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Data Elements and Definitions Manual

**Instructions for Completing
Evaluation Reporting Requirements**

PROPERTY OF
National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000

**Juvenile Mentoring Program
Management Information System
(JUMP MIS)**

June, 1999

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INTRODUCTION

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) was established in 1974 by the Juvenile Justice and Delinquency Prevention Act, as amended, 42 U.S.C. § 5601 *et seq.* (JJDP Act) to assume Federal leadership in providing a comprehensive, coordinated approach to preventing and controlling juvenile crime and improving the juvenile justice system. OJJDP:

- administers State Formula Grants, State Challenge Grants, and the Title V Community Prevention Grants programs in States and territories;
- funds gang prevention and mentoring programs under Parts D and G of the JJDP Act;
- funds more than 100 projects through its Special Emphasis Discretionary Grant Program and its National Institute for Juvenile Justice and Delinquency Prevention; and
- coordinates Federal activities related to Juvenile justice and delinquency prevention.

In addition, OJJDP serves as the staff agency for the Coordinating Council on Juvenile Justice and Delinquency Prevention, coordinates the Concentration of Federal Efforts Program, and administers both the Title IV Missing and Exploited Children's Program and programs under the Victims of Child Abuse Act of 1990 as amended, 42 U.S.C. §13001 *et seq.*

This *Manual* refers specifically to the Juvenile Mentoring Program (JUMP) authorized by the JJDP Act. In FY 1994 OJJDP announced the availability of combined 1994-1995 funds and competitively awarded grants of up to \$180,000 each for a 3-year period to 41 recipients. In FY 1996-1997, another 52 agencies were funded for a total of 93 grant projects. In FY 1999, 69 programs received JUMP funding, for a total of 162 JUMP projects in 41 states.

In 1996, OJJDP also awarded a grant for the design and implementation of a National evaluation of the JUMP program. As part of their participation in the JUMP program, grant recipients are required to collect general information on project operations and specific information on project effectiveness in reducing juvenile delinquency and gang participation, improving academic performance, and reducing the school dropout rate, and to report that information to OJJDP on a regular basis. This information also contributes to the national



evaluation. This *Manual* defines a standard format for JUMP grantees to use when preparing their quarterly information reports.

Six clusters of information are being collected:

- ***Project Narrative Information*** describing the activities your project planned for that quarter, your accomplishments, barriers or other difficulties with which you may want technical assistance, and activities planned for the next quarter;
- ***Agency Information*** describing your organization and the mentoring model you have chosen to implement;
- ***Youth Information*** describing demographic characteristics, academic and juvenile justice histories, and issues or problems with which youth enter your mentoring project;
- ***Youth Screening (POSIT)*** assessing the areas in which youth may be facing particular challenges;
- ***Mentor Information*** describing demographic and motivational characteristics of volunteer mentors;
- ***Match Information*** linking youth with mentors and describing the length of the matches and reasons for match terminations; and
- ***Client Feedback or Exit Information*** providing a measure of youth and mentors' perception of benefits received as a result of participation in the mentoring relationship.

PLEASE NOTE: the narrative portion of this information has been designed to closely match the requirements for the semi-annual *Categorical Assistance Progress Report*, and can be used as a basis for that report.

The remainder of this manual provides specific instructions for preparing quarterly narrative reports and for completing the agency, youth, mentor, match, and exit forms. Quarterly reports are due two weeks following the end of each **Federal fiscal quarter** (summarized in the following exhibit). This schedule has been established to ensure consistency of data being received from all of the grantees and is not related to your own agency fiscal year, the date your grant was awarded, or the scheduled activities planned for your project. Each quarter, your reports should reflect the activities that you completed during that quarter.



Fiscal Quarter	Dates	Quarterly Report Due
1	October 1 - December 31	January 15
2	January 1 - March 31	April 15
3	April 1 - June 30	July 15
4	July 1 - September 30	October 15

Exhibit I-1: Schedule for Submitting Quarterly Reports

The information you provide in your quarterly reports is very important to OJJDP. It will help us to learn more about the work you are doing and the service delivery models that emerge as most effective practices. It also will support the national JUMP evaluation and provide information for the generation of special reports that may be requested by Congress and others in the juvenile justice field. We rely on your input and appreciate your efforts on behalf of the children and youth in your communities who are at risk.

All grantees should submit two copies of the quarterly narrative report. Mail one copy of the narrative report to your assigned OJJDP Program Manager:

[Program Manager]
Special Emphasis Division
Office of Juvenile Justice and Delinquency Prevention
800 K Street, NW
3rd Floor
Washington, DC 20531

Mail the second copy of the narrative report and a copy of data forms that have been completed or updated during the current quarter to:

National JUMP Evaluation
Information Technology International
1000 Falls Road, Suite 214
Potomac, MD 20854

If you have questions, or need help as you prepare your reports, please contact the evaluation team at:

Phone: (301) 765-0060
Fax: (301) 765-0080
E-mail: novotney@erols.com



1. NARRATIVE REPORT

The evaluation narrative report provides you and your staff an opportunity to tell OJJDP about the work you are doing and the way your grant dollars support mentoring in your community. By following the defined format and responding to the questions as they are listed, you will facilitate our review of your report and help standardize the information gathered from all grantees across the country. In addition, your comments about barriers and needs for technical assistance alerts OJJDP staff to ways they may be better able to support your mentoring efforts.

Preparing this quarterly information also will help you to prepare your Categorical Assistance Progress Report (CAPR). You are required to submit a CAPR semi-annually to the Office of Justice Programs (OJP), Office of the Comptroller. The information required in this narrative report closely corresponds to, and can serve as the basis for, that semi-annual CAPR.

In the remainder of this section, specific instructions are provided for completing each item to be included in the quarterly narrative report.

Fiscal Year Quarter

Check the box which corresponds to the fiscal quarter for which you are preparing the report. The quarter represents the Federal fiscal quarter and may not match your agency's fiscal quarters or your JUMP grant quarters.

Project Name

Enter both the name of your administering agency and the name (if it is different) of your JUMP project.

Address

Enter the correct mailing address for the JUMP project, including zip code.

Person Completing Form

Enter the name and correct title for the staff person who prepared the narrative report.

Phone Number

Enter the phone number at which the person preparing the quarterly report can be reached. Include area code.

*Status of Project Goals/
Activities*

State each implementation goal that your project expected to reach during the quarter for which you are reporting -- that is, those activities had you planned to undertake and/or complete. Include both those activities



that were continued from the previous quarter and those activities that are new.

State the current status of the activity (eg. completed, partially met, not met at all). For each activity that is not yet fully realized, comment on the issues and barriers that are impacting your project's ability to reach the goal. Explain the actions that you anticipate taking during the next quarter to support the accomplishment of the activity.

*Modifications in Implementation
of Service Delivery Plan*

Indicate any changes in your original project implementation or service delivery plan for which you sought approval from OJJDP. Discuss the factors that led to the need for the proposed change, and how you will assess whether or not the changes are meeting your identified needs.

Significant Accomplishments

Describe any significant accomplishments that your project achieved during the quarter. These may include project accomplishments (eg. community award for outstanding services), or individual staff, mentor, or mentee accomplishments (eg. staff receipt of professional certification, mentor volunteer award, youth graduation from high school). You also may include here any descriptive summary statistics you are tracking.

Significant Project Activities

Describe project-wide activities that have taken place during the quarter. This does not include activities that a single mentor/mentee pair might have undertaken, but rather activities that involved **all, or sub-groups** of mentors and youth (eg. field trip to a local museum, participation in a community service event, presentation at a local health fair). Name each separate project activity and indicate the number of mentors and/or youth who attended each one. **Do not** include training events in this item.

Training Activities

List all training activities that your agency has supported for your staff, the mentors, or the youth and their families. This may include staff in-service training, special training sessions for youth in such areas as conflict resolution or anger management, or mentor training.



Specify whether the training was a single session or multiple sessions in a series, and indicate the number of persons who participated in the training.

*Problems and Technical
Assistance Needs*

Discuss any problems that have emerged or continued during this quarter, and explain the actions you have taken to address these problems.

List any areas for which you believe it would be helpful to receive technical assistance from OJJDP and their support staff.



JUVENILE MENTORING PROGRAM QUARTERLY NARRATIVE EVALUATION REPORT

Fiscal Year: _____

☐ Q1 (10/01-12/31) ☐ Q2 (01/01-03/31) ☐ Q3 (04/01-06/30) ☐ Q4 (07/01-09/30)

Date: _____

Program Name: _____

Address: _____

Person Completing Form: _____

Phone Number: _____

1. STATUS OF PROGRAM GOALS:

In your proposal, you identified specific goals for your mentoring project. Please list each goal, and describe the status, successes and barriers associated with the goal. Describe anticipated actions necessary to reach the goal. (Use additional pages if necessary)

Goal 1: _____

Status

☐ Completed ☐ Partially Met ☐ Not Met at All

Describe: _____

Goal 2: _____

Status

☐ Completed ☐ Partially Met ☐ Not Met at All

Describe: _____

Goal 3: _____

Status

☐ Completed ☐ Partially Met ☐ Not Met at All

Describe: _____

2. MODIFICATIONS IN THE IMPLEMENTATION OF SERVICE DELIVERY PLAN

As your program has evolved, you may have found it necessary to request approval from your Program Manager to modify your original proposal. Please identify changes in your implementation or service delivery activities that you proposed to OJJDP this quarter. Discuss the factors making these changes necessary. How will you monitor these changes to ensure your program goals are met.

3. SUMMARY OF SIGNIFICANT ACCOMPLISHMENTS OF YOUR PROGRAM THIS QUARTER

4. SUMMARY OF SIGNIFICANT MENTEE/MENTOR PROGRAM ACTIVITIES THAT HAVE OCCURED DURING THIS QUARTER

<u>Activity</u>	<u># Participants</u>	
	<u>Mentors</u>	<u>Mentees</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

5. TRAINING ACTIVITES YOUR PROGRAM HAS CONDUCTED OR PARTICIPATED IN DURING THIS QUARTER

<u>Training Topics</u>	<u># Sessions</u>	<u># Participants</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

6. DESCRIBE PROBLEMS, IF ANY, YOUR JUMP PROGRAM HAS FACED DURING THIS QUARTER, AND LIST WHAT TECHNICAL ASSISTANCE YOU WOULD LIKE TO RECEIVE TO ADDRESS EACH PROBLEM

PLEASE SEND A COPY OF THIS JUMP QUARTERLY EVALUATION NARRATIVE REPORT, PLUS COPIES OF YOUR COMPLETED DATA SUMMARY SHEETS FOR THIS QUARTER, TO:

JUMP Evaluation Project Team
Information Technology International
10000 Falls Road, Suite 214
Potomac, Maryland 20854
(301) 765-0060

(ALSO, PLEASE SEND A COPY OF THIS REPORT TO YOUR OJJDP PROJECT OFFICER.)

2. AGENCY PROFILE

The JUMP Agency Profile provides OJJDP with important information about the project that you have implemented with your JUMP grant. The Agency Profile should be reviewed and updated at least annually at the beginning of each fiscal year (October 1). In addition, it would be helpful to receive updated information each time your agency or project undergoes any substantial change.

The Agency Profile consists of six sections:

- Contact Information,
- Program Model,
- Program Activities,
- Youth (Mentees),
- Volunteers (Mentors), and
- Information Management/Technology.

When you complete the information on the Agency Profile, please describe your JUMP mentoring project as it currently is operating. Over time, you may have had to request permission from your OJJDP Program Manager to implement modifications to your original project grant proposal. Such modifications may have resulted from changing circumstances in the community you are serving, the youth you are targeting, or from other changes internal to your organization. Each annual update of information you provide will help OJJDP to learn more about your mentoring project and the way it evolves over your three year grant period.

CONTACT INFORMATION: This section provides current information for contacting the agency, agency director, JUMP Program and Program Director.

1. Agency Name: Provide the full name of the parent agency under which your JUMP project operates. This is the authorizing agency that submitted the original JUMP grant proposal to OJJDP and is responsible for the implementation of the project in compliance with JUMP guidelines and requirements.
2. OJJDP JUMP Grant Number: Provide the official identifying number for your JUMP grant as noted on your Office of Justice Programs (OJP) grant award notice (OJP Form 4000/2), item #4 (Award Number).



3. Agency Executive Director: Enter the full name and title for the Director of this agency.
4. Agency Address: Enter the current mailing address, including street address, suite number, city, state, and zip code, for the main agency office. This generally is the location out of which the agency Executive Director operates, and the address noted on the original JUMP grant proposal.
5. Agency Type: Check one box that best indicates the type of organization this agency is.

<u>Category</u>	<u>Definition</u>
<i>LEA</i>	This agency is a Local Education Agency such as a public or private school, a school district, Board of Education, or other educational organization.
<i>Non-Profit</i>	This agency is a community-based public or private not-for-profit organization, that is NOT an educational agency.

6. Agency Phone: Enter the current phone number, including the area code, for the agency that is the official recipient of the JUMP grant.
7. Agency FAX: Enter the current fax number, including the area code, for the agency that is the official recipient of the JUMP grant.
8. JUMP Program Name: Enter the name by which the JUMP Project is known. This name may be the same as, or different from, the agency name. For example the YMCA may be the JUMP grant recipient, and may call the JUMP mentoring project *New Beginnings*.
9. JUMP Program Address: If the JUMP project operates out of a location that is different from the primary parent agency office, enter the address of that location. For example, the YMCA may have its main offices on Oak Street, but the JUMP project operates out of a community center on Beech Street. The Beech Street address should be entered here.
10. JUMP Program Director/Coordinator: Enter the name of the person responsible for implementing and coordinating the JUMP project activities. This person may have a variety of titles such as case manager, mentoring supervisor, or volunteer coordinator, but regardless of the title, has primary responsibility for day-to-day operations of the project.
11. JUMP Director/Coordinator Phone: Enter the phone number where the JUMP Project Director can be reached most easily.



12. JUMP Project Director/Coordinator FAX Number: Enter the current fax number, including the area code, for the director of the JUMP program.

13. JUMP E-mail Address: Enter the e-mail address for the JUMP project. Indicate carefully if any characters in the address require upper or lower case notation. This should be the e-mail address that is officially registered to receive OJJDP JUMP ListServe communications.

JUMP PROJECT MODEL: Items in this section describe the approach your agency takes in implementing mentoring activities.

14. JUMP Program Goals: Check the box(es) that best indicate the goals or areas on which your JUMP mentoring project activities focus (check **ALL** that apply).

<u>Category</u>	<u>Definition</u>
<i>Anger Management</i>	Information and skills training to help youth better recognize and manage their own anger, diffuse angry situations, and avoid or prevent escalating anger.
<i>ATOD Prevention</i>	Information about the risks and dangers of alcohol, tobacco, and other drug use, resistance education, and healthy alternatives in an effort to prevent the initiation of substance use and abuse.
<i>Career Development</i>	Exposure to, and information about a variety of career alternatives, including field trips and visits, role playing and other informational activities.
<i>Delinquency Prevention</i>	Activities intended to promote healthy youth development by reducing risk factors in their lives and strengthening protective factors in order to reduce the opportunity for delinquent behavior. These may include such things as esteem building, enrichment activities, community service, values clarification, and other general support.
<i>Gang Involvement</i>	Any of a variety of activities intended to provide alternative bonding and inclusion experiences that may mitigate the influence and attraction of local gangs.
<i>Goal Planning</i>	Activities that support longer range planning such as: values clarification, interest and skill assessment, development of focused action plans, and time management.



*Independent
Living Skills*

Skill-building activities that support youth's ability to live on their own and manage the day-to-day requirements of functional adult living such as cooking, doing laundry, managing a budget and bank account, using public transportation, and developing good personal hygiene habits.

*School
Attendance*

Activities focused on increasing the number of classes and days youth are in school, and decreasing their number of un-excused absences. This may include intensive supervision and monitoring, a reward system, support for improved performance, or other activities intended to impact rates of attendance.

*School
Performance*

Tutoring and other supportive activities to improve interest and participation in school, attraction to school, acknowledgment of the importance of education, and general performance.

*Violence
Prevention*

Activities related to anger management that include training in conflict resolution, mediation, and other alternatives to physical altercations.

Other

A goal that is not described in one of the above categories. Specify.

15. Direct or Indirect Service Provision? Check **ONE** box that indicates whether your project provides mentoring services directly or indirectly through a sub-contracted agency.

Directly

Your parent agency (the official recipient of the JUMP grant) provides mentoring services using internal resources including staff and facilities. This does not necessarily mean that your agency does not collaborate with other community organizations, but that the primary service delivery is completed by agency staff.

Indirectly

Your parent agency acts primarily as a broker for the mentoring services. Grant funds are forwarded to another (or other) community-based organization(s) which then provide the direct mentoring services.

16. Sub-Contracting Organization: If your agency provides services indirectly through a sub-contract with another organization,, check the boxes that best describe the type of organization with which you have a sub-contract to provide mentoring services. Indicate first if the sub-contractor is a public (city, state, county government) or private (for profit or not for profit) agency, then check the type of agency that it is (check **ONE** in each section).



PUBLIC/PRIVATE agency:

<u>Category</u>	<u>Definition</u>
<i>Public</i>	The organization providing your mentoring services is a public agency or division of a local, county, or state government.
<i>Private</i>	The organization providing your mentoring services is a private profit or not-for profit agency.

TYPE of agency:

<i>School/Educational</i>	Your service delivery sub-contract is with an educational organization that provides a variety of educational services.
<i>Mental Health</i>	Your service delivery sub-contract is with an organization that provides individual, family, or small group mental health and associated services.
<i>ATOD</i>	Your service delivery sub-contract is with an organization that provides drug education, prevention, or treatment services.
<i>Recreation</i>	Your mentoring service delivery sub-contract is with a public or private recreation program (eg. YMCA).
<i>Other</i>	Your mentoring service delivery sub-contract is with a public or private organization that provides services that are not listed above. Specify.

17. Your Own Agency Is An Affiliate Of?.. Check the appropriate box to indicate whether or not your own agency (as the direct recipient of the JUMP grant) is an affiliate member of Big Brothers/Big Sisters of America, One to One, Communities in Schools, America's Promise or another national association.

18. Your Sub-contracted Agency Is An Affiliate Of?.. Check the appropriate box to indicate whether or not the agency with whom you sub-contract to provide mentor services is an affiliate member of Big Brothers/Big Sisters of America, One to One, Communities in Schools, America's Promise or another national association.

19. Geographic Area Your Mentoring Project Serves: Check the box that best describe the community or geographic area targeted by your mentoring services (Check **ONE**).



Category

Definition

Urban

An area characterized by high population density, presence of large numbers of commercial businesses and industry, multi-use facilities, and limited undeveloped properties which may or may not be incorporated as a municipality.

Suburban

Geographic location, generally in the transitional area between urban and rural, characterized by primarily residential facilities and local or regional commercial centers.

Rural

Geographic area, usually outside both city and suburban limits, characterized by lower population density, considerable undeveloped or open land, and greater reliance on agriculture, manufacturing or processing, or other substantially independent business operations to support its population.

20. Youth/Mentor Match Model: Mark **one** box that best describes the model your agency uses when pairing mentors with youth. This matching model describes only the way youth and mentors are matched and is not intended to describe the variety of activities in which these match pairs may participate (check **ONE**).

Category

Definition

*1 Youth :
1 Mentor*

Each mentor is paired with only one youth at a time, and each youth is paired with only one mentor at a time. A mentor or youth may have a second or third match **sequentially**, but would never be matched with more than one person at any one point in time.

*N Youth :
1 Mentor*

Two or more youth are paired with one mentor at the same time. You should mark this box even if the two youth never are together with their mentor for a single activity.

*1 Youth :
N Mentors*

One youth is paired with two or more mentors at the same time. Mark this box if one youth formally is matched with multiple mentors and participates separately with each mentor in individualized activities.

*N Youth :
N Mentors*

Two or more youth jointly share two or more mentors at the same time. Mark this box regardless of whether the youth and mentors participate individually or in groups together in mentoring activities.



21. Number of JUMP Staff Members: Enter the number of staff persons supported with JUMP grant funds in each of the following categories. If one staff member is supported by both JUMP and other agency funds, indicate the proportion of that staff member's hours covered in each category. For example, a staff member who receives 75% of his/her salary through JUMP and 25% from general agency funds would be entered as a .75 full time equivalent (FTE) in the *JUMP Grant Supported* column, and .25 FTE in the *Other Agency Supported* column.

<u>Category</u>	<u>Definition</u>
<i>Full Time</i>	The staff person works at least 35 hours per week or more.
<i>Part Time</i>	The staff person works less than 35 hours per week.
<i>JUMP Grant Supported</i>	The full and part-time staff persons whose salary and other compensation come totally or in part from JUMP grant funds.
<i>Other Agency Supported</i>	The full and part-time staff persons whose salary and other compensation come totally or in part from other agency funding sources.
<i>Volunteer</i>	Individuals who support staff by performing a variety of job tasks under supervision and does not receive financial compensation.

22. Other Sources of JUMP Project Funding: Mark the box(es) that best indicate the types of funds, other than the JUMP grant, that support your JUMP mentoring project activities (check ALL that apply).

<u>Category</u>	<u>Definition</u>
<i>General Agency Funds</i>	Discretionary agency funds that can be applied to any aspect of program development or implementation.
<i>Education Funds</i>	Funds received from city, county, or state education initiatives and earmarked specifically for education related activities.
<i>Justice Funds</i>	Funds received from city, county, or state justice or juvenile justice initiatives and earmarked specifically for justice related activities.
<i>Substance Abuse Funds</i>	Funds received from city, county, or state substance abuse prevention or treatment initiatives and earmarked specifically for alcohol, tobacco, or other drug prevention and treatment activities



<i>Mental Health Funds</i>	Funds received from city, county, or state mental health initiatives and earmarked specifically for mental health services.
<i>Other Public Funds</i>	Funds received from other public entities not described above.
<i>Other Federal Grant(s)</i>	Funds received through a competitive application to a Federal department such as HUD or CSAP, and subsequent receipt of a pre-determined dollar amount.
<i>Foundation or Private Grants</i>	Monies obtained from a recognized organization or foundation intended specifically to support the mission and goals of the project.
<i>Individual Contributions</i>	Monies donated by individuals for the purpose of supporting the mission and goals of the project.
<i>Fees for Service</i>	Operating funds derived from fees that the agency collects from program participants for the services that are provided.
<i>Other</i>	A source of funds that is not described in one of the categories above. Specify.
<i>None</i>	The JUMP project is supported exclusively with JUMP grant funds.

23. Agreement with Local LEA: If your organization, as the official recipient of the JUMP grant, is not itself a local education agency, mark the box(es) which best describe the benefits to your agency that result from your formal collaborative agreement with the local education agency with whom you are partners on this project (check ALL that apply).

<u>Category</u>	<u>Definition</u>
<i>Access to Grades</i>	The LEA provides you with grades of the youth who are being served in your mentoring project.
<i>Access to Attendance Records</i>	The LEA provides you with regular reports of the attendance history of each youth that is being served by your project.
<i>Access to Other Information</i>	The LEA provides you with information about such things disciplinary actions or special educational needs of the youth being served in your mentoring project.



*Use of School
Facility & Equip.*

Your agreement with the LEA provides for your use of the school facility and/or equipment for JUMP related activities and events.

*Administrative
Support*

The LEA agreement provides for administrative support from school personnel. This may include such things as secretarial and office support, duplication of materials, or mailing supplies.

*Participation:
School Staff*

Through the LEA agreement, the JUMP project may utilize the time and resources of one or more school staff members. This may be a school counselor, a teacher, or other staff person who agrees to serve as a liaison to, or extension of, the JUMP staff.

Other

The LEA agreement provides for other supports not described in the choices listed above. Specify.

None

The LEA agreement does not include provision for any special support from the educational agency with whom you are collaborating.

24. Residential Target: Check the appropriate box to indicate whether or not your JUMP project specifically targets youth who currently are residing in a residential facility.

Yes

The JUMP program is designed to serve the special needs of youth currently **residing in residential facilities** such as treatment centers, Level V schools, or detention centers. The services are provided, and the mentors meet with the youth, at the facility for at least a part of their enrolled time in the program.

No

The JUMP program serves a range of youth, **not** specifically those currently residing in residential facilities. This item is intended to identify youth in residential **facilities**, not youth located in defined geographic areas, neighborhoods, or school districts.

25. Type of facility: If your project targets youth currently residing in a residential facility, mark the box(es) to best indicate the type of facility your serve (check **ALL** that apply).

Category

Definition

Detention Center

A facility operated by, or under the jurisdiction of, a justice or juvenile justice agency, usually for the purposes of punishment following a delinquent or criminal act.



Foster Home

A licensed family care home under the jurisdiction of a public department of child welfare or social services, usually for youth who are in need of assistance or additional support and supervision.

*Shelter/
Group Home*

A small group facility, typically licensed and authorized by a public department of social or juvenile services, and intended to recapitulate a family-type environment and provide interim (often short-term) shelter.

*Residential
School*

A facility operated under the jurisdiction of an LEA with a focus on providing comprehensive educational services for youth who have been diagnosed with special educational or other needs.

*Mental Health
Treatment*

A residential facility designed to treat diagnosed psychiatric disorders such as manic depression, schizophrenia, or depression. Do not mark this choice if the treatment is exclusively for alcohol or drug abuse.

*Substance Abuse
Treatment*

A residential facility designed to treat diagnosed drug and/or alcohol dependence and addiction. Do not mark this choice if the treatment is for psychiatric disorders along. If the youth is dually diagnosed, mark the box that indicates the **primary** diagnosis.

