

# **SACD-Activities Principal Interview**

Spring 2005

SCHOOL NAME: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Start Time: \_\_\_\_\_

Interviewer: \_\_\_\_\_

End Time: \_\_\_\_\_

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## A. BACKGROUND INFORMATION

PRINCIPAL SHOULD HAVE RECEIVED ONE PAGE DESCRIPTION OF WHAT THE INTERVIEW WOULD ENTAIL.

Thank you for agreeing to meet with me. I just wanted to make sure you had a chance to read over the one page sheet that described what I will be asking you about today. (IF NOT, READ...) CONFIRM OR ASK IF OTHERS SHOULD BE INCLUDED IN INTERVIEW. WE WANT TO ENCOURAGE THE PEOPLE WHO ARE MOST KNOWLEDGEABLE ABOUT OR HAVE RESPONSIBILITY FOR SACD ACTIVITIES TO BE PRESENT. RESCHEDULE IF NEEDED.

I'm going to be asking you about character and social development programs and activities that schools may use. I will ask you to describe the program or activity and follow-up with more specific questions about the activities, such as who is involved and how it is implemented. Please don't assume I am an expert on this subject, I am here to learn from you. For this survey I would like you to use the start of this school year to the present as the time frame.

Before we get started in earnest, let me just record who is participating in the interview.

### A1. INDICATE TITLE OF RESPONDENT

- |                                                          |                                                                                                |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Principal                     | 5 <input type="checkbox"/> School Nurse                                                        |
| 2 <input type="checkbox"/> Assistant/Associate Principal | 6 <input type="checkbox"/> Social Worker                                                       |
| 3 <input type="checkbox"/> Guidance Counselor            | 7 <input type="checkbox"/> Teacher                                                             |
| 4 <input type="checkbox"/> School Psychologist           | 8 <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input checked="" type="checkbox"/> |
- 

### A2. INDICATE OTHER SCHOOL STAFF PRESENT FOR INTERVIEW

- |                                                          |                                                                                                |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Principal                     | 6 <input type="checkbox"/> Social Worker                                                       |
| 2 <input type="checkbox"/> Assistant/Associate Principal | 7 <input type="checkbox"/> Teacher                                                             |
| 3 <input type="checkbox"/> Guidance Counselor            | 8 <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input checked="" type="checkbox"/> |
| 4 <input type="checkbox"/> School Psychologist           |                                                                                                |
| 5 <input type="checkbox"/> School Nurse                  | 9 <input type="checkbox"/> No Other Staff Present                                              |
- 

### A3. Who are the people in this school who are primarily responsible for coordinating social and character development programs or activities with students? DO NOT RECORD NAMES BUT RATHER TITLES. MARK ALL THAT APPLY

- |                                                                                      |                                                                                                |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Principal                                                 | 6 <input type="checkbox"/> School Nurse                                                        |
| 2 <input type="checkbox"/> Assistant/Associate Principal                             | 7 <input type="checkbox"/> Social Worker                                                       |
| 3 <input type="checkbox"/> Guidance Counselor                                        | 8 <input type="checkbox"/> Teachers                                                            |
| 4 <input type="checkbox"/> School Psychologist                                       | 9 <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input checked="" type="checkbox"/> |
| 5 <input type="checkbox"/> Leadership team charged with coordinating SACD activities |                                                                                                |
- 

CONFIRM THAT KEY STAFF ARE PRESENT FOR INTERVIEW WITH PRINCIPAL. IF NOT, ASK PRINCIPAL IF OKAY TO PROCEED OR IF RESCHEDULING IS NEEDED.

### A4. How long have you been principal (OR TITLE OF RESPONDENT) at this school?

\_\_\_\_\_ RECORD NUMBER OF YEARS

## B. PROGRAMS/ACTIVITIES AT SCHOOL

Okay, let's talk about programs and activities related to social and character development that you might have engaged in **since the beginning of the school year**.

HAND RESPONDENT PIE CHART. This pie chart shows six broad goals of social and character development. I'd like to find out about programs and activities you use at this school to promote these goals.

B1a. Please give me the name of the first program or activity that comes to mind related to these goals that your school has engaged in since the beginning of the school year.

\_\_\_\_\_ RECORD NAME

<sup>7</sup>  IF NONE, CHECK HERE AND SKIP TO SECTION C—PAGE 22

B1b. Please give me a brief description of how this program/activity is conducted?

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B1c. Looking at the pie chart again, which of these areas or goals does this program/activity address? **MARK ALL THAT APPLY**

<sup>1</sup>  Violence Prevention/Peace Promotion

<sup>5</sup>  Risk Prevention/Health Promotion

<sup>2</sup>  Social and Emotional Development

<sup>6</sup>  Civic Responsibility and

<sup>3</sup>  Character Education

Community Service

<sup>4</sup>  Tolerance/Diversity

<sup>7</sup>  Other (*Please Specify*)

\_\_\_\_\_

B1d. Which students participate in this program/activity?

