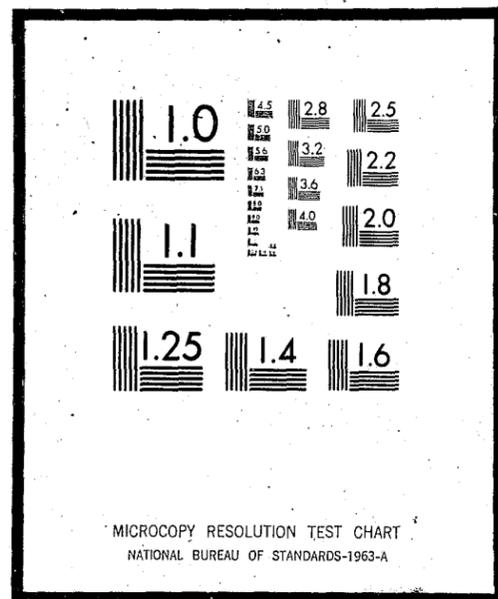


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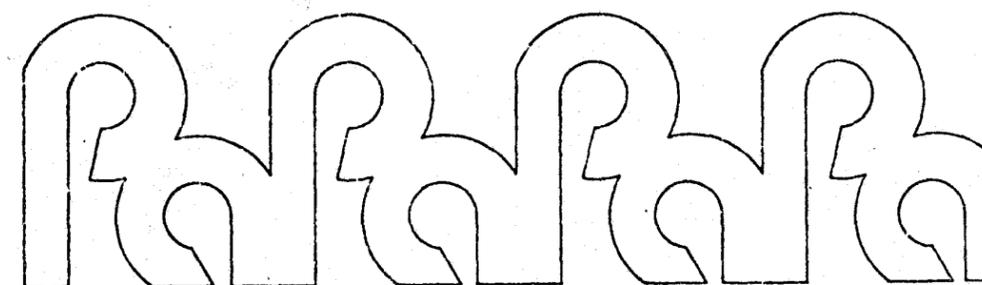
Philadelphia -
ST. ELIZABETH'S COMMUNITY
SERVICE CENTER

PH-74-C-C4-5-308

Final Evaluation Report

Governor's Justice Commission
Philadelphia Region

Evaluation Period:
October 1, 1974 to July 1, 1975



PORTFOLIO ASSOCIATES, Incorporated

UNIVERSITY CITY SCIENCE CENTER / 3508 MARKET ST. / SUITE 202
PHILADELPHIA, PENNSYLVANIA 19104 (215) EV 2-1036

GOVERNOR'S JUSTICE COMMISSION

PROJECT EVALUATION SUMMARY

EVALUATION INITIATED BY: Philadelphia Region, G.J.C.

PROJECT: Counseling and Referral Service CONTINUATION NO.:

SUBGRANTEE: St. Elizabeth's Community Service Center CURRENT NO.: PH-74-C-C4-5-308

EVALUATION CONDUCTED BY: Portfolio Associates, Inc.

ADDRESS: 3508 Market Street - Suite 202 - Philadelphia, Pa. 19104

DURATION OF PROJECT: 10/1/74 TO: 7/1/75

DURATION OF EVALUATION: 10/1/74 TO: 7/1/75

DATE OF REFUNDING REPORT: July 14, 1975

ST. ELIZABETH'S COMMUNITY SERVICE

CENTER EVALUATION REPORT

Section I. Summary Of Evaluation:

The St. Elizabeth Community Service Center is a short-term high impact type of preventive counseling service designed to deal with delinquency prevention in the form of early intervention with pre-delinquent youth and their families. The types of intervention used in this program include individual counseling, direct referrals, group counseling and parent training sessions. The counseling is particularly directed toward behavior modification. Measurable program results are anticipated in the following areas:

1. Reduction of delinquent activities by youth seen in the program.
2. Redirection of the energies of youth into productive channels making effective use of community resources.
3. Educating parents to help them cope effectively with the needs and problems of their children.