Other

The program targets residential facilities other than those described above. Specify.

26. Youth-Mentor Matching Criteria: Mark the box(es) that describes the criteria by which a youth and mentor are matched in your project. Indicate whether the criteria is required (no exceptions are made), or simply preferred (implemented whenever possible) – check **ALL** that apply.

REQUIRED criteria include:

Category

Definition

Gender

Youth and mentors must be of the same gender to be matched.

Ethnicity

Youth and mentors must be of the same race and/or ethnicity in order to be matched.



<i>Geographic Location</i>	Youth and mentors must live within defined communities or neighborhoods, or within specified geographic regions, in order to be matched.
<i>Interests</i>	Each youth and mentor must have identified similar, matching, or compatible interests in order to be paired.
<i>Other</i>	The youth and mentors must meet other criteria that are not described in the list above. Specify.
<i>N/A</i>	There are no criteria that must absolutely be met in order for a match to take place.

PREFERRED criteria include:

<u>Category</u>	<u>Definition</u>
<i>Gender</i>	It is preferred that youth and mentors be of the same gender whenever possible.
<i>Ethnicity</i>	It is preferred that the youth and mentors be of the same race and/or ethnicity whenever possible.
<i>Geographic Location</i>	It is preferred that youth and mentors live within defined communities or neighborhoods, or within specified geographic regions, in order to be matched.
<i>Interests</i>	It is preferred that youth and mentor have identified similar, matching, or compatible interests whenever possible.
<i>Other</i>	There are other preferred youth and mentors matching criteria that are not described in the list above. Specify.
<i>N/A</i>	There are no preferred criteria to be met in order for a match to take place.

27. Staff-Mentor Monitoring and Supervision Contacts: Mark the box that best indicates the number of times JUMP staff are expected to have direct contact with each mentor for the purposes of support, monitoring, and supervision (mark ONE).



<u>Category</u>	<u>Definition</u>
<i>1</i>	Staff have direct contact with each mentor at least one time per month.
<i>2</i>	Staff have direct contact with each mentor at least two times per month.
<i>3</i>	Staff have direct contact with each mentor at least three times per month.
<i>4</i>	Staff have direct contact with each mentor at least four times per month.
<i>>4</i>	Staff have direct contact with each mentor more than four times per month.
<i>Other</i>	Staff maintain a monitoring and supervision schedule with each mentor that is different from those described above. Specify.
<i>N/A</i>	There is no defined schedule for staff monitoring and supervision of the mentors.

28. Mentor Feedback Reports to Staff: Mark the boxes that best describe the frequency with which mentors are expected to provide reports regarding their contacts and activities with their mentees (Check **ONE** from **WRITTEN** and **ONE** from **ORAL**).

WRITTEN Reports:

<u>Category</u>	<u>Definition</u>
<i>Weekly</i>	Mentors submit written reports to the staff each week.
<i>Monthly</i>	Mentors submit written reports to the staff at least one time per month.
<i>Other</i>	Mentors submit written reports to the staff on a schedule that is not described above. Specify.
<i>N/A</i>	There is no requirement for mentors to ever submit a written report to the JUMP staff.



ORAL Reports:

<i>Weekly</i>	Mentors submit oral reports to the staff each week.
<i>Monthly</i>	Mentors submit oral reports to the staff at least one time per month.
<i>Other</i>	Mentors submit oral reports to the staff on a schedule that is not described above. Specify.
<i>N/A</i>	There is no requirement for mentors to ever submit an oral report to the JUMP staff.

PROJECT ACTIVITIES: Items in this section describe the way you operate your JUMP project and the activities and services you provide.

29. Schedule for Primary Activities: Mark the box that best describes the schedule with which you implement your JUMP activities (check **ONE**).

<u>Category</u>	<u>Definition</u>
<i>12 Months</i>	The project conducts activities and supports mentoring throughout all 12 months of the year.
<i>9 Months</i>	The project conducts activities and supports mentoring <u>only</u> during the nine months of the year during which school is in session.
<i>Primarily 9 Months</i>	The project conducts activities and supports mentoring primarily during the nine months of the year during which school is in session, but also conducts some supplemental or special activities during the summer break.
<i>Other</i>	The project conducts activities and supports mentoring on a schedule that is not described above. Specify.

30. Expected Length of Mentor/Mentee Match: Mark **ONE** box that best describes the length of time your project expects each match to last (this may be, but is not necessarily, the same length of time as the commitment you ask a mentor and/or youth to make to the program).



<u>Category</u>	<u>Definition</u>
<i>School Term</i>	Your project is designed such that each match is expected to remain in place for the duration of one school term -- usually about 9 months.
<i>One Year</i>	Your project is designed such that each match is expected to remain in place for the duration of one year -- about 12 months.
<i>> One Year</i>	Your project is designed such that each match is expected to remain in place for more than one year -- longer than 12 months.
<i>Other</i>	Your project is designed such that each match is expected to remain in place for a period of time that is different from those described above. Specify.
<i>N/A</i>	There is no expected length of time for a match to continue. Matches are based on the individual youth and/or mentor's needs and interests.

31. Primary JUMP Project Activities: Mark the box(es) that best describe the primary types of activities sponsored by the JUMP mentoring project (check **TWO** primary activities).

<u>Category</u>	<u>Definition</u>
<i>Individual</i>	Activities selected by the mentor and mentee and carried out by them without other project staff or participant involvement. These might include such activities as going to a movie or ball game, working together on homework, or watching TV at home.
<i>Structured Social/Recreation</i>	Social activities organized by the project staff in which mentors and mentees participate together as a group. These activities might include such things as bowling, holiday celebrations, or a mentor program picnic.
<i>Structured Educ./Vocational</i>	Educational type activities organized by the project staff in which mentors and mentees participate together as a group. These activities might include such things as a field trip to a museum, a visit to a work site, or participation in some kind of training such as "how to use the Internet."



*Community
Service*

Activities organized and sponsored by the project staff that are intended to help and support some group or individual within the community. These might include such activities as sorting food at a local food bank, providing companionship to seniors living alone, or participating in a park clean up event.

Other

A primary activity that is not described above. Specify.

32. Frequency of In-person Mentor-Mentee Contacts: Mark the box that best indicates the frequency with which mentors are expected to have face-to-face contact with their mentee (check ONE).

<u>Category</u>	<u>Definition</u>
1	Mentors have direct, face-to-face contact with their mentee at least one time per month.
2	Mentors have direct contact with their mentee at least two times per month.
3	Mentors have direct contact with their mentee at least three times per month.
4	Mentors have direct contact with their mentee at least four times per month.
>4	Mentors have direct contact with their mentee more than four times per month.
<i>Other</i>	Mentors maintain a face-to-face contact schedule with their mentee that is different from those described above. Specify.
<i>N/A</i>	There is no defined or expected schedule for face-to-face contacts between the mentor and mentee.

33. Length of In-Person Mentor-Mentee Contact: Mark the box that best describes the length of time that each face-to-face contact between the mentor and mentee is expected to last (check ONE).



<u>Category</u>	<u>Definition</u>
<i>1</i>	Mentor face-to-face contact with their mentee is expected to last at least one hour per month.
<i>2</i>	Mentor face-to-face contact with their mentee is expected to last at least two hours per month.
<i>3</i>	Mentor face-to-face contact with their mentee is expected to last at least three hours per month.
<i>4</i>	Mentor face-to-face contact with their mentee is expected to last at least four hours per month.
<i>>4</i>	Mentor face-to-face contact with their mentee is expected to last more than four hours per month.
<i>Other</i>	Mentor face-to-face contact with their mentee is expected to last a length of time that is different from those described above. Specify.
<i>N/A</i>	There is no defined or expected length of time for face-to-face contacts between the mentor and mentee.

34. Frequency of Mentor-Mentee Phone Contacts: Mark one box that best indicates the frequency with which mentors are expected to have phone contact with their mentee (check **ONE**).

<u>Category</u>	<u>Definition</u>
<i>1</i>	Mentors have phone contact with their mentee at least one time per month.
<i>2</i>	Mentors have phone contact with their mentee at least two times per month.
<i>3</i>	Mentors have phone contact with their mentee at least three times per month.
<i>4</i>	Mentors have phone contact with their mentee at least four times per month.



>4	Mentors have phone contact with their mentee more than four times per month.
<i>Other</i>	Mentors maintain a phone contact schedule with their mentee that is different from those described above. Specify.
<i>N/A</i>	There is no defined or expected schedule for phone contacts between the mentor and mentee.

35. Frequency of Mentor Participation in Group Activities: Mark the box that best indicates the frequency with which mentors are expected to participate with their mentee in project-planned and sponsored group activities (check **ONE**).

<u>Category</u>	<u>Definition</u>
1	Mentors participate in group activities with their mentee at least one time per year.
2	Mentors participate in group activities with their mentee at least two times per year.
3	Mentors participate in group activities with their mentee at least three times per year.
4	Mentors participate in group activities with their mentee at least four times per year.
>4	Mentors participate in group activities with their mentee more than four times per year.
<i>Other</i>	Mentors participate in group activities with their mentee on a schedule that is different from those described above. Specify.
<i>N/A</i>	There is no defined or expected schedule for mentor participation in structured groups activities with the mentee.

36. Other JUMP-Supported Activities: Check the box(es) that best describe the other types of activities that are supported with the JUMP grant funds (check **ALL** that apply).



<u>Category</u>	<u>Definition</u>
<i>Parent Groups</i>	Groups that are held regularly and are intended to provide support to mentee parents and education regarding any of a wide variety of parenting issues such as: normal child development, effective communication skills, appropriate limiting-setting and discipline, or substance abuse prevention or recognition.
<i>Self-Help Groups</i>	Agency sponsored, usually leaderless, groups intended to support individuals' efforts to help themselves with a defined issue. Examples are Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or Alanon and Alateen (for persons in a relationship with an addict or alcoholic).
<i>Referrals: In Agency</i>	Referrals to other programs operated within the JUMP parent agency for identified service needs such as individual or family counseling, GED preparation, vocational interest and assessment testing, or literacy classes.
<i>Referrals: Out of Agency</i>	Referrals to other programs operated outside of the JUMP parent agency for identified service needs such as medical or dental, financial, or employment, in addition to the ones mentioned above.
<i>Case Management</i>	Provision of a single, identified staff person whose role is to serve as a facilitator and coordinator between all the parties and organizations who are providing services to, or otherwise interacting with, the mentee and his/her family.
<i>Advocacy</i>	Efforts made on behalf of the mentee and/or his family (eg. facilitating the identification and receipt of low-cost tutoring for the youth).
<i>Other</i>	Other JUMP supported activities that are not described above. Specify.
<i>None</i>	The JUMP grant recipient agency does not provide any additional services other than those directly involved with the provision of mentoring services.

37. Requirements for JUMP Parents: Mark the box(es) that best describe the things that parents are required to do in order for their child to be able to participate in the mentoring program (check ALL that apply).



<u>Category</u>	<u>Definition</u>
<i>Home Visit</i>	Parents must agree to, and participate in a meeting at their home with the project staff with the goals of making a comprehensive assessment of the youth's needs, and orienting the parent to the expectations of the program.
<i>Select/Approve Mentor</i>	Parents are required to participate in the identification and approval of an appropriate mentor to be matched with their child.
<i>Group Orientation</i>	Parental attendance at a group orientation session organized by project staff is required before a youth can participate in the mentoring program.
<i>Program Activities</i>	Parents are required to participate in a variety of project activities in order for their child to remain in the mentoring program. These may include special events or other regularly scheduled activities.
<i>Mentoring Activities</i>	Parents must participate in an ongoing way with the mentor and child in routine activities that are selected and scheduled by them. The frequency with which participation is expected in regular match activities may vary but must occur at least one time per month. Do not mark this box if parent participation is required only for special event-type activities.
<i>Other</i>	Parents are required to participate in the mentoring program in a way that is not described above. Specify.
<i>N/A</i>	There is no requirement that parents must participate in the mentoring program in any way.

38. Youth Discharge Process: Mark the box(es) that best describe activities included in the process when a youth leaves the mentoring program (check ALL that apply).

<u>Category</u>	<u>Definition</u>
<i>Exit Interview</i>	The youth meets with the staff for the purpose of sharing feedback regarding perceptions of benefit, assessing future direction, and generally gaining closure.



*Youth
Feedback*

The project staff administer a client satisfaction or feedback form to obtain the youth's perceptions of his/her participation in the mentoring program.

*Parent
Feedback*

The project staff administer a parent satisfaction or feedback form to obtain the parent's perceptions of his/her own and the child's participation in the mentoring program.

*Mentor
Feedback*

The project staff administer a mentor satisfaction or feedback form to obtain the mentor's perceptions of his/her participation in the mentoring program.

*Youth
Assessment*

Staff administer an assessment instrument to determine what, if any change has occurred in the youth or his/her circumstances since enrollment in the mentoring program.

*File
Close-Out*

There are standard procedures and/or forms that the staff complete in order to officially close out a youth's file when he/she leaves the mentoring program.

Other

There are other discharge procedures that are not described above. Specify.

N/A

There is no formally defined discharge process.

39. Post-mentoring Relationship Guidelines: Check **ONE** box to indicate whether or not the JUMP program has set limits or guidelines which define any continuing mentor-mentee relationship following their (either the mentor or mentee) discharge from the mentoring program.

Yes

There are guidelines defining what is, or is not, appropriate in terms of a mentor and mentee ongoing relationship following their discharge from the mentoring program.

No

There are NOT guidelines defining what is, or is not, appropriate in terms of a mentor and mentee ongoing relationship following the discharge of either one from the mentoring program. (If no, skip to question #41).

40. Nature of Post-mentoring Relationship Guidelines: If the agency does have guidelines defining what is appropriate for a mentor and mentee relationship following discharge from the mentoring program, check the box(s) that best describe the nature of those guidelines.



<u>Category</u>	<u>Definition</u>
<i>All Contact Prohibited</i>	All scheduled or planned contact between mentor and mentee is prohibited indefinitely.
<i>Time-Limited Prohibition</i>	All scheduled or planned contact between mentor and mentee is prohibited for a specified period of time. Indicate what that period of time is.
<i>Mail/E-Mail, Phone</i>	Contacts between the mentor and mentee following their discharge from the mentoring program are permissible by mail, e-mail, or phone only.
<i>Supervised Activities</i>	In person contacts between mentor and mentee are permitted only for supervised activities such as those special events sponsored by the mentoring project.
<i>Approved Activities</i>	Contacts between mentor and mentee following their discharge from the mentoring program is permitted only for approved activities. The activities are not required to be supervised and may involve only the mentor and mentee.
<i>Other</i>	The mentoring project has guidelines defining appropriate mentor-mentee relationships following discharge from the program that are not described above. Specify.

YOUTH (MENTEES): Items in this section provide information about the youth your mentoring program is serving.

41. Age and Grade Eligibility Criteria for Youth: Check a box to indicate whether or not there are age or grade limits defining the eligibility of youth for enrollment in the mentoring program. If there are either age or grade eligibility requirements, SPECIFY what those limits are.

AGE:

- | | |
|------------|--|
| <i>Yes</i> | There are defined age limits for the youth served in the mentoring program. Specify. |
| <i>No</i> | There are no defined age limits for the youth served in the mentoring program. |



If there are age limits, enter a number that indicates the youngest youth that you enroll and the oldest youth you enroll in the program. These numbers should represent the age of the youth **at the time of intake**.

GRADE:

Yes There are defined grade limits for the youth served in the mentoring program. Specify

No There are no defined grade limits for the youth served in the mentoring program.

If there are grade limits, enter a number that indicates the lowest grade a youth may be in to be eligible for enrollment, and the highest grade a youth may be in to be eligible for enrollment in the program. These numbers should represent the grade of the youth **at the time of intake**.

42. **Gender:** Check **ONE** box to indicate whether the mentoring program serves only males, only females, or both males and females.

43. **Target Race/Ethnicity:** Mark the box(es) that indicate the race/ethnicity of the youth the mentoring program primarily targets to receive services (check only **PRIMARY** targets). These categories are derived from standard ethnicity categories currently in use by the Federal Government for the census and various other information projects and are duplicated here to ensure consistency across research and evaluation efforts.

<u>Category</u>	<u>Definition</u>
<i>American Indian/ Alaska Native</i>	A person having origins in any of the original peoples of North and South America (including Central America), who maintain tribal affiliation or community attachment.
<i>Asian</i>	A person having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<i>Black/ African American</i>	A person having origins in any of the black racial groups of Africa.



<i>Hispanic/ Latino</i>	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
<i>Native Hawaiian/ Pacific Islander</i>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<i>White</i>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<i>Other</i>	A racial category that is not described by any of the above choices. Specify the category the mentor uses to describe him/herself.
<i>None</i>	The agency does not target any ethnicity when recruiting youth.

44. **Primary Target Risk Factors:** Mark no more than two boxes that best indicate the primary youth risk factors on which your services focus. The mentoring program specifically attempts to serve youth exhibiting these factors. These factors are a part of the youth eligibility selection criteria (select **TWO** primary target risk factors).

<u>Category</u>	<u>Definition</u>
<i>Educational Failure</i>	The youth have a history of poor performance and/or failure in school.
<i>Dropping Out</i>	The youth have dropped out, or are threatening to drop out of school prior to receiving a high school diploma.
<i>Delinquent Activities</i>	Youth have a history of being involved, either directly or indirectly with delinquent activities. This may or may not have involved contact with law enforcement personnel.
<i>Gang Activity</i>	Project staff have knowledge or suspicion of the youth's involvement with local gangs and participation, either directly or indirectly, in gang-related activities.
<i>Poverty/Welfare Dependence</i>	Youth and families live on income below, at, or near poverty level, have a history of long-term dependence on welfare, with no apparent or imminent means of changing or improving their financial circumstances.
<i>ATOD Use</i>	The youth and/or his/her family have a history of alcohol and other drug use or abuse.



*Early
Parenting*

The youth was him/herself the child of a teen parent, or currently has a child(ren) or is expecting a child. Be sure to include males in this category when appropriate.

Family Crisis

The youth and his/her family are dealing with a critical event that is having or will have a substantial impact. This may include a variety of things such as long-term family illness, a death, incarceration of the primary care giver, or loss of family home due to financial or natural causes.

Other

The mentoring program targets youth with risk factors that are not described above.

None

The mentoring program does not target youth with any specific or defined risk factors.

45. Other JUMP Youth Eligibility Requirements: Mark the box(es) that best indicate other criteria that are used when identifying, screening and selecting youth for enrollment in the program (check **ALL** that apply).

<u>Category</u>	<u>Definition</u>
<i>Geographic Location</i>	Youth must reside in, or attend school in a specifically defined geographic location or within a defined radius.
<i>Written Parental Permission</i>	Youth must have provided written permission from their parent or legal guardian before they can be enrolled and participate in project activities.
<i>Interest In Mentoring</i>	The youth must demonstrate interest in, and a willingness to commit to, the requirements of the mentoring relationship.
<i>Agency Referral</i>	In order to be enrolled in the mentoring project, the youth must be referred, through a formalized agreement, by an identified community agency.
<i>Court Referral</i>	In order to be enrolled in the mentoring project, the youth must be referred, through a formalized agreement, by a court or court-related agency.



*School
Referral*

In order to be enrolled in the mentoring project, the youth must be referred, through a formalized agreement, by a school or school-related agency.

Other

Youth are required to meet other criteria in order to be eligible for, and enrolled in, the mentoring program that are not described above. Specify.

None

There are no additional eligibility requirements for a youth to be enrolled in the mentoring program.

46. Expected Youth Commitment: Mark the box that best indicates the length of commitment that a youth is expected to make to the mentoring program and his/her mentoring relationship (check **ONE**).

Category

Definition

*One School
Term*

The program operates primarily during the school year and youth are expected to make a commitment to the program for one school term -- usually about nine months. Youth may or may not continue to be involved in the program for additional school terms.

One Year

Youth are expected to make a commitment to the program for one year - twelve months - regardless of the schedule on which the program operates. Youth may or may not continue to be involved in the program for additional time.

> One Year

Youth are expected to make a commitment to the program for more than one year regardless of the schedule on which the program operates. Youth may or may not continue to be involved in the program for additional time.

Other

Youth are asked to make a commitment to the mentoring program for a length of time that is not described above.

N/A

Youth are not asked to make any commitment to the mentoring program for any defined length of time.



VOLUNTEERS (MENTORS): The items in this section provide descriptive information about the volunteers who function as mentors in your program.

47. Mentor Gender: Check **ONE** box to indicate whether the mentoring program recruits only male, only female, or both male and female mentors.

48. Mentor Age Requirement: Enter the number that indicates the minimum age a mentor must be in order to be matched with a youth.

49. Targets for Mentor Recruitment: Mark the box(es) that indicate the race/ethnicity and employment status of the mentors the program recruits to be matched with youth (check only **PRIMARY** targets for recruitment in EACH category).

RACE/ETHNICITY: These categories are derived from standard ethnicity categories currently in use by the Federal Government for the census and various other information projects and are used here to ensure consistency across research and evaluation efforts.

<u>Category</u>	<u>Definition</u>
<i>American Indian/ Alaska Native</i>	A person having origins in any of the original peoples of North and South America (including Central America), who maintain tribal affiliation or community attachment.
<i>Asian</i>	A person having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<i>Black/ African American</i>	A person having origins in any of the black racial groups of Africa.
<i>Hispanic/ Latino</i>	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
<i>Native Hawaiian/ Pacific Islander</i>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.



<i>White</i>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<i>Other</i>	A racial category that is not described by any of the above choices. Specify the category the mentor uses to describe him/herself.
<i>None</i>	The agency does not target any ethnicity for mentor recruitment.

EMPLOYMENT STATUS: (check only **PRIMARY** targets)

<u>Category</u>	<u>Definition</u>
Employed	The mentor currently is working either full- or part-time. If the mentor is earning any legitimate pay for regularly scheduled work, mark this box. Do not mark this box if the mentor is primarily a student.
Unemployed	The mentor currently is not working, although he/she may be actively seeking employment. Do not include mentors who are retired or are students in this category.
Retired	The mentor has worked and currently has left all paid employment. The retirement may be by choice or a result of other circumstances, but the mentor's intent is not to seek further employment, either full- or part-time.
Student	The mentor currently is a student attending school. Mark this box even if the student is working part-time, if school attendance is this mentor's primary activity.
Other	The mentor's employment category is one that is not described above. Specify.
N/A	The agency does not target any ethnicity for mentor recruitment.

50. Target Mentor Employment Category: Mark the box(es) that best describe the employment category types that the agency targets for mentor recruitment (check only **PRIMARY** targets)



<u>Category</u>	<u>Definition</u>
<i>Managerial/ Professional</i>	The mentor's work includes responsibility for overseeing programs or projects and supervising employees. She/he generally is a senior member of the work team. The mentor may possess some certification/licensing to practice in a professional field such as medicine, mental health, or education (eg. nurse, counselor, or teacher).
<i>Technical/Sales Administration</i>	The mentor works in a job that requires specialized training and experience such as lab technician or computer network specialist. This category also would include mentors who work as sales persons, either retail or wholesale, or administrative support persons such as receptionists, data entry clerks, or secretaries.
<i>Service</i>	Service positions include those jobs which include providing direct or indirect support to others such as automotive mechanic, plumber, waiter/waitress, or public utility worker.
<i>Military</i>	The mentor serves or served as a member of the armed services in a regular, full-time capacity. If the mentor is a member of the military reserves, check this box and another box which best describes his/her primary employment.
<i>Law Enforcement/ Justice</i>	The mentor's employment is to provide direct service on a police or security detail, parole or probation staff, detention center or jail/prison staff, or other allied occupation.
<i>Religious</i>	Mentor is employed by a church, temple, synagogue, or other religious organization as a pastor, priest, rabbi, or other spiritual leader.
<i>Other</i>	The mentor's employment is not described by one of the categories above. Specify
<i>N/A</i>	The agency does not target any employment category for mentor recruitment.

51. Preliminary or Initial Mentor Eligibility Criteria: Mark the box(es) that best describe the criteria a mentor must meet in order to be eligible for enrollment as a mentor in your program (check **TWO** primary criteria).



<u>Category</u>	<u>Definition</u>
<i>Interest</i>	The mentor applicant demonstrates interest in, and commitment to the expectations and requirements of the mentoring program.
<i>Availability</i>	The mentor applicant has sufficient free time, and adequate control over his/her schedule to be available to a mentee on a regular basis and to attend special events sponsored by the project.
<i>Skills/ Experience</i>	The applicant demonstrates the requisite skills and experience necessary to competently meet the demands of serving as a mentor. These may include such things as good listening and communication skills, patience, understanding of normal child development, or ability to set appropriate limits.
<i>Recommendations</i>	The mentor applicant must provide statements of recommendation from persons, usually not relatives, who have knowledge of his/her character, reliability, honesty or other important characteristics.
<i>Background Checks</i>	The applicant must agree to, and complete the necessary forms to allow implementation of, criminal and/or other investigative background checks.
<i>Other</i>	The mentor applicant must meet other eligibility criteria that are not described above. Specify.
<i>N/A</i>	There are no defined criteria for mentor eligibility.

52. **Required Pre-Match Mentor Activities:** Check the box(es) that best describe the activities a mentor candidate must complete prior to being matched with a youth (check ALL that apply).