ALL STUDENTS IN THE SCHOOL .....

<sup>1</sup>

ALL STUDENTS IN CERTAIN GRADES:.....

<sup>2</sup>

SPECIFY GRADES:.....

SOME STUDENTS—ASK: .....

<sup>3</sup>

How is it decided which students to include?

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B1e. And which staff **delivers or runs** this program/activity? **MARK ALL THAT APPLY**

- Classroom teacher..... 1
  - Other teacher specially assigned to this task..... 2
  - Guidance counselor/social worker ..... 3
  - School nurse ..... 4
  - Administrators—Principal, Vice Principal, Librarian..... 5
  - Outside personnel..... 6
  - Other (*Please Specify*) z..... 7
- 

B1f. Was this program/activity first introduced in your school . . . **(READ)**

- This year? ..... 1
- Last year? ..... 2
- Or was it started more than a year ago? ..... 3

B1g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

- NO—SKIP TO B1h..... 0
  - YES—DESCRIBE: ..... 1
- 
- 

B1h. In some social and character development programs, parents play an active role in either creating or delivering the program to students. Are parents at your school actively involved with this specific program or activity? **IF YES:** Please describe how parents are involved.

- NO—GO TO NEXT PROGRAM ..... 0
  - YES—DESCRIBE: ..... 1
- 
-

HAND RESPONDENT PIE CHART. Let's look again at the pie chart of six broad goals of social and character development.

B2a. Can you give me the name of another program or activity related to these goals that your school has engaged in since the beginning of the school year?

\_\_\_\_\_ RECORD NAME

IF NONE, CHECK HERE AND SKIP TO SECTION C—PAGE 22

B2b. Please give me a brief description of how this program/activity is conducted?

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B2c. Looking at the pie chart again, which of these areas or goals does this program/activity address? **MARK ALL THAT APPLY**

- |                                                                |                                                                                                |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Violence Prevention/Peace Promotion | 5 <input type="checkbox"/> Risk Prevention/Health Promotion                                    |
| 2 <input type="checkbox"/> Social and Emotional Development    | 6 <input type="checkbox"/> Civic Responsibility and<br>Community Service                       |
| 3 <input type="checkbox"/> Character Education                 | 7 <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input checked="" type="checkbox"/> |
| 4 <input type="checkbox"/> Tolerance/Diversity                 |                                                                                                |

\_\_\_\_\_

B2d. Which students participate in this program/activity?

ALL STUDENTS IN THE SCHOOL ..... 1

ALL STUDENTS IN CERTAIN GRADES:..... 2

SPECIFY GRADES:.....

SOME STUDENTS—ASK: ..... 3

How is it decided which students to include?

\_\_\_\_\_  
\_\_\_\_\_

B2e. And which staff **delivers or runs** this program/activity? **MARK ALL THAT APPLY**

- Classroom teacher..... 1
  - Other teacher specially assigned to this task..... 2
  - Guidance counselor/social worker ..... 3
  - School nurse ..... 4
  - Administrators—Principal, Vice Principal, Librarian..... 5
  - Outside personnel..... 6
  - Other (*Please Specify*)  $\nabla$ ..... 7
- 

B2f. Was this program/activity first introduced in your school . . . **(READ)**

- This year? ..... 1
- Last year? ..... 2
- Or was it started more than a year ago? ..... 3

B2g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

- NO—SKIP TO B2h..... 0
  - YES—DESCRIBE: ..... 1
- 
- 

B2h. Are parents at your school actively involved with this specific program or activity? (IF NEEDED: in either creating or delivering the program/activity to students) **IF YES:** Could you describe how parents are involved.

- NO—GO TO NEXT PROGRAM ..... 0
  - YES—DESCRIBE: ..... 1
- 
-

HAND RESPONDENT PIE CHART. Let's look again at the pie chart of six broad goals of social and character development.

B3a. Can you give me the name of another program or activity related to these goals that your school has engaged in since the beginning of the school year?

\_\_\_\_\_ RECORD NAME

IF NONE, CHECK HERE AND SKIP TO SECTION C—PAGE 22

B3b. Please give me a brief description of how this program/activity is conducted?

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B3c. Looking at the pie chart again, which of these areas or goals does this program/activity address? **MARK ALL THAT APPLY**

- |                                                                |                                                                                                |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Violence Prevention/Peace Promotion | 5 <input type="checkbox"/> Risk Prevention/Health Promotion                                    |
| 2 <input type="checkbox"/> Social and Emotional Development    | 6 <input type="checkbox"/> Civic Responsibility and Community Service                          |
| 3 <input type="checkbox"/> Character Education                 | 7 <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input checked="" type="checkbox"/> |
| 4 <input type="checkbox"/> Tolerance/Diversity                 |                                                                                                |

\_\_\_\_\_

B3d. Which students participate in this program/activity?

