

Form Approved
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**Mental Health and Social Services
School Questionnaire**

Sample Copy-Do Not Complete

Mental Health and Social Services School Questionnaire

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Special Instructions

NOTE: THROUGHOUT THIS QUESTIONNAIRE, TEXT THAT APPEARS IN ALL CAPITAL LETTERS WILL NOT BE READ ALOUD TO RESPONDENTS.

THIS QUESTIONNAIRE WILL BE ADMINISTERED USING COMPUTER ASSISTED PERSONAL INTERVIEW TECHNOLOGY. THE INTERVIEWER WILL READ THE QUESTIONS ALOUD AND TYPE RESPONSES TO THE QUESTIONS INTO THE LAPTOP COMPUTER. THE INTERVIEW PROGRAM WILL 1) DISPLAY THE CORRECT TENSE OF VERBS, 2) PROVIDE ALTERNATE ANSWERS TO QUESTIONS (E.G., NOT APPLICABLE, "I DON'T KNOW"), 3) NAVIGATE COMPLEX SKIP PATTERNS, AND 4) PERFORM OTHER USEFUL FUNCTIONS. THE PROGRAMMING SPECIFICATIONS FOR THE INTERVIEW ARE NOT INCLUDED IN THIS PRINTED VERSION OF THE QUESTIONNAIRE.

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Staffing Characteristics

1. What is your job title at the school? (In which role do you spend more time?)

- | | |
|---|--|
| 1) Principal | 11) School Counselor |
| 2) Asst. Principal/Other School Administrator | 12) Social Worker |
| 3) School Secretary | 13) Psychologist |
| 4) Physical Ed Teacher | 14) Other Mental Health/Social Services Provider |
| 5) Athletic Director | 15) Nurse |
| 6) Health Ed Teacher | 16) Health Aide |
| 7) Other Teacher | 17) Physician |
| 8) Food Service Manager | 18) Other Health Services Provider |
| 9) Commercial Food Service Provider | 19) SBHC Health Services Staff |
| 10) Other School Food Service Staff | 20) SBHC Mental Health/Social Services Staff |
| | 50) Other Staff |

This interview asks about standard mental health and social services, such as crisis intervention, alcohol or other drug use treatment, or identification of emotional disorders, offered to all students at this school. These services usually are provided by a school counselor, psychologist, or social worker but also could be provided at the school by staff from collaborating community agencies.

First, I would like to ask questions about staffing for standard mental health and social services at this school. Please include both contracted providers and regular school staff.

2. Is there a part-time or full-time school counselor who provides standard mental health or social services to students at this school?

Yes1
 No.....2 →SKIP TO Q5

3. How many part-time or full-time school counselors provide standard mental health or social services to students at this school?

_____ Counselors

4. During the past 30 days, how many hours per week on average has each school counselor spent at this school?

Counselor 1 _____ Hours/Week
 Counselor 2 _____ Hours/Week
 Counselor 3 _____ Hours/Week
 Counselor 4 _____ Hours/Week

5. At this school, what is the minimum level of education required for a newly hired school counselor?

- Undergraduate degree in counseling.....1
- Undergraduate degree in any field.....2
- Master’s degree in counseling3
- Master’s degree in any field.....4
- Doctorate in counseling5
- Doctorate in any field.....6
- Other degree.....7
- No requirement8

6. Is a newly hired school counselor required to be licensed or certified by a state agency or board?

- Yes1
- No.....2
- State does not license or certify school counselors3

7. Is there a part-time or full-time school psychologist who provides standard mental health or social services to students at this school?

- Yes1
- No.....2 →SKIP TO Q10

8. How many part-time or full-time school psychologists provide standard mental health or social services to students at this school?

_____ Psychologists

9. During the past 30 days, how many hours per week on average has each school psychologist spent at this school?

- Psychologist 1 _____ Hours/Week
- Psychologist 2 _____ Hours/Week
- Psychologist 3 _____ Hours/Week
- Psychologist 4 _____ Hours/Week

10. At this school, what is the minimum level of education required for a newly hired school psychologist?

- Undergraduate degree in psychology.....1
- Undergraduate degree in any field.....2
- Master’s degree in psychology3
- Master’s degree in any field.....4
- Doctorate in psychology5
- Doctorate in any field.....6
- Other degree.....7
- No requirement8

11. Is a newly hired school psychologist required to be licensed or certified by a state agency or board?

- Yes1
- No.....2
- State does not license or certify school psychologists.....3

12. Is there a part-time or full-time school social worker who provides standard mental health or social services to students at this school?

