MAGIC
MAKING A GROUP AND
INDIVIDUAL COMMITMENT

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STUDENT WORKBOOK
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# MAGIC STUDENT WORKBOOK

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ABOUT MAGIC

Teens are referred to MAGIC for a variety of reasons. While in the program, instructors help teens increase their self-esteem, improve attitudes toward peers and school, and increase communication with parents and other adults. Parents of MAGIC teens consistently report improvement in their teen’s behavior AND report an increase in their own knowledge of parenting techniques. A study conducted one year after involvement in the program indicates that skills learned in MAGIC are helping youth stay out of trouble. The following goals may help you understand what to expect during MAGIC.

FOR YOUTH:

**Conflict Management:** Teens will understand the role conflict plays in everyday life, and will learn skills to help resolve conflict in an appropriate and positive way.

**Communication:** Teens will learn verbal, written and nonverbal communication techniques appropriate to audience and purpose.

**Responsibility/Decision-Making:** Teens will learn about individual and social responsibilities including limits, consequences and age-appropriate behavior. They will learn to use past experiences to make better future decisions.

**Cooperation:** Teens will practice being a meaningful, respectful, contributing member of a group.

**Positive Relationships with Adults:** Teens will gain a better understanding of their role in achieving a positive relationship with adults, and will learn skills in obtaining guidance and support.

**Work/Goal Setting:** Teens will learn about career possibilities and the importance and process of goal setting.

FOR PARENTS:

**Conflict Management:** Parents will increase positive conflict resolution skills by setting realistic expectations for themselves and their family with clear, appropriate limits and related, reasonable and respectful consequences.

**Communication:** Parents will learn positive communication techniques and increase skills in praising and encouraging youth.

**Responsibility/Decision-Making:** Parents will increase skills and confidence in their ability to make decisions that promote the well being of their family by recognizing strengths and resources they bring to parenting.

**Cooperation:** Parents will increase family functioning through teamwork, family recreation and a commitment to cooperate.
MAGIC
ENROLLMENT FORM

NAME OF INSTRUCTOR: _______________________________

NAME OF REFERRAL _______________________________

PHONE: ___________ DATE: ___________

Name of Teen: _____________________________________ Sex: ________

Home Mailing Address: ____________________________________________________

(Street) (City, State ZIP)

Home Phone: ____________________ Ethnic origin: _________________________

School: ______________________________  Grade: ___________ Age: ______

Date of Birth: _________________ Social Security Number _____________________

(month date year)

Mother’s or Guardian’s Name: _______________________________________________

Mailing Address: __________________________________________________________

Home Phone: ____________________ Social Security Number: __________________

Employer Name: _______________________________ Work Phone: _______________

Date of Birth: _________________ Ethnic Origin: ______________________________

(month date year)

Father’s or Guardian’s Name: _______________________________________________

Mailing Address: __________________________________________________________

Home Phone: ____________________ Social Security Number: __________________

Employer Name: _______________________________ Work Phone: _______________

Date of Birth: _________________ Ethnic Origin: ______________________________

(month date year)

Language spoken in home __________________

Your Town: (check the one that applies)

_____ Farm

_____ Town under 10,000 and rural non-farm

_____ Town or city of 10,000 to 50,000

_____ City of 50,000 to 300,000

_____ City of 300,000 or more

We use this information to contact you and for funding purposes only. Thank you for responding.

SIGNATURE OF PARENT OR GUARDIAN_________________________________
Dear Parent(s):

MAGIC focuses on teaching life skills (including: team-building, self-esteem, communication, self-responsibility, decision-making, peer relations, conflict management and goal setting) to teens. The MAGIC group also plans and completes a community leadership project.

The MAGIC group will be composed of about 10-12 youth who are referred into the program. The MAGIC group is scheduled to begin _________________(date).

Meetings will be held each ______________, ______________ and ______________
(days of the week)
from _________________ (beginning time) to _________________ (end time)
at ____________________________________________________________(place).

MAGIC lasts about 10 weeks and will be completed by _________________(date).
I will notify you of any schedule changes. If you have any questions, please contact me at _____________________(phone). Thank you for your time and cooperation.

Sincerely,

____________________________________
MAGIC Instructor
MAGIC is organized in such a way that youth AND parents benefit from information that is discussed. In order for families to gain fully from our program, parents and youth are required to attend and participate in scheduled meetings (as detailed below).

(1) **PARENT MEETINGS:** At least one parent/guardian will participate in each of the following meetings and complete any necessary paperwork:

<table>
<thead>
<tr>
<th>Parent Meeting #1</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Meeting #2</td>
<td>Date</td>
<td>Time</td>
<td>Location</td>
</tr>
<tr>
<td>Parent &amp; Youth #3</td>
<td>Date</td>
<td>Time</td>
<td>Location</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent and Youth #3</td>
<td>Date</td>
<td>Time</td>
<td>Location</td>
</tr>
<tr>
<td>Graduation Ceremony</td>
<td>Date</td>
<td>Time</td>
<td>Location</td>
</tr>
</tbody>
</table>

(2) **PARENT LETTERS:** At least one parent/guardian will answer and return letters mailed from their child. It is important that letters be completed and returned in a timely manner.

(3) **PARENT EVALUATION:** At least one parent/guardian will complete a post-program evaluation prior to the youth Certificate of Completion being awarded.

I have read and understand the above noted requirements. I understand that failure to complete any of these requirements could impact my child's completion of MAGIC.

_________________________________________ _____________________
(Parent signature) (Date)
To ensure the success of MAGIC, it is important that teens and their parents know and accept certain responsibilities.

**Transportation:** Parents/guardian are responsible for transportation to and from the program.

**Attendance:** On-time attendance to all program sessions is required. Youth who are habitually late or who miss more than two sessions will be asked to leave the program. Missed sessions must be made up AND may lead to disciplinary action.

**Expectations:** Teens and parents/guardian are expected to uphold the *Code of Conduct* that each group will establish during beginning sessions of the program.

If at any time during the program the instructor feels that these established responsibilities are not being met, he/she will discuss the situation with the referring source and an alternative disposition will be implemented.

I have read and understand these responsibilities.

__________________________________________   ________________________________
              Parent Signature                Date

__________________________________________   ________________________________
              Teen Signature                  Date

__________________________________________   ________________________________
            MAGIC Instructor Signature     Date
I give permission, without restriction, to photograph me and/or make recordings of my voice. I grant the right to use these photographs (still/film/video) and/or recordings for educational and publicity use as directed by the University of Nevada Cooperative Extension. I am also willing to be interviewed by the media in regards to my participation in MAGIC.

__________________________________________________________________________
(Student Signature) (Date)

__________________________________________________________________________
(Parent/Guardian Signature) (Date)

*This release is not required for participation in the program.
SEXUAL HARASSMENT POLICY
AND COMPLAINT PROCEDURE

It is the policy of the University and Community College System of Nevada that all employees receive a copy of the UCCSN Sexual Harassment Policy and Complaint Procedure. Please complete this form upon your receipt of the Policy and return to:

Marilyn Smith, Area Specialist
University of Nevada Cooperative Extension
701 Walnut Street
Elko, Nevada  89801

I hereby acknowledge receipt of the UCCSN Sexual Harassment Policy and Complaint Procedure prohibiting sexual harassment. I understand I can contact the Human Resources Office if I have any questions about the policy.

Name (print clearly):____________________________ Date:  _______

Signature:  ________________________________

Department where employed:  University of Nevada Cooperative Extension

Unit:  Project MAGIC

Employee type:  Court Order

Note: Because many MAGIC teens are court ordered to participate, they are included on the Workers Compensation Report. The Human Resources Officer at the University has determined that anyone that appears on the Workers Comp report is required to receive a copy of the policy and return this receipt indicating they have received the policy.
A. Sexual Harassment is Illegal Under Federal and State Law.
The University and Community College System of Nevada (UCCSN) is committed to providing a place of work and learning free of sexual harassment. Where sexual harassment is found to have occurred, the UCCSN will act to stop the harassment, to prevent its recurrence, and to discipline those responsible in accordance with the UCCSN Code or, in the case of classified employees, the Nevada Administrative Code. Sexual harassment is a form of discrimination; it is illegal.

No employee or student, either in the workplace or in the academic environment, should be subject to unwelcome verbal or physical conduct that is sexual in nature. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior of a sexual nature that is not welcome, that is personally offensive, and that interferes with performance.

It is expected that students, faculty and staff will treat one another with respect.

B. Policy Applicability and Sanctions.

All students, faculty, staff, and other members of the campus community are subject to this policy. Individuals who violate this policy are subject to discipline up to and including termination and/or expulsion, in accordance with the UCCSN Code or, in the case of classified employees, the Nevada Administrative Code. Other, lesser sanctions may be imposed, depending on the circumstances.

This policy is not intended to and does not infringe upon academic freedom in teaching or research as established in the UCCSN Code, Ch. 2.

C. Training.

All employees shall be given a copy of this policy and each institution’s Human Resources Office shall maintain documentation that each employee received the policy. New employees shall be given a copy of this policy at the time of hire and each institution’s Human Resources Office shall maintain documentation that each new employee received the policy. Each institution shall include this policy and complaint procedure in its general catalog. Each institution shall have an on-going sexual harassment training program for employees.

D. Sexual Harassment Defined.

Under this policy, unwelcome sexual advances, requests for sexual favors, and other visual, verbal or physical conduct of a sexual nature constitute sexual harassment when:
UCCSN Policy Against Sexual Harassment......

CONTINUED

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or academic status;

2. submission to or rejection of the conduct is used as a basis for academic or employment decisions or evaluations, or permission to participate in an activity; or

3. the conduct has the purpose or effect of substantially interfering with an individual’s academic or work performance, or of creating an intimidating, hostile or offensive environment in which to work or learn.

Sexual harassment may take many forms—subtle and indirect, or blatant and overt. For example,

- It may occur between individuals of the opposite sex or of the same sex.
- It may occur between students, between peers and/or co-workers, or between individuals in an unequal power relationship.
- It may be aimed at coercing an individual to participate in an unwanted sexual relationship or it may have the effect of causing an individual to change behavior or work performance.
- It may consist of repeated actions or may even arise from a single incident if sufficiently severe.
- It may also rise to the level of a criminal offense, such as battery or sexual assault.

