Community Needs Assessment: Overview

Data plays a key role in effective community school development. Community school leaders use data to understand the success they are having in supporting student and family development. Early on, community school leaders create a shared leadership team, sometimes referred to as an Advisory Board.

The shared leadership team should include stakeholders who can help the team form a deeper understanding of the strengths and needs of students and families, as well as the "internal" and "external" barriers to student success, and the resources that already available in the community.

Assessment plays a key role providing data to help feed that understanding. Community school development happens most effectively when stakeholders work toward a shared vision for student and family success. The assessment process should be driven by that shared vision. The data that is gathered should help to inform their understanding of issues that will alleviate barriers and facilitate movement toward the vision.

Because of this, a one-size fits all needs assessment is not always the best way to proceed with the assessment process. Each community school should examine assessment tools and consider which questions they need to ask to better inform their understanding of the stakeholders and resources of the school community.

There are multiple kinds of assessments that help inform their work. These include but are not limited to:
- Student needs assessment
- Parent needs assessment (focused on students; focused on parents)
- Teacher assessment (of students & teachers needs)
- Community Resource Assessment
- Community Eco Map (to illustrate community relationships & connections)
- Community Assessment (to identify community issues that affect families)

Sample 4th - 8th Grade Student Needs Assessment

(School Name) is asking you to complete this questionnaire in order to identify ways we can support your success in school and life. Please answer each question to the best of your ability, and honestly. Thank you!

Information about you:

Are you ___ Male (boy) or ___ Female (girl)?

How old are you?

__9   __10   __11   __12   __13   __14   __ Older than 14

What grade are you in?

__4th   __5th   __6th   __7th   __8th

How do you describe yourself or your family?

___ Latino (Mexican, Latin American, Puerto Rican)
___ African American (Black)
___ White (Caucasian)
___ Asian
___ Native American
___ Other

What language do you speak at home? (may choose more than one)
___ English   ___ Spanish   ___ Polish   ___ Chinese   ___ Indian (dialects)   ___ Other

Tell us about your brothers or sisters?

Brothers   ___ (how many)   Brother's Age(s) ___ ___ ___ ___ ___
Sisters ___ (how many)   Sister's Age(s) ___ ___ ___ ___ ___

Information about you and your school:

<u>Please say whether you agree or disagree with these statements:</u>

	Agree	Disagree
Students in my school get along well with one another.	___	___
Teachers in my school like students in this school.	___	___
My teacher listens to me.	___	___
I can ask my teacher with help when I don't understand my work.	___	___
Adults in this school treat students with respect.	___	___
Students in this school treat adults with respect.	___	___
I feel safe in my school.	___	___
I like to come to school.	___	___
There are plenty of adults at my school to ask for help with school work.	___	___
I could use more help with reading.	___	___
I could use more help with math.	___	___
I could use more help with science.	___	___

How much time do you spend doing homework outside of your regular school day? (including afterschool programs) ___ <1/2 hour ___½-1 hour ___1-2 hours ___ no time

Who helps you with your homework when you need it? (choose all that apply)
___ Parents
___Grandparents or other guardians
___ Other relatives (older brothers/sisters, aunts uncles)
___ friends
___ teachers
___ Afterschool programs
___Tutor
___Other

Who talks to you about your school work? (choose all that apply)
___ Parents
___Grandparents or other guardians
___ Other relatives (older brothers/sisters, aunts uncles)
___ friends
___ teachers
___ Afterschool programs

___Tutor
___Other

How has your attendance at school been in the last month?
___ I was not absent on any school day   ___ I was absent one day
___ I was absent 2 days   ___ I was absent 3 or 4 days   ___ I was absent more than 4 days

Why do you usually miss school if you are absent?
___ I am sick   ___ I have no way to get to school
___ my parent needs me at home   ___ I do not want to come to school
___ I don't know

