

High/Scope Educational Research Foundation

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Ypsilanti, Michigan 48197
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David P. Weikart, Ph.D.
President

AGE 19

PERRY PRESCHOOL FOLLOW-UP ASSESSMENT OF YOUNG ADULTS

Name of Respondent: _____

Introduction

Hello, my name is _____. I'm with the High/Scope Educational Research Foundation of Ypsilanti, Michigan. Over the years, while you've been in school, you've been involved in helping us learn more about how children develop into adults. In past years you've provided information on your school experience, how you did and how you felt about it. Now I'd like to talk to you about your school experience and also about other important parts of your life--your family, jobs you may have had, how you handle money, and your activities in the community.

All of your answers will be kept completely confidential; they will not be shared with anyone not connected with this research. Your name appears only on this page, and afterwards I'll detach it so no one will ever see your name together with your answers. It is important that you feel free to tell me exactly what you think, not what you feel I want to hear. If there are any questions that are not clear to you or that you feel are too personal, please tell me.

Do you have any questions? OK, let's begin.

Place of Interview: _____

I have some questions about your folks, the family you grew up in. Do you presently stay with one of both of your parents or a guardian?

___ no ___ yes ___ at school; live with parents in summer

How many brothers and sisters do you presently have, not counting yourself?

___ brothers ___ sisters

How have you been getting along with your family (the family you grew up in)?

___ not too good, ___ fair, you get ___ you get along
don't get along by with them great with your
at all family, no problems

How does your family feel about how you're doing?

___ they think you ___ they think you ___ they think you're
are doing great are getting by not doing anything
okay worth much

Are you turning out to be the kind of person your family expected you to be?

___ not doing as well ___ just about like ___ doing better than
as they expected they expected they expected

Do you have any children yourself?

___ no ___ yes - how many? ___

Girls only: Are you now or have you ever been pregnant?

___ no
___ yes: How many times? ___

Are you now married or living together with someone?

___ single - Do you plan to get married someday? ___ no ___ yes

___ divorced or separated

___ widowed

___ married or living together - How have the two of you been getting along?

___ not too good, ___ fair, you get ___ you get along great
don't get along by with each with each other,
at all other no problems

Now I have some questions to find out how satisfied you feel about your experiences in high school.

What are your feelings about the high school you went to?

_____ It was great;
liked it a lot

_____ It was okay

_____ Didn't like the
school at all

If you could have, how much would you have changed your school?

<p>— A lot, there were lots of things that could have been better</p>	<p>— Somewhat; there were good and bad things there like any other school</p>	<p>— Hardly at all; it was really good the way it was</p>
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How much studying did you do?

_____ More than enough _____ Enough to just _____ Less than you
to just pass get by needed to pass

How were your grades for the amount of studying you did?

Good grades for the amount of studying	About what they should have been for the amount of studying	Less than you deserved for the amount of studying
--	--	--

Did you feel that you were really part of the school, that you really belonged?

— That's just the way you felt — Maybe you sometimes felt that way — No; school was just another place you had to be

How important was high school to you as a place to learn?

___ very important ___ somewhat important ___ not at all important

How important was high school to you as a place to be with your friends?

___ very important ___ somewhat important ___ not at all important

How important was high school to you as a place to get to know teachers and staff?

___ very important ___ somewhat important ___ not at all important

How important was high school to you as a place for sports and athletics?

___ very important ___ somewhat important ___ not at all important

How important was high school to you as a place to join various clubs and organizations?

___ very important ___ somewhat important ___ not at all important

How often did you try to change something you didn't like about your school?

___ you tried fairly often ___ sometimes you tried ___ you almost never tried

How good was your education compared to what you feel you could have gotten at another high school?

___ better than most high schools ___ about the same as other high schools ___ worse than most other high schools

When you took a program of classes, like college prep or vocational, did you feel it was the right program for you?

___ No; I would have preferred a different program ___ You're not sure if it was right for you or not ___ Yes, you're glad you took the program

About how many of your high school teachers seemed to really care about students?

___ most of them ___ some of them ___ very few of them

About how many of the counselors at your high school seemed to really care about students?

___ most of them ___ some of them ___ very few of them

When you finished a day at school, did you feel that you learned something worthwhile?

