

Youth Development Program

Background Information (BIF)¹

1. Today's date (mdy) __/__/__

2. Date of Birth (mdy) __/__/__

3. Age ____

4. Grade _____

5. Gender: A. Female, B. Male (Circle)

6. How far in school did your father go? (If you do not

Student Name _____

Student Number _____

Date (Enter MM/YY): Fall __/__, Winter __/__, Spring __/__

School _____ Evaluator _____

Group _____ Facilitator _____

USE THE FOLLOWING CATEGORIES (1 TO 8) TO ANSWER QUESTIONS #6 AND #7.

1. None, or some grade school.

2. Graduated from grade school.

3. Some high school.

4. Graduated from high school.

5. Some college.

6. Graduated from college (a four year college).

7. Attended graduate or professional school (such as law school or medical school).

8. I don't know.

live with your father, how far in school did the main person who supported you go?)

Choose one number (**from 1 to 8**) from the above categories and write it here _____

7. How far in school did your mother go? (If you do not live with your mother, how far in school did the main person who supported you go?)

Choose one number (**from 1 to 8**) from the above categories and write it here _____

8. Do you work? A. Yes B. No

9. Do you support yourself? A. Yes B. No

10. What kind of work do you do?

Choose one number (**from 1 to 17**) from the occupational categories on the next page and write it here _____ (The exact job may not be listed but mark the one that comes closest. If you are not working now, mark the job you usually had when you worked).

11. What kind of work does your father/ your mother/ **the main person who supported you**- your father, mother, stepfather, aunt, etc. do? If your father/ your mother/ the person who supported you is not working now, mark the job he/she usually had when he/she usually had when he/she worked.

Choose one number (**from 1 to 17**) from the occupational categories and write it here _____

¹ YDP Background Information Form

Occupational Categories

USE THE FOLLOWING CATEGORIES (1 TO17) TO ANSWER QUESTIONS #10 AND #11

1. Mechanic or Repairer: such as automobile mechanic, elevator installer, household appliance repairer, locksmith, office machine repairer, telephone installer, watch repairer.
2. Craft or Precision Worker: such as apprentice plumber, bricklayer, cabinet maker, carpenter, electrician, dental technician, home builder, machinist, miner, shoe repairer, tailor, upholsterer, well digger.
3. Machine Operator laundry machine operator, motion picture projectionist, photoengraver, printing machine operator, production line worker, typesetter, welder.
4. Transportation Worker: such as bridge tender, delivery truck driver, locomotive engineer, parking lot attendant, railroad conductor, sea captain, taxi driver, tractor-trailer driver.
5. Material Moving Worker: such as crane operator, earth moving equipment operator, fork-lift operator, loading dock supervisor,
6. Agricultural, Forestry, or Fishing Worker: such as commercial fisher, farm manager, farm worker, farmer, fishing boat captain, forester, gardener, head groundskeeper, plant nursery worker, rancher.
7. Handler, Helper, or Laborer: such as car washer, construction laborer, factory laborer, landscape helper, mechanic's helper, packer, plumber's assistant, refuse collector.
8. Private Household Worker: such as children's nurse, cook, housekeeper, servant.
9. Personal Service Worker: such as baggage porter, barber, bartender, beauty shop manager, exterminator, housekeeper in hotel, head usher, hospital attendant, janitor, kitchen worker, restaurant cook, usher.
10. Protective Service Worker: such as chief jailer, court officer, fire captain, fire fighter, fire marshal, fire warden, police officer, prison guard, school crossing guard, security guard, sheriff.
11. Armed Forces Member: such as Air Force sergeant, Army colonel, Coast Guard captain, Marine private, Navy lieutenant.
12. Professional: such as architect, artist, athlete, city planner, college professor, computer systems analyst, dentist, entertainer, school teacher, guidance counselor, land surveyor, lawyer, minister, pharmacist, physical therapist, registered nurse, school librarian, social worker, writer.
13. Technician: such as airplane pilot, air traffic controller, dental hygienist, electronic technician, legal assistant, licensed practical nurse, scientific laboratory technician.
14. Executive or Administrator: such as accountant, apartment house owner, construction inspector, executive, government official, management consultant, restaurant owner or manager, school principal
15. Clerical or Administrative Support Worker: such as baggage agent, bank teller, bookkeeper, computer operator, insurance adjuster, mail carrier, meter reader, office clerk, office machine operator, secretary, teacher's aid in grade school, telephone operator, typist.
16. Sales Worker: such as agency manager, cashier in store, door-to-door sales worker, importer, insurance agent, newspaper deliverer, real estate developer, salesperson in store, sales representative, stock broker, store owner or manager, wholesale distributor.
17. Homemaker (for own family or self).
18. I Don't know.