How has your behavior been at school in the last month?
___ I never got into trouble   ___I almost never got into trouble
___ I got into trouble in class   ___ I got sent to the office

Have you ever been suspended from school?
___ Yes ___ No How many times? ____

How are you doing in school?
___ My grades are good   ___ My grades are okay   ___ My grades are not good

What do you think would help you do better in school?
_____
_____
_____

When you are at school…

Do you get bullied?   ___ Yes   ___ No   ___ Sometimes ___Often

Do you get teased?   ___ Yes   ___ No   ___ Sometimes ___Often

Do you get hit/hurt?   ___ Yes   ___ No   ___ Sometimes ___Often

Do you feel happy?   ___ Yes   ___ No   ___ Sometimes ___Often

Do you feel interested?   ___ Yes   ___ No   ___ Sometimes ___Often

When you are not in school, do you…

Spend time with a church group? ___ Yes ___ No ___ Sometimes ___Often

Play sports or other outdoor games? ___ Yes ___ No ___ Sometimes ___Often

Participate in school sports and activities? ___ Yes ___ No ___ Sometimes ___Often

Participate in school clubs? ___ Yes ___ No ___ Sometimes ___Often

Go to afterschool programs in school? ___ Yes ___ No ___ Sometimes ___Often

Go to afterschool programs not in school? ___ Yes ___ No ___ Sometimes ___Often

Go to a community pool? ___ Yes ___ No ___ Sometimes ___Often

Go to community library? ___ Yes ___ No ___ Sometimes ___Often

Take art, music or dance lessons? ___ Yes ___ No ___ Sometimes ___Often

Go to a community center? ___ Yes ___ No ___ Sometimes ___Often

Babysit your brothers/sisters? ___ Yes ___ No ___ Sometimes ___Often

Use a community computer center? ___ Yes ___ No ___ Sometimes ___Often

Use a computer at home? ___ Yes ___ No ___ Sometimes ___Often

Play video games? ___ Yes ___ No ___ Sometimes ___Often

In the past 6 months have you used:
___ Cigarettes   ___ Beer ___ Alcohol ___ Marijuana ___ Other Drugs ___ None of these

What activities would you like to have in your school during or afterschool?

___ School Help   ___ Doctor/Nurse   ___ Counselor   ___ Dentist ___ Eye Doctor

___ Sports   ___ Art   ___Dance   ___Music   ___ Games ___ Theatre

___ Movies   ___ Computer Class

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Sample High School Student Needs Assessment

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. I know what it takes to be a good student at my school					
2. The school is preparing me well for life after graduation.					
3. I am well prepared to graduate on time.					
4. My teachers care about me.					
5. My teachers expect the best from me.					
6. I am doing well in school.					
7. When I need help with school work, my teachers are readily available to help me.					
8. My teachers are easy to talk with.					
9. I do the homework assigned to me.					
10. My parents expect the best from me.					
11. My teachers believe I will succeed.					
12. My parents believe I will succeed.					
13. My parents help me to do well in school.					
14. My teachers know and understand my culture.					
15. My teachers treat me with respect.					
16. My teachers treat me fairly.					

17. **After high school, I want to…**
    ___ Get a good paying Job   ___ Go to College   ___ Not sure

18. **My high school is preparing me well to achieve this goal.**
    ___ Yes   ___ No   ___ Sometimes

19. **In my classes, I have opportunities to…**

20. **After my regular classes at school end, I am involved in the following activities:**
    ___ None   ___ Hanging out with friends
    ___ Work   ___ Homework
    ___ Team Sports   ___ Recreational Programs
    ___ Church Activity   ___ Babysitting

21. In my school, I have seen:
    ___ Students being leaders   ___ Students fighting
    ___ Parent helping out   ___ College students at the high school
    ___ Students being given recognition for an achievement
    ___ Gang representation   ___ Racism or discrimination
    ___ Girls being treated unfairly   ___ Boys being sexist towards girls
    ___ Boyfriends hitting their girlfriends   ___ Bullying or students being treated unkindly