- Yes1
- No.....2 →SKIP TO Q15

13. How many part-time or full-time school social workers provide standard mental health or social services to students at this school?

_____ Social workers

14. During the past 30 days, how many hours per week on average has each school social worker spent at this school?

- Social worker 1 _____ Hours/Week
- Social worker 2 _____ Hours/Week
- Social worker 3 _____ Hours/Week
- Social worker 4 _____ Hours/Week

15. At this school, what is the minimum level of education required for a newly hired school social worker?

- Undergraduate degree in social work1
- Undergraduate degree in any field.....2
- Master’s degree in social work3
- Master’s degree in any field.....4
- Doctorate in social work5
- Doctorate in any field.....6
- Other degree.....7
- No requirement8

16. Is a newly hired school social worker required to be licensed or certified by a state agency or board?

- Yes1
- No.....2
- State does not license or certify school social workers.....3

17. Are newly hired school mental health or social services staff required to earn continuing education credits on mental health or social services topics?

- Yes1
- No.....2

IF THERE IS NO SCHOOL COUNSELOR, PSYCHOLOGIST, OR SOCIAL WORKER AT THIS SCHOOL (Q3, Q7, AND Q12 ARE “NO”), SKIP TO Q21.

18. During the past 12 months, has a school counselor, psychologist, or social worker at this school talked to or taught...

Yes No

ANSWER A, B, AND C FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO THE INSTRUCTIONS BEFORE D.

- a. A health education class at this school?.....1.....2
- b. A physical education class?1.....2
- c. A biology or other science class?.....1.....2

ANSWER D AND E FOR ELEMENTARY SCHOOL ONLY. OTHERWISE, SKIP TO Q19.

- d. Students at this school as part of a health education lesson or unit?.....1.....2
- e. Students at this school as part of a physical education unit or class?.....1.....2

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Collaboration

Now I'm going to ask you about collaboration among mental health or social services staff and other school and local agency staff.

19a. During the past 12 months, has a school counselor, psychologist, or social worker at this school worked on standard school mental health or social services activities with health education staff from this school?

Yes1
No.....2
School does not have health
education staff.....3

19b. What about with physical education staff from this school?

Yes1
No.....2
School does not have physical
education staff3

19c. What about with nutrition or food service staff from this school?

Yes1
No.....2
School does not have nutrition or
food service staff.....3

19d. What about with health services staff from this school?

Yes1
No.....2
School does not have health
services staff.....3

20. During the past 12 months, has a school counselor, psychologist, or social worker worked on standard school mental health or social services activities for students with staff or members from...

	Yes	No	N/A
a. A local health department?	1.....	2.....	3.....
b. A local hospital?	1.....	2.....	3.....
c. A local mental health or social services agency?	1.....	2.....	3.....
d. A local child welfare agency?	1.....	2.....	3.....
e. A health organization, such as the American Heart Association or the American Red Cross?.....	1.....	2.....	3.....
f. A local college or university?.....	1.....	2.....	3.....
g. A local service club, such as the Rotary Club?.....	1.....	2.....	3.....
h. A local business?	1.....	2.....	

Sample Copy-Do Not Complete

Promotion

The next questions ask about promotion of mental health or social services that might occur at your school.

21. During the past 12 months, has this school...

	Yes	No	N/A
a. Provided families with information on standard school mental health and social services?.....	1.....	2.....	
b. Met with a parents' organization, such as the PTA, to discuss standard school mental health and social services?.....	1.....	2.....	
c. Invited family members to tour the standard mental health and social services facilities?	1.....	2.....	3.....
d. Collected suggestions from students about school mental health and social services?.....	1.....	2.....	

Facilities and Equipment

The next question asks about facilities and equipment that may be available for mental health or social services staff in this school to use.