___ Almost never felt that way ___ Sometimes true ___ Almost always felt that way

Now I have some questions about jobs or work you may have done, including part-time and summer jobs. Are you -

☐ working now



☐ not working now but
have held a job in
the past ↓

☐ not working; have
never held a job
(Go to page 8)

	Present job (if any)	Last job (if any)	2nd last job (if any)	3rd last job (if any)
Name & address of employer				
Type of work?				
Hours per week (average)?				
Pay per hour (average)?				
Month/year the job began?				
Month/year the job ended?	Any other job?			

Any other job? Any other job?

About how much of the money you make (or made) each week do (did) you put towards the household expenses?

_____ per week

Present or last job

What are your feelings about the kind of work you do (did)?

☐ It's great,
like it a lot

☐ It's okay

☐ Don't like the
work at all

How's your pay for the kind of work you do (did)?

☐ Good pay for the
kind of job you
have (had)

☐ Just about what
it should be for
the job

☐ A lot less than
the job is (was)
worth

If you have your way would you want to work for this place five years from now?

___ Definitely no ___ Not sure; depends on how things go ___ Yes you would

Do (did) you feel like you're really part of the company (like you really belong)?

___ That's just the way you feel (felt) ___ Maybe sometimes you feel (felt) that way ___ No-just another job

How close does (did) your work come to the way you think a job should be?

___ Nowhere near what you think a job should be ___ Sometimes close to what a job should be ___ It's just the way you think working on a job should be

How good is (was) your pay if you compare it with what you could get at other companies for the same kind of work?

___ Better pay than other companies for the kind of work ___ About the same pay as other companies ___ Less than other places pay for that kind of work

When you took a job in the company--if you knew then what you know now about it--would you have gone to work there?

___ No-not if you knew about the place what you know now ___ Not too sure ___ Yes, you would take a job there again

Based on your age, your ability and your experience, how do (did) you feel about your pay?

___ More pay than a guy (girl) like you would expect to make ___ About where you should be in salary ___ Making less than a guy (girl) with your experience should expect to make

When you finish a day's work, do (did) you feel like you did something worthwhile?

___ Almost never feel (felt) that way ___ Sometimes true ___ Almost always feel (felt) that way

Do you have a Social Security card?

☐ no ☐ yes - What is your Social Security Number?

_____ - _____ - _____

Since you have been out of school, about how many months have you been without a job or some kind of work for pay?

_____ months

Are you presently looking for work (other work)?

☐ no ☐ yes

What work or education plans do you have for the next six months or so? (any one or combination)

☐ no particular plans

☐ continue to do what you are presently doing

☐ get a new job

☐ enroll in school or training program

What kind of work do you plan to be doing over a longer time--like five to ten years from now?

☐ don't know (don't plan that far ahead)

☐ same kind of work you're doing now (or did in previous job)

(single choice of job)

How important is it to you to have a job?

☐ very important

☐ somewhat important

☐ not at all
important

Now I have some questions about money. We're putting your answers together with other people's to show us how young adults deal with money. Remember, your answers will be kept completely confidential.

Are you presently supporting yourself on your own earnings (and/or those of your spouse)?

☐ not at all ☐ somewhat ☐ completely

Do you regularly receive money from family or friends other than for work?

☐ not at all ☐ some ☐ most of your money
About how much per week? _____

Do you presently receive money from the government (other than for work)?

☐ not at all ☐ some ☐ most of your money
About how much per week? _____
What kind of benefit (for example, ADC, unemployment, food stamps, Social Security)?

In addition to what we've talked about, do you regularly receive any other money - you don't have to tell me where you get it?

☐ not at all ☐ some ☐ most of your money
About how much per week? _____

Have you saved any money?

☐ all the time (out of almost every paycheck) ☐ some, off and on ☐ just about nothing saved

Do you buy things on credit?

☐ no, don't use it ☐ some things, like expensive ones ☐ most everything

Any trouble getting credit for buying what you want?

☐ can get it almost anytime for anything ☐ can get credit for a few things if you need it
☐ have a tough time getting credit ☐ never applied

Do you owe anybody money?

___ no debts ___ some debt but manageable ___ lots of debt

Do you own a car or other vehicle?

___ no ___ yes - Make and year? _____

Do you have a driver's license or learner's permit?

___ no ___ yes

Do you own any other major items that cost over, say, \$100?

___ no ___ yes - What items? _____

On this list that I show you, let me know which of these people or places have been giving you a hard time lately.