<u>Category</u>	<u>Definition</u>
<i>In-Home Interview</i>	The mentor candidate must agree to, and participate in an initial screening interview that is conducted in his/her home.
<i>On-Site Interview</i>	The mentor candidate must agree to, and participate in an initial screening interview that is conducted in the agency's office or other official location as designated by the project staff.
<i>Orientation</i>	The candidate must attend one or more project orientation sessions. These sessions may take a variety of forms and may include a



variety of information about the agency, the mentoring project specifically, the youth being served, or program expectations for mentors. Orientation may include some aspects of training, but generally is not equated with official mentor training.

*Written
Application*

Candidates must complete and submit a written application form. Such forms generally request basic demographic information about the mentor and his/her skills and interests.

References

Candidates must provide the names of persons familiar with them and able to vouch for the accuracy of the information contained on the application in addition to being able to attest to his/her character, stability, and appropriateness for the mentoring role.

TB Test

Candidate must have a current TB screening and documentation of negative results of the screening.

*Medical
Clearance*

Candidate must have documentation of a recent physical examination and a clean bill of health from a medical professional.

*Criminal Bkgrnd
Check*

Candidate must agree to having a criminal background investigative report completed in accordance with the local laws, and must complete all requirements necessary for such a check to be conducted (eg. sign releases, give fingerprints).

*First Aid/CPR
Certification*

Candidate must have current and up-to-date certification from the Red Cross or other recognized organization evidencing his/her ability to provide first aid and/or CPR in emergency situations.

Training

Candidate must attend one or more training sessions as required by the agency. Training is to be distinguished from orientation in that it is more in-depth, covers predefined curricula, and usually involves skill-building along with content information. The focus of training is on mentoring, and the youth and families being served by the mentoring program, rather than on the agency and/or program structure itself.

*Written
Contract*

Candidate must sign a written contract that specifies the expectations of the mentor, the obligations that the mentor agrees to meet, and the role and responsibility of both the mentor and the project staff.



Other

The mentor candidate must complete other activities prior to being matched with a youth that are not described above.

N/A

There are no pre-match requirements.

53. Reasons for Not Conducting Criminal Background Checks: If your agency does NOT require that criminal background checks be conducted by local law enforcement officials on your mentor candidates prior to their being matched with a youth, please explain. Check the box(es) that best describe the reasons your agency does not require criminal background checks (check ALL that apply).

<u>Category</u>	<u>Definition</u>
<i>Prohibited by State Law</i>	State laws governing your operations do not allow or provide a process by which criminal background checks can be conducted.
<i>Prohibited by Local Law</i>	Local laws governing your operations do not allow or provide a process by which criminal background checks can be conducted.
<i>Enforcement Agency Refusal</i>	The laws allow for criminal background checks to be conducted but the local law enforcement agency that would be responsible for carrying out such checks refuses, or is unable to do them. This may be due to a variety of reasons including lack of resources, or absence of policy and procedures to govern the process.
<i>Time Required</i>	Too much time is required for a check to be initiated, the paper work to be completed, and the results to be obtained. Results of having such lengthy delays in obtaining reports may include such things as: unreasonable delays in project, activity, or match implementation; loss of mentor interest; or loss of youth interest.
<i>Limited Information</i>	The information contained in the background report is of such a limited and narrow nature as to be not useful. For example, the report may provide only information about prior convictions, but not information about charges and/or arrests.
<i>Cost</i>	The cost of conducting criminal background checks is so high that it exceeds the resources available in the agency that are available for such an activity.



*Duplicative:
Own Agency*

All mentors are drawn from a pool of candidates who already have undergone a criminal background check for another position (paid or volunteer) in **THIS** agency.

*Duplicative:
Other Agency*

All mentors are drawn from a pool of candidates who already have undergone a criminal background check for another position (paid or volunteer) in **ANOTHER**, collaborating agency.

Other

The agency does not conduct criminal background check for reasons that are not described above. Specify.

54. **Mentor Training Requirements:** Mark the box(es) that best describe the training in which mentors must participate in order to remain eligible to serve as a mentor (check **ALL** that apply).

Category

Definition

Prior to Match

The mentors must attend all designated training sessions before they are matched and eligible to serve as a mentor and to meet independently with a youth.

*During First
Three Months*

During the first three months after a match, mentors must attend all scheduled training sessions in order to remain eligible to be a mentor.

*Regularly
Throughout*

Mentors are required to participate in regularly scheduled training sessions throughout the time they are serving as mentors in order to remain eligible to mentor a youth.

Other

In order to remain eligible to mentor a youth, mentors are required to participate in training sessions on a schedule that is not described above. Specify.

Never

No training is required. Attendance at all training that is offered to mentors is voluntary.

55. **Mentor Time Commitment:** Mark the box that best describes the length of time each mentor is expected to make to the mentoring program (check **ONE**).



<u>Category</u>	<u>Definition</u>
<i>School Term</i>	Mentors are expected to agree to remain in the mentoring program and matched with a youth for one school term – usually about 9 months.
<i>One Year</i>	Mentors are expected to agree to remain in the mentoring program and matched with a youth for one year – 12 months.
<i>> One Year</i>	Mentors are expected to agree to remain in the mentoring program and matched with a youth for longer than one year.
<i>Other</i>	Mentors are expected to agree to remain in the mentoring program and matched with a youth for a period of time that is not described above.
<i>N/A</i>	There is no expected or defined length of time for which a mentor is asked to make a commitment to the mentoring program.

INFORMATION MANAGEMENT/TECHNOLOGY: The items in the following section describe the computer equipment that currently is available and used by the JUMP staff.

56. **Currently Available Computer:** Mark **ONE** box that best describes the computer that is the **primary** computer used by the JUMP staff for JUMP tasks. This is the computer that maintains most JUMP client, mentor, and match information, and is used for most JUMP correspondence and other activities. The choices refer to the model of the computer as it is specified in the documentation that accompanies your computer.

IBM Compatible/PC:

386
486
Pentium
Pentium II
Pentium III

Apple/Macintosh:

Specify Model _____

Other(specify) _____

57. **Windows Availability:** Mark the box that indicates whether or not a Windows operating system is installed on this main JUMP computer.



Yes The main JUMP computer described above does have Windows installed.

No The main JUMP computer described above does not have Windows installed on it and instead uses some other operating system.

If the primary JUMP computer described in #56 above does have a Windows operating system, mark **ONE** box that best describes the version of Windows that is in use:

WIN 3.1

WIN 95

WIN 98

WIN NT

Other (specify)

58. Modem Availability: Mark the box that indicates whether or not a modem is installed on the primary JUMP computer described in #56 above (check **ONE**).

Yes The main JUMP computer described above does have a modem (either internal or external) installed.

No The main JUMP computer described above does not have any modem installed on it and can neither send nor receive e-mail.

59. Internet and E-Mail Availability on Primary JUMP Computer: Mark the box that indicates whether or not you are able to access the Internet and send and receive e-mail messages on the primary JUMP computer described in #56 above (check **ONE**).

Yes The main JUMP computer is connected to an Internet provider that allows the JUMP staff to access materials and information on the Internet, and to send and receive e-mail on THIS computer.

No The main JUMP computer is not connected to an Internet provider; the JUMP staff are not able to access materials and information on the Internet, and to send and receive e-mail on THIS computer.

60. Internet and E-Mail Availability on Any Computer: If the main JUMP computer is NOT directly linked with your Internet provider, mark the box that indicates whether or not you are able to access the Internet and send and receive e-mail messages on any computer in the agency (check **ONE**).

Yes At least one computer in the agency is connected to an Internet provider that allows the JUMP staff to access materials and information on the Internet, and to send and receive e-mail.



No There are no agency computers that are connected to an Internet provider; Jump staff are not able to access materials and information on the Internet, or to send and receive e-mail in the agency.

If the JUMP staff accesses an Internet provider on a computer in the agency other than the primary JUMP computer, specify where in the agency that computer is located.

61. JUMP ListServe Registration: Check one box to indicate whether or not your JUMP program currently is registered for, and you receive JUMP related announcements on the JUMP ListServe.

Yes The agency has registered the JUMP project with ListServe and does receive periodic messages and announcements that are sent to all JUMP grantees.

No The agency has not registered the JUMP project with ListServe and never has received the periodic messages and announcements that are sent to all JUMP grantees.





FY 1999 JUMP AGENCY AND PROGRAM PROFILE

Agency Name: _____

OJJDP JUMP Grant Number: _____

Agency ID: _____ Cohort: _____

Agency Executive Director: _____

Agency Address: _____

Agency Type: ☐ Local Education Agency (LEA) ☐ Public/Private Non-Profit Organization

Agency Phone: _____ FAX: _____

Name of JUMP Program: _____

JUMP Program Address (if different): _____

JUMP Program Director/Coordinator: _____

Coordinator's Phone: _____ FAX: _____

JUMP E-mail Address: _____

PROGRAM MODEL: *Your responses to these items should reflect the way your mentoring program operates. If you are a new grantee, use your JUMP grant proposal as a guide for completing this form. You will have an opportunity to update this information as you implement changes to your program.*

14. JUMP Program Goals focus on (check ALL that apply):

- | | |
|---|--|
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Independent Living Skills |
| <input type="checkbox"/> ATOD Prevention | <input type="checkbox"/> School Attendance |
| <input type="checkbox"/> Career Development | <input type="checkbox"/> School Performance |
| <input type="checkbox"/> Delinquency Prevention | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Gang Involvement | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Goal Planning | |

15. Do you provide services directly, or indirectly through a sub-contracted agency?

- ☐ Directly ☐ Indirectly

16. If indirectly, to what type of organization(s) do you provide a sub-contract? Check ONE box to indicate whether the sub-contractor is a public or private agency, and then check ALL the boxes that indicate the type of services provided.

- | | | |
|-------|---|-------------------------------------|
| | <input type="checkbox"/> Public | <input type="checkbox"/> Private |
| Type: | <input type="checkbox"/> School/Educational | <input type="checkbox"/> Recreation |
| | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other |
| | <input type="checkbox"/> ATOD | (specify) _____ |

17. Your own agency is an affiliate of...?

- | | |
|---|--|
| <input type="checkbox"/> Big Brothers/Big Sisters | <input type="checkbox"/> America's Promise |
| <input type="checkbox"/> One to One | <input type="checkbox"/> Communities in Schools |
| <input type="checkbox"/> N/A - no affiliation | <input type="checkbox"/> Other (please specify): _____ |

18. Your sub-contracting agency is an affiliate of...?

- | | |
|---|--|
| <input type="checkbox"/> Big Brothers/Big Sisters | <input type="checkbox"/> America's Promise |
| <input type="checkbox"/> One to One | <input type="checkbox"/> Communities in Schools |
| <input type="checkbox"/> N/A - no affiliation | <input type="checkbox"/> Other (please specify): _____ |

19. The geographic area your JUMP program serves is primarily (check ONE):

- ☐ Urban ☐ Suburban ☐ Rural

20. Your youth/mentor match model is best described as (check ONE):

- ☐ One youth with one mentor (1:1)
☐ Two or more youth with a single mentor (n:1)
☐ One youth with two or more mentors (1:n)
☐ Two or more youth with two or more mentors (n:n)

21. How many staff persons does your JUMP program have? (enter NUMBER of staff in each category)

	JUMP Grant Supported	Other Agency Supported	Volunteer
Full Time:	_____	_____	_____
Part Time:	_____	_____	_____

22. What are your JUMP program's other sources of funding in addition to the JUMP grant (check ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> General agency funds | <input type="checkbox"/> Other Federal Funds |
| <input type="checkbox"/> City, county, or state education funds | <input type="checkbox"/> Foundation or private grants |
| <input type="checkbox"/> City, county, or state justice funds | <input type="checkbox"/> Individual contributions |
| <input type="checkbox"/> City county, or state substance abuse prevention/treatment funds | <input type="checkbox"/> Fees for service |
| <input type="checkbox"/> City, county, or state mental health funds | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Other public funds | |
- ☐ None -- the program is supported ONLY with OJJDP JUMP grant funds

23. Your JUMP program agreement with the local education agency (LEA) allows (check ALL that apply):

- | | |
|--|--|
| <input type="checkbox"/> Access to youth grades | <input type="checkbox"/> Administrative support |
| <input type="checkbox"/> Access to youth attendance records | <input type="checkbox"/> Participation by school staff |
| <input type="checkbox"/> Access to other youth information | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Use of school facility & equipment | |
| <input type="checkbox"/> None of the above -- the agreement with the LEA does not provide for any special support. | |

24. Is your JUMP program designed specifically to serve youth living in residential facilities?

- ☐ Yes ☐ No

25. If yes, specify the type of residential facility you target: (check ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Detention Centers | <input type="checkbox"/> Treatment centers (mental health) |
| <input type="checkbox"/> Foster homes | <input type="checkbox"/> Treatment centers (substance abuse) |
| <input type="checkbox"/> Shelters/group homes | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Residential schools | |

26. Identify the youth-mentor matching criteria your JUMP program requires and/or prefers (check ALL that apply):

Our program **REQUIRES** that youth and mentors:

- | |
|---|
| <input type="checkbox"/> be the same gender |
| <input type="checkbox"/> be the same race/ethnicity |
| <input type="checkbox"/> be in proximate geographic locations |
| <input type="checkbox"/> have similar interests |
| <input type="checkbox"/> other (specify) _____ |

- ☐ N/A -- there is no requirement.

We **PREFER** that, when possible, youth: and mentors:

- | |
|---|
| <input type="checkbox"/> be the same gender |
| <input type="checkbox"/> be the same race/ethnicity |
| <input type="checkbox"/> be in proximate geographic locations |
| <input type="checkbox"/> have similar interests |
| <input type="checkbox"/> other (specify) _____ |

- ☐ N/A -- there is no preference

27. The frequency with which JUMP staff members are expected to have contact with mentors for monitoring and supervision purposes is (circle ONE number):

1 2 3 4 >4 times per month

☐ Other requirement (specify) _____

☐ N/A - The program guidelines have no defined expectation for supervision

28. The frequency with which mentors are expected to provide JUMP staff with written or oral reports regarding their contacts with youth is (check ONE in each category):

Written reports are expected:

- ☐ Weekly
- ☐ Monthly
- ☐ Other (specify) _____

☐ N/A- written reports are not required

Oral reports are expected:

- ☐ Weekly
- ☐ Monthly
- ☐ Other (specify) _____

☐ N/A- oral reports are not required

PROJECT ACTIVITIES: *The following section gathers information about the way you operate your JUMP program. If you are a new program, please use your original proposal to guide you as you complete the following items.*

29. The primary schedule for JUMP mentoring ACTIVITIES is (check ONE):

- ☐ At full intensity year round (12 months)
- ☐ Only during the nine month school session
- ☐ Primarily during the school year, with supplemental activities during the summer
- ☐ Other (specify) _____

30. Your JUMP program guidelines define the expected length of a mentor/mentee MATCH to be (check ONE):

- ☐ One school term (usually about 9 months)
- ☐ One year (12 months)
- ☐ More than one year
- ☐ Other (specify) _____

☐ N/A - Matches are ongoing and their length is determined mutually by the youth and mentor based on the youth's needs and interests, and/or on the program's eligibility criteria (eg. age)

31. **JUMP mentoring activities primarily include** (check no more than **TWO** primary activities):

- ☐ Activities selected and done individually by each mentee/mentor pair
- ☐ Program structured group social/recreational activities done with multiple mentee/mentor pairs together
- ☐ Program defined and structured educational/vocational activities
- ☐ Community service projects
- ☐ Other (specify)_____

32. **The frequency with which JUMP mentors are expected to have individual, in-person contacts with their mentee each MONTH is:** (circle **ONE** number)

1 2 3 4 >4 times per month

Other (specify)_____

N/A – there is no defined expectation regarding frequency of in-person contacts

33. **EACH in-person contact is expected to last:** (circle **ONE** number)

1 2 3 4 >4 hours

Other (specify)_____

N/A – There is no defined expectation regarding length of contact

34. **The frequency with which JUMP mentors are expected to have phone contacts with their mentee each MONTH is:** (circle **ONE** number)

1 2 3 4 >4 times per month

Other (specify)_____

N/A – there is no defined expectation regarding frequency of phone contacts

35. **The frequency with which JUMP mentors are expected to participate in group activities with their mentee each YEAR is:** (circle **ONE** number)

1 2 3 4 >4 times per year

Other (specify)_____

N/A – there is no defined expectation regarding participation in group activities

36. **Other related program activities supported by the JUMP grant include (check ALL that apply):**

- ☐ Parent education/support groups
- ☐ Self-help groups
- ☐ Referral for other services (within the parent agency)
- ☐ Referral for other services (outside of the parent agency)
- ☐ Case management
- ☐ Advocacy
- ☐ Other (specify) _____
- ☐ None – the JUMP grant does not support any additional activities

37. **Your JUMP program guidelines require that parents must (check ALL that apply):**

- ☐ Participate in a home visit assessment and orientation meeting
- ☐ Participate in selection and approval of mentor
- ☐ Attend a group orientation at the program site
- ☐ Participate in scheduled program activities
- ☐ Participate in an ongoing way in the mentoring relationship
- ☐ Other (specify) _____
- ☐ N/A – parents are not required to participate

38. **When a youth leaves the JUMP program, the discharge process includes (check ALL that apply):**

- ☐ Exit interview
- ☐ Administration of a *youth satisfaction/client feedback* form
- ☐ Administration of a *parent feedback* form
- ☐ Administration of a *mentor feedback* form
- ☐ Administration of a post-program *youth assessment* instrument
- ☐ Completion of the client file/record
- ☐ Other (specify) _____
- ☐ N/A - There is no defined discharge process

39. **Do your JUMP *Policies and Procedures* define guidelines for continuation of mentor/mentee relationships following discharge from the JUMP Project?**

- ☐ Yes ☐ No (If no, skip to question 41)

40. If yes, check the relevant guidelines for your JUMP project (check ALL that apply):

- ☐ All further contact is prohibited
- ☐ Contact is prohibited for a defined period of time
(specify time) _____
- ☐ Mail, e-mail, or phone contacts only are permitted
- ☐ In-person contacts for SUPERVISED activities only are permitted
- ☐ In-person contacts for APPROVED, but non-supervised activities are permitted
(specify type) _____
- ☐ Other (specify): _____

YOUTH (MENTEES): The following items describe the youth your JUMP program targets to receive services. Use your JUMP grant proposal to guide you as you complete the following section.

41. Indicate the age and/or grade level eligibility criteria for youth served by your JUMP program. Use those criteria that are defined in your JUMP proposal or have been negotiated with your JUMP OJJDP Program Manager.

▶ Are there defined age limits for the youth you serve? ☐ Yes ☐ No

If YES: The youngest youth served is _____ years.

The oldest youth served is _____ years.

▶ Are there defined grade limits for the youth you serve? ☐ Yes ☐ No

If YES: The lowest grade a youth may be in is _____.

The highest grade a youth may be in is _____.

42. The JUMP program serves: ☐ Males ☐ Females ☐ Both

43. The JUMP program specifically targets youth of the following race/ethnicity (check only PRIMARY targets):

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> None -- program does not target a specific race/ethnicity | |

44. The JUMP program specifically targets youth at risk of (check TWO primary target risk factors):

- | | |
|---|--|
| <input type="checkbox"/> Educational failure | <input type="checkbox"/> ATOD use |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Early parenting |
| <input type="checkbox"/> Involvement in delinquent activities | <input type="checkbox"/> Family crises |
| <input type="checkbox"/> Gang involvement | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Poverty/long-term dependency on welfare system | |
| <input type="checkbox"/> None – the program does not target specific risk factors | |

45. Other JUMP youth eligibility requirements include (check ALL that apply):

- ☐ Geographic location
- ☐ Written parental permission
- ☐ Youth interest in, and commitment to, a mentoring relationship
- ☐ Agency referral
- ☐ Court referral
- ☐ School referral
- ☐ Other (specify) _____
- ☐ None -- program does not have any other youth eligibility requirements

46. YOUTH are expected to make a commitment to participate in the JUMP program for a minimum of (check ONE):

- ☐ One school term (usually about 9 months)
- ☐ One year (12 months)
- ☐ More than one year
- ☐ Other
- ☐ N/A - Youth are not asked to make any minimum commitment to the program

VOLUNTEERS (MENTORS): This section describes the adults that you proposed as potential mentors in your grant application. Even though you may operate a comprehensive mentoring program, please describe here **ONLY** those mentors who are directly involved with, and supported by, your JUMP grant.

47. Your JUMP program mentors are: ☐ Male ☐ Female ☐ Both

48. Your JUMP program requires that JUMP mentors must be at least _____ years old.

49. Your program specifically targets recruitment of JUMP mentors who are (check only **PRIMARY** targets):

Race/Ethnicity

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other (specify) _____

☐ N/A - no targeted race/ethnicity

Employment Status

- ☐ Employed
- ☐ Unemployed
- ☐ Retired
- ☐ Student
- ☐ Other _____
(specify) _____

☐ N/A - no targeted status

50. Your JUMP program targets mentors whose employment category is (check only **PRIMARY** targets):

- ☐ Managerial/Professional
- ☐ Technical/Sales/Administrative
- ☐ Service
- ☐ Military

- ☐ Law enforcement/Justice
- ☐ Religious
- ☐ Other (specify) _____
- ☐ N/A - Mentors are students

☐ N/A - no targeted employment category

51. Your initial JUMP mentor eligibility is based on (check only **TWO** primary criteria):

- ☐ Interest
- ☐ Availability
- ☐ Appropriate skills/experience
- ☐ Recommendations

- ☐ Agreement to Background checks
- ☐ Other (specify) _____
- ☐ N/A - no eligibility requirement

52. **PRIOR to being matched with a youth, your JUMP mentors must** (check **ALL** that apply):

- ☐ Participate in an in-home individual screening interview
- ☐ Participate in an on-site individual screening interview
- ☐ Attend an orientation session(s)
- ☐ Complete a written application
- ☐ Obtain references
- ☐ Obtain a negative TB test report
- ☐ Obtain a medical clearance from a physician
- ☐ Agree to, and successfully complete, a criminal background check (see # 53)
- ☐ Have/obtain first aid and/or CPR certification
- ☐ Participate in training session(s)
- ☐ Sign a written mentor *contract*
- ☐ Other (specify) _____

- ☐ N/A - There are no pre-match requirements

53. **If your agency does NOT conduct criminal background investigations as part of your mentor screening process, please specify the reason(s)** (check **ALL** that apply):

- ☐ State law prohibits such background checks
- ☐ Local laws prohibit such background checks
- ☐ The local law enforcement agency will not conduct criminal background checks
- ☐ It takes so long to receive the results of such checks that the process is not useful
- ☐ The results received are of such narrow and limited information that the process is not useful
- ☐ It is expensive, and resources are not available
- ☐ All prospective JUMP mentors already have undergone criminal background checks as a part of their existing affiliation with **this** agency
- ☐ All prospective JUMP mentors already have undergone criminal background checks as a part of their existing affiliation with **another** agency (eg. police department)
- ☐ Other (specify) _____

54. **Your JUMP mentors are required to participate in training** (check **ALL** that apply):

- ☐ Prior to being matched with a youth
- ☐ During the first three months of a match
- ☐ Regularly throughout the duration of a mentor/mentee match
- ☐ Other (specify) _____

- ☐ Never -- all training is voluntary

55. **MENTORS are expected to make a commitment to participate in the JUMP program for a minimum of (check ONE):**

- ☐ One school term (usually about 9 months)
- ☐ One year (12 months)
- ☐ More than One year
- ☐ Other (specify) _____

- ☐ N/A - Mentors are not expected to make any minimum commitment

INFORMATION MANAGEMENT/TECHNOLOGY: Complete the following items describing the computer equipment currently available and used by the JUMP staff.

56. **The following computer equipment is available to the JUMP staff (if more than one computer is used, please describe the PRIMARY computer used by JUMP staff):**

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 386 | <input type="checkbox"/> Apple/Macintosh (specify model/version) |
| <input type="checkbox"/> 486 | _____ |
| <input type="checkbox"/> Pentium | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Pentium II | _____ |
| <input type="checkbox"/> Pentium III | |

57. **Does the PRIMARY JUMP computer have Windows installed on it?** ☐ Yes ☐ No

If yes, what version? ☐ WIN 3.1 ☐ WIN 95 ☐ WIN 98 ☐ WIN NT ☐ Other

58. **Does the PRIMARY JUMP computer have a modem installed on it?**

☐ Yes ☐ No

59. **Can you access the Internet and send or receive e-mail (including OJJDP ListServe announcements) on the PRIMARY JUMP computer:**

☐ Yes ☐ No

60. **If e-mail is not available on the PRIMARY JUMP computer, can you access the Internet and send or receive e-mail on another agency computer?**

☐ Yes ☐ No

Where is this computer located? _____

61. **Are you registered for, and do you currently receive, JUMP related announcements on JUMP ListServe?**

☐ Yes ☐ No

3. YOUTH INFORMATION

All JUMP grantees are required to maintain basic information about the **YOUTH** being served through their JUMP project, the mentors volunteering in the project, and the match activities. The forms associated with the quarterly report provide OJJDP with a brief profile of each youth, mentor, and match. By using this standardized and consistent reporting format, OJJDP is able to develop an integrated, national profile that can meaningfully incorporate data from all grantees. OJJDP appreciates that most JUMP projects maintain much more comprehensive information that is not represented on these forms. The information on the forms represents only that minimum information that OJJDP needs from each grantee at the close of each Federal fiscal quarter and in no way is meant to limit the information gathering procedures implemented by individual programs. **In this section specific instructions are provided for completing the YOUTH form.**

Getting Started

The Youth Profile has five sections:

- demographics,
- issues,
- academic information,
- involvement with law enforcement, and
- exit.