22. Does this school have...

	Yes	No
a. A private room for counseling students?	1	2
b. A dedicated phone line for standard mental health or social services?	1	2
c. An answering machine or voice mail reserved for standard mental health or social services?	1	2
d. Locked storage space for files related to the standard mental health or social services provided to students?	1	2

23. Where in relation to the school's main office is the primary location where students go to obtain standard mental health or social services? Are the services offered...

Within the same office suite as the main office,	1
Within view of the main office, or	2
Not within view of the main office?	3

Provision of Mental Health and Social Services

I am going to ask about the activities of mental health or social services staff such as school counselors, psychologists, and social workers. Please do not include activities by teachers in the classroom or activities by nurses or physicians. I'll find out about their activities during a different interview.

SHOW CARD 1

As I read the list printed on this card, please tell me if each is provided when needed to students as part of standard mental health or social services at this school.

24. Do mental health or social services staff provide...

Yes No

ANSWER A AND B FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO C.

- a. Tobacco use cessation?1.....2
- b. Alcohol or other drug use treatment?.....1.....2
- c. Counseling after a natural disaster or other emergency or crisis situation?.....1.....2
- d. Crisis intervention for personal problems?1.....2
- e. Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD?1.....2
- f. Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD?1.....2
- g. Stress management?.....1.....2
- h. Weight management?.....1.....2

ANSWER I FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO J.

- i. Eating disorders treatment?.....1.....2
- j. Identification of or referral for physical, sexual, or emotional abuse?1.....2
- k. Identification of or referral for students with family problems, such as parental divorce, substance abuse, or violence?1.....2

Provision of Mental Health and Social Services

ANSWER L FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO M.

- l. HIV counseling, testing, and referral?1.....2
m. Referrals for after-school programs such as day-care or supervised recreation?.....1.....2

ANSWER N, O, AND P FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO Q.

- n. Services for gay, lesbian, or bisexual students?.....1.....2
o. Referrals for child care for teen mothers?.....1.....2
p. Assistance with enrolling in WIC or accessing food stamps or food banks?1.....2
q. Assistance with enrolling in Medicaid or SCHIP?1.....2

ANSWER R FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO Q25.

- r. Job readiness skills programs?.....1.....2

IF Q24A-R ARE ALL "NO" SKIP TO THE INTRODUCTION TO Q26.

25. Who provides [each service listed in Q24a-r]? MARK ALL THAT APPLY

- School counselor1
School psychologist2
School social worker3
Other4

SHOW CARD 2

As I read the list printed on this card, please tell me if each is provided when needed by mental health or social services staff to students at the school in one-on-one or small-group sessions.

26. Do mental health or social services staff provide...

Yes No

- a. Nutrition and dietary behavior counseling?1.....2
b. Physical activity and fitness counseling?.....1.....2

Provision of Mental Health and Social Services

ANSWER C, D, AND E FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO F.

- c. Pregnancy prevention?.....1.....2
- d. HIV prevention?.....1.....2
- e. STD prevention?.....1.....2
- f. Suicide prevention?.....1.....2
- g. Tobacco use prevention?.....1.....2
- h. Alcohol or other drug use prevention?.....1.....2
- i. Violence prevention, for example bullying, fighting, or homicide?.....1.....2
- j. Injury prevention and safety counseling?.....1.....2

IF Q26A-J ARE ALL “NO” SKIP TO THE INTRODUCTION TO Q28.

27. Who provides [each service listed in Q26a-j] in one-on-one or small-group sessions?
MARK ALL THAT APPLY

- School counselor.....1
- School psychologist.....2
- School social worker.....3
- Other.....4

SHOW CARD 3

As I read the list on this card, please tell me if each is provided when needed by mental health or social services staff to students at the school.

28. Do mental health or social services staff provide...

- | | Yes | No |
|---|-----|----|
| a. Case management for students with emotional or behavioral problems?.....1.....2 | | |
| b. Case management for students with chronic health conditions, such as asthma or diabetes?.....1.....2 | | |
| c. Family counseling?.....1.....2 | | |
| d. Group counseling?.....1.....2 | | |
| e. Individual counseling?.....1.....2 | | |
| f. Comprehensive assessment or intake evaluation?.....1.....2 | | |
| g. Peer counseling or mediation?.....1.....2 | | |
| h. Self-help or support groups?.....1.....2 | | |

Provision of Mental Health and Social Services

IF Q28A-H ARE ALL "NO" SKIP TO THE INTRODUCTION TO Q30.

