

YOUTH DEVELOPMENT PROJECT (YDP) BACKGROUND INFORMATION FORM - UPDATE (BIF-U)¹

STEP 1: PLEASE FILL THE BOX COMPLETELY BEFORE STARTING ASSESSMENT

1. Student Full Name: _____			
2. Student School ID Number: _____			
3. Date (Enter <u>Month</u> <u>Year</u>):			
Fall _____ (Sept. – Oct.)	Winter _____ (Jan. – Feb.)	Spring _____ (April – May)	
4. Circle School: ACE CAN CAS SAT			
5. Evaluator (Your name): _____			
6. Circle Condition: Counseling Group _____ Control Waitlist (Write the type of group)			
7. Counseling Group Facilitator's Name _____ (If in counseling group, write facilitator's name)			

STEP 2: INTERVIEWER: READ THIS SECTION TO THE STUDENT

For this part of the evaluation, we are interested in getting some information about the young people in our program. We want you to give us your most honest answers, and we can promise that your answers will be confidential. No one that you know will see your answers, so feel free to answer exactly what you think and feel.

Interviewer: Ask: *Do you have any questions?* Answer any questions the student has, continue.

STEP 3: BEGIN THE ASSESSMENT BELOW.

Please make sure to monitor the student as they are reading each question and circling a number response.

Today's date (mm/dd/yy) _____ / _____ / _____

1 Do you work? 1. Yes 2. No

2. Do you support yourself? 1. Yes 2. No

3. What kind of work do you do? _____

4. Are your parents married or were they ever married? 1. Yes 2. No

5. Who do you live with? _____

6. If living with only one parent, where is your other parent? _____

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7. How old were you when your parents separated? _____
8. How many times have you moved in your lifetime (Explain)? _____

EDUCATIONAL HISTORY:

9. How long have you been attending this alternative high school? _____
10. Have you ever been suspended from this alternative high school? 1. Yes 2. No
10a. If yes, for what reason? _____

SOCIAL SUPPORT:

How would you describe your relationship with the following? e.g., Do you spend time with the person, can you communicate openly? Explain:

11. Father _____
12. Mother _____
13. Siblings _____
14. Are you involved in a romantic relationship? 1. Yes 2. No
14a. If Yes, how long? _____
15. How many close friends do you have? _____
16. Who do you trust most in your life? _____

SUBSTANCE USE:

17. How many times in one week do you drink alcohol? _____
18. How many times in one week do you smoke weed? _____
19. Do you use other drugs? 1. Yes 2. No
19a. If Yes, how often? _____
20. Does anyone in your family use drugs or alcohol? 1. Yes 2. No
20a. If Yes, explain: _____
21. Have you or your family ever received treatment for recovery from addiction to drugs or alcohol? 1. Yes 2. No
21a. If Yes, explain: _____

LEGAL:

22. Have you ever been arrested? 1. Yes 2. No
22a. If Yes, explain: _____
23. Has anyone in your family ever been arrested? 1. Yes 2. No
23a. If Yes, explain: _____

MEDICAL:

24. Have you ever been hospitalized for any reason? _____

25. Have you ever been seriously injured? _____

26. Do you suffer from any serious medical problems or have chronic pain? _____

27. Are you currently taking any medication, 1. Yes 2. No

27a. If Yes, what? _____

ACADEMIC:

28. How often are you absent from school?

More than once a week	Once a week or so	Once ever few weeks	Once a month or so	Less than once a month
1	2	3	4	5

29. How many hours a week do you spend on homework?

None	Less than 1 hour	1-2 hours	3-5 hours	5-10 hours	10 hours or more
0	1	2	3	4	5

30. What grades do you usually get in school?

Mostly Fs	Mostly Ds & Fs	Mostly Ds	Mostly Cs & Ds	Mostly Cs	Mostly Bs & Cs	Mostly Bs	Mostly As & Bs	Mostly As
0	1	2	3	4	5	6	7	8

PSYCHOSOCIAL STRESSORS:

31. Have there been any stressful events in your life in the past six months (i.e. death in the family, divorce, illness, financial problems, relocated, arrests, etc.)? 1. Yes 2. No

31a. If Yes, explain: _____

32. OTHER:

Is there anything else about you that we've missed, but is important for us to understand?

33. CHANGING LIVES PROGRAM:

What is the most important thing that you would like to change about yourself or you life?

34. STUDENT LOCATOR INFORMATION (This information is very important if we are to be able to keep in touch with you).

- For the **First** Locator please give us the name, address, and phone number of someone who will always be able to contact you, even in the event that you move. This person does not necessarily have to live in this area. Because we know that families often move, we ask you to name ***two** people who would always know how to locate you.*
- For the **Second** Locator give the name, address, and telephone number of ANOTHER RELATIVE OR A FAMILY FRIEND who does not live with you? Please choose someone who would always know how to locate you if you move.

1. Name of First Locator:		2. Name of Second Locator:	
1. Number and Street	1. Apt. No.	2. Number and Street	2. Apt. No.
1. City and State	1. Zip Code	2. City and State	2. Zip Code
1. Phone No # 1		2. Phone No # 1	
1. Phone No # 2		2. Phone No # 2	
1. Relationship (Parent, Aunt, etc.)		2. Relationship (Parent, Aunt, etc.)	