The first section - demographics - is to be completed at intake only. This information provides a profile of youth as they enter your mentoring project. The next three sections - issues, academic, and law enforcement - are to be completed at intake, annually, and/or at exit. This information will provide initial descriptive information about these three areas in the youth's lives, and will document changes that may occur during their participation in mentoring. The last section - exit - is to be completed when the youth leave the mentoring project. This information will provide descriptive information about youth following their mentoring experience.

Please note that a distinction is made between enrollment into the program and the point at which a match is initiated. This distinction will help us learn more about the length of time (if any) youth must wait for an appropriate match to take place. Likewise, there is a distinction between the end of a match and discharge from the JUMP program. This will help us to learn about the rate of, and reasons for, disruptions in matches.



Exhibit 3-1 summarizes the recommended schedule for entering information into the youth form. The youth demographics section represents youth at the time of entry into the JUMP program. This section is completed only once and should not be updated if youth circumstances change while the youth is in the mentoring project. However, you may **correct** demographic information if it is discovered that the original information was incorrect when originally recorded.

AT INTAKE ONLY	AT INTAKE, ANNUALLY, AND AT EXIT*	AT EXIT ONLY
Demographics: Agency ID Youth ID Intake Date Date of Birth Gender Age Prior Mentoring Race/Ethnicity Living Situation Referral Source POSIT Intake Scores	Youth Issues: Academic Information: Enrollment Grades Special Needs Attendance/Discipline Law Enforcement: Gang Affiliation Official Involvement Contacts	Exit Information: Discharge Date Discharge Reason Exit Feedback POSIT Exit Scores

* If a youth is enrolled in the JUMP mentoring project less than 12 months, update information needs to be entered at the time of exit only.

3-1: Schedule for Completing Youth Profile

Each program should establish ongoing quality assurance (QA) procedures to ensure that the information being collected on youth is correct and complete. Please review your youth forms and make any necessary corrections to the information prior to sending them to the evaluation team with your quarterly reports.

YOUTH DEMOGRAPHICS

Agency ID#: Use the ID number that has been assigned to your JUMP project by the evaluation team. This is the number that appears inside the front cover of this manual. This should also be the same number that was recorded on the master copy of your POSIT forms. This identifier begins with your state abbreviation, followed by a three digit number.

Example: NY009



Youth ID #: Each youth entering the mentoring component of your program should be assigned an ID number at the time of his/her enrollment into the JUMP project. Each agency will establish its own system for identifying youth and any combination of capital letters or numbers may be used as long as the identifier is not longer than 10 characters. Please do not use symbols other than letters or numbers as part of the ID. This ID number only, and not identifying names, will be sent to OJJDP.

Examples of appropriate ID numbers:

5673287651
10A
123ABC
12AB34DE

Examples of inappropriate ID numbers:

567-32.876 (contains symbols other than letters and numbers)
12398746591 (contains 11 digits)
123 456 (contains spaces)
987abc (contains lower case letters)

Each youth entering your mentoring project must be given a **UNIQUE ID NUMBER**. When the youth leaves the project, that youth's ID# should **not** be re-used.

1. Intake (Enrollment) Date: Enter the date of the youth's official enrollment into the JUMP mentoring project using the format MM/DD/YYYY. Note that the date of enrollment is not equivalent to the date a match is made with a mentor, although in some cases these two dates may happen to be the same. Enrollment occurs when a youth and family have completed the program screening process, have been determined to be appropriate for the mentoring program, and are available for a match with a mentor.
2. Date of Birth: Enter the date on which the youth was born using the format MM/DD/YYYY.
3. Gender: Mark the one box that indicates the appropriate gender for the youth.
4. Age: Enter the youth's age at the time of his/her enrollment in the mentoring project.
5. Prior Mentoring Experience: Check **one** box that best describes the youth's formal mentoring history.

Yes

The youth has been involved with a mentoring program and has had experience with an assigned mentor prior to enrollment into this



program. This experience could have taken place at any age and in any publicly recognized, structured mentoring program.

No The youth has never been involved with any mentoring program or mentor prior to enrollment in this program.

Do Not Know It is not known with certainty whether or not the youth has had prior mentoring experience.

6. Race/Ethnicity: Mark **all** the boxes that indicates the race by which the youth primarily identifies him/herself. These categories are derived from standard ethnicity categories currently in use by the Federal Government for the census and various other information projects and are used here to ensure consistency across research and evaluation efforts.

<u>Category</u>	<u>Definition</u>
<i>American Indian/ Alaska Native</i>	A person having origins in any of the original peoples of North and South America (including Central America), who maintain tribal affiliation or community attachment.
<i>Asian</i>	A person having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<i>Black/ African American</i>	A person having origins in any of the black racial groups of Africa.
<i>Hispanic/ Latino</i>	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
<i>Native Hawaiian/ Pacific Islander</i>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<i>White</i>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<i>Other</i>	A racial category that is not described by any of the above choices. Specify the category the mentor uses to describe him/herself.

7. Living Situation: Check the box or boxes that best describe the youth's living environment at the time of enrollment into the JUMP program. For example, if the youth lives with a biological



mother and step-father, you would check both the first (with mother) and third (with step-parent) boxes.

<u>Category</u>	<u>Definition</u>
<i>Mother</i>	Biological or adoptive female parent.
<i>Father</i>	Biological or adoptive male parent.
<i>Step-parent</i>	Individual legally married to the youth's biological or adoptive mother or father.
<i>Parent's Partner</i>	Individual with whom the youth's parent is sharing a significant and enduring relationship, but to whom the parent has no legally recognized relationship. This may include a common law spouse.
<i>Other Relative</i>	Other member of the youth's family who is caring for the youth, but has not been officially recognized as a legal guardian and does not have the same privileges and responsibilities as a legal guardian. This typically may be a grandparent or aunt who has assumed responsibility for the youth.
<i>Legal Guardian (Non-Relative)</i>	Individual, other than a mother or father, who has legally assumed or been given the responsibility for the youth's care. This may be a relative, family friend, or other individuals as long as their relationship with the youth is legally sanctioned.
<i>Foster Care</i>	The youth's care is being provided under the jurisdiction of a public foster care system and the youth is living with foster parents in a private home.
<i>Treatment Center</i>	The youth is living in a long term treatment center that provides treatment services for mental health and/or substance abuse problems. This may be either a public or private treatment center.
<i>Shelter</i>	The youth is living in a shelter or other group living facility. He/she may be in the care of a public social service or juvenile justice agency or may be sheltered independently.
<i>Detention Center</i>	The youth is under the jurisdiction of the juvenile justice/court system and is living in a secure correctional facility.



Other

The youth is living in a situation that is not described by one of the choices listed. This may include such things as boarding schools, military schools, or the home of family friends who agree to allow the youth to remain with them for an extended period of time. Specify.

8. **Referral Source:** Check **one** box that best describes the most immediate referral source for this youth's current enrollment in the JUMP mentoring project.

<u>Category</u>	<u>Definition</u>
<i>School</i>	A staff member from a local educational agency referred this youth to the mentoring project. This may be the school with which you collaborate for the mentoring project or another school in your community.
<i>Healthcare Professional</i>	A member of the medical/health profession (eg. doctor, dentist, nurse, physical therapist) referred the youth.
<i>Mental Health Professional</i>	A member of the mental health/substance abuse treatment community (eg. counselor, psychologist, psychiatrist).
<i>Juvenile Justice/Court</i>	A representative of the law enforcement community (police officer, probation officer, juvenile court judge, lawyer).
<i>Own Agency Program</i>	The youth was referred to the JUMP mentoring project from staff in another project operated by your own agency. (Eg. your agency family counseling unit may have referred the youth for mentoring support).
<i>Other Agency</i>	Staff from another agency in your community (eg. YMCA, Boys and Girls Clubs) referred this youth.
<i>Parent/Guardian</i>	The youth's parent or legal guardian knew of your mentoring project and made a direct request for services.
<i>Self</i>	The youth presented him/herself and requested mentoring services directly.
<i>Other</i>	The youth was referred to the JUMP mentoring project by a source not described by the choices above. Specify.



9. POSIT (Intake) Scores: The POSIT screening instrument provides scores for ten sub-scales. Enter the youth's sub-scale scores for the POSIT completed at intake in the appropriate box:

Substance Abuse	Educational Status
Physical Health	Vocational Status
Mental Health	Social Skills
Family Relationships	Leisure/Recreation
Peer Relationships	Aggressive Behavior/Delinquency

YOUTH ISSUES

Agency ID#: Use the ID number that has been assigned to your JUMP project by the evaluation team. This is the number that appears inside the front cover of this manual. This should also be the same number that was recorded on the master copy of your POSIT forms. This identifier begins with your state abbreviation, followed by a three digit number.

Example: NY009

Youth ID #: Each youth entering the mentoring component of your program should be assigned an ID number at the time of his/her enrollment into the JUMP project. Each agency will establish its own system for identifying youth and any combination of capital letters or numbers may be used as long as the identifier is not longer than 10 digits. Please do not use symbols other than letters or numbers as part of the ID. This ID number only, and not identifying names, will be sent to OJJDP.

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Each youth entering your mentoring project must be given a **UNIQUE ID NUMBER**. When the youth leaves the project, that youth's ID# should **not** be re-used.



Date: Enter the data on which these issues are being marked using the format MM/DD/YYYY.

Indicate whether this information represents the youth's situation at **intake**, at the time of the **annual data update**, or at the time of his/her **exit** from the JUMP mentoring program.

Check the box or boxes below that best describe the issues in each category that are present in the youth's life at the time the form is being completed. These issues may impact or increase a youth's risk for school failure/dropout, substance abuse, gang involvement, and delinquency. Note that the youth's academic and juvenile justice status both are addressed in separate sections following these more general issues.

10. Family Issues

<u>Category</u>	<u>Definition</u>
<i>Separation/Divorce/ Blended Family</i>	Youth is experiencing problems related to his/her parents' separation or divorce, or to a parent's remarriage and newly resulting blended family.
<i>Parental AOD Use/Abuse</i>	Parent or parent figure uses/abuses alcohol or other drugs to the extent that it causes a life problem.
<i>Domestic Violence</i>	Youth is experiencing problems related to violence that is occurring in the home and among household members. The violence may or may not be directed at the youth specifically.
<i>Parental Incarceration</i>	Youth's issues relate to the fact that one or both of his parents or parent figures currently are detained in a correctional facility for an extended period of time.
<i>Parental Absence</i>	One or both of the youth's parents or parent figures are absent from the home. This may result from marital discord and subsequent separation or divorce, abandonment, institutionalization (eg. in a mental or other long-term care facility), or death.
<i>Other</i>	Youth is experiencing family-related issues that are not described above. Specify.



11. Social/Peer Issues

<u>Category</u>	<u>Definition</u>
<i>Difficulty Making/ Keep Friends</i>	Youth does not have a supportive, positive peer network. This may result from his/her own lack of social skills, physical or emotional isolation, or other issues that make it difficult for the youth to make and keep effective social bonds.
<i>Negative Peer Influence</i>	The youth is substantially impacted by friends and associates who primarily are individuals who engage in negative behaviors (eg. delinquency, truancy, alcohol and drug sale and use) and do not support healthy lifestyle values (education, community service, positive use of leisure time).
<i>Loss of Friend</i>	The loss of a friend or friends is causing the youth difficulties. These difficulties may be related to the resulting sense of increased isolation, loss of positive support, or a reaction to sorrow and grief.
<i>Other</i>	Youth is experiencing other issues related to his/her friends and peers that is not describe above. Specify.

12. Medical/Mental Health

<u>Category</u>	<u>Definition</u>
<i>Medical Problems</i>	Acute or chronic physical health problem that is impacting the youth's life and day-to-day functioning. The issue may be the condition itself, or a related issue such as inability to access appropriate health care or treatment services. Include dental problems in this category. Do not include ATOD or pregnancy related issues here.
<i>Depression/ Suicidal</i>	Youth displays physical and/or emotional signs of depression and/or risk for suicide. Youth may or may not be clinically diagnosed as depressed.
<i>Physical Disability</i>	Youth has a physical condition that challenges his/her ability to function fully in all of life's areas and may require special support or assistive technologies to enhance independence.



*ATOD
Involvement*

Youth is abusing alcohol (any use of alcohol by a minor is considered abuse even if the youth does not become intoxicated) and/or licit drugs (eg. over the counter medications, inhalants) or abusing illicit drugs. Check this category also if the youth is involved in the purchase, sale or distribution of illegal drugs.

*Other Psychiatric
Disorder*

Youth has been diagnosed with a classified mental illness as specified in the DSM- IV.

*Pregnancy/Related
Issue*

This category should be marked if a female youth is pregnant, believes she is pregnant, or is experiencing problems related to a current or past pregnancy. It also should be marked if a male youth is responsible for the pregnancy of his partner.

Early Parenting

Youth is the parent of a child for whose care he/she may or may not be responsible. The young parental role may be creating a variety of conflicts, stresses, and other problems that are impacting the youth negatively.

Other

Youth is experiencing other medical or mental health issues that are not described by one of the choices listed above. Specify.

13. Vocational Issues

Category

Definition

*No Educational/
Career Goals*

Youth has no long term educational, work, or career plans and also may have no resources for exploring and developing such plans.

*Needs Employability
Training*

The youth may want to work, but has no knowledge or awareness of employability skills such as reliability, time management, personal hygiene, or effective communication, and needs targeted training in these skills.

*Needs Vocational
Training*

Youth needs specific training to develop the skills necessary for performing job functions. This may include technical or other training for such jobs as beautician, welder, plumber, or x-ray technician.

Unemployment

The youth is experiencing difficulties related to the fact that he/she does not have a job and has been unable to secure paid work.



Other

Youth is experiencing other vocational related issues that are not described above. Specify.

ACADEMIC INFORMATION

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Each youth entering your mentoring project must be given a **UNIQUE ID NUMBER**. When the youth leaves the project, that youth's ID# should **not** be re-used.

Date: Enter the data on which these issues are being marked using the format MM/DD/YYYY.

Indicate whether this information represents the youth's situation at **intake**, at the time of the **annual data update**, or at the time of his/her **exit** from the JUMP mentoring program.



14. School Enrollment Status: Check one box to indicate whether or not the youth currently is enrolled in school. If the youth enters the JUMP program during the summer school vacation, check the box that best indicates what the youth's school status will be during the next school term.

Yes The youth currently is officially enrolled in school. Include youth who are enrolled but may be temporarily suspended or on home study, or for some other reason, temporarily not attending classes.

No The youth currently is not enrolled in school.

Current Grade: If the youth is enrolled in school, enter the code/number representing the grade the youth currently is attending. If the youth enters JUMP during the summer school vacation, indicate the grade the youth will enter at the beginning of the next school term.

<i>Pre</i>	Pre-kindergarten
<i>K</i>	Kindergarten
<i>1 - 16</i>	Grades one through college graduation
<i>UG</i>	Ungraded class room
<i>Other</i>	Youth's current grade is not described by any of the above choices.

School Name: If the youth is enrolled in school, you may enter the name of the school. This field is **optional** and is included for the convenience of the JUMP project staff only. This information will not be received or used by OJJDP staff or members of the evaluation team.

15. Reason for Non-enrollment: If the youth is not currently officially enrolled in school, check the one box that best indicates the reason for his/her non-enrollment.

<u>Category</u>	<u>Definition</u>
<i>Dropped Out</i>	The youth has withdrawn from school, officially or unofficially without obtaining a high school diploma.
<i>Expelled</i>	The school system has permanently barred the youth from attending classes before he/she has obtained a high school diploma.
<i>Immigration Status</i>	The youth does not attend classes due to his/her status as an illegal immigrant, because immigration status is unclear, or because school regulations prohibit schooling for an unregistered immigrant.
<i>Graduated</i>	Youth is not enrolled because he/she already has graduated or received a GED.



Other

The youth does not attend school for reasons not specified by one of the above categories (please list specifically).

16. Highest Grade Completed: Enter the number representing the highest school grade that the youth completed. This is **not** the grade in which the youth currently is enrolled. Please use the following designations:

<i>Pre</i>	Pre-kindergarten
<i>K</i>	Kindergarten
<i>1 - 16</i>	Grades one through college graduation
<i>UG</i>	Ungraded class room
<i>Other</i>	Youth's highest grade is not described by any of the above choices.

ACADEMIC INFORMATION - GRADES

Information for this section about grades should be reported should be for a complete semester (trimester or established grading period). Report the final, permanent grades for the most recently completed school term (not midterm or interim grades). Grades should be obtained directly from a report card or from the school and **not** from a youth's self report.

17. Report Card Date: Enter the date on which this report card was issued using the format MM/DD/YYYY.

18. Grading Scale: Mark the box that indicates whether or not the report card documents grades achieved using a traditional "A, B, C, D, F" grading scale.

<i>Yes</i>	The youth receives grades based on a traditional A, B, C, D, F scale.
<i>No</i>	The youth receives grades on a scale other than the traditional "A, B, C, D, F" scale, such as:

"O"	-	Outstanding Performance
"S"	-	Satisfactory Performance
"NI"	-	Needs Improvement
"U"	-	Unsatisfactory Performance

If the youth receives non-traditional grades, skip to #19.

Grade Point Average: If the school uses a traditional grading scale, list the youth's total Grade Point Average (GPA), representing all classes for the last completed grading period (if given on report card).



Individual Class Grades: If the school uses a traditional letter grading scale, list the youth's individual grades in each of the following areas for the last completed grading period.

English
Science
History
Math

19. Non-Standard Grading Scales: If the report card does not record academic achievement using traditional letter grades, write or attach the grading scale that is used to evaluate this student's academic performance.

Example: Rosa Parks Elementary School uses the following scale for recording a student's academic performance:

"O"	Outstanding Performance
"S"	Satisfactory Performance
"NI"	Needs Improvement
"U"	Unsatisfactory Performance

Total Grade Performance: Using the alternative scale, enter the student's overall performance measure for the last completed grading period, as it appears on the school report or the student's report card. If there is **not** a measure of the student's total grade performance for the last completed grading period on this report card, leave this space blank.

Individual Class Grades: Using the alternative scale, list the student's individual grades for the last completed grading period in each of the following areas (if available):

English
Science
History
Math

ACADEMIC INFORMATION - SPECIAL NEEDS

20. Repeated Grade(s): Check the box that indicates that the youth has ever been required to repeat a grade? The youth has not achieved sufficient knowledge and skills to warrant moving to the next grade level immediately succeeding the current one. A youth may repeat a grade for a variety of reasons including extended illness, frequent moves or other circumstances that disrupt the learning process.



Category

Definition

Yes

The youth has been required to repeat a grade at some point in his academic career.

No

The student has never been required to repeat any grades during his academic career.

Grade(s) Repeated: If the youth has repeated one or more grades, list the grade(s) the youth has repeated.

21. **Skipped Grade(s):** Check the box that indicates whether or not the youth has ever skipped one or more grades? The youth has achieved sufficient knowledge and skills that it is determined to be in his/her best interest to go directly into a grade level above the one immediately succeeding the current one.

Category

Description

Yes

The youth has skipped one or more grades at some point in his/her academic career.

No

The youth has never skipped any grades at any time during his/her academic career.

Grade(s) Skipped: If the youth has skipped one or more grades, list the grade(s) the youth has skipped.

22. **Non-Traditional School/Program Enrollment:** Check the box that indicates whether or not the youth currently is enrolled in a non-traditional, K-12 school. Note that this category addresses special school programs other than those specifically focused on diagnosed learning disabilities (see Question #24)

Yes

The youth is enrolled in GED (General Equivalency Diploma) classes, vocational training or other non-traditional educational program.

No

The youth is not enrolled in GED classes, vocational training or other non-traditional educational program.

Level of Program Enrollment: If the youth is enrolled in a non-traditional school/program, check one box which best indicates his/her level of participation.



Category

Definition

*Part of Day/
Week*

The youth spends part of each day or some days each week attending non-traditional classes or receiving special support and the rest of his/her time is spent in traditional, main-stream classes.

*All Day/
Every Day*

The youth is enrolled in all non-traditional classes that are conducted within a traditional school setting.

*Non-Traditional
School*

The youth attends a school the classes of which are exclusively devoted to the education of children with special needs or to a non-traditional program.

Type of Non-Traditional School/Program: Check one box that best describes the type of school/program in which the youth currently is enrolled.

Category

Definition

*Alternative
School*

A school that focuses on a specific target population or specific need such as substance abuse, early pregnancy, or behavior that typically is not able to be well managed in a main-stream classroom.

*Charter/
Magnet School*

A school with a specifically defined administrative structure that operates within the public school system but under special provisions. Charter/magnet schools typically have a focused philosophical approach or curricula and may support special talents areas such as science, math, or the arts.

GED

Program designed to help youth who have dropped out, or otherwise been removed from main stream classes to prepare for, and pass a high school equivalency exam.

*Home
School*

Youth are being taught at home. Home schoolers (typically parents) must comply with defined curricula requirements and provide regular progress reports to the public school with which they coordinate services.

*Residential
School*

The school is part of a comprehensive residential service. The youth currently is living on the school campus and attends classes as part of the residential program. A residential school typically offers more structure and support than a traditional public day



school, and also may focus on providing intervention and treatment for a variety of special needs.

*Vocational
School/Program*

The school focuses on specific job-related skill development in addition to offering classes in core subjects. Skills development may include such things as day care management, auto mechanics, computer repairs, or restaurant operations. Vocational programs often require work-study experiences.

Other

The youth attends a non-traditional school that is not described above. Specify.

23. Reason for Non-Traditional Enrollment: Check the box or boxes which best describe the reasons this youth is attending a non-traditional school/program.

Category

Definition

*Advanced Plcmnt/
Gifted & Talented*

The youth attends special classes or programs or is enrolled in a special skills class because he/she functions higher than grade level, requires additional academic stimulation or has special talents in a particular academic or artistic area which results in placement outside a conventional classroom setting. Check this box if a student is enrolled in any Advanced Placement classes, either within or outside the primary school location.

*Behavior/
Discipline*

Youth exhibited behaviors that could not be sufficiently managed in a traditional classroom and had the potential to become disruptive or even destructive.

ESOL

Youth's primary language is a language other than English and he/she requires additional support during the transition while English skills and comprehension are being strengthened. Do not check this box for a student for whom English is a second language unless his language limitations have necessitated placement in a special class.

*Physical
Disability*

Youth is physically challenged (eg. blind, deaf, wheelchair dependent) and requires additional special support services or a modified environment not available in the main-stream public school.



*Pregnancy/
Early Parenting*

Youth would benefit from participating in a program that includes additional curricula units and services that support his/her role as an expectant or current parent.

*Psychiatric
Diagnosis*

The youth has a psychiatric diagnosis (such as autism, bipolar disorder, etc.) as defined in the DSM IV and requires special interventions to maximize his/her potential for learning.

*Substance
Abuse*

Youth currently is working to achieve and maintain sobriety and prevent relapse into future substance abuse, and has the need for a sober community to support his/her efforts in this area.

Other

The youth is participating in a non-traditional school for reasons not described above. Specify.

24. **Special Education Enrollment:** Check one box that indicates whether or not the youth currently is enrolled in a special education school/program. NOTE that special education is distinguished from alternative programs by the fact that their focus is on diagnosed learning disabilities (LD) rather than on behavioral/emotional, or other non LD-specific problems.

Yes

The youth currently is enrolled in a special education school, or a program that operates as a component of a traditional school.

No

The youth currently is not enrolled in a special education school or program.

Level of Special Education Enrollment: If the youth is enrolled in a special education school/program, check ONE box which best indicates his/her level of participation.

Category

Definition

*Part of Day/
Week*

The youth spends part of each day or some days each week attending special education classes or receiving special educational support and the rest of his/her time is spent in traditional, main-stream classes.

*All Day/
Every Day*

The youth is enrolled in all special education classes that are conducted within a traditional school setting.

*Special Education
School*

The youth attends a school the classes of which are exclusively devoted to the education of children with special needs.



25. Reason for Special Education Enrollment: Check the box or boxes that best describe the primary educational disability with which the youth has been diagnosed and for which he/she is receiving special education services.

<u>Category</u>	<u>Definition</u>
<i>Developmental Delays</i>	Youth has been diagnosed with one or more developmental delays such as speech or motor delays, for which he/she requires special support services and/or tutoring.
<i>Learning Disability</i>	Youth has a diagnosed learning disorder such as dyslexia or dysgraphia. A learning disorder is characterized by performance in specific areas of intellectual functioning that is substantially below what would be expected given the person's age, IQ, and education.
<i>Mental Retardation</i>	Youth has a disorder that is present from childhood and is evident in significantly below-average intellectual and adaptive function.
<i>Other Diagnosed Disorder</i>	Youth has been diagnosed with another special education need that is not described above. Specify.

ACADEMIC INFORMATION - ATTENDANCE/SCHOOL BASED DISCIPLINE

26. Total Days Enrolled: Enter the total number of days that the youth was enrolled in school for the last completed grading period.

27. Number of Excused Absences: Enter the number of days that a student was excused from attending school for all or part of a day due to illness, medical appointments or other accepted reason as recorded by the school.

28. Number of Unexcused Absences: List the total number of days that a student was absent from school for all or part of a day and did not provide an acceptable excuse as recorded by the school.

Total Absences: Enter the number that represents the total number of absences during the last completed grading period (add #29 and #30 for the total).

29. Disciplinary Referrals: Check the correct box to indicate whether or not the youth received any disciplinary referrals during the last completed grading period. A disciplinary referral is an instance in which a youth is sent temporarily, presumably for punishment, to another setting such as the principal's office or vice-principal's office as a result of inappropriate school behavior.



