

THE EFFECTS OF AN EARLY
INTERVENTION PROGRAM ON STUDENTS'
SOCIAL CLASSROOM BEHAVIORS

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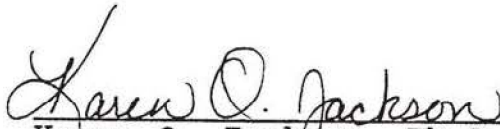
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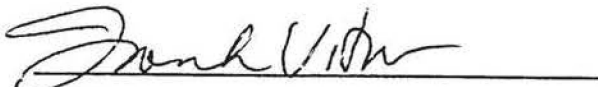
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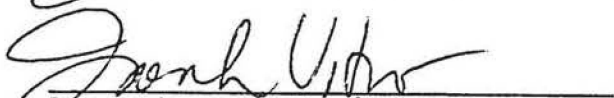
I am submitting herewith a dissertation written by Huntly E. Shelton III entitled "The Effects of an Early Intervention Program on Students' Social Classroom Behaviors". I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Psychology.


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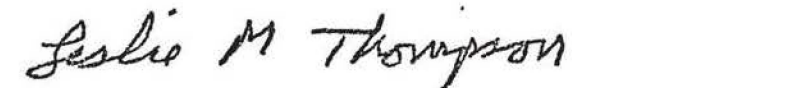
We have read this dissertation
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DEDICATION

This dissertation is dedicated to my wife, Rene', whose assistance, cooperation, and encouragement made it possible for me to complete this work, and to my children, Ryann, Brock, and Andy, who provided much-needed distractions and unconditional love.

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THE EFFECTS OF AN EARLY INTERVENTION PROGRAM
ON STUDENTS' SOCIAL CLASSROOM BEHAVIOR

ABSTRACT

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The impact of a secondary prevention program for primary grade students with school adjustment problems in a North Texas School District was examined in this study. The subjects consisted of 138 Kindergarten through fourth graders across 19 elementary schools. The experimental group was selected from students who participated in the Growth Center Project. The control group was matched to the experimental group by gender, grade, race, and handicapping condition.

The students in the experimental group worked with trained volunteers a minimum of one hour a week for twelve sessions. Pre- and post-measures were administered to the teachers of this group. Beginning six week grades were compared to the students' grades at the end of the sessions. Additionally, the type of activities the student and volunteer engaged in were record in the volunteer log. The experimental group post-measures were also administered to the teachers of the control group as a normative measure.

The design of this study was a pre-test/post-test nonequivalent design. The differences between the pre- and post-treatment scores obtained on the Social Skills Rating System - Social Skills Questionnaire Teacher Form, the seven standard scores on the Texas Features of Emotional Disturbance (TX-FED) Instrument System - Teacher Checklist of Child Behavior, the two total scores on the Fort Worth ISD Child Behavior Rating Scale, and the students' grades were analyzed for significance. If the differences were significant, then univariate t-tests were done on each dependent variable. The post-treatment scores for the experimental group were then compared with the matched group normals and analyzed for significance. Differences were then followed-up with post hoc univariate t-tests.

A marked improvement was noted in the social behavior of the experimental group following twelve treatment sessions, even though a significant improvement was not seen in these students' grades. Both scales of the Fort Worth ISD Child Behavior Rating Scale reflected a significant improvement after treatment. Although, the students participating in the Growth Center Project did not obtain mean scores equivalent to the non-referred matched control group, they otherwise demonstrated relative and significant improvements.

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CHAPTER I

INTRODUCTION

Social behavior deficits in young children interfere with academic performance and often result in referrals to school counselors, school psychologists, and/or special education services. One of the ways that children learn how to interact appropriately with others is through observing others' interactions (Bandura, 1986; Bandura, 1982). In the past, the home was the setting which provided support and encouragement, and parents taught children by modeling healthy emotional responses and positive values. However, the composition of the "traditional" family has changed. The extended family support system has disappeared, leaving the family unit in relative isolation. The composition of this basic unit is shifting from two biological parents to one biological parent. Consequently, many children do not learn the social behaviors required to adjust to the rigors of the classroom (Creason, 1994; Dubow, Schmidt, McBride, Edwards & Merk, 1993).

A lack of appropriate social behaviors negatively influences the classroom environment due to increased behavior problems, the student's inability to establish appropriate interpersonal relationships, the student's avoidance of responsibility for actions, poor work skills, and a lack of motivation for success (Gresham, 1985). Individual school achievement is adversely affected by the behaviors exhibited by these students, as well as the achievement of other students (Walker & McConnell, 1988; Parker & Asher, 1987). Time needed to teach academic skills necessary for school success is reduced when teachers must deal with the social, emotional, and behavioral problems directly linked to inadequate social behaviors.

Students with classroom adjustment problems have been, and are continually, handled in several ways. Specifically, teachers set up parent conferences, make referrals to the school counselor, refer students to the office for disciplinary action, consult with the school psychologist, or make referrals for special education services.

Program Description

The Growth Center Project, initially implemented in Fort Worth Independent School District in January of 1974, was developed by the Primary Mental Health Project (PMHP) in Rochester, New York (Cowen & Hightower, 1990; Cowen, 1973). It is designed to follow the PMHP structural framework of identifying and providing short-term intervention to students with classroom adjustment problems during their primary years (kindergarten through fifth grade). Trained volunteers spend an hour a week working one-on-one with referred students in activities designed to resolve the specific school adjustment problems for which each child was referred.

Each fall, elementary schools throughout the district are offered the opportunity to participate in the project. During the first year in 1974, one elementary school was involved in the program. During the 1979-80 school year, eleven elementary schools participated in the project, and in the 1993-94 school year, 53 of the 67 elementary schools in the district chose to participate. Many of the schools have areas specifically designated for the Growth Center Project

volunteers which are furnished with equipment and items that are used to facilitate the sessions between the student and volunteer.

The driving goals and objectives of the Growth Center Project are to raise children's self concepts and help to them recognize their potential as they gain confidence through the project to: achieve successfully in the classroom, develop a positive self-image which in turn enables them to interact appropriately with peers, feel able to compete with peers, take leadership roles in group situations, interact appropriately with the teacher and other adults, use communication skills more effectively, make decisions and solve problems, and in general, be happier children. The Growth Center Project attempts to achieve these objectives by utilizing an interpersonal relationship with an adult to help the student achieve success in the classroom, develop a positive self-image, and recognize that others have feelings. The volunteer encourages the student to make decisions and solve problems by choosing wisely from alternatives. Time spent with an adult volunteer who would probably not be available outside the Growth

Center Project provides the student opportunities for new experiences and the development of new behaviors and communication skills. Bennet and Derevensky (1995) noted that the relationships that develop outside the student's family have a powerful effect upon the development of social and cognitive skills.

A doctoral level psychologist supervises four facilitators who serve the elementary schools involved in the Growth Center Project. The facilitators coordinate the program in 12 to 16 schools. Minimum qualifications for a facilitator position include: the ability to maintain records and prepare reports, the ability to recruit volunteers from businesses and community organizations, interpersonal effectiveness, problem solving ability, and excellent public relations skills. Desired qualifications include: a bachelor's degree in a relevant field, three years of related experience, strong interpersonal and public relations skills, strong problem solving and organizational skills, strong oral and written communication skills, the ability to conduct group meetings, and familiarity with the developmental characteristics of elementary students. Facilitators are responsible for developing

contacts which lead to volunteer recruitment; acting as effective liaison between community organizations, volunteers, and the school district; and building a positive working relationship with elementary school personnel. They assist in the training of volunteers and counselors, monitor the volunteer/child match, and maintain a data-base of volunteer sources and volunteers, volunteer hours, and other pertinent information. They also assist in the acquisition or production of materials used by the Growth Center Project. Each facilitator is responsible for providing the required forms and supplies that are used by the volunteers.

Referrals typically start occurring after the first five weeks of school and continue through April. Referrals are generally made by school personnel. Usually one of the following major areas of school related difficulties are identified as:

1. A dislike or fear of academic activities;
2. Anxiety and moodiness exhibited by a shy or withdrawn child; or
3. Aggression or acting-out behavior.

Other referrals to the Growth Center Project include

students with transient situational crises, such as a death in the family, divorce, or the adjustment demands of a new culture and language. Research indicates that children who are subjected to various life events which are stressful become "at risk" for emotional and behavioral problems (Wertlieb, Weigel, & Feldstein, 1987). Thus, it is vital that early intervention be attempted as quickly as possible.

When a teacher refers a student to the Growth Center Project, a conference is held with the school counselor or building principal in order to determine the appropriateness of the referral. Next, parent permission is obtained and the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978) is completed. This scale is a 24-item, 5-point Likert scale. It measures class confidence and class behavior and differentiates between students who act-out, have learning problems, and/or are shy or withdrawn. The Fort Worth ISD Child Behavior Rating Scale (Evans, 1978) completed by teachers is used when making and evaluating referrals. It was normed in 1978 and reliably differentiates between children with normal behaviors and those with school adjustment problems. The behavior rating scale

is completed at the time of referral and again after the services to the student are terminated.

After the school counselor makes a referral to the Growth Center Project, the facilitator finds and matches a volunteer with the referred child. Volunteers serve as "Special Friends" and are carefully selected. They come from all occupations and are typically involved in at least one other community activity and/or organization. Desired characteristics of volunteers include: the ability to enjoy working with and an understanding of young children, reliability, flexibility, adaptability, personal warmth, an ability to establish comfortable relationships with school personnel, adequate coping skills, and the ability to accept and give constructive criticism.