___ Supervisor at work	___ Lawyers
___ People you work with	___ Credit collection outfits
___ Social worker (Welfare)	___ Storekeepers
___ School (teachers or other people who run the school)	___ Somebody in your family
___ The police or the courts	___ A hospital or people that work in a hospital clinic (like doctors, clerks)
___ Your church (or people at your church)	___ Neighbors; people you know in your neighborhood
___ Friends	___ Any others? _____

Have you ever:	Not at all	Once	Twice	3 or 4 times	5 or more times	
Argued or had a fight with either of your parents....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(If once or more) Please describe what happened.
Run away from home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hit an instructor or supervisor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gotten into a serious fight in school or at work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taken part in a fight where a group of your friends were against another group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hurt someone badly enough to need bandages or a doctor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Used a knife or gun or some other thing (like a club) to get something from a person.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taken something not belonging to you worth under \$50.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taken something not belonging to you worth over \$50.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taken something from a store without paying for it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taken a car that didn't belong to someone in your family without permission of the owner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Have you ever:

Taken part of a car
without permission
of the owner.....

Not at all
Once
Twice
3 or 4 times
5 or more times

☐ ☐ ☐ ☐ ☐

(If once or more)
Please describe what happened.

Gone into some house or
building when you
weren't supposed to be
there.....

☐ ☐ ☐ ☐ ☐

Set fire to someone's
property on purpose...

☐ ☐ ☐ ☐ ☐

Damaged school property
on purpose.....

☐ ☐ ☐ ☐ ☐

Damaged property at
work on purpose.....

☐ ☐ ☐ ☐ ☐

Smoked marijuana.....

☐ ☐ ☐ ☐ ☐

Used any drugs or
chemicals to get high
or for kicks, except
marijuana.....

☐ ☐ ☐ ☐ ☐

INTERVIEWER:

___ responses are completely honest

___ responses may be exaggerated
or otherwise distorted

___ responses were honest after a
challenge from me

___ responses are probably false

Have you ever gotten into trouble with police because of something
you did (picked up or arrested)?

___ not at all ___ once ___ twice ___ 3 or 4 times ___ 5 or more times

In what county (or counties)?

Please describe what happened.

12
Have you ever been suspended or expelled from school?

___ no

___ suspended: How many times? ___

___ expelled

Please describe what happened.

How important is it to you to keep out of trouble with the cops and the law?

___ real important;
you go out of
your way to
avoid trouble

___ you usually
try to steer
clear unless
you are pushed
hard

___ not too important;
if you get in
trouble with the
cops, it doesn't
matter much

Do you at present belong to any teams, clubs or organizations--community, school, church group, or the like?

___ no ___ yes - What are they? _____

Are you now or have you ever been involved in any kind of volunteer work, helping people or assisting organizations, for which you were not paid?

___ no ___ yes - What kind of work? _____

Back during your high school years, did you belong to any teams, clubs or organizations--school or church or community?

___ no ___ yes - What were they? _____

During your high school years, were you ever elected or appointed to any office or special jobs?

___ no ___ yes - Please describe. _____

Do you have any ills or problems with your health that bother you?

___ no ___ yes - Please describe. _____

About how many times did you go to see a doctor, because you were sick, during the past 12 months or so?

_____ times

In general, how do you feel about the neighborhood you live in?

☐ It's a good place, you're glad you live there.
 ☐ Some problems, but it's as good as any other neighborhood.
 ☐ It's a bad neighborhood, you don't like living there.

Now I want to ask you a couple of questions about personal problems. Some people your age have personal problems that bother them. How about you? Compared to other people about your age, would you say you have more, less, or about the same amount of problems?

☐ more ☐ about the same ☐ less

other (specify): _____

When you have a personal problem, do you go to other people for help or for advice?

☐ no ☐ once in a while ☐ sometimes ☐ often

Have you ever had contact with a Social Worker? ☐ No ☐ Yes

How many times? _____

Here is a list of things that some persons your age do. For each activity, please tell me whether you do it never or hardly ever, sometimes, or a lot.