<u>Category</u>	<u>Definition</u>
<i>Yes</i>	The student received one or more disciplinary referrals within the last completed grading period.
<i>No</i>	The student received no disciplinary referrals during the last completed grading period.

Number of Disciplinary Referrals: If the youth did receive such referrals, enter the number of disciplinary referrals that were made in the last completed grading period.

30. **Detentions:** Check the box to indicate whether or not the youth was assigned and had to serve detention during the last completed grading period. Detention is a form of discipline generally assigned for inappropriate classroom behaviors. Detention usually is served after school in a designated area within the school building. The student may be assigned for one or more days of detention for a single offense.

<u>Category</u>	<u>Definition</u>
<i>Yes</i>	The student received detention during the last completed grading period .
<i>No</i>	The student did not receive detention during the last completed grading period.

Number of Detentions: If the youth did serve detention, enter the number of **times** the student received detention during the last completed grading period (not the number of days served).

Example: A student is given two days of detention for fighting on the playground. Record "1" as the number of times that student has received detention.

31. **Suspensions:** Check the box that indicates whether or not the youth was suspended during the last completed grading period. Suspension is a form of disciplinary action in which the student is barred from attending school or participating in school related activities for a specified period of time. The student may receive one or more days of suspension for one offense.



<u>Category</u>	<u>Definition</u>
<i>Yes</i>	The youth was suspended from school during the last completed grading period.
<i>No</i>	The youth was not suspended from school during the last completed grading period.

Number of Suspensions: Enter the number of times that the youth was suspended from school. Indicate how many suspensions were served **on school grounds, off school grounds**, and the **total** number of suspensions. Enter the number of suspensions, not the number of days of the suspensions.

Example: A student is suspended from school for four days for bringing a pager to class. Record "1" as the number of **times** that the student is suspended from school.

32. **Academic Transfers:** Check the box which indicates whether or not the youth was transferred to a different academic setting during the last completed grading period AS A RESULT OF DISCIPLINARY ACTION.

<u>Category</u>	<u>Definition</u>
<i>Yes</i>	The youth was transferred to a different academic setting due to a disciplinary action during the last completed grading period. This includes transfers to different classes within the same school or to different schools.
<i>No</i>	The youth was not transferred to a different academic setting due to a disciplinary action during the last completed grading period.

33. **Discipline Violations:** Check the box or boxes that indicate the behaviors in which the youth engaged which resulted in disciplinary actions.

<u>Category</u>	<u>Definition</u>
<i>Truancy/ Tardiness</i>	Youth is chronically absent from, or late to, school or specific classes.
<i>ATOD Possession</i>	Youth is found to be in possession of drugs, alcohol or tobacco on school grounds.



<i>Weapon Possession</i>	Youth is in possession of a weapon in violation of school policy.
<i>Inappropriate Object/Item</i>	Youth has objects/items in violation of specific school rules such as pagers, radios, over-the-counter medications, laser pointers or other prohibited items.
<i>Violation of School/Class Rules</i>	Youth participates in behaviors that are in violation of school rules school rules such as "class clown" activities, inappropriate cafeteria behavior (throwing food), walking out of class, or other behaviors or actions that disrupt the classroom setting for teachers and other students. Include theft of items belonging to school or other students in this category.
<i>Verbally Abusive to Teacher</i>	Youth uses inappropriate or offensive language with teacher or other school personnel during classes or other school related activities (school bus, field trip, etc).
<i>Verbally Abusive to Students</i>	Youth uses inappropriate or offensive language with other students in classes or during other school related activities (school bus, field trip, etc).
<i>Physical Altercation with Teacher</i>	Youth instigates or is involved in a physical fight with a teacher.
<i>Physical Altercation with Student</i>	Youth instigates or is involved in a physical fight with another student.
<i>Property Damage</i>	Student defaces or damages property belonging to the school or to another student.
<i>Other</i>	Youth commits an offense resulting in disciplinary action, which is not listed in the above categories. Specify.

YOUTH INVOLVEMENT WITH LAW ENFORCEMENT

Agency ID#: Use the ID number that has been assigned to your JUMP project by the evaluation team. This is the number that appears inside the front cover of this manual. This should also be the same number that was recorded on the master copy of your POSIT forms. This identifier begins with your state abbreviation, followed by a three digit number.



Example: NY009

Youth ID #: Each youth entering the mentoring component of your program should be assigned an ID number at the time of his/her enrollment into the JUMP project. Each agency will establish its own system for identifying youth and any combination of capital letters or numbers may be used as long as the identifier is not longer than 10 digits. Please do not use symbols other than letters or numbers as part of the ID. This ID number only, and not identifying names, will be sent to OJJDP.

Examples of appropriate ID numbers:

5673287651
10A
123ABC
12AB34DE

Examples of inappropriate ID numbers:

567-32.876 (contains symbols other than letters and numbers)
12398746591 (contains 11 digits)
123 456 (contains spaces)
987abc (contains lower case letters)

Each youth entering your mentoring project must be given a **UNIQUE ID NUMBER**. When the youth leaves the project, that youth's ID# should **not** be re-used.

Date: Enter the data on which these issues are being marked using the format MM/DD/YYYY.

Indicate whether this information represents the youth's situation at **intake**, at the time of the **annual data update**, or at the time of his/her **exit** from the JUMP mentoring program.

34. **Gang Involvement:** Check the box which best indicates whether or not the youth claims membership in, or affiliation with, a gang.

Category

Definition

Yes, Current

The youth reports he/she currently is an active member of, or has an affiliation with a gang.

Yes, Former

The youth reports he/she formerly was a member of a gang or had an affiliation with a gang that has since ended.



No

The youth reports he/she is **not** currently and has not been in the past a member of or affiliated with a gang.

I don't know

It is not known whether this youth is a current or former gang member or has a current or former affiliation with a gang.

35. **Involvement With Law Enforcement Officials:** Check the box which best indicates whether or not the youth has had involved contact (either as a victim or a perpetrator of a crime) with law enforcement officials **within the last twelve months?**

Category

Definition

Yes

The youth has had contact with law enforcement officials within the last twelve months as the result of being the perpetrator of a crime, or the victim of a crime. Includes CINA contacts and contacts with law enforcement officials due to immigration/naturalization issues.

No

The youth has not been involved with law enforcement officials within the last twelve months either as a perpetrator of a crime or as a victim of a crime. (If no, skip to question 38).

Number of Contacts: If the youth has had involvement with law enforcement officials within the last twelve months, enter the number of times these contacts have occurred during the past 12 months.

36. **Reason for Contacts:** Check the box which best indicates whether the youth's contacts with law enforcement officials resulted from being a victim, offender, or both.

Category

Definition

Victim of Crime

The youth has been the victim of a crime or has had law enforcement officials called on his/her behalf. Includes CINA contacts and contacts as the result of immigration/naturalization issues.

Perpetrator of Crime

The youth has been, or is accused of being, the perpetrator of a crime which has resulted in official contact with law enforcement officials.

Both

The youth has both perpetrated a crime (or crimes) and has been the victim of a crime (or crimes) within the last twelve months.



37. Contact Information: If the youth has been involved with law enforcement officials as a result of being the **perpetrator** of a crime (or crimes) within the last 12 months, please complete the following information related to **each** contact.

Date of Contact: Enter the date each contact occurred using the format MM/DD/YYYY.

Circumstances/Offense: Check the box or boxes which best describe the circumstances of offense which brought the youth into official contact with law enforcement personnel. Please check **all that apply** for each contact. If the youth was officially charged with a crime, mark the offenses for which the youth **originally** was charged, even if that charge later was changed.

<u>Category</u>	<u>Definition</u>
<i>Status Offense</i>	Any offense which is a crime for a youth because he/she is a minor, but would not be a crime for an adult. Example: running away.
<i>Curfew Violation</i>	Youth violated a city, county or community curfew.
<i>Driving Offenses</i>	Moving violations such as reckless driving or exceeding the posted speed limit, driving without a license, DWI or DUI. Do not include auto theft or accessory to auto theft in this category.
<i>Auto Theft</i>	All situations in which a youth has taken a motor vehicle without authorization (or was an accessory to auto theft or a passenger in a stolen vehicle).
<i>Disorderly Conduct</i>	Youth committed an offense such as loitering, drunk in public, or disturbance of the peace.
<i>Property Damage/ Vandalism</i>	Destruction of property that is not the youth's own, including tagging/graffiti.
<i>ATOD Offenses</i>	Underage possession of alcohol, possession of controlled substances with intent to use, distribute, or sell to another. Includes use of falsified identification to purchase alcohol or tobacco products.
<i>Burglary/Theft/B&E</i>	All violations including the removal, or attempted removal, of property from an individual, residence or place of business. Includes shoplifting, pick-pocketing, purse



snatching, residential or commercial robbery or receiving stolen property.

Weapons

Youth is in possession of an illegal weapon, or uses a weapon in the commission of a crime.

Assault

All physical attacks on others with the intent to cause bodily harm.

Sexual Offense

All sexual offenses including rape (attempted rape, statutory rape), stalking, exhibitionism, voyeurism, and public nudity. Do not include prostitution or solicitation of prostitution in this category.

Prostitution

The sale or attempted sale of sexual favors in return for monetary compensation. Include solicitation of prostitution in this category.

Non-Compliance with Court Order

Youth has violated conditions of parole, probation, or other court directives. It may include failure to complete pre-adjudication diversion requirements, failure to fulfill court ordered community service hours, premature termination of ATOD treatment program, or other commission of subsequent crimes.

Other

Any other offense in which the youth is the perpetrator of a crime, resulting in contact with law enforcement officials that is not included in one of the above categories. Specify.

Disposition: Check the box or boxes which best describe the outcome of each contact the youth had with law enforcement officials.

Category

Definition

No Charges Filed/NA

Any situation in which the youth is brought into contact with law enforcement personnel but no charges are formally filed. Check this category for status offenses, or if the child is returned to the custody of the parents but no charges are filed and the offense is not recorded in the youth's juvenile record.



Charges Dropped

Check this box if charges were filed but dropped at a later date. Do not check this box if the youth pleads guilty to lesser charges than the ones that were originally filed.

*Preadjudication
Diversion*

Instances in which an intake officer assigns an alternative consequence for a youth in lieu of court action. This assignment typically is based on the offense committed and/or the youth's prior history. It can include repairing vandalized property, writing a letter of apology to the victim, or community service. Satisfactory completion of the assigned activity usually is required in order for the youth to avoid formal charges being filed.

Fine/Restitution

Youth is ordered to pay a monetary settlement to the victim of the crime or to replace property which was damaged or stolen.

*Probation/Suspended
Sentence*

Youth is given a period of probation, or is sentenced but the sentence is not enacted.

*Home Detention/
Outpatient Rehab.*

All circumstances in which a youth's activities are restricted to the home or the home and a surrounding region (such as school, job or community service). This can include some form of surveillance (for example phone or electronic monitoring device). Also check this box if the youth is released to home but is ordered to complete an outpatient rehabilitation or treatment program, including drug or alcohol rehab, anger management, or other rehabilitative program.

*Detention Center/Locked
Facility*

Include all sentences which mandate that the youth's movements be confined to a locked facility for a specified period of time to be determined by the court. Includes court mandated hospitalizations, stays in a juvenile detention facility, youth ranch or other restricted facility. Do not include house arrest or home detention in this category.

Pending

The outcome has not yet been determined by the authorities in charge of the youth's case.



Other

Includes all other forms of court response to youth's actions that do not fall under one of the above categories. Please list other responses specifically.

YOUTH EXIT INFORMATION

Agency ID#: Use the ID number that has been assigned to your JUMP project by the evaluation team. This is the number that appears inside the front cover of this manual. This should also be the same number that was recorded on the master copy of your POSIT forms. This identifier begins with your state abbreviation, followed by a three digit number.

Example: NY009

Youth ID #: Each youth entering the mentoring component of your program should be assigned an ID number at the time of his/her enrollment into the JUMP project. Each agency will establish its own system for identifying youth and any combination of capital letters or numbers may be used as long as the identifier is not longer than 10 characters. Please do not use symbols other than letters or numbers as part of the ID. This ID number only, and not identifying names, will be sent to OJJDP.

Examples of appropriate ID numbers:

5673287651
10A
123ABC
12AB34DE

Examples of inappropriate ID numbers:

567-32.876 (contains symbols other than letters and numbers)
12398746591 (contains 11 digits)
123 456 (contains spaces)
987abc (contains lower case letters)

Each youth entering your mentoring project must be given a **UNIQUE ID NUMBER**. When the youth leaves the project, that youth's ID# should **not** be re-used.

38. **Discharge Date:** Enter the date the youth was discharged from the JUMP mentoring project using the format MM/DD/YYYY. Please note that this may not be the same date that a match ends. Any youth may end a match with one mentor and subsequently be matched with another mentor. The youth also may remain with the agency participating in other agency programs, such as family counseling, but no longer be participating specifically in the JUMP mentoring project.



39. Reason for Discharge: Check ONE box which best describes the PRIMARY reason the youth left the JUMP Mentoring Project. Even if several choices are relevant, mark only the one primary reason.

<u>Category</u>	<u>Definition</u>
<i>Time Limited Project</i>	The JUMP project is designed to maintain matches for a pre-defined period of time (eg. 9 months, 12 months) and that time limit has been reached.
<i>No Longer Interested</i>	The youth has expressed his/her lack of interest in continuing to participate in a match or any aspects of the project. Check this box if it is not clear that there is some other specific reason the youth is leaving the program.
<i>Relocation</i>	The youth changed schools and is no longer in a school designated to receive JUMP services. This change may have resulted from a variety of reasons including a move out of the geographic area.
<i>Graduated</i>	Youth graduated from school thereby rendering him/herself ineligible to continue participating in the JUMP project as is it defined.
<i>Dropped Out</i>	Youth dropped out of school thereby rendering him/herself ineligible to continue participating in the JUMP project as it is defined.
<i>Time/Schedule Conflict</i>	Youth has new or additional work, school, or personal responsibilities that create a schedule or time conflict with the requirements of the project.
<i>No Need for Mentor</i>	The youth no longer felt he/she had a need for a mentor. The JUMP staff may or may not concur with this decision.
<i>Parent Withdrew Youth</i>	The youth's parent withdrew the youth and no longer is willing to give permission for the youth to participate in the program at all.
<i>Match Ended</i>	The particular match in which the youth had been participating ended positively, and the youth did not wish to begin a new match with another mentor.
<i>Aged Out</i>	Youth has reached an age that is outside of the eligibility limits for participating in the mentoring project.



Other

The youth is being discharged for reasons other than those describe above. Specify.

42. Client Satisfaction/Feedback: Check one box to indicate whether or not the youth has received and completed an assessment form which is intended to give feedback to JUMP staff regarding the youth's satisfaction with the program in general and his/her perceptions of benefit derived through participation.

Yes

The youth was asked to, and did, complete an exit assessment form.

No

The youth either was not asked to, or was asked and refused to, complete an exit assessment form.

43. **POSIT (Exit) Scores**: The POSIT screening instrument provides scores for ten sub-scales. Enter, in the appropriate box, the youth's sub-scale scores for the POSIT that is completed at the time of his/her exit from the project:

Substance Abuse
Physical Health
Mental Health
Family Relationships
Peer Relationships

Educational Status
Vocational Status
Social Skills
Leisure/Recreation
Aggressive Behavior/Delinquency





YOUTH PROFILE

PART I: YOUTH DEMOGRAPHICS

Complete this form for each youth served by your project, **AT INTAKE**.

Agency I D:

Youth ID:

1. Intake Date:

2. Date of Birth:

3. Gender: ☐ Male
☐ Female

4. Age:

5. Prior Mentoring Experience?

☐ Yes
☐ No
☐ Don't Know

6. Race/Ethnicity (Choose **ALL** That Apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other (please specify): _____

7. Living Situation (Choose **ALL** That Apply):

- ☐ With Mother
- ☐ With Father
- ☐ With Step-Parent
- ☐ With Parent's Partner
- ☐ With Other Relative
- ☐ Guardian (Non Relative)
- ☐ Foster Care
- ☐ Treatment Center
- ☐ Shelter
- ☐ Detention Center
- ☐ Other (please specify): _____

8. Referral Source (Choose **ONE** Only):

- ☐ School
- ☐ Healthcare Professional
- ☐ Mental Health Professional
- ☐ Juvenile Justice/Court
- ☐ Own Agency Program
- ☐ Other Agency
- ☐ Parent/Guardian
- ☐ Self
- ☐ Other (please specify): _____

9. POSIT (Intake) Scores:

Substance Abuse

Physical Health

Mental Health

Family Relationships

Peer Relationships

Educational Status

Vocational Status

Social Skills

Leisure/Recreation

Aggressive Behavior/Delinquency



PART II: YOUTH ISSUES

Complete this section for each youth served by the project, AT INTAKE, ANNUALLY, AND AT EXIT.

Agency I.D.

Youth I.D.

Date:

☐ Intake

☐ Annual

☐ Exit

10. Family Issues (Choose ALL That Apply):

- | | |
|--|--|
| <input type="checkbox"/> Separation/Divorce/Blended Family | <input type="checkbox"/> Parental Incarceration |
| <input type="checkbox"/> Parental AOD Use or Abuse | <input type="checkbox"/> Parental Absence |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Other (please specify): _____ |

11. Social/Peer Issues (Choose ALL That Apply):

- | |
|--|
| <input type="checkbox"/> Difficulty Making/Keeping Friends |
| <input type="checkbox"/> Negative Peer Influence |
| <input type="checkbox"/> Loss of a Friend |
| <input type="checkbox"/> Other (please specify): _____ |

12. Medical/Mental Health Issues (Choose ALL That Apply):

- | | |
|--|--|
| <input type="checkbox"/> Medical Problems | <input type="checkbox"/> Other Psychiatric Disorder |
| <input type="checkbox"/> Depression/Suicidal | <input type="checkbox"/> Pregnancy/Related Issues |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Early Parenting |
| <input type="checkbox"/> ATOD Involvement | <input type="checkbox"/> Other (please specify): _____ |

13. Vocational Issues (Choose ALL That Apply):

- | |
|---|
| <input type="checkbox"/> Lack of educational/career goals |
| <input type="checkbox"/> Need for employability training |
| <input type="checkbox"/> Need for vocational training |
| <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Other: _____ |



PART III: YOUTH ACADEMIC INFORMATION

Complete this section for each youth served by your project, **AT INTAKE, ANNUALLY, AND UPON DISCHARGE** from the project.

Agency ID:

Youth ID:

Date:

☐ Intake

☐ Annual

☐ Exit

14. Is the youth currently enrolled in school?

- ☐ Yes
☐ No

If yes, current grade:

If yes, current school (optional):

15. If Youth is not enrolled in school, why not?
(Choose **ONE** Only)

- ☐ Dropped Out
☐ Expelled
☐ Immigration Status
☐ Graduated
☐ Other (please specify):

16. What is the highest educational grade the youth has completed?

ACADEMIC INFORMATION: GRADES

17. Report Card Date:

18. Does the Youth receive grades utilizing a traditional "A, B, C, D, F" grading scale?

- ☐ Yes
☐ No

If "no," skip to item #19

Using the traditional scale, list the youth's total Grade Point Average (GPA) for the last completed grading period, as it appears on the report card. If no GPA is provided on the report card, leave blank.

Using the traditional scale, list the youth's individual grades in each of the following areas for the last completed grading period.

English

History

Science

Math

19. If youth does not receive traditional letter grades, describe the grading scale used in the space below or attach it to this form.



Using alternative scale, list the youth's total grade performance for the last completed grading period as it appears on the report card. If no measure of total grade performance is provided on the report card, leave blank.

Using the alternative scale, list the youth's individual grades in each of the following categories for the last completed grading period.

English

History

Science

Math

ACADEMIC INFORMATION: SPECIAL NEEDS

20. Has the youth EVER been required to repeat a grade or grades?

- ☐ Yes
☐ No

If "yes," which grade(s)?

21. Has the youth EVER skipped a grade or grades?

- ☐ Yes
☐ No

If "yes," which grade(s)?

22. Is the youth enrolled in a non-traditional school/program?

- ☐ Yes ☐ No

If yes, which of the following best describes the youth's level of enrollment in the non-traditional school/program?

- ☐ Youth Attends Non-Traditional Classes for Part of the Day/Week
☐ Youth Attends Non-Traditional Classes All Day, Every Day
☐ Youth Attends a Non-Traditional School

If yes, which of the following best describes the Non-Traditional school/program in which the youth is enrolled? (Choose ONE Only)

- ☐ Alternative School ☐ Home School
☐ Charter/Magnet School ☐ Residential School
☐ GED ☐ Vocational School/Program
☐ Other: _____

23. Which of the following best describe(s) the primary reason(s) for the youth's enrollment in a non-traditional school/program? (Choose ALL That Apply)

- ☐ Advanced Placement/Gifted & Talented ☐ Pregnancy/Early Parenting
☐ Behavior/Discipline Difficulties ☐ Psych. Diagnosis (autism, bipolar, etc)
☐ English as a Second Language ☐ Substance Abuse
☐ Physical Disability ☐ Other (please specify): _____



24. Is the youth enrolled in a Special Education School or Program?

☐ Yes ☐ No

If yes, which of the following best describes the youth's level of enrollment in the special education school/program?

- ☐ Youth Attends Special Education Classes for Part of the Day/Week
- ☐ Youth Attends Special Education Classes All Day, Every Day
- ☐ Youth Attends a Special Education School

25. Which of the following best describe(s) the primary diagnosed disability(ies) for which the youth receives special education services? (Choose ALL That Apply)

- ☐ Developmental Delay
- ☐ Learning Disability
- ☐ Mental Retardation
- ☐ Other Diagnosed Disability

ACADEMIC INFORMATION: ATTENDANCE/SCHOOL BASED DISCIPLINE

26. What was the total number of days that the youth was enrolled in school for the last completed grading period?

27. How many EXCUSED absences did the youth have during the last completed grading period?

28. How many UNEXCUSED absences did the youth have during the last completed grading period?

Total Absences

29. Did the youth receive any disciplinary referrals during the last completed grading period?

- ☐ Yes
- ☐ No

If "yes," how many disciplinary referrals did the youth receive?

30. Did the youth receive detention during the last completed grading period?

- ☐ Yes
- ☐ No

If "yes," how many times did the youth receive detention?



31. Was the youth suspended from school during the last completed grading period?

- ☐ Yes
☐ No

Number of In-School Suspensions

Number of Off School Grounds Suspensions

Total Suspensions

32. Was the youth transferred to a different academic setting during the last completed grading period DUE TO A DISCIPLINARY ACTION?

- ☐ Yes
☐ No

33. Disciplinary Actions during the last completed grading period resulted from... (Choose ALL That Apply)

- | | |
|--|---|
| <input type="checkbox"/> Truancy/Tardiness/Skipping Class | <input type="checkbox"/> Verbal Abuse to Teacher |
| <input type="checkbox"/> ATOD Possession | <input type="checkbox"/> Verbal Abuse to Other Student(s) |
| <input type="checkbox"/> Weapon Possession | <input type="checkbox"/> Physical Altercation with Teacher |
| <input type="checkbox"/> Possession of Inappropriate Object/Item | <input type="checkbox"/> Physical Altercation with Other Student(s) |
| <input type="checkbox"/> Violation of School/Classroom Rules | <input type="checkbox"/> Property Damage |
| | <input type="checkbox"/> Other: _____ |



PART IV: YOUTH INVOLVEMENT WITH LAW ENFORCEMENT

Complete this section for each youth served by your project **AT INTAKE, ANNUALLY AND UPON EXIT** from the project.

Agency ID:

Youth ID:

Date: / /

☐ Intake

☐ Annual

☐ Exit

34. Does the youth claim membership in, or affiliation with, a gang?

- | | |
|---|--|
| <input type="checkbox"/> Yes, Youth is currently a member of a gang | <input type="checkbox"/> No, youth is not affiliated with a gang |
| <input type="checkbox"/> Yes, Youth is formerly a member of a gang | <input type="checkbox"/> I don't know |

35. Has the youth been involved (either as a victim or a perpetrator of a crime) with law enforcement officials in the last 12 months?

If yes, how many times?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

(If "no," stop here. If "yes," complete items 36 and 37)

36. The youth's contacts result from:

- | |
|---|
| <input type="checkbox"/> youth being the victim of a crime
<input type="checkbox"/> youth being the perpetrator of a crime
<input type="checkbox"/> youth being both perpetrator <u>and</u> a victim of a crime |
|---|

37. If the youth was a victim of a crime, stop here. If youth's contacts resulted from him/her committing a crime, describe the nature of the contacts below.