Each volunteer is asked to commit to one full school year. Volunteers are provided with a structured orientation and training which includes understanding the public school system, enhancing the student's communication skills, and ideas for using the various materials provided. During the year, each volunteer is contacted to discuss the progress and activities of the

student with whom they are working. Four inservices for the volunteers are provided during the year. The volunteer receives a Growth Center Project Volunteer Handbook, a volunteer job description sheet, and completes and signs a Volunteer Information Sheet. The facilitator then shares the referral information with the selected volunteer and the volunteer meets with the school counselor and the student's teacher to determine the times in which the student can be pulled from class for an hour a week.

The volunteer meets with the student weekly and works to establish a meaningful relationship with the student, thus providing a positive adult model. The volunteer makes use of play materials, games, tutoring, the sharing of feelings and special interests, and encourages the student to express his or her own feelings and ideas in a constructive and effective manner.

The Growth Center Project Volunteer Handbook provides a brief outline of suggestions for relationship building during the first six sessions as well as preparation for separation. Initially, the goal of the volunteer is to become acquainted with the

student and provide some orientation to the Growth Center process. It is stressed in the handbook that consistency is required on the part of the volunteer during the second session. The focus of the third session is on providing the student with the needed reassurance in order to trust another individual. By the fourth session, it might be necessary to set some limits; however, if the friendship is established, it can tolerate the boundary-setting. Structure is reduced and spontaneity is encouraged during the fifth session and the structure of the sixth session is left up to the discretion of the volunteer. Suggestions are given to the volunteer on how to terminate the relationship by preparing the child several sessions before the end of the school year.

The volunteer is ultimately responsible for structuring each session. The activities used in each session are determined by the student's particular needs and the interests and talents of the volunteer. The student and volunteer might spend time reading, playing a board game, painting, creating "play-like" situations, working on academic problems, or spending time just talking about why things happen the way they

do and what could be done to make things better. Emphasis is placed upon helping the student express feelings, trying out new ways of behaving, and learning to solve problems. Activities may focus on defining problems, thinking through consequences, and setting goals.

Statement of the Problem

The problem of this study was to assess whether students participating in the Growth Center Project made relative and significant improvements comparable to the rates of adjustment and behavior problems of a non-referred matched control group as measured by the Social Skills Rating System - Social Skills Questionnaire Teacher Form (Gresham & Elliot, 1990), the Texas Features of Emotional Disturbance (TX-FED) Instrument System (in press), and the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978).

Purpose of the Study

This purpose of this investigation was to:

1. Determine if positive and significant changes were made in the social behaviors of students who worked with a trained volunteer one hour a week after twelve weeks of treatment.

2. Analyze the changes made in social behaviors in the experimental group through pre- and post-measures and demographic data (i.e. grades) and then compare the post-measure scores with a matched group of non-referred students.
3. Draw conclusions about program efficacy which might serve as a basis for program continuation and/or improvement.

Hypotheses

To carry out the purposes of this study, the following hypotheses were tested:

1. Students in the experimental group will achieve significantly improved mean scores on each subscale of the Social Skills Rating System - Social Skills Questionnaire Teacher Form (Gresham & Elliott, 1990) following treatment.
2. Students in the experimental group will achieve significantly lower mean scores on each of the seven subscales of the Texas Features of Emotional Disturbance (TX-FED) Instrument System (in press) following treatment.
3. Students in the experimental group will achieve a significantly greater mean gain on the Class Behavior

and Class Confidence Total Scores of the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978) following treatment.

4. There will be no significant difference between the post-treatment scores from the experimental group on each subscale of the Social Skills Rating System - Social Skills Questionnaire Teacher Form (Gresham & Elliott, 1990) when compared to the students in the control group.

5. There will be no significant difference between the post-treatment scores from the experimental group on each of the seven subscales of the Texas Features of Emotional Disturbance (TX-FED) Instrument System (in press) when compared to the students in the control group.

6. There will be no significant difference between the post-treatment scores from the experimental group on the Class Behavior and Class Confidence Total Scores of the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978) when compared to the students in the control group.

Significance of the Study

This study focused on social behaviors of the student and examined the relationship between early intervention and a decrease in school adjustment problems. This study was significant in that it:

1. Determined whether a relationship existed between students participation in the Growth Center Project and social behavior acquisition.
2. Provided new data to validate the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978).
3. Provided a rationale for the continuation and/or modifications in the existing program.

Basic Assumptions

It is assumed that the teachers responded honestly to the instruments used to measure the students classroom and academic behaviors.

CHAPTER II

REVIEW OF RELEVANT RESEARCH

In introducing the research, an overview of the development of the Primary Mental Health Project (PMHP) is presented. Findings of studies related to the PMHP, prevention, assessment, social skills, and the role of schools are discussed. Following the literature review, the present study which investigates the changes in student's social behaviors by participating in the Growth Center Project is presented.

The Primary Mental Health Project (PMHP) is a model originated by Dr. Emory Cowen of the University of Rochester and developed to detect and provide early remediation to young students with school adjustment problems (Cowen, et al., 1990). The PMHP started as a small pilot project in one school in 1957. The most significant conclusion made during the program's infancy noted the lack of intervention for younger students with school adjustment problems. Nonprofessional persons were trained to be aides in the school setting. The PMHP structural model (a) focuses

on secondary prevention, (b) uses a proactive screening procedure, (c) increases the services to identified children, and (d) utilizes professionals to assist volunteers providing services. Under the PMHP framework, a systemic approach is used to improve the social behaviors of primary grade students. Outcome findings from the program evaluations done on PMHP suggest that the program brings significant help to the participating children. In addition to the durability of the effects, studies have been completed on specific program components (Cowen, et al., 1990).

Although the original PMHP is thirty years old, the framework provides room for changes. The design is flexible enough so that each school district and individual elementary school can customize its own program to fit within the resources available and meet their specific needs.

Prevention is a relatively new phenomena in the field of school mental health (Cheramie, et al., 1993). The mental health field has historically been oriented towards the identification of psychopathology and dysfunction and most strategies reactive in nature. Primary prevention refers to activities that are

proactive and enhance the functioning of a group assumed to already possess positive mental health. Activities which identify and address mental health concerns before they create serious consequences are secondary prevention. Activities that actively address serious and debilitating mental health concerns are considered tertiary prevention (Hightower, Johnson, & Haffey, 1990).

In order to provide appropriate secondary prevention services, assessments must be utilized to identify which children would need such services. Assessments of behavioral, social, and emotional problems in students are becoming more valuable within the broader educational system (Merrell, 1994). Merrell, Ceden, and Johnson (1993) suggested that these assessments are valuable as screening tools for primary and secondary prevention. They provide the objective data required for program placement, planning, and evaluation. Social skills program evaluation requires measuring and collecting behavior ratings and sociometric data (Maag, 1989). Behavior rating scales have been found to be effective and objective methods for quantifying teacher's perceptions

of student classroom behaviors (Gresham, 1985; Carlson & Lahey, 1983; Edelbrock 1983).

The acquisition of appropriate classroom behaviors has become as important to success in school and other environments as the acquisition of academic skills. Pianta (1994) noted that the relationship between students and their teachers may play a role in regulating the adjustment of children to school. The needs of atypical learners require more than simple remediation of academic deficits and behavior management. Several definitions of children's social skills have been advanced in recent years, including the peer acceptance definition, the behavioral definition, and the social validity definition (Merrell, et al., 1993). Torrey, et al. (1992) found that social skills training generated improvement on pre- and post-measures and behavior ratings for seven mildly disabled students. The quality of social behavior developed during childhood has been found to be strongly associated with a number of important outcomes later in life. The development of good social skills during childhood appears to be correlated with personal, academic, and occupational adjustment and

success in adulthood. On the other hand, inadequate development of social competence increases the risk for such negative outcomes as peer rejection, school dropout, and mental health problems. Research suggests that children who are engaged in school earn high grades, score higher on standardized achievement tests, and show better personal adjustment to school (Skinner, Wellborn, & Connell, 1990). Gresham, et al. (1990) indicated that untreated social behavior deficits in early childhood do not diminish and are directly related to poor school performance, as well as possible early indicators of poor social adjustment and serious psychopathological problems later in life. Babcock, Hartle, & Lamme (1995) noted that prosocial behavior is fundamental in the development of positive interpersonal relationships. Denham and Holt (1993) found that prosocial behavior was positively related to likability in preschoolers. Peer acceptance has been found to be associated with a wide range of positive social, physiological, and behavioral characteristics (Vannatta, 1992).

Schools offer special opportunities for constructive intervention and are an important

influence on children's personal and educational development. During school years, students need to learn within an established framework of socially accepted behavior. It has long been recognized that mental health and psychosocial problems must be addressed if schools are to function satisfactorily and if students are to learn and perform effectively (Harter, 1990). With a significant number of children at risk, Hohenshil and Hohenshil (1989) suggested that schools are appropriate for early intervention programs which would benefit all children. Educators and researchers have realized the importance of primary prevention interventions. Through these programs, students are provided opportunities to develop their ability to cope and attain a sense of effectiveness (Cowen, Hightower, Pedro-Carroll, & Work, 1990). Webb (1992) suggested the use of Cognitive Behavior Education with children at risk. Students learn effective communication skills, coping skills, and personal safety skills through play. Classroom activities are geared toward social skills acquisition and supportive interpersonal relationships are developed with adults and peer helpers. Bulkeley and

Cramer (1990) utilized a school based social skills training group with nine adolescents. They found a significant improvement in their behavior compared to nine untreated adolescents. Slavin (1991) found that the most effective strategy of the nine studied for preventing early school failure are those that involve one-to-one tutoring in reading.

Current research suggests that the area of prevention is a relatively new phenomena in the field of school psychology and that the school is an appropriate vehicle in which to provide prevention services. Secondary prevention has been shown to have positive effects. This study will focus upon a program designed to follow the Primary Mental Health Project and will assess its effectiveness upon the social behaviors of identified at-risk students.