Watch television:

☐ never, hardly ever ☐ sometimes ☐ a lot

Listen to music:

☐ never, hardly ever ☐ sometimes ☐ a lot

Hang out with your friends:

☐ never, hardly ever ☐ sometimes ☐ a lot

Play ball, other sports:

☐ never, hardly ever ☐ sometimes ☐ a lot

Spend time at church:

☐ never, hardly ever ☐ sometimes ☐ a lot

Camping, hunting, fishing:

☐ never, hardly ever ☐ sometimes ☐ a lot

In the past few weeks, have you read:

___ a newspaper ___ a magazine ___ a book

Here is a list of things you may do for yourself or for your friends, to save money or to help out. For each activity, please tell me whether you never or hardly ever do it, do it for yourself, or do it for yourself and your friends.

Repair things around the house:

___ never, hardly ever ___ for yourself ___ for yourself and friends
___ hours per week (average)

Raise vegetables in a garden:

___ never, hardly ever ___ for yourself ___ for yourself and friends
___ hours per week (average)

Fix cars:

___ never, hardly ever ___ for yourself ___ for yourself and friends
___ hours per week (average)

Make clothes:

___ never, hardly ever ___ for yourself ___ for yourself and friends
___ hours per week (average)

Build things from wood or other materials:

___ never, hardly ever ___ for yourself ___ for yourself and friends
___ hours per week (average)

Cook meals:

___ never, hardly ever ___ for yourself ___ for yourself and friends
___ hours per week (average)

Cut the grass:

___ never, hardly ever ___ for yourself ___ for yourself and friends
___ hours per week (average)

Take care of kids, babysitting:

___ never, hardly ever ___ your own ___ your family and other
 family families
___ hours per week (average)

House cleaning:

___ never, hardly ever ___ your own home ___ your home and other
___ hours per week (average) homes

Play a musical instrument:

___ never, hardly ever ___ for yourself ___ for yourself and friends
___ hours per week (average)

For each of the following statements, please tell me whether you strongly agree, agree, disagree, or disagree strongly that the statement applied to you.

On the whole, I am satisfied with myself.

- ☐ strongly agree
- ☐ agree
- ☐ disagree
- ☐ strongly disagree

At times I think I am no good at all.

- ☐ strongly agree
- ☐ agree
- ☐ disagree
- ☐ strongly disagree

I feel that I have a number of good qualities.

- ☐ strongly agree
- ☐ agree
- ☐ disagree
- ☐ strongly disagree

I feel I do not have much to be proud of.

- ☐ strongly agree
- ☐ agree
- ☐ disagree
- ☐ strongly disagree

I am able to do things as well as most other people.

- ☐ strongly agree
- ☐ agree
- ☐ disagree
- ☐ strongly disagree

I certainly feel useless at times.

- ☐ strongly agree
- ☐ agree
- ☐ disagree
- ☐ strongly disagree

I feel that I'm a worthwhile person, at least as much as others.

___ strongly agree
___ agree
___ disagree
___ strongly disagree

I wish I could have more respect for myself.

___ strongly agree
___ agree
___ disagree
___ strongly disagree

I try to think well of myself.

___ strongly agree
___ agree
___ disagree
___ strongly disagree

All in all, I often feel that I am a failure.

___ strongly agree
___ agree
___ disagree
___ strongly disagree

Choose one of these areas that you want to do well in and get along with people.

- ☐ schoolwork
- ☐ family
- ☐ friends
- ☐ sports
- ☐ other: _____

Now let's talk about your (area). How well do you think you are doing with your (area)?

- ☐ better than most people you know
- ☐ about as well as most people you know
- ☐ not as well as most people you know

Regarding how you do with your (area), whose opinions do you care about the most?

- ☐ teachers
- ☐ parents
- ☐ other family members
- ☐ friends
- ☐ other persons (besides yourself): _____

In the area of (area), how well do your (group) think you are doing?

- ☐ better than most people
- ☐ about as well as most people
- ☐ not as well as most people

What high school or high schools have you attended?

Besides high school, are you now or have you ever been in any other educational program--college, job training or anything like that?

___ no

___ yes -

	Presently enrolled	Previously enrolled	Previously enrolled
Program's name			
Program's purpose			
Month/year of enrollment			
Part-time or full-time			
Did you complete the program?			

Who was the high school teacher you knew best, somebody you could talk to?

Name: _____ Course taught: _____

Who was your high school counselor? _____

If you don't mind, we'd like to interview one of your parents or a guardian. Is that ok? ___ no ___ yes - If you're not living with a parent or guardian, where can we reach them?