Contact 1

Date: / /

Circumstance/Offense (Choose ALL That Apply)		Disposition (Choose ALL That Apply)
<input type="checkbox"/> Status Offense <input type="checkbox"/> Curfew Violation <input type="checkbox"/> Driving Offenses (Reckless Driving, DUI, etc.) <input type="checkbox"/> Auto Theft <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> ATOD Offense	<input type="checkbox"/> Burglary/Theft/ B&E <input type="checkbox"/> Weapons Offense <input type="checkbox"/> Assault <input type="checkbox"/> Sexual Offense <input type="checkbox"/> Prostitution <input type="checkbox"/> Non-Compliance w/Court Order <input type="checkbox"/> Other _____	<input type="checkbox"/> No Charges Filed/NA <input type="checkbox"/> Charges Dropped <input type="checkbox"/> Preadjudication/Diversion <input type="checkbox"/> Fine/Restitution <input type="checkbox"/> Probation/Suspended Sentence <input type="checkbox"/> Home Detention and/or Outpt. Rehab <input type="checkbox"/> Detention Center/Inpt Rehab/Locked Facility <input type="checkbox"/> Pending _____ <input type="checkbox"/> Other: _____



Contact 2

Date:

/ /

Circumstance/Offense (Choose ALL That Apply)	Disposition (Choose ALL That Apply)
<input type="checkbox"/> Status Offense <input type="checkbox"/> Curfew Violation <input type="checkbox"/> Driving Offenses (Reckless Driving, DUI, etc.) <input type="checkbox"/> Auto Theft <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> ATOD Offense	<input type="checkbox"/> No Charges Filed/NA <input type="checkbox"/> Charges Dropped <input type="checkbox"/> Preadjudication/Diversion <input type="checkbox"/> Fine/Restitution <input type="checkbox"/> Probation/Suspended Sentence <input type="checkbox"/> Home Detention and/or Outpt. Rehab <input type="checkbox"/> Detention Center/Inpt Rehab/Locked Facility <input type="checkbox"/> Pending _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> Burglary/Theft/ B&E <input type="checkbox"/> Weapons Offense <input type="checkbox"/> Assault <input type="checkbox"/> Sexual Offense <input type="checkbox"/> Prostitution <input type="checkbox"/> Non-Compliance w/Court Order <input type="checkbox"/> Other _____	

Contact 3

Date:

/ /

Circumstance/Offense (Choose ALL That Apply)	Disposition (Choose ALL That Apply)
<input type="checkbox"/> Status Offense <input type="checkbox"/> Curfew Violation <input type="checkbox"/> Driving Offenses (Reckless Driving, DUI, etc.) <input type="checkbox"/> Auto Theft <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> ATOD Offense	<input type="checkbox"/> No Charges Filed/NA <input type="checkbox"/> Charges Dropped <input type="checkbox"/> Preadjudication/Diversion <input type="checkbox"/> Fine/Restitution <input type="checkbox"/> Probation/Suspended Sentence <input type="checkbox"/> Home Detention and/or Outpt. Rehab <input type="checkbox"/> Detention Center/Inpt Rehab/Locked Facility <input type="checkbox"/> Pending _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> Burglary/Theft/ B&E <input type="checkbox"/> Weapons Offense <input type="checkbox"/> Assault <input type="checkbox"/> Sexual Offense <input type="checkbox"/> Prostitution <input type="checkbox"/> Non-Compliance w/Court Order <input type="checkbox"/> Other _____	

Contact 4

Date:

/ /

Circumstance/Offense (Choose ALL That Apply)	Disposition (Choose ALL That Apply)
<input type="checkbox"/> Status Offense <input type="checkbox"/> Curfew Violation <input type="checkbox"/> Driving Offenses (Reckless Driving, DUI, etc.) <input type="checkbox"/> Auto Theft <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> ATOD Offense	<input type="checkbox"/> No Charges Filed/NA <input type="checkbox"/> Charges Dropped <input type="checkbox"/> Preadjudication/Diversion <input type="checkbox"/> Fine/Restitution <input type="checkbox"/> Probation/Suspended Sentence <input type="checkbox"/> Home Detention and/or Outpt. Rehab <input type="checkbox"/> Detention Center/Inpt Rehab/Locked Facility <input type="checkbox"/> Pending _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> Burglary/Theft/ B&E <input type="checkbox"/> Weapons Offense <input type="checkbox"/> Assault <input type="checkbox"/> Sexual Offense <input type="checkbox"/> Prostitution <input type="checkbox"/> Non-Compliance w/Court Order <input type="checkbox"/> Other _____	

Please attach additional pages as needed.



PART V: YOUTH EXIT INFORMATION

Complete this section for each youth served by your project **AT THE TIME OF DISCHARGE** from the project. Please note that this is not necessarily the same time that a match with a particular mentor ends.

Agency ID:

Youth ID:

38. Discharge Date:

39. Which of the following best describes the primary reason for the youth's discharge from the project?
(Choose **ONE** Only)

- ☐ Time Limited Project Ended
- ☐ Youth No Longer Interested in Project
- ☐ Youth Changed Schools and/or Moved Out of Project Area
- ☐ Youth Graduated from School
- ☐ Youth Dropped Out of School
- ☐ Youth Had Time/Schedule Conflict
- ☐ Youth No Longer Had Need for Project
- ☐ Parent Withdrew Youth from Project
- ☐ Mentor Match Ended/Youth Did Not Want Another Mentor
- ☐ Youth Aged Out of Project
- ☐ Other (please specify): _____

40. Youth Exit Information Form completed?

- ☐ Yes
- ☐ No

41. POSIT Exit Scores:

Substance Abuse

Educational Status

Physical Health

Vocational Status

Mental Health

Social Skills

Family Relationships

Leisure/Recreation

Peer Relationships

Aggressive Behavior/Delinquency



4. YOUTH SCREENING INFORMATION (POSIT)

All JUMP grantees are required to maintain basic information about the **YOUTH** being served through their JUMP project, the mentors volunteering in the project, and the match activities. The forms associated with the quarterly report provide OJJDP with a brief profile of each youth, mentor and match. By using this standardized and consistent reporting format, OJJDP is able to develop an integrated, national profile that can meaningfully incorporate data from all grantees. OJJDP appreciates that most JUMP projects maintain much more comprehensive information that is not represented on these forms. The information on the forms represents only that minimum information that OJJDP needs from each grantee at the close of each Federal fiscal quarter and in no way is meant to limit the information gathering procedures implemented by individual programs. In this section, specific instructions are provided for administering the **Problem Oriented Screening Instrument for Teens (POSIT)** and the **POSIT Follow Up**.

Getting Started

The *POSIT* and the *POSIT Follow Up* are integral to the JUMP National Evaluation data collection effort. These instruments are screening tools that will help to identify areas in which the youth you serve may be facing particular difficulty. The *POSIT* examines ten different areas of functioning which are potentially problematic for teens:

- Substance use/abuse
- Physical health
- Mental health
- Family relationships
- Peer relationships
- Educational status
- Vocational status
- Social skills
- Leisure/recreation
- Aggressive behavior/delinquency

By identifying an individual youth's areas of difficulty, you will be able to design a service plan more specific to his/her needs. In addition, by assessing these areas of difficulty both before and after the mentoring experience (with a minimum of three months intervening time), you may gain clues about how well your JUMP project is meeting its mentoring goals.

Each new youth between the ages of 12 and 18 years who enrolls in your program should complete the *POSIT*. The *POSIT* is not appropriate for use with children younger than 12 years old. We recommend having the youth complete the *POSIT* at the same time other intake documents are being completed. Please be sure that each youth completes his/her own



assessment without input from others. The exception, of course, is for those youth who will need help reading the POSIT items. In these instances, it is advisable to have a staff person, mentor, or other adult (rather than a peer) assist the youth as needed.

You may choose to have several newly enrolled youth complete the screening instrument at one time in a group setting. However, if you choose this group approach, it is important to ensure that each youth in the group provides independent responses and is not unduly influenced by other around him/her.

There are sensitive questions on the *POSIT* and it is important that you establish an atmosphere in which youth are assured that their responses will be held in confidence. Your project's general rules and procedures regarding confidentiality should apply to the responses on this screening instrument. Remember, the evaluation team receives only youth ID numbers and not identifying information.

The *POSIT* is designed to be administered to youth at intake only. The *POSIT Follow Up* should be given to the youth when he/she leaves your mentoring project. A minimum of three months must elapse between administration of the *POSIT* and the *POSIT Follow Up* to provide meaningful information.

When to Administer the POSIT

The *POSIT* is designed to provide information about youth both at the time of their entry into your mentoring program, before they have received JUMP services, and at the time of their exit from the program, after their mentoring experience (a minimum of three months should elapse between the administration of the *POSIT* and administration of the *POSIT Follow Up*). To ensure accurate pre-and post- measures, each youth should complete the *POSIT* at the time of his/her enrollment. The *POSIT* should be administered at the time of the youth's initial enrollment into JUMP, even if that youth is placed on a waiting list for a mentor. The *POSIT Follow Up* should not be administered at the end of a youth-mentor relationship unless the youth also is exiting the program and you do not anticipate providing any further JUMP mentoring services. The *POSIT Follow Up* should be administered when a youth exits the JUMP mentoring program even if he/she continues to receive other agency services.



Circumstance	Complete	
	POSIT	POSIT Follow Up
A youth enters your agency recreation program.	X	
A youth enrolls in your agency JUMP mentoring program and is either matched with a mentor immediately or is placed on a waiting list for a mentor.	X	
A youth is matched with a mentor after being on the waiting list.		
A youth ends a match and is re-assigned to a new mentor.		
A youth leaves the JUMP mentoring program and enrolls in your agency recreation program.		X
A youth leaves the JUMP mentoring program and receives no further agency services.		X

Exhibit 4.1 - Schedule for Administration of the *POSIT* and *POSIT Follow Up*

How to Score the POSIT

The JUMP national evaluation team will score the *POSIT* screening instruments for you throughout the term of your grant funding and will provide you with a copy of each youth's scores on the ten sub-scales. For this to happen, you will have to mail the completed forms to the evaluation team for processing. In order for the evaluation team to score the *POSITs*, we must receive the original answer sheet. **Do not send copies.**

In order to match accurately the *POSIT* responses with the youth that provided them, it is critical that you provide the JUMP youth identification number on each completed *POSIT*. This must be the **SAME** youth ID that you have been using for all of your other JUMP data, including that on the *Youth Information Sheet* and the *Match Information Sheet*.

REMEMBER: A SINGLE YOUTH ALWAYS SHOULD BE IDENTIFIED USING THE SAME IDENTIFICATION NUMBER. YOUTH ID NUMBERS SHOULD NEVER BE RE-USED AFTER A YOUTH IS DISCHARGED FROM YOUR JUMP PROJECT.

Other Notes:

The *POSIT* is a screening instrument. It is not a diagnostic tool and should not be used as such. *POSIT* scores indicate areas in which a youth may be facing some difficulties in his/her life and for which a more thorough assessment may be indicated. In addition, the *POSIT* scores also may provide some guidelines to help you develop a service plan and objectives for the mentoring



experience. We anticipate that the *POSIT* and the *POSIT Follow Up* scores from youth within your own agency will provide a tool to support your own internal project self-evaluation. The National JUMP Evaluation primarily will use the *POSIT* scores to examine patterns and clusters of *POSIT* scores in relation to other JUMP measures.

The *POSIT* was designed for use by youth between the ages of 12 and 18 years. We recommend that you do not use this instrument with younger children who may be served by your JUMP project. At this time, the national evaluation will rely on other demographic, academic and justice information to learn about the effects mentoring may have on the healthy development of younger children.

We will be able to work most efficiently with you if you establish a consistent schedule for mailing the completed *POSIT* forms for scoring. For example, if you enroll new youth on an ongoing basis, you may find it will work best if you mail the *POSIT* to us every two weeks, or perhaps once at the end of each month. On the other hand, if you enroll new youth only during the months of September and October, you may want to wait until the end of your enrollment period and mail all of the forms to us at once. We will score the *POSIT* and return a report to you with all of the sub-scores for each youth in your program. We will score and report results only for those forms identified with an appropriate JUMP youth ID number. We will NOT be able to return the answer sheets themselves, so if you want to keep the completed *POSIT* in your client files, be sure to keep copies. Send only originals to the evaluation team. Forms should be sent to:

JUMP National Evaluation Team
C/O Information Technology International
10000 Falls Road, Suite 214
Potomac, MD 20854

The electronic scoring process that we will be using to process the large numbers of forms that we anticipate receiving from grantees requires clean, unmarked copies. For this reason, it is very important that you make your own copies of the instruments using only the original documents that are in this package. **Do not make copies of copies or copies of fax transmissions of the *POSIT* or the *POSIT Follow Up*!** All copies must be single-sided. **Do not make double-sided copies.** In addition, it is essential that the *POSIT* and *POSIT Follow Up* are completed using a black pen. The electronic scoring system only will read appropriate responses – please see the attached sample to determine correct and incorrect methods of completing the scoring sheets. Please paper clip, do not staple, the pages of the *POSIT* together. Stapling through any of the barcodes on the test pages will interfere with the electronic scoring process.





POSIT YOUTH QUESTIONNAIRE (For ages 12-18)

AGENCY CODE

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YOUTH ID

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Fill in the bubble completely with black pen. Please DO NOT use pencils.

1. Do you have so much energy you don't know what to do with it? ☐ Yes ☐ No
2. Do you brag? ☐ Yes ☐ No
3. Do you get into trouble because you use drugs or alcohol at school? ☐ Yes ☐ No
4. Do your friends get bored at parties when there is no alcohol served? ... ☐ Yes ☐ No
5. Is it hard for you to ask for help from others? ☐ Yes ☐ No
6. Has there been adult supervision at the parties you have gone to recently? ☐ Yes ☐ No
7. Do your parents or guardians argue a lot? ☐ Yes ☐ No
8. Do you usually think about how your actions will affect others? ☐ Yes ☐ No
9. Have you recently either lost or gained more than 10 pounds? ☐ Yes ☐ No
10. Do you usually have 5 or more servings of fruits or vegetables per day? ☐ Yes ☐ No
11. Do you often feel tired? ☐ Yes ☐ No
12. Have you had trouble with stomach pain or nausea? ☐ Yes ☐ No
13. Do you get easily frightened? ☐ Yes ☐ No
14. Have any of your best friends dated regularly during the past year? ☐ Yes ☐ No
15. Have you dated regularly in the past year? ☐ Yes ☐ No
16. Do you have a skill, craft, trade or work experience? ☐ Yes ☐ No
17. Are most of your friends older than you are? ☐ Yes ☐ No
18. Do you have less energy than you think you should? ☐ Yes ☐ No
19. Do you get frustrated easily? ☐ Yes ☐ No



POSIT YOUTH QUESTIONNAIRE (For ages 12-18)

AGENCY CODE

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YOUTH ID

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20. Do you threaten to hurt people? ☐ Yes ☐ No
21. Do you feel alone most of the time? ☐ Yes ☐ No
22. Do you sleep either too much or too little? ☐ Yes ☐ No
23. Do you swear or use dirty language? ☐ Yes ☐ No
24. Are you a good listener? ☐ Yes ☐ No
25. Do your parents or guardians approve of your friends? ☐ Yes ☐ No
26. Have you lied to anyone in the past week? ☐ Yes ☐ No
27. Do your parents or guardians refuse to talk with you when they are
mad at you? ☐ Yes ☐ No
28. Do you rush into things without thinking about what could happen? ☐ Yes ☐ No
29. Did you have a paying job last summer? ☐ Yes ☐ No
30. Is your free time spent just hanging out with friends? ☐ Yes ☐ No
31. Have you accidentally hurt yourself or someone else while high on
alcohol or drugs? ☐ Yes ☐ No
32. Have you had any accidents or injuries that still bother you? ☐ Yes ☐ No
33. Are you a good speller? ☐ Yes ☐ No
34. Do you have friends who damage or destroy things on purpose? ☐ Yes ☐ No
35. Have the whites of your eyes ever turned yellow? ☐ Yes ☐ No
36. Do your parents or guardians usually know where you are and what
you are doing? ☐ Yes ☐ No
37. Do you miss out on activities because you spend too much money on
drugs or alcohol? ☐ Yes ☐ No
38. Do people pick on you because of the way you look? ☐ Yes ☐ No



26284

POSIT YOUTH QUESTIONNAIRE (For ages 12-18)**AGENCY CODE**

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YOUTH ID

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39. Do you know how to get a job if you want one? ☐ Yes ☐ No
40. Do your parents or guardians and you do lots of things together? ☐ Yes ☐ No
41. Do you get A's and B's in some classes and fail others? ☐ Yes ☐ No
42. Do you feel nervous most of the time? ☐ Yes ☐ No
43. Have you stolen things? ☐ Yes ☐ No
44. Have you ever been told you are hyperactive? ☐ Yes ☐ No
45. Do you ever feel you are addicted to alcohol or drugs? ☐ Yes ☐ No
46. Are you a good reader? ☐ Yes ☐ No
47. Do you have a hobby you are really interested in? ☐ Yes ☐ No
48. Do you plan to get a diploma (or already have one)? ☐ Yes ☐ No
49. Have you frequently been absent or late for work? ☐ Yes ☐ No
50. Do you feel people are against you? ☐ Yes ☐ No
51. Do you participate in team sports which have regular practices? ☐ Yes ☐ No
52. Have you ever read a book cover to cover for your own enjoyment? .. ☐ Yes ☐ No
53. Do you have chores that you regularly must do at home? ☐ Yes ☐ No
54. Do your friends bring drugs to parties? ☐ Yes ☐ No
55. Do you get into fights a lot? ☐ Yes ☐ No
56. Do you have a hot temper? ☐ Yes ☐ No
57. Do your parents or guardians pay attention when you talk to them? ... ☐ Yes ☐ No
58. Have you started using more and more drugs or alcohol to
get the effect you want? ☐ Yes ☐ No
59. Do your parents or guardians have rules about what you
can and cannot do? ☐ Yes ☐ No



26284

POSIT YOUTH QUESTIONNAIRE (For ages 12-18)

● AGENCY CODE

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YOUTH ID

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60. Do people tell you that you are careless? ☐ Yes ☐ No
61. Are you stubborn? ☐ Yes ☐ No
62. Do any of your best friends go out on school nights without permission from their parents or guardians? ☐ Yes ☐ No
63. Have you ever had or do you now have a job? ☐ Yes ☐ No
64. Do you have trouble getting your mind off things? ☐ Yes ☐ No
65. Have you ever threatened anyone with a weapon? ☐ Yes ☐ No
66. Do you have a way to get to a job? ☐ Yes ☐ No
67. Do you ever leave a party because there is no alcohol or drugs? ☐ Yes ☐ No
68. Do your parents or guardians know what you really think or feel? ☐ Yes ☐ No
69. Do you often act on the spur of the moment? ☐ Yes ☐ No
70. Do you usually exercise for a half hour or more at least once a week? ☐ Yes ☐ No
71. Do you have a constant desire for alcohol or drugs? ☐ Yes ☐ No
72. Is it easy to learn new things? ☐ Yes ☐ No
73. Do you have trouble with your breathing or with coughing? ☐ Yes ☐ No
74. Do people your own age like and respect you? ☐ Yes ☐ No
75. Does your mind wander a lot? ☐ Yes ☐ No
76. Do you hear things no one else around you hears? ☐ Yes ☐ No
77. Do you have trouble concentrating? ☐ Yes ☐ No
78. Do you have a valid driver's license? ☐ Yes ☐ No
79. Have you ever had a paying job that lasted at least one month? ☐ Yes ☐ No
80. Do you and your parents or guardians have frequent arguments which involve yelling and screaming? ☐ Yes ☐ No



26284

POSIT YOUTH QUESTIONNAIRE (For ages 12-18)**AGENCY CODE**

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YOUTH ID

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81. Have you had a car accident while high on alcohol or drugs? ☐ Yes ☐ No
82. Do you forget things you did while drinking or using drugs? ☐ Yes ☐ No
83. During the past month have you driven a car while you were
drunk or high? ☐ Yes ☐ No
84. Are you louder than other kids? ☐ Yes ☐ No
85. Are most of your friends younger than you are? ☐ Yes ☐ No
86. Have you ever intentionally damaged someone else's property? ☐ Yes ☐ No
87. Have you ever stopped working at a job because you just
didn't care? ☐ Yes ☐ No
88. Do your parents or guardians like talking with you and being
with you? ☐ Yes ☐ No
89. Have you ever spent the night away from home when your parents
didn't know where you were? ☐ Yes ☐ No
90. Have any of your best friends participated in team sports which
require regular practices? ☐ Yes ☐ No
91. Are you suspicious of other people? ☐ Yes ☐ No
92. Are you already too busy with school and other adult supervised
activities to be interested in a job? ☐ Yes ☐ No
93. Have you cut school at least 5 days in the past year? ☐ Yes ☐ No
94. Are you usually pleased with how well you do in activities with
your friends? ☐ Yes ☐ No
95. Does alcohol or drug use cause your moods to change
quickly like from happy to sad or vice versa? ☐ Yes ☐ No
96. Do you feel sad most of the time? ☐ Yes ☐ No
97. Do you miss school or arrive late for school because of your
alcohol or drug use? ☐ Yes ☐ No
98. Is it important to you now to get or keep a satisfactory job? ☐ Yes ☐ No



26284

POSIT YOUTH QUESTIONNAIRE (For ages 12-18)

AGENCY CODE

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YOUTH ID

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99. Do your family or friends ever tell you that you should cut down on your drinking or drug use? ☐ Yes ☐ No
100. Do you have serious arguments with friends or family members because of your drinking or drug use? ☐ Yes ☐ No
101. Do you tease others a lot? ☐ Yes ☐ No
102. Do you have trouble sleeping? ☐ Yes ☐ No
103. Do you have trouble with written work? ☐ Yes ☐ No
104. Does your alcohol or drug use ever make you do something you would not normally do - like breaking rules, missing curfew, or breaking the law? ☐ Yes ☐ No
105. Do you feel you lose control and get into fights? ☐ Yes ☐ No
106. Have you ever been fired from a job? ☐ Yes ☐ No
107. During the past month, have you skipped school? ☐ Yes ☐ No
108. Do you have trouble getting along with any of your friends because of your alcohol or drug use? ☐ Yes ☐ No
109. Do you have a hard time following directions? ☐ Yes ☐ No
110. Are you good at talking your way out of trouble? ☐ Yes ☐ No
111. Do you have friends who have hit or threatened to hit someone without any real reason? ☐ Yes ☐ No
112. Do you ever feel you can't control your alcohol or drug use? ☐ Yes ☐ No
113. Do you have a good memory? ☐ Yes ☐ No
114. Do your parents or guardians have a pretty good idea of your interests? ☐ Yes ☐ No
115. Do your parents or guardians usually agree about how to handle you? ☐ Yes ☐ No
116. Do you have a hard time planning and organizing? ☐ Yes ☐ No
117. Do you have trouble with math? ☐ Yes ☐ No
118. Do your friends cut school a lot? ☐ Yes ☐ No

POSIT YOUTH QUESTIONNAIRE (For ages 12-18)

AGENCY CODE

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YOUTH ID

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119. Do you worry a lot? ☐ Yes ☐ No
120. Do you find it difficult to complete class projects or work? ☐ Yes ☐ No
121. Does school sometimes make you feel stupid? ☐ Yes ☐ No
122. Are you able to make friends easily in a new group? ☐ Yes ☐ No
123. Do you often feel like you want to cry? ☐ Yes ☐ No
124. Are you afraid to be around people? ☐ Yes ☐ No
125. Do you have friends who have stolen things? ☐ Yes ☐ No
126. Do you want to be a member of any organized group, team, or club?... ☐ Yes ☐ No
127. Does one of your parents or guardians have a steady job? ☐ Yes ☐ No
128. Do you think it's a bad idea to trust people? ☐ Yes ☐ No
129. Do you enjoy doing things with people your own age? ☐ Yes ☐ No
130. Do you feel you study longer than your classmates and still get poorer grades? ☐ Yes ☐ No
131. Have you ever failed a grade in school? ☐ Yes ☐ No
132. Do you go out for fun on school nights without your parents permission? ☐ Yes ☐ No
133. Is school hard for you? ☐ Yes ☐ No
134. Do you have an idea about the type of job or career that you want to have? ☐ Yes ☐ No
135. On a typical day, do you watch more than two hours of TV? ☐ Yes ☐ No
136. Are you restless and can't sit still? ☐ Yes ☐ No
137. Do you have trouble finding the right words to express what you are thinking? ☐ Yes ☐ No
138. Do you scream a lot? ☐ Yes ☐ No

FOLLOW-UP POSIT YOUTH QUESTIONNAIRE (For ages 12-18)

AGENCY CODE

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YOUTH ID

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Fill in the bubble completely with black pen. Please DO NOT use pencils.

Remembering Exercise

Write today's date here.

		/			/		
--	--	---	--	--	---	--	--

What was the date 3 months age?

		/			/		
--	--	---	--	--	---	--	--

Now think about what you may have been doing on or about the date 3 months ago.