CHAPTER III

METHOD

The present chapter will discuss the manner in which this investigation was conducted. As stated in Chapter I, the purpose of the investigation was to assess whether students participating in the Growth Center Project made relative and significant improvements in their social behaviors comparable to a non-referred matched control group. The Social Skills Rating System - Social Skills Questionnaire Teacher Form (Gresham, et al., 1990), the Texas Features of Emotional Disturbance (TX-FED) Instrument System - Teacher Checklist of Child Behavior (in press), and the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978) were used to assess the students' social behaviors (See Appendices G, H & I, respectively, for protocols). These measures were completed before and after the treatment period for the experimental group. For the control group, these measures were completed after the treatment period for the experimental group. Academic subject grades for students in the experimental group were collected both prior to and at the conclusion of the treatment period. Additionally,

the volunteers were asked to document the primary type of activity that they engaged in with the student during their meetings.

Subjects

During the 1994-95 school year, 430 children in fifty-two schools were served by 386 volunteers in the Growth Center Project. The sample for this study consisted of 138 students from nineteen elementary schools in the Fort Worth Independent School District. Two groups of students were used. Demographic data about the groups are provided in Table 1. All research participants were selected from kindergarten through fourth grades in the elementary schools that chose to participate in the Growth Center Project during the 1994-95 school year. Research participants in the experimental and control groups were matched on the basis of gender, race, grade, and handicapping condition (See Table 1). Students in the experimental group were students who had been referred and accepted into the Growth Center Project. Matched students in the control group were students who had not been referred to the Growth Center Project.

Table 1

Subject Demographic Characteristics

Characteristic	Experiment Group	Control Group	Total
Number of Subjects	69	69	138
Gender			
Female	26 (38%)	26 (38%)	52 (38%)
Male	43 (62%)	43 (62%)	86 (62%)
Grade			
Kindergarten	5 (7%)	5 (7%)	10 (7%)
First Grade	13 (19%)	13 (19%)	26 (19%)
Second Grade	17 (25%)	17 (25%)	34 (25%)
Third Grade	16 (23%)	16 (23%)	32 (23%)
Fourth Grade	18 (26%)	18 (26%)	36 (18%)
Race			
Black	20 (29%)	20 (29%)	40 (29%)
Hispanic	21 (30%)	21 (30%)	42 (30%)
Caucasian	28 (41%)	28 (41%)	56 (41%)
Handicapped	6 (9%)	6 (9%)	12 (9%)

District Research and Development approval and local administrative approval were obtained in order to conduct the research in each school (See Appendix A). Written parental permission was obtained for each student participating in this investigation before teacher assessments were completed (See Appendices E & F). In order to minimize dropouts, this study was limited to twelve sessions.

Procedure

Initially, school principal consent was obtained in order to collect data from those schools choosing to participate in the Growth Center Project for the 1994-95 school year. During the first eight weeks of the fall semester of 1994, meetings were scheduled between the principal investigator and the school principals and counselors. The overall purpose of the study, general procedures, and the required commitment of time and resources was discussed. Meetings with the counselors were scheduled subsequent to the principals' consent to support the research in their respective buildings. School faculty members received an oral presentation of the written information that was provided to parents. A question and answer session with school faculty members was also provided in order to clear up any relevant concerns. Letters and consent forms were then mailed or sent home with students in order to obtain parental permission for research participation (See Appendices C, D, E, and F).

Initial pre-treatment assessment of the experimental group participants occurred prior to each student's participation in their weekly meetings with a

Growth Center Project volunteer. Post-treatment assessment occurred after each student's twelfth meeting with their volunteer. Each student's teacher completed the Social Skills Questionnaire (Gresham, et al., 1990), the Texas Features of Emotional Disturbance (TX-FED) Instrument System (in press), and the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978). Teachers were asked to complete the rating sheets independently, without consulting with one another. They were instructed and encouraged to contact the principal investigator if they had problems with the instructions or any of the items.

Assessment of control group participants occurred at the end of the experimental group's twelve session period. Each student's teacher completed the Social Skills Questionnaire (Gresham, et al., 1990), the Texas Features of Emotional Disturbance (TX-FED) Instrument System (in press), and the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978) for students in the control group, just as the teachers did for students in the experimental group.

Measures

To assess each research participant's social skills, problem behaviors, and academic competence, the student's teacher completed the Social Skills Questionnaire from Gresham and Elliott's Social Skills Rating System (See Appendix G). This measure yielded a Social Skills Standard Score, a Problem Behaviors Standard Score, and an Academic Competence Standard Score. Teacher perceptions of student's social behaviors were measured using the age appropriate form of Gresham and Elliott's (1990) Social Skills Rating System. The teacher questionnaire is a 57-item scale designed for grades kindergarten through six. It measures social skills, problem behaviors, and academic competence. Under the social skills domain, cooperation, assertion, and self-control are measured. Under the problem behaviors domain, externalizing problems, internalizing problems, and hyperactivity are measured. The 30 social skills items are rated for frequency and importance. The 18 problem behavior items are only rated for frequency. The 9 academic competence items rate the student on a 5-point scale in comparison to others in the classroom. The Social

Skills Rating System was standardized on a national sample of 4,170 children in 1988 (Gresham, et al., 1990). Reliability coefficients ranged from .78 to .95 on the teacher form. Test-retest correlations on the teacher forms ranged from .75 to .93. Three construct-related validity studies were conducted using the Social Skills Rating System - Social Skills Questionnaire Teacher Form. The first validity study was conducted with the Social Behavior Assessment and yielded moderate to high correlations between the scales. The second validity study was conducted with the Child Behavior Checklist - Teacher Report Form and yielded a moderately high correlation. The third validity study was conducted against the Harter Teacher Rating Scale and yielded a moderate to high correlation between the forms. A factor analysis of 1033 ratings made by teachers from the standardization sample yielded the social skill factors of cooperation, assertion, and self-control. The problem behavior items were examined in a separate analysis, and the factors of externalizing, internalizing, and hyperactivity were extracted. Finally, in a third analysis, the nine items measuring academic functioning

yielded only one factor, and this factor was labeled Academic Competence (Gresham, et al., 1990).

The Texas Features of Emotional Disturbance (TX-FED) Instrument System (in press) added to the completeness of the data collected. It measured the following behaviors, as perceived by the student's teacher in both the control and experimental groups: Acting Out (ACO), Overactive/Distractible (OVD), General Affective (AFF), Interpersonal/Peers (ITP), Anxious Behavior (ANX), Unhappiness/Depression (UDB), and Pathognomonic Signs (PSY). Individual protocols were used to administer the TX-FED teacher rating scale (See Appendix H). Scores on the TX-FED are presented as age-corrected deviation scaled scores, using a T-score with a mean of 50 and standard deviation of 10. The TX-FED System was developed in an effort to create a more uniform identification process in the assessment of students who may meet the eligibility criteria for emotional disturbance. This system provides a group of instruments and includes a parent checklist, teacher checklist, classroom observation form and a discipline history report. Reliability coefficients ranged from .73 to .98 for the 6- to 11-year-old children on the

teacher form. The sample size consisted of 158 (non-referred) students for the 6- to 11-year-olds in the development of the teacher form. All items of the checklists were subjected to separate exploratory factor analyses. Results revealed two broad-based factors: Acting-Out Behavior and Affective Behavior.

Three construct-related validity studies were conducted on earlier forms of the parent and teacher checklists of the Texas Features of Emotional Disturbance (TX-FED) Instrument System. The first validity study was conducted by Jackson & Menotti in 1988. Test-retest reliability correlations were found to range from .90 to .97 on the parent scale. Scores from the parent checklist were correlated with scores from the Child Behavior Checklist and revealed a validity coefficient of .75 ($p < .001$). In 1987, Jackson & Peck examined the teacher checklist and noted that the test-retest Pearson correlations ranged from .77 to .89 across scales. The teacher checklist was compared to the Behavior Evaluation Scale and Pearson correlations ranged from .58 to .89. The second study focused on the teacher checklist was conducted in 1987

by Jackson and Baker and revealed test-retest reliability Pearson correlations by .70 for the group of students with emotional disturbance and .76 for the group of student in regular education.

The Fort Worth ISD Child Behavior Rating Scale (Evans, 1978) is a 24-item, 5-point Likert scale and is a revision of a previously administered 62-item inventory. This scale was presented at the annual meeting of the Texas Psychological Association in 1978 by Dr. Selby Evans, Professor and Director of Behavioral Research at Texas Christian University. It is designed to assess a child's behavior as it relates to school adjustment. Items on the scale ask the teacher to estimate the frequency with which the student engages in a series of behaviors. Each behavior is rated along a continuum from 1 (the student has never shown the behavior) to 5 (the student is always engaged in the behavior). The items on the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978) can be grouped into two general categories: classroom behavior and self-confidence. A factor analysis, completed in 1978, supports the claim that these two factors comprise the instrument. Thirteen of the items

are added to yield a Classroom Behavior Score (CBS), and eleven items are added to yield a Classroom Confidence Score (CCS). A higher total raw score indicates better classroom behavior and/or self-confidence. An analysis of covariance using total scores, classroom behavior scores (Factor 1) and classroom confidence scores (Factor 2) compared pre- and post-treatment teacher ratings of 67 children involved in the Growth Center Project with a control group of 78 children. Plots of the students' scores revealed two distinct, separate clusters, with scores of children identified as having problems in one cluster and scores of children in the control group in the second cluster. Scores for students in the control group did not change significantly between pre- and post-treatment period teacher ratings, while positive changes were noted in scores for students served by the Growth Center Project. In the 1978-79 academic school year, 75 students were served by the Growth Center Project and of these 51% were Caucasian, 44% were Black and 5% were Hispanic. The data from the fourth and fifth grade students was not used in the analysis due to the small sample size.