ALL STUDENTS IN THE SCHOOL ..... 1

ALL STUDENTS IN CERTAIN GRADES:..... 2

SPECIFY GRADES:.....

SOME STUDENTS—ASK: ..... 3

How is it decided which students to include?

\_\_\_\_\_  
\_\_\_\_\_

B3e. And which staff **delivers or runs** this program/activity? **MARK ALL THAT APPLY**

- Classroom teacher..... 1
  - Other teacher specially assigned to this task..... 2
  - Guidance counselor/social worker ..... 3
  - School nurse ..... 4
  - Administrators—Principal, Vice Principal, Librarian..... 5
  - Outside personnel..... 6
  - Other (*Please Specify*)       ..... 7
- 

B3f. Was this program/activity first introduced in your school . . . **(READ)**

- This year? ..... 1
- Last year? ..... 2
- Or was it started more than a year ago? ..... 3

B3g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

- NO—SKIP TO B3h..... 0
- YES—DESCRIBE: ..... 1

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B3h. Are parents at your school actively involved with this specific program or activity? (IF NEEDED: in either creating or delivering the program/activity to students) **IF YES:** Could you describe how parents are involved.

- NO—GO TO NEXT PROGRAM ..... 0
- YES—DESCRIBE: ..... 1

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HAND RESPONDENT PIE CHART. Let's look again at the pie chart of six broad goals of social and character development.

B4a. Can you give me the name of another program or activity related to these goals that your school has engaged in since the beginning of the school year?

\_\_\_\_\_ RECORD NAME

IF NONE, CHECK HERE AND SKIP TO SECTION C—PAGE 22

B4b. Please give me a brief description of how this program/activity is conducted?

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B4c. Looking at the pie chart again, which of these areas or goals does this program/activity address? **MARK ALL THAT APPLY**

- |                                                                |                                                                                                |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Violence Prevention/Peace Promotion | 5 <input type="checkbox"/> Risk Prevention/Health Promotion                                    |
| 2 <input type="checkbox"/> Social and Emotional Development    | 6 <input type="checkbox"/> Civic Responsibility and<br>Community Service                       |
| 3 <input type="checkbox"/> Character Education                 | 7 <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input checked="" type="checkbox"/> |
| 4 <input type="checkbox"/> Tolerance/Diversity                 |                                                                                                |

\_\_\_\_\_

B4d. Which students participate in this program/activity?

ALL STUDENTS IN THE SCHOOL ..... 1

ALL STUDENTS IN CERTAIN GRADES:..... 2

SPECIFY GRADES:.....

SOME STUDENTS—ASK: ..... 3

How is it decided which students to include?

\_\_\_\_\_  
\_\_\_\_\_

B4e. And which staff **delivers or runs** this program/activity? **MARK ALL THAT APPLY**

- Classroom teacher..... 1
  - Other teacher specially assigned to this task..... 2
  - Guidance counselor/social worker ..... 3
  - School nurse ..... 4
  - Administrators—Principal, Vice Principal, Librarian..... 5
  - Outside personnel..... 6
  - Other (*Please Specify*) z..... 7
- 

B4f. Was this program/activity first introduced in your school . . . **(READ)**

- This year? ..... 1
- Last year? ..... 2
- Or was it started more than a year ago? ..... 3

B4g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

- NO—SKIP TO B4h..... 0
- YES—DESCRIBE: ..... 1

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B4h. Are parents at your school actively involved with this specific program or activity? (IF NEEDED: in either creating or delivering the program/activity to students) **IF YES:** Could you describe how parents are involved.

- NO—GO TO NEXT PROGRAM ..... 0
- YES—DESCRIBE: ..... 1

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HAND RESPONDENT PIE CHART. Let's look again at the pie chart of six broad goals of social and character development.

B5a. Can you give me the name of another program or activity related to these goals that your school has engaged in since the beginning of the school year?

\_\_\_\_\_ RECORD NAME

IF NONE, CHECK HERE AND SKIP TO SECTION C—PAGE 22

B5b. Please give me a brief description of how this program/activity is conducted?

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B5c. Looking at the pie chart again, which of these areas or goals does this program/activity address? **MARK ALL THAT APPLY**

- |                                                                |                                                                                                |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Violence Prevention/Peace Promotion | 5 <input type="checkbox"/> Risk Prevention/Health Promotion                                    |
| 2 <input type="checkbox"/> Social and Emotional Development    | 6 <input type="checkbox"/> Civic Responsibility and Community Service                          |
| 3 <input type="checkbox"/> Character Education                 | 7 <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input checked="" type="checkbox"/> |
| 4 <input type="checkbox"/> Tolerance/Diversity                 |                                                                                                |

\_\_\_\_\_

B5d. Which students participate in this program/activity?