Determining what constitutes sexual harassment under this policy will be accomplished on a case by case basis and depends upon the specific facts and the context in which the conduct occurs. Some conduct may be inappropriate, unprofessional, and/or subject to disciplinary action, but would not fall under the definition of sexual harassment. The specific action taken, if any, in a particular instance depends on the nature and gravity of the conduct reported, and may include disciplinary processes as stated above.

Examples of unwelcome conduct of a sexual nature that may constitute sexual harassment may, but do not necessarily, include, and are not limited to:

- physical assault;
- sexually explicit statements, comments, questions, jokes, innuendoes, anecdotes, or gestures;
- unnecessary touching, patting, hugging, or brushing against a person’s body or other inappropriate touching of an individual’s body;
- remarks of a sexual nature about a person’s clothing or body;
- use of electronic mail or computer dissemination of sexually oriented, sex-based communications;
- sexual advances, whether or not they involve physical touching;
- requests for sexual favors in exchange for actual or promised job or educational benefits, such as favorable reviews, salary increases, promotions, increased benefits, continued employment, grades, favorable assignments, letters of recommendation;
Even one incident, if it is sufficiently serious, may constitute sexual harassment. One incident, however, does not usually constitute sexual harassment.

E. Procedure.

The Chancellor and each president shall designate no fewer than two administrators to receive complaints of alleged sexual harassment. The administrators designated to receive the complaints may include the following: (1) the Human Resources Officer at the institution; (2) the Affirmative Action Program Officer; or (3) any other officer designated by the president. If the Human Resources Officer or the Affirmative Action Program Officer or another officer designated by the president, is not the individual who initially receives the complaint of alleged sexual harassment, then the individual receiving the complaint must immediately forward the complaint to either the Human Resources Officer or the Affirmative Action Program Officer.

An individual filing a complaint of alleged sexual harassment shall have the opportunity to select an independent advisor for assistance, support, and advice and shall be notified of this opportunity by the Human Resources Officer or the Affirmative Action Program Officer, or by their designee. It shall be the choice of the individual filing the complaint to utilize or not utilize the independent advisor. The independent advisor may be brought into the process at any time at the request of the alleged victim. The means and manner by which an independent advisor shall be made available shall be determined by each institution or unit.

Supervisors’ Responsibilities: Every supervisor has responsibility to take reasonable steps intended to prevent acts of sexual harassment, which include, but are not limited to:

- Monitoring the work and school environment for signs that harassment may be occurring;
- Refraining from participation in, or encouragement of actions that could be perceived as harassment (verbal or otherwise);
- Stopping any observed acts that may be considered harassment, and taking appropriate steps to intervene, whether or not the involved individuals are within his/her line of supervision; and
- Taking immediate action to minimize or eliminate the work and/or school contact between the two individuals where there has been a complaint of harassment, pending investigation.
If a supervisor receives a complaint of alleged sexual harassment, or observes or becomes aware of conduct that may constitute sexual harassment, the supervisor must immediately contact one of the individuals identified above to forward the complaint, to discuss it and/or to report the action taken.

Failure to take the above action to prevent the occurrence of or stop known harassment may be grounds for disciplinary action.

Complaints of sexual harassment must be filed within one hundred eighty (180) calendar days after the discovery of the alleged act of sexual harassment with the supervisor, department chair, dean, or one of the administrators listed above and/or designated by the president to receive complaints of alleged sexual harassment. Complaints of prohibited conduct, including sexual harassment, filed with an institution’s administrative officer pursuant to UCCSN Code Chapter 6, Section 6.8.1, are not subject to this 180 day filing requirement.

1. Employees.
   a. An employee who believes that he or she has been subjected to sexual harassment by anyone is encouraged—but it is neither necessary nor required—to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A person who receives such a request must immediately comply with it and must not retaliate against the employee for rejecting the conduct.
   b. The employee may also choose to file a complaint with his or her immediate supervisor, who will in turn immediately contact one of the officials listed above.
   c. If the employee feels uncomfortable about discussing the incident with the immediate supervisor, the employee should feel free to bypass the supervisor and file a complaint with one of the other listed officials or with any other supervisor.
   d. After receiving any employee’s complaint of an incident of alleged sexual harassment, whether or not the complaint is in writing, the supervisor will immediately contact any of the individuals listed above to forward the complaint, to discuss it and/or to report the action taken. The supervisor has a responsibility to act even if the individuals involved are not supervised by that supervisor.

2. Students.
   a. A student who believes that he or she has been subjected to sexual harassment by anyone is encouraged—but it is neither necessary nor required—to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A person who receives such a request must immediately comply with it and must not retaliate against the student for rejecting the conduct.
   b. The student may also choose to file a complaint with his or her major department chair, who will in turn immediately contact one of the officials listed above.
c. If the student feels uncomfortable about discussing the incident with the department chair, the student should feel free to bypass the chair and file a complaint with one of the above officials or to any chair or dean, who will in turn immediately contact one of the officials listed above to forward the complaint, whether or not the complaint is in writing, to discuss it and/or to report the action taken. The chair or dean has a responsibility to act even if the individuals are not supervised by that chair or dean.

3. Non-Employees and Non-Students.
Individuals who are neither UCCSN employees nor UCCSN students and who believe they have been subjected to sexual harassment by a UCCSN employee during the employee’s work hours or by a UCCSN student on campus or at a UCCSN-sponsored event may utilize any of the complaint processes set forth above in this section.

4. Investigation and Resolution.

a. After receiving a complaint of the incident or behavior, an investigation by one of the above listed officials will be initiated to gather information about the incident. Each institution may set guidelines for the manner in which an investigation shall be conducted.

b. At the completion of the investigation, a recommendation will be made to the appropriate management regarding the resolution of the matter. The recommendation is advisory only.

c. After the recommendation has been made, a determination will be made by appropriate management regarding the resolution of the matter. If warranted, disciplinary action up to and including involuntary termination or expulsion will be taken. Any such disciplinary action shall be taken in accordance with UCCSN Code Chapter 6, or, in the case of classified employees, NAC Chapter 284. Other appropriate actions will be taken to correct problems, if any, caused by or contributing to the conduct. If proceedings are initiated under Chapter 6, the investigation conducted pursuant to this policy may be used as the Chapter 6 investigation. The administrative officer, in his or her discretion, may also supplement the sexual harassment investigation with additional investigation.

d. After the appropriate management has made a determination regarding the resolution of the matter, and depending on the circumstances, both parties may be informed of the resolution. Certain actions made confidential under UCCSN Code Chapters 5 and 6 or NAC Chapter 284 shall remain confidential.
F. Prompt Attention.

Complaints of sexual harassment are taken seriously and will be dealt with promptly. Where sexual harassment is found to have occurred, the UCCSN institution or unit where it occurred will act to stop the harassment, to prevent its recurrence, and to discipline those responsible.

G. Confidentiality.

The UCCSN recognizes that confidentiality is important. However, confidentiality cannot be guaranteed. The administrators, faculty or staff responsible for implementing this policy will respect the privacy of individuals reporting or accused of sexual harassment to the extent reasonably possible and will maintain confidentiality to the extent possible. Examples of situations where confidentiality cannot be maintained include, but are not limited to, necessary disclosures during an investigation, circumstances where the UCCSN is required by law to disclose information (such as in response to legal process), or when an individual is in harm’s way.

H. Retaliation

Retaliation against an individual who in good faith complains of alleged sexual harassment or provides information in an investigation about behavior that may violate this policy is against the law, will not be tolerated, and may be grounds for discipline. Retaliation in violation of this policy may result in discipline up to and including termination and/or expulsion. Any employee or student bringing a sexual harassment complaint or assisting in the investigation of such a complaint will not be adversely affected in terms and conditions of employment and/or academic standing, nor discriminated against, terminated, or expelled because of the complaint. Intentionally providing false information is also grounds for discipline.

“Retaliation” may include, but is not limited to, such conduct as:

- the denial of adequate personnel to perform duties;
- frequent replacement of members of the staff;
- frequent and undesirable changes in the location of an office;
- the refusal to assign meaningful work;
- unwarranted disciplinary action;
- unfair work performance evaluations;
- a reduction in pay;
- the denial of a promotion;
I. Relationship to Freedom of Expression.

The UCCSN is committed to the principles of free inquiry and free expression. Vigorous discussion and debate are fundamental rights and this policy is not intended to stifle teaching methods or freedom of expression. Sexual harassment, however, is neither legally protected expression nor the proper exercise of academic freedom; it compromises the integrity of institutions, the tradition of intellectual freedom and the trust placed in the institutions by their members.

(B/R 05/03 – Entire Section)
MAGIC Consent Forms
Youth and Parent Permission
to Participate in the Evaluation of MAGIC

All MAGIC students and parents are asked to review the consent forms and consider participation in the research study. The results of the study will help MAGIC instructors improve the program for the future. All answers are confidential.

Consent Forms: If an individual agrees to participate in the study, they must initial the first page and sign the second page of the appropriate consent form. There are 3 consent/assent forms:

1. **Youth Assent to Participate in a Research Study.** Before participating in the evaluation of MAGIC, participating youth must give written consent to participate in the study by signing the assent form.

2. **Parent/Guardian Consent for Youth to Participate in a Research Study.** Parents/Guardian are asked to sign this form to give permission for their minor child(ren) to participate in the study. Both the youth and the parent/guardian must give permission by signing the consent form before a youth can participate in the evaluation of MAGIC.

3. **MAGIC Parenting -- Consent to Participate in a Research Study.** This is a pre-post survey for the parents/guardian. The survey questions ask about their child’s behaviors.

**CONSENT AND SURVEY COMPLETION INSTRUCTIONS:**

**Instructor:** The following information is not in this workbook. You must request the following information from the project director for your area:

1. Consent forms (check the expiration date on the consent forms)
2. Scannable answer sheets

Ask the youth & parent/guardians to read and Sign/Initial each page of the appropriate consent form as descried above. The Instructor signs the consent forms as the witness. After consent forms are signed, ask the youth and parent/guardian to complete the pre-survey. Request that the participants record their answers on the scannable answer sheet.

Return the completed answer sheets to the project director. Do not fold, staple, or use paper clips on the answer sheets.
MAGIC Youth Survey

(Please Bubble Answers on Scannable Answer Sheets Available from the Authors)

Youth complete the survey before the program starts and again at the end of the program.
YOUTH SURVEY

The purpose of this questionnaire is to collect information related to risks of substance use. Your participation in this EVALUATION is VOLUNTARY and your responses will remain CONFIDENTIAL to the extent permitted by law. Parents/guardians will not see your responses. If you choose NOT to answer any question, you may leave it blank. We will ask you to complete this survey before the program begins and again after you have completed the program.