Statistical Analyses

This study employed a pre-test/post-test nonequivalent design (Maxwell & Delaney, 1990; Kirk, 1982). Differences between the pre- and post-treatment standards scores obtained on the Social Skills Rating System - Social Skills Questionnaire Teacher Form, the seven standard scores on the Texas Features of Emotional Disturbance (TX-FED) Instrument System - Teacher Checklist of Child Behavior, the two total scores on the Fort Worth ISD Child Behavior Rating Scale, and students grades for the experimental group were analyzed for significance utilizing Hotelling's T^2 multivariate procedure (Norusis, 1994; Stevens, 1986). The alpha (α) level was set at $p < .01$ to compensate for a possible inflated Type I experimentwise error rate (which typically occurs when a large number of analyses are conducted). Multivariate significance, if found, was followed-up with post hoc univariate t-tests to determine where specific significant differences occurred between pre- and post-treatment dependent variable means of the experimental group. Similarly, differences between post-treatment scores for the experimental group and post-treatment scores for the

matched control group were analyzed for significance utilizing the Hotelling's T^2 multivariate procedure (Norusis, 1994). Again, multivariate significance, if found, was followed-up with post hoc univariate t-tests. Volunteer Logs were scored for the type and frequency of the activities engaged in by the volunteers with the students in the experimental group.

CHAPTER IV

RESULTS

The results section is comprised of two parts. The first subsection is a review of the data obtained and the analyses that were completed. The second subsection addresses each of the hypotheses individually.

Growth Center volunteers engaged in fourteen different types of primary activities during their meetings with students in the treatment group (See Appendix J). The frequencies of these activities for all volunteers are listed in Table 2. The least frequent activity (engaged in once) was outside activities, and the most frequent activity (engaged in 224 times) was sharing.

The first analysis was a multivariate analysis of the pre- and post-treatment mean scores from the Social Skills Rating System - Social Skills Questionnaire Teacher Form, Texas Features of Emotional Disturbance (TX-FED) Instrument System - Teacher Checklist of Child Behavior, and the Fort Worth ISD Child Behavior Rating

Table 2

Treatment Group Activities

Type of Activity	Frequency	Percentage
Sharing	224	27.1
Active Listening	9	1.1
Reading	149	18.0
Tutoring	152	18.4
Board Games	12	1.5
Legos	202	24.4
Puzzles	6	.7
Cards	13	1.6
Crafts	2	.2
Sewing	36	4.4
Cutting/Folding	2	.2
Music	4	.5
Outside Activities	1	.1
Puppets	16	1.9

Scale for the 69 subjects in the treatment group. SPSS MANOVA was used for the analysis (Meyer, 1993). The twelve dependent variables from the pre- and post-measures were the Classroom Behavior Scale (CBS), the Classroom Confidence Scale (CCS), the Acting-Out Scale (ACO), the Overactive/Distractible Scale (OVD), the General Affective Scale (AFF), the Interpersonal/Peers Scale (ITP), the Anxious Behavior Scale (ANX), the Unhappiness/Depression Scale (UDB), the Pathognomic Signs Scale (PSY), the Social Skills Scale (SSS), the Problem Behaviors Scale (PBS) and the Academic

Confidence Scale (ACS). The pre- and post-treatment means are presented in Table 3.

Table 3

Repeated Measures for Treatment Group

Variable	Pre-TX Mean	Post-TX Mean	Diff.	p value
CBS	41.00	46.00	5.00	<.001*
CCS	34.65	39.58	4.93	<.001*
ACO	60.99	58.59	2.40	.041
OVD	65.49	62.39	3.10	.002*
AFF	62.91	60.01	2.90	.002*
ITP	67.33	62.81	4.52	.001*
ANX	65.39	61.59	3.80	.003*
UDB	61.45	58.28	3.17	<.001*
PSY	60.01	58.45	1.56	.239
SSS	84.58	91.25	6.67	<.001*
PBS	115.26	112.55	2.71	.067
ACS	83.74	87.50	3.76	.001*

Note: $n=69$ for Treatment Group

* significant at .01 level

A repeated measure Hotelling's T^2 analysis was conducted to compare pre- and post-treatment social skills mean scores for significance (CBS, CCS, ACO, OVD, AFF, ITP, ANX, UDB, SSS, and ACS variables). In a check of the data for meeting the assumptions of the analysis, Pearsons correlations between pre- and post-treatment means were found to be significantly different (See Table 4). This suggested a violation of

the sphericity (or circularity) assumption which increases the probability of a Type I error. The Greenhouse-Geisser Epsilon Correction procedure was utilized because the violation of the sphericity assumption appeared to be severe (epsilons are $< .50$).

Table 4

Correlations Between Pre- and Post-Measures for the Treatment Group

Variable	Correlation
CBS	.796*
CCS	.773*
ACO	.712*
OVD	.820*
AFF	.750*
ITP	.743*
ANX	.706*
UDB	.752*
PSY	.705*
SSSS	.549*
PBSS	.637*
ACSS	.806*

Notes: $n=69$ for Treatment Group

* significant at .001 level

The revised analysis of pre- and post-treatment scores (using modified degrees of freedom for a more conservative approach) indicated an overall significance between the pre- and post-measurement of social skills $F_{(4,21)} = 8.48$, $p < .01$. Univariate,

one-tailed t-tests were used as post hoc measures to determine which means were significantly different. As can be seen in Table 3 significant differences were found between the pre- and post-treatment means for the following measures: CBS, CCS, OVD, AFF, ITP, ANX, UDB, SSS, and ACS.

A repeated measures Hotelling's T^2 analysis was used to assess the pre- and post-treatment grades for significance. Grades for 58 of the 69 students in the treatment group were analyzed because none of the five kindergartners, three first graders, two second graders and one fourth grader received grades as these students attended schools that do not give traditional grades. The five dependent variables were Math (MATH), Reading (READ), Composition (COMP), Social Studies (SOC), and Science (SCI) grades. The pre- and post-treatment means are presented in Table 5. A check of the data for meeting the assumptions of the analysis found no significant differences in the Pearson correlations between the pre- and post-treatment means (See Table 6). Results from the Hotelling's T^2 analysis indicated no significant difference between pre- and post-treatment measurements of grades

Table 5

Pre- and Post-Grades in the Treatment Group

Variable	Pre-TX Mean	Post-TX Mean	Diff. Mean
MATH	79.29	79.48	0.19
READ	78.90	78.74	-0.16
COMP	76.88	77.69	0.81
SOC	79.33	80.43	1.10
SCI	80.24	80.48	0.24

Note: $n=58$ for Experiment Group

Table 6

Correlations Between Pre- and Post-Grades for the Treatment Group

Variable	Correlation
MATH	.800*
READ	.791*
COMP	.704*
SOC	.697*
SCI	.635*

Notes: $n=58$ for Experiment Group

* significant at .001 level

$F(5,53) = .43, p > .01$. As seen in Table 5, differences between the means were small.

The third analysis examined post-treatment scores of the experimental group with scores of the matched control group. This multivariate analysis utilized

scores from the Social Skills Rating System - Social Skills Questionnaire Teacher Form, Texas Features of Emotional Disturbance (TX-FED) Instrument System - Teacher Checklist of Child Behavior, and the Fort Worth ISD Child Behavior Rating Scale. The twelve dependent variables were the Classroom Behavior Scale (CBS), the Classroom Confidence Scale (CCS), the Acting-Out Scale (ACO), the Overactive/Distractible Scale (OVD), the General Affective Scale (AFF), the Interpersonal/Peers Scale (ITP), the Anxious Behavior Scale (ANX), the Unhappiness/Depression Scale (UDB), the Pathognomic Signs Scale (PSY), the Social Skills Scale (SSS), the Problem Behaviors Scale (PBS) and the Academic Confidence Scale (ACS). Post-treatment experimental group and control group means for these variables are presented in Table 7. An independent measures Hotelling's T^2 analysis was conducted to assess score mean differences between the post-treatment experimental group and control group on the dependent variables. In this analysis, all of the dependent

Table 7

Post-Treatment and Control Group Comparison

Variable	Exp. Mean	Control Mean	Diff.	p value
CBS	46.00	51.80	5.80	<.001*
CCS	39.58	41.44	1.86	.160
ACO	58.59	53.58	5.01	.020*
OVD	62.39	56.52	5.87	.013*
AFF	60.01	55.01	5.00	.013*
ITP	62.81	57.78	5.03	.045*
ANX	61.59	53.91	7.68	<.001*
UDB	58.28	54.86	3.42	.052
PSY	58.45	52.84	5.61	.011*
SSS	91.25	99.80	8.55	.001*
PBS	112.55	100.13	12.42	<.001*
ACS	87.51	91.68	4.17	.072

Note: $n=138$

* significant at .05 level

variables were found to be correlated with each other, which gives further support for the multivariate approach. The univariate homogeneity of variance, which is an important assumption, was checked using the Bartlett's test of homogeneity. Homogeneity of variance was found between treatment and control group scores on all variables at the $p < .01$ level of significance, except for one variable, Social Skills Scale (SSS). As normality was not seen across all of the scores, comparisons between the two groups needed

to be done with care. Pillai's trace was utilized instead of Hotelling's T^2 because it was more robust to violations of the homogeneity of variance assumption. Overall, the two groups were found to differ significantly on the dependent variables $F_{(12,125)} = 3.16, p < .01$. Univariate t-tests were used as post hoc measures to determine which means were significantly different. As can be seen in Table 7 significant differences were found between post-treatment and control group means for the following measures: CBS, ANX, SSS, and PBS.

