

CENTRAL UNION HIGH SCHOOL DISTRICT

Board of Trustees – Regular Meeting

AGENDA

District Office Board Room - 351 Ross Avenue - El Centro

Tuesday, June 10, 2014

5:15 P.M. (Closed Session)

6:00 P.M. (Open Session)

In accordance with the American Disabilities Act, if accommodations are required, please call the Superintendent's office 72 hours in advance at 760 336-4516 and every effort will be made to accommodate your request.

Please Note: Back-up documentation and attachments are available at the Central Union High School District Office upon request. From time-to-time writings that are public records, which are related to open session items on an agenda for a regular meeting, may be distributed to school board members after the posting of the agenda. Whenever this occurs, such writings will be available for public inspection at the Central Union High School District office located at 351 Ross Avenue, El Centro.

I. **CALL TO ORDER:**
Roll Call

Time: _____

II. **CLOSED SESSION:**

PERSONNEL /PUBLIC EMPLOYEE MATTERS:

(Pursuant to Education Code Sections 54954.5 and 54957)

Public Employee Discipline/Dismissal/Release/Reassignment/Resignation

CONFERENCE WITH LABOR NEGOTIATOR:

(Pursuant to Government Code Section 54957.6 and 54957.1)

Negotiator: C. Thomas Budde, Superintendent

Group: El Centro Secondary Teachers' Association (ECSTA)

Group: California School Employees' Association (CSEA)

Group: Classified Management/Confidential -Certificated Management
Unrepresented Employee Groups

STUDENT MATTERS:

(Pursuant to Education Code Sections 49073-49079, 60851)

Waiver of the California High School Exit Examination for Students #5-6

OPEN SESSION:

Public report of action taken in closed session

Flag Salute

III. **COMMUNICATIONS & RECOGNITIONS:**

1. Retirement Recognitions – Carol Moreno, Director of Human Resources
(Martha Ibarra and Francisco Aguilar)

2. Central Softball Team / CIF Champions Division 4 – Mike Sterner

IV. **PUBLIC COMMENT SESSION:**

At this time the Board will hear comments, presentations, or requests on matters not listed on this agenda. Speakers are to give their names and addresses. Time limit for speakers is three minutes. The board reserves the right to limit presentations. The Board may in an emergency, by majority vote, take action on matters presented at this time. This meeting is being taped and all comments are being recorded.

V.

CONSENT AGENDA ITEMS:

All items appearing will be acted upon by one motion, without discussion. Should any Trustee or other person request that any item be considered separately, that item will be added to the end of the regular agenda.

pp.1-5

Minutes: May 13, 2014 Regular Meeting

pp.6-34

Warrant Orders: #05132014, 1-9; #05212014,1-6; #05272014, 1-6; #06032014, 1-8

pg. 35-37

Personnel Report: Payroll Warrants - #13B May 30, 2014 \$2,090,633.99 and #6A June 19, 2014 Supplemental \$246.42.

1. Certificated Employment – 2014-2015 School Year
2. Certificated Employment / Special Summer Programs 2014
3. Classified Employment / Special Summer Programs
4. Coaching Employment – 2014-2015 School
5. Certificated Resignations -
6. Classified Retirements -
7. Classified Separations / Resignations –

pp.38-44

8. The Superintendent recommends the board approve the out of state trip for the Southwest High School Chamber Orchestra to New York City on March 21 – March 24, 2015 to perform at the Lincoln Center (Avery Fisher Hall) and to Flagstaff, AZ on October 31 – November 2, 2014 to participate in the NAU Orchestra Festival.

pp.45-46

9. The Superintendent recommends the board approve the donation of four books entitled India Unveiled by Robert Arnett from Drs. Prem and Venkamma Reddy to the Central Union High School District libraries.

pp.47-50

10. The Superintendent recommends the board approve the 2014-2015 Designation of CIF Representatives to League as presented.

pp.51-61

11. The Superintendent recommends the board waive the first reading and approve Board Policy 6020 relating to Instruction / Parent Involvement.

pp.62-63

12. The Superintendent recommends the board approve the 2014-2015 Agreement Letter from Mid Valley Pop Warner for the use of the football fields.

pp.64-66

13. The Superintendent recommends the board approve the renewal of the Campesinos Unidos, Inc. Rental Agreement for 2014-2015.

pp.67-79

14. The Superintendent recommends the board approve the Internship contract Agreement by and between Brandman University and Central Union High School District.

VI.

ACTION ITEMS:

pp.80-184

15. The Superintendent recommends the board authorize the participation in the UCLA Risk and Reliance Rural Latino Youth Project and authorize the superintendent to write a letter of support.

pp.185-190

16. The Superintendent recommends the board approve the Program Self Evaluation Annual Report as presented.

pg.191

17. The Superintendent recommends the board approve the Southwest High School, Central Union High School and Desert Oasis High School “Single Plan for Student Achievement.” Copies of the complete plans are available to the public upon request at the school site and on each school’s website.

- VI.** **ACTION ITEMS:** (continued)
pg.192 18. The Board of Trustees is requested to approve the removal of C. Thomas Budde from the district's Rabobank VISA account and add Bryan Thomason to the account as well as issue him a Visa credit card effective July 1, 2014.
pp.193-210 19. The Superintendent recommends the board approve the proposed contract with DecisionInsite in the amount of \$13,872.

- VII.** **INFORMATION ITEMS:**
pp.211-215 20. First reading of the proposed revision of Board Bylaw 9324(a) relating to Minutes and Recordings.
pp.216-222 21. Monthly budget and cash flow report.

- VIII.** **ECSTA AND CSEA COMMENTS:**
IX. **SUPERINTENDENT'S REPORT:**

- X.** **BOARD COMMENTS:**
XI. **CLOSED SESSION:** (If Necessary)
XII. **ADJOURNMENT:**

Time: _____

Agenda Posted:

June 6, 2014

Dates of Next Meeting:

June 18, 2014 Special Meeting @ 6:00PM

June 24, 2014 Special Meeting/Closed Session @ 3:00PM

Special Meeting / Budget Adoption @ 6:00PM

CONSENT AGENDA ITEMS

MINUTES

**CENTRAL UNION HIGH SCHOOL DISTRICT
BOARD OF TRUSTEES – REGULAR MEETING
May 13, 2014 – 5:15 P.M.**

CALL TO ORDER:

Trustee Jones called the regular meeting of the Central Union High School District to order at 5:15 P.M.

CLOSED SESSION:

The Board of Trustees and superintendent met in closed session to discuss the following matters: PERSONNEL / PUBLIC EMPLOYEE MATTERS, pursuant to Education Code Section 54954.5 and 54957; CONFERENCE WITH LABOR NEGOTIATOR, pursuant to Education Code Section 54957.6 and 54957.1; STUDENT MATTERS, pursuant to Education Code Sections 49073-49079, 60851.

OPEN SESSION:

The Board of Trustees reconvened into open session at 6:10 P.M. and announced the following action taken in closed session:

Trustee Walker moved to approve the submission of a Specific Waiver Request for a California High School Exit Exam (CAHSEE) Waiver of Test Passage for Students With a Disability to the California Department of Education pursuant to SB 1476 and Education Code Section 60851(c) for students #1-4; motion seconded by Trustee Jimenez.

Motion:	Carried	Vote:	Ayes-4 Noes-0 Absent-1 (Childers)
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ROLL CALL:

Present: Trustees Emma Jones, Jacinto Jimenez, Jeanne Vogel, Steve Walker. C. Thomas Budde, Carol Moreno, Mike Sterner, Danette Morrell, Tracie Baughn, Patty Quijada, Catherine Drew, Diane Richmond, Mike Gutierrez, Kevin McFadden, Karen Saikhon, Ed Roncal, Bob Macholtz, Janet Gruis, Sandy Noujaim, Betsy Lane, Chrissy Adams, Jackie Valadez, Jennifer Fowlkes, Julie Cordova, Todd Machado, Alma Ruiz, Marilyn Burt, Madeline Macholtz, Julie Moreno, Monique Garcia, Luz Moreno, JP Garcia, Bryan Thomason, Todd Evangelist, Debbie Burquist, Joe Conner and others.

Absent: Trustee Ryan Childers

FLAG SALUTE:

Trustee Jimenez led the Pledge of Allegiance to the Flag.

MOMENT OF SILENCE:

Trustee Jones called for a moment of silence in memory of Mr. Francisco Aguilar, Southwest High School teacher who passed away recently.

COMMUNICATION AND RECOGNITIONS:

Anaisa Cardenas, CUHS Student Board Representative reported of the following student activities: update for the Sports in season; senior activities; hello/goodbye assembly; Prom on Saturday at BWCC; Senior Awards on June 2; Graduation on June 4th; AVID awards. Introduced Clarissa Evangelist as the new student representative for 2014-2015.

Bella Rodriguez, SHS Student Board Representative reported on the following student activities: Introduced Susana Irigoyen as the new student board representative. Update for the sports in season; Orchestra at upcoming regional competition; HOSA club to National competition; Senior Picnic; Grad Day at Disneyland; SAVAPA dance show; Senior activities; services for Mr. Aguilar.

**BOARD OF TRUSTEES – REGULAR MEETING
May 13, 2014 – Regular Meeting**

COMMUNICATIONS AND RECOGNITIONS: (continued)

Cristina Rodriguez, DOHS Student Board Representative reported on the following student activities: Financial Aid counselors on campus to help students with applications; IVROP classes; Grad Nite; CAHSEE testing for juniors and seniors. She thanked all the teachers for their hard work, tolerance and patience throughout the year to make school a good experience for all. She congratulated Dr. Budde on his retirement.

Mike Sterner, CUHS Principal presented certificates of recognition to the following students for being selected as the Health and CTE Departments' Students of the Month: CARLOS MAGANA and OSCAR MONZON, 9th Grade; PETER RIVAS and LEEANN AGUILAR, 9th Grade.

Danette Morrell, SHS Principal presented certificates of recognition to the following students for being selected as the SHS Students of the Month for May 2014: SACHI SOFIA NIDOME, 9th; JOEL REYNOSO, 10th; MANUEL ANGEL LOPEZ, 11th; LUIS MARTIN LERMA, 12th.

Tracie Baughn, DOHS Principal presented certificates of recognition to CRISTINA RODRIGUEZ and FELIX NOGUEZ for being selected as the May Students of the Month.

Carol Moreno, Director of Human Resources presented plaques to the following employees in recognition of their retirement from the district: PATRICK GRATTAN, 20 years of service; ROSA CARO, 34 years of service; MARIA TURNER, 17 years of service; SHIRLEY LABRUCHERIE, 19 years of service.

Danette Morrell introduced the Southwest HOSA team and sponsors. Jackie Valadez provided a brief summary of the awards the students received at recent competition. They will be competing in the 2014 HOSA National Leadership Conference in Orlando, FL on June 24 through June 30, 2014.

PUBLIC COMMENT SESSION:

Trustee Jones declared the public hearing session open for the purpose of receiving comments, presentations or requests.

Joe Conner addressed the board and requested to be re-instated as the head football coach at Southwest High School. He stated that he was placed on leave from the position by the superintendent pending the resolution of his court case. He reported that he was never notified that he was being replaced and learned about it from the newspaper.

Trustee Jones requested that Dr. Budde schedule a meeting with Mr. Conner to further discuss the issue.

Michelle Swift, sister of Mr. Conner also addressed the board and requested that he be re-instated as the head football coach at Southwest.

Edward Romero, SHS football player addressed the board and asked that his coach be brought back. He stated that the team had accomplished more during the time Coach Conner has been the coach.

Chrissy Adams reminded the board about the fundraiser for Mr. Ortega on May 31st and offered tickets for purchase.

CONSENT AGENDA ITEMS:

Trustee Vogel moved to approve the consent agenda items as listed; motion seconded by Trustee Jimenez.

Motion: Carried Vote: Ayes-4

BOARD OF TRUSTEES – REGULAR MEETING
May 13, 2014 – Regular Meeting

Minutes – April 8, 2014 Regular Meeting; April 22, 2014 Special Meeting; May 3, 2014 Special Meeting. Warrant Orders - #04032014, 1-6; #04082014, 1-7; #04152014, 1-8; #04222014, 1-6; #04292014, 1-5; #05062014, 1-6. Personnel Report – Payroll Warrants - #12B April 30, 2014 - \$2,067,110.69. Certificated Employment – CHERI BIAGI and JERRY JOHNSON, Administrative Panel for Expulsion Hearings for 2013-2014. Supplemental Assignments – BETH BENAVENT, SHS Tutor for Graduation Requirements Eff. 4/1/14. Substitute Teachers – CLARISSA MALDONADO, Eff. 3/19/14; PATRICIA BROWN, 3/31/14. Classified Employment / Summer Special Programs – VICTOR CARMONA, SSFO Worker I, 2 Hours; VICENTE RUIZ and NORMA VELEZ, SSFO Worker II, 4.5 Hours Eff. 6/16/14 – 7/17/14. Classified Employment – ROBERTO CUEN, SHS Maintenance/Groundskeeper Eff. 4/21/14. Classified Hourly Employment – PAOLA LEON, SHS Food Service Assistant I (2 hrs) Eff. 4/28/14; MARIA DEL CARMEN LOPEZ, SHS Food Service Assistant I (2.5 hrs) Eff. 4/28/14; ANA CRISTINA MARQUEZ, SHS Food Service Assistant I (2 hrs) Eff. 4/28/14. Classified Separations/Resignations – ALINA MARQUEZ GANDAR, SHS Food Service Assistant I Eff. 4/11/14; GILBERT VENEGAS, District Nutrition Services Supervisor, Eff. 4/25/14; KIM ALEKSIC, CUHS Food Service Assistant I (2.5 hrs) Eff. 4/29/14; MIGUEL LEMUS III, District Computer Repair Assistant III, Eff. 5/2/14. Classified Retirements – ROSA CARO, CUHS Special Ed Instructional Aide (34 Years of Service) Eff. 7/15/14. Approved the out of state trip for RON SHANE to attend the North America Automobile Council of Teachers Conference in Greenville, SC from July 20 – July 25, 2014. Approved the out of state trip for the SHS HOSA group to participate in the 2014 HOSA National Leadership Conference in Orlando, FL from June 24 – June 30, 2014. Approved the donation of a 2008 Chevrolet Malibu vehicle from General Motors Corporation to the Central Union High School Automotive Program. Approved the Central Union High School District Williams Complaint Quarterly Report, Quarter 3. Approved the Operations Term and Program Development Agreement between the Central Union Adult School and HarperRand Education for the implementation of a Phlebotomy Technician (CPT1) class. Approved the Agreement between the District and County of Imperial for GED preparation classes for CalWORKS participants to be offered at the Central Union Adult School. Approved the Agreement between the District and San Diego State University – Imperial Valley Campus Internship Credential Program. Approved the SELPA Community Advisory Committee nominations as listed. Approved the Program Advisory and Compliance Services Agreement between School Innovations & Achievement, Inc. and the District regarding the Mandate Reimbursement Process Program.

APPROVAL OF THE EMPLOYMENT AGREEMENT BETWEEN BRYAN THOMASON THE BOARD OF TRUSTEES OF THE CENTRAL UNION HIGH SCHOOL DISTRICT, IMPERIAL COUNTY, CALIFORNIA:

Trustee Vogel moved to approve the Employment Agreement between Bryan Thomason and the Board of Trustees of the Central Union High School District, Imperial County, California; motion seconded by Trustee Jimenez.

Motion: Carried Ayes – 4
Noes-0
Absent – 1 (Childers)

RECESS:

Trustee Jones called for a fifteen minute recess to welcome Bryan Thomason as the new superintendent for the district.

RECONVENED:

Trustee Jones reconvened the meeting at 7:40P.M.

ADOPTION OF BOARD RESOLUTION NO. 05132014-14 ORDERING AN ELECTION, REQUESTING COUNTY ELECTIONS TO CONDUCT THE ELECTION AND SPECIFICATIONS OF ELECTION ORDER:

Trustee Jimenez moved to adopt Board Resolution No. 05132014-14 Resolution Ordering an Election, Requesting County Elections to Conduct the Election, and Requesting Consolidation of the Election and Specifications of the Election Order; motion seconded by Trustee Walker.

Motion: Carried Roll Call Vote: Ayes-4 (Walker, Jones, Jimenez, Vogel)

Noes-0
Absent-1 (Childers)

**BOARD OF TRUSTEES – REGULAR MEETING
May 13, 2014 – 5:15 P.M.**

APPROVAL OF DECLARATION OF NEED FOR FULLY QUALIFIED EDUCATORS:

Trustee Walker moved to approve the Declaration of Need for Fully Qualified Educators; motion seconded by Trustee Vogel.

Motion: Carried
Vote: Ayes-4
Noes-0
Absent-1 (Childers)

APPROVAL OF NAME FOR NEW (9TH GRADE ACADEMY) SCHOOL:

Trustee Vogel moved to approve naming the new 9th grade academy, Phoenix Rising High School; motion seconded by Trustee Jimenez.

Motion: Carried
Vote: Ayes-4
Noes-0
Absent-1 (Childers)

REVISION OF ADMINISTRATIVE REGULATION 1312.4 AND EXHIBITS RELATING TO COMMUNITY RELATIONS – WILLIAMS UNIFORM COMPLAINT PROCEDURES:

Trustee Jimenez moved to waive the first reading and adopt the proposed revision of Administrative Regulation 1312.4 and Exhibits relating to Community Relations – Williams Uniform Complaint Procedures; motion seconded by Trustee Vogel.

Motion: Carried
Vote: Ayes-4
Noes-0
Absent-1 (Childers)

APPROVAL OF THE CONTRACT FOR FOOD SERVICES MANAGEMENT WITH SOUTHWEST FOODSERVICE EXCELLENCE:

Trustee Jimenez moved to approve the renewal of the contract for food services management with Southwest Foodservice Excellence for one year and authorize the superintendent to sign the Amendment to Renew the Contract; motion seconded by Trustee Walker.

Motion: Carried
Vote: Ayes-4
Noes-0
Absent-1 (Childers)

INFORMATION ITEMS:

Public disclosure of the Workers' Compensation Claims Actuarial Report.

2014 Graduation Dates and determination of board attendance.

Monthly budget and cash flow report.

ECSTA AND CSEA COMMENTS:

Catherine Drew, ECSTA president reported that as a teacher of senior students, it has been a tough ride but is proud of staff and colleagues on how they handled the passing of a fellow teacher. She thanked Mrs. Morrell for her support. She stated that a plaque would be added to the memorial wall at the school. She informed the board on the condition of Mr. Mario Ortega and efforts to donate blood in his name were very successful with 113 units of blood collected just for him. She commended Enrique Cervantes and Ricardo Salgado for their efforts in heading up a BBQ fundraiser to raise money for his future medical needs. She requested that clear direction be given to the superintendent in preparation for the next negotiation meeting on May 16th. She stated that everyone has worked hard on the issues at hand and especially the evaluation document committee.

She stated that it appears that the board has hired a good man in Bryan Thomason to replace Dr. Budde and is looking forward to working with him. She was not pleased about the process used in the hiring as no parents, students or teachers were involved in the interview process. Lastly, she reported that she would have the remainder of the survey results ready next month.

Mike Gutierrez, CSEA President reported that Mr. Aguilar would be missed at Southwest High School and shared his memories of him. He also reported that he has been working with Carol regarding the reclassification of maintenance positions and things are going well.

SUPERINTENDENT'S REPORT:

Dr. Budde informed the board that a special meeting needed to be held for the purpose of disclosing the 2014-2015 LCAP budget. By consensus the board agreed to meet on Wednesday, June 18, 2014 at 6:00PM.

Review of the board policy relating to Alternative Credits was deleted from the agenda.

Jennifer Fowlkes provided a power point presentation on the proposed Integrated Math Program.

BOARD COMMENTS:

Trustee Jimenez expressed his sympathy to the families of Mr. Aguilar and commended the teachers for helping Mr. Ortega in his time of need. He personally has been affected by a severe illness in his family and understands the difficult times ahead.

Trustee Vogel stated that the whole board shares the same feelings.

ADJOURNMENT:

Trustee Jones adjourned the meeting at 8:40 P.M.

CERTIFIED MINUTES:

Superintendent & Secretary to the Board of Trustees

Date

WARRANT ORDERS

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
020666	IA + CAT	PO-141264	5/13/14	#7105		010-3010-0-1110-1000-5800-43-0000		112.00	112.00	112.00	
020492	7UP/RC BOTTLING OF S.	PV-143042	5/13/14	2215012046		130-5310-0-0000-3700-4700-45-0000		720.30	720.30	720.30	
019561	A1 GOLF CARS	PV-142966	5/13/14	#4087		010-8150-0-0000-8110-5600-43-0000		323.31	323.31	323.31	
020560	ACADEMIC TUTORING	PO-140836	5/13/14	308		010-3010-0-1110-1000-5800-43-0000		2,112.50			
020512	AIR & LUBE SYSTEMS, INC	PO-141162	5/13/14	#1045		010-3010-0-1110-1000-5800-43-0000		812.50	2,925.00	2,925.00	
			5/13/14	39837		010-0000-0-6000-1000-5800-45-6350		825.00			
			5/13/14	39837		010-0000-0-6000-1000-4400-45-6350		3,918.35	4,743.35	4,743.35	
017206	AIR EXHAUST CO., INC.	PV-143065	5/13/14	#69159		130-5310-0-0000-3700-5800-47-0000		760.00	760.00	760.00	
016549	AIRGAS WEST INC.	PO-141078	5/13/14	9027050135		010-0000-0-6000-1000-4300-47-6350		276.48	276.48	276.48	
019571	ALLIED WASTE SERVICES	PV-143043	5/13/14	#0467-001365615		010-0000-0-0000-8200-5506-47-0000		282.50			
		PV-143044	5/13/14	#0467-001365615		010-0000-0-0000-8200-5506-47-0000		1,096.75			
		PV-143045	5/13/14	#0467-001365614		010-0000-0-0000-8200-5506-45-0000		282.50			
		PV-143046	5/13/14	#0467-001365614		010-0000-0-0000-8200-5506-45-0000		1,062.78			
		PV-143048	5/13/14	#0467-001364232		010-0000-0-0000-8200-5506-43-0000		54.50			
			5/13/14	#0467-001364232		010-0000-0-0000-8200-5506-43-7230		54.50			
		PV-143051	5/13/14	#0467-001365643		010-0000-0-0000-8200-5506-44-0000		76.30			
		PV-143053	5/13/14	#0467-001365616		010-0000-0-3200-8200-5506-46-0000		136.25			
			5/13/14	#0467-001365616		010-0000-0-4110-8200-5506-46-6390		136.25	3,182.33	3,182.33	
019837	ARAMARK UNIFORM	PV-142983	5/13/14	#792294278 APRIL		010-0000-0-0000-8200-5890-45-0000		621.02	621.02	621.02	
019843	ARAMARK UNIFORM	PV-142978	5/13/14	#792294285 APRIL		010-0000-0-0000-8200-5890-47-0000		650.32	650.32	650.32	
019835	ARAMARK UNIFORM	PV-142992	5/13/14	April 2014		130-5310-0-0000-8200-5504-45-0000		458.28	458.28	458.28	
019836	ARAMARK UNIFORM	PV-142991	5/13/14	April 2014		130-5310-0-0000-8200-5504-47-0000		395.83	395.83	395.83	
019838	ARAMARK UNIFORM	PV-142990	5/13/14	April 2014		010-3550-0-1110-1000-5800-45-0000		74.61	74.61	74.61	
019839	ARAMARK UNIFORM	PV-142982	5/13/14	#792294281 APRIL		010-0000-0-0000-8200-5504-45-0000		1,033.20	1,033.20	1,033.20	
019840	ARAMARK UNIFORM	PV-142981	5/13/14	#792294282 APRIL		010-0000-0-0000-8200-5890-43-0000		713.00	713.00	713.00	
019841	ARAMARK UNIFORM	PV-142980	5/13/14	#792294283 APRIL		010-0000-0-0000-8200-5504-43-7230		563.44	563.44	563.44	
019842	ARAMARK UNIFORM	PV-142979	5/13/14	#792294284 APRIL		010-0000-0-0000-3600-5890-43-7230		453.82	453.82	453.82	
019844	ARAMARK UNIFORM	PV-142977	5/13/14	#792294286 APRIL		010-0000-0-0000-8200-5504-47-0000		262.92	262.92	262.92	

Date Paid: 5/15/2014

*** FINAL ***

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
020127	ARMSTRONG, TOMMY	PO-141263	5/13/14	FIRST AID/CPR/AED		010-7220-0-1110-1000-5800-45-0000		945.00	945.00	945.00	
018900	BALFOUR	PO-141015	5/13/14	CUHSD-005		010-0000-0-0000-2700-4355-45-0000		477.36	477.36	477.36	
018977	BALFOUR	PO-140898	5/13/14	CUHSD-004		010-0000-0-1425-1000-4300-47-0000		167.94			
020036	BARTH & TOZER LLP	PO-140899	5/13/14	CUHSD-005		010-6385-0-1110-1000-4300-47-0000		251.10	419.04	419.04	
018193	BAUDVILLE, INC.	PV-142954	5/13/14	#12983		250-0000-0-0000-7200-5830-43-0000		408.74	408.74	408.74	
020728	BELCO ATHLETIC LAUNDRY	PO-140723	5/13/14	#1771		010-3185-0-1110-1000-4300-43-0000		140.25	140.25	140.25	
			5/13/14	#1771		010-8150-0-0000-8110-4300-43-0043		324.00			
020057	BEN & LORETTA ABATTI	PV-142973	5/13/14	INTEREST PAYMENT		010-8150-0-0000-8110-6400-43-0043		8,768.88	9,092.88	9,092.88	
012088	BSN SPORTS	PO-141062	5/13/14	96061741		400-0000-9-0000-9100-7438-43-0000		23,486.56	23,486.56	23,486.56	
018404	CAL-TEST INC.	PV-142989	5/13/14	#2014-14609		010-0000-0-1300-4200-4300-47-0000		4,375.37	4,375.37	4,375.37	
011802	CHANNING BETE COMPANY,	PO-140974	5/13/14	52792521		010-0000-0-0000-3600-5850-43-7230		574.20	574.20	574.20	
017159	CHERRY TREE	PO-141206	5/13/14	1410504100		010-5640-0-1110-1000-4300-43-0000		37.70	37.70	37.70	
020754	CORNERSTONE	PO-140966	5/13/14	111430		010-3550-0-1110-1000-4300-45-0000		608.10	608.10	608.10	
			5/13/14	111430		130-5310-0-0000-3700-4300-45-0000		1,057.68			
			5/13/14	111430		130-5310-0-0000-3700-4400-45-0000		1,427.65			
			5/13/14	111430		130-5310-0-0000-3700-4300-46-0000		703.78			
			5/13/14	111430		130-5310-0-0000-3700-4300-47-0000		3,194.94			
		PV-143028	5/13/14	Delivery Project120096		130-5310-0-0000-3700-5901-45-0000		100.00			
			5/13/14	Delivery Project120096		130-5310-0-0000-3700-5901-47-0000		100.00	6,584.05	6,584.05	
013966	COSTCO	PO-141228	5/13/14	30331		010-3010-0-1110-1000-4300-45-0000		111.33	111.33	111.33	
020004	CRS ADVANCED	PV-143054	5/13/14	SF1427409		010-0000-0-0000-7200-5800-44-0000		503.00	503.00	503.00	
019304	CUMMINS CAL PACIFIC, LLC	PV-142963	5/13/14	#008-53543		010-0000-0-5770-3600-4360-43-7240		183.27	183.27	183.27	
016787	DELL MARKETING L.P.	PO-141193	5/13/14	XJDD33NN5		010-0000-0-4110-2700-4300-46-6390		2,674.13			
			5/13/14	XJDD33NN5		010-0000-0-4110-1000-4300-46-6390		2,674.13			
019126	DESERT AUTO PLAZA	PO-141194	5/13/14	XJDD6JFM4		010-0000-0-4110-1000-4300-46-6390		5,348.26	10,696.52	10,696.52	
018710	DESERT SERVICES, INC.	PV-142967	5/13/14	#30516		010-0000-0-0000-3600-4360-43-7230		560.58	560.58	560.58	
		PV-142970	5/13/14	#140794		010-0000-0-0000-8300-5800-45-0000		702.00			
			5/13/14	#140794		010-0000-0-0000-8300-5800-47-0000		702.00	1,404.00	1,404.00	