29. Who provides [each service listed in Q28a-h]?
MARK ALL THAT APPLY

School counselor.....1
School psychologist.....2
School social worker.....3
Other.....4

Student assistance programs provide services designed to assist students experiencing personal or social problems that can impact school performance, physical health, or overall well-being.

30. Is a student assistance program offered to students at this school?

Yes.....1
No.....2

Some schools have a team of school staff who collaborate to provide assistance to students with disabilities or those who are experiencing academic difficulties or behavioral problems. These sometimes are called student support teams, student assistance teams, or student guidance teams.

31. Does this school have such a team?

Yes.....1
No.....2 →SKIP TO Q33

32. Does this team include staff from collaborating community agencies?

Yes.....1
No.....2

33. Does someone from the mental health and social services staff participate in the development of Individualized Education Programs, or IEPs, when indicated?

Yes.....1
No.....2

Provision of Mental Health and Social Services

34. Does someone from the mental health and social services staff participate in the development of Individualized Health Plans, or IHPs, when indicated?
- Yes1
No.....2
35. Does someone from the mental health and social services staff participate in the development of 504 plans, when indicated?
- Yes1
No.....2
36. During the past 12 months, has this school reviewed mental health or social services records to identify students with chronic mental health or social services problems or ways to prevent further occurrences of these problems?
- Yes1
No.....2
School does not keep mental health or social services records.....3
37. Is there backup or after hours coverage when school mental health or social services staff are unavailable, for example after school or on weekends?
- Yes1
No.....2

School-Based Health Center Services

The next question asks about mental health and social services offered at school-based health centers—that is, health centers on school property where enrolled students can receive mental health and social services, including diagnostic and treatment services. These services are usually provided by a psychologist, social worker, counselor, or other mental health or social services professional. Please do not include a traveling or mobile health center.

38. Does this school have a school-based health center that offers mental health and social services to students?

Yes1
No.....2

Sample Copy-Do Not Complete

Services Provided at Other Sites

This next set of questions asks about mental health or social services delivered to students from this school at other sites not on school property regardless of whether the services are paid for by the school system. These services may be provided by mental health or social services professionals who work at school-linked health centers or who have a contract, memorandum of agreement, or other similar arrangement with the district or school to provide mental health or social services to students.

39. Currently, do any organizations or mental health or social services professionals have a contract, memorandum of agreement, or other similar arrangement to provide mental health or social services to students from this school?

Yes1
No.....2 →SKIP TO Q44

SHOW CARD 4

40. Which of the organizations or mental health or social services professionals listed on this card have arrangements to provide mental health or social services when needed to students from this school?

MARK ALL THAT APPLY

A school-linked health center1
A community health clinic.....2
A local health department2
A local hospital3
A local mental health or social services
agency4
A university or medical school5
A managed care organization.....6
A private psychologist7
A private psychiatrist8
A private social worker.....9
A private counselor10

SHOW CARD 5

As I read the list printed on this card, please tell me if there are arrangements with any organizations or mental health or social services professionals to provide these services when needed to students from this school.

41. Are there arrangements with any organizations or mental health or social services professionals to provide...

Yes No

ANSWER A AND B FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO C.

- a. Tobacco use cessation?1.....2
- b. Alcohol or other drug use treatment?.....1.....2
- c. Counseling after a natural disaster or other emergency or crisis situation?.....1.....2
- d. Crisis intervention for personal problems?.....1.....2
- e. Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD?1.....2
- f. Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD?1.....2
- g. Stress management?.....1.....2
- h. Weight management?.....1.....2

ANSWER I FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO J.

- i. Eating disorders treatment?.....1.....2
- j. Identification of or referral for physical, sexual, or emotional abuse?1.....2
- k. Identification of or referral for students with family problems, such as parental divorce, substance abuse, or violence?1.....2

ANSWER L FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO M.