Hypotheses

Hypothesis 1: Experimental Group Scores on the Social Skills Questionnaire Teacher Form. It was hypothesized that students in the experimental group would obtain significantly improved mean scores on each scale of the Social Skills Rating System - Social Skills Questionnaire Teacher Form (Gresham & Elliott, 1990) following treatment. A significant improvement was seen in the Social Skills Scale (SSS) standard score and the Academic Competence Scale (ACS) standard score, but not in the Problem Behaviors Scale (PBS) standard score

Hypothesis 2: Experimental Group Scores on the Texas Features of Emotional Disturbance Instrument System. It was hypothesized that students in the experimental group would obtain significantly lower mean scores on each of the seven scales of the Texas Features of Emotional Disturbance (TX-FED) Instrument System (in press) following treatment. A significant improvement (reduction) in mean scores was found on five of the seven scales following treatment. Hypothesis 2 was not supported by mean scores on the Acting-Out Scale (ACO) and the Pathognomic Signs Scale (PSY).

Hypothesis 3: Experimental Group Scores on the Fort Worth ISD Behavior Rating Scale. It was hypothesized that students in the experimental group would achieve a significantly greater mean score on the Class Behavior and Class Confidence Total Scores of the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978) following treatment. This hypothesis was supported as significant improvements were seen between pre- and post-treatment scores on both the Classroom Behavior Scale (CBS) and the Classroom Confidence Scale (CSS).

Hypothesis 4: Experimental versus Matched Groups Scores on the Social Skills Questionnaire Teacher Form. It was hypothesized that there would be no significant differences between the experimental and control groups on post-treatment mean scores for each scale of the Social Skills Rating System - Social Skills Questionnaire Teacher Form (Gresham & Elliott, 1990). Limited support for this hypothesis was found as no significant difference was observed between experimental and control group mean standard scores on the Academic Competence Scale (ACS). However, mean standard scores for the experimental and control groups differed significantly on the Social Skills Scale (SSS) and the Problem Behaviors Scale (PBS).

Hypothesis 5: Experimental versus Matched Groups Scores on the Texas Features of Emotional Disturbance Instrument System. It was hypothesized that there would be no significant differences between the experimental and control groups on post-treatment mean scores for each of the seven scales of the Texas Features of Emotional Disturbance (TX-FED) Instrument System (in press). Only one of the scales supported this hypothesis. No significant difference was noted

between the post-treatment experimental and control group means on the Anxious Behavior Scale (ABS). The following scales did not support the hypothesis: the Acting-Out Scale (ACO), the Overactive/Distractible Scale (OVD), the General Affective Scale (AFF), the Interpersonal/Peers Scale (ITP), the Unhappiness/Depression Scale (UDB), and the Pathognomic Signs Scale (PSY).

Hypothesis 6: Experimental versus Matched Groups Scores on the Fort Worth ISD Child Behavior Rating Scale. It was hypothesized that there would be no significant differences between the experimental and control groups on post-treatment Class Behavior and Class Confidence Total scores of the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978). Mixed support for this hypothesis was obtained as no significant difference was found between the experimental and control group mean scores on the Classroom Behavior Scale, but a significant difference was found between these two groups on the Class Confidence Scale (CCS). Hypothesis 6 was not supported by the Class Confidence Scale (CCS), as there was a

significant difference seen between the post-treatment and control group means.

CHAPTER V

DISCUSSION

This study investigated whether positive and significant changes occurred in the social behaviors of students as a result of programmatic interaction with a trained volunteer. Further, this study compared any such changes with the social behaviors of a matched group of non-referred students. Three social skill measures were utilized. For students in the Growth Center program, scores on these measures were obtained before and after they met with trained volunteers for twelve treatment sessions. For students in the matched control group, scores on these measures were obtained at the end of the treatment group's twelve session period. Additionally, classroom grades and a record of volunteer activities during their sessions with students were collected for students in the experimental group.

Several aspects of this study merit mention. The Texas Features of Emotional Disturbance (TX-FED) Instrument System (in press) clearly demonstrated an

improvement in several types of behavior in the treatment group following treatment. These behaviors included social sensitivity, excitability, withdrawal, emotional outbursts, and the ability to initiate and maintain friendships. The Social Skills Rating System (Gresham & Elliot, 1990) identified an improvement in cooperation, self-control, assertiveness, and academic performance in the treatment group. The changes seen in both of these measures suggest that the students are learning the social behaviors required to be successful in the classroom. It is believed that these changes are a result of the students modeling the behaviors learned in their interactions with their Growth Center volunteers. Social learning theory (Bandura, 1986; Bandura 1982) supports the proposition that behavior is learned through modeling.

The students in the experimental group were predicted to achieve significantly greater mean scores on the Class Behavior and Class Confidence Total Scores of the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978) after treatment in comparison to before treatment. Although a significant improvement was seen in both of the scales on this measure; the Fort Worth

ISD Child Behavior Rating Scale (Evans, 1978) was found to lack technical merit. The scores that this measure provides are in the form of raw numbers. The use of the Fort Worth ISD Child Behavior Rating Scale (Evans, 1978) is not supported because of the lack of technical development and research. Further research needs to be done on this instrument.

The grades of students who participated in the Growth Center Project did not significantly improve during this study. It is the opinion of this author, however, that there is an association between social skills and grades, and that improvements in social deficits are followed by improvements in grades. It may be, as this study has found, that twelve weeks is an insufficient amount of time to gather evidence which could support this hypothesized relationship. Tucker, et al. (1995) found gradual and significant effects in the grades of students who participated in a 2-year after-school academic tutoring and adaptive skills training program. Perhaps students need more time to practice and apply their newly acquired social skills. Improvements in social skills may have reached a mastery level near the end of the twelve treatment

sessions, but this would have been too late to be reflected in the student's grades. As grades are cumulative, low academic scores early on would effect the final average. Or, perhaps the initial social deficits of students in this study were at such a level that the improvements necessary to affect grades required more time to overcome than twelve treatment sessions.

This study revealed that the post-treatment mean scores from the students in the experimental group varied significantly from the non-referred matched control group mean scores on each of the three measures utilized. Since several positive changes in behavior were noted to occur between the pre- and post-measures in the control group, it is believed that given additional or more frequent time with the volunteers, the students in the experimental group would obtain scores that are more similar to those of a non-referred, matched group of students. Still, it should be noted that the post-treatment mean scores were closer to the non-referred control group mean scores than the pre-treatment mean scores.

Several limitations of the present study encourage caution in the interpretation of findings. First, the volunteers came into their positions with varying degrees of experience. Similarly, the training received by the volunteers varied, as there were four Growth Center facilitators. A second caution is related to the nature of the data obtained for this study. The use of independent observer would provide an additional and objective measure of each student's behavior. An additional caution is related to the nature of the sample for this study. The sample was selected from nineteen elementary schools in one urban school district in the central southern portion of the United States. The results reported in this study provided limited support for the main thesis of this investigation: children participating in the Growth Center Project made relative and significant improvements in their social behavior. Improvements in both the rates of adjustment and the behavior problems of experimental group students led to scores which approached in direction and in magnitude those of non-referred, control group students. Although the findings are promising and reflect positively on the

Growth Center Project, these results must be accepted only tentatively in light of the limitations of the current study.

The goals of the Growth Center Project represent a most worthy and a much needed attempt to decrease social skill deficits in children and to improve the quality of education. If this type of program is to survive in the framework of public education, it will most likely be required to demonstrate that the students not only retain the gains that they have made in their social skills, but also that they make long-standing academic improvements.

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APPENDICES

APPENDIX A

Human Subjects Review Committee

Letter of Permission

TEXAS WOMAN'S UNIVERSITY

DENTON / DALLAS / HOLSTON

HUMAN SUBJECTS
REVIEW COMMITTEE
P.O. BOX 22939
Denton, TX 76204-0939
Phone: 817/698-3377

October 3, 1994

Huntly Shelton
C/O Dr. Karen Jackson
Psychology & Philosophy

Dear Huntly Shelton:

Social Security #: [REDACTED]

Your study entitled "The Effects of an Early Intervention Program on Students' Social Classroom Behaviors" has been reviewed by a committee of the Human Subjects Review Committee and appears to meet our requirements in regard to protection of individuals' rights.

Be reminded that both the University and the Department of Health and Human Services (HHS) regulations typically require that agency approval letters and signatures indicating informed consent be obtained from all human subjects in your study. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. This approval is valid one year from the date of this letter. Furthermore, according to HHS regulations, another review by the Committee is required if your project changes.

Special provisions pertaining to your study are noted below:

- ☐ The filing of signatures of subjects with the Human Subjects Review Committee is not required.
- ☐ Other:
- ☒ No special provisions apply.

Sincerely,



Chair
Human Subjects Review Committee - Denton

cc: Graduate School
Dr. Karen Jackson, Psychology & Philosophy
Dr. Frank Vitro, Psychology & Philosophy

APPENDIX B

Fort Worth ISD Research, Evaluation, and Development
Letter of Approval



INDEPENDENT SCHOOL DISTRICT

3210 WEST LANCASTER / FORT WORTH, TEXAS 76107 / TELEPHONE: 817-878-3812 OR 817-878-3810

 RESEARCH, EVALUATION AND DEVELOPMENT

August 23, 1994

Huntly E. Shelton III
3604 Cooper Branch West
Denton, TX 76201

Dear Mr. Shelton:

Your proposal has been reviewed by central office staff and has been recommended for approval as submitted.

Good luck with your study.

Sincerely,

A handwritten signature in cursive script, reading "Velma Hythecker".