For each item, choose only one response that is most true for you.

1. What kind of grades do you earn in school?
   1. MOSTLY As
   2. MOSTLY Bs
   3. MOSTLY Cs
   4. MOSTLY Ds
   5. MOSTLY Fs

2. Other than for school events or activities, how many school days do you miss?
   1. I MISS SOME SCHOOL EVERY WEEK
   2. I MISS SOME SCHOOL EVERY MONTH
   3. I MISS 2 OR 3 DAYS A SEMESTER
   4. I HARDLY EVER MISS SCHOOL
   5. I NEVER MISS SCHOOL

3. In the last year, have you ever thought about dropping out of school?
   1. NEVER THOUGHT ABOUT IT
   2. THOUGHT ABOUT IT BUT NOT SERIOUSLY
   3. SERIOUSLY THOUGHT ABOUT IT
   4. I WILL PROBABLY DROP OUT THIS SCHOOL YEAR
   5. I DROPPED OUT AND RETURNED

4. Are your school grades better than the grades of most students in your class?
   1. NO
   2. YES

5. How important do you think the things you are learning in school are going to be for your later life?
   1. VERY IMPORTANT
   2. QUITE IMPORTANT
   3. FAIRLY IMPORTANT
   4. SLIGHTLY IMPORTANT
   5. NOT AT ALL IMPORTANT

6. How many extra-school or non-school activities do you participate in regularly?
   (sports, music, student government, clubs, YMCA/YWCA, Scouts, etc.)
   1. NONE
   2. ONE (1)
   3. TWO (2)
   4. THREE (3)
   5. FOUR (4) OR MORE
On a scale from 1 to 4 with 1 being “never” and 4 being “always”, please mark the number that best describes your situation.

**What best describes your situation?**

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. My parents ask if I’ve gotten my homework done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. My parents want me to call if I’m going to be late getting home.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Would your parents know if you did not come home on time?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. When I am not at home, one of my parents knows where I am and who I am with.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. How often do you feel the school work you are assigned is meaningful and important?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. My family has clear rules about alcohol and drug use.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. People in my family often insult or yell at each other.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. People in my family have serious arguments.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. We argue about the same things in my family over and over.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. How often are you involved in community service or volunteer work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

On a scale from 1 to 4 with 1 being “very wrong” and 4 being “not wrong at all” please mark the number that best describes your beliefs.

**How wrong do you feel it would be for you to:**

<table>
<thead>
<tr>
<th>Activity Waterloo</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Drink alcohol?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. Smoke cigarettes?</td>
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<td>19. Smoke marijuana?</td>
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</tr>
<tr>
<td>20. Use LSD, cocaine, amphetamines or other illegal drug?</td>
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On a scale from 1 to 4 with 1 being “very wrong” and 4 being “not wrong at all”, please mark the number that best describes your beliefs.

**How wrong do you think it is for someone your age to:**

<table>
<thead>
<tr>
<th>Activity Waterloo</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</table>

On a scale from 1 to 4 with 1 being “everyday” and 4 being “never”, please mark the number that best describes your involvement in activities.

**Please rate your involvement in activities.**

<table>
<thead>
<tr>
<th>Activity Waterloo</th>
<th>Everyday</th>
<th>A Couple of Times a Week</th>
<th>A Couple of Times a Month</th>
<th>Never</th>
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<td>25. How often do you work on hobbies?</td>
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<td>27. How often do you participate in sports?</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
On a scale from 1 to 4 with 1 being “strongly agree” and 4 being “strongly disagree”, please mark the number that best describes your situation on each of the next statements.

**Please rate each of the next four (4) statements.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. I do a lot of things that don’t fit with using alcohol and drugs.</td>
<td>1</td>
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<td>30. I like my neighborhood.</td>
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<td>4</td>
</tr>
<tr>
<td>31. People move in and out of my neighborhood a lot.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

On a scale from 1 to 5 with 1 being “I have never” and 5 being “I was 15 years or older” please mark the number that best describes your first experiences with substances.

**What best describes your first experiences with substances?**

<table>
<thead>
<tr>
<th>What best describes your first experiences with substances?</th>
<th>I Have Never</th>
<th>I Was 10 Years or Younger</th>
<th>I Was 11 or 12 Years Old</th>
<th>I was 13 or 14 Years Old</th>
<th>I was 15 Years or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>32. Smoked marijuana.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>33. Smoked a cigarette.</td>
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<td>34. Had more than a sip of beer, wine or hard liquor</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Began drinking alcoholic beverages regularly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

On a scale from 1 to 4 with 1 being “no risk” and 4 being “great risk”, please mark the number that best describes your belief about the possibility of harm from substance use.

**How much do you think people risk harming themselves if they:**

<table>
<thead>
<tr>
<th>How much do you think people risk harming themselves if they:</th>
<th>No Risk</th>
<th>Slight Risk</th>
<th>Moderate Risk</th>
<th>Great Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. Smoke one or more packs of cigarettes per day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>37. Try marijuana once or twice?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>38. Smoke marijuana regularly?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>39. Take one or two drinks of an alcoholic beverage nearly every day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

On a scale from 1 to 5 with 1 being “all of them” and 5 being “none of them” please mark the number that best describes substance use by your best friends.

**Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:**

<table>
<thead>
<tr>
<th>Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:</th>
<th>All of Them</th>
<th>Most of Them</th>
<th>About Half</th>
<th>Some of Them</th>
<th>None of Them</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. Smoked cigarettes?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>41. Tried beer, wine or hard liquor when their parents didn’t know about it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>42. Used marijuana?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>43. Used LSD, cocaine, amphetamines or another illegal drug?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
On a scale from 1 to 3 with 1 being “false” and 3 being “true”, please mark the number that best describes your intentions or expectations regarding substance use.

Your intentions or expectations regarding substance use:  

<table>
<thead>
<tr>
<th>Question</th>
<th>False</th>
<th>Maybe</th>
<th>True</th>
</tr>
</thead>
<tbody>
<tr>
<td>44. I have made a final decision to stay away from marijuana.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>45. I have decided that I will smoke cigarettes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>46. If I had a chance and knew I would not be caught, I would get drunk.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>47. I plan to get drunk sometime in the next year.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>48. I have made a promise to myself that I will not drink alcohol.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>49. It is clear to my friends that I am committed to living a drug-free life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

On a scale from 1 to 5 with 1 being “daily” and 5 being “never” please mark the number that best describes how often (if at all) you used each substance in the last 30 days.

For each of the following, how often have you used:  

<table>
<thead>
<tr>
<th>Substance</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Some</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>50. Smoking tobacco?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>51. Chewing tobacco (chew, snuff)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>52. Alcohol (beef, wine, wine coolers, hard liquor)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>53. Marijuana (pot, grass)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>54. Cocaine (coke, snow, crack)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>55. Opiates (heroin, morphine, codeine)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>56. Enhancers (derbisol)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>57. Depressants (downers, ludes, Quaaludes, reds)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>58. Tranquilizers (Valium, Librium)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>59. Hallucinogens (angel dust, LSD, PCP, magic mushrooms)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>60. Inhaled substances to get high (sniffing/huffing)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>61. Stimulants (amphetamine, crank, Dexedrine, speed, crystal)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>62. Steroids (muscle builders)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>63. Over the counter drugs to feel high?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please note:

All the information you provide is confidential. No individual results are shared with anyone. Only group reports are prepared and are used for research purposes only. The research is used to help us improve the program. Thank you for your participation in this survey.
MAGIC PARENT SURVEY

(PLEASE BUBBLE ANSWERS ON SCANNABLE ANSWER SHEETS AVAILABLE FROM THE AUTHORS)

ONE OR BOTH PARENTS COMPLETE THE SURVEY BEFORE THE PROGRAM STARTS AND AGAIN AT THE END OF THE PROGRAM.
PARENT SURVEY

The purpose of this questionnaire is to collect information related to risks of substance use. Your participation in this EVALUATION is VOLUNTARY and your responses will remain CONFIDENTIAL to the extent permitted by law. If you choose NOT to answer any question, you may leave it blank. We will ask you to complete this survey before the program begins and again after you have completed the program.

For each item, choose only one response that is most true for your child/teen.

1. What kind of grades does your child/teen earn in school?
   1. MOSTLY As
   2. MOSTLY Bs
   3. MOSTLY Cs
   4. MOSTLY Ds
   5. MOSTLY Fs

2. Other than for school events or activities, how many school days does your child/teen miss?
   1. MISSES SOME SCHOOL EVERY WEEK
   2. MISSES SOME SCHOOL EVERY MONTH
   3. MISSES 2 OR 3 DAYS A SEMESTER
   4. HARDLY EVER MISSES SCHOOL
   5. NEVER MISSES SCHOOL
On a scale from 1 to 4 with 1 being “never” and 4 being “always”, please mark the number that best describes your child/teen’s situation.

**What best describes your child/teen’s situation?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Almost Never</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. I ask my child/teen if his/her homework is done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I want my child/teen to call if he/she is going to be late getting home.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I would know if my child/teen did not come home on time?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. When my child/teen is not at home, I know where he/she is and who he/she is with.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. How often do you feel the school work your child/teen is assigned is meaningful and important?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Our family has clear rules about alcohol and drug use.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. People in our family often insult or yell at each other.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. People in our family have serious arguments.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. We argue about the same things in our family over and over.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>16. How often is your child/teen involved in community service or volunteer work?</td>
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</tr>
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</table>

On a scale from 1 to 4 with 1 being “very wrong” and 4 being “not wrong at all” please mark the number that best describes your child/teen’s beliefs.

**How wrong does your child/teen feel it would be for him/her to:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Wrong</th>
<th>Wrong</th>
<th>A Little Bit Wrong</th>
<th>Not Wrong At All</th>
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<tbody>
<tr>
<td>17. Drink alcohol?</td>
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On a scale from 1 to 4 with 1 being “very wrong” and 4 being “not wrong at all” please mark the number that best describes your child/teen’s beliefs.