We may want to interview you again in a few years. If we have trouble finding you, what is the best way to get in touch with you again?

I have some permission forms that I'd like to look over with you. These forms will allow us to get further information from some of the places we've talked about.

READ THROUGH AND COMPLETE THE FOLLOWING FORMS: THE SCHOOLS, THE COURTS, AND EMPLOYER (if applicable).

ADULT APL SURVEY

Answer Sheet

- | | |
|--------------------|--------------------|
| 1 (A) (B) (C) (D) | 21 (A) (B) (C) (D) |
| 2 (A) (B) (C) (D) | 22 (A) (B) (C) (D) |
| 3 (A) (B) (C) (D) | 23 (A) (B) (C) (D) |
| 4 (A) (B) (C) (D) | 24 (A) (B) (C) (D) |
| 5 (A) (B) (C) (D) | 25 (A) (B) (C) (D) |
| 6 (A) (B) (C) (D) | 26 (A) (B) (C) (D) |
| 7 (A) (B) (C) (D) | 27 (A) (B) (C) (D) |
| 8 (A) (B) (C) (D) | 28 (A) (B) (C) (D) |
| 9 (A) (B) (C) (D) | 29 (A) (B) (C) (D) |
| 10 (A) (B) (C) (D) | 30 (A) (B) (C) (D) |
| 11 (A) (B) (C) (D) | 31 (A) (B) (C) (D) |
| 12 (A) (B) (C) (D) | 32 (A) (B) (C) (D) |
| 13 (A) (B) (C) (D) | 33 (A) (B) (C) (D) |
| 14 (A) (B) (C) (D) | 34 (A) (B) (C) (D) |
| 15 (A) (B) (C) (D) | 35 (A) (B) (C) (D) |
| 16 (A) (B) (C) (D) | 36 (A) (B) (C) (D) |
| 17 (A) (B) (C) (D) | 37 (A) (B) (C) (D) |
| 18 (A) (B) (C) (D) | 38 (A) (B) (C) (D) |
| 19 (A) (B) (C) (D) | 39 (A) (B) (C) (D) |
| 20 (A) (B) (C) (D) | 40 (A) (B) (C) (D) |

Interviewer Judgments

After the interview, the interviewer should rate the respondent's behavior during the interview on the following dimensions.

Resistive	()	()	()	()	()	()	()	()	()	Cooperative
Shy	()	()	()	()	()	()	()	()	()	()
Indifferent	()	()	()	()	()	()	()	()	()	()
Quiet	()	()	()	()	()	()	()	()	()	()
Easily distracted	()	()	()	()	()	()	()	()	()	()
Passive	()	()	()	()	()	()	()	()	()	()
Nervous	()	()	()	()	()	()	()	()	()	()
Needs urging	()	()	()	()	()	()	()	()	()	()
Prefers easy tasks	()	()	()	()	()	()	()	()	()	()
Gives up easily	()	()	()	()	()	()	()	()	()	()
Needs reassurance, praise, encouragement	()	()	()	()	()	()	()	()	()	()
Secretive	()	()	()	()	()	()	()	()	()	()
Untruthful	()	()	()	()	()	()	()	()	()	()

Do you have any observations which bear on any of the questions asked in the interview?

Any other observations?

High/Scope Educational Research Foundation

600 North River Street
Ypsilanti, Michigan 48197
(313) 485-2000

David P. Weikart, Ph.D.
President

PERMISSION FOR RELEASE OF INFORMATION FROM EMPLOYER

I authorize release of information to the High/Scope Educational Research Foundation from:

(Present or last employer)

I understand the information involves personnel records, and ratings by my employer and my work supervisor. I also understand that this information will be used only for research purposes. No identifying information will be given to any other source.

(Signature)

(Date)

(Witness)

EMPLOYER REPORT

The High/Scope Educational Research Foundation of Ypsilanti, Michigan is doing a follow-up study of young adults who participated in one of our educational programs during the 1960s. We would appreciate your giving us some information and a brief evaluation of one of your employees (or former employees) who participated in this program.

The individual we are interested in is:

Name: _____

Social Security Number: _____

We have his/her permission to ask you for this information. Your responses are completely confidential and will never be identified with you or your organization; nor will they be used to affect this employee in any way.