ALL STUDENTS IN THE SCHOOL ..... 1

ALL STUDENTS IN CERTAIN GRADES:..... 2

SPECIFY GRADES:.....

SOME STUDENTS—ASK: ..... 3

How is it decided which students to include?

\_\_\_\_\_  
\_\_\_\_\_

B5e. And which staff **delivers or runs** this program/activity? **MARK ALL THAT APPLY**

- Classroom teacher..... 1
  - Other teacher specially assigned to this task..... 2
  - Guidance counselor/social worker ..... 3
  - School nurse ..... 4
  - Administrators—Principal, Vice Principal, Librarian..... 5
  - Outside personnel..... 6
  - Other (*Please Specify*) z..... 7
- 

B5f. Was this program/activity first introduced in your school . . . **(READ)**

- This year? ..... 1
- Last year? ..... 2
- Or was it started more than a year ago? ..... 3

B5g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

- NO—SKIP TO B5h..... 0
- YES—DESCRIBE: ..... 1

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B5h. Are parents at your school actively involved with this specific program or activity? (IF NEEDED: in either creating or delivering the program/activity to students) **IF YES:** Could you describe how parents are involved.

- NO—GO TO NEXT PROGRAM ..... 0
- YES—DESCRIBE: ..... 1

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HAND RESPONDENT PIE CHART. Let's look again at the pie chart of six broad goals of social and character development.

B6a. Can you give me the name of another program or activity related to these goals that your school has engaged in since the beginning of the school year?

\_\_\_\_\_ RECORD NAME

IF NONE, CHECK HERE AND SKIP TO SECTION C—PAGE 22

B6b. Please give me a brief description of how this program/activity is conducted?

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B6c. Looking at the pie chart again, which of these areas or goals does this program/activity address? **MARK ALL THAT APPLY**

- |                                                                |                                                                                                |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Violence Prevention/Peace Promotion | 5 <input type="checkbox"/> Risk Prevention/Health Promotion                                    |
| 2 <input type="checkbox"/> Social and Emotional Development    | 6 <input type="checkbox"/> Civic Responsibility and Community Service                          |
| 3 <input type="checkbox"/> Character Education                 | 7 <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input checked="" type="checkbox"/> |
| 4 <input type="checkbox"/> Tolerance/Diversity                 |                                                                                                |

\_\_\_\_\_

B6d. Which students participate in this program/activity?

ALL STUDENTS IN THE SCHOOL ..... 1

ALL STUDENTS IN CERTAIN GRADES:..... 2

SPECIFY GRADES:.....

SOME STUDENTS—ASK: ..... 3

How is it decided which students to include?

\_\_\_\_\_  
\_\_\_\_\_

B6e. And which staff **delivers or runs** this program/activity? **MARK ALL THAT APPLY**

- Classroom teacher..... 1
  - Other teacher specially assigned to this task..... 2
  - Guidance counselor/social worker ..... 3
  - School nurse ..... 4
  - Administrators—Principal, Vice Principal, Librarian..... 5
  - Outside personnel..... 6
  - Other (*Please Specify*) z..... 7
- 

B6f. Was this program/activity first introduced in your school . . . **(READ)**

- This year? ..... 1
- Last year? ..... 2
- Or was it started more than a year ago? ..... 3

B6g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

- NO—SKIP TO B6h..... 0
- YES—DESCRIBE: ..... 1

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B6h. Are parents at your school actively involved with this specific program or activity? (IF NEEDED: in either creating or delivering the program/activity to students) **IF YES:** Could you describe how parents are involved.

- NO—GO TO NEXT PROGRAM ..... 0
- YES—DESCRIBE: ..... 1

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HAND RESPONDENT PIE CHART. Let's look again at the pie chart of six broad goals of social and character development.

B7a. Can you give me the name of another program or activity related to these goals that your school has engaged in since the beginning of the school year?

\_\_\_\_\_ RECORD NAME

IF NONE, CHECK HERE AND SKIP TO SECTION C—PAGE 22

B7b. Please give me a brief description of how this program/activity is conducted?

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B7c. Looking at the pie chart again, which of these areas or goals does this program/activity address? **MARK ALL THAT APPLY**

- |                                                                |                                                                                                |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Violence Prevention/Peace Promotion | 5 <input type="checkbox"/> Risk Prevention/Health Promotion                                    |
| 2 <input type="checkbox"/> Social and Emotional Development    | 6 <input type="checkbox"/> Civic Responsibility and<br>Community Service                       |
| 3 <input type="checkbox"/> Character Education                 | 7 <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input checked="" type="checkbox"/> |
| 4 <input type="checkbox"/> Tolerance/Diversity                 |                                                                                                |

\_\_\_\_\_

B7d. Which students participate in this program/activity?

ALL STUDENTS IN THE SCHOOL ..... 1

ALL STUDENTS IN CERTAIN GRADES:..... 2

SPECIFY GRADES:.....