**How wrong does your child/teen feel it is for someone his/her age to:**

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<td>4</td>
</tr>
</tbody>
</table>

On a scale from 1 to 4 with 1 being “everyday” and 4 being “never”, please mark the number that best describes your child/teen’s involvement in activities.

**Please rate your child/teen’s involvement in activities.**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Everyday</th>
<th>A Couple of Times a Week</th>
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<td>4</td>
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</table>
On a scale from 1 to 4 with 1 being “strongly agree” and 4 being “strongly disagree”, please mark the number that best describes your child/teen’s situation on each of the next statements.

<table>
<thead>
<tr>
<th>Please rate each of the next four (4) statements.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>29. My child/teen would like to get out of our neighborhood.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>30. My child/teen likes our neighborhood.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>31. People move in and out of my neighborhood a lot.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

On a scale from 1 to 5 with 1 being “has never” and 5 being “was 15 years or older” please mark the number that best describes your child/teen’s first experiences with substances.

<table>
<thead>
<tr>
<th>What best describes your child/teen’s first experiences with substances?</th>
<th>Has Never</th>
<th>Was 10 Years or Younger</th>
<th>Was 11 or 12 Years Old</th>
<th>Was 13 or 14 Years Old</th>
<th>Was 15 Years or Older</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>34. Had more than a sip of beer, wine or hard liquor (for example, vodka, whiskey or gin).</td>
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<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>35. Began drinking alcoholic beverages regularly.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

On a scale from 1 to 4 with 1 being “no risk” and 4 being “great risk”, please mark the number that best describes your child/teen’s belief about the possibility of harm from substance use.

<table>
<thead>
<tr>
<th>How much does your child/teen think people risk harming themselves if they:</th>
<th>No Risk</th>
<th>Slight Risk</th>
<th>Moderate Risk</th>
<th>Great Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. Smoke one or more packs of cigarettes per day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>37. Try marijuana once or twice?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>38. Smoke marijuana regularly?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>39. Take one or two drinks of an alcoholic beverage nearly every day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

On a scale from 1 to 5 with 1 being “all of them” and 5 being “none of them” please mark the number that best describes substance use by your child/teen’s best friends.

<table>
<thead>
<tr>
<th>Think of your child/teen’s four best friends (the friends your child/teen feels closest to). In the past year (12 months), how many of your child/teen’s best friends have:</th>
<th>All of Them</th>
<th>Most of Them</th>
<th>About Half of Them</th>
<th>Some of Them</th>
<th>None of Them</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. Smoked cigarettes?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>41. Tried beer, wine or hard liquor when their parents didn’t know about it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>42. Used marijuana?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>43. Used LSD, cocaine, amphetamines or another illegal drug?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
On a scale from 1 to 3 with 1 being “false” and 3 being “true”, please mark the number that best describes your child/teen’s intentions or expectations regarding substance use.

### Your child/teen’s intentions or expectations regarding substance use….

<table>
<thead>
<tr>
<th>Question</th>
<th>False</th>
<th>Maybe</th>
<th>True</th>
</tr>
</thead>
<tbody>
<tr>
<td>44. My child/teen has made a final decision to stay away from marijuana.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. My child/teen has decided that he/she will smoke cigarettes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. If my child/teen had the chance and knew he/she would not be caught, my child/teen would get drunk.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. My child/teen plans to get drunk sometime in the next year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48. My child/teen has made a promise to him/herself that he/she will not drink alcohol.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. It is clear to my child/teen’s friends that he/she is committed to living a drug-free life.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On a scale from 1 to 5 with 1 being “daily” and 5 being “never” please mark the number that best describes how often (if at all) your child/teen has used each substance in the last 30 days.

### For each of the following, how often has your child/teen used:

<table>
<thead>
<tr>
<th>Substance Type</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Some</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>50. Smoking tobacco?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>51. Chewing tobacco (chew, snuff)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>52. Alcohol (beef, wine, wine coolers, hard liquor)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>53. Marijuana (pot, grass)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>54. Cocaine (coke, snow, crack)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>55. Opiates (heroin, morphine, codeine)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>56. Enhancers (derbisol)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>57. Depressants (downers, ludes, Quaaludes, reds)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>58. Tranquilizers (Valium, Librium)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>59. Hallucinogens (angel dust, LSD, PCP, magic mushrooms)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>60. Inhaled substances to get high (sniffing/huffing)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>61. Stimulants (amphetamines, crank, Dexedrine, speed, crystal)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>62. Steroids (muscle builders)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>63. Over the counter drugs to feel high?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please note:

All the information you provide is confidential. No individual results are shared with anyone. Only group results are prepared and are used for research purposes only. The research is used to help us improve the program. Thank you for your participation in this survey.

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SESSION ONE
WHO ARE YOU
SESSION ONE

Directions: Write answers to the following questions. You will be asked to share your answers with the group as a means of everyone getting acquainted.

Look at the first page of this workbook (after the cover page). Review the list of things that will be taught during the program. What do you expect to learn from this program?

What do you plan to do after you graduate from high school?

What do you like most about yourself?

If you could change one thing about yourself, what would it be?

Who is your favorite person in the world? Why?
Directions: Write down four things you would like to do differently in your life to make it more positive. You will be asked to share your answers with the group as a means of everyone getting acquainted.
PACK AWAY THE EXCESS BAGGAGE
SESSION ONE

Directions: Fill in the suitcase with things you would like to eliminate from your life in order for it to be more positive. You will be asked to share your answers with the group as a means of everyone getting acquainted.
ROOM TEMPERATURE
SESSION ONE

10 - Ecstatic ___
9 -- Fantastic ___
8 -- Terrific ___
7 -- Great ___
6 -- Pretty Good ___
5 -- Good ___
4 -- Not Bad ___
3 -- Bad ___
2 -- Profanity #! ___
1 -- Silence ___

Directions:
Place the letter on the line next to the word that best describes your attitude on these specific occasions:

A. Rate how you felt right before you got caught.
B. Rate how you felt when you got caught.
C. Rate how you felt when you were in court.

Now, write your name on a sticky note and place it on the Room Temperature wall chart based on how you feel right now.
I agree to follow this Code of Conduct while participating in MAGIC.

________________________________________________________________________

Signature                             Date
IDENTIFYING STRENGTHS & WEAKNESSES
PORTFOLIO/PRE
SESSION ONE

Complete the following:

I believe I am good at...
1. 
2. 
3. 
4. 
5. 
6. 
7. 

People like me because...
1. 
2. 
3. 
4. 
5. 

I believe I could improve on...
1. 
2. 
3. 
4. 
5. 
6. 
7.
IDENTIFYING STRENGTHS & WEAKNESSES (p. 2)

SESSION ONE

Rate Your Feelings

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yourself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On a scale from 1 (bad) to 5 (good), circle how you feel **NOW** about the following

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yourself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On a scale from 1 (bad) to 5 (good), circle how you **WOULD LIKE TO FEEL** about the following

Compare your answers in the chart above. Answer the following questions:

Which categories (school, parents, etc.) are different?

What can you do to get to where you would like to feel?

Think back to a time in your life when you felt good or better about school, parents, friends, yourself and your community.

What were you doing differently at that time?

How has your behavior changed? (Be specific)
SESSION TWO
What are some problems you are having now in your life.

___________________________________________________________________

Describe one that you think you can solve?

___________________________________________________________________

Give yourself advice. What could you do to make this situation better?

___________________________________________________________________

What would be the consequences of following your own advice?

___________________________________________________________________

PROBLEM SOLVING PORTFOLIO/PRE
SESSION TWO

Directions: Answer the following questions in detail. You will NOT be asked to share this problem with the group.
List two other ways you could handle your problem.

_________________________________________________

& __________________________________________________

What would be the consequences of each of these options?

____________________________________________________

____________________________________________________

Do you think you will follow your own advice?

Circle one: (Yes or No).

Why or why not?

____________________________________________________

____________________________________________________
SESSION FOUR
COMMUNICATION: WHAT’S IMPORTANT
SESSION FOUR

Directions: Think about and answer the following questions.

1. The person I have the best discussions with is ________________________________
   The discussions are enjoyable because...
   ______________________________________________________________________
   ______________________________________________________________________

2. I have the most trouble having discussions with ________________________________
   These discussions are difficult because...
   ______________________________________________________________________
   ______________________________________________________________________

3. When having a conversation, I get mad when people... ________________________
   ______________________________________________________________________
   ______________________________________________________________________

4. If I’m having an argument and I want to make things better, I ....... (list what you do)
   ______________________________________________________________________
   ______________________________________________________________________

11
5. Because of how I talk to people, I think my friends and adults see me this way...

   My friends... ________________________________________________
   Adults... ________________________________________________

6. Usually, I would like my friends and adults to think I am ...

   My friends... ________________________________________________
   Adults... ________________________________________________

7. People like to talk to me because...

   _______________________________________________________________
   _______________________________________________________________

8. When I talk with people, I think I could improve on..... _______________________

   ________________________________________________________________
Directions: Describe an example of effective (good) communication between 2 or more people.
DOODLE ART -- PORTFOLIO PRE
SESSION FOUR

Directions: Think about a time when a friend told you about a problem. In Box #1, either write or draw a description that illustrates and describes the problem. In Box #2, illustrate or describe your response to the problem. Save Box #3 for later in the program.
ONE-WAY COMMUNICATION
Session Four

Directions: Listen for instructions. No questions allowed.
TWO-WAY COMMUNICATION
Session Four

Directions: Listen for instructions. You can ask questions.
SESSION FIVE
COMMUNICATION BLOCKERS
SESSION FIVE

Directions: With a teammate, discuss the definition and relate it to your own life. Discuss how Communication Blockers affect feelings.

**Accusing/Blaming:** Implies you think the person is guilty without hearing his/her side of things.

**Insulting:** Demonstrates anger and disrespect. Provides no information.

**Judging:** Puts one person on a higher level than another person.

**Sarcasm:** Shows a lack of respect. Suggests you don’t believe the other person.

**Diagnosing:** Presumes that you understand the situation better than the other person.

**Interrupting:** Shows you aren’t interested in what someone is saying.

**Globalizing:** “Always.” “Never.” These accusations draw attention away from the problem.

**Pat Reassurances:** Makes the other person feel that you don’t take what he/she says seriously.

**Threats/Orders:** Attempts to overpower the other person instead of understanding.

**Changing the Subject:** Makes others feel like you are not interested or paying attention.
ACTIVE LISTENING TECHNIQUES
SESSION FIVE

Directions: Review the following techniques and discuss how they can be used.