- l. HIV counseling, testing, and referral?1.....2
- m. Referrals for after-school programs such as day-care or supervised recreation?.....1.....2

Services Provided at Other Sites

ANSWER N, O, AND P FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO Q.

- n. Services for gay, lesbian, or bisexual students?.....1.....2
- o. Referrals for child care for teen mothers?.....1.....2
- p. Assistance with enrolling in WIC or accessing food stamps or food banks?1.....2
- q. Assistance with enrolling in Medicaid or SCHIP?1.....2

ANSWER R FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO Q42.

- r. Job readiness skills programs?.....1.....2

SHOW CARD 6

As I read the list on this card, please tell me if there are arrangements with any organizations or mental health or social services professionals to provide these services when needed to students from this school in one-on-one or small-group sessions.

- 42. Are there arrangements with any organizations or mental health or social services professionals to provide...

Yes No

- a. Nutrition and dietary behavior counseling?.....1.....2
- b. Physical activity and fitness counseling?.....1.....2

ANSWER C, D, AND E FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO F.

- c. Pregnancy prevention?.....1.....2
- d. HIV prevention?.....1.....2
- e. STD prevention ?1.....2
- f. Suicide prevention?.....1.....2
- g. Tobacco use prevention?.....1.....2
- h. Alcohol or other drug use prevention?.....1.....2
- i. Violence prevention, for example bullying, fighting, or homicide?.....1.....2
- j. Injury prevention and safety counseling?1.....2

SHOW CARD 7

As I read the list on this card, please tell me if there are arrangements with any organizations or mental health or social services professionals to provide to these services when needed to students from this school.

43. Are there arrangements with any organizations or mental health or social services professionals to provide...

	Yes	No
a. Case management for students with emotional or behavioral problems?.....	1	2
b. Case management for students with chronic health conditions, such as asthma or diabetes?.....	1	2
c. Family counseling?.....	1	2
d. Group counseling?.....	1	2
e. Individual counseling?.....	1	2
f. Comprehensive assessment or intake evaluation?.....	1	2
g. Peer counseling or mediation?.....	1	2
h. Self-help or support groups?.....	1	2

Sample Copy-Do Not Complete

Mental Health and Social Services Coordinator

44. Currently, does someone at this school oversee or coordinate standard mental health and social services?

Yes1

No.....2

→ That is the last question. Thank you very much for taking the time to complete this interview.

45. Are you this person?

Yes1

No.....2

→ That is the last question. Thank you very much for taking the time to complete this interview.

SHOW CARD 8

46. Please tell me who you work for.
MARK ALL THAT APPLY

School district1

This school2

A local mental health or social services agency3

Other4

Now, I'd like to ask you some questions about your educational background.

47. Do you have an undergraduate degree?

Yes1

No.....2

→ SKIP TO THE INTRODUCTION TO Q54.

48. What did you major in?
MARK ALL THAT APPLY

- Counseling1
- Psychology2
- Social work3
- Nursing.....4
- Health care administration or business5
- Biology or other science6
- Education7
- Other8

49. Did you have an undergraduate minor?

- Yes1
- No.....2 →SKIP TO Q51

50. What did you minor in?
MARK ALL THAT APPLY

- Counseling1
- Psychology2
- Social work3
- Nursing.....4
- Health care administration or business5
- Biology or other science6
- Education7
- Other8

51. Do you have a graduate degree?

- Yes1
- No.....2 →SKIP TO Q53

52. In what area or areas?
MARK ALL THAT APPLY

- Counseling1
- Psychology2
- Social work3
- Nursing.....4
- Health care administration or business5
- Biology or other science6
- Education7
- Other8

53. Are you currently licensed or certified by a state agency or board to provide school mental health or social services?

- Yes1
- No.....2
- State does not license or certify school mental health or social services professionals3

SHOW CARD 9

Finally, I'd like to ask you a few questions on staff development. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

As I read the list of topics printed on this card, please tell me if you received any staff development on each topic during the past two years.