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
22.	My teachers ask for my opinions and ideas.					
23.	In my school, I have a say in important matters.					
24.	Since starting high school, I have participated in community service activities					
25.	I can clearly see how the things I am learning now will help me in the future.					
26.	I truly enjoy the small school community that I belong to.					
27.	I find my classes interesting.					
28.	My classes encourage me to try challenging work.					
29.	I can apply the things I am learning to real world situations.					
30.	I have been involved with police, juvenile justice or court.					
31.	In my school, there is a clear way to settle arguments before they turn into fights.					
32.	I feel safe inside my school.					
33.	I feel safe on my way from home to school and back					
34.	My school has enough books and materials for every student.					
35.	My school has enough computers.					
36.	If I have a serious problem, I can get help in my school.					
37.	If my family has a serious problem, I know where to get help in my community.					
38.	Adults in my community care about youth					
39.	My parents know how I am doing in school.					
40.	My parents want me to do well in school.					
41.	I read other books, magazines or other material besides the reading assigned to me at school.					

42. **When I have the opportunity, I…**
   ___ Smoke cigarettes   ___ Use drugs
   ___ Drink alcohol   ___ Have sex
   ___ Take part in gang activity   ___ Take part in violent activities
   ___ Take part in criminal activity

43. **I have experienced the following:**
   ___Depression
   ___Suicidal thoughts
   ___Attempted suicide
   ___Being beaten up at home
   ___Being beaten up outside of home
   ___Racism or discrimination
   ___Being arrested
   ___Being raped or sexually assaulted
   ___Being robbed
   ___Being threatened with violence
   ___Passing out from drinking or drugs
   ___Being hit by a girlfriend or boyfriend
   ___Being put down by my parents or family
   ___Being put down by my teachers or school staff
   ___Being put down by other students
   ___Being bullied by other students
   ___Being put down by my friends
   ___Over eating
   ___Make myself vomit to lose weight

44. **When I have a problem, I have someone to talk to.**
   ___ Yes   ___ No   ___Sometimes

45. **The biggest obstacles to my doing well in high school are:**

   ___ My parents don't help me
   ___ My friends don't think school is important
   ___ Too many problems at home
   ___ My teachers don't care about me
   ___ My teachers can't teach me
   ___ I need to work to make money
   ___ court problems
   ___ I don't know English well enough
   ___ I don't read well
   ___ My classes are too hard
   ___ School is too boring
   ___ Court problems
   ___ I am pregnant
   ___ I have a child(ren)
   ___ I don't have good & consistent childcare
   ___ My boyfriend/girlfriend or husband/wife doesn't support my being in high school
   ___ I don't need high school for my future goal(s)

Sample Student Wish List Survey

Your school is working to develop new programs for students, parents, and other members of the community. We need your input to identify programs that interest you.   Please check all activities you would participate in if they were available after school or on weekends. Thank you for your help!

Sports		Weekends	After School
Basketball			
Boxing			
Soccer			
Volleyball			
Tumbling			
Softball			
Track			
Karate			
Weight lifting			
Swimming			
Cheerleading			
Floor Hockey			
Flag Football			
Tennis			
Golf			
Baseball			
Racquetball			

Other _____

Social Activities		Weekends	After School
Dances			
Movie night			
Field trips to			
Museums			
Bowling			
Skating			
Downtown tour			
Movies			
Plays			
Concerts			
Ski trip			
Dance perform			

Other _____

Personal Growth		Weekends	After School
Individual counseling			
Group counseling			
Teen issues			
Parenting			
Dealing with divorce			
Self Esteem			
Grief Support			
Gay & lesbian issues			
Anger management			
Child abuse			
Conflict resolution			
Women's issues			
Alcoholics Anonymous			
Al-Anon			
Parenting Classes			
Gang prevention			
Mentoring Program			
Relationship Skills			
Boys/Girls rites of passage			