PAY ATTENTION, ENCOURAGE

When you pay attention, you look at the person who is talking. You use body language that encourages the person to keep talking. (Nod your head, maintain eye contact, use a facial expression that conveys interest.) Say things like, “Um-hm,” “Right,” or “Tell me more.”

ASK QUESTIONS, CLARIFY

When you clarify, you ask questions to keep the speaker talking or to get more information. Express your impression of the situation with phrases like, “It seems as though...” “When did this happen?” or “How do you feel about it?”
You can also give a wrong interpretation to help the speaker rethink what he/she just said.

RESTATING

When you restate, you repeat exactly what you heard back to the speaker. This allows the speaker to check your interpretation of what they said. When you restate a message, say “So you are saying...” “You just said...” or “I heard you say this...”
Restating lets the speaker know you have been a good listener.
ACTIVE LISTENING TECHNIQUES CONTINUED

SESSION FIVE

Directions: Review the following techniques and discuss how they can be used.

REFLECTING. LISTENING FOR FEELINGS

Try to hear the feelings behind what is being said. Many times people will say one thing, but you can tell that they are feeling differently. (For example, a girl may be crying, but when you ask what is wrong, she says, “Nothing.”) As a listener, you can check your interpretation by saying things like, “You seem to be feeling ______.” “It looks to me like you are feeling ______.”

SUMMARIZING

It is important when summarizing to pick out the speaker’s main points and restate them in your own words. It is also important to identify the feeling the speaker is displaying. When you summarize, you say things like, “So you are angry because of ____ and _____” “So your main point is ...” and “It sounds to me like you have said...”

VALIDATING

Validating is important because it acknowledges the value of what the speaker is saying and feeling. This technique helps the speaker feel like someone cares about what he/she is saying. When you validate you say things like, “I can appreciate that,” and “I see what you are saying.”
Directions:
You are all surgeons at a big hospital. Seven of your patients need a heart transplant, but there is only one heart donor. All of your patients could receive the heart.

As a committee you must decide which patient will get the heart. During your discussion each person must use the “restating” technique before voicing an opinion. Restating should be done in the form of a question (for example, “Are you saying that ...”).
POSSIBLE PATIENTS:

1. A famous brain surgeon at the height of her career. She is a single, 35-year-old, African American woman with no children.

2. A 12-year-old musician. She is a Japanese girl.

3. A 40-year-old teacher. He is Hispanic and married with two children.

4. A 15-year-old pregnant woman. She is unmarried, white and has no other children.

5. A 35-year-old Roman Catholic priest.

6. A 17-year-old waitress. She is a white, high school dropout. She helps support her family with her earnings.

7. A 38-year-old scientist close to discovering a cure for AIDS. She is a Chinese woman with no children. She is a lesbian.
SESSION SIX
“I” MESSAGES: DEFINITIONS
Session Six

“I” messages help you tell someone how you feel without blaming or accusing that person.
They allow you to express the real issue, so that you don’t get stuck in a position. They let the other person know what you want him/her to do.

An “I” Message always focuses on your feelings/wants/needs, not on someone else’s.

Use “I” messages to express your feelings, avoid and resolve conflicts, and help you meet your needs.

An “I” message looks like this:
I feel ........ (name the feeling) when you...(name the behavior)
I want ...... (say what would make you feel better.)

An “I” Message:
☑ Focuses on the speaker
☑ Tells how the speaker feels
☑ Names a behavior
☑ Tells what the speaker wants

An “I” Message doesn’t ...
☑ Focus on the other person
☑ Place blame
☑ Have anything to do with eyes
☑ Start with “you”

An “I” Message format ...
I feel ________________
when you ______________
I want ________________
Example:

I feel embarrassed ...
when you put that sign on me in public...
I want you to quit making fun of me.

“You” Messages place blame on other people. They are not effective in solving problems because they make the other person feel judged or blamed. The other person ends up defending him/herself and doesn’t pay attention to what you are saying.
“I” MESSAGES: HINTS FOR SUCCESS
SESSION SIX

(1)
You don’t always have to use the exact words or order shown on the previous page. You can start with “When you...”

Example:
“When you say you’ll call and you don’t, I feel hurt. I want you to follow through on what you promise.”

(2)
“I” messages can be used for positive feelings as well as negative ones.

Example:
“I felt so proud when you picked me to lead the meeting.”

(3)
The “I want...” part doesn’t always have to be used. For example, when you are talking about an incident that has already happened, an expression of feeling may just be enough.

Example:
“When you ignored everything I told you, I felt frustrated.”

(4)
A common misuse of “I” messages is to make an accusation disguised as a feeling.

Example:
“When you tell people things I’ve told you in confidence, I feel you’re a rotten friend.”

Remember that you must mention a feeling when you say “I feel.”
Directions: Following are some problem situations that could easily turn into conflicts. See if you can come up with an “I” message for each one that expresses what you feel and won’t start a fight.

Situation #1

Your friend just got permission to use his parents’ car and you agree to go for a ride with him. He says, “Wait till you see how fast I can get this thing going!”

I feel when you
I want

Situation #2

Your friend borrows $15 from you and promises to repay you when she gets paid at the end of the week. Two weeks later, she still hasn’t paid. You run into her at the cosmetics counter at a local store where she’s about to buy some perfume.

I feel when you
I want

Situation #3

You know you have a weight problem. You’ve been dieting for a few weeks. Your mom sees you having a snack and says, “I thought you were trying to lose weight.”

I feel when you
I want

Situation #4

When you and your brother watch TV together he always hogs the remote and changes channels without checking with you.

I feel when you
I want
Directions: Think back to what you have learned about communication. Write a two- to three-sentence description of effective communication on the following lines. Your description should be more detailed than your description from Session 4.
SESSION SEVEN
Directions: Think of a recent conflict in which you were involved. Complete the following:

Describe the conflict:

_______________________________________
_______________________________________

Your side: The other side:

____________________ ____________________
_____________________ ____________________
_____________________ ____________________
_____________________ ____________________
_____________________ ____________________

How was the conflict resolved?

_____________________________________________________________________
_____________________________________________________________________
CONFLICT IN MY LIFE CONTINUED
SESSION SEVEN

WHICH CONFLICT STYLE DID YOU USE?

CIRCLE THE STYLE:

Avoidance
Problem Solving
Confrontation

Looking back on the conflict, how do you feel about the solution?

I feel: ____________________________________________________________

________________________________________________________________

________________________________________________________________

What are some other solutions (or conflict styles) to the conflict?

________________________________________________________________

________________________________________________________________

________________________________________________________________
SESSION EIGHT
STRESS SCALE FOR YOUTH
Session Eight

Directions: Think about the last twelve months. Circle the items that apply to you. Total the points for each section. Finally, provide a total for all sections.

**SECTION 1: MOST STRESSFUL**

<table>
<thead>
<tr>
<th>STRESS</th>
<th>EVENT POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death of spouse, parent, boyfriend/girlfriend</td>
<td>100</td>
</tr>
<tr>
<td>2. Divorce (of yourself or your parents)</td>
<td>65</td>
</tr>
<tr>
<td>3. Puberty</td>
<td>65</td>
</tr>
<tr>
<td>4. Pregnancy (or causing pregnancy)</td>
<td>65</td>
</tr>
<tr>
<td>5. Marital separation or breakup with boyfriend/girlfriend</td>
<td>60</td>
</tr>
<tr>
<td>6. Jail term or probation</td>
<td>60</td>
</tr>
<tr>
<td>7. Death of other family member (other than listed above)</td>
<td>60</td>
</tr>
<tr>
<td>8. Broken engagement</td>
<td>55</td>
</tr>
<tr>
<td>9. Engagement</td>
<td>50</td>
</tr>
<tr>
<td>10. Serious personal injury or illness</td>
<td>45</td>
</tr>
<tr>
<td>11. Marriage</td>
<td>45</td>
</tr>
<tr>
<td>12. Entering college or beginning next level of school (Jr. or Sr. High)</td>
<td>45</td>
</tr>
<tr>
<td>13. Change in independence or responsibility</td>
<td>45</td>
</tr>
<tr>
<td>14. Any drug and/or alcoholic use</td>
<td>45</td>
</tr>
<tr>
<td>15. Fired at work or expelled from school</td>
<td>45</td>
</tr>
<tr>
<td>16. Change in alcohol or drug use</td>
<td>45</td>
</tr>
<tr>
<td>17. Reconciliation with mate, family or boyfriend/girlfriend</td>
<td>40</td>
</tr>
<tr>
<td>18. Trouble at school</td>
<td>40</td>
</tr>
<tr>
<td>19. Serious health problem of a family member</td>
<td>40</td>
</tr>
</tbody>
</table>

**SCORE FOR SECTION 1:** ______
SECTION 2: SOMEWHAT STRESSFUL

20. Working while attending school .................................................. 35
21. Working more than 40 hours per week ..................................... 35
22. Changing course of study ........................................................... 35
23. Change in frequency of dating .................................................... 35
24. Sexual adjustment problems (confusion of sexual identity) ............ 35
25. Gain of new family member (new baby born or parent remarries) ... 35
26. Change in work responsibilities .................................................... 35
27. Change in financial state .............................................................. 30
28. Death of a close friend (not a family member) ........................... 30
29. Change to a different kind of work ............................................. 30
30. Change in number of arguments with mate, family or friends ....... 30
31. Sleep less than 8 hours per night ............................................... 25
32. Trouble with in-laws or boyfriend’s or girlfriend’s family ............ 25
33. Outstanding personal achievement (awards, grades, etc.) ............. 25
34. Mate or parents start or stop working ........................................... 20
35. Begin or end school ................................................................. 20
36. Change in living conditions (visitors in the home, remodeling, etc) 20
37. Change in personal habits (start or stop smoking, dieting, etc.) .... 20
38. Chronic allergies ................................................................. 20
39. Trouble with the boss .............................................................. 20

SCORE FOR SECTION 2: ______

SECTION 3: LEAST STRESSFUL

40. Change in work hours ............................................................ 15
41. Change in residence ............................................................... 15
42. Presently in premenstrual period ............................................... 15
43. Change in religious activity ..................................................... 15
44. Change to a new school (other than graduation) ....................... 10
45. Going in debt (you or your family) ........................................... 10
46. Change in frequency of family gatherings ................................ 10
47. Vacation ............................................................................... 10
48. Presently in winter holiday season ......................................... 10
49. Minor violation of the law ...................................................... 5

SCORE FOR SECTION 3: ______

TOTAL FOR ALL SECTIONS ________
Coping Techniques
Because stress is personal, each individual must identify his or her own most effective coping techniques. Remember that the physical and chemical changes going on in a teenager’s body, coupled with new emotions, often make the teenage years a very stressful time. Listed below are some coping techniques you may find helpful.