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Summary-Continued

4. Assist clients to establish rapport with area youth services agencies in order to facilitate referrals.

In order to conduct an accurate evaluation a variety of diagnostic tools have been developed to record data and provide critical feedback in the following areas:

- A. evaluation of administrative policies and project management;
- B. analysis of unit cost and cost benefit for program operation;
- C. evaluation of program coordination, referral and general program operation;
- D. evaluation of physical plant and space utilization, and;
- E. analysis of staff utilization and performance evaluation.

A detailed analysis was prepared on these five areas by a volunteer who worked with the staff during the conduct of the program. The results of this analysis are included in the body of this report. The following is a summary of major results, findings and recommendations.

The evaluator found major deficiencies in the way administrative operations coordinated with program operations. Accordingly, personnel, policies, administrative operations, staff evaluation, and internal communications are conducted at best in a haphazard manner. The evaluator suggest the compilation and use of an operations manual by St. Elizabeth's Community Service Center. An operations manual would state the procedures by which the organization actualizes the policies and practices its board has adopted. Further, it provides an organized body of procedural information in place of the flood of memoranda and directives emanating from all components of the organization at different times and often, operating at cross-purposes.

An effective operations manual is simple, clear, specific, and usually includes such information as the titles of persons and job descriptions, the limits on judgments to be made without consulting higher authority, performance requirements for each job description and evaluation procedures.

In order to analyze unit cost and cost benefit for program operation a critical analysis was made of clients status and problematic conditions. An analysis was made of programatic cost compared with client load to develop cost benefit. The following information was gleaned from this analysis. St. Elizabeth's Community Service Center operates on a margin of \$125.00 per client per program quarter down from \$250.00 per client per program quarter during the interim evaluation.

During the conduct of the project the Center has provided services to 59 youth, 48 of these having active status at present. Over half of the present clients receive some kind of public assistance. The types of presenting problems range through all of the following:

- o Learning problems
- o Family problems
- o Poor adjustment
- o Gang fighting
- o Truancy
- o Theft
- o Emotional problems
- o Multiple problems

The center has continued to service male and female clients ranging in age from six (6) to sixteen (16).

In order to compensate for lack of staff St. Elizabeth has made good use of community volunteers. However, program operation and coordination continues to be effected by poor parental involvement. Parents are afraid of new programs and concepts like family counseling, psychological test and evaluations, psychological counseling, diagnostic centers and rehabilitation centers. Parents have to be reeducated as to the usefulness of such services. A greater effort needs to be put forth to reach parents especially when there is indication that problems may stem from the home. Setting up times to talk to parents can be a real problem, but it should be a prerequisite for intake.

Parents, have to share in the development of their children, at best St. Elizabeth's staff could only play a cooperative role. However, the ultimate test of what St. Elizabeth does will be determined by how the child responds to his own environment in the home and among his peers.

St. Elizabeth must begin to effect both of these elements in a child's environment in order to modify disruptive or anti-social behavior.

Last, the evaluator looked at the physical plant and found that space utilization did not lend its self to the privacy and noise control needed for the operation of the program. An alternative space utilization plan is detailed in the content of the report along with other recommendations.

Section II. Project Activities:

The St. Elizabeth Community Service Center is a short-term/high impact counseling and referral program with primary emphasis on crisis intervention. Intervention, in the form of youth and parent counseling, diagnostic evaluations, and specialized referrals are employed as integrated components of the program. Additionally, the center works in close cooperation with schools, area groups, and other service agencies.

The aim of the program is to remain sensitive to the particular needs of the target population and develop a series of models for diverting children and youth away from juvenile courts. This aim is premised on the idea that an excessive number of children are being processed by juvenile courts, that children are unnecessarily referred to juvenile courts, and that in many cases the harm done to children and youth by contacts with these courts outweighs any benefits thereby gained. Moreover, it is the position of St. Elizabeth that the inter action between child and court contributes to or exaggerates the problem of delinquency.