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
010262	EL CENTRO, CITY OF	PV-143058	5/13/14	3/4-4/5/2014		010-0000-0-0000-8200-5503-44-0000		219.60			
			5/13/14	3/4-4/5/2014		010-0000-0-0000-8200-5503-45-0000		1,414.75			
			5/13/14	3/4-4/5/2014		010-5640-0-8100-8200-5503-43-0000		47.14			
			5/13/14	3/4-4/5/2014		010-0000-0-0000-8200-5503-47-0000		1,329.04			
			5/13/14	3/4-4/5/2014		010-0000-0-3200-8200-5503-46-0000		720.95			
			5/13/14	3/4-4/5/2014		010-0000-0-4110-8200-5503-46-6390		720.96			
			5/13/14	3/4-4/5/2014		010-0000-0-0000-8200-5503-43-7230		57.13			
			5/13/14	3/4-4/5/2014		010-0000-0-0000-8200-5503-43-0000		57.13	4,566.70	4,566.70	
011591	ELMS EQUIPMENT RENTAL	PV-142975	5/13/14	#145185 APRIL		010-8150-0-0000-8110-4390-43-0000		127.53			
			5/13/14	#145185 APRIL		010-8150-0-0000-8110-5600-43-0000		383.13			
			5/13/14	#145185 APRIL		010-0000-0-0000-8200-5600-43-0000		288.52	799.18	799.18	
020313	EMPLOYMENT	PV-143029	5/13/14	Lab. end 3/31/2014		010-0000-0-0000-0000-9525-00-0000		1,313.55	1,313.55	1,313.55	
016859	ENCINAS, EDWARD	PV-142971	5/13/14	CUHS BASEBALL		010-0000-0-1310-4200-5200-45-0000		29.96	29.96	29.96	
014602	ENTERPRISE RENT-A-CAR	PV-142957	5/13/14	#1866486		010-3185-0-1110-1000-5200-43-0000		84.22	84.22	84.22	
014434	FIESTA MEXICAN FOODS	PV-143040	5/13/14	EC-007527		130-5310-0-0000-3700-4700-45-0000		276.40			
		PV-143041	5/13/14	EC-007801		130-5310-0-0000-3700-4700-45-0000		325.10	601.50	601.50	
020497	FIESTA MEXICAN FOODS,	PV-143063	5/13/14	#EC-007800		130-5310-0-0000-3700-4700-47-0000		132.32			
		PV-143064	5/13/14	#EC-007828		130-5310-0-0000-3700-4700-47-0000		135.16	267.48	267.48	
012322	FLINN SCIENTIFIC INC.	PO-141086	5/13/14	1747149		010-6300-0-1110-1000-4300-43-0000		284.88	284.88	284.88	
014853	FLOWERS BAKING	PV-143039	5/13/14	95481307		130-5310-0-0000-3700-4700-45-0000		75.60	75.60	75.60	
017379	FLOWERS BAKING	PV-143062	5/13/14	#95481309		130-5310-0-0000-3700-4700-47-0000		32.40	32.40	32.40	
015147	FOLLETT SCHOOL	PO-141171	5/13/14	419167-3		010-0000-0-1110-1000-4300-47-7090		378.54	378.54	378.54	
015389	FULL COMPASS SYSTEMS	PO-141177	5/13/14	5097556		010-0000-0-0000-2700-4300-47-0000		427.50	427.50	427.50	
018520	FULTON DISTRIBUTING CO.	PV-143038	5/13/14	322086		130-5310-0-0000-3700-4300-45-0000		1,081.36	1,081.36	1,081.36	
018868	FULTON DISTRIBUTING CO.	PV-143061	5/13/14	#322415		130-5310-0-0000-3700-4300-47-0000		1,162.82	1,162.82	1,162.82	
020477	HOLLANDIA DAIRY, INC.	PV-143035	5/13/14	1272610		130-5310-0-0000-3700-4700-45-0000		1,233.46			
		PV-143036	5/13/14	1270153		130-5310-0-0000-3700-4700-45-0000		1,393.23			
		PV-143037	5/13/14	1276023		130-5310-0-0000-3700-4700-45-0000		928.91	3,555.60	3,555.60	

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	E Pay	Payment Amount	Check Amount	Vendor Total	Audit Flag
020484	HOLLANDIA DAIRY, INC.	PV-143059	5/13/14	#1272609		130-5310-0-0000-3700-4700-47-0000		699.68			
		PV-143060	5/13/14	#1276022		130-5310-0-0000-3700-4700-47-0000		706.73	1,406.41	1,406.41	
017821	HOME DEPOT CREDIT	PO-141079	5/13/14	#5972326		010-0000-0-6000-1000-4300-47-6350		933.32			
		PO-141209	5/13/14	#6101469		010-3550-0-1110-1000-4300-45-0000		1,524.07			
		PV-142953	5/13/14	APRIL 2014		010-8150-0-0000-8110-4390-43-0000		1,119.25			
			5/13/14	APRIL 2014		010-8150-0-0000-8110-4400-43-0043		553.80			
			5/13/14	APRIL 2014		010-8150-0-0000-8110-5800-43-0043		60.00	4,190.44	4,190.44	
020783	HOT RODS & BEER	PV-142969	5/13/14	#5-14-14		010-0000-0-0000-7100-5800-44-0000		3,024.00	3,024.00	3,024.00	
011033	IMPERIAL COUNTY OFFICE	PO-140827	5/13/14	14-385		010-3185-0-1110-1000-5200-43-0000		450.00			
		PO-140864	5/13/14	14-386		010-3185-0-1110-1000-5200-43-0000		750.00	1,200.00	1,200.00	
011111	IMPERIAL STORES	PV-142988	5/13/14	#71132.APRIL		010-0000-0-0000-8200-4380-43-0000		247.45			
		PV-142984	5/13/14	#71132.APRIL		010-8150-0-0000-8110-4390-43-0000		641.58	889.03	889.03	
014369	IMPERIAL VALLEY PRESS	PV-142984	5/13/14	#N30056351		010-0000-0-0000-7200-5840-44-0000		1,505.40	1,505.40	1,505.40	
019457	LA BRUCHERIE IRRIGATION	PV-142965	5/13/14	APRIL		010-0000-0-0000-8200-4380-43-0000		816.48			
			5/13/14	APRIL		010-8150-0-0000-8110-4390-43-0000		137.96	954.44	954.44	
018497	LANE STANTON VANCE	PO-141136	5/13/14	636444-EC		010-3550-0-1110-1000-4300-45-0000		1,570.70	1,570.70	1,570.70	
020765	LEADERSHIP ASSOCIATES	PV-142962	5/13/14	FINAL PAYMENT		010-0000-0-0000-7100-5800-44-0000		10,750.00	10,750.00	10,750.00	
020784	MARTINEZ, SALVADOR	PV-142952	5/13/14	CLAIM FOR DAMAGES		010-0000-0-0000-7200-5600-44-0000		500.00	500.00	500.00	
015700	MILESTEK CORPORATION	PO-141189	5/13/14	2338612		010-0000-0-0000-7700-4300-43-0000		181.44	181.44	181.44	
014103	MISSION JANITORIAL	PV-142985	5/13/14	#408774-00		010-0000-0-0000-8200-4380-43-0000	E	278.00			
		PV-142986	5/13/14	#409695-00		010-0000-0-0000-8200-4380-43-0000	E	1,152.80			
		PV-142987	5/13/14	#408754-00		010-0000-0-0000-8200-4380-43-0000	E	6,445.57			
020531	MUSIC & ART	PO-141095	5/13/14	2934953		010-0000-0-1520-1000-4300-45-0000		121.51	121.51	121.51	
010407	NASCO MODESTO	PO-141082	5/13/14	933838		010-6300-0-1110-1000-4300-43-0000		271.54	271.54	271.54	
018565	NEW TECHNICAL	PO-140946	5/13/14	7813		010-0000-0-0000-2700-4300-45-0000		75.60			
			5/13/14	7796		010-0000-0-0000-2700-4300-45-0000		206.00	281.60	281.60	
020500	O'REILLY AUTO PARTS	PV-142964	5/13/14	APRIL		010-0000-0-0000-3600-4360-43-7230		583.89			
			5/13/14	APRIL		010-0000-0-1365-1000-5600-47-0000		135.72			

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	E Pay	Payment Amount	Check Amount	Vendor Total	Audit Flag
020500	O'REILLY AUTO PARTS	PV-142964	5/13/14	APRIL		010-8150-0-0000-8110-4390-43-0000		21.58	741.19	741.19	
020785	PHOENIX MARRIOTT MESA	PO-141270	5/13/14	RES FOR R. BAKER		010-0000-0-0000-2700-5200-45-0000		248.56	248.56	248.56	
018732	PRACTI-CAL, INC.	PV-143049	5/13/14	28705		010-5640-0-1110-1000-5800-43-0000		20.94	20.94	20.94	
020158	RABOBANK VISA CARD	PV-142961	5/13/14	APRIL		010-0000-0-1559-2700-5200-47-0000		485.22			
			5/13/14	APRIL		010-0000-0-1559-2700-5200-47-0000		2,079.00			
			5/13/14	APRIL		010-0000-0-1559-2700-5200-47-0000		1,560.00			
			5/13/14	APRIL		010-0000-0-1559-2700-5200-47-0000		1,812.38			
			5/13/14	APRIL		010-3010-0-1110-1000-4300-45-0000		300.30			
			5/13/14	APRIL		010-3185-0-1110-1000-5200-43-0000		94.46			
			5/13/14	APRIL		010-0000-0-0000-7200-4300-44-0000		110.99			
			5/13/14	APRIL		010-0000-0-0000-7200-4400-44-0000		1,244.97	7,687.32	7,687.32	
020160	RABOBANK VISA CARD	PV-142968	5/13/14	APRIL		010-0000-0-0000-7200-5840-44-0000		459.00			
			5/13/14	APRIL		010-0000-0-0000-7200-5200-44-0000		44.34	503.34	503.34	
020267	RABOBANK VISA CARD	PV-142955	5/13/14	APRIL		010-8150-0-0000-8110-4390-43-0000		139.24			
			5/13/14	APRIL		010-8150-0-0000-8110-4350-43-0000		117.99	257.23	257.23	
017177	SAFETY-KLEEN CORP.	PV-142956	5/13/14	#63410206		010-0000-0-0000-3600-5800-43-7230		524.11	524.11	524.11	
017902	SAN DIEGO FRICTION	PV-142974	5/13/14	#14863 APRIL		010-0000-0-0000-3600-4360-43-7230		313.67	313.67	313.67	
017138	SCHOLASTIC INC.	PO-141231	5/13/14	8791872		010-3185-0-1110-1000-4300-43-0000		1,909.43	1,909.43	1,909.43	
018182	SEHI COMPUTER	PO-141040	5/13/14	100113493		010-3010-0-1110-1000-4400-45-0000	E	152.39			
			5/13/14	100113522		010-0000-0-1555-1000-4300-45-0000	E	41.93			
			5/13/14	100113839		010-0000-0-6000-1000-4400-45-6350	E	2,168.86			
014464	SHAMROCK FOODS	PV-143031	5/13/14	15488915		130-5310-0-0000-3700-4700-45-0000		25.51			
			5/13/14	15488917		130-5310-0-0000-3700-4700-45-0000		37.39			
			5/13/14	15495083		130-5310-0-0000-3700-4700-45-0000		138.00			
			5/13/14	15488916		130-5310-0-0000-3700-4700-45-0000		4,467.15			
			5/13/14	15488916		130-5310-0-0000-3700-4300-45-0000		134.88	4,802.93	4,802.93	
019549	SHAMROCK FOODS	PV-143055	5/13/14	#15488913		130-5310-0-0000-3700-4700-47-0000		4,367.24			
			5/13/14	#15488913		130-5310-0-0000-3700-4300-47-0000		324.93			

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
019549	SHAMROCK FOODS	PV-143056	5/13/14	#15488914		130-5310-0-0000-3700-4700-47-0000		261.73			
		PV-143057	5/13/14	#15495084		130-5310-0-0000-3700-4700-47-0000		695.80			
			5/13/14	#15495084		130-5310-0-0000-3700-4300-47-0000		230.78	5,880.48	5,880.48	
018717	SHARP SANITATION	PO-140981	5/13/14	016383		010-0000-0-1300-4200-5600-47-0000		131.07			
			5/13/14	016383A		010-0000-0-1300-4200-5600-47-0000		104.07	235.14	235.14	
010336	SHERWIN-WILLIAMS CO.	PO-141207	5/13/14	5914-3		010-3550-0-1110-1000-4300-45-0000		580.88	580.88	580.88	
011224	SKEELS & COMPANY,	PV-142958	5/13/14	#70712		010-8150-0-0000-8110-4390-43-0000		1,146.33			
		PV-142959	5/13/14	#70656		010-8150-0-0000-8110-4390-43-0000		33.22			
		PV-142960	5/13/14	#70809		010-8150-0-0000-8110-4390-43-0000		38.16	1,217.71	1,217.71	
013407	SMART & FINAL	PO-141183	5/13/14	April 2014		010-0000-0-1369-1000-4300-47-0000		236.84			
		PV-142993	5/13/14	April 2014		130-5310-0-0000-3700-4700-47-0000		30.25			
			5/13/14	April 2014		130-5310-0-0000-3700-4700-45-0000		8.96	276.05	276.05	
020601	SOUTHWEST HIGH SCHOOL	PO-141267	5/13/14	Reg. & Airline Ticket H		010-3550-0-1110-1000-5200-47-0000		731.30	731.30	731.30	
020069	SPARKLETTES	PV-143052	5/13/14	9444474 050114		010-5640-0-8100-3140-4300-43-0000		43.97	43.97	43.97	
014419	SYSCO SAN DIEGO	PV-143030	5/13/14	405050172		130-5310-0-0000-3700-4700-45-0000		844.41	844.41	844.41	
017199	SYSCO SAN DIEGO	PV-143047	5/13/14	405050171		130-5310-0-0000-3700-4700-47-0000		794.33			
			5/13/14	405050171		130-5310-0-0000-3700-4300-47-0000		133.73	928.06	928.06	
017262	U.S. AWARDS INC.	PO-141068	5/13/14	INV38386		010-0000-0-0000-2700-4300-47-0000		7,887.68			
		PO-141090	5/13/14	INV38155		010-0000-0-1520-1000-4300-45-0000		296.71	8,184.39	8,184.39	
019817	VALADEZ, JACQUELINE	PV-142972	5/13/14	REIMB. CULINARY		010-3550-0-1110-1000-5200-47-0000		90.12	90.12	90.12	
014304	VALLEY AUTO GLASS CO.	PV-142976	5/13/14	#1023299		010-0000-0-5770-3600-4360-43-7240		32.80	32.80	32.80	
020049	VENEGAS, GILBERT	PV-143050	5/13/14	Mileage April 2014		130-5310-0-0000-3700-5200-45-0000		12.31			
			5/13/14	Mileage April 2014		130-5310-0-0000-3700-5200-47-0000		12.32	24.63	24.63	
011182	WARD'S NATURAL	PO-141083	5/13/14	8057489742		010-6300-0-1110-1000-4300-43-0000		104.53	104.53	104.53	
012225	XEROX CORPORATION	PV-142994	5/13/14	073355851		010-8150-0-0000-8110-5600-43-0000		213.27			
		PV-142995	5/13/14	073856040		010-0000-0-0000-3600-5600-43-7230		88.62			
		PV-142996	5/13/14	073355827		010-0000-0-0000-2700-5600-45-0000		216.54			
		PV-142997	5/13/14	073471078		010-5640-0-8100-3140-5600-43-0000		296.19			

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012225	XEROX CORPORATION	PV-142998	5/13/14	073355852		010-0000-0-0000-2700-5600-45-0000		200.34			
		PV-142999	5/13/14	073355853		010-0000-0-0000-2700-5600-45-0000		210.03			
		PV-143000	5/13/14	073355828		010-0000-0-0000-2700-5600-45-0000		150.97			
		PV-143001	5/13/14	073440932		010-3310-0-5770-2700-5600-43-0000		172.60			
		PV-143002	5/13/14	073440933		010-0000-0-0000-2700-5600-45-0000		96.38			
		PV-143003	5/13/14	073355854		010-0000-0-0000-2700-5600-45-0000		41.18			
		PV-143004	5/13/14	073471077		130-5310-0-0000-3700-5600-45-0000		62.21			
		PV-143005	5/13/14	073355830		010-0000-0-0000-2700-5600-45-0000		965.19			
		PV-143006	5/13/14	073945421		010-0000-0-0000-2700-5600-45-0000		1,282.40			
		PV-143007	5/13/14	073945419		010-0000-0-0000-2700-5600-45-0000		1,266.39			
		PV-143008	5/13/14	073571690		010-0000-0-0000-2700-5600-47-0000		231.91			
		PV-143009	5/13/14	073571691		010-0000-0-0000-2700-5600-47-0000		238.06			
		PV-143010	5/13/14	073571692		010-0000-0-0000-2700-5600-47-0000		226.36			
		PV-143011	5/13/14	073571693		010-0000-0-0000-2700-5600-47-0000		97.96			
		PV-143012	5/13/14	073355860		010-0000-0-0000-2700-5600-47-0000		115.06			
		PV-143013	5/13/14	073355809		010-0000-0-0000-2700-5600-47-0000		33.92			
		PV-143014	5/13/14	073571694		010-0000-0-0000-2700-5600-47-0000		97.96			
		PV-143015	5/13/14	073355855		130-5310-0-0000-3700-5600-47-0000		58.83			
		PV-143016	5/13/14	073571685		010-0000-0-0000-2700-5600-47-0000		816.98			
		PV-143017	5/13/14	073571686		010-0000-0-0000-2700-5600-47-0000		1,168.71			
		PV-143018	5/13/14	073355813		010-0000-0-0000-2700-5600-47-0000		1,187.03			
		PV-143019	5/13/14	073355814		010-0000-0-0000-2700-5600-47-0000		487.25			
		PV-143020	5/13/14	073856066		010-0000-0-0000-2700-5600-47-0000		87.20			
		PV-143021	5/13/14	073355798		010-0000-0-0000-7100-5600-44-0000		27.18			
		PV-143022	5/13/14	073355821		010-0000-0-0000-7200-5600-44-0000		763.24			
		PV-143023	5/13/14	073355856		010-0000-0-0000-7200-5600-44-0000		344.72			
		PV-143024	5/13/14	073355857		010-0000-0-0000-7200-5600-44-0000		543.52			
		PV-143025	5/13/14	073968771		010-0000-0-0000-7700-5600-43-0000		141.72			

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Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
012225	XEROX CORPORATION	PV-143026	5/13/14	073355858		010-0000-0-4110-2700-5600-46-6390		427.75	12,840.56	12,840.56	
		PV-143027	5/13/14	073856085		010-0000-0-3200-2700-5600-46-0000		482.89			
							Total Checks:	169,408.71			
							Total EPayments:	10,239.55			
							Total Accounts Payable:	179,648.26			

Vendor Number Vendor Name Reference Number Invoice Date Invoice No Sep. Chk Account Code EPay Payment Amount Check Amount Vendor Total Audit Flag

District APY Cash Verification as of 5/13/2014 at 1:12 PM

Fund	Current Cash	Pending APY Expenses	Pending Payroll Expenses	Future Expenses	Cash Available after Expenses
010	10,947,786.39	126,010.57	0.00	0.00	10,821,775.82
130	448,480.62	29,742.39	0.00	0.00	418,738.23
250	588,739.04	408.74	0.00	0.00	588,330.30
400	1,940,982.00	23,486.56	0.00	0.00	1,917,495.44

It is hereby ordered that payment be made to the vendors indicated as per requisition or claims on this report totalling \$179,648.26 except as noted here below.


 Authorizing Signature Date 5/13/14

 Authorizing Signature Date

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
020666	IA + CAT	PO-141280	5/20/14	#7105		010-3010-0-1110-1000-5800-43-0000		800.00	800.00	800.00	
020493	7UP/RC BOTTLING OF S.	PV-143091	5/20/14	2215012103		130-5310-0-0000-3700-4700-47-0000		442.90	442.90	442.90	
010001	ACADEMI AWARDS &	PO-141110	5/20/14	3598		010-0000-0-0000-2700-4355-47-0000		16.20			
		PO-141111	5/20/14	3579		010-0000-0-0000-2700-4355-47-0000		876.58		930.58	
020721	ACHIEVE HIGHPOINTS	PO-141293	5/20/14	3584		010-0000-0-0000-2700-4300-47-0000		37.80	930.58	930.58	
020512	AIR & LUBE SYSTEMS, INC	PV-143066	5/20/14	#CEN-CA-006		010-3010-0-1110-1000-5800-43-0000		91.80	91.80	91.80	
019921	ALL SECURITY	PO-141150	5/20/14	39805		010-0000-0-6000-1000-4300-45-6350		607.92	607.92	607.92	
		PO-141150	5/20/14	11407		010-8150-0-0000-8110-4400-43-0043		7,400.33			
		PO-141150	5/20/14	11407		010-8150-0-0000-8110-4300-43-0043		145.00	7,545.33	7,545.33	
018414	ALL-VALLEY FENCE &	PV-143101	5/20/14	#27534D		010-8150-0-0000-8110-4390-43-0000		57.24	57.24	57.24	
019296	ALVAREZ, ANABELLE	PV-143106	5/20/14	Tennis Shoes for At-Ris		010-3010-0-1110-1000-4300-43-0000		15.12	15.12	15.12	
020556	AMS.Net, Inc.	PO-140901	5/20/14	136845		010-0000-0-0000-7700-5800-43-0043		2,402.56	2,402.56	2,402.56	
019873	AVENTA LEARNING	PV-143099	5/20/14	#10-6711		010-3010-0-1110-1000-5800-47-0000	E	299.00		299.00	
018900	BALFOUR	PO-140847	5/20/14	819113		010-0000-0-0000-2700-4355-47-0000		13.62			
		PO-140847	5/20/14	792787		010-0000-0-0000-2700-4355-47-0000		1,917.69			
		PO-141046	5/20/14	799075		010-0000-0-0000-2700-4355-47-0000		1,220.62			
		PO-141158	5/20/14	817924		010-0000-0-0000-2700-4355-45-0000		1,157.94	4,309.87	4,309.87	
020779	BLAZER DEPOT, INC.	PO-141284	5/20/14	91419		010-0000-0-6000-1000-4300-47-6350		623.28	623.28	623.28	
019800	CALIFORNIA HOSA	PV-143103	5/20/14	CAL HOSA REG.		010-6378-0-1110-1000-5200-47-0000		1,860.00	1,860.00	1,860.00	
017767	CASTRO, CESAR	PV-143103	5/20/14	Reimb. CCNA Train.		010-0000-0-0000-7700-5200-43-0000		254.08	254.08	254.08	
019643	CENGAGE LEARNING	PO-141254	5/20/14	52084860		110-3913-0-4110-2700-4300-46-0000		963.77			
		PO-141254	5/20/14	52065253		110-3913-0-4110-2700-4300-46-0000		2,940.30	3,904.07	3,904.07	
020161	CLM GROUP, INC.	PV-143067	5/20/14	26428		130-5310-0-0000-3700-5800-43-0000		1,296.00	1,296.00	1,296.00	
013966	COSTCO	PO-140586	5/20/14	30353		010-3060-0-7110-1000-4300-43-0000		103.61	103.61	103.61	
018433	CREATIVE IDEAS CRAFTS	PO-141229	5/20/14	Estimate 2		010-7220-0-1566-1000-4300-47-0000		552.42	552.42	552.42	
020076	CUHSD NUTRITION	PO-141286	5/20/14	Aprl Child Care Snacks		010-0000-0-1110-1000-4300-43-6091		65.55			
		PO-141286	5/20/14	Aprl Childcare Meals		010-0000-0-1110-1000-4300-43-6091		94.50	160.05	160.05	
019501	DESERT SUN PUBLISHING	PV-143105	5/20/14	#4940926		010-0000-0-0000-7200-5840-44-0000		1,098.50	1,098.50	1,098.50	

Date Paid: 5/22/2014

*** FINAL ***

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
014434	FIESTA MEXICAN FOODS	PV-143077	5/20/14	EC-007904		130-5310-0-0000-3700-4700-45-0000		15.20			
		PV-143078	5/20/14	EC-007887		130-5310-0-0000-3700-4700-45-0000		299.20			
		PV-143079	5/20/14	EC-007844		130-5310-0-0000-3700-4700-45-0000		7.60			
		PV-143080	5/20/14	EC-007860		130-5310-0-0000-3700-4700-45-0000		299.20	621.20	621.20	
020497	FIESTA MEXICAN FOODS,	PV-143089	5/20/14	EC-007861		130-5310-0-0000-3700-4700-47-0000		265.60			
		PV-143090	5/20/14	EC-007886		130-5310-0-0000-3700-4700-47-0000		142.76	408.36	408.36	
014853	FLOWERS BAKING	PV-143076	5/20/14	95481490		130-5310-0-0000-3700-4700-45-0000		75.60	75.60	75.60	
017379	FLOWERS BAKING	PV-143088	5/20/14	95481492		130-5310-0-0000-3700-4700-47-0000		43.20	43.20	43.20	
018520	FULTON DISTRIBUTING CO.	PV-143075	5/20/14	322665		130-5310-0-0000-3700-4300-45-0000		1,003.57	1,003.57	1,003.57	
018868	FULTON DISTRIBUTING CO.	PV-143087	5/20/14	322971		130-5310-0-0000-3700-4300-47-0000		675.88	675.88	675.88	
019258	HENDRY, LUCY	PV-143096	5/20/14	Refreshments for Board		010-0000-0-0000-7100-5200-44-0000		42.67	42.67	42.67	
020477	HOLLANDIA DAIRY, INC.	PV-143074	5/20/14	1278447		130-5310-0-0000-3700-4700-45-0000		755.91	755.91	755.91	
020484	HOLLANDIA DAIRY, INC.	PV-143085	5/20/14	1278446		130-5310-0-0000-3700-4700-47-0000		829.59			
		PV-143086	5/20/14	1281807		130-5310-0-0000-3700-4700-47-0000		622.86	1,452.45	1,452.45	
020335	IRONMAN	PV-143097	5/20/14	#361791		010-0000-0-0000-3600-5600-43-7230		1,403.29	1,403.29	1,403.29	
020217	JOHNSON LIFT / HYSTER	PV-143100	5/20/14	#1030909		010-8150-0-0000-8110-4390-43-0000		367.20	367.20	367.20	
019997	JUNIOR'S CAFE	PO-141285	5/20/14	#13-1931		010-0000-0-1110-1000-4300-47-7091		211.76	211.76	211.76	
010380	KAMAN INDUSTRIAL	PV-143102	5/20/14	U544348		010-8150-0-0000-8110-4390-43-0000		32.37	32.37	32.37	
020533	LEMUS, MIGUEL	PV-143108	5/20/14	Mileage Reimb. 4/1/-4/3		010-0000-0-0000-7700-5200-43-0000		101.36	101.36	101.36	
019993	LOW VOLTAGE	PV-143104	5/20/14	#18318		010-8150-0-0000-8110-5800-43-0000		1,936.26	1,936.26	1,936.26	
019095	LOWE'S BUSINESS	PO-141045	5/20/14	#91098		010-9002-0-1425-4100-4300-45-0000		1,089.87			
		PV-143098	5/20/14	#91098		010-9002-0-1425-4100-4400-45-0000		3,803.02			
			5/20/14	APRIL		010-8150-0-0000-8110-4390-43-0000		102.67			
			5/20/14	APRIL		010-0000-0-0000-8200-4380-43-0000		157.28	5,152.84	5,152.84	
010407	NASCO MODESTO	PO-141082	5/20/14	930852		010-6300-0-1110-1000-4300-43-0000		45.86			
			5/20/14	924130		010-6300-0-1110-1000-4300-43-0000		1,080.77	1,126.63	1,126.63	
015129	PARENT INSTITUTE	PO-141295	5/20/14	Subs.#X02041424		010-3060-0-7110-1000-4300-43-0000		329.51	329.51	329.51	
019778	PATTERSON DENTAL	PV-143093	5/20/14	588-8347069		010-3550-0-1110-1000-4300-47-0000		79.81	79.81	79.81	