1. Have regular, open communication with friends & family.
2. Realize that other people have problems too; you aren’t alone.
3. Make a list of alternatives for solving your problem.
4. Keep your problem in perspective. Will it still be important six weeks or six months from now?
5. Think past the stressful event. (Tell yourself, “In 30 minutes I’ll be out of this doctor’s office, dentist’s chair, classroom, etc.)
6. Ask for help from others who are more knowledgeable.
7. Release tension. Use a punching bag or run as fast as you can.
8. Write your problem down. Problems are usually easier to attack when you see them on paper.
9. Pretend it’s a friend’s problem. What would you recommend?
10. Realize that you can control your reactions by controlling your thoughts. (Say, “I will not panic; I can get through this!”)
11. Focus on the positive things in your life.
12. Accept responsibility for your actions. (Say, “I earned an “F” not “That teacher gave me an “F.””)
13. Give up perfection as a goal; strive for excellence instead.
14. Do not procrastinate. Stress rises as deadlines approach.
15. Use mental pictures. See yourself resolving the problem. Flash that picture through your mind several times a day.
16. Realize that no one can make you feel guilty, ashamed, angry, etc. unless you let it happen.
17. Be honest; express your opinion openly and in a positive way.
18. Compare your current performance to your previous performance, not to someone else’s performance.
19. Walk into a quiet place; listen to soft music.
20. Recognize that failure is part of the growth process. It is not an end, but a new opportunity to grow and improve.

List your top five stressors:

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________

Draw a line from each stressor to a coping technique you believe will help you reduce stress.
SESSION NINE
# RESPONSIBILITY TIMELINE - PORTFOLIO

## Session Nine

<table>
<thead>
<tr>
<th>Name of experience/situation</th>
<th>What age did this happen to you? Write NEVER if it hasn’t happened</th>
<th>What age do you believe this should happen?</th>
<th>If these two ages are different, explain why</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Allowance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First unchaperoned girl/boy party</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First car date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First can of beer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First “real” kiss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start smoking on a regular basis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start chewing tobacco</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First time to stay home alone at night</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First time having sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First time married</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buy a house</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent an apartment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Save for retirement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First time falling in love</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First grandchild</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First job</td>
<td>$ $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First alcohol party</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WHY AM I HERE-PORTFOLIO
SESSION NINE

Directions: Complete the following worksheet while thinking about what self-responsibility means.

What did you do to get yourself ordered to this class?

Do you take responsibility for this? If not, who is to blame?

Who were you with when you got into trouble?

What were you thinking about at the time?

Do you believe you were in control or did you give control away? Explain.
What would you do differently if you could turn back the clock?

What were your consequences? Did you lose trust? Privileges? Explain.

What do you think you have learned from this experience?

What have you learned in MAGIC that would help you make a better decision?
SESSION ELEVEN
POSSIBLE LEADERSHIP PROJECTS
SESSION ELEVEN

Directions: You will have two minutes to review the sheet on the next page.

You will then divide into teams for a recall competition.
<table>
<thead>
<tr>
<th><strong>NEEDS OF MANY COMMUNITIES</strong></th>
<th><strong>LEADERSHIP PROJECTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter and a clean environment</td>
<td>Beautification efforts (plant flowers, trees, pickup trash). Collect used clothing for service agencies. Help repair or fix up homes in the community.</td>
</tr>
<tr>
<td>Health care</td>
<td>Work with schools to combat drug/alcohol abuse. Educate community about drug/alcohol abuse (skits, fliers). Disinfect toys at the community health nurse’s office. Purchase toys or conduct toy drive for health nurse.</td>
</tr>
<tr>
<td>Jobs</td>
<td>Work with school to prevent school dropouts. Read to small children, help them read. Welcome new residents/youth to community.</td>
</tr>
<tr>
<td>Food and nutrition</td>
<td>Donate time serving food at a community kitchen. Donate time distributing/collecting food in community. Support Meals-on-Wheels programs for seniors.</td>
</tr>
<tr>
<td>Care for the elderly</td>
<td>Visit extended care patients at the hospital. Adopt-A-Grandparent—send notes, letters, etc. Take puppies/kittens to visit senior citizens.</td>
</tr>
<tr>
<td>Recreation and play</td>
<td>Volunteer to help out at an after-school program. Paint/repair toys at city park. Raise funds/gather donated play equipment for city park. Assist at community athletic events: soccer, PAL, etc.</td>
</tr>
<tr>
<td>Communication and understanding</td>
<td>Act as an interpreter for non-English speaking people. Volunteer for a community hotline. Raise funds to support community agencies.</td>
</tr>
<tr>
<td>Social support and crime prevention</td>
<td>Raise funds for a foster care program. Educate peers about drug and alcohol abuse. Work to prevent gang involvement. Paint over graffiti throughout community.</td>
</tr>
</tbody>
</table>
SESSION TWELVE
SAMPLE PRESS RELEASE
SESSION TWELVE

Contact Person:
Phone number:
Date:

MAGIC Makes Trash Disappear

Elko--Ten local teenagers magically transformed the home of an elderly Elko woman on Saturday. Teens made weeds, leaves and trash disappear around the 345 Oak Street home of 80-year-old Iris O’Leary as a service to the disabled widow.

“These teens are wonderful,” said O’Leary. “I’m so thankful they helped. My yard looks so great I end up smiling all day.”

The teens, members of a University of Nevada Cooperative Extension group called MAGIC, volunteered to help out Mrs. O’Leary as part of the program’s community leadership component. For the past several weeks these teens have been learning about self-responsibility, effective communication, collaboration and setting goals. Teens were able to use all these skills in planning, organizing and completing their project.

-30-
John Morales  
2136 Oak Street  
Elko, Nevada 89801  
(702) 777-7777

**Highlight of Qualifications/Personal Strengths**

- Demonstrated interest in improving my community by planning, organizing and presenting a “How to Say No” puppet show at the 1999 citywide “Trick or Treat” event.
- Showed ability to communicate effectively with adults and children by distributing more than 500 informational brochures to families and children.
- Showed group collaboration and teamwork skills in writing a script, making puppets and setting up a stage for the puppet show.

**Volunteer Experience**

October 1996: Elko Civic Center’s Trick or Treat Street
Planned, organized and presented a puppet show to 200 local children.
Wrote and distributed 500 informational fliers

**Work Experience**

1994-present  Wendy’s: assistant manager, cashier, short-order cook
1992-1994  Basketball league participant
1992-1994  Dairy Queen, stocker, cashier

**Education**

1995  High School Degree or equivalent
SESSION FOURTEEN
COMMUNITY REFLECTION SHEET-PORTFOLIO
SESSION FOURTEEN

Directions: Think back to the Community Leadership project and answer the following questions.

What community project did your group do? Describe what the group did.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

How did your project benefit the community?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
COMMUNITY REFLECTION SHEET-PORTFOLIO CONTINUED

Directions: Think back to the Community Leadership project and answer the following questions.

Describe what you did in the project.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

What did you learn about yourself?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

What did you learn about others?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
SESSION FIFTEEN
**FIELD TRIP**

Our field trip is:
It is planned for ________________ (date, time)

<table>
<thead>
<tr>
<th>WHAT</th>
<th>WHO</th>
<th>BY WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

44
SESSION EIGHTEEN
GOALS - PORTFOLIO/PRE
SHORT-RANGE GOAL
SESSION EIGHTEEN

Using the 4-step process that we learned, write a new short-range goal (1-30 days). I want to:

1. __________________________________________________
2. __________________________________________________
3. __________________________________________________
4. __________________________________________________

Look at your new short-range goal.

What education or skills do I need to reach this short-range goal?

____________________________________________________________________

What action steps do I need to take to reach this short-range goal?

____________________________________________________________________

____________________________________________________________________
GOALS - PORTFOLIO/PRE

LONG-RANGE GOAL

SESSION EIGHTEEN

Using the 4-step process that we learned, write a new long-range goal (1-5 years). I want to:

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________

Look at your new long-range goal:

What education or skills do I need to reach this long-range goal?

____________________________________________________________

What action steps do I need to take to reach this long-range goal?

___________________________________________________
___________________________________________________
___________________________________________________
WHAT’S YOUR EXCUSE
SESSION EIGHTEEN

If you do what you have always done, you will get what you’ve always gotten.

Ninety-nine percent of failures come from people who have the habit of making excuses. We’ve listed some pretty convincing excuses below.

Check any that you have heard.

☐ I’m a woman
☐ I’m a man
☐ I’m black
☐ I’m white
☐ I’m Hispanic
☐ I’m Asian
☐ I’m rich
☐ I’m poor
☐ I’m too smart
☐ I’m not smart enough
☐ I’m too ugly
☐ I’m too fat
☐ I’m too thin
☐ I’m too short
☐ I’m too tall
☐ I can’t speak
☐ I’m blind
☐ I wear glasses
☐ I’m deaf
☐ I can’t speak
☐ I’m in a wheelchair
☐ I’ve lost a leg
☐ I have a crippling disease
☐ I’ve been treated for emotional problems
☐ I’m a different religion
☐ I had a serious illness
☐ I’m shy
☐ I’m adopted
☐ I’m an orphan
☐ I come from a single-parent home
☐ I’m chemically dependent
☐ I have to take care of a parent or sibling
☐ I have a baby
☐ My family won’t let me
☐ My family expects too much of me
☐ No one believes me
☐ I can’t do it because........
☐ I have a hearing loss
☐ I’m in Special Ed.
☐ I don’t know why
☐ I just can’t
☐ The teacher does not like me
SESSION NINETEEN
SET YOUR OWN GOALS WORKSHEET

Read the directions and complete the worksheet.

Practice is the most effective method for learning to set and use goals. Write two goals that you would like to achieve for each time period listed below. As you write, consider whether or not the goal can be measured. Will you be able to tell without a doubt if your goal has been reached? Use all four steps in writing the goal.