Support groups on: _____

Workshops on: _____

Other _____

Recreation		Weekends	After School
Chess			
Open Gym			
Camping			
Gardening			
Fishing			
Sewing			
Knitting			
Crocheting			
Cooking			
Website Design			
Computer Club			
Teen Club			
Board Games			
Exercise/Fitness			
Arts & Crafts			
Scrapbooking			
Ropes Courses			
Horseback riding			
Rock Climbing			
Computer Gaming			

Other _____

College Readiness		Weekends	After School
College tours			
Financial aid workshops			
Help choosing college			
Workshops on college applications and essays			
Scholarship assistance			

Other_____

Job Preparation		Weekends	After School
Resume writing			
Interviewing skills			
Part-time work			
Learn about careers			
Apprenticeships			
Internships			
Job Shadowing			
Public speaking			
Word processing			
Bookkeeping			
Mechanic classes			
Horseback riding			
Rock Climbing			
Computer Gaming			

What types of professions are you most interested in learning about?
_____

Other _____

Academic		Weekends	After School
Study skills			
Homework help			
Tutoring			
Math club			
Science club			
Book club			
Speech and debate			
Journalism			
Creative writing			
History projects			
College Prep			
Computer classes			

Academic		Weekends	After School
ACT/SAT Prep			
Computer lab access			
Peer tutoring			
Writing lab			
AP Courses			

Other_____

Arts		Weekends	After School
Crafts			
Band			
Choir			
Fashion Design			
Painting / Drawing			
Murals			
Photography			
Drama			
Poetry Slams			
Acting			
Stage Tech			
Video Club			
Student Journalism			
Graphic arts			
Musical instruments			
Dance			

What instrument?
_____

What kind of dance?
_____

Other _____

Other Activities / Interests		Weekends	After School
Daycare			
Self-defense			
Big Brothers / Big Sisters			
Mentoring younger kids			
Be mentored by successful adults			
Service learning			
Volunteering			
Nutrition class			
Social justice			
Young Democrats / Republicans			
Leadership training			
Future Leaders Program			
Current events			
Junior Achievement			
Agriculture			

What is your grade?   9   10   11   12

What is your gender?   Male   Female

What other new activities would you like to see offered at this school?
_____
_____
_____

If you would like to be a part of the planning, please give your name and Division number:
_____
_____

Sample Teacher Assessment

A community school builds partnerships and organizes resources (programs and services) to support the successful development of students. All young people must develop skills and strengths to navigate normal developmental tasks. Sometimes students face challenges that affect their healthy development. Schools, Communities and Families must work together to address successful development of our youth. Think about our school community and consider the following rating scale:

Needs Assessment Scale (NAS)		
Low Degree of Need	**Moderate Degree of Need**	**High Degree of Need**
Adequate resources exist in this area to meet the needs of our student population	Resources exist in this area, but more are needed to meet the needs of our student population	Resources do not exist in this area and are needed for our student population
Low	**Moderate**	**High**
1　　2　　3	4　　5　　6　　7	8　　9　　10

Use the NAS (Needs Assessment Scale) to rate the current response of our school / community to the developmental needs of students.
Please use reverse side to share additional comments & observations.

Developmental Areas Program/service focus	Numeric NAS rating	Developmental Areas Program/service focus	Numeric NAS rating
Cognitive Development		**Social Development**	
Academic Remediation		Communication Skills	
Academic Support		Relationships with Peers	
Academic Enrichment		Relationships with Adults	
Additional support in math & reading		Working in a group	
Physical Development		Leadership skills	
Health Services		Bullying / Bullying education	
Nutrition Education & Practice		Family Unity	
Organized sports		**Resiliency Characteristics**	
Recreational programs and activities		**High Expectations for success**	
Regular exercise		**A Strong Sense of Self**	
Emotional Development		**Critical Thinking Skills**	
Life skills		**Hopes and Dreams for the future**	
Crisis Intervention		**Can operate within clear consistent boundaries**	
Counseling and Therapy		**Problem solving skills (metacognition)**	