Write down something you did about three months ago. _____

In the last 3 months:

1. Have you had so much energy you don't know what to do with it? ☐ Yes ☐ No
2. Have you gotten into trouble because you used drugs or alcohol at school? ☐ Yes ☐ No
3. Have your friends gotten bored at parties when there is no alcohol served? ☐ Yes ☐ No
4. Has it been hard for you to ask for help from others? ☐ Yes ☐ No
5. Has there been adult supervision at the parties you have gone to? ☐ Yes ☐ No
6. Have your parents or guardians argued a lot? ☐ Yes ☐ No
7. Did you think about how your actions will affect others? ☐ Yes ☐ No
8. Were you suspicious of other people? ☐ Yes ☐ No
9. Did you brag? ☐ Yes ☐ No



FOLLOW-UP POSIT YOUTH QUESTIONNAIRE (For ages 12-18)

AGENCY CODE

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YOUTH ID

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In the last 3 months:

10. Have you often felt tired? ☐ Yes ☐ No
11. Did you have trouble with stomach pain or nausea? ☐ Yes ☐ No
12. Have you gotten easily frightened? ☐ Yes ☐ No
13. Did any of your best friends date regularly? ☐ Yes ☐ No
14. Did you date regularly? ☐ Yes ☐ No
15. Were most of your friends older than you? ☐ Yes ☐ No
16. Have you had less energy than you think you should? ☐ Yes ☐ No
17. Have you gotten frustrated easily? ☐ Yes ☐ No
18. Did you feel alone most of the time? ☐ Yes ☐ No
19. Have you been sleeping either too much or too little? ☐ Yes ☐ No
20. Did your parents or guardians approve of your friends? ☐ Yes ☐ No

In the last 3 months:

21. Have your parents or guardians refused to talk with you when they are mad at you? ☐ Yes ☐ No
22. Have you rushed into things without thinking about what could happen? ☐ Yes ☐ No
23. Has your free time been spent just hanging out with friends? ☐ Yes ☐ No
24. Have you accidentally hurt yourself or someone else while high on alcohol or drugs? ☐ Yes ☐ No
25. Did you tease others a lot? ☐ Yes ☐ No
26. Have you had friends who damaged or destroyed things on purpose? .. ☐ Yes ☐ No
27. Did you skip school? ☐ Yes ☐ No



FOLLOW-UP POSIT YOUTH QUESTIONNAIRE (For ages 12-18)

AGENCY CODE

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YOUTH ID

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In the last 3 months:

28. Did your parents or guardians know where you were and what you were doing? ☐ Yes ☐ No
29. Did you miss out on activities because you spent too much money on drugs or alcohol? ☐ Yes ☐ No
30. Have people picked on you because of the way you look? ☐ Yes ☐ No
31. Have your parents or guardians and you done lots of things together? ☐ Yes ☐ No
32. Have you felt nervous most of the time? ☐ Yes ☐ No
33. Did you swear or use dirty language? ☐ Yes ☐ No
34. Have you felt you are addicted to alcohol or drugs? ☐ Yes ☐ No
35. Have you found a hobby you are really interested in? ☐ Yes ☐ No
36. Did you lie to anyone? ☐ Yes ☐ No
37. Did you participate in team sports which have regular practices? ☐ Yes ☐ No
38. Have your friends brought drugs to parties? ☐ Yes ☐ No
39. Have your parents or guardians paid attention when you talked with them? ☐ Yes ☐ No

In the last 3 months:

40. Did you use more and more drugs or alcohol to get the effect you wanted? ☐ Yes ☐ No
41. Have your parents or guardians made rules about what you can and cannot do? ☐ Yes ☐ No
42. Have any of your best friends gone out on school nights without permission from their parents or guardians? ☐ Yes ☐ No
43. Did you steal anything? ☐ Yes ☐ No



FOLLOW-UP POSIT YOUTH QUESTIONNAIRE (For ages 12-18)

AGENCY CODE

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YOUTH ID

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In the last 3 months:

44. Have you left a party because there was no alcohol or drugs? ☐ Yes ☐ No
45. Have your parents or guardians known what you were really thinking or feeling? ☐ Yes ☐ No
46. Did you often act on the spur of the moment? ☐ Yes ☐ No
47. Did you exercise for a half hour or more at least once a week? ☐ Yes ☐ No
48. Have you had a constant desire for alcohol or drugs? ☐ Yes ☐ No
49. Did you rush into things without thinking about what could happen? ☐ Yes ☐ No
50. Have you had trouble with your breathing or with coughing? ☐ Yes ☐ No
51. Did you get into a lot of fights? ☐ Yes ☐ No
52. Did you have a hot temper? ☐ Yes ☐ No
53. Have you and your parents or guardians had frequent arguments which involved yelling and screaming? ☐ Yes ☐ No

In the last 3 months:

54. Did you have a car accident while high on alcohol or drugs? ☐ Yes ☐ No
55. Have you forgotten things you did while drinking or using drugs? ☐ Yes ☐ No
56. Have you driven a car while you were drunk or high? ☐ Yes ☐ No
57. Were most of your friends younger than you? ☐ Yes ☐ No
58. Did you cut at least 5 days of school? ☐ Yes ☐ No
59. Have your parents or guardians liked talking with you and being with you? ☐ Yes ☐ No
60. Have any of your best friends participated in team sports which require regular practices? ☐ Yes ☐ No



FOLLOW-UP POSIT YOUTH QUESTIONNAIRE (For ages 12-18)

AGENCY CODE

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YOUTH ID

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In the last 3 months:

61. Have you been pleased with how well you have done in activities with your friends? ☐ Yes ☐ No
62. Did alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa? ☐ Yes ☐ No
63. Have you felt sad most of the time? ☐ Yes ☐ No
64. Did you miss school or arrive late for school because of your alcohol or drug use? ☐ Yes ☐ No
65. Did your family or friends tell you that you should cut down on your drinking or drug use? ☐ Yes ☐ No
66. Have you had serious arguments with friends or family members because of your drinking or drug use? ☐ Yes ☐ No
67. Did you have trouble sleeping? ☐ Yes ☐ No
68. Has your alcohol or drug use made you do something you would not normally do - like break rules, miss curfew, or break the law? ☐ Yes ☐ No
69. Did you feel that you lost control and got into fights? ☐ Yes ☐ No
70. Have you had trouble getting along with any of your friends because of your alcohol or drug use? ☐ Yes ☐ No

In the last 3 months:

71. Have you had a hard time following directions? ☐ Yes ☐ No
72. Have you been good at talking your way out of trouble? ☐ Yes ☐ No
73. Do you have friends who have hit or threatened to hit someone without any real reason? ☐ Yes ☐ No
74. Have you felt you couldn't control your alcohol or drug use? ☐ Yes ☐ No
75. Do your parents or guardians have a pretty good idea of your interests? ☐ Yes ☐ No



FOLLOW-UP POSIT YOUTH QUESTIONNAIRE (For ages 12-18)

AGENCY CODE

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YOUTH ID

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In the last 3 months:

76. Have your parents or guardians agreed about how to handle you? ☐ Yes ☐ No
77. Have your friends cut school a lot? ☐ Yes ☐ No
78. Did you worry a lot? ☐ Yes ☐ No
79. Have you been able to make friends easily in a new group? ☐ Yes ☐ No
80. Did you often feel like you wanted to cry? ☐ Yes ☐ No
81. Were you stubborn? ☐ Yes ☐ No
82. Did you have friends who stole things? ☐ Yes ☐ No
83. Have you wanted to be a member of any organized group, team, or club? ☐ Yes ☐ No
84. Have you thought that it was a bad idea to trust other people? ☐ Yes ☐ No
85. Did you enjoy doing things with people your own age? ☐ Yes ☐ No

In the last 3 months:

86. Have you gone out for fun on school nights without your parents' or guardians' permission? ☐ Yes ☐ No
87. On a typical day, did you watch more than two hours of TV? ☐ Yes ☐ No
88. Did you threaten anyone with a weapon? ☐ Yes ☐ No
89. Did you threaten to hurt anyone? ☐ Yes ☐ No
90. Were you a good listener? ☐ Yes ☐ No
91. Did you learn a skill, craft, trade or gain work experience? ☐ Yes ☐ No
92. Were you usually louder than other kids? ☐ Yes ☐ No
93. Did you scream a lot? ☐ Yes ☐ No



FOLLOW-UP POSIT YOUTH QUESTIONNAIRE (For ages 12-18)

AGENCY CODE

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YOUTH ID

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In the last 3 months:

94. Did you have chores that had to be done regularly at home?..... ☐ Yes ☐ No
95. Did you intentionally damage someone else's property?..... ☐ Yes ☐ No
96. Did you get A's and B's in some classes and fail others?..... ☐ Yes ☐ No
97. Have you found it difficult to complete class projects or work tasks? ☐ Yes ☐ No
98. Did you spend the night away from home without your parents
knowing where you were? ☐ Yes ☐ No
99. Did you read a book cover to cover for your own enjoyment? ☐ Yes ☐ No
100. Have you had an idea about the type of job or career that you want
to have?..... ☐ Yes ☐ No
101. Did you have trouble with written work? ☐ Yes ☐ No
102. Did one of your parents or guardians have a steady job? ☐ Yes ☐ No
103. Did you have a hard time planning and organizing? ☐ Yes ☐ No

In the last 3 months:

104. Did you have trouble with math? ☐ Yes ☐ No
105. Did school sometimes make you feel stupid? ☐ Yes ☐ No
106. Was school hard for you? ☐ Yes ☐ No
107. Are you a good speller? ☐ Yes ☐ No
108. Are you a good reader? ☐ Yes ☐ No
109. Do you know how to get a job if you want one? ☐ Yes ☐ No
110. Do you plan to get a diploma? ☐ Yes ☐ No



5. MENTOR INFORMATION

All JUMP grantees are required to maintain basic information about the youth being served through their JUMP project, the **MENTORS** volunteering in the project, and the match activities. The forms associated with the quarterly report provide OJJDP with a brief profile of each mentee, mentor, and match. By using this standardized and consistent reporting format, OJJDP is able to develop an integrated, national profile that can meaningfully incorporate data from all grantee programs. OJJDP appreciates that most JUMP projects maintain much more comprehensive information that is not represented on these forms. This information represents only that minimum information that OJJDP needs from each grantee at the close of each Federal fiscal quarter and in no way is meant to limit the information gathering procedures implemented by individual JUMP projects. **In this section specific instructions are provided for completing the MENTOR information form.**

Getting Started

As new **potential** mentors are identified and begin the screening process, complete one form for each applicant. The precise point at which you will complete this form depends largely on your own mentor recruitment process. When each mentor candidate has completed enough of your project screening requirements that you open a mentor file and begin gathering screening information and documents, you should complete the mentor information form. Depending on the nature and extent of the information you maintain, this form may serve as your basic mentor intake form.

Please note that a distinction is made between approval date or enrollment into the program and the point at which a match is initiated. This distinction will help us learn more about the length of time (if any) that mentors must wait for an appropriate match to take place. Likewise, there is a distinction between the end of a match and discharge from the JUMP program. This will help us to learn about the rate of, and reasons for, disruptions in matches.

Exhibit 4-1 summarizes the recommended schedule for entering information into the mentor form. The mentor form is intended to describe the mentor at the time of entry into the JUMP program, and information **should NOT be UPDATED** if circumstances change while the mentor is involved with the program. You **MAY**, however, make **CORRECTIONS** if it is discovered that the original intake information was incorrectly recorded at enrollment.



AT APPLICATION	UPON APPROVAL	MODIFICATIONS	AT EXIT
Enter Demographics: Agency ID Mentor ID Gender Date of Birth/Age Race/Ethnicity Marital Status Experience - Parent Experience - Mentor Reason Enter Education/Employment: Highest Education Employment Status Employment Category	Enter Screening Information: Background Check Approval Status Approval Date Reason for Non-Approval Training Information: Pre-approval Participation Training Offered Training Completed	No updates should be made to the mentor information. If it is found that the original information is incorrect, corrections may be made at any time prior to submission at the end of the quarter	Enter: Discharge Date Discharge Reason Review all information for completeness and accuracy

Exhibit 5-1: Schedule for Completing Mentor Data Table

Each program should establish ongoing quality assurance (QA) procedures to ensure that the information being collected on mentors is correct and complete. Please review your mentor data tables and make any necessary corrections to the information prior to sending them with your quarterly reports.

MENTOR DEMOGRAPHICS

Agency ID #: Enter the identification number that has been assigned to your JUMP project by the evaluation team. This is the number that appears inside the front cover of this manual. This should also be the same number that was recorded on the master copy of your POSIT forms. This identifier begins with your state abbreviation, followed by a three character number.

Example: NY009

1. **Mentor ID #:** Each mentor should be assigned an ID number at the time of his/her enrollment into the JUMP program. Each agency will establish its own system for identifying mentors and any combination of letters or numbers may be used as long as the resulting ID is not longer than 10 characters. Please use **ONLY capital** letters or numbers for the ID. This ID number only, and not identifying names, will be sent to OJJDP.



Examples of appropriate ID numbers:

5673287651
10A
123ABC
12AB34DE

Examples of inappropriate ID numbers:

567-32.876 (contains symbols other than letters and numbers)
12398746591 (contains 11 digits)
123 456 (contains spaces)
987abc (contains lower case letters)

Each mentor entering your program must be given a **UNIQUE ID NUMBER**. This ID number will be used to identify this mentor for all data collection. A mentor should be assigned one, and only one ID number for the duration of their service in your mentoring project. When the mentor leaves the program, that mentor's ID# should **not** be re-used.

2. Gender: Mark the one box that indicates the appropriate gender for the mentor.
3. Date of Birth: Enter the mentor's date of birth in the format MM/DD/YYYY.
4. Age: Enter a number representing the mentor's age at the time of application.
5. Race/Ethnicity: Mark **ALL** the boxes that indicate the race by which the mentor primarily identifies him/herself.

<u>Category</u>	<u>Definition</u>
<i>American Indian/ Alaska Native</i>	A person having origins in any of the original peoples of North and South America (including Central America), who maintain tribal affiliation or community attachment.
<i>Asian</i>	A person having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.



<i>Black/ African American</i>	A person having origins in any of the black racial groups of Africa.
<i>Hispanic/ Latino</i>	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
<i>Native Hawaiian/ Pacific Islander</i>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<i>White</i>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<i>Other</i>	A racial category that is not described by any of the above choices. Specify the category the mentor uses to describe him/herself.

6. Mentor's Marital Status? Check the **one** box that best indicates the mentor candidate's **current** status.

<u>Category</u>	<u>Definition</u>
<i>Married, spouse present</i>	The mentor candidate is legally married and living together with his/her wife or husband in the same household.
<i>Married, spouse absent</i>	The mentor candidate is legally married but currently not living in the same household with his/her wife or husband
<i>Widowed</i>	The mentor candidate was legally married and his/her spouse is deceased. Do not mark this box if the mentor has re-married and currently is living with a spouse.
<i>Divorced</i>	The mentor candidate was legally married and subsequently was divorced from his/her wife or husband. Do not mark this box if the mentor has re-married and currently is living with a spouse.
<i>Never Married</i>	The mentor candidate has never in the past, and presently is not, married.

7. Prior Experience as a Parent/Parent Figure: Check the correct box to indicate whether or not the volunteer currently has and cares for his/her own children, or ever has served in an ongoing role of adult parent/guardian for any child(ren)



<i>Yes</i>	The volunteer has had the responsibility of caring for, supervising, and nurturing his/her own or other children.
<i>No</i>	The volunteer has never had the experience of being responsible for the care, supervision, and nurturing of his/her own, or other children. Check this box if the mentor is a biological parent, but has never had the experience or responsibility for on-going care of the child(ren).
<i>Do Not Know</i>	It is not clear whether or not the volunteer has ever had the experience and responsibility for on-going care of children.

8. Prior Experience as a Mentor: Check the correct box to indicate whether or not the volunteer has ever served as a youth mentor prior to this current experience. This experience may have been either at this agency or with another agency. Do **not** include in this category experience the volunteer may have had as a mentee.

<i>Yes</i>	The volunteer has actively participated as a mentor in a formal youth mentoring program before.
<i>No</i>	The volunteer has never served as a youth's mentor prior to this experience. Check this box if the volunteer applied to become a mentor but was never actually matched with, or worked with a youth mentee.
<i>Do Not Know</i>	It is not clear whether or not the volunteer has ever served as a mentor to a youth before.

9. Reason for Mentoring: Check the box that indicates the one **primary** reason the mentor gives for wanting to become involved with a formal mentoring program and enter a mentoring relationship with a youth.

<u>Category</u>	<u>Definition</u>
<i>Give Back</i>	The mentor expresses appreciation for what he/she has received from the community and wishes to give something back that would benefit the community.
<i>Positive Experience</i>	The mentor had a positive experience as a youth in a mentoring relationship, and is interested in providing that same kind of experience to another youth.



*Community
Service Project*

The mentor belongs to an organization (professional, employment, religious, or social) that has adopted mentoring as a community project for its members.

*Professional
Development*

The mentor believes that serving as a volunteer mentor will provide experience which would enhance his/her professional or educational development.

Other

A reason that is not described by any of the above choices. Indicate the reason the mentor describes. Specify.

MENTOR EDUCATION/EMPLOYMENT

10. Highest Education: Check **one** box that best indicates the highest educational level achieved by the mentor.

Category

Definition

< High School

The mentor completed less than high school education, and did not obtain either a high school diploma or a GED.

High School

The mentor graduated from high school or obtained a GED.

College Courses

The mentor has taken and completed some college level courses.

Associate's Degree

Mentor has attended and completed a defined set of courses (usually a two year program) leading to a recognized degree in a specific field.

BA/BS Degree

The mentor attended and completed a four year college program and has received a Bachelor's degree.

Master's

The mentor attended and completed a graduate program and received a Master's degree.

Ph.D.

The mentor attended and completed a recognized graduate program and has successfully completed all requirements for a Doctoral degree.



Other

The mentor's highest educational level is not described by any of the categories listed above. Specify the mentor's highest educational level.

11. Employment Status: Check **one** box which best describes the mentor's employment status at the time of application to the JUMP program.

<u>Category</u>	<u>Definition</u>
<i>Unemployed</i>	The mentor currently is not working, although he/she may actively be seeking employment. Do not include mentors who are students in this category.
<i>Employed</i>	The mentor currently is working either full- or part-time. If the mentor is earning any legitimate pay for regularly scheduled work, mark this box.
<i>Retired</i>	The mentor has worked and currently has left all paid employment. The retirement may be by choice or a result of other circumstances, but the mentor's intent is to seek no further employment, either full- or part-time.
<i>Student</i>	The mentor currently is a student attending school and not working more than 20 hours per week.

12. Employment Field: If the mentor is not a student, check **one** box which best describes the type of work in which the mentor either is engaged **currently** or was engaged in **immediately prior** to retirement or un-employment.

<u>Category</u>	<u>Definition</u>
<i>Managerial/ Professional</i>	The mentor's work includes responsibility for overseeing programs or projects and supervising employees. She/he generally is a senior member of the work team. The mentor may possess some certification/licensing to practice in a professional field such as medicine (including nursing and dentistry), mental health, or education.
<i>Technical/Sales Administration</i>	The mentor works in a job that requires specialized training and experience such as lab technician or computer network specialist. This category also would include mentors who work as sales



persons, either retail or wholesale, or administrative support persons such as receptionists, data entry clerks, or secretaries.

Service

Service positions include those jobs which include providing direct or indirect support to others such as automotive mechanic, plumber, waiter/waitress, or public utility worker.

Military

The mentor serves or served as a member of the armed services in a regular, full-time capacity. If the mentor is a member of the military reserves, check the box which best describes his/her primary employment.

*Law Enforcement/
Justice*

The mentor's employment is to provide direct service on a police or security detail, parole or probation staff, detention center or jail/prison staff, or other allied occupation.

Religious

Mentor is employed by a church, temple, synagogue, or other religious organization as a pastor, priest, rabbi, or other spiritual leader.

Other

The mentor's employment is not described by one of the categories above. Indicate the mentor's employment field.

MENTOR APPROVAL/TRAINING

13. **Criminal Background Check:** Check the **one** box to indicate whether or not the agency conducted a criminal background check on the mentor candidate.

Yes

The agency did request that a criminal background check be conducted by the appropriate law enforcement authorities.

No

The agency did not, and does not intend to, request that a criminal background check be conducted.

Results of the Criminal Background Check: If a criminal background check was conducted, mark **one** box that indicates the outcome of that check.

Category

Definition

Pass

The background check documented no convictions or other indications of criminal history that would warrant further



investigation or otherwise disqualify the candidate from participating in the mentoring project.

Fail

The background check indicated a past history that may potentially disqualify the mentor candidate from participating in the mentoring program.

Pending

The results from the criminal background check have not yet been received by the agency and the outcome of the check is unknown.

Reason for Not Conducting a Criminal Background Check: If a criminal background check was not conducted, mark the **one** box that **best** indicates why such a check was not requested.

Category

Definition

Not a Screening Procedure

This is not included as a part of the agency's routine screening procedures for volunteers working with youth.

Already Done-Internal

The criminal background check has already been conducted as a part of the mentor's other work within your own agency.

Already Done-External

The criminal background check has already been conducted as a part of the mentor's work in another agency with which you have a collaborating partnership or which can attest to the candidate's appropriateness for mentoring (eg. police department).

Other

A criminal background check was not done for reasons that are not described by one of the categories above. Specify the reason.

14. Approval: Check the **one** correct box to indicate whether or not the candidate has been approved for participation in the mentoring program.

Yes

The volunteer has completed all of the application requirements, has satisfactory background checks, and is ready to be added to the active mentor roster.

No

The volunteer's application and screening process is complete, and the application for the JUMP program has been declined by agency staff. Check this box even if the volunteer was approved for another position within the agency, or if the volunteer withdrew his/her own application from consideration.



Pending

The volunteer's approval is in process and final approval is contingent on satisfactory completion of certain tasks, background checks, or a probationary period.

Date of Approval: If the mentor has obtained final clearance and is ready to be matched with a youth, enter the date of that final approval using the format MM/DD/YYYY.

Reason for Non-Approval: If the mentor was not approved for participation in the mentoring program, check **one** box that indicates the **primary** reason for the non-approval.

<u>Category</u>	<u>Definition</u>
<i>Failed Criminal Background Check</i>	The background check indicated a past history that disqualified the mentor candidate from participating in the mentoring program.
<i>Unable to Meet Program Expectations</i>	The candidate proved unable to meet certain expectations or requirements of the mentoring program, such as not being able to give sufficient time, attend required trainings, or submit regular activity reports.
<i>Unrealistic Mentor Expectations</i>	The mentor candidate did not have a clear and accurate picture of what mentoring involved, what would be required, or the nature of the youth with whom he/she would be working.
<i>Failed Other Screening Procedure</i>	The candidate did not successfully pass screening procedures other than the criminal background check, such as obtaining satisfactory references, or demonstrating stable judgement in working with high-risk youth.
<i>Withdrew Application</i>	The candidate chose, voluntarily, to withdraw his/her own application and not complete the application and/or screening process.
<i>Other</i>	The mentor candidate failed to be approved for reasons that are not described above. Specify the reason.

15. Participation in Activities Prior to Final Approval: Check **one** box to indicate whether or not the mentor candidate participated in project activities prior to his/her approval and the initiation of one-to-one mentoring activities.

Yes

The mentor participated in mentoring-related activities prior to final mentor approval.



No

The mentor candidates did not participate in any mentoring- related project activities prior to final approval other than mentor training.

Type of Activities in Which Mentor Participated: Check **all** of the appropriate boxes to indicate the type of activities in which the mentor participated prior to receiving final approval.

Category

Definition

Training

The mentor candidate participated in training activities intended to prepare him/her for the mentoring relationship.

***Group/
Supervised Activity***

The candidate participated in activities with youth that were conducted in groups or other supervised environments. The candidate never met alone or independently with a youth.

***Individual/
Pairs***

The candidate began participating in individual activities with youth that were conducted independently and in unsupervised environments.

Other

The mentor candidate participated in activities prior to his/her approval that are not described above. Specify the activity.

16. Availability of Mentor Training: Check **one** correct box to indicate whether or not initial orientation and training sessions were made available to this specific mentor.

Yes

Standard training, either individual or in a group format, was made available to this mentor.

No

Standard training was not available for this volunteer either because it is not a part of the agency process, or because the volunteer applied to the JUMP project at a non-standard time for receipt and processing of applications.

Has the Mentor Completed the Training that was Available: If training was offered and available, check **one** box which best represents the status of the training process.

Yes

All initial, orientation training has been satisfactorily completed.



<i>No</i>	The required orientation training was not completed by the volunteer. Do not check this box if the volunteer currently is participating in ongoing training (see above).
<i>In Process</i>	The volunteer currently is in the process of initial, orientation training required prior to being matched with a youth.
<i>Do Not Know</i>	It is not clear whether or not the volunteer has completed the required training session(s).

MENTOR DISCHARGE

17. **Discharge Date:** Enter the date the volunteer left the JUMP mentoring project. Note that this may not be the same date a match with a youth ends. This is the date beyond which the volunteer will no longer serve as a mentor for any youth through JUMP. Use the format MM/DD/YYYY.

18. **Discharge Reason:** Check **one** box that best indicates the primary reason the mentor left the JUMP project.

<u>Category</u>	<u>Definition</u>
<i>Time Commitment Ended</i>	The mentor fulfilled the time commitment he/she made to the mentoring project and does not wish to continue any longer.
<i>No Longer Interested</i>	The mentor has no further interest in continuing to participate as a mentor.
<i>Personal/ Family Crisis</i>	The mentor has experienced a life crisis that makes it impossible for him/her to continue effectively in the role of a mentor. This may include a personal or family illness, death in the family, or other situation that requires the mentor's time and attention.
<i>Match Ended</i>	An established match ended and the mentor does not wish to begin another match relationship with another youth. If this coincides with the end of a time commitment, mark that box. Use this option only if the match end is prior to the end of the mentor's time commitment.



*Time/Schedule
Conflict*

Life events, such as new job or family responsibilities, make it impossible for the mentor to continue serving consistently in that role.

Moved

The mentor has relocated out of the geographic area that the mentoring project can reasonably serve.

*Mentor
Discouraged*

The mentor ceases to believe that he/she is being effective in supporting positive change in the youth and is discouraged by the lack of youth progress.

*Lack of
Contacts*

The mentor has failed to maintain scheduled and expected contacts with the youth, and has generally not followed through with project requirements resulting in decision by project staff to discharge him/her from the project.

Other

Mentor was discharged for reasons that are not described above. Specify.





MENTOR PROFILE

PART I: MENTOR DEMOGRAPHICS

Complete this form for each mentor enrolled by the project AT INTAKE.