SOME STUDENTS—ASK: ..... 3

How is it decided which students to include?

\_\_\_\_\_  
\_\_\_\_\_

B7e. And which staff **delivers or runs** this program/activity? **MARK ALL THAT APPLY**

- Classroom teacher..... 1
  - Other teacher specially assigned to this task..... 2
  - Guidance counselor/social worker ..... 3
  - School nurse ..... 4
  - Administrators—Principal, Vice Principal, Librarian..... 5
  - Outside personnel..... 6
  - Other (*Please Specify*) z..... 7
- 

B7f. Was this program/activity first introduced in your school . . . **(READ)**

- This year? ..... 1
- Last year? ..... 2
- Or was it started more than a year ago? ..... 3

B7g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

- NO—SKIP TO B7h..... 0
- YES—DESCRIBE: ..... 1

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B7h. Are parents at your school actively involved with this specific program or activity? (IF NEEDED: in either creating or delivering the program/activity to students) **IF YES:** Could you describe how parents are involved.

- NO—GO TO NEXT PROGRAM ..... 0
- YES—DESCRIBE: ..... 1

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HAND RESPONDENT PIE CHART. Let's look again at the pie chart of six broad goals of social and character development.

B8a. Can you give me the name of another program or activity related to these goals that your school has engaged in since the beginning of the school year?

\_\_\_\_\_ RECORD NAME

IF NONE, CHECK HERE AND SKIP TO SECTION C—PAGE 22

B8b. Please give me a brief description of how this program/activity is conducted?

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B8c. Looking at the pie chart again, which of these areas or goals does this program/activity address? **MARK ALL THAT APPLY**

- |                                                                |                                                                                                |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Violence Prevention/Peace Promotion | 5 <input type="checkbox"/> Risk Prevention/Health Promotion                                    |
| 2 <input type="checkbox"/> Social and Emotional Development    | 6 <input type="checkbox"/> Civic Responsibility and<br>Community Service                       |
| 3 <input type="checkbox"/> Character Education                 | 7 <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input checked="" type="checkbox"/> |
| 4 <input type="checkbox"/> Tolerance/Diversity                 |                                                                                                |

\_\_\_\_\_

B8d. Which students participate in this program/activity?

ALL STUDENTS IN THE SCHOOL ..... 1

ALL STUDENTS IN CERTAIN GRADES:..... 2

SPECIFY GRADES:.....

SOME STUDENTS—ASK: ..... 3

How is it decided which students to include?

\_\_\_\_\_  
\_\_\_\_\_

B8e. And which staff **delivers or runs** this program/activity? **MARK ALL THAT APPLY**

- Classroom teacher..... 1
  - Other teacher specially assigned to this task..... 2
  - Guidance counselor/social worker ..... 3
  - School nurse ..... 4
  - Administrators—Principal, Vice Principal, Librarian..... 5
  - Outside personnel..... 6
  - Other (*Please Specify*) z..... 7
- 

B8f. Was this program/activity first introduced in your school . . . **(READ)**

- This year? ..... 1
- Last year? ..... 2
- Or was it started more than a year ago? ..... 3

B8g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

- NO—SKIP TO B8h..... 0
- YES—DESCRIBE: ..... 1

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B8h. Are parents at your school actively involved with this specific program or activity? (IF NEEDED: in either creating or delivering the program/activity to students) **IF YES:** Could you describe how parents are involved.

- NO—GO TO NEXT PROGRAM ..... 0
- YES—DESCRIBE: ..... 1

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HAND RESPONDENT PIE CHART. Let's look again at the pie chart of six broad goals of social and character development.

B9a. Can you give me the name of another program or activity related to these goals that your school has engaged in since the beginning of the school year?

\_\_\_\_\_ RECORD NAME

IF NONE, CHECK HERE AND SKIP TO SECTION C—PAGE 22

B9b. Please give me a brief description of how this program/activity is conducted?

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B9c. Looking at the pie chart again, which of these areas or goals does this program/activity address? **MARK ALL THAT APPLY**

- |                                                                |                                                                                                |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Violence Prevention/Peace Promotion | 5 <input type="checkbox"/> Risk Prevention/Health Promotion                                    |
| 2 <input type="checkbox"/> Social and Emotional Development    | 6 <input type="checkbox"/> Civic Responsibility and<br>Community Service                       |
| 3 <input type="checkbox"/> Character Education                 | 7 <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input checked="" type="checkbox"/> |
| 4 <input type="checkbox"/> Tolerance/Diversity                 |                                                                                                |

\_\_\_\_\_

B9d. Which students participate in this program/activity?

ALL STUDENTS IN THE SCHOOL ..... 1

ALL STUDENTS IN CERTAIN GRADES:..... 2

SPECIFY GRADES:.....

SOME STUDENTS—ASK: ..... 3

How is it decided which students to include?

