

Pre Post Data Collection Sheet

The shaded items must be completed PRIOR to enrollment in the Program

Name: _____ DOB: _____

Gender:	Grade:	Ethnicity:	Semesters Enrolled in Program:
<input type="checkbox"/> male	<input type="checkbox"/> Elem	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Fall 06
<input type="checkbox"/> female	<input type="checkbox"/> 6 th	<input type="checkbox"/> African-American	<input type="checkbox"/> Spring 06
	<input type="checkbox"/> 7 th	<input type="checkbox"/> Hispanic-American	<input type="checkbox"/> Fall 07
	<input type="checkbox"/> 8 th	<input type="checkbox"/> Asian-American	<input type="checkbox"/> Spring 07
	<input type="checkbox"/> 9 th	<input type="checkbox"/> Other	<input type="checkbox"/> Fall 08
	<input type="checkbox"/> 10 th		<input type="checkbox"/> Spring 08
	<input type="checkbox"/> 12 th		<input type="checkbox"/> Fall 09
			<input type="checkbox"/> Spring 09

Does the student have a history of involvement with law enforcement?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is the student currently on probation?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is the student court-ordered to attend school?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Has the student ever been placed in residential treatment?	<input type="checkbox"/> yes	<input type="checkbox"/> no

	Semester PRIOR enrollment in Program	Transition Semester (1 st Semester AFTER Program)
Grade Point Average		
# of days absent		
# of office referrals		
# of in-school suspensions		
# of out-of-school suspensions		
State performance based scores		
# of days mainstreamed		
How I Think Questionnaire or DANVA		

	PRIOR to enrollment	End of 1 st Semester in Program	End of 2 nd Semester in Program	End of 3 rd Semester in Program	Transition Semester
Student Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admin/ Counselor Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>