This early intervention type program geared to youthful clients and their families is expected to impact the area's juvenile crime. Measurable results should be seen in the following areas:

- o Absence or reduction of delinquent activities by youth seen in the program;
- o Redirection of the energies of these youngsters into more productive channels through counseling and assisting them to make effective use of community resources for recreational activities and child development;
- o Educating parents to help them cope more effectively with the needs and problems of their children;
- o Establishment of a working relationship with schools and resources in the area which will result in facilitation of services to youth.

Program implementation takes place as follows: intake; counseling and referral. Clients are referred to St. Elizabeth by public and private schools physicians, clergyman, and other agencies.

Intake consist of three or more interviews with the child and parents by the intake caseworker and counselor. The interviews are both exploratory and supportive in nature. They collect data on family history and developmental phases of the children and assist parents and children to cope with the immediate problem that precipitated referral.

After the intake is complete the results of all diagnostic tools are interpreted to the parents, with some practical recommendations for solutions to the problems. These recommendations will include short-term counseling for the children or referral to an appropriate agency for highly specialized or long-term services beyond St. Elizabeth's Youth Counseling Services. Additionally, recommendations may include that parents attend the parent training sessions in order to learn how to relate better to their child. In fact all parents are invited to participate in these training sessions.

Section III: Evaluation Activities

In conduct of the evaluation for St. Elizabeth's Community Service Center, Portfolio Associates employed a comprehensive fact finding approach. The approach is designed to monitor information in the following general program areas:

- o organizational structure and administration
- o cost-benefit analysis
- o program coordination and referral service
- o juvenile counseling services
- o parent counseling services
- o and data collection and information retrieval

Additionally, our approach established an internal audit system in the program providing regular feedback to the staff concerning progress and problems as well as timely information to decision makers. The following specific activities took place with regard to conduct of this evaluation.

<u>Tasks</u>	<u>Responsible Party</u>	<u>Dates</u>
A. Site visits for staff & client interviews	Evaluator	2/18-4/28
B. Record-keeping and data collection	Staff	--
C. Monitoring data collection and critique for reliability and relevance	Evaluator	--
D. Psychological test and measurement	Staff	--
E. Review quarterly reports of the project to the Governor's Justice Commission	Evaluator	--
F. Tabulation and statistical analysis of data	Staff	--

- Tasks
- G. Develop and submission of refunding evaluation report
 - H. Develop and submission of follow-up evaluation report
 - I. Meet as needed to discuss recommendations with staff and the Governor's Justice Commission

<u>Responsible Party</u>	<u>Dates</u>
Evaluator	
Evaluator	
Evaluator	

St. Elizabeth's Community Service Center in conjunction with the staff at CORA have combined their efforts to develop a battery of diagnostic instruments aimed at evaluating the effectiveness of the project. It is expected that changes in social and psychological adjustment would accompany changes in behavior. This counseling service is aimed at affecting positive behavior in youthful clients and their families. Accordingly, the diagnostic instruments we have selected are the most feasible indicators of program impact. The following instruments were employed for this purpose:

- A. Childrens' Behavior Scale:
A subjective assessment of parents attitudes about their children.
- B. (WRAT) Wide Range Achievement Test:
A assessment of children's math, reading, and spelling.
- C. Sentence Completion Test:
A projective measurement of a childs personality which provides the counselor with insight into what a child may be thinking.
- D. Jesness Test:
This test will only be used when there is reason to believe that a child has extreme emotional problems. The test is used for the classification and treatment of disturbed children and adolescents.

Additionally, it is expected that measurable results may be seen in the reduction of delinquent activities by youth seen in the program. And last, the development of more effective communications between parents and their children.