Business name: _____

Type of business: _____

Employee's job title and duties: _____

Hours a week: _____ Rate of pay: _____

Starting date: _____

(Former employees only) Stopping date: _____

Average days absent per month: _____

Average times tardy per month: _____

Do you feel that this employee puts in a decent day's work?

____ Yes, definitely ____ Generally; not always ____ Definitely not

Does this employee get along with the other workers on the job?

____ Yes, definitely ____ Generally; not always ____ Definitely not

Would you promote this employee?

____ Yes, definitely ____ May, not certain ____ Definitely not

Would you hire this employee again?

____ Yes, definitely ____ Maybe; with a few reservations ____ Definitely not

Work supervisor's name: _____

How many months has this employee worked for you? _____

Below are 14 statements about things that work supervisors consider important when it comes to how the employee is doing. We would appreciate your telling us how each one applies to this employee. The information is strictly private and will not have any effect on the employee in any way.

Please read each statement carefully. Then put a check on one of the five lines to show how that statement fits the employee that you're rating.

KNOWS HOW TO FOLLOW INSTRUCTIONS PROPERLY.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

RESENTS TAKING ORDERS FROM THOSE WHO SUPERVISE HIM/HER.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

KNOWS HOW TO DRESS RIGHT FOR THE JOB.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

TAKES SOME PRIDE IN THE WORK AND DOESN'T JUST RUSH THROUGH TO GET IT FINISHED.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

HAS TO BE TOLD WHAT TO DO EVERY MINUTE OR HE/SHE CAN'T KEEP BUSY.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

GETS ALONG WITH OTHERS ON THE JOB.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

CAN'T GET TO WORK ON TIME.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

SHOWS SOME INITIATIVE IN TAKING ON A PIECE OF WORK.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

DOESN'T MAKE TROUBLE ON THE JOB.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

ASKS QUESTIONS IF PROBLEMS COME UP--DOESN'T JUST GO AHEAD AND DO THE JOB WRONG.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

SHOWS INTEREST IN LEARNING MORE ABOUT THE JOB.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

IS OFTEN ABSENT FROM WORK.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

WASTES TIME ON THE JOB.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

CAN BE LEFT ON HIS/HER OWN WITHOUT CLOSE SUPERVISION.

Describes just how the employee is	True most of the time	Sometimes true of the employee	Is not usually so	The employee is not like this at all
_____	_____	_____	_____	_____

High/Scope Educational Research Foundation

600 North River Street
Ypsilanti, Michigan 48197
(313) 485-2000

David P. Weikart, Ph.D.
President

PERMISSION FOR RELEASE OF INFORMATION FROM THE COURTS

I authorize release of information to the High/Scope Educational Research Foundation from the Washtenaw County Juvenile Court and any other court. I understand that this information will be used only for research purposes. No identifying information will be given to any other source.

(Signature)

(Date)

(Witness)

COURT REPORT

Name of Individual: _____

Birthdate: _____ Social Security #: _____

Name of Court: _____

Person Reporting: _____

Has a petition ever been filed against this individual?

_____ no

_____ yes - Number of petitions? _____

Date

Crime

Judgment

Custody/Probation

Parent's Name: _____

Son's or Daughter's Name: _____

Parent's Rating Scale

On each of the following items, please rate your son or daughter compared to other people you know of about the same age.

	LOW	AVERAGE	HIGH
Gets along with others the same age	_____	_____	_____
Gets along with adults	_____	_____	_____
Able to talk and be understood by others	_____	_____	_____
Comes up with new and unusual ideas	_____	_____	_____
Good at schoolwork	_____	_____	_____
Curious about things	_____	_____	_____
Handles personal feelings well	_____	_____	_____
Could do well in schoolwork in the future	_____	_____	_____
You really like to have him/her around	_____	_____	_____
Self-confident	_____	_____	_____
Will do well in future jobs	_____	_____	_____
Will do well in getting along with people	_____	_____	_____

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President

PERMISSION FOR RELEASE OF INFORMATION FROM SCHOOLS

I authorize release of information to the High/Scope Educational Research Foundation from:

(last high school attended)

and from all other educational program which I have attended.

I understand that this information involves school records, special education records (if any), and ratings by a counselor and a teacher. I also understand that this information will be used only for research purposes. No identifying information will be given to any other source.