Teacher relationships with parents and other care givers

1.   **On average, how many parents and other care givers do you have contact with for students in your class/program?**

   ____ Daily   ____ Weekly   ___ Bi-weekly   ____ Monthly   ____ Bi-montly   ____ Quarterly

2.   **On average, what kind of contact is made:**

   ____ Written   ____ Telephone   ____At school   ____ In their home

3.   **Name 3 priorities we should focus on to support student success?**

   1.

   2.

   3.

4.   **In addition to your role as teacher, how would you like to be involved in supporting student development?**

   Please put your name below if you would like to become more involved.

   ___ On the planning team   ___ Provide Academic Program

   ___ Provide non-academic program   ___ Working with Community partners

   ___ Provide Programs for Parents   ___ Other _____

Thank you for completing this assessment. We will share the composite results with you when they are tabulated.

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Sample Parent Interest Survey

Please answer the following questions about programs for your **child/ren**.

1. Does your child (children) attend an after school program at (School Name)?

   ↑Yes   ↑No

2. How many days per week does your child attend an after school program at (School Name)?

   1   2   3   4

3. Why did you enroll in your child (children) in the after school program at (School Name)? (Check all that apply)

↑_____	↑To have fun	_____	To build friendships
↑_____	To have something to do after school	_____	↑To get help with homework
↑_____	To be safe after school	↑_____	Other _____
↑_____	To gain skills for school success	_____	↑Other _____

4. What have been the benefits of participating in the after school program for your child (children)?

↑_____	↑Having fun	_____	Building friendships
↑_____	Having something to do after school	_____	Getting help with homework
↑_____	Being safe after school	↑_____	Other _____
↑_____	Gaining skills for school success	_____	↑Other _____

The (School Name) Community School is designed to help children be more successful in school. Sometimes children have challenges in their lives that make school success difficult. **Please provide us with your thoughts** about how we could help your child be more successful:

5. What kinds of challenges do children who you know (in this community) face that make success in school difficult?

_____	↑Difficulty with reading	_____	Need positive adult role models
_____	↑Difficulty with Math and Science	↑_____	↑Better relationships with teachers
_____	↑Physical health issues	_____	↑Ways to improve behavior
_____	↑Mental Health issues	_____	Other_____
_____	↑Family stress	↑_____	Other_____

6. What kinds of programs and services do you think would help your children have greater success in school? (Check all that apply)

_____	↑Reading Improvement Programs	↑ _____	Family support services
_____	↑Math and Science Programs	↑ _____	Mentoring programs

_____ Health & Nutrition Services	_____ Life Skills programs for students
_____ Behavior Management programs for students	_____ Opportunities for parents & teachers to work together for student success
_____ Programs to help parents help their children	_____ Other _____
_____ Mental Health Services	_____ Other_____

7. Would you be willing to talk in a discussion group about student needs?   Yes   No

8. Would you be willing to work with us to develop programs & services to ensure student success?

    Yes   No   Can't now, but in the future

9. How can we contact you?

    Your Name _____

    Telephone_____   Email_____

Sample Parent Interest Survey

Please answer the following questions about programs for **you**.

(School Name) is working to develop new programs for students, parents, and community members. We need your input to identify programs that interest you. Please check all activities you would participate in if they were available on the campus after school or on weekends. Thank you for your help!