Velma Hythecker
Research Specialist

VIH

Approved:

A handwritten signature in cursive script, reading "Dan Powell".

Dan Powell
Assistant Superintendent
for Administrative Services

APPENDIX C
Parent Letter - English

PLEASE KEEP THIS LETTER FOR YOUR RECORDS

Research Project

Dear Parent,

I'd like to take this opportunity to introduce myself to you and to ask you to let your child participate in a program evaluation study that I am conducting to complete the work required by my Ph.D. from Texas Woman's University. The study is a program evaluation of the Growth Center Project which has been serving children in Fort Worth Independent School District for twenty years.

This study will provide an opportunity for you and your child to make an important contribution to an evaluation of the Growth Center Project. Program evaluations provide information so that programs can be better designed to meet students' needs. Participation in this study is strictly voluntary, and you or your child may withdraw from the study at any time without penalty or loss of other services provided through the school district.

The Growth Center Project is an early intervention program which provides services to boys and girls in elementary school. Students are referred to the program by their classroom teachers or the school counselor. Trained volunteers meet with the child one-on-one during school hours at school for one hour a week. This program evaluation will examine the effects of the Growth Center Project on classroom behavior and student grades. The behavior of students who participate in the Growth Center Project will be compared with behavior of similar students who are not in the program. Only a select number of kindergarten through fourth graders will be asked to participate. After seventy-five students are randomly selected from the Growth Center Project for the program evaluation, then blanket permission forms will be sent home in several participating elementary schools in order to obtain a matched comparison group of students (i.e. race, grade, gender, socioeconomic status and handicapping condition).

The students participating in this study will follow their regular school routine. The students who meet with Growth Center Volunteers will meet with their volunteers as usual, and students used as a comparison group will follow their regular class schedule.

Teachers of students participating in this study will complete six behavior rating scales for students who participate in the Growth Center Project and three behavior

rating scales for each student who is not in the Growth Center Project.

As a parent of a participating student, you will be given information about the outcome of the study.

All information provided will be kept confidential and used only for the purposes of the research that has been described. This risk of improper release of data as a result of participating in this study is minimal. To avoid the improper release of this information, identifying information will be maintained in a locked file cabinet and only Mr. Shelton will have access to this information. All data collected on students will be coded to conceal any personal identity. One master list will be made that contains students' names with a corresponding unique number. Students' names on all forms received will be completely marked out with a permanent marker and the corresponding unique number will be printed in the upper right hand corner. Only group data will be reported in the study results. After requested feedback has been provided to parents, information which contains identities will be destroyed and only the de-identified data will be maintained.

If you desire more information or have any questions about this study, please feel free to call me at (817) 871-2831.

Thank you very much for your time.

Huntly E. Shelton III
Dept. of Psychology & Philosophy
Texas Woman's University
Denton, Texas 76204
(817) 871-2831

APPENDIX D
Parent Letter - Spanish

FAVOR DE QUEDARSE CON ESTA CARTA
Proyecto de Escudriñamiento

Queridos padres,

Quiero esta oportunidad para introducirme y preguntarles que dejen que su niño/niña participe en un estudio de evaluación que voy a conducir para completar mi doctorado en la universidad de "Texas Woman's University." El estudio es una evaluación del programa, Proyecto de Crecimiento o en Ingles, "Growth Center Project", que ha servido por veinte años a los estudiantes del distrito escolar de Fort Worth.

Este estudio va proporcionar una oportunidad para que usted y su niño/niña hagan una contribución del "Growth Center Project." Estas evaluaciones proporcionan información para que estos programas puedan ser mejor planiados para acomodar las necesidades de los estudiantes. Participación en este estudio es estrictamente voluntario, y usted y su niño/niña puedan salirse del estudio cuando quieran sin perder servicios proporcionados por el distrito escolar.

El "Growth Center Project" es un programa de intervención primitiva que proporciona servicios a niños y niñas en la escuela primaria. Las maestras o consejeras escolares refieren estudiantes a este programa. Personas voluntarias entrenadas se juntan con el estudiante durante las horas de escuela pro nomás una hora por semana. Este evaluación del programa examinará los efectos que el "Growth Center Project" pueda tener en el deporte del estudiante en clase y con sus grados academios. El deporte de los estudiantes que participan en el proyecto serán comparados con el deporte de los otros que no participan en este programa. Nomás unos cuantos niños en los grados de kinder hasta tercero van a participar. Duspues de que se escejàn setenta y cinco esudiantes del Growth Center Project para esta evaluación del programa, formas de permiso serán mandads al hogar en variar escuelas primariar que estan participando. Esto sera hecho para otener un grupo de estudiantes que se campan (i.e., raza, grado, gènero, a condiciòn de discapacidad).

Los estudiantes que participan llevarán la misma rutina escolar regular. Los estudiantes que se juntan con los voluntarios y los estudiantes que siguen en clase regular en grupo comparado, todos siguerán en clases regulares.

Maestras de estudiantes que participan en este estudio completarán seis escalas de evaluación de deporte por cada estudiante participante y tres escalas de deporte por cada estudiante que no participa en este proyecto.

Como padres del estudiante participante, les darán a ustedes información de los resultados de este estudio.

Toda información será tratada confidencial y usada nomás para propósitos del escudriñamiento que se ha descrito. El riesgo de descargar datos improprios cuando participen en este estudio es mínimo. Para no descargar esta información, los datos de identificación serán mantenidos en un gabinete cerrado con llave y nomás el Sr. Shelton podrá sacar la información. Los datos de los estudiantes colectados tendrán un código para esconder identificación personal. Nomás datos en grupo serán reportados en los resultados del estudio. Después de comunicar los resultados a los padres, esta información que contiene identificación será destruida, y nomás los datos sin identificación serán mantenidos.

Si usted desea más información o tiene preguntas sobre este estudio, favor de llamar al telefono, (817) 871-2831.

Muchas gracias por su tiempo.

Huntly E. Shelton III
Dept. of Psychology & Philosophy
Texas Woman's University
Denton, Texas 76204
(817) 871-2831

APPENDIX E
Parent Permission Form - English

CONSENT FOR RESEARCH PARTICIPATION

I have received a description of the research that is being conducted by Huntly E. Shelton III, a doctoral student at Texas Woman's University, regarding the evaluation study of the Growth Center Project in the Fort Worth Independent School District. I understand that this is a program evaluation study and my permission is needed. This study will examine if student participation in the Growth Center Project has effects on classroom behavior and student grades. The behavior of students who participate in the Growth Center will be looked at for a change over twelve sessions and be compared with the behavior of similar students who are not referred to the program. Students behavior will be measured by teachers completing behavior rating scales. Signing this consent will allow the researcher to gather and review data from school personnel. I understand that only group data will be reported in the study results. I have received an explanation of the procedures, a description of the risks that could possibly be experienced as a result of my child's participation, and a description of the possible benefits. I understand that my child's teacher will be asked to complete Social Skills Behavior Rating Scales, the Texas Features of Emotional Disturbance, and the Fort Worth ISD Child Behavior Rating Scale.

The researcher has offered to answer all of my questions regarding the study. I understand that all information my child and his/her teacher provides is confidential, that my child's name will not be used in any release of the data, that I am free to withdraw my child at any time, and that my child is free to withdraw from the study at any time. If my child has been asked to participate in this research, I understand that my decision or my child's decision to participate or to decline participation in this research will not, in any way, affect other services provided by the school district. I understand that the risk of improper release of data as a result of participating in this research is minimal.

Parent's Signature

Date

Huntly E. Shelton III
Dept. of Psychology and Philosophy
Texas Woman's University
(817) 871-2831

If you have any concerns about the way this research has been conducted, contact the Texas Woman's University Office of Research and Grants Administration at (817) 898-3375.

APPENDIX F
Parent Permission Form - Spanish

Consentimiento Para Participar en Escudriñamiento

He recibido una descripción del escudriñamiento que va ser conducido por, Huntly E. Shelton III, un estudiante doctoral en "Texas Woman's University", acerca de la evaluación del proyecto "Growth Center" en el distrito escolar de Fort Worth. Yo comprendo que este es programa de evaluación, y mi permiso es necesitado. Este estudio examinarà si participación de estudiantes en el Growth Center Project tiene afectos en el deporte en la clase y sus grados. El deporte de estudiantes que participan en el Growth Center sera estudiado para cambios sobre doce sesiones y sera comparado con el deporte de comparables estuiantes que no estan referidos al programa. El deporte del estudiantes sera medido por maestras completando escalar de evaluación de deporte. Firmando este consentimiento, dejaré que la persona haciendo este escudriñamiento colecte y reviste datos del personal escolar. Yo comprendo que nomás datos de grupo serán reportados en este estudio. He recibido una explicación de los procesos, una descripción de los riesgos que puedan poderse experiensar por resultado del participo de mi niño o niña, y una descripción de los beneficios posibles. Yo comprendo que las maestras de mi niño/niña van a completar las siguientes escalas: "Social Skills Behavior Rating Scales, Teacher Form; the Texas Features of Emotional Disturbance; and the Fort Worth ISD Child Behavior Rating Scales."

La persona haciendo este estudio ha ofrecido responder a preguntas acerca de este estudio. Yo comprendo que toda información de mi niño/niña y lo que proporciona su maestra es confidencial, que el nombre de mi niño/niña no lo van a usar cuando descargen los datos y tengo la libertad de sacar a mi niño/niña del estudio cuando quiera. Si mi niño/niña ha sido escojido para ser participante, yo comprendo que mi decisión, o la decisión de mi niño/niña de participar o no participar en este estudio, no va afectar los servicios proporcionados por el distrito escolar. Yo comprendo que el riesgo de descargo inapropiado do los datos como resultado del participar en este escudriñamiento es mínimo.