54. During the past two years, did you receive any staff development on...

- | | Yes | No |
|---|-----|----|
| a. Tobacco use cessation?.....1.....2 | | |
| b. Alcohol or other drug use treatment?.....1.....2 | | |
| c. Counseling after a natural disaster or other emergency or crisis situation?.....1.....2 | | |
| d. Crisis intervention for personal problems?.....1.....2 | | |
| e. Emergency preparedness?.....1.....2 | | |
| f. Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD?.....1.....2 | | |

- g. Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD?1.....2
- h. Stress management?.....1.....2
- i. Weight management?.....1.....2
- j. Eating disorders treatment?.....1.....2
- k. Identification of or referral for physical, sexual, or emotional abuse?.....1.....2
- l. HIV testing and counseling?.....1.....2
- m. After-school programs such as day-care or supervised recreation?.....1.....2
- n. Services for gay, lesbian, or bisexual students?.....1.....2
- o. Child care for teen mothers?.....1.....2
- p. Enrolling in WIC or accessing food stamps or food banks?.....1.....2
- q. Enrolling in Medicaid or SCHIP?.....1.....2
- r. Job readiness skills programs?.....1.....2
- s. Ways to promote a positive school climate?.....1.....2

55. Which of these topics would you like to receive further staff development on?
 MARK ALL THAT APPLY

- Tobacco use cessation.....1
- Alcohol or other drug use treatment2
- Crisis intervention for personal problems.....3
- Counseling after a natural disaster or other emergency or crisis situation4
- Emergency preparedness5
- Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD6
- Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD7
- Stress management.....8
- Weight management9
- Eating disorders treatment10
- Identification of or referral for physical, sexual, or emotional abuse11
- HIV counseling, testing, and referral12
- After-school programs such as day-care or supervised recreation13
- Services for gay, lesbian, or bisexual students14
- Child care for teen mothers.....15
- Enrolling in WIC or accessing food stamps or food banks.....16
- Enrolling in Medicaid or SCHIP.....17

Job readiness skills programs.....18
 Ways to promote a positive school climate19
 None of these20

SHOW CARD 10

56. During the past two years, have you received any staff development on...

	Yes	No
a. Nutrition and dietary behavior counseling?.....	1	2
b. Physical activity and fitness counseling?.....	1	2
c. Pregnancy prevention?.....	1	2
d. HIV prevention?.....	1	2
e. STD prevention ?.....	1	2
f. Suicide prevention?.....	1	2
g. Tobacco use prevention?.....	1	2
h. Alcohol or other drug use prevention?.....	1	2
i. Violence prevention, for example bullying, fighting, or homicide?.....	1	2
j. Injury prevention and safety counseling?.....	1	2

57. Which of these topics would you like to receive further staff development on?
 MARK ALL THAT APPLY

Nutrition and dietary behavior counseling.....	1
Physical activity and fitness counseling	2
Pregnancy prevention.....	3
HIV prevention	4
STD prevention	5
Suicide prevention	6
Tobacco use prevention	7
Alcohol or other drug use prevention	8
Violence prevention, such as bullying, fighting, or homicide.....	9
Injury prevention and safety counseling.....	10
None of these	11

SHOW CARD 11

58. Finally, during the past two years, have you received any staff development on...

	Yes	No
a. Case management for students with emotional or behavioral problems?	1	2
b. Case management for students with chronic health conditions, such as asthma or diabetes?	1	2
c. Family counseling?	1	2
d. Group counseling?	1	2
e. Individual counseling?	1	2
f. Comprehensive assessment or intake evaluation?	1	2
g. Peer counseling or mediation?	1	2
h. Self-help or support groups?	1	2

59. Which of these topics would you like to receive further staff development on?
 MARK ALL THAT APPLY

Case management for students with emotional or behavioral problems	1
Case management for students with chronic health conditions, such as asthma or diabetes	2
Family counseling	3
Group counseling	4
Individual counseling	5
Comprehensive assessment or intake evaluation	6
Peer counseling or mediation	7
Self-help or support groups	8
None of these	9

Mental Health and Social Services Coordinator

My supervisor may wish to call you to ask about how I conducted this interview. Would you please tell me a telephone number where we might reach you starting with the area code?

() -

Thank you very much for taking the time to complete this interview.

If you would like more information about this study or would like clarification of any questions in this questionnaire, please call 800-287-1815.

Sample Copy-Do Not Complete