This year’s goals:  
(Short-range goal)

Example:  
1. Pass all my classes.  
2. To be able to go to the next grade.  
3. By the end of May.  
4. By doing my homework every night.

1. _________________________________________________________________________
2. _________________________________________________________________________
3. _________________________________________________________________________
4. _________________________________________________________________________

Career Goals:  
(Long-range goal)

Example:  
1. Become a pilot.  
2. To be able to make a living flying planes.  
3. By the time I am 23.  
4. Get a college degree and a pilot’s licence.

1. _________________________________________________________________________
2. _________________________________________________________________________
3. _________________________________________________________________________
4. _________________________________________________________________________
GOALS - PORTFOLIO/POST

FINAL SHORT-RANGE GOAL

SESSION NINETEEN

Using the 4-step process that we learned, write a new short-range goal (1-30 days). I want to:
1. __________________________________________________
2. __________________________________________________
3. __________________________________________________
4. __________________________________________________

Look at your new short-range goal.

What education or skills do I need to reach this short-range goal?
____________________________________________________________________________________

What action steps do I need to take to reach this short-range goal?
____________________________________________________________________________________
____________________________________________________________________________________
Using the 4-step process that we learned, write a new long-range goal (1-5 years). I want to:

1. ____________________________________
2. ____________________________________
3. ____________________________________
4. ____________________________________

Look at your new long-range goal:

What education or skills do I need to reach this long-range goal?

_________________________________________{50}_{50}

What action steps do I need to take to reach this long-range goal?

_________________________________________{50}_{50}
SESSION TWENTY
For each item, choose only one response that is most true for you.

1. What kind of grades do you earn in school?
   1. MOSTLY As
   2. MOSTLY Bs
   3. MOSTLY Cs
   4. MOSTLY Ds
   5. MOSTLY Fs

2. Other than for school events or activities, how many school days do you miss?
   1. I MISS SOME SCHOOL EVERY WEEK
   2. I MISS SOME SCHOOL EVERY MONTH
   3. I MISS 2 OR 3 DAYS A SEMESTER
   4. I HARDLY EVER MISS SCHOOL
   5. I NEVER MISS SCHOOL

3. In the last year, have you ever thought about dropping out of school?
   1. NEVER THOUGHT ABOUT IT
   2. THOUGHT ABOUT IT BUT NOT SERIOUSLY
   3. SERIOUSLY THOUGHT ABOUT IT
   4. I WILL PROBABLY DROP OUT THIS SCHOOL YEAR
   5. I DROPPED OUT AND RETURNED

4. Are your school grades better than the grades of most students in your class?
   1. NO
   2. YES

5. How important do you think the things you are learning in school are going to be for your later life?
   1. VERY IMPORTANT
   2. QUITE IMPORTANT
   3. FAIRLY IMPORTANT
   4. SLIGHTLY IMPORTANT
   5. NOT AT ALL IMPORTANT

6. How many extra-school or non-school activities do you participate in regularly?
   (sports, music, student government, clubs, YMCA/YWCA, Scouts, etc.)
   1. NONE
   2. ONE (1)
   3. TWO (2)
   4. THREE (3)
   5. FOUR (4) OR MORE
On a scale from 1 to 4 with 1 being “never” and 4 being “always”, please mark the number that best describes your situation.

**What best describes your situation?**

<table>
<thead>
<tr>
<th>Situation</th>
<th>Never</th>
<th>Almost Never</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. My parents ask if I’ve gotten my homework done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. My parents want me to call if I’m going to be late getting home.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Would your parents know if you did not come home on time?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. When I am not at home, one of my parents knows where I am and who I am with.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. How often do you feel the school work you are assigned is meaningful and important?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. My family has clear rules about alcohol and drug use.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. People in my family often insult or yell at each other.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. People in my family have serious arguments.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. We argue about the same things in my family over and over.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. How often are you involved in community service or volunteer work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

On a scale from 1 to 4 with 1 being “very wrong” and 4 being “not wrong at all” please mark the number that best describes your beliefs.

**How wrong do you feel it would be for you to:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Wrong</th>
<th>Wrong</th>
<th>A Little Bit Wrong</th>
<th>Not Wrong At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Drink alcohol?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. Smoke cigarettes?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. Smoke marijuana?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. Use LSD, cocaine, amphetamines or other illegal drug?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

On a scale from 1 to 4 with 1 being “very wrong” and 4 being “not wrong at all”, please mark the number that best describes your beliefs.

**How wrong do you think it is for someone your age to:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Wrong</th>
<th>Wrong</th>
<th>A Little Bit Wrong</th>
<th>Not Wrong At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Drink alcohol?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. Smoke cigarettes?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23. Smoke marijuana?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. Use LSD, cocaine, amphetamines or other illegal drug?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

On a scale from 1 to 4 with 1 being “everyday” and 4 being “never”, please mark the number that best describes your involvement in activities.

**Please rate your involvement in activities.**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Everyday</th>
<th>A Couple of Times a Week</th>
<th>A Couple of Times a Month</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. How often do you work on hobbies?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>26. How often do work on developing your talents (music, art, dance, acting, etc.)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>27. How often do you participate in sports?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
On a scale from 1 to 4 with 1 being “strongly agree” and 4 being “strongly disagree”, please mark the number that best describes your situation on each of the next statements.

**Please rate each of the next four (4) statements.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. I do a lot of things that don’t fit with using alcohol and drugs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>29. I’d like to get out of my neighborhood.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>30. I like my neighborhood.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>31. People move in and out of my neighborhood a lot.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

On a scale from 1 to 5 with 1 being “I have never” and 5 being “I was 15 years or older” please mark the number that best describes your first experiences with substances.

**What best describes your first experiences with substances?**

<table>
<thead>
<tr>
<th>First experiences with substances</th>
<th>I Have Never</th>
<th>I Was 10 Years or Younger</th>
<th>I Was 11 or 12 Years Old</th>
<th>I was 13 or 14 Years Old</th>
<th>I was 15 Years or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>32. Smoked marijuana.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>33. Smoked a cigarette.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>34. Had more than a sip of beer, wine or hard liquor (for example, vodka, whiskey or gin).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>35. Began drinking alcoholic beverages regularly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

On a scale from 1 to 4 with 1 being “no risk” and 4 being “great risk”, please mark the number that best describes your belief about the possibility of harm from substance use.

**How much do you think people risk harming themselves if they:**

<table>
<thead>
<tr>
<th>Risk of Harm</th>
<th>No Risk</th>
<th>Slight Risk</th>
<th>Moderate Risk</th>
<th>Great Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. Smoke one or more packs of cigarettes per day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>37. Try marijuana once or twice?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>38. Smoke marijuana regularly?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>39. Take one or two drinks of an alcoholic beverage nearly every day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

On a scale from 1 to 5 with 1 being “all of them” and 5 being “none of them” please mark the number that best describes substance use by your best friends.

**Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:**

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>All of Them</th>
<th>Most of Them</th>
<th>About Half</th>
<th>Some of Them</th>
<th>None of Them</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. Smoked cigarettes?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>41. Tried beer, wine or hard liquor when their parents didn’t know about it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>42. Used marijuana?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>43. Used LSD, cocaine, amphetamines or another illegal drug?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
On a scale from 1 to 3 with 1 being “false” and 3 being “true”, please mark the number that best describes your intentions or expectations regarding substance use.

Your intentions or expectations regarding substance use....

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>False</th>
<th>Maybe</th>
<th>True</th>
</tr>
</thead>
<tbody>
<tr>
<td>44. I have made a final decision to stay away from marijuana.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>45. I have decided that I will smoke cigarettes.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>46. If I had a chance and knew I would not be caught, I would get drunk.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>47. I plan to get drunk sometime in the next year.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>48. I have made a promise to myself that I will not drink alcohol.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>49. It is clear to my friends that I am committed to living a drug-free life.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

On a scale from 1 to 5 with 1 being “daily” and 5 being “never” please mark the number that best describes how often (if at all) you used each substance in the last 30 days.

For each of the following, how often have you used: Daily Weekly Monthly Some Never

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Some</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>50. Smoking tobacco?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>51. Chewing tobacco (chew, snuff)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>52. Alcohol (beef, wine, wine coolers, hard liquor)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>53. Marijuana (pot, grass)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>54. Cocaine (coke, snow, crack)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>55. Opiates (heroin, morphine, codeine)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>56. Enhancers (derbisol)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>57. Depressants (downers, ludes, Quaaludes, reds)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>58. Tranquilizers (Valium, Librium)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>59. Hallucinogens (angel dust, LSD, PCP, magic mushrooms)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>60. Inhaled substances to get high (sniffing/huffing)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>61. Stimulants (amphetamine, crank, Dexedrine, speed, crystal)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>62. Steroids (muscle builders)?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>63. Over the counter drugs to feel high?</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please note:

All the information you provide is confidential. No individual results are shared with anyone. Only group reports are prepared and are used for research purposes only. The research is used to help us improve the program. Thank you for your participation in this survey.
The following statements are designed to record your self-evaluation. Read each statement. Rate yourself before the program started in the first column. Then, rate yourself for how you are now.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Before Program</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self-esteem</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>2. Getting along with others</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>3. Interest in helping others</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>4. Interest in new subjects</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>5. Self-responsibility</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>6. Communication with peers</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>7. Communication with adults</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>8. Interest in the community</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>9. Attitude toward school</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>10. Attitude toward peers</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>11. Attitude toward teachers</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>12. General happiness</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>13. Attitude at home</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
IDENTIFYING STRENGTHS & WEAKNESSES-POST PORTFOLIO
SESSION TWENTY

Complete the following:

I believe I am good at...
1.
2.
3.
4.
5.
6.
7.

People like me because...
1.
2.
3.
4.
5.

I believe I could improve on...
1.
2.
3.
4.
5.
6.
Rate Your Feelings

On a scale from 1 (bad) to 5 (good), circle how you feel **NOW** about the following

<table>
<thead>
<tr>
<th></th>
<th>School</th>
<th>Parents</th>
<th>Friends</th>
<th>Yourself</th>
<th>Your Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

On a scale from 1 (bad) to 5 (good), circle how you **WOULDN'T LIKE TO FEEL** about the following

<table>
<thead>
<tr>
<th></th>
<th>School</th>
<th>Parents</th>
<th>Friends</th>
<th>Yourself</th>
<th>Your Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Compare your answers in the chart above. Answer the following questions:

Which categories (school, parents, etc.) are different?