Firma de Padre

Fecha

Si usted tiene inquietud hacia el modo como este escudriñamiento ha sido conducido, contacte a "Texas Woman's University Office of Research and Grant Administration" al (817) 898-3375.

APPENDIX G

Social Skills Rating System - Social Skills
Questionnaire Teacher Form

Social Skills

Teacher Form Elementary Level

Rating System

Social Skills Questionnaire

Grades K-6

Frank M. Gresham and Stephen N. Elliott

Directions

This questionnaire is designed to measure **how often** a student exhibits certain social skills and **how important** those skills are for success in *your* classroom. Ratings of problem behaviors and academic competence are also requested. First, complete the information about the student and yourself.

Student Information

Student's name _____			Date _____		
<small>First</small>	<small>Middle</small>	<small>Last</small>	<small>Month</small>	<small>Day</small>	<small>Year</small>
School _____			City _____ State _____		
Grade _____		Birth date _____		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
<small>Month</small>	<small>Day</small>	<small>Year</small>			
Ethnic group (optional)					
<input type="checkbox"/> Asian		<input type="checkbox"/> Indian (Native American)			
<input type="checkbox"/> Black		<input type="checkbox"/> White			
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Other _____			
Is this student handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If handicapped, this student is classified as:					
<input type="checkbox"/> Learning-disabled		<input type="checkbox"/> Mentally handicapped			
<input type="checkbox"/> Behavior-disordered		<input type="checkbox"/> Other handicap (specify) _____			

Teacher Information

Teacher's name _____			Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
<small>First</small>	<small>Middle</small>	<small>Last</small>			
What is your assignment?					
<input type="checkbox"/> Regular		<input type="checkbox"/> Resource		<input type="checkbox"/> Self-contained <input type="checkbox"/> Other (specify) _____	

AGS

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A 10 9 8 7 6 5

Form: TE

Next, read each item on pages 2 and 3 (items 1 - 48) and think about this student's behavior during the past month or two. Decide **how often** the student does the behavior described.

If the student **never** does this behavior, circle the 0.

If the student **sometimes** does this behavior, circle the 1.

If the student **very often** does this behavior, circle the 2.

For items 1 - 30, you should also rate **how important** each of these behaviors is for success in *your* classroom.

If the behavior is **not important** for success in your classroom, circle the 0.

If the behavior is **important** for success in your classroom, circle the 1.

If the behavior is **critical** for success in your classroom, circle the 2.

Here are two examples:

	How Often?			How Important?		
	Never	Sometimes	Very Often	Not Important	Important	Critical
Shows empathy for peers.	0	1	(2)	0	(1)	2
Asks questions of you when unsure of what to do in schoolwork.	0	(1)	2	0	1	(2)

*This student **very often** shows empathy for classmates. Also, this student **sometimes** asks questions when unsure of schoolwork. This teacher thinks that showing empathy is **important** for success in his or her classroom and that asking questions is **critical** for success.*

Please do not skip any items. In some cases you may not have observed the student perform a particular behavior. Make an estimate of the degree to which you think the student would probably perform that behavior.

FOR OFFICE USE ONLY How Often?			Social Skills			How Often?			How Important?		
C	A	S		Never	Sometimes	Very Often	Not Important	Important	Critical		
			1. Controls temper in conflict situations with peers.	0	1	2	0	1	2		
			2. Introduces herself or himself to new people without being told.	0	1	2	0	1	2		
			3. Appropriately questions rules that may be unfair.	0	1	2	0	1	2		
			4. Compromises in conflict situations by changing own ideas to reach agreement.	0	1	2	0	1	2		
			5. Responds appropriately to peer pressure.	0	1	2	0	1	2		
			6. Says nice things about himself or herself when appropriate.	0	1	2	0	1	2		
			7. Invites others to join in activities.	0	1	2	0	1	2		
			8. Uses free time in an acceptable way.	0	1	2	0	1	2		
			9. Finishes class assignments within time limits.	0	1	2	0	1	2		
			10. Makes friends easily.	0	1	2	0	1	2		
			11. Responds appropriately to teasing by peers.	0	1	2	0	1	2		
			12. Controls temper in conflict situations with adults.	0	1	2	0	1	2		
			13. Receives criticism well.	0	1	2	0	1	2		
			14. Initiates conversations with peers.	0	1	2	0	1	2		
			15. Uses time appropriately while waiting for help.	0	1	2	0	1	2		
			16. Produces correct schoolwork.	0	1	2	0	1	2		

C A S SUMS OF HOW OFTEN COLUMNS

FOR OFFICE USE ONLY How Often?				Social Skills (cont.)			How Often?			How Important?		
C	A	S					Never	Sometimes	Very Often	Not Important	Important	Critical
			17.	Appropriately tells you when he or she thinks you have treated him or her unfairly.			0	1	2	0	1	2
			18.	Accepts peers' ideas for group activities.			0	1	2	0	1	2
			19.	Gives compliments to peers.			0	1	2	0	1	2
			20.	Follows your directions.			0	1	2	0	1	2
			21.	Puts work materials or school property away.			0	1	2	0	1	2
			22.	Cooperates with peers without prompting.			0	1	2	0	1	2
			23.	Volunteers to help peers with classroom tasks.			0	1	2	0	1	2
			24.	Joins ongoing activity or group without being told to do so.			0	1	2	0	1	2
			25.	Responds appropriately when pushed or hit by other children.			0	1	2	0	1	2
			26.	Ignores peer distractions when doing class work.			0	1	2	0	1	2
			27.	Keeps desk clean and neat without being reminded.			0	1	2	0	1	2
			28.	Attends to your instructions.			0	1	2	0	1	2
			29.	Easily makes transition from one classroom activity to another.			0	1	2	0	1	2
			30.	Gets along with people who are different.			0	1	2	0	1	2
C	A	S	SUMS OF HOW OFTEN COLUMNS									

FOR OFFICE USE ONLY How Often?				Problem Behaviors			How Often?		
E	I	H					Never	Sometimes	Very Often
			31.	Fights with others.			0	1	2
			32.	Has low self-esteem.			0	1	2
			33.	Threatens or bullies others.			0	1	2
			34.	Appears lonely.			0	1	2
			35.	Is easily distracted.			0	1	2
			36.	Interrupts conversations of others.			0	1	2
			37.	Disturbs ongoing activities.			0	1	2
			38.	Shows anxiety about being with a group of children.			0	1	2
			39.	Is easily embarrassed.			0	1	2
			40.	Doesn't listen to what others say.			0	1	2
			41.	Argues with others.			0	1	2
			42.	Talks back to adults when corrected.			0	1	2
			43.	Gets angry easily.			0	1	2
			44.	Has temper tantrums.			0	1	2
			45.	Likes to be alone.			0	1	2
			46.	Acts sad or depressed.			0	1	2
			47.	Acts impulsively.			0	1	2
			48.	Fidgets or moves excessively.			0	1	2
E	I	H	SUMS OF HOW OFTEN COLUMNS						

Do not make
importance ratings
for items 31 - 48

Go on to
Page 4. ➡

Academic Competence

The next nine items require your judgments of this student's academic or learning behaviors as observed in your classroom. Compare the student with other children who are in the same classroom.

Rate all items using a scale of 1 to 5. Circle the number that best represents your judgment. The number 1 indicates the lowest or least favorable performance, placing the student in the lowest 10% of the class. Number 5 indicates the highest or most favorable performance, placing the student in the highest 10% compared with other students in the classroom.

FOR OFFICE USE ONLY		Lowest 10%	Next Lowest 20%	Middle 40%	Next Highest 20%	Highest 10%
	49. Compared with other children in my classroom, the overall academic performance of this child is:	1	2	3	4	5
	50. In reading , how does this child compare with other students?	1	2	3	4	5
	51. In mathematics , how does this child compare with other students?	1	2	3	4	5
	52. In terms of grade-level expectations, this child's skills in reading are:	1	2	3	4	5
	53. In terms of grade-level expectations, this child's skills in mathematics are:	1	2	3	4	5
	54. This child's overall motivation to succeed academically is:	1	2	3	4	5
	55. This child's parental encouragement to succeed academically is:	1	2	3	4	5
	56. Compared with other children in my classroom this child's intellectual functioning is:	1	2	3	4	5
	57. Compared with other children in my classroom this child's overall classroom behavior is:	1	2	3	4	5

AC SUM OF COLUMN

Stop. Please check to be sure all items have been marked.

FOR OFFICE USE ONLY

SUMMARY					
SOCIAL SKILLS		PROBLEM BEHAVIORS		ACADEMIC COMPETENCE	
HOW OFTEN? TOTAL (sum from p. 2)	BEHAVIOR LEVEL (see Appendix A)	HOW OFTEN? TOTAL (sums from page 3)	BEHAVIOR LEVEL (see Appendix A)	RATING TOTAL (sum from page 4)	COMPETENCE LEVEL (see Appendix A)
Fewer Average More	Fewer Average More	Fewer Average More	Fewer Average More	Below Average Above	Below Average Above
C = =		E		Total AC	
A = =		I			
S = =		H			
Total (C + A + S)		Total (E + I + H)			
(see Appendix B)		(see Appendix B)		(see Appendix B)	
Standard Score	Percentile Rank	Standard Score	Percentile Rank	Standard Score	Percentile Rank
(see Appendix E)		(see Appendix E)		(see Appendix E)	
SEM	Confidence Level 68% 95%	SEM	Confidence Level 68% 95%	SEM	Confidence Level 68% 95%
Confidence Band (standard scores)	to	Confidence Band (standard scores)	to	Confidence Band (standard scores)	to

Norms used: ☐ Handicapped ☐ Nonhandicapped

Note: To obtain a detailed analysis of this student's Social Skills strengths and weaknesses, complete the Assessment-Intervention Record.