Date Paid: 5/22/2014

*** FINAL ***

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
020774	PEARSON VUE	PO-141142	5/20/14	C-71759		110-0000-0-4110-1000-4300-46-6351		450.00	450.00	450.00	
017127	PIONEER/BRAWLEY	PO-140980	5/20/14	4791		010-0000-0-0000-2700-5800-47-0000		561.97	561.97	561.97	
018732	PRACTI-CAL, INC.	PV-143092	5/20/14	28832		010-5640-0-1110-1000-5800-43-0000		2,670.86	2,670.86	2,670.86	
018182	SEHI COMPUTER	PO-141039	5/20/14	I00111801		010-3010-0-1110-1000-4300-47-0000	E	99.17			
		PO-141243	5/20/14	I00113838		010-0000-0-6000-1000-4300-45-6350	E	2,376.90			
014464	SHAMROCK FOODS	PV-143071	5/20/14	15507329		130-5310-0-0000-3700-4700-45-0000		4,048.64			
			5/20/14	15507329		130-5310-0-0000-3700-4300-45-0000		231.89			
		PV-143072	5/20/14	15507328		130-5310-0-0000-3700-4700-45-0000		25.51			
		PV-143073	5/20/14	15510075		130-5310-0-0000-3700-4700-45-0000		880.61	5,186.65	5,186.65	
019549	SHAMROCK FOODS	PV-143082	5/20/14	15507326		130-5310-0-0000-3700-4700-47-0000		25.51			
		PV-143083	5/20/14	15507327		130-5310-0-0000-3700-4300-47-0000		153.01			
			5/20/14	15507327		130-5310-0-0000-3700-4700-47-0000		2,965.44			
		PV-143084	5/20/14	15510074		130-5310-0-0000-3700-4700-47-0000		1,949.81	5,093.77	5,093.77	
010024	SHELL OIL COMPANY	PV-143094	5/20/14	APRIL		010-7220-0-1566-1000-5200-47-0000		200.14			
			5/20/14	APRIL		010-0000-0-1330-4200-5200-45-0000		49.69			
			5/20/14	APRIL		110-0000-0-4110-1000-5200-46-6351		201.97			
			5/20/14	APRIL		010-0000-0-1321-4200-5200-45-0000		66.67			
			5/20/14	APRIL		010-0000-0-1321-4200-5200-47-0000		163.69			
			5/20/14	APRIL		010-3550-0-1110-1000-5200-47-0000		69.19			
			5/20/14	APRIL		010-0000-0-1559-2700-5200-47-0000		13.82			
			5/20/14	APRIL		010-3185-0-1110-1000-5200-43-0000		73.82			
			5/20/14	APRIL		010-5640-0-8100-3140-4361-43-0000		39.35			
			5/20/14	APRIL		010-0000-0-0000-7700-4361-43-0000		97.47			
			5/20/14	APRIL		010-0000-0-1310-4200-5200-47-0000		377.23			
			5/20/14	APRIL		010-0000-0-1340-4200-5200-47-0000		266.57			
			5/20/14	APRIL		010-0000-0-1310-4200-5200-45-0000		71.86			
			5/20/14	APRIL		010-8150-0-0000-8110-4361-43-0000		64.06			
			5/20/14	APRIL		010-0000-0-1300-4200-5200-47-0000		65.12	1,820.65	1,820.65	


Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	E Pay	Payment Amount	Check Amount	Vendor Total	Audit Flag
020487	SOUTHWEST FOODSERVICE	PV-143107	5/20/14	91800		130-5310-0-0000-3700-5800-47-0000		8,360.30			
			5/20/14	91800		130-5310-0-0000-3700-5800-45-0000		6,840.25	15,200.55	15,200.55	
015293	SOUTHWEST H.S. YR. BOOK	PO-141298	5/20/14	#014-016		010-0000-0-0000-2700-4300-47-0000		130.00			
		PV-143095	5/20/14	#014-015		010-0000-0-0000-7200-4300-44-0000		390.00	520.00	520.00	
017872	STAPLES BUSINESS	PO-140944	5/20/14	#3230610384		010-0000-0-1440-1000-4300-45-0000		258.67			
		PO-141114	5/20/14	#3230610385		010-0000-0-3800-1000-4300-45-0000		251.85			
		PO-141173	5/20/14	#3230610387		010-5640-0-1110-1000-4300-43-0000		9.91			
			5/20/14	#3230610386		010-5640-0-1110-1000-4300-43-0000		480.28			
		PO-141185	5/20/14	#3230610389		010-0000-0-3200-2700-4300-46-0000		24.24			
			5/20/14	#3230610388		010-0000-0-3200-2700-4300-46-0000		439.04			
		PO-141190	5/20/14	#3230610390		010-0000-0-0000-7700-4300-43-0000		388.77			
		PO-141195	5/20/14	#3230610391		010-0000-0-4110-2700-4300-46-6390		1,958.90			
		PO-141199	5/20/14	#3230610392		010-0000-0-4110-1000-4300-46-6390		262.25			
			5/20/14	#3230610393		010-0000-0-4110-1000-4300-46-6390		983.20			
		PO-141201	5/20/14	#3230610394		010-0000-0-4110-1000-4300-46-6390		872.77			
		PO-141204	5/20/14	#3230610396		010-0000-0-3200-2700-4350-46-0000		707.91			
			5/20/14	#3230610395		010-0000-0-3200-2700-4350-46-0000		2,158.12			
		PO-141223	5/20/14	#3230610397		010-3010-0-1110-1000-4300-45-0000		270.99			
			5/20/14	#3230610400		110-3913-0-4110-2700-4300-46-0000		41.41			
			5/20/14	#3230610399		110-3913-0-4110-2700-4300-46-0000		264.02			
			5/20/14	#3230610398		110-3913-0-4110-2700-4300-46-0000		577.58			
			5/20/14	#3230610398		110-3905-0-4110-2700-4300-46-0000		730.80	10,680.71	10,680.71	
014419	SYSCO SAN DIEGO	PV-143069	5/20/14	405140154		130-5310-0-0000-3700-4700-45-0000		504.20			
		PV-143070	5/20/14	405120162		130-5310-0-0000-3700-4700-45-0000		1,070.20	1,574.40	1,574.40	
017199	SYSCO SAN DIEGO	PV-143081	5/20/14	405140155		130-5310-0-0000-3700-4700-47-0000		504.20	504.20	504.20	
015447	TERRIQUEZ, MARIA R.	PV-143068	5/20/14	CALSTRS Letter		010-0000-0-0000-7200-5901-44-0000		6.49	6.49	6.49	
020787	TRADEWINDS RESORTS	PO-141299	5/20/14	Reg. for ISTA Conf.		010-7220-0-1566-1000-5200-47-0000		792.96	792.96	792.96	
020788	UNITED AIRLINES	PO-141301	5/21/14	22 Airline Tickets		010-0000-0-7019-1000-5200-47-0047		11,908.60	11,908.60	11,908.60	

Vendor Number Vendor Name Reference Number Invoice Date Invoice No Sep. Chk Account Code EPay Payment Amount Check Amount Vendor Total Audit Flag

District APY Cash Verification as of 5/21/2014 at 1:18 PM

Fund	Current Cash	Pending APY Expenses	Pending Payroll Expenses	Future Expenses	Cash Available after Expenses
010	10,858,317.88	63,428.98	0.00	0.00	10,794,888.90
110	241,589.48	6,169.85	0.00	0.00	235,419.63
130	428,429.74	34,334.64	0.00	0.00	394,095.10

It is hereby ordered that payment be made to the vendors indicated as per requisition or claims on this report totalling \$103,933.47 except as noted here below.


 Authorizing Signature Date 5/21/14

 Authorizing Signature Date

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
020492	7UP/RC BOTTLING OF S.	PV-143140	5/27/14	2215012142		130-5310-0-0000-3700-4700-45-0000		192.25	192.25	192.25	
020493	7UP/RC BOTTLING OF S.	PV-143159	5/27/14	2215012145		130-5310-0-0000-3700-4700-47-0000		382.05	382.05	382.05	
010001	ACADEMI AWARDS &	PO-141122	5/27/14	3599		010-0000-0-0000-2700-4300-45-0000		700.77			
			5/27/14	3599		010-0000-0-0000-2700-4355-45-0000		778.63	778.63	778.63	
018062	ACADEMIC SUPERSTORE	PO-141259	5/27/14	9957194		010-3550-0-1110-1000-4300-45-0000		486.00	486.00	486.00	
019781	AT&T	PV-143161	5/27/14	3/13-5/12/2014		010-5640-0-8100-8200-5900-43-0000		144.58			
		PV-143162	5/27/14	3/13-4/12/2014		010-0000-0-3200-2700-5900-46-0000		274.90			
		PV-143163	5/27/14	3/13-4/12/2014		010-0000-0-4110-2700-5900-46-6390		274.90			
		PV-143164	5/27/14	4/13-5/12/2014		010-0000-0-0000-7700-5900-43-0043		1,052.81			
019370	BUS WEST - FRESNO	PV-143165	5/27/14	4/13-5/12/2014		010-0000-0-0000-7700-5900-43-0043		343.88	2,091.07	2,091.07	
019643	CENGAGE LEARNING	PO-141251	5/27/14	#BP106105		010-0000-0-0000-3600-4360-43-7230		237.76	237.76	237.76	
			5/27/14	52084838		110-0000-0-4110-1000-4300-46-6351		66.29			
			5/27/14	52058730		110-0000-0-4110-1000-4300-46-6351		5,638.78			
			5/27/14	52084838		110-3913-0-4110-2700-4300-46-0000		44.19			
			5/27/14	52058730		110-3913-0-4110-2700-4300-46-0000		3,759.20	9,508.46	9,508.46	
019000	CHEVRON & TEXACO	PV-143109	5/23/14	#7898857383 APRIL		010-0000-0-1321-4200-5200-45-0000		76.52			
			5/23/14	#7898857383 APRIL		010-0000-0-1321-4200-5200-47-0000		73.66			
			5/23/14	#7898857383 APRIL		010-0000-0-1310-4200-5200-45-0000		231.62			
			5/23/14	#7898857383 APRIL		010-0000-0-1310-4200-5200-47-0000		283.02			
			5/23/14	#7898857383 APRIL		010-0000-0-1330-4200-5200-45-0000		386.57			
			5/23/14	#7898857383 APRIL		010-0000-0-1330-4200-5200-47-0000		284.84			
			5/23/14	#7898857383 APRIL		010-3550-0-1110-1000-5200-47-0000		37.09			
			5/23/14	#7898857383 APRIL		010-0000-0-0000-7200-5800-44-0000		13.73	1,387.05	1,387.05	
019815	CRYSTAL CHRYSLER JEEP	PV-143112	5/23/14	#281405		010-8150-0-0000-8110-4390-43-0000		518.33	518.33	518.33	
010004	CUHS-STUDENT ACCTS	PV-143113	5/27/14	#209		010-0000-0-0000-2700-4300-45-0000		212.00	212.00	212.00	
020753	DANCEWEAR SOLUTIONS	PO-140956	5/27/14	141323294		010-7220-0-1566-1000-4300-47-0000		35.96			
			5/27/14	141323028		010-7220-0-1566-1000-4300-47-0000		237.24			
			5/27/14	141318073		010-7220-0-1566-1000-4300-47-0000		29.65			

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Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
020753	DANCEWEAR SOLUTIONS	PO-140956	5/27/14	141314813		010-7220-0-1566-1000-4300-47-0000		29.66			
			5/27/14	141279248		010-7220-0-1566-1000-4300-47-0000		912.44	1,244.95	1,244.95	
016787	DELL MARKETING L.P.	PO-141152	5/27/14	XJDXWW16		010-0000-0-3200-2700-4300-46-0000		36.71			
		PO-141198	5/27/14	XJDKKNGD2		010-0000-0-0000-2700-4400-47-0000		3,882.52	3,919.23	3,919.23	
017486	DEVIDEC	PO-141056	5/27/14	12462		010-0000-0-1406-4100-4300-45-0000		1,392.84	1,392.84	1,392.84	
017450	DEPARTMENT OF JUSTICE	PV-143157	5/27/14	#031450		010-0000-0-0000-7200-5850-44-0000		301.00	301.00	301.00	
018710	DESERT SERVICES, INC.	PV-143154	5/27/14	#140925		010-0000-0-0000-8300-5800-45-0000		624.00			
			5/27/14	#140925		010-0000-0-0000-8300-5800-47-0000		624.00	1,248.00	1,248.00	
017405	EAGLE SOFTWARE	PO-141216	5/27/14	RW-780		010-0000-0-0000-7700-5200-43-0000		350.00	350.00	350.00	
014602	ENTERPRISE RENT-A-CAR	PV-143167	5/27/14	#2013987		010-0000-0-1559-2700-5200-47-0000		940.74	940.74	940.74	
020683	EQUAL OPPORTUNITY	PV-143114	5/27/14	#557		010-0000-0-0000-2700-5200-47-0000		775.19	775.19	775.19	
014434	FIESTA MEXICAN FOODS	PV-143138	5/27/14	EC-007947		130-5310-0-0000-3700-4700-45-0000		234.20			
		PV-143139	5/27/14	EC-007922		130-5310-0-0000-3700-4700-45-0000		322.00	556.20	556.20	
020497	FIESTA MEXICAN FOODS,	PV-143156	5/27/14	EC-007948		130-5310-0-0000-3700-4700-47-0000		142.76			
		PV-143158	5/27/14	EC-007921		130-5310-0-0000-3700-4700-47-0000		280.80	423.56	423.56	
014853	FLOWERS BAKING	PV-143137	5/27/14	95481684		130-5310-0-0000-3700-4700-45-0000		64.80	64.80	64.80	
017379	FLOWERS BAKING	PV-143155	5/27/14	95481686		130-5310-0-0000-3700-4700-47-0000		32.40	32.40	32.40	
015147	FOLLETT SCHOOL	PO-141212	5/27/14	420070F-0		010-3010-0-1110-1000-4300-47-0000		55.60			
			5/27/14	420070-1		010-3010-0-1110-1000-4300-47-0000		401.37	456.97	456.97	
018520	FULTON DISTRIBUTING CO.	PV-143136	5/27/14	323238		130-5310-0-0000-3700-4300-45-0000		684.48	684.48	684.48	
018868	FULTON DISTRIBUTING CO.	PV-143151	5/27/14	323565		130-5310-0-0000-3700-4300-47-0000		682.36	682.36	682.36	
015305	GIBSON & SCHAEFER INC.	PV-143111	5/23/14	#54322		010-8150-0-0000-8110-4390-43-0000		314.70	314.70	314.70	
020477	HOLLANDIA DAIRY, INC.	PV-143131	5/27/14	1284287		130-5310-0-0000-3700-4700-45-0000		1,143.16			
		PV-143132	5/27/14	1281808		130-5310-0-0000-3700-4700-45-0000		928.91			
		PV-143133	5/27/14	1287688		130-5310-0-0000-3700-4700-45-0000		761.12	2,833.19	2,833.19	
020484	HOLLANDIA DAIRY, INC.	PV-143152	5/27/14	1287687		130-5310-0-0000-3700-4700-47-0000		703.42			
		PV-143153	5/27/14	1284286		130-5310-0-0000-3700-4700-47-0000		643.02	1,346.44	1,346.44	
018384	HOME ELEVATOR CORP.	PV-143119	5/27/14	#2834		010-8150-0-0000-8110-5800-43-0000		950.00	950.00	950.00	

ACCOUNTS PAYABLE PRELIST
 Date Paid: 5/29/2014

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
010290	IMPERIAL IRRIGATION	PV-143160	5/27/14	4/18-5/16/2014		010-0000-0-0000-8200-5502-44-0000		760.47			
			5/27/14	4/18-5/16/2014		010-0000-0-0000-8200-5502-43-0000		550.34			
			5/27/14	4/18-5/16/2014		010-0000-0-0000-8200-5502-43-7230		550.34			
			5/27/14	4/18-5/16/2014		010-5640-0-8100-8200-5502-43-0000		269.05			
			5/27/14	4/18-5/16/2014		010-0000-0-0000-8200-5502-45-0000		22,861.43			
			5/27/14	4/18-5/16/2014		010-0000-0-0000-8200-5502-45-5310		2,918.16			
			5/27/14	4/18-5/16/2014		010-0000-0-3200-8200-5502-46-0000		2,078.77			
			5/27/14	4/18-5/16/2014		010-0000-0-4110-8200-5502-46-6390		2,078.76	32,067.32	32,067.32	
019521	K-C WELDING & RENTALS	PV-143115	5/27/14	#1100 April		010-8150-0-0000-8110-5600-43-0000		295.79			
			5/27/14	#1100 April		010-8150-0-0000-8110-4390-43-0000		1,163.10	1,458.89	1,458.89	
020560	KIMBALL MIDWEST	PV-143120	5/27/14	#3539921		010-0000-0-0000-3600-4360-43-7230		29.96	29.96	29.96	
017015	LESLIE'S POOL SUPPLIES	PV-143116	5/27/14	#61131		010-8150-0-0000-8110-4390-43-0000		162.69	162.69	162.69	
017406	MSA TERMITE SYSTEMS	PV-143124	5/27/14	May 2014		010-0000-0-0000-8200-5500-43-0000		700.00	700.00	700.00	
015689	ONESOURCE	PV-143121	5/27/14	#16795 April		010-8150-0-0000-8110-4390-43-0000		1,241.34	1,241.34	1,241.34	
018732	PRACTI-CAL, INC.	PV-143125	5/27/14	28917		010-5640-0-1110-1000-5800-43-0000		88.08	88.08	88.08	
018772	R & K AIR CONDITIONING	PV-143143	5/27/14	#23274		010-8150-0-0000-8110-5800-43-0000		4,359.00			
			5/27/14	#23289		010-8150-0-0000-8110-5800-43-0000		4,978.00	9,337.00	9,337.00	
017849	RDO EQUIPMENT CO.	PV-143110	5/23/14	#P75943		010-8150-0-0000-8110-4390-43-0000		385.74	385.74	385.74	
019995	RICK'S GROUP DIESEL INC.	PV-143166	5/27/14	#15001		010-0000-0-5770-3600-5600-43-7240		557.33	557.33	557.33	
013340	RIDDELL, INC.	PO-141205	5/27/14	60239652		010-0000-0-1300-4200-4300-45-0000		7,995.80			
			5/27/14	60240289		010-0000-0-1300-4200-4300-45-0000		1,206.96	9,202.76	9,202.76	
016574	ROMAN, JOSE E.	PV-143122	5/27/14	CUHS Swim		010-0000-0-1340-4200-5200-45-0000		7.54			
			5/27/14	CUHS Track		010-0000-0-1345-4200-5200-45-0000		12.53	20.07	20.07	
017138	SCHOLASTIC INC.	PO-141159	5/27/14	8663694		010-3185-0-1110-1000-4300-43-0000		7,637.68	7,637.68	7,637.68	
010023	SEARS COMMERCIAL ONE	PO-140922	5/27/14	093002753170		010-3550-0-1110-1000-4300-47-0000		60.48	60.48	60.48	
018182	SEHI COMPUTER	PO-141218	5/27/14	I00114232		010-3010-0-1110-1000-4300-45-0000	E	274.89			
			5/27/14	I00114234		010-3010-0-1110-1000-4300-45-0000	E	274.78			
014464	SHAMROCK FOODS	PV-143127	5/27/14	15528269		130-5310-0-0000-3700-4700-45-0000		51.00			

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Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
014464	SHAMROCK FOODS	PV-143128	5/27/14	1550315		130-5310-0-0000-3700-4700-45-0000		111.86			
		PV-143129	5/27/14	15525182		130-5310-0-0000-3700-4700-45-0000		25.51			
		PV-143130	5/27/14	15525183		130-5310-0-0000-3700-4700-45-0000		3,643.72			
		PV-143145	5/27/14	15525183		130-5310-0-0000-3700-4300-45-0000		73.11	3,905.20	3,905.20	
019549	SHAMROCK FOODS	PV-143145	5/27/14	15525181		130-5310-0-0000-3700-4700-47-0000		2,759.38			
		PV-143146	5/27/14	15525181		130-5310-0-0000-3700-4300-47-0000		13.82			
		PV-143146	5/27/14	15530316		130-5310-0-0000-3700-4700-47-0000		565.32			
		PV-143148	5/27/14	15530317		130-5310-0-0000-3700-4700-47-0000		127.84			
		PV-143149	5/27/14	15525180		130-5310-0-0000-3700-4700-47-0000		25.51			
		PV-143150	5/27/14	15528268		130-5310-0-0000-3700-4700-47-0000		102.00	3,593.87	3,593.87	
019972	SIEMENS INDUSTRY INC.	PO-141053	5/27/14	#5443229429		010-8150-0-0000-8110-5800-43-0043		10,810.00			
		PV-143118	5/27/14	#5443247623		010-8150-0-0000-8110-5600-43-0000		1,402.81	12,212.81	12,212.81	
		PO-141138	5/27/14	#18228		010-0000-0-0000-2700-4300-47-0000		129.59			
015935	STAPLES CREDIT PLAN	PO-141202	5/27/14	#50253		010-0000-0-1300-4200-4300-45-0000		203.60			
		PO-141208	5/27/14	#18688		010-3185-0-1110-1000-4300-43-0000		759.21			
			5/27/14	#18688		010-3185-0-1110-1000-4400-43-0000		593.99			
		PV-143134	5/27/14	#50054		010-0000-0-0000-7200-4300-44-0000		171.69			
		PV-143135	5/27/14	#52472		010-8150-0-0000-8110-4350-43-0000		336.75	2,194.83	2,194.83	
014419	SYSCO SAN DIEGO	PV-143126	5/27/14	405190144		130-5310-0-0000-3700-4700-45-0000		914.61	914.61	914.61	
017199	SYSCO SAN DIEGO	PV-143141	5/27/14	405050171		130-5310-0-0000-3700-4300-47-0000		133.73			
		PV-143142	5/27/14	405050171		130-5310-0-0000-3700-4700-47-0000		794.33			
			5/27/14	405190134		130-5310-0-0000-3700-4300-47-0000		177.34			
			5/27/14	405190134		130-5310-0-0000-3700-4700-47-0000		447.08	1,552.48	1,552.48	
020777	UNIFORM ADVANTAGE	PO-141145	5/27/14	249377		010-0000-0-6000-1000-4300-47-6350		659.94	659.94	659.94	
014752	UPS	PV-143117	5/27/14	#866031204		010-0000-0-0000-8110-5901-43-0000		90.40	90.40	90.40	
014304	VALLEY AUTO GLASS CO.	PV-143147	5/27/14	#1023410		010-0000-0-0000-3600-5600-43-7230		39.50	39.50	39.50	
010655	VIRCO INC.	PO-141269	5/27/14	91563121		010-0000-0-3200-7600-4300-46-0046	E	1,486.81		1,486.81	
019768	VMWARE, INC.	PO-140701	5/27/14	709337258		010-0000-0-0000-7700-5800-43-0000		3,410.88	3,410.88	3,410.88	

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ACCOUNTS PAYABLE PRELIST
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Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
012225	XEROX CORPORATION	PO-140973	5/27/14	129708707		010-0000-0-0000-2700-4300-47-0000		844.56	844.56	844.56	
								Total Checks:			
								126,679.07			
								Total EPayments:			
								2,036.48			
								Total Accounts Payable:			
								128,715.55			

District APY Cash Verification as of 5/27/2014 at 11:46 AM

Fund	Current Cash	Pending APY Expenses	Pending Payroll Expenses	Future Expenses	Cash Available after Expenses
010	10,794,888.90	102,043.20	0.00	0.00	10,692,845.70
110	235,419.63	9,508.46	0.00	0.00	225,911.17
130	394,095.10	17,163.89	0.00	0.00	376,931.21

It is hereby ordered that payment be made to the vendors indicated as per requisition or claims on this report totalling \$128,715.55 except as noted here below.