\_\_\_\_\_  
\_\_\_\_\_

B9e. And which staff **delivers or runs** this program/activity? **MARK ALL THAT APPLY**

- Classroom teacher..... 1
  - Other teacher specially assigned to this task..... 2
  - Guidance counselor/social worker ..... 3
  - School nurse ..... 4
  - Administrators—Principal, Vice Principal, Librarian..... 5
  - Outside personnel..... 6
  - Other (*Please Specify*) z..... 7
- 

B9f. Was this program/activity first introduced in your school . . . **(READ)**

- This year? ..... 1
- Last year? ..... 2
- Or was it started more than a year ago? ..... 3

B9g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

- NO—SKIP TO B9h..... 0
- YES—DESCRIBE: ..... 1

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B9h. Are parents at your school actively involved with this specific program or activity? (IF NEEDED: in either creating or delivering the program/activity to students) **IF YES:** Could you describe how parents are involved.

- NO—GO TO NEXT PROGRAM ..... 0
- YES—DESCRIBE: ..... 1

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HAND RESPONDENT PIE CHART. Let's look again at the pie chart of six broad goals of social and character development.

B10a. Can you give me the name of another program or activity related to these goals that your school has engaged in since the beginning of the school year?

\_\_\_\_\_ RECORD NAME

<sup>7</sup>  IF NONE, CHECK HERE AND SKIP TO SECTION C—PAGE 22

B10b. Please give me a brief description of how this program/activity is conducted?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B10c. Looking at the pie chart again, which of these areas or goals does this program/activity address? **MARK ALL THAT APPLY**

- |                                                                |                                                                                                |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Violence Prevention/Peace Promotion | 5 <input type="checkbox"/> Risk Prevention/Health Promotion                                    |
| 2 <input type="checkbox"/> Social and Emotional Development    | 6 <input type="checkbox"/> Civic Responsibility and<br>Community Service                       |
| 3 <input type="checkbox"/> Character Education                 | 7 <input type="checkbox"/> Other ( <i>Please Specify</i> ) <input checked="" type="checkbox"/> |
| 4 <input type="checkbox"/> Tolerance/Diversity                 |                                                                                                |

\_\_\_\_\_

B10d. Which students participate in this program/activity?

ALL STUDENTS IN THE SCHOOL ..... 1

ALL STUDENTS IN CERTAIN GRADES:..... 2

SPECIFY GRADES:.....

SOME STUDENTS—ASK: ..... 3

How is it decided which students to include?

\_\_\_\_\_  
\_\_\_\_\_

B10e. And which staff **delivers or runs** this program/activity? **MARK ALL THAT APPLY**

- Classroom teacher..... 1
  - Other teacher specially assigned to this task..... 2
  - Guidance counselor/social worker ..... 3
  - School nurse ..... 4
  - Administrators—Principal, Vice Principal, Librarian..... 5
  - Outside personnel..... 6
  - Other (*Please Specify*)  $\nabla$ ..... 7
- 

B10f. Was this program/activity first introduced in your school . . . **(READ)**

- This year? ..... 1
- Last year? ..... 2
- Or was it started more than a year ago? ..... 3

B10g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

- NO—SKIP TO B10h..... 0
- YES—DESCRIBE: ..... 1

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B10h. Are parents at your school actively involved with this specific program or activity? (IF NEEDED: in either creating or delivering the program/activity to students) **IF YES:** Could you describe how parents are involved.

- NO—GO TO NEXT PROGRAM ..... 0
- YES—DESCRIBE: ..... 1

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## C. BEHAVIOR MANAGEMENT

C1a. Now I'd like to ask you about behavior management programs or activities that you may have in place at your school. By behavior management, I'd like you to include strategies or techniques designed to maximize positive behaviors and minimize negative behaviors. Typical examples are sticker or star charts, point or token programs, time out for disruptive behavior, and daily and weekly reward programs.

Do you have any school-wide behavior management programs or activities, or behavior management programs implemented by all teachers within a grade? **IF YES, ASK:** What is the name of the program or activity

\_\_\_\_\_ RECORD NAME

IF INDIVIDUAL TEACHERS HAVE DIFFERENT APPROACHES, CHECK HERE AND SKIP TO SECTION D—PAGE 29

IF NONE, CHECK HERE AND SKIP TO SECTION D—PAGE 29

C1b. Can you give me a brief description of how this program/activity is conducted?

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C1c. Thinking about the pie chart listing six goals of social and character development, do you use this behavior management program or activity as a strategy to meet any of the overall goals on the chart? **IF YES:** Which goal(s)? **MARK ALL THAT APPLY**

Violence Prevention/Peace Promotion

Social and Emotional Development

Character Education

Tolerance/Diversity

Risk Prevention/Health Promotion

Civic Responsibility and  
Community Service

Other (*Please Specify*)

C1d. Which students participate in this behavior management program/activity?