12. Please estimate your family's income:

- | | |
|------------------------|------------------------|
| 1. \$ 0 - \$11,999 | 4. \$31,000 - \$40,999 |
| 2. \$12,000 - \$20,999 | 5. \$41,000 - \$50,999 |
| 3. \$21,000 - \$30,999 | 6. over \$51,000 |

13. Choose the ethnic identifier you are more comfortable with:

- | | |
|---|---|
| A. White non-Hispanic | D. Asian/Pacific Islander |
| B. Spanish/Hispanic/Latino | E. American Indian or Alaska Native (please specify your tribe) : |
| C. Black, African American, or Negro | F. Other (please specify): _____ |
| G. Bi-ethnic (both parents are of different ethnic background) please specify | |

If you chose G, answer question #14 and #15.

If you chose any other letter, go to question #16.

14. How strongly do you identify with your father's ethnic (or cultural) group?

- | | | | | |
|------------|----------|----------|-------|-----------|
| Not at all | A little | Somewhat | A Lot | Very Much |
| 1 | 2 | 3 | 4 | 5 |

15. How strongly do you identify with your mother's ethnic (or cultural) group?

Not at all A little Somewhat A Lot Very Much
1 2 3 4 5

(For those who chose G in question #13, go to question #17)

16. How strongly do you identify with your ethnic group?

Not at all A little Somewhat A Lot Very Much
1 2 3 4 5

17. Were you born in the United States?

A. Yes B. No

18. Was your father born in the United States?

A. Yes B. No

If No, please specify his country of origin: _____

19. Was your mother born in the United States?

A. Yes B. No

If you answered No, please specify her country of origin: _____

20. If applicable, specify the language spoken in your father's country of origin: _____.

Otherwise, go to question #22.

21. How fluently do you speak the language of your father's country of origin?

Not at all A little Somewhat A Lot Very Much
1 2 3 4 5

22. If applicable, specify the language spoken in your mother's country of origin: _____.

Otherwise, stop here.

23. How fluently do you speak the language of your mother's country of origin?

Not at all A little Somewhat A Lot Very Much
1 2 3 4 5

24. Do you have any brothers or sisters (include half siblings and step siblings and)?

25. A. Yes B. No

If Yes, please list by gender and age _____

26. Are your parents married or were they ever married? A. Yes B. No

27. Who do you live with? _____

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

29. How old were you when your parents separated? _____

30. How many times have you moved in your lifetime (Explain)? _____

EDUCATIONAL HISTORY:

31. How long have you been attending this alternative high school? _____

32. What grades did you make on your report card last year? _____

33. What school did you attend before coming to this alternative high school? _____

34. What circumstances lead up to you leaving that school? _____

35. What kind of grades did you make in Middle School? _____

36. Have you ever been suspended from Middle School/ High School.?

37. If yes, for what reason? _____

SOCIAL SUPPORT:

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

38. Father _____

39. Mother _____

40. Siblings _____

41. Are you involved in a romantic relationship?

42. If so, how long? _____

43. How many close friends do you have? _____

44. Who do you trust most in your life? _____

SUBSTANCE ABUSE:

45. How many times in one week do you drink alcohol? _____

46. How many times in one week do you smoke weed? _____

47. Do you use other drugs? A. Yes B. No

48. If Yes, How often? _____

49. Does anyone in your family use drugs or alcohol? A. Yes B. No

If Yes, explain: _____

50. Have you or your family ever received treatment for recovery from addiction to drugs or alcohol?

A. Yes B. No

If Yes, explain: _____

LEGAL:

1. Have you ever been arrested? A. Yes B. No

52. Has anyone in your family ever been arrested? A. Yes B. No

MEDICAL:

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

54. Have you ever been seriously injured? _____

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

56. Are you currently taking any medication, A. Yes B. No

57. If so, what? _____

ACADEMIC

58. 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

59. 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

60. 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:

61. 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.)? A. Yes B. No

If Yes, explain _____

62. OTHER:

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

63. CHANGING LIVES PROGRAM:

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

Are you in counseling groups?

A. Yes B. No

If you are IN counseling groups answer question 64.

If you are NOT IN counseling groups, answer question 65.

64. *Is your most important life change goal something that you have worked on in counseling groups?*

A. Yes **B.** No

If yes, have, did you succeed in making the all the changes you wanted to make?

A. Yes **B.** No

If No, how much progress have you made toward achieving your change goals:

No Progress	A little	Somewhat	A Lot	Very Much
1	2	3	4	5

What type of counseling are you in now? (Circle)

A. Anger Management, B. Relationships, C. Substance Abuse, D. Self-esteem, E. Troubled Families, F. Abuse, G. Alternative Life Styles H. Other

Whose idea was it that you be in counseling?

A . My own idea. B. The school counselor C. Other (e.g., teacher, parent, friend)

65. *If you are NOT in counseling groups, have you worked on your life change goals?*

A. Yes **B.** No

If yes, what have done to try to achieve your life change goals?

Did you succeed in making the all the changes you wanted to make?

A. Yes **B.** No

If no, how much progress have you made toward achieving your change goals:

No Progress	A little	Somewhat	A Lot	Very Much
1	2	3	4	5

69. 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.

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