Sports, Arts & Recreational Activities	Weekends	After School
Arts & crafts		
Book Club		
Community theater		
Creative writing		
Crocheting		
Dance		
Knitting		
Painting/Drawing		
Photography		
Poetry		
Sewing		
Family game night		
Family movie night		
Chess		
Dominoes		
Camping		
Cooking		
Computer lab		
Exercise/fitness		
Fishing		
Gardening		
Nutrition classes		
Scrapbooking		
Self Defense		
Parent volunteer		
Baseball		
Basketball		
Boxing		
Soccer		
Volleyball		

Sports, Arts & Recreational Activities	Weekends	After School
Karate		
Golf		
Weight lifting		
Swimming		
Flag Football		
Tennis		
Racquetball		

Would you need child care during these adult programs? Yes No

For what ages? _____

Social Services, Employment & Education	Weekends	After School
Individual counseling		
Group counseling		
Support groups on:		
Parenting		
Divorce		
Self Esteem		
Grief		
Women's issues		
Other: _____		
Alcoholics Anonymous		
Al-Anon		
Parenting Classes		

Social Services, Employment & Education		Weekends	After School
Mentoring youth			
Leadership training			
Resume writing			
Interviewing skills			
Career counseling			
Public speaking			
Computer training			
College preparation			
College tours			
Study skills course			
GED			
ESL			
Citizenship classes			

What other activities for adults would you like to see offered on the (School Name)?

_____

_____

_____

_____

If you would like to become involved, please give your name and phone number:

_____

_____

Community Focus Group Design

Design: Secure a neutral facilitator to conduct the focus group. Select one or two recorders to record the responses to the questions.

Set up (by facilitator): Create an environment that is warm and welcoming. Set up the chairs so that participants can see one another (circle) and put the recorders on the outside of the circle (seating arrangement).

Facilitator introduces him/herself.

Explain the purpose of the Focus Group, something like, "…We know without a doubt that students do better in school….are more successful learners…when their parents and care givers work in partnership with the school. One of he main reasons (School Name) is becoming a Community School is to help strengthen the partnership between families and the school. The questions that we are going to ask you will help us figure out how to make (School Name) a Community School that will be a resource to young people and their families.

Explain the role of recorders.

Conduct brief round robin introductions.

Questions

1. We are aware that students encounter many obstacles to learning in their day to day lives. What obstacles do you think young people in this community encounter that may make it difficult to make the most of learning opportunities? What kinds of services and programs would help them make the most of their educational opportunities?
   (Note: It's important that they not get hung up on what is possible here. The design of the community school will reflect our best efforts at getting what is needed and wanted. If they have a hard time with this question, give an example, like health concerns that make learning more difficult, and the plan to bring the health clinic into the school.)

2. The Community School can offer services and programs for parents and adults in the community as well. The school can be a resource for all kinds of learning opportunities. If we could offer programs and services in the school that would make the school a valuable resource for parents, what kinds of programs and services do you think we should try to offer?

3. Imagine that (school name) has become a Community Center for learning for all ages. What do you think are the most critical things that our programs and services should address?

4. Are you interested in becoming involved in helping to make the Community School happen? If so, please give us your name, and the best way to contact you to learn more about how you may want to be involved. (Pass around a sign-up sheet)

Closing: Thank parents for participating. Let them know that for those that signed up, we will be contacting them in the next 3-4 weeks to talk more about how parents can help (school name) become an effective Community School.

School & Community Demographic Data

School & Community Name:

Community Data

1.   **Population _____ (Census Bureau Data)**

Ethnicity breakdown (%):

_____White   _____ African American   _____Hispanic   _____ Asian

_____ Native American   _____ Other   _____Don't know/Unavailable

2.   **Languages Spoken (by percentage of population):**

_____ English Only   _____English & Spanish   _____ Spanish Only

_____ Other(_____)   _____ Other(_____)

Health Data

1.   Immunization Rates: _____% of youth population immunized by State Deadline last year.
       Immunization Trends:
               _____% of youth population immunized by state deadline 2 years ago.
               _____% of youth population immunized by state deadline 3 years ago.
               _____% of youth population immunized by state deadline 4 years ago.
               _____% of youth population immunized by state deadline 5 years ago.