APPENDIX H

Texas Features of Emotional Disturbance (TX-FED) Instrument
System - Teacher Checklist of Child Behavior

Student's Name _____ School _____ Age _____ Grade _____

Teacher filling this out _____ Date _____

Teacher Checklist of Child Behavior

Instructions: This is a survey of the above named student's behavior. In order to complete this report, it is preferable that you should have known the student for at least two months. Please read each of the items and check **one** box in the frequency column to indicate how characteristic the behavior is of this particular student.

How long have you known this student? _____	PLEASE CHECK 1 OF THE 4 BOXES			
	Never	Some- times	Often	Nearly Always
1 Ignores teacher warnings or reprimands.				
2 Laughs or talks to self.				
3 Has limited or no eye contact.				
4 Is sad.				
5 Tries to interact with others but is not accepted because of his or her behavior.				
6 Accuses you of calling or saying things you did not say.				
7 Creates disturbances during class activities.				
8 Has a short attention span.				
9 Uses obscene language or obscene gestures.				
10 Has nervous mannerisms or excess body movements.				
11 Wets self or has had bowel movements in clothes.				
12 Will hide (including under desk) if he or she gets upset.				
13 Has few or no friends.				
14 Is too sexually aware for age.				
15 Displays emotional outbursts to routine environmental events.				
16 Displays little or no feelings.				
17 Has sudden changes of mood.				
18 Uses or possesses drugs or alcohol at school.				
19 Finds it impossible to adjust to a change in routine.				
20 Demonstrates physical responses to school situations as stressful (nausea, headaches, seeing nurse).				
21 Avoids participation and interaction with others.				
22 Shows signs or indicates lack of proper amount of adult support (ill-kept, alone a lot, insecure, etc.).				
23 Does not organize self to reach any goals.				
24 Physically withdraws from touch.				
25 Uses unusual or disconnected language content.				
26 Fails to show a sense of humor when it is appropriate.				
27 Engages in self-abusive or self-destructive behavior.				
28 Cries easily.				
29 Tells bizarre stories.				
30 Has sleeping disturbances (can't get to sleep, hard to wake).				
31 Has eating disturbances (resists lunch, overeats, etc.).				
32 Makes inappropriate verbalizations or involuntary noises.				
33 Tries to charm others with physical seductiveness.				
34 Is physically aggressive toward peers.				
35 Is lethargic.				

Teacher Checklist of Child Behavior *continued*

Please check ONE box for each item. Thank you.		PLEASE CHECK 1 OF THE 4 BOXES			
		Never	Some- times	Often	Nearly Always
36	Forces the submission of others by being dominant, bossy, overbearing or manipulative				
37	Makes false statements/lies				
38	Expresses worry or concern about home situations.				
39	Excessively worries about school work/teacher approval.				
40	Blames others or materials for his or her own failures				
41	Makes statements or references about killing self/suicide; shows an inordinate interest in subject of death.				
42	Is physically aggressive toward adults.				
43	Speaks disrespectfully to adults.				
44	Perseverates/cannot shift his or her responses.				
45	Daydreams or is preoccupied.				
46	Is fearful/consistently apprehensive.				
47	Is verbally abusive to peers (name calling, taunting, etc.).				
48	Displays a persistently negative, pessimistic attitude.				
49	Uses others' property without asking their permission.				
50	Engages in inappropriate sexual talk or behavior.				
51	Refuses to obey teacher-imposed classroom rules.				
52	Does not follow or comply with necessary game rules.				
53	Has a quite low frustration level.				
54	Seeks the constant reassurance of adults.				
55	Reports seeing or hearing things that are not there.				
56	Responds inappropriately to praise or recognition from peers or teachers.				
57	Is preoccupied with disasters, diseases, or death.				
58	Interrupts or continues to talk when someone is trying to speak to him or her.				
59	Has temper tantrums (or if older, "splits"—leaves scene)				
60	Exhibits unwarranted self-blame or is too self-critical.				
61	Is truant.				
62	Runs others during interactions.				
63	Is shy and timid.				
64	Prefers associating with younger children.				
65	Tries hard to project a "cool" image.				
66	Appears anxious.				
67	Seems preoccupied with sexual ideas.				
68	Puts self interest first, even if it costs social acceptance.				
69	Seems prone to accidents/exaggerates effects of accidents.				
70	Is unclear or not attractively kept.				
71	Dislikes school.				
72	Is a loner.				
73	Complains of physical discomforts.				
74	Complains of eye problems.				
75	Acts like the opposite sex.				
76	Is self-conscious.				
77	Acts unfriendly toward or disinterested in others.				
78	Denies even appropriate negative feelings or thoughts.				
79	Isolates self.				
80	Peers will not follow as a leader.				

Teacher Checklist of Child Behavior *continued*

Please check ONE box for each item. Thank you.

	PLEASE CHECK 1 OF THE 4 BOXES			
	Never	Some- times	Often	Nearly Always
81. Tolerates stress poorly				
82. Is not motivated by adult approval.				
83. Plays with own sexual parts too much.				
84. Acts confused/easily confused.				
85. Steals property if given a chance.				
86. Avoids normal interactional opportunities with the teachers.				
87. Appears overweight.				
88. Shows little respect for the concept of authority.				
89. Engages in excessive body movements (rocking, etc.)				
90. Has headaches.				
91. Reacts with defiance to instructions or commands.				
92. Is afraid of making any mistakes.				
93. Is disliked or rejected by peers.				
94. Seems afraid of negative feedback.				
95. Is tardy to school.				
96. Is teased by peers.				
97. Appears to lack guilt.				
98. Expresses physical complaints when stressed.				
99. Seems to care little what others think or feel.				
100. Talks about the teachers disliking him or her.				
101. Has stomachaches.				
102. Complains about peers or criticizes them.				
103. Gets mostly negative attention from adults.				
104. Is non-expressive or reluctant to talk.				
105. Complains of being tired.				
106. Cruel to animals or expresses cruel talk.				
107. Expresses illogical thoughts.				
108. Responds inappropriately in class when corrected.				
109. Fails to seek appropriate assistance from adults.				
110. Is physically aggressive toward personal or school property.				
111. Complains that the teachers are too hard.				
112. Falls or stumbles.				
113. Clings to adults.				
114. Is hyperactive.				

Please describe the behaviors of this child which concern you the most.

Do you know of unusual events or life stresses with which this child has had to cope?

Add any other comments you care to make on the back, please. THANK YOU FOR YOUR HELP.

Date _____ School campus: _____

APPENDIX I

Fort Worth ISD Child Behavior Rating Scale

GROWTH CENTER PROJECT**PORT WORTH ISD CHILD BEHAVIOR RATING SCALE**

STUDENT'S NAME _____ DATE _____

Birthdate _____ Grade _____

Ethnicity _____ Male _____ Female _____ School _____

Teacher _____ Subject Taught _____

Number of months rater has known this student _____

Write the number which corresponds with the frequency of the observed behavior in the space to the left of each item. Please complete reverse side of form.

=====

Never	Seldom	About Half of the Time	Most of the Time	Always
1	2	3	4	5

=====

Example: 1. _____ Participates in Physical Education

- | | |
|---|--|
| 1. _____ Stays on task even in the presence of distractions | 13. _____ Obeys a specific order from adults |
| 2. _____ Speaks up in a group | 14. _____ Works independently when required |
| 3. _____ Talks with teacher during free time | 15. _____ Takes leader role in group situations |
| 4. _____ Tries new things readily | 16. _____ Is quiet in the classroom |
| 5. _____ Admits responsibility for behavior | 17. _____ Follows verbal directions from teacher |
| 6. _____ Participates in scheduled classroom activities | 18. _____ Asks adults to assist him/her |
| 7. _____ Makes friends easily | 19. _____ Looks happy, smiling, cheerful |
| 8. _____ Tells the truth to adults | 20. _____ Pays attention in class |
| 9. _____ Expresses pride/happiness with own accomplishments | 21. _____ Accepts another person's offer of help |
| 10. _____ Shows respect for property | 22. _____ Controls temper |
| 11. _____ Completes school assignments on time | 23. _____ Readily competes with peers |
| 12. _____ Volunteers for school activities | 24. _____ Sticks to task until complete |

Suggested time for Growth Center _____

What other Special Services is this child receiving? _____

What one specific behavior of this child do you see as problematic in your classroom? _____

What behavior would you like to see instead? _____

Additional Comments: _____

What do you see as this child's major problem area? (Circle One)

1. Shy/withdrawn
2. Acting-out
3. Learning difficulties

APPENDIX J
Volunteer Log

Volunteer Log

Student's Name: _____

Volunteer's Name: _____

Session Number	Primary Activity/Other Activity
Session 1 -->	_____
Session 2 -->	_____
Session 3 -->	_____
Session 4 -->	_____
Session 5 -->	_____
Session 6 -->	_____
Session 7 -->	_____
Session 8 -->	_____
Session 9 -->	_____
Session 10 -->	_____
Session 11 -->	_____
Session 12 -->	_____

NOTE: Please use the following numbers of indicate the activity. 1 = TALKING/SHARING, 2 = ACTIVE LISTENING, 3 = READING, 4 = TUTORING, 5 = FLASH CARDS, 6 = PLAYING A BOARD GAME, 7 = LEGOS, 8 = PUZZLES, 9 = CARDS, 10 = CRAFTS, 11 = SEWING, 12 = CUTTING/FOLDING ACTIVITIES, 13 = MUSIC, 14 = WALKING OUTSIDE, 15 = PUPPETS