The data and information used in the evaluation will include the following:

- A. In order to evaluate the organizational structure and project administration the evaluator will review all quarterly reports to the Governor's Justice Commission. The quarterly reports will be completed by the project staff at the end of each quarter.
- B. Cost - benefit analysis will be developed to find cost per program unit, and cost per client treated. It is expected that unit costs should be higher during the start-up period. The data used for this will come directly from project budget information and relevant records.
- C. Program coordination and referral services will be reviewed weekly. In order that we might have an accurate account of all referrals we will use a "Services Record" form developed by CORA and tested in their program for validity.
- D. In order to measure the effectiveness of juvenile counseling services we used the Children's Behavior Scale which has been adapted from CORA. This scale is used before and after counseling intervention.
- E. Parent effectiveness inventory forms have also been adapted from CORA to assess parent groups. This form will also be used before and after program intervention.
- F. Data collection and information retrieval was monitored daily by project staff and reviewed by the evaluator as needed.

In addition to the involvement of St. Elizabeth's Community Service Center's staff in the data collection and the continuous opportunity provided for communication the evaluator planned two evaluation meetings with the staff. These meetings act as feedback sessions and planning session for implementing recommendations.

Section IV. Project Results

Viable models for diverting problem children and youth away from juvenile courts and detention centers are few in number. Conventional institutions like schools, welfare departments, and law enforcement agencies all have their own shortcomings. These shortcomings all indicate the need for a more indigenous model which pervades or brings together a number of community and public service agencies on the problem. St. Elizabeth's Community Service Center provides the only pragmatic model of this type in North Philadelphia. Since October of 1974 the center has provided a concentrated effort to curb the delinquency problem in the target area. In order to present the results of this effort in the proper perspective it is essential to understand the characteristics of the target areas population.

Within the area served by St. Elizabeth's Community Service Center, 41.6% of the population is 18 years of age or younger. The percentage of youth between 16 and 21 years of age who are not enrolled in high school and are not high school graduates is 30.3%. Youth crime is high in the North Central police district, in 1971 there were 2,657 arrests of juveniles. Only 1,109 of these juveniles were able to receive any remedial treatment at which time it was probably, "too little, too late." 20% or more of the families in the target area have an income of \$3,000.00 or less. Unemployment in the area has reached epidemic proportions around 15% and there seems to be no relief in sight from these depressing economic conditions. If these things aren't bad enough, at least four youth gangs have been identified operating in the area.

Delinquency is a social problem resulting from the compounded impact of the above phenomenon. St. Elizabeth's mission is preventive in nature and attempts to modify selected behavior patterns predictive of future delinquency. The chart on the following page will provide a quantitative analysis of St. Elizabeth's from April, 1975 through May 1975.

PROJECT RESULTS MATRIX

<u>Program Item</u>	<u>April</u>	<u>May</u>
1. New Cases	12	9
2. Closed Cases	2	4
3. Cases Referred to Other Agencies	5	3
4. Psychologicals Completed	6	8
5. Present Active Cases	35	41
6. Total Cases Since Program Initiated	53	62
7. Number of Appointments with Clients	98	95
8. Ages of Clients:		
6-8	2	4
9-11	16	20
12-14	11	13
15-Above	6	7
9. Number of Home Visits	7	14
10. Number of Meetings with other Agencies	16	25
11. Sex of Clients:		
Male	25	30
Female	10	10
12. Ethnic Background of Clients:		
Black	33	39
White	1	1
Chinese	1	1
13. Types of Presenting Problems:		
Learning Problems	10	11
Family Problems	1	2
Peer Adjustment	3	3
Gang Fighting	0	0
Truancy	3	4
Theft	1	1
Fighting	4	4
Emotional	3	3
Disruptive Problems	8	14
Multiple Problems	2	2

PROJECT RESULTS MATRIX CONT.D

<u>Program Item</u>	<u>April</u>	<u>May</u>
14. Total in Individual Counseling	35	41
15. Total in Group Counseling	23	40
16. Total in Program	58	81

PROGRAM EVALUATION FORM

Instructions:

WRAT

- (R) - Reading Score
- (S) - Spelling Score
- (A) - Arithmetic Score

WISK

- (V) - Verbal Score
- (P) - Performance Score
- (F) - Full Scale Score

STATUS

- (I) - Intake
- (C) - Counseling in Process
- (O) - Closed Out

PROGRAM EVALUATION FORM

CASE NO.	SEX	REFERRAL SOURCE	SCHOOL	GRADE	WISK	WRAT	Public Assistance		STATUS
							Yes	No	
75-004	M	Y.C.S.	Fleisher	6th					O
75-008	F	Teachers' Sodality	Strawberry Mansion	9th					O
75-003	F	Neighbor	"	9th			*		O
75-005	M	Parent							O
75-016	M	School Counselor	Douglass	4th				*	O
75-017	M	School Counselor	Douglass	5th				*	O
75-018	F	Parent	Strawberry Mansion	9th			*		I
75-023	M	Teachers' Sodality	St. Charles	8th				*	C
75-020	F	Parents	Pratt-Arnold	4th	v-81 p-92 f-85	R-99 S-97 A-92		*	C
75-021	M	School Counselor	Gesu	4th			*		I
75-022	M	School Counselor	Douglass	4th			*		I

PROGRAM EVALUATION FORM

CASE NO.	SEX	REFERRAL SOURCE	SCHOOL	GRADE	WISK	WRAT	Public Assistance		STATUS
							Yes	No	
75-024	M	School Counselor	St. Eliz.	6th		R-68 S-64 A-86		*	I
75-025	M	" "	" "	3rd				*	I
75-026	M	" "	" "	"				*	I
75-027	M	" "	" "	"				*	C
75-028	M	" "	Gideon	7th				*	I
75-029	M	" "	"	7th				*	I
75-030	M	" "	"	5th				*	I
75-031	M	CORA	North Catholic	9th	V-104 P-83 F-93	R-103 S-97 A-101		*	C
75-041	M	School Counselor	St. Eliz.	5th				*	C
75-042	M	" "	Douglass	4th		R-79 S-73 A-78		*	I
75-043	M	" "	St. Eliz.						I

PROGRAM EVALUATION FORM

CASE NO.	SEX	REFERRAL SOURCE	SCHOOL	GRADE	WISK	WRAT	Public Assistance		STATUS
							Yes	No	
75-012	M	School Counselor	St. Eliz.	1st					I
75-011	M	School Counselor	Mead	6th				*	C
75-018	F	Parent	Straw-Berry Mansion	9th				*	C
75-010	M	School Counselor	Gideon	7th		S-74 A-72		*	C
75-009	M	School Counselor	Gideon	7th	V-72 P-96 F-81	R-69 S-68 A-77		*	C
75-016	F	School Counselor	St. Eliz.	2nd		R-87 S-86 A-92		*	C
75-013	F	School Counselor	St. Eliz.	4th				*	I
75-015	F	School Counselor	St. Eliz.	5th				*	I
75-035	M	School Counselor	Douglas	2nd		R-106 S-106 A-100		*	C
75-002	F	Parents	Pratt Arnold	6th	V-85 P-91 F-87	R-101 S-90 A-95		*	C
75-001	M	School Counselor	Douglas	4th	V-91 P-73 F-81	R-95 S-90 A-79		*	C

PROGRAM EVALUATION FORM

CASE NO.	SEX	REFERRAL SOURCE	SCHOOL	GRADE	WISK	WRAT	Public Assistance		STATUS
							Yes	No	
75-036	M	School Counselor	St. Eliz.	5th	V-77 P-58 F-66	R-82 S-70 A-74		*	C
75-033	F	School Counselor	St. Eliz.	4th	V-97 P-115 F-107	R-93 S-89 A-96	*		C
75-034	M	School Counselor	St. Eliz.	6th	V-62 P-74 F-64	R-68 S-65 A-66	*		C
75-032	M	School Counselor	Precious	8th	V-75 P-73 F-72	R-82 S-78 A-78		*	C
75-019	M	CORA-ED	Wilson	9th		R-64 S-67 A-80		*	C
75-037	F	Y.C.S.	St. Eliz.	7th			*		0
75-007	F	School Counselor	Univ.High	10th			*		0
75-038	F	Y.C.S.	Gillespie	9th			*		0
75-039	M	St. Eliz. Sch. Coun.	St. Eliz.	6th			*		0
75-040	F	St. Eliz. Sch. Coun.	St. Eliz.	4th			*		0