What can you do to get to where you would like to feel?

Think back to a time in your life when you felt good or better about school, parents, friends, yourself and your community.

What were you doing differently at that time?

How has your behavior changed? (Be specific.)
FOCUS QUESTIONS
SESSION TWENTY

1. What did you like best about MAGIC? What did you like least?

2. What skills have you learned in MAGIC?
   How can you use these skills to stay out of trouble in the future?

3. What was your favorite activity? Why?
   (Reminders of some of the activities: Stranded on an Island, The Newspaper Tower, the Responsibility Timeline, the One-way/Two-way Communication, Communication Blockers, Robbery Report, I Messages, Active Listening, Value Cards, Heart Surgery, Dots and Decisions, the Consequence Game, Complex vs. Quick Fixes, Identifying Stress).

4. When you tell your friends about MAGIC, you say……

5. How has your relationship with your parents been affected by your participation in the program?
SPANISH FORMS

USE THE FOLLOWING PAGES IF YOU HAVE FAMILIES THAT NEED SPANISH PARENT PERMISSION FORMS. SUBSTITUTE THESE FORMS FOR THE ENGLISH FORMS AS NEEDED. DO NOT COPY SPANISH FORMS UNLESS NEEDED.
A continuación les informaré acerca de nuestro Programa de Prevención, llamado Proyecto “MAGIC”. Trataré de darles Información más detallada acerca del Programa el cual tú hijo/hija ha sido recomendado.

Este Programa consistirá de cuatro semanas intensivas de entrenamiento que incluye Trabajo en Equipo, sobre La Confianza en Sí Mismo, Comunicación, Responsabilidades, como tomar Decisiones, Interacción con compañeros y Aprender a Controlar el Temperamento. Después continuaremos con dos semanas de Educación Vocacional. Durante éste tiempo el Jóven aprenderá sobre diferentes oportunidades en el Campo de Trabajo y participará en un Estudio Computarizado acerca de Empleos. Esta parte del programa ayudará a el Joven a establecer metas a corto y largo plazo. En el último segmento del programa el Joven planeará, implementará y evaluara un servicio comunitario bajo el apoyo y supervisión de voluntarios.

Las recomendaciones para éste programa vendrán de parte de los Oficiales de la Juvenil Preventiva y por parte de La Corte.

Tenemos planeado trabajar en grupos pequeños de 10 a 13 Jovenes. Se ha generalizado nuestro programa con enfoque a jóvenes que han cometido por “Primera Vez” alguna Ofensa menos seria (no-sexual o violenta) recomendados por La Corte. Por favor tome en cuenta que éste Programa ha sido generalizado y no se ha basado en alguien en particular por lo tanto puede existir algunos cambios flexibles.

Este grupo comenzará el día _______________ y se llevará a cabo los días _______ y _______ de ____ p.m a _____p.m. (con excepción de días festivos), hasta que el Programa se haya completado. Se ha calculado que el Programa tendrá una duración aproximada de ocho a diez semanas.

Las clases se llevarán a cabo en: _________________________________

Adjunto se les proporciona un Calendario con los Horarios correspondientes para éste Grupo. Si tiene alguna pregunta acerca del Programa ó el Horario, por favor comuníquenle conmigo al teléfono ____________.

Muchas Gracias por su tiempo y cooperación.

__________________
MAGIC facilitator
INFORMACION SOBRE EL PROGRAMA:

Para estar seguros de que éste Programa dé resultado, es muy importante que tanto el jóven como sus padres, acepten ciertas Responsabilidades y conozcan sobre el Programa.

TRANSPORTE: Es responsabilidad de los padres, de facilitar medio de transporte, para que el jóven asista al programa, y tenga como regresar a casa.

ASISTENCIA: Es requisito ser Puntual y Asistir a éste Programa. Si el jóven llega tarde ó falta a DOS de las sesiones, no podrá continuar en el Programa.

EXPECTATIVAS: El jóven deberá guardar buena Conducta, y cumplirá con las Reglas establecidas durante la primer sesión.

RESPONSABILIDADES DE LOS PADRES: Es requisito de éste programa que los Padres ó Tutores asistan a las juntas y participen en éste Programa llenando y enviando a nuestras oficinas las “Cartas para La Familia”, que estarán recibiendo por correo.

Si el Instructor en cualquier momento durante el Programa piensa que el jóven no está cumpliendo con estos Requisitos, El/ Ella tendrá la autorización de sacar al jóven del Programa y se le dará a éste una alternativa a seguir.

He leído y comprendido ésta Información sobre el Programa “MAGIC” y sus Responsabilidades.

FIRMA DEL PADRE_________________________ FECHA______________
FIRMA DEL JOVEN__________________________FECHA______________
FIRMA DEL INSTRUCTOR____________________FECHA______________
MAGIC

FORMA DE CONSENTIMIENTO PARA PARTICIPAR EN UN ESTUDIO”
EVALUACION DE EL MAGIC

Marilyn Smith, Area Youth Development Specialist
702-738-1990

PROPOSITO: Se te ha pedido participar en un Estudio. Esperamos darnos cuenta si el Proyecto Magic ayuda a Jóvenes que por primera vez han cometido alguna Ofensa. Los Resultados nos ayudarán en un futuro a Mejorar el Programa. Se te ha pedido participar en éste Estudio porque estaras participando en el Proyecto MAGIC.

PROCEDIMIENTO: Se tendrá un archivo con todo el trabajo que haga cada Estudiante en el Proyecto Magic. También se Evaluará el Progreso del Estudiante. A continuación se les dará una descripción de lo que contendrá éste archivo.


2. Sistema de Evaluación: Este Exámen medirá el AUTO-CONTROL en el estudiante. A continuación se da un ejemplo:
   “Yo sé que puedo Pasar el Exámen en cualquier Materia si Estudio con Ganas”. El Estudiante que contesta “Sí” a una situación como ésta, se siente seguro de sí mismo y en CONTROL de lo que pasa en su vida. Él o Ella saben que TRABAJO Y ESTUDIANO duro los ayudará a salir adelante, y no el decir por pura SUERTE, pasé mis exámenes.

3. El trabajo del Estudiante que demuestre evidencia de sus habilidades que han sido aprendidas en este Programa. Por ejemplo: Sus hojas de Trabajo sobre como ser Responsables, como Fijarse Metas, como Tomar decisiones, además de otras habilidades que se han incluido en el Programa, nos darán Resultados del Progreso de lo que se ha aprendido.

ALTERNATIVAS Y BENEFICIOS: Los Estudiantes pueden participar en el Proyecto MAGIC sin tener que completar todas sus hojas de trabajo. Aunque, el completar todas sus hojas de Trabajo tiene muchas ventajas. Le dá la oportunidad al Estudiante de reflexionar en lo que ha Logrado alcanzar al terminar éste Programa.

REGLAMENTOS: No se les Permitirá “Comparar” sus hojas de trabajos y Resultados. El Propósito de la Evaluación es para ayudar a cada Estudiante Individualmente a reconocer sus aptitudes y basarse en ellas, para sacarles provecho.

______Iniciales del Padre ó Tutor

______Iniciales del Estudiante

Consent Form - 60
MAGIC

FORMA DE CONSENTIMIENTO PARA PARTICIPAR EN UN ESTUDIO”

EVALUACION DE EL MAGIC

CONFIDENCIAL: Los documentos se mantendrán seguros bajo llave, y los Padres de Familia tendrán la oportunidad de revisarlos al terminar el Programa. Estos documentos podrán ser examinados por parte del Departamento de Ciencias Humanas de la Universidad de Nevada. Aunque la Identidad del Estudiante y de cualquier miembro de su Familia no serán reveladas a ninguna persona sin autorización alguna y serán protegidos hasta donde lo permita la Ley.

COSTO Y COMPENSACION: No existe costo alguno por participar en éste proyecto. La Universidad de Nevada NO les compensará por participar, ni les facilitará cuidados medicos gratuitos en caso de que alguien se lastime durante el curso de éste Programa y Estudio.

DERECHO DE REHUSAR O RETIRARSE DEL ESTUDIO: Tu tienes el derecho de rehusar o retirarte en cualquier momento de éste “ESTUDIO” y al mismo tiempo seguir participando en el Proyeco “MAGIC”. Si existe algún cambio en la manera de presentar éste Estudio se te volverá a pedir permiso de participar.

TIENE USTED ALGUNA PREGUNTA: Si tiene Usted alguna pregunta, por favor no se detenga y hagalo. Si tiene alguna otra duda, comuníquese con:

Marilyn Smith, Area Youth Development Specialist
Nevada Cooperative Extension
1500 College Parkway
Elko, Nv 89801

Si por alguna razón no está satisfecho con la manera en que se está llevando a cabo éste Estudio, puede hacer un reporte de sus quejas (si gusta anónimo) a la UNR Human Subjects Review Committee, C/O Graduate School, Getchell Library 239, University of Nevada, Reno, NV 89557.

MI FIRMA DEBAJO SIGNIFICA QUE HE DECIDIDO PARTICIPAR VOLUNTARIAMENTE COMO UN SUJETO DE INVESTIGACION, Y QUE HE LEIDO ENTENDIDO Y HE RECIBIDO UNA COPIA DE LA FORMA DE CONSENTIMIENTO.

__________________________________________            __________________________________________________
(Fecha)                                            (Firma del Estudiante)

__________________________________________            __________________________________________________
(Fecha)                                            (Firma del Padre ó Tutor)

__________________________________________            __________________________________________________
(Fecha)                                            (Firma del Investigador)

Consent Form - 61
MAGIC
PERMISO PARA LA PUBLICACION DE FOTOS Y VIDEOS

Les doy permiso sin ninguna restricción a la Universidad de Nevada Extensión Cooperativa, de que me tomen fotos y de que me graben. También les doy el derecho para que hagan el uso de éstas fotografías, grabaciones y videos para uso educativo y de publicidad. Así mismo doy autorización de ser entrevistado por los de las noticias sobre mi participación en el proyecto “MAGIC”.

______________________________ ____________________
(Firma del Estudiante) (Fecha)

Si eres menor de 18 años de edad, favor de firmar abajo. Y el Padre ó Tutor deberá firmar arriba.

_____________________________ _____________________
(Firma del Padre ó Tutor) (Fecha)