2.   Most Common Health Diagnosis / Treatment for this community last year (Public Health):

       _____

3.   Most Common Health-Related school absence last year: _____

4.   Asthma
       _____ # of students treated for Asthma last year

5.   Childhood Obesity prevalence (Last year or most recent year measured)

       _____ for this state. _____ City _____ School

6.   Oral Health Care

_____ # of students treated for Oral Health problems last year (Public Health)
_____% of student who have not seen a dentist in the last year
_____ % of families who do not identify an oral health care provider

7.   Vision
_____/_____% of students who have seen / not seen an eye doctor in the last year.
_____ /_____% of students who wear / have been told to wear eyeglasses

Family

_____ % of families with / without health Insurance
_____ # of Domestic Violence interventions by law enforcement last year
_____ # Single parent head of household
_____ # Grandparent/other family members raising student of this school
_____ # of students in foster care

Economic Data

1.   Poverty rates for _____ This community _____ City/County _____State

2.   _____% of students who get free or reduced lunch

3.   Unemployment rates for his community _____ City/County _____State _____

4.   _____% Joblessness rates

5.   _____ Other

Education Data

School Data – *from School Report Card Data (ISBE)*

Racial/ Ethnic Breakdown:_____

Student Mobility Rates _____

Average Class size: _____

Academic Performance: _____

Teacher Experience:_____

Annual Yearly Progress:_____

State Testing Results- Student Performance

ACT Test scores (High School) _____

Graduation rates (High School) _____

Graduating Students enrolled in post-secondary education:_____

Graduating Students enrolled in 4 year University: _____

Reading Scores: _____

Math Scores: _____

Science Scores: _____

Housing Data

1.   Housing

_____ of students' families living in public housing

_____ of students' families living in section 8 housing

_____ of students' families living in temporary housing

_____ of students' families living in transient housing

_____ of students' families who are homeless

Crime Data

1.   _____ Crime data for this community / _____city /_____county
2.   _____ Underage Substance Abuse arrests
3.   _____ Gang related crime incidents
4.   _____ Other

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School & Community Conditions Analysis

DEVELOPMENT AREA	"OUR GUT FEELING"	DATA	SOURCES
Intellectual/Life Long Learning • **Academic**	• Poor writing, grammar & vocabulary • Lack of academically enriching home/community opportunities • Not reading for pleasure • Poor study skills • High # of Students not motivated about school • Don't do homework; not engaged in class • Not ready for school work	• Below grade levels test scores in reading, math & other subjects • High %age of ELL students	• School Report Card • Test Scores • Teacher grade books • Student Report Cards • Teacher reports • Student reports • Parent reports
Culture/Social Grouping • **Income Status** • **Experience of racism & discrimination** • **Citizenship status** • **Other**	• Language, racism & cultural differences make adjustment difficult • Lack of access to needed services (don't exist in area or there are obstacles such as lack of interpreters) • Families work 2+ jobs; apartments may be overcrowded • High % of families without citizenship papers who fear deportation	• Parents who don't speak English • High %age of working poor families (in poverty) • Parents have little schooling experience • High mobility	
Family Status	• High stress associated with poverty/low income • Parent-child role reversal; cultural disconnects • High incidences of alcoholism; domestic violence; disease & illness		
Social • **Recreational** • **Peer relations**	• Lack of safe places for recreational activities • Lack of peer support for learning & school success • Lack of positive alternatives to gangs • Lack of alternative to risk behaviors such as premature sex & substance abuse	•	

DEVELOPMENT AREA	"OUR GUT FEELING"	DATA	SOURCES
Emotional	• Internalization of negative feedback about one's culture, ability, & one's future • Lack of positive ways of reducing stress & anger • Lack of positive supports & resources for more serious emotional problems • Pressures of cultural dissonance, cultural assimilation & barriers to assimilation	•	
Family Support & Responsibility	•	•	
College Readiness	•	•	
Work Readiness	•	•	
Civic Responsibility	•	•	