PROGRAM EVALUATION FORM

CASE NO.	SEX	REFERRAL SOURCE	SCHOOL	GRADE	WISK	WRAT	Public Assistance		STATUS
							Yes	No	
75-055	M	School Counselor	St. Eliz.	5th				*	Intake
75-056	M	" "	St. Thomas Moore	9th				*	0
75-057	F	" "	Gideon	1st			*		Intake
75-058	F	" "	St. Eliz.	6th			*		Intake
75-059	F	" "	St. Eliz.	1st				*	Intake
75--60	M	" "	Douglas	4th			*		Intake
75-061	M	" "	"	4th			*		Intake
75-062	M	" "	"	2nd			*		Intake
75-054	F	" "	St. Eliz.	6th		R-93 S-99 A-89	*		Intake

PROGRAM EVALUATION FORM

CASE NO.	SEX	REFERRAL SOURCE	SCHOOL	GRADE	WISK	WRAT	Public Assistance		STATUS
							Yes	No	
75-044	M	School Counselor	St. Eliz.				*		I
75-045	M	" "	" "						I
75-046	M	" "	" "						I
75-047	M	" "	" "						I
75-048	F	" "	" "						I
75-049	M	" "	" "	7th			*		I
75-050	F	" "	" "	7th					I

During the program's six months of operation a total of 102 area youth have been seen in the program. This number far exceeds expected results of project staff. However, it is thought that the high referral rate may be caused by the magnitude and intensity of social problems in the area. Through volunteer support, St. Elizabeth has been able to meet the crisis needs of predelinquent youth in only a glossary manner. While the quantitative results shown on the preceding chart are impressive at first glance, closer examination will show that many of the clients have been carried in counseling or in intake for periods of time far exceeding the high impact type of short term services originally planned.

Accordingly, this has caused a reduction in the impact this project has had on the problem. However, the expected impact as stated in the Sub-grant Application was general enough so as not to indicate these short comings. A number of procedural and poorly-timed management limitations seem to function counter to the best interest of the program causing timely delays. Following is a detailed analysis of these limitations:

- (1) Personal Limitations - The major limitation with regard to expanding the service delivery system is that they need more staff. The present staff seems well qualified for their present positions and function well as a team. However, the staff is augmented by volunteer and outside supportive services. The evaluator feels that if these positions were incorporated within the full-time staff positions the effect would be increased service delivery. A good example of this staff problem stems from the fact that at present a two week delay exist between psychological testing and the presentation of results from the test. For high impact type of counseling the faster these results can be received the more effective the program. However, because the psychologist works part-time the continuity of the program is broken which results in increased time.

The success of this counseling program depends on the quality of staff working at all levels in the program. The program can only have the anticipated results if the staff functions as a team coordinating their efforts together.

The present staff shows a high degree of competency in all levels of job performance. Staff development and training is conducted in formal training sessions at CORA. Additionally, indigenous volunteers and staff add to the programs effective community identification. This helps parents and children feel more comfortable with the staff. Staff are able to relate to special cultural and social problems of clients, not forcing an alien culture upon them as many other traditional institutions attempt to do. Accordingly, St. Elizabeth's counseling program is in compliance with EEOC regulations and meets the special needs of the target population.

- (2) Administrative Limitations - Staff members need to possess personal attributes such as dedication, warmth, sensitivity, emotional stability, patience, and ability to develop trusting relationships with children and adults. Staff members must observe many regulations, policies and procedures in the process of doing their work. At the same time, staff members have families that they have the right to enjoy and personal lives that they have the right to pursue. The program director should consider carefully how it can protect its staff from as many pressures as possible, while requiring it to render high-quality service to the children and their parents.