ALL STUDENTS IN THE SCHOOL ..... 1

ALL STUDENTS IN CERTAIN GRADES:..... 2

SPECIFY GRADES:.....

SOME STUDENTS—ASK: ..... 3

How is it decided which students to include?

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C1e. And which staff **delivers or runs** this behavior management program/activity? **MARK ALL THAT APPLY**

Classroom teacher..... 1

Other teacher specially assigned to this task..... 2

Guidance counselor/social worker ..... 3

School nurse..... 4

Administrators—Principal, Vice Principal, Librarian..... 5

Outside personnel..... 6

Other (*Please Specify*)..... 7

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C1f. Was this program/activity first introduced in your school . . . **(READ)**

This year? ..... 1

Last year? ..... 2

Or was it started more than a year ago?..... 3

C1g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

NO—SKIP TO C1h ..... 0

YES—DESCRIBE: ..... 1

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C1h. Are parents at your school actively involved with this specific program or activity? (IF NEEDED: in either creating or delivering the program/activity to students) **IF YES:** Could you describe how parents are involved.

NO—GO TO NEXT PROGRAM ..... 0

YES—DESCRIBE: ..... 1

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C2a. And do you have any other school-wide behavior management programs or activities, or behavior management programs implemented by all teachers within a grade taking place at this school? **IF YES:** What is the name of the program or activity?

\_\_\_\_\_ RECORD NAME

IF INDIVIDUAL TEACHERS HAVE DIFFERENT APPROACHES, CHECK HERE AND SKIP TO SECTION D—PAGE 29

IF NONE, CHECK HERE AND SKIP TO SECTION D—PAGE 29

C2b. Can you give me a brief description of how this program/activity is conducted?

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C2c. Thinking about the pie chart listing six goals of social and character development, do you use this behavior management program or activity as a strategy to meet any of the overall goals on the chart? **IF YES:** Which goal(s)? **MARK ALL THAT APPLY**

Violence Prevention/Peace Promotion

Social and Emotional Development

Character Education

Tolerance/Diversity

Risk Prevention/Health Promotion

Civic Responsibility and  
Community Service

Other (*Please Specify*)

C2d. Which students participate in this behavior management program/activity?

ALL STUDENTS IN THE SCHOOL ..... 1

ALL STUDENTS IN CERTAIN GRADES:..... 2

SPECIFY GRADES:..... \_\_\_\_\_

SOME STUDENTS—ASK: ..... 3

How is it decided which students to include?

\_\_\_\_\_  
\_\_\_\_\_

C2e. And which staff **delivers or runs** this behavior management program/activity? **MARK ALL THAT APPLY**

Classroom teacher ..... 1

Other teacher specially assigned to this task..... 2

Guidance counselor/social worker ..... 3

School nurse ..... 4

Administrators—Principal, Vice Principal, Librarian..... 5

Outside personnel..... 6

Other (*Please Specify*)  $\neq$ ..... 7

\_\_\_\_\_

C2f. Was this program/activity first introduced in your school . . . **(READ)**

This year? ..... 1

Last year? ..... 2

Or was it started more than a year ago?..... 3

C2g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

NO—SKIP TO C2h ..... 0

YES—DESCRIBE: ..... 1

\_\_\_\_\_  
\_\_\_\_\_

C2h. Are parents at your school actively involved with this specific program or activity? (IF NEEDED: in either creating or delivering the program/activity to students) **IF YES:** Could you describe how parents are involved.

NO—GO TO NEXT PROGRAM ..... 0

YES—DESCRIBE: ..... 1

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C3a. And do you have any other school-wide behavior management programs or activities, or behavior management programs implemented by all teachers within a grade taking place at this school? **IF YES:** What is the name of the program or activity?

\_\_\_\_\_ RECORD NAME

IF INDIVIDUAL TEACHERS HAVE DIFFERENT APPROACHES, CHECK HERE AND SKIP TO SECTION D—PAGE 29

IF NONE, CHECK HERE AND SKIP TO SECTION D—PAGE 29

C3b. Can you give me a brief description of how this program/activity is conducted?

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C3c. Thinking about the pie chart listing six goals of social and character development, do you use this behavior management program or activity as a strategy to meet any of the overall goals on the chart? **IF YES:** Which goal(s)? **MARK ALL THAT APPLY**

Violence Prevention/Peace Promotion

Social and Emotional Development

Character Education

Tolerance/Diversity

Risk Prevention/Health Promotion

Civic Responsibility and  
Community Service

Other (*Please Specify*)

C3d. Which students participate in this behavior management program/activity?

ALL STUDENTS IN THE SCHOOL ..... 1

ALL STUDENTS IN CERTAIN GRADES:..... 2

SPECIFY GRADES:.....

SOME STUDENTS—ASK: ..... 3

How is it decided which students to include?