(Signature)

(Date)

(Witness)

HIGH SCHOOL REPORT: CA-60

Identifying information (fill in beforehand):

Name: _____
 (last name) (first name) (middle name)

Date of Birth: _____

School completion information:

Date graduated: _____

For drop outs only:

Final grade completed: _____

Date left: _____

Number of grades repeated: _____

Class rank: _____

Grade average: _____

Number of requests for transcript: _____

Subject ID#: _____

YEAR							
CATEGORY							
Expected Grade							
Actual Grade							
Type of Class/Program (describe)							
Non-Routine Testing/ Evaluation (describe)							
Other Special Services (describe)							
Parent-Teacher Conferences							
• Routine							
• Non-Routine (describe)							
Absence--No. of Days							
Lateness							
Number of Classes Failed							
Disciplinary Incidents (describe)							
Teacher Report Rating (1-4)							

Subject ID#: _____

YEAR							
<u>CATEGORY</u>							
Expected Grade							
Actual Grade							
Type of Class/Program (describe)							
Non-Routine Testing/ Evaluation (describe)							
Other Special Services (describe)							
Parent-Teacher Conferences							
● Routine							
● Non-Routine (describe)							
Absence--No. of Days							
Lateness							
Number of Classes Failed							
Disciplinary Incidents (describe)							
Teacher Report Rating (1-4)							

COPY FORM CA-9, HIGH SCHOOL TRANSCRIPT

COMPENSATORY EDUCATION RECORDS

Was this individual ever in a compensatory education program, from kindergarten through grade 12?

_____ no

_____ yes - Type of program? _____

Service provided from _____ to _____
mo/day/yr mo/day/yr

SPECIAL EDUCATION RECORDS

From kindergarten through grade 12, was this individual ever certified for special education, speech and language, physical handicapped, or any other special education or pupil personnel services?

_____ no

_____ yes - Type(s) of certification? _____

Type of service (special school or program, self-contained classroom, assigned to teacher consultant for direct or indirect services, other)?

Service provided from _____ to _____
mo/day/yr mo/day/yr

COUNSELOR REPORT

Counselor's Name: _____

During high school, was this individual ever referred for special assistance contacts with school staff?

_____ no

_____ yes - To whom? _____ school social worker

_____ school psychologist

_____ teacher or consultant

_____ other (specify): _____

Was this individual ever referred to agencies or professionals outside the school?

_____ no

_____ yes - What type of assistance? _____

Counselor's Rating Scale

On this sheet are 11 statements about student behavior that counselors consider important in determining how a student is coming along. We would appreciate your evaluation of how these apply to this student.

Please read each statement carefully. Then circle one of the numbers 1 to 5 that best indicates how the statement applies to the student.

1	2	3	4	5
This describes the student perfectly	This is true most of the time	Sometimes this is true of the student	This is not usually so	The student is not like this at all

	<u>Circle one</u>				
Pays attention to good grooming and dresses appropriately.	1	2	3	4	5
Is not very open about discussing personal and job problems.	1	2	3	4	5
Shows a lot of resentment and hostility.	1	2	3	4	5
Is cooperative and willing to listen to advice.	1	2	3	4	5
Makes realistic plans about future jobs.	1	2	3	4	5
Shows little poise or self-assurance.	1	2	3	4	5
Is coherent in expressing himself (herself).	1	2	3	4	5
Is motivated to want to work and expend effort.	1	2	3	4	5
Does not show good day-to-day planning so that he (she) can handle the job (lets home life interfere, for example).	1	2	3	4	5
Indicates a willingness to enroll in school or some sort of training on a part-time basis.	1	2	3	4	5
Shows qualities that indicate he (she) will do well after leaving.	1	2	3	4	5

Teacher's Name: _____
Student's Name: _____

Teacher's Rating Scale

On each of the following items, please rate the student compared to other students you have known of about the same age.

	LOW	AVERAGE	HIGH
Gets along with others the same age	___	___	___
Gets along with adults	___	___	___
Able to talk and be understood by others	___	___	___
Comes up with new and unusual ideas	___	___	___
Good at schoolwork	___	___	___
Curious about things	___	___	___
Handles personal feelings well	___	___	___
Could do well in schoolwork in the future	___	___	___
You really like to have him/her around	___	___	___
Self-confident	___	___	___
Will do well in future jobs	___	___	___
Will do well in getting along with people	___	___	___