It is impossible to over-emphasize the value clearly defined personnel policies has on staff morale, stability and program effectiveness. St. Elizabeth's Community Service Center has no clear interpretation of these policies. The evaluator requires that these areas be detailed in a comprehensive policy statement:

- o length of work day and work week;
- o holidays that are taken with pay;
- o sick leave provisions, including some statement about leave not used;
- o vacation time, including a statement about time not used;
- o fringe benefits offered and how they are paid for;
- o tenure provisions, including probationary period, if one is required;
- o resignation and termination procedures;
- o reimbursable expenses; and
- o basis of wage and salary calculation.

The above areas should be addressed with regard to the specific needs of their own high impact counseling program. It is very important to develop policies which facilitate instead of hamper the operation of the program. An example of this type of conflicting policy can be seen in the hours of operation for the program, making it difficult for working parents to participate.

(3) Physical Plant Limitations - A major impediment to the program seems to be the lack of privacy and control of noise. Working areas are not clearly defined and the special needs of the program don't seem to have been taken into consideration in planning the work areas essential to any counseling service is privacy and the control of noise which causes distractions to clients and counselors.

The evaluator suggest the re-organization of space to facilitate a relaxed and highly organized environment. All areas should be clearly marked inorder to help clients determine where they belong. Some of the functional areas needed are:

- o receptionist area
- o secretarial office
- o intake bays
- o waiting area
- o counseling offices
- o psychologist office
- o group room
- o rest rooms
- o lunch room
- o staff lounge

It is essential that separate areas be planned for each of these functions without overlapping. Overlapping will only contribute to the lack of organizational routine consistant with poorly planned space utilization.

(4) Program Operational Limitations - Key to the success of any program is the operation or coordination of people and events on a problem. In order to do this St. Elizabeth has developed a great deal of paper or records. Program records are kept on children's personal history, developmental progress, various test scores and program effectiveness and efficiency.

This evaluation is concerned that excessive records might hinder program operation through duplication. Additionally, parents need to know that all the information about them and their child is confidential and kept in locked files. Access to these files should be limited to the least possible number of persons. No information should be released to anyone outside the counseling service without written consent from the family.

The current filing system also needs up-dating in order to make records easier to find. Records should be kept by family name and information about all family members should be kept in one folder. Care should be exercised in voting the different surnames of family members. Sometimes a cross-index card file is helpful for this purpose.

The referral procedures and referral records are very well organized, however, more significance need to be given to the nature of the presenting problem. The child's developmental history can be obtained later during intake. Additionally, it is suggested that the referral form be shortened to one page. (See recommended format on the following page).

REFERRAL FORM

Referred By: _____

Date: _____

1. Name: _____

4. School: _____

2. Address: _____

5. Address: _____

3. Phone No: _____

6. Phone No: _____

7. Nature of Problem: _____

8. What general problem areas do you believe should be emphasized during our evaluation?

A. Learning _____

E. Perceptual _____

B. Family _____

F. Social _____

C. Emotional _____

G. Other _____

D. Organic _____

9. Has any testing been done within the past two years? Yes _____ No _____

10. If yes, please list test scores and other relevant data or give the name of a contact person:

11. Further Comments: _____

The use of Developmental History Forms might prove helpful in condensing much of the information now collected on other forms. It is suggested that this Developmental History Form be completed by the parents under the supervision of the counselor. (See the recommended format on the following pages)

DEVELOPMENTAL HISTORY

Case No.: _____

CHILD'S NAME: _____ Birth Date: _____
Last First Middle Day, Month, Year

PERSONAL HISTORY

Type of Birth: Normal _____ Premature _____ Any complications? _____

Age he/she began sitting _____ Crawling _____ Walking _____

Was he a good climber: _____ Did he fall easily? _____

Age he began talking _____ Did he speak in words? _____ or sentences? _____

Did he/she have any difficulties in speaking? _____ Other Languages _____

Special Needs: _____

HEALTH

Doctor's name: _____ Address _____

Phone No.: _____

What communicable diseases has child had? Measles (Big Red) _____ Measles (3 day) _____