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C3e. And which staff **delivers or runs** this behavior management program/activity? **MARK ALL THAT APPLY**

Classroom teacher..... 1

Other teacher specially assigned to this task..... 2

Guidance counselor/social worker ..... 3

School nurse..... 4

Administrators—Principal, Vice Principal, Librarian..... 5

Outside personnel..... 6

Other (*Please Specify*)..... 7

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C3f. Was this program/activity first introduced in your school . . . **(READ)**

This year? ..... 1

Last year? ..... 2

Or was it started more than a year ago?..... 3

C3g. Did the teachers and/or other staff receive any **special training** in this program/activity? **IF YES, DESCRIBE BELOW. OBTAIN TYPE AND AMOUNT OF TRAINING IF POSSIBLE.**

NO—SKIP TO C3h ..... 0

YES—DESCRIBE: ..... 1

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C3h. Are parents at your school actively involved with this specific program or activity? (IF NEEDED: in either creating or delivering the program/activity to students) **IF YES:** Could you describe how parents are involved.

NO—GO TO NEXT PROGRAM ..... 0

YES—DESCRIBE: ..... 1

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## D. SCHOOL DECISION MAKING AND FACULTY SUPPORT REGARDING SOCIAL AND CHARACTER DEVELOPMENT

D1. How are decisions made regarding social and character development activities at your school?

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D2. Teachers and staff can hold a range of different opinions about having social and character development activities in schools. Some are enthusiastic about such efforts, some cooperate but are not enthusiastic, and some openly dislike social and character development efforts. What is your best estimate as to the percentage of teachers and staff **in your school** that fall into each of these categories? Remember, the total of these three categories should equal 100 percent. What percent would you say . . . **(READ)**

	<i>Percent</i>	
a. Are enthusiastic about social and character development efforts in this school? .....		%
b. Are cooperative, but not enthusiastic about social and character development efforts in this school? ....		%
c. Openly dislike social and character development efforts in this school? .....		%

**INTERVIEWER CHECK: TOTAL = 100%**

D3. In most schools, teachers and staff vary in the extent to which they incorporate social and character development qualities into their professional relationships and styles. Please tell me how often teachers and staff in your school . . . **(READ)**

a. Model positive traits of character and behaviors with **students**? Would you say . . . **(READ)**

- 1  All or almost all the time?
- 2  Most of the time?
- 3  Some of the time?
- 4  Hardly ever?
- 5  Or never?
- 0  DON'T KNOW/CAN'T RATE

b. How often do teachers and staff in your school model positive traits of character and behaviors with **other teachers**? Would you say . . . **(READ)**

- 1  All or almost all the time?
- 2  Most of the time?
- 3  Some of the time?
- 4  Hardly ever?
- 5  Or never?
- 0  DON'T KNOW/CAN'T RATE

c. And how often do teachers and staff in your school involve students in decision making? **(READ)**

- 1  All or almost all the time?
- 2  Most of the time?
- 3  Some of the time?
- 4  Hardly ever?
- 5  Or never?
- 0  DON'T KNOW/CAN'T RATE

d. How often do students have a voice in school governance or role setting? **(READ)**

- 1  All or almost all the time?
- 2  Most of the time?
- 3  Some of the time?
- 4  Hardly ever?
- 5  Or never?
- 0  DON'T KNOW/CAN'T RATE

e. How often does this school actively encourage parents to get involved in their children's social and character development? **(READ)**

- 1  All or almost all the time?
- 2  Most of the time?
- 3  Some of the time?
- 4  Hardly ever?
- 5  Or never?
- 0  DON'T KNOW/CAN'T RATE

f. And how often do discipline strategies focus on promoting development rather than merely punishing for misbehavior? **(READ)**

- 1  All or almost all the time?
- 2  Most of the time?
- 3  Some of the time?
- 4  Hardly ever?
- 5  Or never?
- 0  DON'T KNOW/CAN'T RATE

D4. In total, about how many teachers and staff work at this school? Your best estimate is fine. (IF ASKED, INCLUDE BOTH FULL- AND PART-TIME).

\_\_\_\_\_ RECORD NUMBER. IF RANGE GIVEN TAKE THE MID-POINT

D5. Did any of your staff participate in professional development activities or training relating to social and character development within the last year? (Please include staff development that might have taken place during the summer months.)

- 1  Yes
- 0  No → **Go to closing**
- d  DON'T KNOW → **Go to closing**

D6. In total, how many teachers and staff received social and character development related training last year? Your best guess is fine.

\_\_\_\_\_ RECORD NUMBER. IF RANGE GIVEN TAKE MID-POINT

OR

\_\_\_\_\_ % PERCENTAGE GIVEN

D7. And how many hours of training or professional development, on average, did each receive? Again, your best guess is fine.

\_\_\_\_\_ RECORD HOURS PER PERSON. IF RANGE GIVEN TAKE MID-POINT

That completes the interview. Thank you so much for your time and opinions. Your input is an important contribution to our research.