 Authorizing Signature 5/27/14
 Date

 Authorizing Signature Date

Date Paid: 6/5/2014

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
020492	7UP/RC BOTTLING OF S.	PV-143174	6/2/14	2214413600		130-5310-0-0000-3700-4700-45-0000		79.50	79.50	79.50	
010001	ACADEMI AWARDS &	PO-141160	6/2/14	3614		010-7220-0-1566-1000-4300-47-0000		330.16	330.16	330.16	
020721	ACHIEVE HIGHPOINTS	PO-141310	6/2/14	#CEN-CA-006A		010-3010-0-1110-1000-5800-43-0000		662.47	662.47	662.47	
019781	AT&T	PV-143170	6/2/14	4/13-5/12/2014		010-0000-0-3200-2700-5900-46-0000		310.22			
			6/2/14	4/13-5/12/2014		010-0000-0-4110-2700-5900-46-6390		310.22	620.44	620.44	
018110	ATKINSON, ANDELSON,	PV-143196	6/2/14	#452092		010-0000-0-0000-7100-5830-44-0000		660.80	660.80	660.80	
020264	ATS PROJECT SUCCESS	PO-141315	6/3/14	#2013-14-7		010-3010-0-1110-1000-5800-43-0000		1,736.94	1,736.94	1,736.94	
019933	AUTOZONE INC.	PV-143219	6/2/14	#1235 April		010-8150-0-0000-8110-4390-43-0000		32.52			
			6/2/14	#1235 April		010-0000-0-0000-3600-4360-43-7230		313.50	346.02	346.02	
012545	A-Z BUS SALES INC.	PV-143173	6/2/14	#B175561		010-0000-0-0000-3600-4360-43-7230		131.56	131.56	131.56	
018900	BALFOUR	PO-140847	6/2/14	821580		010-0000-0-0000-2700-4355-47-0000		35.62			
			6/2/14	CUHSD_003		010-0000-0-0000-2700-4355-47-0000		421.20	456.82	456.82	
019899	BESTBLANKS.COM	PO-141282	6/2/14	205616		010-3550-0-1110-1000-4300-47-0000		268.21	268.21	268.21	
020762	BPMP INC. SWIM WEST	PO-141132	6/2/14	32		010-0000-0-1340-4200-4300-47-0000		1,064.28	1,064.28	1,064.28	
020572	BRUFF M.D., THOMAS C.	PV-143190	6/2/14	DMV PHYSICAL		010-0000-0-0000-3600-5850-43-7230		50.00	50.00	50.00	
020789	BW PLUS HACIENDA HOTEL	PO-141312	6/2/14	Room Res. for Travis Fu		010-4035-0-1110-1000-5200-45-0000		546.39	546.39	546.39	
019285	CALIF.SCHOOLS DENTAL	PV-143255	6/2/14	June 2014		010-0000-0-0000-0000-9524-43-0000		21,448.00	21,448.00	21,448.00	
019286	CALIF.SCHOOLS VISION	PV-143256	6/2/14	June 2014		010-0000-0-0000-0000-9524-43-0000		4,959.00	4,959.00	4,959.00	
019643	CENGAGE LEARNING	PO-141215	6/2/14	52065089		010-3550-0-1110-1000-4300-45-0000		2,286.90			
			6/2/14	52118416		110-3913-0-4110-2700-4300-46-0000		16.34	2,303.24	2,303.24	
010004	CUHS-STUDENT ACCTS	PV-143266	6/3/14	#210 Yearbooks		010-0000-0-0000-7200-4300-44-0000		350.00	350.00	350.00	
016787	DELL MARKETING L.P.	PO-141262	6/2/14	XJDTPN875		010-3010-0-1110-1000-4400-45-0000		33,988.65			
			6/2/14	XJDTPN875		010-3010-0-1110-1000-5800-45-0000		136.00			
			6/2/14	XJDTXRC8		010-0000-0-6000-1000-4400-45-6350		939.60			
			6/2/14	XJDWMR4X2		010-0000-0-6000-1000-4400-45-6350		32.40			
			6/2/14	XJDITF7C6		010-0000-0-6000-1000-4400-45-6350		67.08			
			6/2/14	XIDX17535		010-0000-0-6000-1000-4400-45-6350		4,523.96			
			6/2/14	XJDTR1W38		010-0000-0-6000-1000-4400-47-6350		908.28	40,595.97	40,595.97	

ACCOUNTS PAYABLE PRELIST
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Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	E Pay	Payment Amount	Check Amount	Vendor Total	Audit Flag
014602	ENTERPRISE RENT-A-CAR	PV-143169	6/2/14	#2135145		010-0000-0-1340-4200-5600-47-0000		498.12			
		PV-143171	6/2/14	#2152045		010-0000-0-1559-2700-5200-47-0000		166.04			
		PV-143192	6/2/14	#2108839		010-0000-0-0000-7700-5200-43-0000		146.82	810.98	810.98	
017013	FERGUSON ENTERPRISES	PV-143177	6/2/14	#0667291		010-8150-0-0000-8110-4390-43-0000		33.06	33.06	33.06	
014434	FIESTA MEXICAN FOODS	PV-143176	6/2/14	EC-007977		130-5310-0-0000-3700-4700-45-0000		191.60			
		PV-143179	6/2/14	EC-008010		130-5310-0-0000-3700-4700-45-0000		199.20	390.80	390.80	
020497	FIESTA MEXICAN FOODS,	PV-143191	6/2/14	EC-008009		130-5310-0-0000-3700-4700-47-0000		156.20			
		PV-143193	6/2/14	EC-007978		130-5310-0-0000-3700-4700-47-0000		191.76	347.96	347.96	
014853	FLOWERS BAKING	PV-143181	6/2/14	95481879		130-5310-0-0000-3700-4700-45-0000		54.00	54.00	54.00	
017379	FLOWERS BAKING	PV-143195	6/2/14	95481881		130-5310-0-0000-3700-4700-47-0000		54.00	54.00	54.00	
015147	FOLLETT SCHOOL	PO-141171	6/2/14	419167F-2		010-0000-0-1110-1000-4300-47-7090		288.59	288.59	288.59	
019201	FRED PRYOR SEMINARS	PO-140822	6/2/14	15348671		010-0000-0-0000-7200-5200-44-0000		99.00			
			6/2/14	15348672		010-0000-0-0000-7200-5200-44-0000		99.00	198.00	198.00	
018520	FULTON DISTRIBUTING CO.	PV-143182	6/2/14	323815		130-5310-0-0000-3700-4300-45-0000		881.81	881.81	881.81	
015620	GAS COMPANY	PV-143205	6/2/14	4/22-5/21/2014		010-0000-0-0000-8200-5501-45-0000		93.02			
			6/2/14	4/22-5/21/2014		010-0000-0-0000-8200-5501-45-5310		279.05	372.07	372.07	
016125	GAS COMPANY	PV-143204	6/2/14	4/22-5/21/2014		010-0000-0-0000-8200-5501-45-0000		2,244.88	2,244.88	2,244.88	
016126	GAS COMPANY	PV-143202	6/2/14	4/22-5/21/2014		010-0000-0-0000-8200-5501-45-0000		108.02	108.02	108.02	
016127	GAS COMPANY	PV-143168	6/2/14	4/24-5/22/2014		010-0000-0-0000-8200-5501-47-0000		313.63			
			6/2/14	4/24-5/22/2014		010-0000-0-0000-8200-5501-47-5310		104.54	418.17	418.17	
019258	HIENDRY, LUCY	PV-143206	6/2/14	Reimb. for seals/letter		010-0000-0-0000-7100-4300-44-0000		29.12	29.12	29.12	
020477	HOLLANDIA DAIRY, INC.	PV-143183	6/2/14	1289024		130-5310-0-0000-3700-4700-45-0000		533.06	533.06	533.06	
020484	HOLLANDIA DAIRY, INC.	PV-143197	6/2/14	1289023		130-5310-0-0000-3700-4700-47-0000		347.13	347.13	347.13	
020155	HOLMAN PROFESSIONAL	PV-143253	6/2/14	June 2014		010-0000-0-0000-0000-9524-43-0000		825.00	825.00	825.00	
011033	IMPERIAL COUNTY OFFICE	PO-140379	6/2/14	14-409		010-3185-0-1110-1000-5200-43-0000		1,600.00			
			6/2/14	14-410		010-3185-0-1110-1000-5200-43-0000		300.00			
			6/2/14	14-452		010-4203-0-1110-1000-5200-47-0000		600.00			
			6/2/14	14-452		010-0000-0-1110-1000-5200-45-7091		400.00			

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	E Pay	Payment Amount	Check Amount	Vendor Total	Audit Flag
011033	IMPERIAL COUNTY OFFICE	PO-140775	6/2/14	14-417		010-4035-0-1110-1000-5200-45-0000		100.00			
		PO-141129	6/2/14	14-457		010-3185-0-1110-1000-5200-43-0000		400.00	3,400.00	3,400.00	
010290	IMPERIAL IRRIGATION	PV-143172	6/2/14	4/24-5/22/2014		010-0000-0-0000-8200-5502-47-0000		38,635.55			
			6/2/14	4/24-5/22/2014		010-0000-0-0000-8200-5502-47-0000		3,669.02			
			6/2/14	4/24-5/22/2014		010-0000-0-0000-8200-5502-45-0000		11,917.15	54,221.72	54,221.72	
010015	IMPERIAL PRINTERS INC.	PO-141124	6/2/14	78248	E	010-0000-0-0000-2700-4355-45-0000		217.47			
		PO-141261	6/2/14	78285	E	010-0000-0-0000-2700-4355-47-0000		207.36			
		PV-143251	6/2/14	78256	E	010-0000-0-0000-7200-5800-44-0000		137.65		562.48	
017498	INSIGHT PUBLIC SECTOR	PO-140900	6/2/14	1100366409		010-7220-0-1110-1000-4400-45-0000		7,778.60			
			6/3/14	1100366409		010-7220-0-1110-1000-4300-45-0000		365.54			
			6/3/14	1100366846		010-7220-0-1110-1000-4300-45-0000		7,142.77			
			6/3/14	1100366409		010-7220-0-1110-1000-5800-45-0000		42.19			
			6/3/14	1100366846		010-7220-0-1110-1000-5800-45-0000		824.17			
			6/3/14	1100366409		010-0000-0-0000-7700-4300-43-0043		295.24			
			6/3/14	1100366846		010-0000-0-0000-7700-4300-43-0043		5,769.16	22,217.67	22,217.67	
012293	JONES, EMMA	PV-143262	6/3/14	CJHS softball fuel reim		010-0000-0-1330-4200-5200-45-0000		72.70	72.70	72.70	
019997	JUNIOR'S CAFE	PV-143175	6/2/14	#13-2095		010-0000-0-0000-7100-5800-44-0000		675.00	675.00	675.00	
019537	LOPEZ, NYDIA VERONICA	PV-143267	6/3/14	May Mileage Reimb.		010-0000-0-0000-2700-5200-45-0000		10.68	10.68	10.68	
011833	MCNEECE BROS. OIL	PV-143261	6/3/14	1054 MAY		010-0000-0-0000-3600-4361-43-7230		7,755.71			
			6/3/14	1054 MAY		010-0000-0-5770-3600-4361-43-7240		2,521.25			
			6/3/14	1054 MAY		010-8150-0-0000-8110-4361-43-0000		2,009.57			
			6/3/14	1054 MAY		010-0000-0-1411-1000-4361-47-0000		87.63			
			6/3/14	1054 MAY		010-0000-0-1365-1000-4361-47-0000		86.99			
			6/3/14	1054 MAY		010-0000-0-0000-2700-4361-45-0000		58.42			
			6/3/14	1054 MAY		010-0000-0-0000-2700-4361-47-0000		58.42			
			6/3/14	1054 MAY		010-0000-0-3200-2700-4361-46-0000		29.20			
			6/3/14	1054 MAY		010-0000-0-3200-2700-4361-46-0000		158.76			
			6/3/14	1054 MAY		010-0000-0-0000-3600-4361-43-7230		1,971.70	14,737.65	14,737.65	

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Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
019858	MERTEN, MERRITT	PV-143226	6/2/14	Reimb. for Budget		010-0000-0-0000-7300-5200-44-0000		122.61	122.61	122.61	
014103	MISSION JANITORIAL	PV-143228	6/2/14	#410476-00		010-0000-0-0000-8200-4380-43-0000	E	167.67			
		PV-143232	6/2/14	#410531-00		010-0000-0-0000-8200-4380-43-0000	E	58.59			
		PV-143235	6/2/14	#408754-01		010-0000-0-0000-8200-4380-43-0000	E	394.21			
		PV-143237	6/2/14	#410531-01		010-0000-0-0000-8200-4380-43-0000	E	41.04			
		PV-143240	6/2/14	#411403-00		010-0000-0-0000-8200-4380-43-0000	E	115.80		777.31	
020120	MOHAWK RESOURCES LTD	PO-141161	6/2/14	T33119		010-0000-0-6000-1000-6400-45-6350		8,945.85			
			6/2/14	T33119		010-0000-0-6000-1000-4400-45-6350		709.10	9,654.95	9,654.95	
020786	PEARSON EDUCATION, INC	PO-141277	6/2/14	BK73090611		010-0000-0-6000-1000-4300-47-6350		2,931.36	2,931.36	2,931.36	
020609	PHOENIX DESERT SUMMER	PO-141300	6/2/14	Reg. for AP Summer		010-4035-0-1110-1000-5200-45-0000		1,350.00	1,350.00	1,350.00	
019514	PITNEY BOWES- RESERVE	PO-140846	6/2/14	Admin. Meter		010-0000-0-0000-2700-5901-47-0000		1,000.00	1,000.00	1,000.00	
018732	PRACTI-CAL, INC.	PV-143201	6/2/14	28994		010-5640-0-1110-1000-5800-43-0000		86.21	86.21	86.21	
020509	PROFESSIONAL TUTORS OF	PO-141307	6/2/14	#49572		010-3010-0-1110-1000-5800-43-0000		302.60			
		PO-141311	6/2/14	#49572		010-3010-0-1110-1000-5800-43-0000		748.00	1,050.60	1,050.60	
018772	R & K AIR CONDITIONING	PV-143186	6/2/14	#23354		010-8150-0-0000-8110-5800-43-0000		6,135.00			
		PV-143187	6/2/14	#23357		010-8150-0-0000-8110-5800-43-0000		1,575.00	7,710.00	7,710.00	
013340	RIDDELL, INC.	PO-140948	6/2/14	96507806		010-0000-0-1300-4200-5600-47-0000		8,338.21	8,338.21	8,338.21	
010023	SEARS COMMERCIAL ONE	PO-140922	6/2/14	T175275		010-3550-0-1110-1000-4300-47-0000		98.46			
			6/2/14	T632260		010-3550-0-1110-1000-4300-47-0000		1,389.90	1,488.36	1,488.36	
018182	SEHI COMPUTER	PO-141057	6/2/14	I00114719		010-3310-0-5770-1110-4300-45-0000	E	113.73			
		PO-141097	6/2/14	I00112312		010-0000-0-1555-1000-4300-45-0000	E	137.19			
		PO-141188	6/2/14	I00112312		010-0000-0-1555-1000-4400-45-0000	E	535.81			
		PO-141279	6/2/14	I00112717		010-0000-0-0000-7200-4300-44-0000	E	406.49			
		PO-141291	6/2/14	I00114517		010-3060-0-7110-1000-4300-43-0000	E	899.42			
		PO-141296	6/2/14	I00114596		010-8150-0-0000-8110-4300-43-0000	E	268.34			
		PO-141296	6/2/14	I00114717		010-3061-0-7110-1000-4300-43-0000	E	826.57			
		PO-141302	6/2/14	I00114790		010-8150-0-0000-8110-4300-43-0000	E	269.12			
014464	SHAMROCK FOODS	PV-143184	6/2/14	15541265		130-5310-0-0000-3700-4700-45-0000		25.51		3,456.67	

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
01464	SHAMROCK FOODS	PV-143185	6/2/14	15546602		130-5310-0-0000-3700-4700-45-0000		614.07			
		PV-143188	6/2/14	15541266		130-5310-0-0000-3700-4700-45-0000		4,944.33			
019549	SHAMROCK FOODS	PV-143198	6/2/14	15541266		130-5310-0-0000-3700-4300-45-0000		19.74	5,603.65	5,603.65	
		PV-143199	6/2/14	15546603		130-5310-0-0000-3700-4700-47-0000		494.86			
018717	SHARP SANITATION	PO-140981	6/2/14	15541331		130-5310-0-0000-3700-4700-47-0000		3,067.90	3,562.76	3,562.76	
			6/2/14	046383B		010-0000-0-1300-4200-5600-47-0000		27.73			
			6/2/14	016383C		010-0000-0-1300-4200-5600-47-0000		27.00	54.73	54.73	
019972	SIEMENS INDUSTRY INC.	PV-143194	6/2/14	#5443256344		010-8150-0-0000-8110-4390-43-0000		821.34	821.34	821.34	
020142	SIMNSA HEALTH PLAN	PV-143254	6/2/14	June 2014		010-0000-0-0000-0000-9524-43-0000		1,761.56	1,761.56	1,761.56	
017481	STSC III	PV-143252	6/2/14	June 2014		010-0000-0-0000-0000-9524-43-0000		186,870.25	186,870.25	186,870.25	
011224	SKEELS & COMPANY,	PV-143178	6/2/14	#71251		010-8150-0-0000-8110-4390-43-0000		51.55			
		PV-143180	6/2/14	#71240		010-8150-0-0000-8110-4390-43-0000		110.64			
		PV-143210	6/2/14	#71267		010-8150-0-0000-8110-4390-43-0000		188.04			
		PV-143263	6/3/14	#69932		010-8150-0-0000-8110-4390-43-0000		145.12			
		PV-143264	6/3/14	#69920		010-8150-0-0000-8110-4390-43-0000		779.76			
		PV-143265	6/3/14	#69931		010-8150-0-0000-8110-4390-43-0000		80.09	1,355.20	1,355.20	
014419	SYSCO SAN DIEGO	PV-143189	6/2/14	405270221		130-5310-0-0000-3700-4700-45-0000		438.52	438.52	438.52	
017199	SYSCO SAN DIEGO	PV-143200	6/2/14	405270431		130-5310-0-0000-3700-4700-47-0000		630.77			
			6/2/14	405270431		130-5310-0-0000-3700-4300-47-0000		257.87	888.64	888.64	
020733	THE HARTFORD	PV-143257	6/2/14	June 2014		010-0000-0-0000-0000-9524-43-0000		699.70	699.70	699.70	
015873	TRANE COMPANY	PO-141154	6/2/14	9087433R1		010-8150-0-0000-8110-4400-43-0043		32,417.10			
		PO-141156	6/2/14	9087378R1		010-8150-0-0000-8110-4400-43-0043		39,936.00	72,353.10	72,353.10	
020720	VERIZON	PV-143223	6/2/14	#9725353645		010-0000-0-0000-3600-5903-43-7230		346.69			
			6/2/14	#9725353645		010-0000-0-0000-7200-5903-44-0000		1,937.73	2,284.42	2,284.42	
010655	VIRCO INC.	PO-141113	6/2/14	91563873		010-0000-0-0000-8110-4390-45-0000	E	15,059.52		15,059.52	
013101	WAXIE SANITARY SUPPLY	PV-143208	6/2/14	#74570165		010-0000-0-0000-8200-4380-43-0000		86.49	86.49	86.49	
018135	WILKINSON HADLEY KING	PV-143203	6/2/14	#15104		010-0000-0-0000-7190-5810-44-0000		2,701.28	2,701.28	2,701.28	
019256	WILLIAMS SCOTSMAN INC.	PV-143258	6/2/14	97695257		250-0000-1-0000-8700-5600-43-0000	E	501.00			

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
019256	WILLIAMS SCOTSMAN INC.	PV-143259	6/2/14	97695255		250-0000-1-0000-8700-5600-43-0000	E	501.00			
		PV-143260	6/2/14	97695256		250-0000-1-0000-8700-5600-43-0000	E	501.00			
012225	XEROX CORPORATION	PV-143207	6/2/14	073856030		010-0000-0-0000-7100-5600-44-0000		25.30		1,503.00	
		PV-143209	6/2/14	073856050		010-0000-0-0000-7200-5600-44-0000		748.70			
		PV-143211	6/2/14	073856083		010-0000-0-0000-7200-5600-44-0000		331.13			
		PV-143212	6/2/14	073856084		010-0000-0-0000-7200-5600-44-0000		398.42			
		PV-143213	6/2/14	074319407		010-0000-0-0000-3600-5600-43-7230		88.62			
		PV-143214	6/2/14	073856075		010-0000-0-0000-2700-5600-47-0000		151.09			
		PV-143215	6/2/14	073856076		010-0000-0-0000-2700-5600-47-0000		157.24			
		PV-143216	6/2/14	073856077		010-0000-0-0000-2700-5600-47-0000		145.54			
		PV-143217	6/2/14	073856079		010-0000-0-0000-2700-5600-47-0000		25.30			
		PV-143218	6/2/14	073856086		010-0000-0-0000-2700-5600-47-0000		33.01			
		PV-143220	6/2/14	073856042		010-0000-0-0000-2700-5600-47-0000		25.30			
		PV-143221	6/2/14	073856081		010-0000-0-0000-2700-5600-47-0000		25.30			
		PV-143222	6/2/14	073856082		130-5310-0-0000-3700-5600-47-0000		49.20			
		PV-143224	6/2/14	074045509		010-0000-0-0000-2700-5600-47-0000		774.93			
		PV-143225	6/2/14	074045510		010-0000-0-0000-2700-5600-47-0000		814.12			
		PV-143227	6/2/14	073981413		010-0000-0-0000-2700-5600-47-0000		1,242.13			
		PV-143229	6/2/14	073981414		010-0000-0-0000-2700-5600-47-0000		727.53			
		PV-143230	6/2/14	074319436		010-0000-0-0000-2700-5600-47-0000		87.20			
		PV-143231	6/2/14	074000358		010-0000-0-4110-2700-5600-46-6390		444.22			
		PV-143233	6/2/14	074319457		010-0000-0-3200-2700-5600-46-0000		489.73			
		PV-143234	6/2/14	074319418		010-0000-0-0000-7700-5600-43-0000		141.45			
		PV-143236	6/2/14	074319428		010-0000-0-0000-2700-5600-45-0000		1,280.10			
		PV-143238	6/2/14	074319426		010-0000-0-0000-2700-5600-45-0000		1,562.18			
		PV-143239	6/2/14	073856072		010-5640-0-8100-3140-5600-43-0000		144.81			
		PV-143241	6/2/14	073856056		010-0000-0-0000-2700-5600-45-0000		144.81			
		PV-143242	6/2/14	073856073		010-0000-0-0000-2700-5600-45-0000		155.22			

ACCOUNTS PAYABLE PRELIST
Date Paid: 6/5/2014

APY500

6/3/2014

11:19 AM

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag	
012225	XEROX CORPORATION	PV-143243	6/2/14	073856074		010-0000-0-0000-2700-5600-45-0000		144.81				
		PV-143244	6/2/14	073856057		010-0000-0-0000-2700-5600-45-0000		144.81				
		PV-143245	6/2/14	073856031		010-3310-0-5770-2700-5600-43-0000		153.63				
		PV-143246	6/2/14	073856078		010-0000-0-0000-2700-5600-45-0000		25.30				
		PV-143247	6/2/14	073856080		010-0000-0-0000-2700-5600-45-0000		25.30				
		PV-143248	6/2/14	073981415		130-5310-0-0000-3700-5600-45-0000		48.51				
		PV-143249	6/2/14	073945420		010-0000-0-0000-2700-5600-45-0000		988.66				
		PV-143250	6/2/14	073856071		010-8150-0-0000-8110-5600-43-0000		152.61	11,896.21	11,896.21		
								Total Checks:	504,992.02			
								Total EPayments:	21,358.98			
								Total Accounts Payable:	526,351.00			

Vendor Number	Vendor Name	Reference Number	Invoice Date	Invoice No	Sep. Chk	Account Code	EPay	Payment Amount	Check Amount	Vendor Total	Audit Flag
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District APY Cash Verification as of 6/3/2014 at 11:19 AM

Fund	Current Cash	Pending APY Expenses	Pending Payroll Expenses	Future Expenses	Cash Available after Expenses
010	8,979,748.24	511,552.12	0.00	0.00	8,468,196.12
110	206,571.85	16.34	0.00	0.00	206,555.51
130	323,318.54	13,279.54	0.00	0.00	310,039.00
250	588,330.30	1,503.00	0.00	0.00	586,827.30

It is hereby ordered that payment be made to the vendors indicated as per requisition or claims on this report totaling \$526,351.00 except as noted here below.


 Authorizing Signature _____
 Date 6/3/14

 Authorizing Signature _____
 Date _____

PERSONNEL REPORT

PAYROLL WARRANTS - #13B May 30, 2014

CERTIFICATED	(277)	\$ 1,566,277.81
CLASSIFIED	(234)	\$ 524,185.50
STUDENTS	(4)	\$ 170.68
TOTAL	(515)	\$ 2,090,633.99

PAYROLL WARRANTS - #6A June 10, 2014 SUPPLEMENTAL

CLASSIFIED	(1)	\$ 246.42
TOTAL	(1)	\$ 246.42

INFORMATION / ACTION ITEMS:

1. CERTIFICATED EMPLOYMENT FOR 14-15 SCHOOL YEAR:

BREHENY, BRIAN—Science: Physics, CUHS
CABRERA, HECTOR –Counselor, CUHS
HENDERSON, DAVID—Teacher Librarian/Literacy Specialist, CUHS
JONES, MATTHEW –Math, CUHS
LANSMAN, AMY –English, CUHS
MENDOZA, GABINO—Agriculture, SHS
NUNEZ, MARIANA –Math, CUHS
RICHARDS, BRENDA –Math, SHS
RUANA, GERARDO –English, SHS

2. CERTIFICATED EMPLOYMENT – SPECIAL SUMMER PROGRAMS 2014:

ADMINISTRATION:

GIVENS, QUEANA –Administrative Intern, Wilson Jr. High
PETTER, TRICIA –Administrative Intern, CUHS
RUBIO, SERGIO –Academy Coordinator
VALENZUELA, RUBEN –Administrative Intern, Kennedy Middle School

FACULTY:

ALQUIJAY, AIDE –English Academy/Wilson Jr. High
BALCOM, STEPHEN –Accelerated Language
BENTON, BEN –AHL P
BETANCOURT, EDUARDO –Credit Recovery
CARO, CARLOS – Migrant PASS
CERVANTES, DULCE –Migrant English 10
CERVANTES, ENRIQUE –RRR Algebra 1
CORDOVA, ISMAEL –English Academy/ Heber
DECORSE, RICHARD –Special Ed., Science
DREW, CATHERINE –Migrant English 11
DUENAS, GABINO –Migrant Geometry
GARCIA, ALONSO –Migrant PASS

2. CERTIFICATED EMPLOYMENT – SPECIAL SUMMER PROGRAMS 2014 Con't:

GARCIA, CINDY –EAOP AP Psych.
GARCIA, JP –RRR Algebra 1
GARCIA, MONIQUE –RRR Math
GRANADOS, VERONICA –Special Ed. Science
GUZMAN, MARISSA –RRR Geometry
HOLBROOK, BRAD –Credit Recovery
HOOD, AJALEE –Migrant English 9
HSU, MICHAEL –Migrant US History
LOPEZ, ALEJANDRO –Migrant PASS
LOPEZ, ALICIA –Migrant PASS
MAGALLANES, JUAN –Math Academy/ Kennedy Middle School
ORTIZ, FLOR –Math Academy / Wilson Jr. High
PINEIRO, GENARO –Special Ed. Social Science
RUEDA-LIZARRAGA, LOURDES –EAOP Environmental Science
SANTANA, NICHOLAS –Migrant History
SULLIVAN, JOYCE –EAOP Algebra II
THORNBURG, MARINA –English Academy / Kennedy Middle School
VARGAS, JOSE –Migrant Algebra 1
VELAZQUEZ, VICTOR –Math Academy / Heber
WALKER, LIDIA –Special Ed. English

3. CLASSIFIED EMPLOYMENT- SUMMER SPECIAL PROGRAMS 6/16-7/17/2014:

SUPPORT STAFF:

AGUILAR, RUBEN –Migrant Tutor
BEJARANO, JUAN –Migrant Tutor
BELELLANO, GUILLERMO –Migrant Tutor
CELAYA, MARINA –Summer Clerk/Attendance
GODINEZ, ZULEMA –Migrant Clerk
HERNANDEZ-MONTOYA, MARIA –Special Ed. Instructional Aide
HERNANDEZ, CRISTINA –Migrant Tutor
LEON, GRISELDA –Special Ed. Instructional Aide
LOPEZ, EDUARDO –Migrant Tutor
MEZA, MARGARITA –Migrant Tutor
MIRANDA, PEDRO –Migrant Tutor
SANCHEZ, ANGELINA –Special Ed. Instructional Aide
TAMAYO, GARY –AHL P Instructional Aide
WILLIAMS, IMELDA –Migrant Tutor
ZARAGOZA, GLORIA –Special Ed. Instructional Aide
ZEVADA, AARON –Migrant Tutor

TRANSPORTATION:

ENCINAS, EDWARD
GARCIA, KARLA
HERNANDEZ, VICTOR
ROBLES, CLAUDIA
SALAZAR, SONIA
SANDOVAL, ISELA

4. **COACHING EMPLOYMENT FOR 2014-15 SCHOOL YEAR:**
VALENZUELA, JUAN –Head Boys Varsity Basketball, CUHS

5. **CERTIFICATED RESIGNATIONS:**
FOWLKES, JENNIFER—Instructional Coach, District Wide 06-05-14

6. **CLASSIFIED RETIREMENTS:**
IBARRA, MARTHA –Attendance Clerk, CUHS (30 years) 05-07-14

7. **CLASSIFIED SEPARATIONS/RESIGNATIONS:**
MILLAN, ISELA –Food Service Assist. I (2.0 hrs), SHS 05-08-14

CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: Board of Trustees
FROM: C. Thomas Budde
SUBJECT: **APPROVAL OF THE OUT OF STATE TRAVEL FOR
THE SOUTHWEST HIGH SCHOOL CHAMBER ORCHESTRA**

A C T I O N

BACKGROUND:

The SHS Chamber Orchestra has been invited to travel to NYC from March 21 - 24, 2015 where they will be performing at Lincoln Center (Avery Fisher Hall) and to Flagstaff, AZ from October 31 – November 2, 2014 to participate in the NAU Orchestra Festival.

DISCUSSION/ALTERNATIVE/CONCERNS:

The SHS Chamber Orchestra is a source of pride, not only in the Imperial Valley but throughout Southern California. In fact, their performances have received accolades from nationally recognized clinicians, conductors and educators through performances in such locations as Avery Fisher Hall in NY, Orchestra Hall in Chicago and ASTA Orchestra Festivals in Atlanta and Santa Clara. What makes our orchestra program unique is the fact that our students have the opportunity to perform in some of the nation's most prestigious venues. The experiences that students gain in doing this are immeasurable. As musicians, it is encouraging to also accomplish what this orchestra has done over the past year. The opportunity to perform at Avery Fisher Hall and at the NAU Orchestra Festival is in keeping with this tradition and will continue to have a tremendous impact on our students.

FISCAL IMPACT:

Students will fundraise for all costs related to these trips.

ACTION REQUESTED:

The Superintendent recommends the board approve the proposed out of state trips for the Southwest High School Chamber Orchestra group.