Mumps _____ Chicken Pox _____ Whooping Cough _____ Other _____

Any serious illness or hospitalization? _____ Hospital Preferred _____

Any physical disabilities? _____ Any known allergies (asthma, hay fever)? _____
(insect bites, medicines, etc.) _____

How many colds has your child had this past year? _____

How does the child react to an elevated temperature? _____

Special instructions if child becomes ill: _____

Are any medications given regularly? _____

Has doctor ever prescribed aspirin? _____

DEVELOPMENTAL HISTORY (cont'd)

EATING

Is child usually hungry at mealtime? _____ Between Meals? _____

What are his/her favorite foods? _____

What foods are refused? _____

What eating problems does the child have? _____

Any food allergies? _____

Does child eat with spoon? _____ Fork? _____ Hands? _____

SLEEPING

What time does child go to bed? _____ Awaken? _____

Is he/she ready for sleep? _____ Does he have his/her own room? _____ Own Bed? _____

Does he/she walk, talk, or cry out at night? _____

What does he/she take to bed? _____

What is his mood on awakening? _____

SOCIAL RELATIONSHIPS

How are his/her experiences in playing with other children? _____

By nature is he/she friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____

How does he/she get along with brothers and sisters? _____

Other Adults? _____

With what age child does he/she prefer to play? _____

Does he/she enjoy being alone? _____ How does he/she relate to strangers? _____

Does he/she demand a lot of adult attention? _____

DEVELOPMENTAL HISTORY (cont'd)

What makes him/her mad or upset? _____

How does he/she show his feelings? _____

What do you find is the best way of handling him/her? _____

Who does most of the disciplining? _____

Favorite toys and activities at home: _____

Does he/she like to read? _____ Listen to music? _____

Does he/she prefer to play outdoors? _____ Can he/she ride a bicycle? _____

COMMENTS

In what particular ways can we help your child? _____

Describe your child briefly (physical appearance, personality, abilities): _____

If school age: Grade Placement _____ Where _____ Adjustment _____

Parents Name: _____

Address: _____

Phone No.: _____

Program operation might also be enhanced through the use of a Operations Manual. In general, an operation manual includes procedures for accomplishing every task that is performed repeatedly by more than one employee of the organization. The operations manual might contain such procedures as:

- o intake;
- o enrollment;
- o services systems;
- o training plans;
- o employee evaluation procedures;
- o personnel policies;
- o time-keeping;
- o record-keeping; and
- o other procedures for accomplishing organizational tasks will also need to be included.

The Operations Manual should be reviewed at least once a year to be certain that every procedure described in it is in keeping with current policies and practices within the program.

Even with the limitations which I have detailed in this report, St. Elizabeth's Community Service Center stands out as a model for prevention of delinquency. As stated earlier the children which are in this program are believed to be delinquency prone. Through modification of pathological personalities and helping children accept and understand abnormal family constellations St. Elizabeth's counseling center has been successful. The project results clearly indicates this success as detailed earlier. However, the results of other projects of this type such as CORA should not be compared with St. Elizabeth. Because of the nature of the services and the sociological and ethnic differences the two programs can not be compared legitimately.

Section V. Conclusions & Recommendations

During the first year of operation the program has been able to articulate some long range goals. Additionally, personnel in the program seem to know the strengths and weaknesses of the program and look forward to help in working out their problems. The following recommendations are presented as the accumulated findings of the evaluation. In most cases, project staff and administration have adopted the recommendations. The following is only an overview of the recommendations detailed in the content of the report.

1. There is a need to analyze and review all records and policy assuring that they are appropriate for and consistent with the needs of the program.
2. The development of a Operations Manual is recommended to ease the feeling of insecurity among staff.
3. The partnership between counselors and parents needs to be strengthened in order to effect improved results.
4. More time needs to be put into developing family counseling concept over individual counseling.
5. Organization and grouping of cases with regard to family unit will assist counselors to establish entire family goals and objectives.
6. An alternative space utilization plan needs to be developed keeping in mind the special needs of the service.
7. There should be enough money in the budget to hire the needed staff full-time so as not to limit the delivery of required services.

END