- Agency I.D. 1. Mentor I.D.
2. Gender ☐ M ☐ F 3. Date of Birth / /
4. Age
5. Race/Ethnicity (Choose ALL That Apply):
- ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander
☐ Asian ☐ White
☐ Black/African American ☐ Other: _____
☐ Hispanic/Latino
6. Current Marital Status (Choose ONE Only):
- ☐ Married, spouse present ☐ Divorced
☐ Married, spouse absent ☐ Never Married
☐ Widowed
7. Has the mentor candidate had experience as a parent or a parent figure?
- ☐ Yes
☐ No
☐ Don't Know
8. Has the mentor candidate had experience as a mentor to youth prior to enrollment in this project?
- ☐ Yes
☐ No
☐ Don't Know
9. What is the mentor candidate's primary reason for becoming a mentor? (Choose ONE Only)
- ☐ Wanted to Give Back to Community
☐ Had a Positive Experience with a mentor as a child
☐ Organization Sponsored Community Service Project
☐ Wanted Experience for Career or Educational Development
☐ Other (please specify): _____



PART II: MENTOR EDUCATION/EMPLOYMENT

Complete this form for each mentor enrolled by the project AT INTAKE.

Agency I.D.

Mentor I.D.

10. What is the mentor candidate's highest level of education completed? (Choose **ONE** Only)

- | | |
|--|--|
| <input type="checkbox"/> < High School Diploma | <input type="checkbox"/> BA/BS Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> College Courses | <input type="checkbox"/> Ph.D. |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Other (please specify): _____ |

11. What is the mentor candidate's employment status? (Choose **ONE** Only)

- | | |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Student |

12. If the candidate is not a student, select one of the following which best categorizes the mentor candidate's current or immediate past employment. (Choose **ONE** Only)

- | |
|---|
| <input type="checkbox"/> Managerial/Professional (teacher, doctor, social worker) |
| <input type="checkbox"/> Technical/Sales/Administrative |
| <input type="checkbox"/> Service |
| <input type="checkbox"/> Military |
| <input type="checkbox"/> Law Enforcement/Justice |
| <input type="checkbox"/> Religious |
| <input type="checkbox"/> Other: _____ |



PART III: MENTOR APPROVAL/TRAINING

Complete this form for each mentor enrolled by the project AT INTAKE.

Agency ID

Mentor ID

13. Was a criminal background check conducted on this mentor candidate?

☐ Yes ☐ No ☐ Don't Know

If yes, what was the result?

☐ Pass
☐ Fail
☐ Pending

If no, why not? (Choose **ONE** Only)

☐ Not a part of routine project screening.
☐ Mentor has had a background check conducted as part of prior affiliation with this agency.
☐ Mentor has had a background check conducted as part of an affiliation with another agency.
☐ Other (please specify): _____

14. Was the applicant approved for one-to-one mentoring?

☐ Yes ☐ No ☐ Pending

If yes, date approved:

/ /

If no, primary reason for non-approval?
(Choose **ONE** Only)

☐ Failed Criminal Background Check
☐ Unable to Meet Program Expectations
☐ Unrealistic Expectations for Program or Mentor Role
☐ Failed Other Screening Procedure
☐ Withdrew Application
☐ Other: _____

15. Did the mentor candidate participate in JUMP project activities prior to final approval?

☐ Yes ☐ No

If yes, in which of the following activities did the mentor candidate participate prior to receiving final approval? (Choose **ALL** That Apply)

☐ The candidate participated in training activities prior to final approval
☐ The candidate participated in group or supervised activities with program youth prior to final approval
☐ The candidate was paired with a youth and the mentoring relationship commenced prior to final approval
☐ Other (please specify): _____

16. Was training offered to the mentor candidate?

☐ Yes ☐ No

If yes, is training completed?

☐ Yes
☐ No
☐ Currently In Process
☐ Don't Know



PART IV: MENTOR DISCHARGE

Complete this form for each mentor enrolled by the project **UPON EXIT FROM THE PROGRAM**. Note that this is not necessarily the same date that a match with a particular youth ends.

Agency I.D.

Mentor I.D.

17. Date of Discharge:

18. Why was the mentor discharged from the project? (Choose **ONE** Only)

- | | |
|--|---|
| <input type="checkbox"/> Time Commitment Ended | <input type="checkbox"/> Moved Out of Area |
| <input type="checkbox"/> No Longer Interested | <input type="checkbox"/> Mentor Discouraged by Youth's Lack of Progress |
| <input type="checkbox"/> Personal/Family Crisis | <input type="checkbox"/> Mentor Failed to Maintain Contacts |
| <input type="checkbox"/> Match Ended & Mentor Didn't Want Another Mentee | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Time/Schedule Conflict | |



6. MATCH INFORMATION

All JUMP grantees are required to maintain basic information about the youth being served through their JUMP project, the mentors volunteering in the project, and the **MATCH** activities. The forms associated with the quarterly report provide OJJDP with a brief profile of each mentee, mentor, and match. By using this standardized and consistent reporting format, OJJDP is able to develop an integrated, national profile that can meaningfully incorporate data from all grantee projects. OJJDP appreciates that most JUMP projects maintain much more comprehensive information that is not represented on these forms. The information on the forms represents only that minimum information that OJJDP needs from each grantee at the close of each Federal fiscal quarter and in no way is meant to limit the information gathering procedures implemented by individual programs. **In this section specific instructions are provided for completing the MATCH form.**

Getting Started

When you first implement these quarterly reporting guidelines, complete one line (row) on the match form for each match between a youth and a mentor that currently is in place and active. Then, as new matches are made, complete the information for each new match made for any youth. If a youth ends one match and subsequently is paired with another mentor, a new line should be completed for the new match. One youth ID# may appear in the first column several times if that youth has had several different mentors.

Exhibit 6-1 summarizes the recommended schedule for entering information into the match form. Please note that the date marking the beginning or end of a match is not necessarily the same date as mentor or mentee enrollment or discharge. On this match form you are to provide the dates that will allow OJJDP to determine the length of time each match was in place.

WHEN MATCH BEGINS	WHEN MATCH ENDS
Enter: Youth ID # Mentor ID # Date match was assigned	Enter: Date match ends Reason the match ended If another match will be made for this <i>youth</i>

Exhibit 6-1: Schedule for Completing Match Form



For every youth or mentor listed on the match form, there also MUST be related information recorded on the youth and mentor forms. Do not submit match information for any youth or mentor if you have not already submitted demographic information about each on the youth or mentor forms.

Instructions and Definitions for Completing Each Match Data Element

1. **Youth ID#:** Enter the identification number that was assigned at enrollment to the youth being matched. This must be the same ID# that was recorded on the youth form (see page X). Always use the same identification number when documenting this youth's initial and subsequent matches.
2. **Mentor ID#:** Enter the identification number that was assigned at application to the mentor being matched. This must be the same ID# that was recorded on the mentor form (see page X). If the mentor is rematched with a different youth, or if the mentor has more than one mentee, always use the same mentor identification number when documenting this mentor's matches.
3. **Date Matched:** Enter the date that the youth and mentor first were assigned to one another as a mentor/mentee pair using the format MM/DD/YYYY.
4. **Date Match Ended:** Enter the date that the mentor/mentee pairing ended using the format MM/DD/YYYY. NOTE: The end of a match does not necessarily indicate that either the mentor or the mentee is leaving the JUMP project. Either individual may enter a new match with another person.
5. **Reason for Ending Match:** Check ONE box that best indicates the primary reason this match ended.

<u>Category</u>	<u>Definition</u>
<i>Project Time Ended</i>	The mentoring project operates as a time limited program (eg. one school year, or 12 months) and the time commitment to the project has been completed by either or both the youth and the mentor.
<i>Time Conflict: Mentor</i>	The mentor has new or additional work, professional, or other personal responsibilities that create a scheduling or time conflict with the requirements of the project. Do not mark this option if the time conflict is due to a personal or family crisis (below)..



*Personal Crisis:
Mentor*

The mentor is experiencing a personal or family crisis (eg. illness or death in the family) that makes it impossible for him/her to continue serving as a mentor.

Mentor Moved

The mentor has relocated out of the geographic area.

*Loss of Interest:
Mentor*

The mentor has expressed that he/she is no longer interested in serving as a mentor without specifying precise reasons for the change of mind.

Incompatibility

The mentor feels that he/she is not appropriate for this particular youth due to an issue of incompatibility related to social, cultural, economic, ethnic or other factors.

*Parent Withdrew
Youth*

The youth's parent withdrew the youth from this match and no longer is willing to give permission for the youth to participate with this mentor. The parent may have withdrawn his/her child from just this match or from the entire project.

*Time Conflict:
Youth*

The youth has new or additional work, school, or other personal responsibilities that create a scheduling or time conflict with the requirements of the project. Do not mark this option if the time conflict is due to a personal or family crisis (below).

*Personal Crisis:
Youth*

The youth is experiencing a personal or family crisis (eg. illness or death in the family) that makes it impossible for him/her to continue participating.

Youth Moved

The youth has relocated out of the geographic area.

*Loss of Interest:
Youth*

The youth has expressed that he/she is no longer interested in participating in the project without specifying precise reasons for the change of mind.

*Youth
Graduated*

The youth has graduated from school and/or the mentoring project and no longer is eligible to participate.

*Youth
Dropped Out*

The youth has dropped out or withdrawn from school thereby making him/her ineligible to continue participating in the mentoring project.

*Youth
Aged-Out*

The youth has reached an age that is outside of the eligibility limits for participating in the mentoring project.



Behavioral Problems

The youth exhibited behaviors that indicated problems severe enough for a decision to be made to discontinue him/her in the mentoring project and/or to warrant a referral for additional services.

Other

This match ended for reasons other than those that are described above. Specify the reason.

6. Another Youth Match Made?: Check one box which best indicates whether or not another match will be made for this youth.

Yes

Another mentor will be matched with this youth as soon as an appropriate mentor is available. If another match is made, enter the information for the new match.

No

This youth will not be matched with another volunteer mentor. The youth may be leaving the JUMP project completely, or may be participating in other aspects of the JUMP activities outside of the mentoring component. If the youth is not continuing in the mentoring project, enter exit information on the Youth Profile.

Pending

The volunteer's approval is in process and final approval is contingent on satisfactory completion of certain tasks, background checks, or a probationary period.

Date of Approval: If the mentor has obtained final clearance and is ready to be matched with a youth, enter the date of that final approval using the format MM/DD/YYYY.

Reason for Non-Approval: If the mentor was not approved for participation in the mentoring program, check **one** box that indicates the **primary** reason for the non-approval.

Category

Definition

Failed Criminal Background Check

The background check indicated a past history that disqualified the mentor candidate from participating in the mentoring program.

Unable to Meet Program Expectations

The candidate proved unable to meet certain expectations or requirements of the mentoring program, such as not being able to give sufficient time, attend required trainings, or submit regular activity reports.



*Unrealistic
Mentor
Expectations*

The mentor candidate did not have a clear and accurate picture of what mentoring involved, what would be required, or the nature of the youth with whom he/she would be working.

*Failed Other
Screening
Procedure*

The candidate did not successfully pass screening procedures other than the criminal background check, such as obtaining satisfactory references, or demonstrating stable judgement in working with high-risk youth.

*Withdrew
Application*

The candidate chose, voluntarily, to withdraw his/her own application and not complete the application and/or screening process.

Other

The mentor candidate failed to be approved for reasons that are not described above. Specify the reason.

15. Participation in Activities Prior to Final Approval: Check **one** box to indicate whether or not the mentor candidate participated in project activities prior to his/her approval and the initiation of one-to-one mentoring activities.

Yes

The mentor participated in mentoring-related activities prior to final mentor approval.

No

The mentor candidates did not participate in any mentoring- related project activities prior to final approval other than mentor training.

Type of Activities in Which Mentor Participated: Check **all** of the appropriate boxes to indicate the type of activities in which the mentor participated prior to receiving final approval.

Category

Definition

Training

The mentor candidate participated in training activities intended to prepare him/her for the mentoring relationship.

*Group/
Supervised Activity*

The candidate participated in activities with youth that were conducted in groups or other supervised environments. The candidate never met alone or independently with a youth.

*Individual/
Pairs*

The candidate began participating in individual activities with youth that were conducted independently and in unsupervised environments.



Other

The mentor candidate participated in activities prior to his/her approval that are not described above. Specify the activity.

16. Availability of Mentor Training: Check **one** correct box to indicate whether or not initial orientation and training sessions were made available to this specific mentor.

Yes

Standard training, either individual or in a group format, was made available to this mentor.

No

Standard training was not available for this volunteer either because it is not a part of the agency process, or because the volunteer applied to the JUMP project at a non-standard time for receipt and processing of applications.

Has the Mentor Completed the Training that was Available: If training was offered and available, check **one** box which best represents the status of the training process.

Yes

All initial, orientation training has been satisfactorily completed.

No

The required orientation training was not completed by the volunteer. Do not check this box if the volunteer currently is participating in ongoing training (see above).

In Process

The volunteer currently is in the process of initial, orientation training required prior to being matched with a youth.

Do Not Know

It is not clear whether or not the volunteer has completed the required training session(s).

MENTOR DISCHARGE

17. Discharge Date: Enter the date the volunteer left the JUMP mentoring project. Note that this may not be the same date a match with a youth ends. This is the date beyond which the volunteer will no longer serve as a mentor for **any** youth through JUMP. Use the format MM/DD/YYYY.

18. Discharge Reason: Check **one** box that best indicates the primary reason the mentor left the JUMP project.



Category

Definition

*Time Commitment
Ended*

The mentor fulfilled the time commitment he/she made to the mentoring project and does not wish to continue any longer.

*No Longer
Interested*

The mentor has no further interest in continuing to participate as a mentor.

*Personal/
Family Crisis*

The mentor has experienced a life crisis that makes it impossible for him/her to continue effectively in the role of a mentor. This

may include a personal or family illness, death in the family, or other situation that requires the mentor's time and attention.

Match Ended

An established match ended and the mentor does not wish to begin another match relationship with another youth. If this coincides with the end of a time commitment, mark that box. Use this option only if the match end is prior to the end of the mentor's time commitment.

*Time/Schedule
Conflict*

Life events, such as new job or family responsibilities, make it impossible for the mentor to continue serving consistently in that role.

Moved

The mentor has relocated out of the geographic area that the mentoring project can reasonably serve.

*Mentor
Discouraged*

The mentor ceases to believe that he/she is being effective in supporting positive change in the youth and is discouraged by the lack of youth progress.

*Lack of
Contacts*

The mentor has failed to maintain scheduled and expected contacts with the youth, and has generally not followed through with project requirements resulting in **decision by project staff to discharge** him/her from the project.

Other

Mentor was discharged for reasons that are not described above. Specify.





MATCH INFORMATION

MATCH INFORMATION						
Youth ID	Mentor ID	Date Matched MM/DD/YYYY	Date Match Ended MM/DD/YYYY	Reason for Ending Match (Check only <u>ONE</u> Primary Reason)	Another Youth Match Will Be (Has Been) Made? (If Yes, list new match on a new line)	
				<input type="checkbox"/> End of School Year/Time Limited Program <input type="checkbox"/> Mentor Time/Schedule Conflict <input type="checkbox"/> Mentor Family/Personal/Health Crisis <input type="checkbox"/> Mentor Moved <input type="checkbox"/> Mentor No Longer Interested <input type="checkbox"/> Incompatibility/Cultural Issues <input type="checkbox"/> Parent Withdrew Youth <input type="checkbox"/> Other: _____	<input type="checkbox"/> Youth Time/Schedule Conflict <input type="checkbox"/> Youth Family/Personal/Health Crisis <input type="checkbox"/> Youth Moved <input type="checkbox"/> Youth No Longer Interested <input type="checkbox"/> Youth Graduated from School <input type="checkbox"/> Youth Dropped Out/Withdrew From School <input type="checkbox"/> Youth Aged Out of Program <input type="checkbox"/> Youth Had Behavioral Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> End of School Year/Time Limited Program <input type="checkbox"/> Mentor Time/Schedule Conflict <input type="checkbox"/> Mentor Family/Personal/Health Crisis <input type="checkbox"/> Mentor Moved <input type="checkbox"/> Mentor No Longer Interested <input type="checkbox"/> Incompatibility/Cultural Issues <input type="checkbox"/> Parent Withdrew Youth <input type="checkbox"/> Other: _____	<input type="checkbox"/> Youth Time/Schedule Conflict <input type="checkbox"/> Youth Family/Personal/Health Crisis <input type="checkbox"/> Youth Moved <input type="checkbox"/> Youth No Longer Interested <input type="checkbox"/> Youth Graduated from School <input type="checkbox"/> Youth Dropped Out/Withdrew From School <input type="checkbox"/> Youth Aged Out of Program <input type="checkbox"/> Youth Had Behavioral Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> End of School Year/Time Limited Program <input type="checkbox"/> Mentor Time/Schedule Conflict <input type="checkbox"/> Mentor Family/Personal/Health Crisis <input type="checkbox"/> Mentor Moved <input type="checkbox"/> Mentor No Longer Interested <input type="checkbox"/> Incompatibility/Cultural Issues <input type="checkbox"/> Parent Withdrew Youth <input type="checkbox"/> Other: _____	<input type="checkbox"/> Youth Time/Schedule Conflict <input type="checkbox"/> Youth Family/Personal/Health Crisis <input type="checkbox"/> Youth Moved <input type="checkbox"/> Youth No Longer Interested <input type="checkbox"/> Youth Graduated from School <input type="checkbox"/> Youth Dropped Out/Withdrew From School <input type="checkbox"/> Youth Aged Out of Program <input type="checkbox"/> Youth Had Behavioral Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. EXIT INFORMATION

All JUMP grantees are required to maintain basic information about the youth being served through their JUMP project, the mentors volunteering in the project, and the match activities. The forms associated with the quarterly report provide OJJDP with a brief profile of each mentee, mentor, and match. By using this standardized and consistent reporting format, OJJDP is able to develop an integrated, national profile that can meaningfully incorporate data from all grantee projects. OJJDP appreciates that most JUMP projects maintain much more comprehensive information that is not represented on these forms. The information on the forms represents only that minimum information that OJJDP needs from each grantee at the close of each Federal fiscal quarter and in no way is meant to limit the information gathering procedures implemented by individual programs. **In this section specific instructions are provided for completing the EXIT INFORMATION forms.**

Getting Started

The *Youth Exit Information Form* and the *Mentor Exit Information Form* are integral to the JUMP National Evaluation data collection effort. These instruments are tools that will allow youth and mentors to provide us with information regarding their mentoring experiences. Each youth and mentor leaving your mentoring project should complete the appropriate *Exit Information Form*.

When to Administer the Exit Information Forms

The *Exit Information Forms* are designed to provide information about youth and mentors at the time of their exit from the program, after their mentoring experiences have ended. Exhibit 7-1 summarizes the recommended schedule for completion of the youth and mentor Exit Information Forms.

How to Score the Youth and Mentor Exit Information Forms

The JUMP national evaluation team will score the Exit Information Forms for you throughout the term of your grant funding. For this to happen, you will have to mail the completed forms to the evaluation team for processing. In order for the evaluation team to score the *Youth and Mentor Exit Information Forms*, we must receive the original answer sheet. **Do not send copies.**



<i>Circumstance</i>	<i>Complete Exit Information Form</i>
Youth and Mentor reach one-year anniversary of mentoring relationship.	
A youth/mentor match ends and either the youth or the mentor begins a new match.	
A youth leaves the JUMP mentoring program and enrolls in your agency recreation program.	X
A youth leaves the JUMP mentoring program and receives no further agency services.	X
A mentor leaves the JUMP mentoring program and volunteers in another agency program.	X
A mentor leaves the JUMP mentoring program and no longer participates in any agency program.	X

Exhibit 7-1: Schedule for Completing Youth and Mentor Exit Forms

In order to match accurately the *Youth and Mentor Exit Information Form* responses with the individual that provided them, it is critical that you provide the JUMP youth or mentor identification number on each completed form. This must be the **SAME** youth or mentor ID that you have been using for all of your other JUMP data, including that on the *Youth Information Form*, *Mentor Information Form* and the *Match Information Form*.

REMEMBER: A SINGLE YOUTH OR MENTOR ALWAYS SHOULD BE IDENTIFIED USING THE SAME IDENTIFICATION NUMBER. YOUTH AND MENTOR ID NUMBERS SHOULD NEVER BE RE-USED AFTER A YOUTH OR MENTOR IS DISCHARGED FROM YOUR JUMP PROJECT.

Other Notes:

We will NOT be able to return the answer sheets themselves, so if you want to keep the completed *Exit Information Forms* in your client files, be sure to keep copies. Send only originals to the evaluation team. Forms should be sent to:

JUMP National Evaluation Team
C/O Information Technology International
10000 Falls Road, Suite 214
Potomac, MD 20854



The electronic scoring process that we will be using to process the large numbers of forms that we anticipate receiving from grantees requires clean, unmarked copies. For this reason, it is very important that you make your own copies of the instruments using only the original documents that are in this package. **Do not make copies of copies or copies of fax transmissions of the *Youth Exit Information Form* and the *Mentor Exit Information Form*.** All copies must be single-sided. **Do not make double-sided copies.** In addition, it is essential that the *Youth Exit Information Form* and *Mentor Exit Information Form* are completed using a black pen. The electronic scoring system only will read appropriate responses – please see the attached sample to determine correct and incorrect methods of completing the scoring sheets. Please paper clip, do not staple, the pages of the *Exit Information Forms*. Stapling through any of the barcodes on the test pages will interfere with the electronic scoring process.



YOUTH EXIT INFORMATION

We are always looking for ways to make our program better. **YOU** can help!! Please take a few minutes to answer these questions. Thanks.

AGENCY CODE

--	--	--	--	--

YOUTH ID

--	--	--	--	--	--	--	--	--	--

AGE

--	--

GENDER

☐ MALE

☐ FEMALE

How many different mentors have you worked with in this program?

--	--

Kids have different feelings about their mentors, and we would like to know how you felt about having a mentor. If you have had more than one mentor, pick your favorite one and think about that person as you answer these questions.

Completely fill in *one* circle for each question that best describes how you feel.

☐ **Y** Some kids liked their mentor.

☐ **Z** Some kids did not like their mentor.

1.

☐
I am really like
the kids in **Y**

☐
I am sort of like
the kids in **Y**

☐
I am sort of like
the kids in **Z**

☐
I am really like
the kids in **Z**

☐ **Y** Some kids got along with their mentor.

☐ **Z** Some kids did not get along with their mentor.

2.

☐
I am really like
the kids in **Y**

☐
I am sort of like
the kids in **Y**

☐
I am sort of like
the kids in **Z**

☐
I am really like
the kids in **Z**

☐ **Y** Some kids felt their mentor really understood them.

☐ **Z** Some kids did not feel their mentor understood them at all.

3.

☐
I am really like
the kids in **Y**

☐
I am sort of like
the kids in **Y**

☐
I am sort of like
the kids in **Z**

☐
I am really like
the kids in **Z**

☐ **Y** Some kids thought their mentor was really helpful.

☐ **Z** Some kids did not feel their mentor was helpful at all.

4.

☐
I am really like
the kids in **Y**

☐
I am sort of like
the kids in **Y**

☐
I am sort of like
the kids in **Z**

☐
I am really like
the kids in **Z**

		Not Very Much	A Little	Pretty Much	A Lot
5.	Do you think other kids would like having a mentor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Do you think you would like to be a mentor someday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Completely fill in **one** circle that best describes how much you feel your mentor helped you with the following things:

		Not At All	A Little	A Lot	Not An Issue
7.	Getting better grades in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Attending all my classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Staying away from alcohol, including beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Staying away from drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Avoiding fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Staying away from gangs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	Not using or carrying knives or guns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Leaving when friends start getting into trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	Getting along with my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STAFF ONLY:

Did any adult help this youth complete this form? ☐ YES ☐ NO

If yes, what is that adult's relationship to the youth?

--	--	--	--	--	--	--	--	--	--

MENTOR EXIT INFORMATION

We are always looking for ways to make our program better. **YOU** can help!! Please take a few minutes to answer these questions. Thanks.

AGENCY CODE

--	--	--	--	--

MENTOR ID

--	--	--	--	--	--	--	--	--	--	--	--	--

GENDER ☐ MALE ☐ FEMALE

--	--

How many different youth have you worked with in this program?

If you have been matched as a one-to-one mentor with more than one youth, please complete one form for each mentee with whom you have been matched during the past year (including your current mentee). Fill in one circle that best describes how you feel about that mentee.

This form describes your feelings about your relationship with:

(Youth ID#)

--	--	--	--	--	--	--	--	--	--

1. How much do (did) you LIKE your mentee?

☐

Not Very Much

☐

A Little

☐

Pretty Much

☐

A Lot

2. How well do (did) you GET ALONG with your mentee?

☐

Not Very Much

☐

A Little

☐

Pretty Much

☐

A Lot

3. How well do (did) you feel you UNDERSTOOD (UNDERSTAND) your mentee?

☐

Not Very Much

☐

A Little

☐

Pretty Much

☐

A Lot

4. How HELPFUL do (did) you feel you are (were) to your mentee?

☐

Not Very Much

☐

A Little

☐

Pretty Much

☐

A Lot

5. Do you believe other adults you know would like being a member?

☐
Not Very Much

☐
A Little

☐
Pretty Much

☐
A Lot

Fill in one circle for each item that best describes how much you feel you helped your mentee with the following:

	Not At All	A Little Bit	A Lot	Not Addressed
6. Getting better grades in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Attending all his/her classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Staying away from alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Staying away from drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Avoiding fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Staying away from gangs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Not using knives or guns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Leaving when friends start getting into trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Getting along with his/her family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other comments you would like to share about your experience as a mentor:

PROPERTY OF

National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000

6200063647