ACTION: **MOTION:** _____ **SECOND:** _____
 AYES: _____ **NOES:** _____
 ABSTENTIONS: _____

CENTRAL UNION HIGH SCHOOL DISTRICT

FIELD TRIP REQUEST

TEACHER M. Busse CLASS Chamber Orch. NO. OF STUDENTS 23
KIND OF FIELD TRIP Performance / Clinic - Carnegie DATE March 27-31, 2015
DESTINATION: NYC - Carnegie Hall Lincoln Center March 21 - 24, 2015
CHAPERONES IF ANY M. Busse, Mr. Paredes, Nickolas Lopez

SUBSTITUTE TEACHER ARRANGED? Yes

PERIODS NEEDED: 0 1 2 3 4 5 6 7 OTHER All Day

TYPE OF TRANSPORTATION NEEDED: BUS(s) YAN(s) CAR(s) N/A
* To be arranged - Charter bus + airline

THE FOLLOWING MUST BE COMPLETED:

TRANSPORTATION REQUEST COMPLETED N/A
(DATE)

PARENT PERMISSION SLIPS FOR ALL STUDENTS COMPLETED Yes

IF STUDENTS ARE TO MISS OTHER CLASSES, COMPLETE THE FOLLOWING:

1. Intended Absence form completed by each student.
2. List of students to be excused turned into Attendance Office.

SCHOOL: SHS X CUHS _____

APPROVED: [Signature]
(PRINCIPAL)

2015 season dates

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MASTERWORKS SERIES

December 12-15, 2014

Vaughan Williams, *Fantasia on Christmas Carols* and
Handel, *Selections from Messiah*
Craig Arnold, conductor
Carnegie Hall, New York City

March 5-9, 2015

Duruflé, *Requiem*
Karen Kennedy, conductor
Carnegie Hall, New York City

Calvar, *Mass of Reconciliation*
Peppie Calvar, conductor
Carnegie Hall, New York City

March 18-22, 2015

Mozart, *Coronation Mass*
Z. Randall Stroope, conductor
Carnegie Hall, New York City

March 27-31, 2015

Robert Ray, *Gospel Mass*
Anton Armstrong, conductor
Carnegie Hall, New York City

April 3-7, 2015

Schubert, *Mass in G*
Pearl Shangkuan, conductor
Orchestra Hall, Chicago

April 3-7, 2015

Rutter, *Gloria*
Craig Arnold, conductor
Alice Tully Hall, New York City

April 10-14, 2015

Mozart, *Solemn Vespers*
Bruce Chamberlain, conductor
Carnegie Hall, New York City

April 24-28, 2015

Fauré, *Requiem*
Jeffrey Benson, conductor
Carnegie Hall, New York City

Haydn, *Lord Nelson Mass*

Tom Bookhout, conductor
Carnegie Hall, New York City

May 7-11, 2015

Vivaldi, *Gloria*
2-Year College Festival
Tim Sharp, conductor
Carnegie Hall, New York City

May 21-25, 2015

Rutter, *Magnificat*
Edith Copley, conductor
Orchestra Hall, Chicago

June 12-16, 2015

Handel, *Selections from Messiah*
Patrick Dupré Quigley, conductor
Carnegie Hall, New York City

June 17-21, 2015

Mozart, *Requiem*
Joe Miller, conductor
Carnegie Hall, New York City

OCTAVO SERIES

November 26-29, 2014

Jo-Michael Scheibe, conductor
Carnegie Hall, New York City

March 6-9, 2015

Paul Rardin, conductor
Carnegie Hall, New York City

March 19-22, 2015

Jefferson Johnson, conductor
Carnegie Hall, New York City

March 21-24, 2015

Jeffery Redding, conductor
Avery Fisher Hall, New York City

March 28-31, 2015

Jerry Blackstone, conductor
Carnegie Hall, New York City

April 4-7, 2015

Rollo Dilworth, conductor
Alice Tully Hall, New York City

April 4-7, 2015

Z. Randall Stroope, conductor
Orchestra Hall, Chicago

April 11-14, 2015

Jonathan Reed, conductor (SATB)
Carnegie Hall, New York City

Elena Sharkova, conductor (SSAA)
Carnegie Hall, New York City

April 18-21, 2015

Brad Holmes, conductor (SATB)
Avery Fisher Hall, New York City

Beth Holmes, conductor (SSAA)
Avery Fisher Hall, New York City

May 8-11, 2015

John Ratledge, conductor
Carnegie Hall, New York City

May 22-25, 2015

Dominick DiOrio, conductor
Orchestra Hall, Chicago
Jo-Michael Scheibe, conductor
Orchestra Hall, Chicago

June 13-16, 2015

Craig Arnold, conductor
Carnegie Hall, New York City

June 18-21, 2015

Philip Brunelle, conductor
Carnegie Hall, New York City

June 20-23, 2015

Donald Neuen, conductor
Walt Disney Concert Hall, Los Angeles

CHILDREN'S CHOIR SERIES

February 21-24, 2015

Darren Dailey, conductor
St. Louis Cathedral, New Orleans

March 28-31, 2015

Henry Leck, conductor
Carnegie Hall, New York City

June 13-16, 2015

Elena Sharkova, conductor
Carnegie Hall, New York City

June 18-21, 2015

Emily Ellsworth, conductor
Carnegie Hall, New York City

SYMPHONIC SERIES

March 22-24, 2015

Avery Fisher Hall, New York City

March 29-31, 2015

Carnegie Hall, New York City

April 5-7, 2015

Orchestra Hall, Chicago

April 12-14, 2015

Carnegie Hall, New York City

NEW YORK CITY JAZZ FESTIVAL

April 10-13, 2015

Jazz Bands & Vocal Jazz Ensembles

BROADWAY SERIES

October 11-14, 2014

Broadway Classics at Carnegie Hall
Craig Arnold, conductor
Carnegie Hall, New York City

February 13-17, 2015

Broadway In Concert
Avery Fisher Hall, New York City

CATHEDRAL SERIES

February 21-24, 2015

Ellingboe, *Requiem*
Brad Ellingboe, conductor
St. Louis Cathedral, New Orleans

June 6-9, 2015

Rutter, *Requiem*
Alan Raines, conductor
Grace Cathedral, San Francisco

June 27-30, 2015

Forrest, *Requiem*
Hugh Floyd, conductor
Fourth Presbyterian Church, Chicago

DEBUT SERIES

November 28, 2014

Carnegie Hall, New York City

March 8, 2015

Carnegie Hall, New York City

March 21, 2015

Carnegie Hall, New York City

March 23, 2015

Avery Fisher Hall, New York City

March 30, 2015

Avery Fisher Hall, New York City
Music Department Showcase

April 6, 2015

Orchestra Hall, Chicago

April 6, 2015

Alice Tully Hall, New York City

April 20, 2015

Avery Fisher Hall, New York City
Music Department Showcase

May 10, 2015

Carnegie Hall, New York City

May 24, 2015

Orchestra Hall, Chicago

June 22, 2015

Walt Disney Concert Hall, Los Angeles

MASTERCLASS SERIES

March 20-23, 2015

University of Southern California
Los Angeles, CA

April 24-27, 2015

VanderCook College
Chicago, IL



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SHS Chamber Orchestra
~~Carnegie Hall, NY March 27-31, 2015~~
Estimated Cost (per person)

LINCOLN CENTER (Avery Fisher Hall) March 21-24, 2015

To all board members:

The following is a breakdown of the anticipated expenses associated with the planned trip to perform at Carnegie Hall. Please keep in mind that the students of our Chamber Orchestra have at least half of this money raised (in some cases, all of the money has been raised). This is due primarily to the fact that we had planned on performing with MCP in Washington DC this past year and were unable to do so. Therefore, all monies raised for that event will apply toward this trip. Rest assured that the students will continue to raise money over the summer and the Fall semester 2014. The plan is to have all monies raised and paid in full by December 2014.

\$649 - Symphonic Series performance at Carnegie Hall. (inc. 2-nights, performance, clinic, reception)
\$200 - 2 additional hotel nights based on quad occupancy
\$450 - Round-trip airfare to NYC
\$ 40 - Round-trip ground transportation between airport and hotel

Total: 1339.00

NOTE: This is only an estimate. Airfare costs can and do fluctuate and will do so until we book the tickets. Further, this does not include transportation to/from El Centro to San Diego airport.

CENTRAL UNION HIGH SCHOOL DISTRICT

FIELD TRIP REQUEST

TEACHER M. Busse CLASS Chemistry NO. OF STUDENTS 23
KIND OF FIELD TRIP Perkins @ NAD Historic Festival DATE Oct 31 - Nov. 2, 2014
DESTINATION: Flagstaff AZ - NAD
CHAPERONES, IF ANY M. Busse, Omar Paredes
SUBSTITUTE TEACHER ARRANGED? Yes
PERIODS NEEDED: 1 2 3 4 5 6 7 OTHER Oct 31, 2014 only
TYPE OF TRANSPORTATION NEEDED: BUS(s) VAN(s) CAR(s)

THE FOLLOWING MUST BE COMPLETED:

TRANSPORTATION REQUEST COMPLETED May 27 2014
(DATE)
PARENT PERMISSION SLIPS FOR ALL STUDENTS COMPLETED Yes

IF STUDENTS ARE TO MISS OTHER CLASSES, COMPLETE THE FOLLOWING:

- 1. Intended Absence form completed by each student.
- 2. List of students to be excused turned into Attendance Office.

SCHOOL: SHS X CUHS _____

APPROVED: Dan Emmell
(PRINCIPAL)

ORCHESTRA



NAU Orchestras

Orchestra@nau.edu 928-523-3493

NAU ORCHESTRA FESTIVAL

Ensembles

- String Orchestra

Grade categories

- Junior high and middle school division (grades: 6-9)
- Senior high school division (grades: 9-12)

Details

- Ensembles will be allotted one half-hour for performance, and will be given a one half-hour clinic immediately following their performance.
- An adjudication form will be used with grades ranging from I to V.
- Additional clinics and master classes will be given by NAU string faculty and guest clinicians.
- A complimentary DVD of your performance will be included in your festival packet.
- A photographer will be available for group photos after your performance at no additional charge.
- A select ensemble will be invited to perform on the festival concluding concert along with the NAU Symphony and soloist Mary Ann Ramos. We invite all of you to attend.

Dates & locations

- November 1, 2014 from 9:00am - 4:00pm
- NAU School of Music

Application and fees

- Online Applications (coming soon) are due October 1, 2014.
- Fees are due **October 1, 2014**: \$250 for one ensemble or \$200/each for multiple ensembles (checks made payable to: NAU Orchestras).

EVENTS

Don't miss our events including the Orchestra Festival and our many concerts throughout the year.

CENTRAL UNION HIGH SCHOOL DISTRICT

TRANSPORTATION REQUEST

VANS/CARS

Please submit request for vans/cars at least three (3) days in advance.

Date: May 27, 2014 Requested by: M. Buss
 Driver(s): M. Buss, Mr. Paredes, Nitin Gupta
 Are drivers CUHSD employees? Yes No
 (If not, attach a photocopy of the valid California Drivers License for each non-employee to this request.)

Number of Traveling Students 23 and/or Adults 3

NUMBER OF VANS/CARS REQUESTED: Van(s): 3 Car(s): _____

Reason for trip: Lecture @ Northern Arizona University Orchestra Festival

Chaperones (if applicable): Some of drivers

Date(s) needed: Oct 31, 2014 - Nov. 2, 2014

Time Leaving: 8:00 am

Time Returning: 3:00 pm

Destination: Flagstaff, AZ (NAU)

CHARGE TO: Orchestra
 (Athletics; department; club; project; etc.)

APPROVED BY:

Asst. Principal/Business Manager: David Monell Date: 5-29-14

MILEAGE RECORD FORM

Van #/Car Description	Odometer Reading		Distance Traveled	Gas-Up Labor
	BEFORE	AFTER		

AMOUNT TO BE CHARGED TO USER: TOTAL MILES _____ x _____ PER MILE = \$ _____

(This form is to be turned in at the end of each trip, along with the keys and credit cards.)

Please make a note of any mechanical problems experienced with the vehicle.

DISTRIBUTIONS: WHITE - TRANSPORTATION CANARY - ACCTS. PAYABLE BLUE - REQUESTOR

CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: Board of Trustees
FROM: C. Thomas Budde, Superintendent
SUBJECT: ACCEPTANCE OF DONATIONS TO THE DISTRICT

ACTION

BACKGROUND:

Pursuant to Board Policy 3290, the Board of Trustees must accept any bequest or gift of money or property on behalf of the district. Administration is recommending the approval of the attached items as suitable donations.

DISCUSSION/ALTERNATIVE/CONCERNS:

None

FINANCIAL IMPLICATIONS:

None

ACTION REQUESTED:

The Superintendent requests the Board approve the donation of 4 books of India Unveiled by Robert Arnett from Drs. Prem and Venkamma Reddy to the Central Union High School District libraries.

ACTION: **MOTION:** _____ **SECOND:** _____
 AYES: _____ **NOES:** _____
 ABSTENTIONS: _____



Smita Turakhia

Mailing Address: 2104 Cherokee Avenue | Columbus, Georgia 31906-1424

Tel: 706-323-6377 | Fax: 706-321-1140 | AtmanPress@gmail.com

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www.AtmanPress.com

April 17, 2014

Dr. Thomas Budde, Superintendent
Central Union High School District
351 Ross Avenue
El Centro, CA 92243

Dear Dr. Budde,

Enclosed are 4 donated gift copies of *India Unveiled* by Robert Arnett for all your high school libraries.

The books are donated as a gift of appreciation to the schools by Drs. Prem and Venkamma Reddy of Ontario, CA.

I am sure the donors will appreciate a note of thanks from you. Their address is:

Drs. Prem and Venkamma Reddy
Prime Healthcare Management, Inc.
Attn: Andrea Eisenmenger
3300 E. Guasti Road, 2nd Floor
Ontario, CA 91761

Thank you for your help in distributing the books to the respective campus libraries.

Please feel free to contact me if I can send you any other information.

Sincerely,

Smita Turakhia

CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: Board of Trustees
FROM: C. Thomas Budde
SUBJECT: 2014-2015 DESIGNATION OF CIF REPRESENTATIVES TO LEAGUE

ACTION

BACKGROUND:

Attached.

DISCUSSION/ALTERNATIVE/CONCERNS:

FISCAL IMPACT:

None.

ACTION REQUESTED:

The Superintendent recommends the board approve the the designation of SANDY NOUJAIM and MICHAEL CARTER as the 2014-2015 CIF Representatives to League and MIKE STERNER and CRAIG LYON as alternates for the Central Union High School District.

ACTION: **MOTION:** _____ **SECOND:** _____
AYES: _____ **NOES:** _____
ABSTENTIONS: _____

2014-2015 Designation of CIF Representatives to League

Please complete the form below for each school under your jurisdiction and **RETURN TO THE CIF SECTION OFFICE (ADDRESSES ON REVERSE SIDE) no later than June 25, 2014.**

Central Union High S School District/Governing Board at its June 10, 2014 meeting,
(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2014-2015 school year as the school's league representative:

PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL Central Union High School
NAME OF REPRESENTATIVE Sandy Noujaim POSITION Athletic Director
ADDRESS 1001 Brighton Avenue CITY El Centro ZIP 92243
PHONE 760 336-4302 FAX 760353-3570 E-MAIL snoujaim@cuhsd.net

NAME OF SCHOOL Southwest High School
NAME OF REPRESENTATIVE Michael Carter POSITION Athletic Director
ADDRESS 2001 Ocotillo Drive CITY El Centro ZIP 92243
PHONE 760 336-4151 FAX 760 353-0467 E-MAIL mcarter@cuhsd.net

NAME OF SCHOOL Central Union High (Alternate)
NAME OF REPRESENTATIVE Mike Sterner POSITION Principal
ADDRESS 1001 Brighton Avenue CITY El Centro ZIP 92243
PHONE 760 336-4301 FAX 760 353-3570 E-MAIL msterner@cuhsd.net

NAME OF SCHOOL Southwest High School (Alternate)
NAME OF REPRESENTATIVE Craig Lyon POSITION Asst. Principal
ADDRESS 2001 Ocotillo Drive CITY El Centro ZIP 92243
PHONE 760 336-4193 FAX 760 353-0467 E-MAIL clyon@cuhsd.net

If the designated representative is not available for a given league meeting, an alternate designee of the district governing board may be sent in his/her place. **NOTE:** League representatives from public schools and private schools must be designated representatives of the school's governing boards in order to be eligible to serve on the section and state governance bodies.

Superintendent's or Principal's Name C. Thomas Budde Signature _____

Address 351 Ross Avenue City El Centro Zip 92243

Phone 760 336-4516 Fax 760 352-9420

**PLEASE MAIL OR FAX THIS FORM DIRECTLY TO THE CIF SECTION OFFICE.
SEE REVERSE SIDE FOR CIF SECTION OFFICE ADDRESSES.**

CIF SECTION OFFICES

CIF CENTRAL SECTION

Jim Crichlow, Commissioner
P.O. Box 1567
Porterville, CA 93258
Phone: (559) 781-7586
Fax: (559) 781-7033

CIF OAKLAND SECTION

Russell White, Commissioner
900 High Street
Oakland, CA 94601
Phone: (510) 434-3341
Fax: (510) 434-3351

CIF CENTRAL COAST SECTION

Nancy Lazenby Blaser, Commissioner
6830 Via Del Oro, Suite 103
San Jose, CA 95119
Phone: (408) 224-2994
Fax: (408) 224-0476

CIF SAC-JOQUIN SECTION

Pete Saco, Commissioner
P.O. Box 289
Lodi, CA 95241
Phone: (209) 334-5900
Fax: (209) 334-0300

CIF LOS ANGELES SECTION

John Aguirre, Commissioner
8401 Arleta Ave.
Sun Valley, CA 91352
Phone: (818) 767-0800
Fax: (818) 767-0802

CIF SAN DIEGO SECTION

Jerry Schniepp, Commissioner
2131 Pan American Plaza
San Diego, CA 92101
Phone: (858) 292-8165
Fax: (858) 292-1375

CIF NORTH COAST SECTION

Gil Lemmon, Commissioner
5 Crow Canyon Court, Suite 200
San Ramon, CA 94583
Phone: (925) 263-2110
Fax: (925) 263-2120

CIF SAN FRANCISCO SECTION

Don Collins, Commissioner
555 Portola Drive, Bungalow 2
San Francisco, CA 94131
Phone: (415) 920-5185
Fax: (415) 920-5189

CIF NORTHERN SECTION

Elizabeth Kyle, Commissioner
2241 St. George Lane, Suite 2
Chico, CA 95926
Phone: (530) 343-7285
Fax: (530) 343-5619

CIF SOUTHERN SECTION

Rob Wigod, Commissioner
10932 Pine Street
Los Alamitos, CA 90720
Phone: (562) 493-9500
Fax: (562) 493-6266



TO: SUPERINTENDENT OF PUBLIC SCHOOLS
PRINCIPAL OF PRIVATE SCHOOLS

FROM: ROGER L. BLAKE

RE: FORM TO RECORD DISTRICT AND/OR SCHOOL REPRESENTATIVES TO LEAGUES

DATE: APRIL 23, 2014

Enclosed is a form upon which to record your district and/or school representatives to leagues for next year, **2014-2015**. It is a form sent every year to you in order to obtain the names of league representatives to every league in the state and to make sure that the league representatives are designated by school district or school governing boards. **It is a legal requirement that league representatives be so designated.**

The education code gives the authority for high school athletics to high school governing boards. The code also requires that the boards, after joining CIF, designate their representatives to CIF leagues. This is a necessity! (Ed. Code 33353 (a) (1))

We are asking that, after action by the governing board, you **send the names of league representatives to your CIF Section office**. Obviously, the presumption behind this code section is that the representatives of boards are the only people who will be voting on issues, at the league and section level, that impact athletics.

If a governing board does not take appropriate action to designate representatives or this information is not given to Section offices within the required time frame, CIF is required to suspend voting privileges (CIF Constitution, Article 2, Section 25, p.17) for the affected schools.

At the State Federated Council level we will be asking that Sections verify that their representatives are designated in compliance with this Ed. Code section.

I hope this gives you a bit of background. Thank you for all you do to help support high school athletics. It is a valuable program in all high schools and we appreciate the support you give to the program and to CIF.

Please return the enclosed form no later than June 25, 2014 directly to your CIF Section Office. Addresses of each section are listed on the back of the form. Please contact us if we can give you further information.

CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: Board of Trustees
FROM: Sheri Hart
SUBJECT: APPROVAL OF BOARD POLICY 6020 PARENT INVOLVMENT

INFORMATION

BACKGROUND:

It is a federal Title I Program requirement for the local governing board to adopt and implement a policy on parent involvement as follows:

1.1 The LEA receiving Title I, Part A funding has developed jointly with parents who agreed on it, and distributed to parents of participating children, a written parental involvement policy describing how the LEA:

- (a) Involves parents in the joint development of the LEA Plan and in the process of school review and improvement.
- (b) Provides coordination, technical assistance, and other support to assist schools in planning and implementing effective parent involvement activities to improve student academic achievement and school performance
- (c) Builds school and parent capacity for strong parental involvement
- (d) Coordinates and integrates Title I, Part A parental involvement strategies with parental involvement strategies of other programs.
- (e) Conducts, with the involvement of parents, an annual evaluation of the content and effectiveness of the parental involvement policy in improving the academic quality of the schools served, including identifying barriers to greater participation by parents in Title I activities; uses the findings of the evaluation to design strategies for more effective parental involvement; and revises, if necessary, the Title I parental involvement policies.
- (f) Involves parents in activities of schools served by Title I.

DISCUSSION:

CUHSD concluded a Federal Program Monitoring process on May 30. An audit of the district policy found it to be missing language required in (f) above. In order to clear the finding, the language has been added to the policy (as part of the administrative regulation) and was reviewed and approved by parents at a parent meeting.

FINANCIAL IMPLICATIONS:

None.

ACTION REQUESTED:

The Superintendent recommends the Board waive the first reading and approve Board Policy 6020 Parent Involvement.

ACTION: MOTION: _____ SECOND: _____
AYES: _____ NOES: _____
ABSTENTIONS: _____

Board Policy

Parent Involvement

BP 6020

Instruction

The Governing Board recognizes that parents/guardians are their children's first and most influential teachers and that sustained parent involvement in the education of their children contributes greatly to student achievement and a positive school environment. The Superintendent or designee shall work with staff and parents/guardians to develop meaningful opportunities at all grade levels for parents/guardians to be involved in district and school activities; advisory, decision-making, and advocacy roles; and activities to support learning at home.

- (cf. 0420 - School Plans/Site Councils)
- (cf. 0420.1 - School-Based Program Coordination)
- (cf. 0420.5 - School-Based Decision Making)
- (cf. 0520.1 - High Priority Schools Grant Program)
- (cf. 0520.2 - Title I Program Improvement Schools)
- (cf. 1220 - Citizen Advisory Committees)
- (cf. 1230 - School-Connected Organizations)
- (cf. 1240 - Volunteer Assistance)
- (cf. 1250 - Visitors/Outsiders)

Parents/guardians shall be notified of their rights to be informed about and to participate in their children's education and of the opportunities available to them to do so.

- (cf. 5020 - Parent Rights and Responsibilities)
- (cf. 5145.6 - Parental Notifications)

The Superintendent or designee shall regularly evaluate and report to the Board on the effectiveness of the district's parent involvement efforts, including, but not limited to, input from parents/guardians and school staff on the adequacy of parent involvement opportunities and barriers that may inhibit parent/guardian participation.

- (cf. 0500 - Accountability)

Title I Schools

Each year the Superintendent or designee shall identify specific objectives of the district's parent involvement program for schools that receive Title I funding. He/she shall ensure that parents/guardians are consulted and participate in the planning, design, implementation, and evaluation of the parent involvement program. (Education Code 11503)

(cf. 6171 - Title I Programs)

The Superintendent or designee shall ensure that the district's parent involvement strategies are jointly developed with and agreed upon by parents/guardians of students participating in Title I programs. Those strategies shall establish expectations for parent involvement and describe how the district will carry out each activity listed in 20 USC 6318. (20 USC 6318)

Note: Pursuant to 20 USC 6318, the Board must reserve at least one percent of the district's Title I funding to carry out parent involvement activities, including promotion of family literacy and parenting skills, provided that one percent of the allocation received by the district totals more than \$5,000. At least 95 percent of the reserved funds must be distributed to eligible schools.

The Superintendent or designee shall consult with parents/guardians of participating students in the planning and implementation of parent involvement programs, activities, and regulations. He/she also shall involve parents/guardians of participating students in decisions regarding how the district's Title I funds will be allotted for parent involvement activities. (20 USC 6318)

(cf. 3100 - Budget)

The Superintendent or designee shall ensure that each school receiving Title I funds develops a school-level parent involvement policy in accordance with 20 USC 6318.

