	NA
Parenting education to teen parents	5	4	3	2	1	NU	5	4	3	2	1	NA
Other (specify) _____	5	4	3	2	1	NU	5	4	3	2	1	NA
<hr/>												
<u>Suicide Prevention</u>												
Consultation/training for school in the area of:												
o identification and referral of at-risk students	5	4	3	2	1	NU	5	4	3	2	1	NA
o available community resources	5	4	3	2	1	NU	5	4	3	2	1	NA
School-based preventive counseling	5	4	3	2	1	NU	5	4	3	2	1	NA
Other (specify) _____	5	4	3	2	1	NU	5	4	3	2	1	NA
<hr/>												

	<u>Effectiveness of Existing Programs</u>						<u>Need for Program</u>					
	<u>Most</u>			<u>Least</u>			<u>Most</u>			<u>Least</u>		
<u>Child Abuse Prevention</u>												
Consultation/training for school staff in the area of:												
°identification and referral	5	4	3	2	1	NU	5	4	3	2	1	NA
°available community resources	5	4	3	2	1	NU	5	4	3	2	1	NA
°counseling strategies	5	4	3	2	1	NU	5	4	3	2	1	NA
School based counseling	5	4	3	2	1	NU	5	4	3	2	1	NA
Child abuse prevention program for parents	5	4	3	2	1	NU	5	4	3	2	1	NA
Intervention program for abusive parents	5	4	3	2	1	NU	5	4	3	2	1	NA
Other (specify) _____	5	4	3	2	1	NU	5	4	3	2	1	NA

Parent and Parenting Education

Programs for parents of at-risk youth	5	4	3	2	1	NU	5	4	3	2	1	NA
Workshops to enhance family relationships	5	4	3	2	1	NU	5	4	3	2	1	NA
Teacher in-service program to develop effective partnership with parents	5	4	3	2	1	NU	5	4	3	2	1	NA
Parenting skills/family life education for students	5	4	3	2	1	NU	5	4	3	2	1	NA
Program to provide supplementary community support services (i.e., health, nutrition, financial aid, etc.) in conjunction with school based parent training	5	4	3	2	1	NU	5	4	3	2	1	NA
Other (specify) _____	5	4	3	2	1	NU	5	4	3	2	1	NA

	<u>Effectiveness of Existing Programs</u>						<u>Need for Program</u>					
	<u>Most</u>			<u>Least</u>			<u>Most</u>			<u>Least</u>		
<u>Employment training</u>												
Career planning	5	4	3	2	1	NU	5	4	3	2	1	NA
Employment skills training	5	4	3	2	1	NU	5	4	3	2	1	NA
Work study program	5	4	3	2	1	NU	5	4	3	2	1	NA
Vocational training program	5	4	3	2	1	NU	5	4	3	2	1	NA
Other (specify) _____	5	4	3	2	1	NU	5	4	3	2	1	NA
<hr/>												
<u>College Entrance</u>												
SAT preparatory courses	5	4	3	2	1	NU	5	4	3	2	1	NA
College admissions guidance and support specifically designed for at-risk youth	5	4	3	2	1	NU	5	4	3	2	1	NA
Academic tutoring for college-bound at-risk youth	5	4	3	2	1	NU	5	4	3	2	1	NA
Other (specify) _____	5	4	3	2	1	NU	5	4	3	2	1	NA
<hr/>												
<u>Community Education</u>												
Community-based educational programs in collaboration with local community organizations in the areas of:	5	4	3	2	1	NU	5	4	3	2	1	NA
°alcohol abuse prevention	5	4	3	2	1	NU	5	4	3	2	1	NA
°drug abuse prevention	5	4	3	2	1	NU	5	4	3	2	1	NA
°suicide prevention	5	4	3	2	1	NU	5	4	3	2	1	NA
°teenage pregnancy prevention	5	4	3	2	1	NU	5	4	3	2	1	NA
°AIDS prevention	5	4	3	2	1	NU	5	4	3	2	1	NA
Other (specify) _____	5	4	3	2	1	NU	5	4	3	2	1	NA

If your school district is involved in a community-based education program, please describe the program and identify the community agencies with which your district is working.

13. Indicate which of the following groups you would like to provide with staff development and/or technical assistance in relation to youth at-risk. (Check all that apply.)

	<u>Elem.</u>	<u>Jr./ Middle</u>	<u>High</u>
Classroom Teachers	_____	_____	_____
Special Teachers (re: Art, Music, etc.)	_____	_____	_____
Paraprofessional Staff	_____	_____	_____
Administrators	_____	_____	_____
Building Level	_____	_____	_____
District Level	_____	_____	_____
Pupil Personnel Staff	_____	_____	_____
School Psychologist	_____	_____	_____
Social Workers	_____	_____	_____
Guidance Counselors	_____	_____	_____
Parents	_____	_____	_____
Community Members	_____	_____	_____
Other (Specify) _____	_____	_____	_____

14. Do you have exemplary programs for youth at-risk that you would be willing to share with other districts?

No Yes (Please describe) _____

15. Additional comments, if any. _____

-THANK YOU-

Please return by December 30 to:

Dr. C. Jeremy Sykes
 Administrator
 Board of Cooperative Educational Services of Nassau County
 Salisbury Center
 Valentines Rd. & The Plain Rd.
 Westbury, New York 11590

Phone: 516 997-8700

Survey completed by: _____

Title _____

Phone _____