Legal Reference:

EDUCATION CODE

11500-11506 Programs to encourage parent involvement

48985 Notices in languages other than English

51101 Parent rights and responsibilities

64001 Single plan for student achievement

LABOR CODE

230.8 Time off to visit child's school

UNITED STATES CODE, TITLE 20

6311 Parental notice of teacher qualifications and student achievement

6312 Local educational agency plan

6314 Schoolwide programs

6316 School improvement

6318 Parent involvement

CODE OF FEDERAL REGULATIONS, TITLE 28

35.104 Definitions, auxiliary aids and services

35.160 Communications

Management Resources:

CSBA PUBLICATIONS

Parent Involvement: Development of Effective and Legally Compliant Policies, Governance and Policy Services Policy Briefs, August 2006

STATE BOARD OF EDUCATION POLICIES

89-01 Parent Involvement in the Education of Their Children, rev. 1994
U.S. DEPARTMENT OF EDUCATION NON-REGULATORY GUIDANCE
Parental Involvement: Title I, Part A, April 23, 2004

WEB SITES

CSBA: <http://www.csba.org>
California Department of Education, Family, School, Community Partnerships:
<http://www.cde.ca.gov/ls/pf>
California Parent Center: <http://parent.sdsu.edu>
California State PTA: <http://www.capta.org>
National Coalition for Parent Involvement in Education: <http://www.ncpie.org>
National PTA: <http://www.pta.org>
No Child Left Behind: <http://www.ed.gov/nclb>
Parent Information and Resource Centers: <http://www.pirc-info.net>
Parents as Teachers National Center: <http://www.parentsasteachers.org>
U.S. Department of Education: <http://www.ed.gov>

Policy CENTRAL UNION HIGH SCHOOL DISTRICT
adopted:

El Centro, California

Administrative Regulation

Parent Involvement

AR 6020

Instruction

District Strategies for Title I Schools

To ensure that parents/guardians of students participating in Title I programs are provided with opportunities to be involved in their children's education, the Superintendent or designee shall:

1. Involve parents/guardians of participating students in the joint development of the Title I local educational agency (LEA) plan pursuant to 20 USC 6312 and the process of school review and improvement pursuant to 20 USC 6316 (20 USC 6318)

(cf. 6171 - Title I Programs)

The Superintendent or designee may:

a. Establish a district-level committee including parent/guardian representatives from each school site to review and comment on the LEA plan in accordance with the review schedule established by the Governing Board

b. Invite input on the LEA plan from other district committees and school site councils

(cf. 0420 - School Plans/Site Councils)

(cf. 1220 - Citizen Advisory Committees)

c. Communicate with parents/guardians through the district newsletter, web site, or other methods regarding the LEA plan and the opportunity to provide input

d. Provide copies of working drafts of the LEA plan to parents/guardians in an understandable and uniform format and, to the extent practicable, in a language the parents/guardians can understand

e. Ensure that there is an opportunity at a public Board meeting for public comment on the LEA plan prior to the Board's approval of the plan or revisions to the plan

f. Ensure that school-level policies on parent involvement address the role of school site councils and other parents/guardians as appropriate in the development and review of school plans

2. Provide coordination, technical assistance, and other support necessary to assist Title I schools in planning and implementing effective parent involvement activities to improve student academic achievement and school performance (20 USC 6318)

The Superintendent or designee may:

- a. Assign person(s) in the district office to serve as a liaison to the schools regarding Title I parent involvement issues
 - b. Provide training for the principal or designee of each participating school regarding Title I requirements for parent involvement, leadership strategies, and communication skills to assist him/her in facilitating the planning and implementation of parent involvement activities
 - c. Provide ongoing district-level workshops to assist school site staff and parents/guardians in planning and implementing improvement strategies, and seek input from parents/guardians in developing the workshops
 - d. Provide information to schools about the indicators and assessment tools that will be used to monitor progress
3. Build the capacity of schools and parents/guardians for strong parent involvement (20 USC 6318)

The Superintendent or designee shall: (20 USC 6318)

- a. Assist parents/guardians in understanding such topics as the state's academic content standards and academic achievement standards, state and local academic assessments, the requirements of Title I, and how to monitor a child's progress and work with educators to improve the achievement of their children

(cf. 6011 - Academic Standards)

(cf. 6162.5 - Student Assessment)

(cf. 6162.51 - Standardized Testing and Reporting Program)

(cf. 6162.52 - High School Exit Examination)

- b. Provide materials and training to help parents/guardians work with their children to improve their children's achievement, such as literacy training and using technology, as appropriate, to foster parent involvement

- c. Educate teachers, student services personnel, principals, and other staff, with the assistance of parents/guardians, in the value and utility of parent/guardian contributions and in how to reach out to, communicate with, and work with parents/guardians as equal partners, implement and coordinate parent/guardian programs, and build ties between parents/guardians and the schools

(cf. 4131 - Staff Development)

(cf. 4231 - Staff Development)

(cf. 4331 - Staff Development)

- d. To the extent feasible and appropriate, coordinate and integrate parent involvement programs and activities with the Migrant Education Program, Career Technical Education Program, Special Education Program, Gifted and Talented Education Program, and English Learner Program and conduct other activities, such as parent resource centers, that encourage and support parents/guardians in more fully participating in their children's education
- e. Ensure that information related to school and parent/guardian programs, meetings, and other activities is sent to the parents/guardians of participating students in a format and, to the extent practicable, in a language the parents/guardians can understand
- f. Provide other such reasonable support for parent involvement activities as parents/guardians may request
- g. Inform parents/guardians and parent organizations of the existence and purpose of parent information and resource centers in the state that provide training, information, and support to parents/guardians of participating students
- h. Involve parents in activities of schools served by Title I

In addition, the Superintendent or designee may:

- a. Provide necessary literacy training, using Title I funds if the district has exhausted all other reasonably available sources of funding for such training
- b. Pay reasonable and necessary expenses associated with parent involvement activities, including transportation and child care costs, to enable parents/guardians to participate in school-related meetings and training sessions
- c. Train parents/guardians to enhance the involvement of other parents/guardians
- d. Arrange school meetings at a variety of times or, when parents/guardians are unable to attend such conferences, conduct in-home conferences between parents/guardians and teachers or other educators who work directly with participating students
- e. Adopt and implement model approaches to improving parent involvement
- f. Develop appropriate roles for community-based organizations and businesses in parent involvement activities
- g. Make referrals to community agencies and organizations that offer literacy training, parent education programs, and/or other services that help to improve the conditions of parents/guardians and families

(cf. 1020 - Youth Services)

- h. Provide a master calendar of district activities and district meetings

i. Provide information about opportunities for parent involvement through newsletters, web site, or other written or electronic means

j. Engage parent-teacher organizations to actively seek out and involve parents/guardians through regular communication updates and information sessions

(cf. 1230 - School-Connected Organizations)

k. To the extent practicable, provide translation services at school sites and at meetings involving parents/guardians as needed

l. Provide training and information to members of district and school site councils and advisory committees to help them fulfill their functions

m. Regularly evaluate the effectiveness of staff development activities related to parent involvement

n. Include expectations for parent/guardian outreach and involvement in staff job descriptions and evaluations

(cf. 4115 - Evaluation/Supervision)

(cf. 4215 - Evaluation/Supervision)

(cf. 4315 - Evaluation/Supervision)

The Superintendent or designee may:

a. Identify overlapping or similar program requirements

b. Involve district and school site representatives from other programs to assist in identifying specific population needs

c. Schedule joint meetings with representatives from related programs and share data and information across programs

d. Develop a cohesive, coordinated plan focused on student needs and shared goals

5. Conduct, with involvement of parents/guardians, an annual evaluation of the content and effectiveness of the parent involvement policy in improving the academic quality of the schools served by Title I (20 USC 6318)

The Superintendent or designee shall:

a. Ensure that the evaluation include the identification of barriers to greater participation in parent involvement activities, with particular attention to parents/guardians who are economically disadvantaged, are disabled, have limited English proficiency, have limited

literacy, or are of any racial or ethnic minority background (20 USC 6318)

b. Use the evaluation results to design strategies for more effective parent involvement and, if necessary, to recommend changes in the parent involvement policy (20 USC 6318)

c. Assess the district's progress in meeting annual objectives for the parent involvement program, notify parents/guardians of this review and assessment through regular school communications mechanisms, and provide a copy to parents/guardians upon their request (Education Code 11503)

The Superintendent or designee may:

a. Use a variety of methods, such as focus groups, surveys, and workshops, to evaluate the satisfaction of parents/guardians and staff with the quality and frequency of district communications

b. Gather and monitor data regarding the number of parents/guardians participating in district activities and the types of activities in which they are engaged

6. The district's Board policy and administrative regulation containing parent involvement strategies shall be incorporated into the LEA plan. The policy and regulations shall be distributed to parents/guardians of students participating in Title I programs. (20 USC 6318)

(cf. 5145.6 - Parental Notifications)

School-Level Policies for Title I Schools

At each school receiving Title I funds, a written policy on parent involvement shall be developed jointly with and agreed upon by parents/guardians of participating students. Such policy shall describe the means by which the school will: (20 USC 6318)

1. Convene an annual meeting, at a convenient time, to which all parents/guardians of participating students shall be invited and encouraged to attend, in order to inform parents/guardians of their school's participation in Title I and to explain Title I requirements and the right of parents/guardians to be involved

2. Offer a flexible number of meetings, such as meetings in the morning or evening, for which related transportation, child care, and/or home visits may be provided as such services relate to parent involvement

Note: As provided in item #3 below, 20 USC 6318 requires parent/guardian involvement in the development of the comprehensive plan required by 20 USC 6314 for schoolwide programs. Under state law (Education Code 64001), this plan must be incorporated into the single plan for student achievement covering all categorical programs in the state's consolidated application; see AR 6171 - Title I Programs and BP/AR 0420 - School Plans/Site Councils for further information about the development of this plan.

3. Involve parents/guardians in an organized, ongoing, and timely way in the planning, review, and improvement of Title I programs, including the planning, review, and improvement of the school's parent involvement policy and, if applicable, the joint development of the plan for schoolwide programs pursuant to 20 USC 6314

The school may use an existing process for involving parents/guardians in the joint planning and design of the school's programs provided that the process includes adequate representation of parents/guardians of participating students.

4. Provide the parents/guardians of participating students all of the following:

a. Timely information about Title I programs

b. A description and explanation of the school's curriculum, forms of academic assessment used to measure student progress, and the proficiency levels students are expected to meet

(cf. 5121 - Grades/Evaluation of Student Achievement)

(cf. 5123 - Promotion/Acceleration/Retention)

c. If requested by parents/guardians, opportunities for regular meetings to formulate suggestions and to participate, as appropriate, in decisions related to their children's education, and, as soon as practicably possible, responses to the suggestions of parents/guardians

5. If the schoolwide program plan is not satisfactory to the parents/guardians of participating students, submit any parent/guardian comments when the school makes the plan available to the district

6. Jointly develop with the parents/guardians of participating students a school-parent compact that outlines how parents/guardians, the entire school staff, and students will share responsibility for improved student academic achievement and the means by which the school and parents/guardians will build a partnership to help students achieve state standards

(cf. 0520.1 - High Priority Schools Grant Program)

This compact shall address:

a. The school's responsibility to provide high-quality curriculum and instruction in a supportive and effective learning environment that enables participating students to achieve the state's student academic achievement standards

b. Ways in which parents/guardians will be responsible for supporting their children's learning, such as monitoring attendance, homework completion, and television viewing; volunteering in the classroom; and participating, as appropriate, in decisions related to their children's education and the positive use of extracurricular time

(cf. 1240 - Volunteer Assistance)

(cf. 5020 - Parent Rights and Responsibilities)

(cf. 5113 - Absences and Excuses)

(cf. 6145 - Extracurricular/Cocurricular Activities)

(cf. 6154 - Homework/Makeup Work)

c. The importance of communication between teachers and parents/guardians on an ongoing basis through, at a minimum:

(1) Parent-teacher conferences in elementary schools, at least annually, during which the compact shall be discussed as it relates to the student's achievement

(2) Frequent reports to parents/guardians on their children's progress

(3) Reasonable access to staff, opportunities to volunteer and participate in their child's classroom, and observation of classroom activities

7. Build the capacity of the school and parents/guardians for strong parent involvement by implementing the activities described in items #3a-f in the section "District Strategies for Title I Schools" above

8. To the extent practicable, provide full opportunities for the participation of parents/guardians with limited English proficiency, parents/guardians with disabilities, and parents/guardians of migrant children, including providing information and school reports required under 20 USC 6311(h) in a format and language such parents/guardians can understand

If the school has a parent involvement policy that applies to all parents/guardians, it may amend that policy to meet the above requirements. (20 USC 6318)

Each school's parent involvement policy shall be made available to the local community and distributed to parents/guardians of participating students in an understandable and uniform format and, to the extent practicable, provided in a language the parents/guardians can understand. (20 USC 6318)

Each school receiving Title I funds shall annually evaluate the effectiveness of its parent involvement policy. Such evaluation may be conducted during the process of reviewing the school's single plan for student achievement in accordance with Education Code 64001.

The principal or designee, jointly with parents/guardians of participating students, shall periodically update the school's policy to meet the changing needs of parents/guardians and the school. (20 USC 6318)

Regulation
approved:

CENTRAL UNION HIGH SCHOOL DISTRICT
El Centro, California

CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: Board of Trustees
FROM: C. Thomas Budde, Superintendent
SUBJECT: APPROVE THE 2014-2015 AGREEMENT LETTER FROM MID VALLEY POP WARNER FOR USE OF THE FOOTBALL FIELDS.

ACTION

BACKGROUND:

Mid-Valley Pop Warner is a non-profit organization that supports the youth in the City of El Centro, Imperial, Holtville, Ocotillo, Seeley and Heber. This is the 2014-2015 renewal of the 2008-2009 agreement where Mid-Valley Pop Warner would have use of the football fields and facilities and (MVP) would clean up the facility after Central Union High School games and (MVP) games. (MVP) will use Central Union High School fields and concession.

DISCUSSION/ALTERNATIVE/CONCERNS:

None

FINANCIAL IMPLICATIONS:

This type of service in exchange for use of the facility is an example of school and community partnership.

ACTION:

Superintendent recommends the Board approve the 2014-2015 agreement with MID VALLEY POP WARNER as specified in the attached agreement.

ACTION: **MOTION:** _____ **SECOND:** _____

AYES: _____ **NOES:** _____

ABSTENTIONS: _____



MID VALLEY POP WARNER SUN DEVILS FOOTBALL ASSOCIATION
P.O. Box 3913 El Centro, Ca 92243



Central Union High School District Board,

Mid Valley Pop Warner Football Association is a non-profit organization which provides opportunities for children ages 5 to 15 in the cities of El Centro, Seeley, and Heber the opportunity to play football and participate in cheerleading. Pop Warner is the only youth sports organization which requires participants, whether cheerleaders or football players, maintain scholastic fitness to participate on our teams (2.0 GPA or above). This is a definite plus as many of these participants will filter directly into Central Union High School and Southwest High School as Mid Valley Pop Warner is preparing the children to enter your Central Union High School District schools not as athletes but as Student Athletes.

For well over the past 10 years, Mid Valley Pop Warner has enjoyed the pleasure of using your school facilities. Our participants enjoy and look forward to the opportunity for playing on the same field that the high school players use. Participating in youth sports in particular football and cheerleading is very costly. Central Union High School District has been generous in the past by allowing us to utilize your football fields and visiting snack bar. In exchange Mid Valley Pop Warner has agreed to clean up the football field after our games. We respectfully ask that you once again grant us the opportunity to continue utilizing your facilities under the same agreement.

We would greatly appreciate the opportunity to maintain our agreement. Mid Valley would be allowed to use the main football field, the baseball field, and the softball field on Saturdays as needed from August 23rd to December 31st of 2014. In exchange Mid Valley Pop Warner will be responsible to clean up the football field areas after our games to include cleaning up after the Central High School games should there have been one the night before. Over the past 3 years the costs associated to running Mid Valley Pop Warner has increased significantly. In particular, the insurance has increased about 60%. Other increases include the cost of the referees, the equipment, and the Emergency Medical Staff. It is only through generous donations such as you allowing us to your fields that we are able to maintain the current registration costs. The cost associated with registering for football and cheer are rather high and any further increase would significantly decrease our current enrollment. Our continued agreement would allow us to maintain our current registration costs as well as our current enrollment.

The Mid Valley Pop Warner Board, Volunteers, Parents, and participants appreciate the use of your facilities and the continued trust of the Central Union High School District and the Central Union High School Administration and staff.

I am always available to answer any questions you may have. Please allow me to take this time to thank you for your consideration and express my gratitude should you decide to assist us with this matter. I can be reached at (760) 886-3417.

Sincerely,

Celena M. Calip
Mid Valley Pop Warner President 2014
Federal Tax ID# 26-0645033

CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: Board of Trustees
FROM: C. Thomas Budde, Superintendent
SUBJECT: APPROVE THE RENEWAL OF THE RENTAL AGREEMENT BETWEEN CENTRAL UNION HIGH SCHOOL DISTRICT AND CAMPENSINOS UNIDOS, INC. 2014-2015

ACTION

BACKGROUND:

The annual renewal of rental agreement between the District and Campensinos Unidos Inc., (C.U.I) for the lease of Preschool C.U.I Center Trailer Mobile Unit; 351 ½ West Ross Avenue, EL Centro, CA 92243.

DISCUSSION/ALTERNATIVE/CONCERNS:

Due to the planned use of the site at the end of the twelve months of this agreement, "This agreement may be renewed but renewal is not automatic."

FINANCIAL IMPLICATIONS:

C.U.I agrees to pay district rental in the amount of One (1) Dollar per year payable in advance.

ACTION:

Superintendent recommends the Board approve the Campensinos Unidos, Inc. Rental Agreement for 2014-2015.

ACTION: **MOTION:** _____ **SECOND:** _____
AYES: _____ **NOES:** _____
ABSTENTIONS: _____

RENTAL AGREEMENT BETWEEN
CENTRAL UNION HIGH SCHOOL DISTRICT
AND
C.U.I. REGION IX HEAD START PROGRAM

THIS RENTAL AGREEMENT is made and entered into this 1st day of July 2014 by and between the Central Union High School District, hereinafter referred to as "District" and Campesinos Unidos, Inc. hereinafter referred to as "C.U.I."

WITNESSETH

For and in consideration of the mutual covenants hereof, District hereby leases to C.U.I. the premises hereinafter described upon the terms and conditions as follows:

1. LEASED PREMISES: District hereby leases to C.U.I. and C.U.I. hereby rents from District the site of the Preschool C.U.I. Center Trailer Mobile Unit, 351 ½ West Ross Avenue, El Centro, CA 92243.
2. TERM: The term of this agreement is for one and only one year July 1, 2014 through June 30, 2015.
3. OPTION TO RENEW: This agreement may be renewed but renewal is not automatic and is subject to agreement by both parties.
4. RENT: C.U.I. agrees to pay district rental in the amount of One (1) Dollar per year payable in advance. The rent shall be paid at the District Office, 351 Ross Avenue, El Centro, CA 92243. In-kind contributions \$22,000.00 (fair market value) @ \$1.00 x 22,000 square feet.
5. UTILITIES: All utilities including telephones, electricity, gas, and water used in and upon the premises are to be paid by C.U.I. during the terms of this lease.
6. TERMINATION: either party may terminate this lease by providing thirty (30) day written notice.
7. USE OF PREMISES: CUI own cost and expense, procure and continue in force, bodily injury liability and property damage liability insurance.
8. INSURANCE: C.U.I. shall at all times during the term thereof, at its own cost and expense, procure and continue in force, bodily injury liability and property damage liability insurance.

- 9. **HOLD HARMLESS AGREEMENT:** C.U.I. hereby agrees to hold harmless, defend and indemnify District, it's agents, officers, and employees from and against any legal liability, which arises out of the errors, omission, or negligence by C.U.I. its agents, officers and employees. District hereby agrees to hold harmless, defend, and indemnify C.U.I., its agents, officers and employees from and against any legal liability which arise out of the errors, omissions, or negligence by District, its agents and employees.
- 10. **REPAIRS:** C.U.I. agrees to pay replacement costs for damages to premises caused by C.U.I. personnel or occurring when the premises are under the control and management of C.U.I.
- 11. **ALTERATIONS:** Alterations, additions, or improvements shall not be made to premises without prior written approval of the District. Any alteration, additions, or improvements shall become the property of the District, unless otherwise provided by written agreement.
- 12. **ASSIGNMENT AND SUBLEASE:** C.U.I. shall not let or sublet all or any other part of the premises nor assign this lease or any interest in it without the prior written consent of the District.
- 13. **COMMUNICATION:** District shall direct all its communication regarding this agreement to Jose Lopez, Director C.U.I., P. O. Box 39, Brawley, CA 92227. C.U.I. shall submit all its communications to the Superintendent, Central Union High School District, 351 West Ross Avenue, El Centro, Ca 92243.

CENTRAL UNION HIGH SCHOOL DISTRICT

 C. Thomas Budde
 Superintendent

Date: _____

CAMPESINOS UNIDOS, INC.

 Jose Lopez
 Executive Director

Date: _____

CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: Board of Trustees
FROM: Carol Moreno, Director of Human Resources
SUBJECT: **APPROVE THE INTERNSHIP CONTRACT AGREEMENT BY AND BETWEEN BRANDMAN UNIVERSITY AND CENTRAL UNION HIGH SCHOOL DISTRICT**

ACTION

BACKGROUND INFORMATION:

The District is currently entered into agreements with several universities to allow new teachers of the District to participate in university internships during their employment. The District does not have its own internship program to assist new teachers in fulfilling credential requirements. If any potential teacher were to be offered employment and is pursuing an Internship program with Brandman University (Chapman University System) it would require this agreement to be in place. The agreement would be in place for a maximum of 2 years and would expire on 5/30/2016.

DISCUSSION / ALTERNATIVE / CONCERNS:

The District does not have its own internship program to assist teachers. We customarily enter into agreements with universities to provide new teachers with the necessary resource to meet credential requirements.

FINANCIAL IMPLICATIONS:

None

ACTION REQUESTED:

The Board is requested to approve the Internship Contract Agreement by and between Brandman University and Central Union High School District.

ACTION: MOTION _____
VOTE: AYES _____
ABSTENTIONS _____

SECOND: _____
NOES _____



May 22, 2014

Carol Moreno
Human Resources Director
Central Union High School District
351 Ross Avenue
El Centro, CA 92243

Dear Director Moreno:

On behalf of the School of Education, Brandman University, I would like to thank you for your past participation in Brandman University's Internship credential programs. I am forwarding you this new contract for your office to sign so that we can continue to collaborate with you on the preparation of interns. The contract has been updated to address new regulations pursuant to California Education Code §44321 regarding the support and supervision of interns.

To complete the Internship Contract Agreement, please have an authorized signature from your district sign it. Once the agreement has been signed, please e-mail it back to Dustin Domingo at credential@brandman.edu. Once we receive your signed agreement, we will secure an authorized signature from our University and send a fully executed copy to you via email. If you would like a hard copy sent to you, please indicate that within your email.

We look forward to continuing our partnership with your district. If you have any questions, we can be reached at (949) 341-9899 or via email at credential@brandman.edu.

Sincerely,

Dustin Domingo
Credential Coordinator
Brandman University

CC/cc: Claudia Alfaro, Internship Coordinator



INTERNSHIP CONTRACT AGREEMENT

by and between

BRANDMAN UNIVERSITY

and

CENTRAL UNION HIGH SCHOOL DISTRICT

- **Multiple Subject Internship Credential**
- **Single Subject Internship Credential**
- **Education Specialist Internship Credential**

An Internship Credential authorizes the same service at the same level as the Preliminary Credential with some exceptions. The Internship Credential is only valid in one school district or consortium under the preconditions established by State law (see Appendix A).

For this reason, interns must have a contract before a credential can be issued. Each intern candidate is to work under the direct and continuing supervision of a Brandman University Supervisor, from the San Diego Campus, and District Mentor who provides general support at the classroom level of the cooperating school. Also, the Internship Credential shall be issued initially for a two-year period and may be renewed by the Commission. (Education Code Section 44455). For renewals, please see Education Code Section 44456.

I. General Provisions

a. The UNIVERSITY agrees and verifies that:

- i. Each Intern Teacher shall have met the requirements for enrollment in its Credential Programs
- ii. Each Intern Teacher must have completed the minimum number of preservice hours of University Credential Program course work, as required by the CCTC for issuance of the Intern Credential.
- iii. Each Intern Teacher shall apply for the Internship Credential through the Teacher Accreditation Department at Brandman University, upon verification of employment from the School District.

b. The DISTRICT agrees and verifies that:

- i. The intern assumes full teaching and legal responsibility for their classroom from the first day of the teaching assignment as a paid employee of the District for at least one academic year, subject to the District's personnel policies and State law(s).
- ii. The intern will attend department and faculty meetings and parent-teacher conferences when appropriate. No intern may coach extracurricular activities nor be required to attend meetings that present a conflict with his/her internship responsibilities at Brandman University.
- iii. The intern is expected to attend all school and district in-service training sessions whenever possible. The intern will also attend assigned District and School orientations that occur prior to the start of the school. If there is a conflict between University and District training, University meetings shall take priority during the Internship period.

II. Support and Supervision Requirements

Pursuant to California Education Code §44321, the supervision and support of interns is the responsibility of both the Commission-approved teacher preparation program and the employer. The Commission requires that each approved intern program must have a signed Memorandum of Understanding (MOU) outlining the respective responsibilities of the program and of the employer.

a. General Support and Supervision Provided to All Interns

The UNIVERSITY and DISTRICT together shall provide a minimum of 144 hours of support/mentoring and supervision to each intern teacher per school year including coaching, modeling, and demonstrating within the classroom, assistance with course planning and problem-solving regarding students, curriculum, and development of effective teaching methodologies. The minimum support, mentoring and supervision provided to an intern teacher who assumes daily teaching responsibilities after the beginning of a school year shall be equal to four hours times the number of instructional weeks remaining in the school year. A minimum of two hours of support/mentoring and supervision must be provided to an intern teacher every five instructional days.

- i. The UNIVERSITY shall select supervisors that have current knowledge in their subject matter area; understand the context of public schooling; ability to model best professional practices in teaching and learning, scholarship and service; knowledge about diverse abilities, cultural, language, ethnic and gender diversity; and understanding of academic

standards, frameworks, and accountability systems that drive the curriculum of public schools.

- ii. The UNIVERSITY shall provide supervision and ongoing support for a minimum of 72 hours per school year. University supervisors will conduct classroom observations a minimum of four times each term that include pre and post observation discussions. Supervisors will maintain weekly contact with the intern to provide support related to planning, curriculum, and instruction in addition to problem solving regarding students.
- iii. The DISTRICT shall select mentor teachers who meet the following qualifications:
 - (1) valid corresponding Clear or Life credential,
 - (2) three years successful teaching experience, and
 - (3) the English Learner (EL) Authorization (if responsible for providing specified EL support).If the mentor does not hold an EL Authorization, the district must identify and individual who is does have a valid EL authorization and who is immediately available to assist the intern with planning lessons that are appropriately designed and differentiated for English learners, for assessing language needs and progress, and to support language accessible instruction, through in-classroom modeling and coaching as needed.
- iv. The DISTRICT shall provide supervision and ongoing support for a minimum of 72 hours per school year with a minimum of two hours of support/mentoring and supervision per week. The mentor(s) role is to provide support specifically addressing issues in the intern's classroom (See Appendix C for examples of support/supervision activities). Interns without an English Language Authorization must also receive focused English Language instruction support.
- v. The UNIVERSITY shall provide orientation and training for the district mentors and university supervisors.
- vi. The University Supervisor and District Mentor shall meet together regularly with the intern to ensure the intern is following the California Teaching Performance Expectations.
- vii. The UNIVERSITY shall monitor the completion of university and employer-provided support/mentoring to ensure that interns teachers are receiving the minimum 144 hours of mentoring via forms submitted by the interns in LiveText.
- viii. The District Mentor and site administrator shall participate in surveys that provide feedback to the university regarding the internship experience.

b. Support and Supervision Specific to Teaching English Learners

The following additional support/mentoring and supervision shall be provided to an intern teacher who enters the program without a valid English learner authorization listed on a previously issued multiple subject, single subject, or education specialist instruction teaching credential; a valid English learner or Cross-cultural, Language and Academic Development (CLAD) authorization:

- i. The UNIVERSITY shall provide 45 hours of support/mentoring and supervision per school year, including in-classroom coaching, specific to the needs of English learners. The minimum support/mentoring and supervision provided to an intern teacher who assumes daily teaching responsibilities after the beginning of a school year shall be equal to five hours times the number of months remaining in the school year. The support/mentoring and supervision should be distributed in a manner that sufficiently supports the intern teacher's development of knowledge and skills in the instruction of English learners.
- ii. The DISTRICT shall identify an individual who will be immediately available to assist the intern teacher with planning lessons that are appropriately designed and differentiated for English learners, for assessing language needs and progress, and for support of language accessible instruction through in-classroom modeling and coaching as needed. The identified individual may be the same mentor assigned pursuant to section I above provided the individual possesses an English learner authorization and will be immediately available to assist the intern teacher. (See Appendix B for examples of support/supervision activities).
- iii. An individual who passes the California Teaching of English Learner (CTEL) examinations prior or subsequent to the issuance of the intern credential may be exempted from the additional 45 hours of support/mentoring and supervision specific to the needs of English learners.
- iv. The UNIVERSITY shall monitor the completion of university and employer-provided support/mentoring to ensure that interns teachers are receiving the minimum 45 hours of support/mentoring specific to the needs of English learners via forms submitted by the interns in LiveText.

THE PARTIES MUTUALLY AGREE

- A. The parties mutually agree each shall provide and maintain commercial general liability insurance or self-insurance acceptable to both parties in the minimum amounts of \$1,000,000 per occurrence, \$3,000,000 general aggregate and upon request shall furnish proof thereof in the form of a certificate of insurance within 30 days of the effective date

of this Agreement. Except for ten (10) days notice of non-payment of premium, the Parties will require 30 days written notice for any policies that are canceled, non-renewed, or coverage/limits that are reduced or materially altered.

- B. The UNIVERSITY agrees to indemnify, hold harmless, and defend the DISTRICT, its agents and employees from and against all loss or expense (including costs and attorney fees) resulting from liability imposed by law upon the DISTRICT because of bodily injury to or death of any person or on account of damages to property, including loss of use thereof, arising out of or in connection with this Agreement and due or claimed to be due to the negligence of the UNIVERSITY, its agents or employees.

The DISTRICT agrees to indemnify, hold harmless, and at the University's request, defend the UNIVERSITY, its agents and employees from and against all loss or expenses (including costs and attorney fees) resulting from liability imposed by law upon the University because of bodily injury to or death of any person or on account of damages to property, including loss of use thereof, arising out of or in connection with the Agreement, and due or claimed to be due to the negligence of the DISTRICT, its agents or employees.

- C. Both parties acknowledge they are independent contractors, and nothing contained in this Agreement shall be deemed to create an agency, joint venture, franchise or partnership relation between the parties and neither party shall so hold itself out. Neither party shall have the right to obligate or bind the other party in any manner whatsoever, and nothing contained in this Agreement shall give or is intended to give any right of any kind to third persons.
- D. Any failure of a party to enforce that party's right under any provision of this Agreement shall not be construed or act as a waiver of said party's subsequent right to enforce any provisions contained herein.
- E. Notices required or permitted to be provided under this Agreement shall be in writing and shall be deemed to have been duly given if mailed first class to the parties that signed this agreement and to the addresses below.

**FIELDWORK SITE CONTACT
INFORMATION:**

Central Union High School District
351 Ross Avenue
El Centro, CA 92243
Attn: Carol Moreno, Human Resources
Tel: (760) 336-4513

**UNIVERSITY CONTACT
INFORMATION:**

Brandman University
16355 Laguna Canyon Road
Irvine, CA 92618
Attn: School of Education, Dean
Tel: (949) 341-9811

- F. If any term or provision of this Agreement is for any reason held to be invalid, such invalidity shall not affect any other term or provision, and this Agreement shall be interpreted as if such term or provision had never been contained in this Agreement.
- G. In the event of any material default under this Agreement, which default remains uncured for a period of twenty-one (21) days after receipt of written notice of such default, or in the event of the loss of WASC accreditation by the UNIVERSITY, this Agreement may be immediately terminated by the non-defaulting party.
- H. This Agreement fully supersedes any and all prior agreements or understandings between the parties or any of their respective affiliates with respect to the subject matter hereof. No change, modification, addition, amendment, or supplement to this Agreement shall be valid unless set forth in writing and signed and dated by both parties hereto subsequent to the execution of this Agreement.
- I. This Agreement shall be construed in accordance with the laws of the State of California in effect at the time of the execution of this Agreement. Should either party institute legal action to enforce any obligation contained herein, it is agreed that the proper venue of such suit or action shall be Orange County, California.

**FIELDWORK SITE CONTACT
INFORMATION:**

Central Union High School District
351 Ross Avenue
El Centro, CA 92243
Attn: Carol Moreno, Human Resources
Tel: (760) 336-4513

**UNIVERSITY CONTACT
INFORMATION:**

Brandman University
16355 Laguna Canyon Road
Irvine, CA 92618
Attn: School of Education, Dean
Tel: (949) 341-9811

TERM AND TERMINATION OF AGREEMENT

Brandman University and the Central Union High School District, agree to all the conditions of this Internship Contract Agreement as outlined above, to be effective on 06/01/2014, and continuing until 05/30/2016 (2-year maximum). This agreement may be terminated and the provisions of this agreement may be altered, changed or amended by mutual consent of both parties upon sixty (60) days written notice.

SIGNATURES:

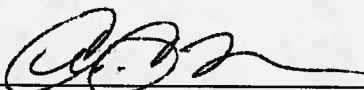
**DISTRICT
REPRESENTATIVES:**

Signature: _____
Name: C. Thomas Budde, Ph.D.
Title: Superintendent
Date: _____

Signature: _____
Name: Carol Moreno
Title: Human Resources
Date: _____

UNIVERSITY:

Signature: _____
Name: Phillip L. Doolittle
Title: Executive Vice Chancellor of Finance and
Administration and Chief Financial Officer
Date: _____

Signature: 
Name: Dr. Christine Zeppos
Title: Dean, School of Education
Date: _____

APPENDIX A

Preconditions Established for Internship Programs

For initial program accreditation and continuing accreditation by the Committee on Accreditation, participating districts and universities must adhere to the following requirements of state law or Commission policy.

- (1) **Bachelor's Degree Requirement.** Candidates admitted to internship programs must hold baccalaureate degrees or higher from a regionally accredited institution of higher education. Reference: Education Code §§44325, 44326, 44453.
- (2) **Subject Matter Requirement.** Each Multiple Subject intern admitted into the program has passed the Commission-approved subject matter examinations(s) for the subject area(s) in which the Intern is authorized to teach, and each Single Subject intern admitted into the program has passed the Commission-approved subject matter examination(s) or completed the subject matter program for the subject areas(s) in which the Intern is authorized to teach. Reference: Education Code § 44325(c) (3).
- (3) **Pre-Service Requirement.**
 - (a) Each Multiple and Single Subject Internship program must include a minimum of 120 clock hour (or the semester or quarter unit equivalent) pre-service component which includes foundational preparation in general pedagogy including classroom management and planning, reading/language arts, subject specific pedagogy, human development, and teaching English Learners.
 - (b) Each Education Specialist Internship program includes a minimum of 120 clock hour (or the semester or quarter unit equivalent) pre-service component which includes foundational preparation in pedagogy including classroom management and planning, reading/language arts, specialty specific pedagogy, human development, and teaching English Learners.
- (4) **Professional Development Plan.** The employing district has developed and implemented a Professional Development Plan for interns in consultation with a Commission-approved program of teacher preparation. The plan shall include all of the following:
 - (a) Provisions for an annual evaluation of the intern.
 - (b) A description of the courses to be completed by the intern, if any, and a plan for the completion of preservice or other clinical training, if any, including student teaching.
 - (c) Additional instruction during the first semester of service, for interns teaching in kindergarten or grades 1 to 6 inclusive, in child development and teaching methods, and special education programs for pupils with mild and moderate disabilities.

- (d) Instruction, during the first year of service, for interns teaching children in bilingual classes in the culture and methods of teaching bilingual children, and instruction in the etiology and methods of teaching children with mild and moderate disabilities.
- (5) **Supervision of Interns.**
- (a) In all internship programs, the participating institutions shall provide supervision of all interns.
- (b) University Intern Programs only: No intern's salary may be reduced by more than 1/8 of its total to pay for supervision, and the salary of the intern shall not be less than the minimum base salary paid to a regularly certificated person. If the intern salary is reduced, no more than eight interns may be advised by one district support person. Reference: Education Code § 44462. Institutions will describe the procedures used in assigning supervisors and, where applicable, the system used to pay for supervision.
- (6) **Assignment and Authorization.** To receive program approval, the participating institution authorizes the candidates in an internship program to assume the functions that are authorized by the regular standard credential. Reference: Education Code § 44454. The institution stipulates that the interns' services meet the instructional or service needs of the participating district(s). Reference: Education Code § 44458.
- (7) **Participating Districts.** Participating districts are public school districts or county offices of education. Submissions for approval must identify the specific districts involved and the specific credential(s) involved. Reference: Education Code §§ 44321 and 44452.
- (8) **Early Program Completion Option.** Each intern program must make available to candidates who qualify for the option the opportunity to choose an early program completion option, culminating in a five year preliminary teaching credential. This option must be made available to interns who meet the following requirements:
- (a) Pass a written assessment adopted by the commission that assesses knowledge of teaching foundations as well as all of the following:
- Human development as it relates to teaching and learning aligned with the state content and performance standards for K-12 students
 - Techniques to address learning differences, including working with students with special needs
 - Techniques to address working with English learners to provide access to the curriculum
 - Reading instruction in accordance with state standards
 - Assessment of student progress based on the state content and performance standards
 - Classroom management techniques
 - Methods of teaching the subject fields

- (b) Pass the teaching performance assessment. This assessment may be taken only one time by an intern participating in the early completion option.
- (c) Pass the Reading Instruction Competence Assessment (RICA) (Multiple Subject Credential only).
- (d) Meet the requirements for teacher fitness.

An intern who chooses the early completion option but is not successful in passing the assessment may complete his or her full internship program. (Reference: Education Code § 44468).

- (9) **Length of Validity of the Intern Certificate.** Each intern certificate will be valid for a period of two years. However, a certificate may be valid for three years if the intern is participating in a program leading to the attainment of a specialist credential to teach students, or for four years if the intern is participating in a district intern program leading to the attainment of both a multiple subject or a single subject teaching credential and a specialist credential to teach students with mild/moderate disabilities. Reference: Education Code § 44325 (b).
- (10) **Non-Displacement of Certificated Employees.** The institution and participating districts must certify that interns do not displace certificated employees in participating districts.
- (11) **Justification of Internship Program.** When an institution submits a program for initial or continuing accreditation, the institution must explain why the internship is being implemented. Programs that are developed to meet employment shortages must include a statement from the participating district(s) about the availability of qualified certificated persons holding the credential. The exclusive representative of certificated employees in the credential area (when applicable) is encouraged to submit a written statement to the Committee on Accreditation agreeing or disagreeing with the justification that is submitted.
- (12) **Bilingual Language Proficiency.** Each intern who is authorized to teach in bilingual classrooms has passed the language proficiency subtest of the Commission-approved assessment program leading to the Bilingual Crosscultural Language and Academic Development Certificate. Reference: Education Code Section 44325 (c).

APPENDIX B
Support and Supervision Activities

Potential Support & Supervision Activities to be Provided by the District
Demonstration Lessons and/or Co-teaching activities with mentor
Classroom Observations and Coaching*
Content Specific Coaching (for example: math coaches, reading coaches, EL coaches*)
Grade Level or Department Meetings related to curriculum, planning, and/or instruction
New Teacher Orientation
Coaching (not evaluation) from Administrator
Co-planning with Special Educator or EL expert to address included special needs students and/or English learners*
Logistical help before and during school year (bulletin boards, seating arrangements, materials acquisition, parent conferences, etc.)
Review/discuss test results with colleagues (CELDT and standardized tests)*
Activities/workshops specifically addressing issues in the intern's classroom—co-attended by intern and mentor(s)
Intern Observations of other teachers and classrooms including observations of SDAIE/ELD lessons*
Support & Supervision Activities Provided through the University
Classroom Observations and Coaching*
Weekly Online Seminars (problem solving issues with students, curriculum, instruction, TPEs, etc.) including EL support*
Weekly Contact with Supervisors via email, phone (voice, text), and/or video conferencing
Intern Observations of other teachers and classrooms including observations of SDAIE/ELD lessons*

**May also be used towards the 45-hour EL Support & Supervision Requirement.*

CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: Board of Trustees
FROM: C. Thomas Budde, Ph.D., Superintendent
SUBJECT: **AUTHORIZATION TO PARTICIPATE IN UCLA SCHOOL-BASED STUDY - RISK AND RESILIENCE IN RURAL LATINO YOUTH PROJECT RESEARCH**

ACTION

BACKGROUND:

Previously, Dr. Ng, a local psychiatrist, and his research colleague, Dr. Chavira, approached the board and requested the district's participation in a research study they plan to conduct. The study is a school based examination of factors that affect risk for anxiety and depression among adolescents ages 13-18. They are requesting access to our students to solicit their voluntary participation in the study. Participants will complete a questionnaire and participate in an interview. Students will be compensated for their time.

DISCUSSION/ALTERNATIVE/CONCERNS:

Details of the study are contained in the attached Cover Letter, Consent Forms, Draft Protocol, Questionnaires, and Phone Interview.

Alternatives include approving the request as presented, placing conditions on the study, or denying access for the study.

FINANCIAL IMPLICATIONS:

None. There is no cost to the district

ACTION REQUESTED:

The superintended recommends the board approve the district's participation in the University of California Risk and Reliance Rural Latino Youth Project and authorize the superintendent to write a letter of support.

ACTION: **MOTION:** _____ **SECOND:** _____
 AYES: _____ **NOES:** _____
 ABSTENTIONS: _____

ACTION ITEMS



DEPARTMENT OF PSYCHOLOGY
1257D FRANZ HALL
BOX 951563
LOS ANGELES, CALIFORNIA 90095-1563

MEMO

RE: Risk and Resilience in Rural Latino Youth Project

FROM: Denise A. Chavira, PhD, University of California Los Angeles

Co-investigators: Alvaro Camacho, MD, MPH and Bernardo Ng, MD, Sun Valley Research Group/University of California San Diego

We would like to conduct a school-based study that examines factors (e.g., environmental stressors, health behaviors, family factors etc.) that affect risk for anxiety and depression among adolescents ages 13-18. Already, an ongoing study is examining these questions in two Latin American countries with contrasting levels of environmental trauma and stress; Costa Rica and Colombia. In California, we are situated well to examine this question in another Latino population that often experiences numerous stressors; rural Latino youth from Imperial County.

In order to conduct this project, we would like to:

- a) Survey 300-400 children, ages 13-18 using self-report questionnaires for anxiety and depression, as well as measures of resilience.
 - a. Survey will likely take approximately 45 minutes-1 hour
 - b. Preferable to administer in school setting (after school program, etc.) but survey can also be completed by mail
 - c. Need parental/adolescent consent; recruitment process may vary by school/district
 - d. Youth will receive a movie ticket or gift card for their participation
- b) We will also conduct interviews with the adolescent
 - a. The interviews will take 1-2 hours and will be conducted over the phone
 - b. A risk management protocol will be in place in the event that the child reports serious suicidality, intent to harm others, or child abuse

This research project will help us:

- 1) Understand the relationship between environmental stressors, health behaviors, and family factors and anxiety/depression in a rural sample of predominantly Latino youth
- 2) Better understand comparative risk and resilience for anxiety and depression across Latino youth subgroups (Colombians, Costa Ricans, and Latinos in the US)
- 3) Identify important risk and protective factors that will inform the future development of interventions to promote mental health among at risk Latino youth.

I hope you will consider joining us in this important project.

Sincerely,

A handwritten signature in cursive script, appearing to read "D. Chavira".

Denise A. Chavira, PhD
Associate Professor

**COVER LETTER FOR
PARENT**

**CONSENT FORMS FOR
PARENT AND TEENAGER**



Dear Parent:

Your child is being asked to participate in a research study. Before you give consent for your child to volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you and your child will be asked to do.

Investigators:

This study is being conducted by Denise Chavira, Ph.D., at the University of California, Los Angeles. Dr. Chavira is an Associate Professor of Psychology at the University who has conducted research on child and adolescent anxiety and depression for 15 years.

Purpose of the study:

Our research group is interested in learning about the factors that contribute to feelings of stress, nervousness, worry, and depression among teenagers. We hope that this information will help us develop ways for teenagers to feel better.

Participation in the study:

We are requesting your permission to include your child in this research study. Your child's participation is optional and will not affect his/her grades or relationship with his/her teachers or school.

As part of this study, we are asking teenagers to complete confidential questionnaires at home, which will take about 45-60 minutes. We will then ask your child to participate in an interview about stress, mood, and behavior problems by telephone. As part of this interview, a trained interviewer from UCLA will ask your child questions about their mood, stress and overall functioning. The interview portion of the study will take approximately 30-60 minutes total.

Compensation

All parts of the study are completely voluntary. Teenagers are told that they can decline to take part in the study, they can stop the study at any point, and they can skip some questions if they wish.

Please read the attached Parent Informed Consent Form carefully. We ask that you sign the form either accepting or declining our request to include your child in the study.

Sincerely,

Dr. Denise Chavira
Associate Professor, UCLA
Phone: 310-825-8466
Email: dchavira@psych.ucla.edu

University of California, Los Angeles

**CONSENT FOR PARENT AND PARENTAL PERMISSION FOR MINOR
TO PARTICIPATE IN RESEARCH**

UCLA STUDY

You are being asked to let your child participate in a research study conducted by Denise Chavira, Ph.D., from the Department of Psychology at the University of California, Los Angeles. Your child's participation in this research study is voluntary.

The goal of this research is to examine how teenagers' personal characteristics, life circumstances, and environment affect the development of stress, anxiety and depression. Our long-term goal is to use the information obtained from the study to develop better educational and treatment programs that are sensitive to the needs of youth.

What will happen if my child takes part in this research study?

If you agree to let your child participate in this study, we will ask her/him to complete a packet of questionnaires. These questionnaires will ask various questions about anxiety, depression, stress, cultural background, and their functioning at school, home, and with peers. The questionnaires will be completed by your child at home and will take approximately 45-60 minutes. We ask that you or your child return the questionnaires via mail. After your child has completed the questionnaires, your child will be asked to participate in an interview conducted by telephone. As part of this interview, a trained interviewer will ask your child questions about their mood, feelings of anxiety, behavior problems, and stress. The interview will be recorded to make sure that all interviews are being performed the same way with each teenager, however if you or your child do not want the interview recorded, you can still participate. The interview portion of the study will take approximately *30-60 minutes total*.

Are there any potential risks or discomforts that my child and I can expect from this study?

The risks associated with participating in this study are minimal and not different from what your child might experience if he or she filled out questionnaires at a doctor's office or with a therapist. It is possible that your child may feel frustrated, bored, anxious, or irritable when filling out the questionnaires or answering interview questions by telephone. Some of these reactions may be related to discomfort or embarrassment about the questions. Your child may also experience discomfort because of the time required to complete the questionnaires and interview (estimated to be *1 ½ - 2 hours in total*), which may take away from personal or school time. Your child will be informed that there are no negative consequences for skipping questions or stopping the study at any time.

Are there any potential benefits if my child participates?

Your child may not directly benefit from participation in the study. One potential benefit of participation is contact with a research therapist who is trained in child anxiety and depression. If your child is having problems with feelings such as anxiety and depression or other behavioral problems, the researcher will be able to assess these problems and give you and your child recommendations such as referrals to a mental health care provider. This study is being conducted for research purposes and does not ensure that your child will feel better from participating. The results of the research may help parents, teachers, psychologists, and health care workers better understand problems in teenagers like depression and anxiety.

Will my child receive any payment if he/she participates in this study?

Your child will receive a movie ticket (valued at \$10) and a \$20 gift card for completing the questionnaire and interview portions of the study.

Will information about my child and me be kept confidential?

All of your child's answers are private and confidential. Any information that is obtained in connection with this study and that can be identified with your child will remain confidential and will be disclosed only with your permission or as required by law.

Confidentiality will be maintained by the following means. All names will be removed from any records that are kept by the research staff, and all data files will be stored in locked cabinets at UCLA. Your child will be assigned an ID number that will be used to protect your child's identity. Any data or information about your child will be identified by ID number only. Only the researchers involved in this study will have access to your child's de-identified study information. No information which identifies your child, or any family member will be released without your consent except as specifically required by law. The only people who will know that your child is a research subject are members of the research team, unless you or your child choose to share this information with others. No information about your child, or provided by your child during the research, will be given to others without your written permission.

An exception to confidentiality is if your child discloses or endorses thoughts to harm him or herself. In the event that your child tells the research staff that he or she is thinking about killing him or herself or your child answers yes to a question about having thoughts about suicide, the research staff will ask your child more questions about the thoughts. Depending on how intense these thoughts are or how much your child feels like hurting him or herself, the research staff may provide you and your child with referrals for treatment, work with your family to contact your child's personal physician, or therapist to discuss these thoughts. The research team may also work with you and your child on a plan that may include getting your child to a hospital for safety.

What are my rights if my child takes part in this study?

You can choose whether or not to allow your child to be in this study. You may withdraw your consent at any time and your child may discontinue participation without any penalty or negative consequences. You are not waiving any legal rights if you allow your child to take part in this research study.

Who can answer questions my child and I might have about this study?

If you have any questions, comments or concerns about the research, please contact Dr. Denise Chavira (310-825-8466; dchavira@psych.ucla.edu)

If you wish to ask questions about your rights as a research participant or if you wish to voice any problems or concerns you may have about the study to someone other than the researchers, please call the Office for Protection of Research Subjects at (310) 825-7122 or write to Office for Protection of Research Subjects, UCLA, 11000 Kinross Avenue, Suite 102, Box 951694, Los Angeles, CA 90095-1694.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

I understand the procedures described above. My questions have been answered to my satisfaction and I have been given a copy of this form.

I ALLOW my child to participate in this study.

Name of Child

Date

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

IF YOU DO NOT ALLOW YOUR CHILD TO TAKE PART IN THIS STUDY, PLEASE SIGN THE PART BELOW.

Name of Child

Date

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

It is important that we receive this form with your signature even if you do NOT allow participation.

Permission for Future Contact

Often there are times when other research opportunities arise at the Culture and Anxiety Lab for Mental Health Advances (CALMA-UCLA). Please let us know if it would be OK to contact you in the future regarding opportunities other than this current project. If you say yes, you are not committing to any future projects and can say "No" at any time.

YES, I give permission for the research team to contact me in the future regarding other study-related opportunities.

NO, I do NOT give permission for the research team to contact me in the future regarding other study-related opportunities.

Parent's Name (please print)

Parent's Signature

Date

Youth's Name (please print)

Youth's Signature

Date

Investigator's Name (please print)

Investigator's Signature

Date

University of California, Los Angeles
YOUTH ASSENT TO PARTICIPATE IN RESEARCH
UCLA STUDY

You are being asked to participate in a research study conducted by Denise Chavira, PhD., in the Department of Psychology at the University of California, Los Angeles.

Why is this study being done?

The purpose of this study is to find out more about feelings like stress, nervousness, and sadness in teenagers. The project will provide more information about the reasons that teenagers may be more or less likely to develop problems like depression or anxiety.

What will happen if I take part in this research study?

If you agree to be in this study, we will ask you to fill out some questionnaires about your feelings, experiences, social life, and home environment. We will give you some questionnaires to take home and return by mail. These questionnaires can be completed in one sitting and **will take about an hour**. After you complete the questionnaires and return them to us, you will be asked to participate in an interview by telephone. As part of this interview, an interview from UCLA will ask you more questions about your mood, feelings of nervousness, and stress. The interview will be recorded to make sure that all interviews are being performed the same way with each teenager. The interview does not have to be recorded if you do not want this to happen. The telephone interview will take about **30-60 minutes**.

Are there any potential risks that I can expect from this study?

The risks associated with participating in this study are minimal and not different from what you might experience if you filled out questionnaires and participated in an interview at a doctor's office or with a therapist. It is possible that you may feel frustrated, bored, anxious, or irritable when filling out the questionnaires or answering interview questions. Some of these reactions may be related to discomfort or embarrassment about the questions. You may also experience discomfort because of the time required to complete the study (estimated to be 1 ½ -2 hours), which may take away from personal or school time. There are no negative consequences for skipping questions or stopping the study at any time.

Are there any potential benefits if I participate?

You may not directly benefit from your participation in the study. One potential benefit of participation is being able to confidentially tell a research therapist about your mood, feelings of nervousness and stress. If you believe you are having problems with your mood or stress the researcher will be able to assess these problems and give you contacts for somebody who may be able to help you such as a mental health care provider. It is important that you understand that this study is being conducted for research purposes and does not ensure that you will feel better from participating. The results of the research may help parents, teachers, psychologists, and health care workers better understand problems in teenagers like depression and anxiety.

Will I receive any payment if I participate in this study?

You will receive a movie ticket (valued at \$10) and a \$20 gift card for completing the questionnaire and clinical interview portions of the study.

Will information about me and my participation be kept confidential?

All of your answers are private and confidential. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your parent's permission or as required by law.

Confidentiality will be maintained in the following ways. All names will be removed from any records that are kept by the research staff, and all data files will be stored in locked cabinets at UCLA. You will be assigned an ID number which will be used to protect your identity. Any data or information about you will be identified by ID number only. Only the researchers involved in this study will have access to your de-identified study information. No information which identifies you, or any family member will be released without your parent's consent except as specifically required by law. The only people who will know that you are a research participant are members of the research team, unless you choose to let others know you are participating in this study. No information about you will be given to others without permission.

An exception to confidentiality is if you disclose or endorse thoughts to harm yourself. In the event that you tell the research staff that you are thinking about killing yourself or you answer yes to a question about having thoughts about suicide, the research staff will ask you more questions about the thoughts. Depending on how intense your thoughts are or how much you feel like hurting yourself, the research staff may provide you with referrals for treatment, work with you to contact your personal physician, family member, or therapist to discuss thoughts of harming yourself. The research team may also work with you on a plan that may include getting you to a hospital for safety.

Why would I NOT be able to take part in the study?

You may not be able to participate if your parents do not consent to your participation. Also, only individuals who are between the ages of 13 and 18 will be able to participate in the study.

What are my rights if I take part in this study?

You can choose whether or not you want to be in this study. If you volunteer to be in this study, you may leave the study at any time without consequences of any kind. You are not giving up any of your legal rights if you choose to be in this research study. You may refuse to answer any questions that you do not want to answer and still remain in the study. You will not be punished in any way if you do not want to answer some questions or want to stop at any time.

Who can answer questions I might have about this study?

If you have any questions, comments or concerns about the research, you can talk to one of the researchers. Please contact Dr. Denise Chavira (323-825-8466; dchavira@psych.ucla.edu). If you wish to ask questions about your rights as a research participant or if you wish to voice any problems or concerns you may have about the study to someone other than the researchers, please call the Office for Protection of Research Subjects at (310) 825-7122 or write to Office for Protection of Research Subjects, UCLA, 11000 Kinross Avenue, Suite 102, Box 951694, Los Angeles, CA 90095-1694.

SIGNATURE OF STUDY PARTICIPANT

I understand the procedures described above. My questions have been answered and I agree to participate in this study. I have been given a copy of this form.

Name of Participant (please print)

Signature of Participant

Date

**DRAFT OF IRB
PROTOCOL TO
SUBMIT TO UCLA -
REQUIRES
REVISION**

Date: April 15, 2014 11:29:19 AM PDT

ID: PRE#14-000258

Print Close

Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Study Title and Key Personnel

All items marked with a red asterisk (*) are required. Items without an asterisk may or may not be required depending on whether the items are applicable to this study.

1.0 *Full Title of the Submission:
Mental Health Risk and Resilience among Rural Teens

1.1 Protocol Version Date and/or Number:

2.0 *Working or Lay Title:
Risk and Resilience among Rural Teens

3.0 Principal Investigator:

3.1 *Name: DENISE CHAVIRA
Degree(s): If degrees are not shown here, please add them to the next section, Section 1.1a/Item 1.0, which will then update the Principal Investigator's webIRB account information.
PhD

3.2 UCLA Title: Associate Professor

3.3 Affiliation(s): There are no items to display
Other Affiliations: (if provided)

3.4 Department: PSYCHOLOGY
Secondary Department:

3.5 *Will the Principal Investigator conduct the informed consent process with potential study participants?
Yes
No
Not Applicable

3.6 *Is the Principal Investigator an undergraduate student, graduate student, post-doctoral fellow, or resident physician?
Yes No

3.6.1 If you answered "yes" to the above question, indicate the Faculty Sponsor for this study.

3.7 UCLA Policy 900 defines types of UCLA employees who may be eligible to serve as a Principal Investigator. Check the policy to see if the Principal Investigator for this study needs an exception to the eligibility requirements.

If an exception is needed, either attach the letter of exception here, or indicate a Faculty Sponsor at item 3.6.1 above.

Document Name
Document Version #
There are no items to display

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4.0 Study Contact Person: Indicate the person, in addition to the Principal Investigator, who should receive all of the study correspondence.
 CLAUDIA VALDIVIESO

5.0 List the key personnel and study staff below.

Note: All personnel listed below are required to complete CITI training courses. HIPAA training is also required if personnel will be accessing protected health information. Please make sure to have all key personnel update their webIRB profile, contact information. Instructions on how to update the webIRB profile: [Click here.](#)

Name	Department	Role	Other Role (if applicable)	Will Obtain Consent?	Manage device accountability?	Access to personally identifiable info?	Access to code key?
View EMILY ESCOVAR	PSYCHOLOGY	<input type="text" value="Other"/>	Graduate student	yes			
View ARACELI GONZALEZ	NEUROPSYCHIATRIC INSTITUTE	<input type="text" value="Co-Investigator"/>		no	Not Applicable	Yes	Yes
View AMY RAPP	PSYCHOLOGY	<input type="text" value="Other"/>	Graduate student	yes			

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Other Personnel

All items marked with a red asterisk (*) are required. Items without an asterisk may or may not be required depending on whether the items are applicable to this study.

1.0 Principal Investigator

Name: DENISE CHAVIRA
***Please type the Degree(s):** PhD

2.0 If there will be other types of personnel working directly under the PI's supervision on aspects of the study, provide their name, indicate their responsibilities, training and qualifications and complete Item 2.1.

Note: If there will not be other types of personnel go to Item 3.0.

Name, title, institution	Study role(s): e.g., conduct interviews/surveys, recruit participants, obtain consent, review records, etc.
View Bernardo Ng, MD, Psychiatrist, Sun Valley Research Center, Imperial County	Assist with recruitment, outreach and suicide risk assessment. Dr. Ng is board certified psychiatrist in Imperial County.
View Alvaro Camacho, MD, MPH, Psychiatrist, Sun Valley Research Center, Imperial County	Assist with recruitment, outreach and suicide risk assessment. Dr. Camacho is a board certified psychiatrist in Imperial County.
View Claudia Defaz Valdivieso, MA, UCLA	Assisting with data entry and IRB correspondence

For existing protocols: Item 2.0 has been modified and this item cannot be edited. When submitting an amendment please use the information found in the text box below to complete Item 2.0 above.
 Briefly describe the other study personnel.

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2.1 Indicate the human subjects research training these personnel have or will receive. If training is required in a language other than English or if research is occurring in a location where research personnel do not have access to the internet (e.g., rural community without internet capability), please describe how human subjects training requirements will be fulfilled.

Check all that apply:

CITI Training

UC HIPAA Training

Other

2.2 If you indicated "Other" to item 2.1, describe:

3.0 *Will any of the study procedures or analyses be contracted to a consultant or an organization?
 Yes No

3.1 If yes, specify the consultant(s) and/or organization(s) and the work that they will do for the study.

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Conflict of Interest Information

1.0 * Does the Principal Investigator, any of the key personnel, or their spouses, registered domestic partners, or dependent children, have a financial interest in the sponsor (profit, non-for-profit) of the research?
 Yes No

1.1 If yes, attach a completed copy of the Financial Interests Form for each person who indicates a financial or related interest:

Document Name

Document Version #

There are no items to display

2.0 * Does the Principal Investigator, any of the key personnel, or their spouses, registered domestic partners, or dependent children, have any financial interests related to the research sponsored by a government agency?
 Yes No

2.1 If yes, attach a completed copy of the Financial Interests Form:

Document Name

Document Version #

There are no items to display

3.0 * Indicate whether any of these financial interests have been submitted to or reviewed by the UCLA campus Conflict of Interest Review Committee (CIRC):
 Yes No

3.1 If you have received a response from CIRC, attach it here:

Document Name

Document Version #

There are no items to display

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Project Identification Information

1.0 *Type of Submission (Select one)

- Research Study
- Application for Approval of "Research Participant Pool" or recruitment database only

2.0 *Type of Submission (Select one)

For Amendments, do not undo the response below. Undoing the response may remove sections of the original application.

- New Submission
- Transfer of Ongoing Research from Another Site from Investigator moving to UCLA. Please complete Item 2.1.

2.1 If you selected "Transfer of Ongoing Research" in Item 2.0 indicate the current status of the study and a brief summary of the work to date.

3.0 Review For and Reliance Upon External IRBs.

***Indicate if one of the following applies to this study. (Select one)**

- None of the options below apply.
- UCLA IRB to REVIEW for collaborating UC campus(es) under terms of UC MOU. *Online registration is ALSO required at the UC IRB Reliance Registry.*
- DO NOT select this response to request that the UCLA IRB RELY on another UC campus.*
- UCLA to review for RAND under terms of UCLA/RAND Health Services MOU. *UCLA/RAND Request to Defer Review form.*
- UCLA to review for CTSI collaborator(s) under terms of CTSI MOU. *CTSI protocol registration form.*
- UCLA to serve as IRB of record for collaborator(s) for federally funded research. *Contact the OHRPP Director or Assistant Directors before making this request*
- UCLA IRB to RELY on a Central IRB or another IRB (see note below). *This includes reliance using UC MOU, CTSI, NCI, RAND, and Western IRBs.*

Important Note: Before submitting any materials related to this, if you wish to request that UCLA rely upon an external IRB not outlined above, do not submit an application in webIRB. Please contact OHRPP Associate Director, Alison Orkin (aorkin@research.ucla.edu or 310-206-3969) with any questions about reliance requests.

See also Reliance of UCLA Investigators on External IRBs for Information about existing UCLA agreements.

3.1 Documentation Required for UCLA to Serve as Reviewing IRB for CTSI or UCLA/RAND MOUs

See Reliance of UCLA Investigators on External IRBs for instructions.

Document Name

Document Version #

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There are no items to display

4.0 *Federal regulations (45 CFR 46.111) require scientific review before an IRB approves a study. For the majority of studies being reviewed and approved by the UCLA IRB, the IRB performs this review. See http://ora.research.ucla.edu/OHRPP/Documents/Policy/4/Scientific_Review.pdf for additional details.

Do you want the IRB to consider external scientific or scholarly review?

Yes No

4.1 If yes, indicate the source of scientific or scholarly review for the study.

Check all that apply.

- National Institutes of Health (NIH)
- The funding agency (other than NIH)
- Faculty Sponsor
- JCCC - Internal Scientific Peer Review Committee (ISPRC)
- Clinical Translational Research Center (CTRC)
- UCLA Department
- Other

4.1.1 If you checked "other", describe.

4.2 Attach a copy of the scientific or scholarly review, if applicable.

Document Name	Document Version #
There are no items to display	

ID: PRE#14-000258

Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Lay Summary and Keywords

Please provide the following information about your study.

1.0 *Provide a brief lay summary describing this study. (limit 500 words).

This project is a cross-sectional study that will provide information about risk and protective factors (resilience), that are associated with psychological problems in adolescents (13 to 18 years) from a rural region of California (Imperial County). The study will advance the field in rural mental health, as it will be one of the first to examine individual and contextual factors that increase/decrease risk for a variety of mental health problems, in communities that are rural, low-income and predominantly Latino. These data will be used to inform prevention and intervention efforts in this underserved community, which has been neglected in psychological research. Assessments will include self-report questionnaires and a clinician administered interview.

2.0 *List three to five keywords describing this study (separate the words with commas). The keywords may be used for identifying certain types of studies.

risk, resilience, adolescents, Latino, psychopathology

3.0 **Is this study cancer related**, including the recruitment of individuals with cancer, collection of cancer human biological samples, specimens or data, or the recruitment of individuals because they are cancer survivors or at risk of developing cancer and/or involves gene therapy?

Yes No

Note: If you answered "Yes" in Item 3.0, you must submit an application to the Jonsson Comprehensive Cancer Center (JCCC) Internal Scientific Peer Review Committee (ISPRC). Click here for instructions for submitting to the ISPRC. The ISPRC approval notice or letter of exemption should be attached in Section 2.1/Item 4.2 of the webIRB application.

4.0 *** Is this study conducted or supported by HHS (e.g., the National Institutes of Health, Centers for Control and Prevention, etc.)?**

Yes No

5.0 *** Does the study, treatment, or other work under this application involve one or more of the following: (1) an agent (medication, substance, or device), (2) procedure or test, or (3) any health service (any type of visit, healthcare provider, or model of healthcare service) in a human subject?**

Yes No

Note: If you checked "yes", please contact the UCLA Clinical Trials Administration Office (CTAO) to determine if the study needs coverage analysis, needs to be set up in Care Connect, and/or needs to be set up in the UCLA Clinical Trials Management System (CTMS).

For reference: UCLA Policy 915: Clinical Trials and Clinical Research Studies Coverage Analysis

6.0 *** Is this study regulated by the Food and Drug Administration (FDA)?**

Yes No

6.1 **If yes, check all that apply:**

There are no items to display

6.1.1 **If Other, describe:**

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Type of Study Review

1.0 ***Indicate the level of risk involved with this study.**

(if there are multiple groups or phases associated with this study, select the highest level of risk.)

- Minimal risk or no known risks - Click here for the OHRPP tip sheet on minimal risk.
- Greater than minimal risk

2.0 ***Indicate the type of review that you are requesting for this study.**

- Expedited
- Exempt
- Full Board

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2.1

If you indicated expedited or full board as the type of review in item 2, choose an IRB assignment.

Name	Description
<input type="radio"/> Medical Institutional Review Board 1	MIRB1 reviews general and internal medicine, infectious diseases and ophthalmologic research.
<input type="radio"/> Medical Institutional Review Board 2	MIRB2 reviews oncology and hematology research.
<input type="radio"/> Medical Institutional Review Board 3	MIRB3 reviews neuroscience, neurology, psychiatric, drug abuse and dental research.
<input checked="" type="radio"/> North General Institutional Review Board	NGIRB reviews research from the College of Letters & Science and the Professional Schools.
<input type="radio"/> South General Institutional Review Board	SGIRB reviews social-behavioral research from South campus researchers who conduct health services research in areas such as public health, quality of care, quality of life, health prevention and health education research.

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Funding and Other Study Characteristics

1.0 ***Indicate the funding status for this study.**

- Funded
- Application for funding is pending
- Departmental funding / Self funding / No funding

2.0 ***Check all that apply:**

- The research will be conducted through the UCLA Clinical and Translational Research Center (CTRC)
- The study will be supported by or conducted in collaboration with the U.S. Department of Defense (DOD)
- The study will be supported by or conducted in collaboration with the U.S. Department of Energy (DOE)
- The study will be supported by or conducted in collaboration with the U.S. Department of Justice (DOJ)
- The study will be supported by or conducted in collaboration with the U.S. Department of Education (ED)
- The study will be supported by or conducted in collaboration with the U.S. Department of Protection Agency (EPA)
- None of the above

2.1 **If you selected DOD, DOE, DOJ, ED, and/or EPA support/collaboration, please provide your assurances that you will review the additional requirements for research supported by the relevant federal agency.**

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Agree

Note: Please refer to the Federally-Supported Research section of the OHRPP guidance document: Funding Considerations for Federally-Funded and Industry-Sponsored Human Research.

3.0 *Who developed this study?

Check all that apply:

UCLA Investigator

Investigator from another institution

Industry/Pharmaceutical Company

Cooperative Group (e.g., Children's Oncology Group, AIDS Clinical Trial Group)

Other

3.1 If other, specify.

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Study Locations

1.0 *Indicate the locations where any research activities will be performed by the UCLA research team with participants and/or private information obtained.

Check all that apply:

UCLA Sites or UCLA Health System Sites

Off Campus (In California)

Outside the United States

Outside California

Internet

2.0 *Is this a multi-institutional study (i.e., a collaborative project with other sites that have their own IRBs or principal investigators)?

(Includes but not limited to UC MOU and CTSI MOU collaborations where UCLA IRB review is requested.)

Yes No

If no, please skip directly to the next page, do not complete the questions below.

If yes, please provide the following information:

2.1 Will the UCLA principal investigator specified on this application be responsible for the overall direction of the study at the other institutions (i.e. UCLA is the Lead Institution)?

Yes No

2.1.1 If no, list the other sites that will be participating in this study:

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- 2.2 Will the UCLA principal investigator specified on this application be responsible for the data coordinating center?
- 2.3 Indicate the anticipated total number of study participants that will be enrolled across all of the institutions.

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Other Sites

1.0 *List the non-UCLA sites or collaborating UC/CTSI institutions.

Type of Site or collaborating institution	Non-UCLA Site(s) Information																		
View School/University	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Type of Site or collaborating institution</td> <td> <input type="radio"/> Community Agency <input type="radio"/> Hospital <input type="radio"/> Public Area <input type="radio"/> Outpatient Treatment Facility/Private Office <input checked="" type="radio"/> School/University <input type="radio"/> Study Participant's Homes <input type="radio"/> Nursing/Long-term Care Facility <input type="radio"/> Other </td> </tr> <tr> <td>If "Other", specify</td> <td>No Value Entered</td> </tr> <tr> <td>Name or description of the site or collaborating institution:</td> <td>Central Union High School District</td> </tr> <tr> <td>Address or general location of the site or collaborating institution, as applicable:</td> <td>351 W Ross Rd El Centro, CA (760) 336-4500</td> </tr> <tr> <td>Country</td> <td>United States</td> </tr> <tr> <td>If this study is greater than minimal risk, indicate the resources applicable to handle research-related emergencies:</td> <td style="text-align: center;">This item is not applicable to this study</td> </tr> <tr> <td>If you indicated "Other", describe:</td> <td>No Value Entered</td> </tr> <tr> <td>Indicate the activities that will be conducted by employees of this institution/entity</td> <td> <input type="checkbox"/> (a) Obtain informed consent <input type="checkbox"/> (b) Perform research procedures, or obtain identifiable information or specimens for other than commercial purposes. <input checked="" type="checkbox"/> (c) None of the above or not applicable to this study. </td> </tr> <tr> <td>If you checked (a) or (b) in response to item above, check the applicable item:</td> <td></td> </tr> </table>	Type of Site or collaborating institution	<input type="radio"/> Community Agency <input type="radio"/> Hospital <input type="radio"/> Public Area <input type="radio"/> Outpatient Treatment Facility/Private Office <input checked="" type="radio"/> School/University <input type="radio"/> Study Participant's Homes <input type="radio"/> Nursing/Long-term Care Facility <input type="radio"/> Other	If "Other", specify	No Value Entered	Name or description of the site or collaborating institution:	Central Union High School District	Address or general location of the site or collaborating institution, as applicable:	351 W Ross Rd El Centro, CA (760) 336-4500	Country	United States	If this study is greater than minimal risk, indicate the resources applicable to handle research-related emergencies:	This item is not applicable to this study	If you indicated "Other", describe:	No Value Entered	Indicate the activities that will be conducted by employees of this institution/entity	<input type="checkbox"/> (a) Obtain informed consent <input type="checkbox"/> (b) Perform research procedures, or obtain identifiable information or specimens for other than commercial purposes. <input checked="" type="checkbox"/> (c) None of the above or not applicable to this study.	If you checked (a) or (b) in response to item above, check the applicable item:	
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Indicate the activities that will be conducted by employees of this institution/entity	<input type="checkbox"/> (a) Obtain informed consent <input type="checkbox"/> (b) Perform research procedures, or obtain identifiable information or specimens for other than commercial purposes. <input checked="" type="checkbox"/> (c) None of the above or not applicable to this study.																		
If you checked (a) or (b) in response to item above, check the applicable item:																			

2.0 *Before initiating the research at each site, you should have all necessary approvals and permissions for that site. Provide your assurance that this will be done.

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Agree

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Methods/Procedures - Descriptors

Note: The items listed below are not an inclusive list of methods and procedures that may be used in research studies. The list only includes items that will trigger additional questions related to the research or are needed for the review process.

1.0 *Indicate all that apply to this study.

- Audio, Visual or Digital Recordings
- Behavioral Observations (only applicable if you selected Exempt Category 2 in section 5.3)
- Certificate of Confidentiality
- Clinical Trial of a Behavioral Intervention (if applicable, select additional related categories)
- Clinical Trial of a Drug, Biologic or Device (You must also specify below "Device/Diagnostics" and/or "Drugs/Biologics/Dietary Supplements")
- Community Based Research
- Controlled Substances (Schedule I or II)
- Deception or Partial Disclosure
- Devices/Diagnostics (including Humanitarian Devices - HUD)
- Drugs/Biologics/Dietary Supplements
- Genetic Analyses/Genotyping
- Human Embryonic Stem Cells and/or Induced Pluripotent Stem Cells
- Human Gene Transfer/ Recombinant DNA
- Infectious Agents
- Non-FDA approved medical equipment used with UCLA hospital patients or research participants that operate under the UCLA Hospital License.
- Radiation (Standard of Care or Investigational use of radioactive materials or ionizing radiation)
- Substance Abuse Research (with Medication)
- Treatment in an Emergency Setting (with request to waive consent)
- None of the above

2.0 *Check all that apply to the study design.

- Some of the research activities do not involve direct contact with study participants and include only analyses of data, records and/or human biological specimens (e.g., medical record or other record review, study of specimens left over from clinical procedures). Neither consent nor authorization will be obtained for use of these specimens and/or data.
- None of the research activities involve direct contact with study participants and include only analyses of data, records and/or human biological specimens (e.g., medical record or other record review, study of specimens left over from clinical procedures). Neither consent nor authorization will be obtained for use of the specimens and/or data.
- The research activities involve direct contact with study participants (e.g., collection of data or specimens in person or via internet, phone, mail, etc.)

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Audio, Visual or Digital

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Recordings

You indicated that this study includes recordings (audio or visual) (section 5.3/item 1 or section 8.1/item 1). Please provide the following information.

1.0 *Who will transcribe the research tapes/recordings?

Check as many as apply:

Members of the research team

Persons outside the research team

2.0 *Is the use of recordings an optional part of the research?

Yes No

3.0 * Will individual study participants be able to review, edit, and erase the tapes/recordings of their research participation?

Yes No

3.1 If no, provide an ethical and scientific justification for NOT allowing study participants to review, edit, and erase the tapes of their research participation.

4.0 Transcription of Research Tapes/Recordings**4.1 * Type of media (Check as many as apply):**

CD ROM

DVD

Digital Files

VHS tape

Cassette or microcassette

Handwritten files

Other

4.2 * Method of transmission (Check as many as apply):

Courier or mail with delivery confirmation

Posted to a secure website

Email

Other

Not Applicable

4.3 * Transcription Service (Check as many as apply):

Transcription service secures tapes in a secure locked area

Transcription(s) sign confidentiality agreements

Transmission of voice files and text files is encrypted and password protected

Other

Not Applicable

4.3.1 If you selected "other" for any/all of the above items,

describe.

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Regulatory and Committee Approvals

Based on the response to Section 8.1/Item 1, you are seeking approval from one or more committees or regulatory agencies. Please complete the following items, as appropriate to this study.

1.0 Certificate of Confidentiality

If you indicated that you are obtaining a Certificate of Confidentiality for this study, please respond to the following item.

- 1.1 **Indicate the status of the Certificate of Confidentiality application for this study:**
 - Granted
 - Pending
 - Application not yet submitted

- 1.2 **Upload a copy of the Certificate of Confidentiality once it is granted.**

Document Name	Document Version #
There are no items to display	

2.0 Controlled Substances or Substance Abuse Research (with Medication)

If you indicated that you are conducting research with controlled substances or substance abuse research with medication, approval is needed from the Research Advisory Panel - California. Please complete the following items.

- 2.1 **Indicate the status of approval from the Research Advisory Panel - California (RAP-C).**
 - Approved
 - Pending
 - Application not yet submitted

- 2.2 **If the study has been approved by RAP-C, attach the letter here.**

Document Name	Document Version #
There are no items to display	

3.0 Human Embryonic Stem Cells and/or Induced Pluripotent Stem Cells

If you indicated that this study includes embryonic stem cell research, please provide the following information.

- 3.1 **Indicate the status of approval from the UCLA Embryonic Stem Cell Research Oversight Committee (ESCRO):**

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- Approved
- Pending
- Application not yet submitted

3.2 Attach a copy of the completed UCLA Embryonic Stem Cell Research Oversight (ESCRO) Application and approval letter.

Document Name	Document Version #
There are no items to display	

4.0 Non-FDA Approved Medical Equipment with UCLA Patients/Research Participants

If you indicated that this study includes using of non-FDA approved medical equipment, please provide the following information.

4.1 If you have a copy of an inspection report from Clinical Engineering, attach it here.

Document Name	Document Version #
There are no items to display	

5.0 Human Gene Transfer/Recombinant DNA

If you indicated that this study includes gene transfer, or recombinant DNA, please provide the following information.

5.1 Attach copies of the following:

- One copy of the NIH Guidelines Appendix M-II: Description of Proposal
- All RAC correspondence and recommendations:
 - a) RAC approval or exemption letter
 - b) If applicable, a copy of RAC recommendations for the conduct of the trial
 - c) If applicable, one copy of the RAC reviewed protocol and sample consent documents

Document Name	Document Version #
There are no items to display	

5.2 Indicate the status of approval from the Biosafety Committee

- Approved
- Pending
- Application not yet submitted

5.2.1 If the study has been approved by the Biosafety Committee, attach a copy of the approval.

Document Name	Document Version #
There are no items to display	

5.3 Post-Approval Reporting

5.3.1 Indicate who is responsible for SAE reporting to the NIH Office Biotechnology Activities (OBA).

- Principal Investigator named on this application

Other

5.3.1.1 If you indicated 'Other', attach a copy of the letter of delegation on file with the OBA.

5.4 Principal Investigator's Certification

- I certify:
- I have read the UCLA OHRPP Guidance on "Human Gene Transfer Research/Recombinant DNA Research"
 - I will ensure that all personnel involved in the conduct of this study are aware of and will follow the UCLA OHRPP Guidance regarding Human Gene Transfer Research/Recombinant DNA Research

Agree

6.0 Infectious Agents

If you indicated that this study includes infectious agents, please provide the following information.

6.1 Indicate the status of approval from the Biosafety Committee.

- Approved
- Pending
- Application not yet submitted

6.2 If the study has been approved by the Biosafety Committee, attach a copy of the approval.

Document Name	Document Version #
There are no items to display	

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Information about Study Data

This information is needed to determine how you will best protect the confidentiality of data.

1.0 *Indicate all that apply to the study data.

Check all that apply:

- Obtained from a medical or clinical record
- Created or collected as part of health or mental health care
- Used to make healthcare or mental healthcare decisions and/or provided to other healthcare professionals
- Research data will be entered into the participants' medical or clinical record
- None of the above

2.0 *Is it reasonably foreseeable that the study will collect information that State or Federal law requires

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to be reported to other officials (e.g., child or elder abuse), ethically requires action (e.g., suicidal ideation), or is a reportable disease?

Yes No

2.1 If yes, explain below and include a discussion of the reporting requirements in the consent document:
 During the completion of questionnaires and clinical interviews information regarding suicidal ideation will be collected. In the case of suicidal ideation, subjects will be informed about what will happen if they report suicidal ideation, and if they are deemed to be an imminent danger to self. Among those who report active suicidal ideation, a risk assessment will be performed by telephone by a trained interviewer, and if necessary a local professional (psychiatrist) will contact the family and/or the child will be taken to the appropriate emergency services.

With regard to child abuse, there will not be any questions that directly assess forms of abuse. However should this information emerge during the course of the clinical interview, appropriate reporting procedures will be followed. In the consent, parents and teens will be informed that disclosure of such information may be reported to appropriate officials, and referrals for services may be made.

3.0 *Indicate if any of the following are being obtained and used without any direct contact with study participants.

- Records (Not medical)
- Human biological specimens
- None of the Above

4.0 *Indicate all identifiers that may be accessed or included in the research records for the study:

- Names
- Dates
- Age (if over 89 years)
- Postal Address
- Phone Numbers
- Fax Numbers
- E-Mail Address
- Social Security Number
- Medical Record Number
- Health Plan Numbers
- Account Numbers
- License/Certificate Numbers
- Vehicle ID Numbers
- Device Identifiers/Serial Numbers
- Web URLs
- IP Address Numbers
- Biometric Identifiers (including finger and voice prints)
- Facial Photos/Images
- Any Other Unique Identifier (this does not include the code assigned by the investigator to identify the data)
- None of the above

4.1 If social security numbers will be collected explain why they

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are necessary, how they will be used, how they will be protected and how long they will be retained.

5.0 *Select all that apply:

- The data and/or specimens will be directly labeled with personal identifying information when acquired by the investigator for this research
- The data and/or specimens will be labeled with a code that the research team can link to personal identifying information when acquired by the investigator for this research
- The data and/or specimens will not be labeled with any personal identifying information, nor with a code that the research team can link to personal identifying information when acquired by the investigator for this research
- The data are restricted use data (A term used in Social-Behavioral research. See guidance on the right.)

5.1 Indicate how the data will be used when this study is completed.

Check all that apply:

Use for this study



Use for possible future research

Use to create a bank or repository at UCLA

Add to existing repository

Other

5.1.1 If Other, specify:

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Privacy and Confidentiality

Important Notes:

- **Privacy is about people.** Privacy refers to a person's wish to control the access of others to themselves.
- **Confidentiality is about data.** Confidentiality refers to the researcher's plan to handle, manage, and disseminate the participant's identifiable private information.

See OHRPP Quick Guide: Protecting Privacy and Maintaining Confidentiality

1.0 *Privacy: How will the investigator maintain privacy in the research setting(s)? (e.g., interviewing participant in a room or area where conversations cannot be overheard by others, or conducting medical procedures in an examination room, or behind a curtain in an emergency room).

The self-report questionnaires will be given to adolescents. The questionnaires will be completed individually and returned by mail. None of the questionnaires or the results of the questionnaires will be shared with other participants, teachers or any individual outside the research staff. Parents and adolescents will be informed in the consent that parents will be notified if the child reports active suicidal ideation with plan or intent on the questionnaires.

The structured clinical interviews will take place over the phone. The interviews will be conducted with the adolescent only. Only the research personnel will be allowed in the interview room during phone interviews. Parents and adolescents will be informed in the consent that parents will be notified if the child reports active suicidal ideation with plan or intent and or any type of reportable abuse. In addition, participants will be informed that disclosure of suicidality and child abuse may result in the need to share information with others in order to ensure the safety of the team.

outlets in order to ensure the safety of the teen.

2.0 *Confidentiality: If the protocol will collect and maintain identifiable data, explain how the planned safeguards to maintain confidentiality of identifiable data and data security are appropriate to the degree of risk from disclosure.

Note: Other sections of the application (e.g., Sections 9.3, 9.3a, 9.4, 9.5, and 15.3) will request specifications such as identification of persons who will have access to code keys or measures to comply with HIPAA requirements.

All data will be coded with a subject ID number. The raw data collected on paper will be stored in locked file cabinets in private research space at UCLA. Signed consent forms will be kept separate from the corresponding raw data. The data from the questionnaires will be entered and saved on a secure UCLA server. All data will be entered into a computerized database for storage and analysis. The electronic data and digital files will be accessible by password only to project staff. All data will be

reported in aggregate and no identifying information will be published. Only project personnel will have access to the data and/or to subject ID numbers.

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Data Security

You indicated that the study team will have access to personally identifiable or coded information (Section 9.2/Item 4). Please complete the following items.

1.0 *Do you agree to follow the OHRPP Data Security in Research guidance and procedures?

Yes

I have an alternate equally effective plan (Note: The plan must be attached to item #2.1)

2.0 *Do you have a data security plan for this study? (Note: a plan is not required for all studies; it may be recommended in some instance).

Yes No

2.1 If yes, attach it here:

Document Name	Document Version #
There are no items to display	

3.0 *Indicate all that apply to personally identifiable information or codes during conduct of the study:

The data and/or specimens will be coded

The personal identifying information will be removed and destroyed

Personally identifying information will be maintained with the data and/or specimens

3.1 If you indicated that the personal identifying information will be removed or destroyed or that the data/specimens will be coded, provide the following information:

- o The process for removing and destroying the personal identifying information or for coding the information, and
- o Indicate who will perform the task

All data will be coded with a numeric identifier unique to the participant. A password protected database on a UCLA secure sever will contain personal identification information with the participant ID. Only members of the research team will have

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access to this database with personal identification information.

4.0 ***Will coded or personally identifiable data be collected, transmitted or stored via the internet?**
 Yes No

4.1 **If yes, indicate all that apply:**

- A mechanism such as Survey Monkey, Zoomerang, or an e-mail anonymizing service will be used to strip off the IP addresses for data submitted via e-mail.
- The data will be encrypted.
- A firewall will be used to protect the research computer from unauthorized access.
- Controlled access privileges will be used on the hardware storing the data.
- Other.

4.1.1 **If you indicated "Other", describe:**

5.0 ***Provide your assurances that if there is a data security breach for this study, the PI will notify the IRB and your department's IT Compliance Coordinator.**
 Agree

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Data Security Plan - During the Study.

You indicated that data and/or specimens for this study will be coded (Section 9.3/Item 2). Please complete the following information.

1.0 **During the study indicate how data will be stored and secured including paper records, electronic files, audio/video tapes, specimens. Specify how the code key will be securely maintained, as applicable.**

Check all that apply:

1.1 ***Electronic Data**

- Encryption or password protection software will be used
- Secure network server will be used to store data
- Stand alone desktop computer will be used to store data (not connected to server/Internet)
- A contracted outside vendor will store the code key. The vendor will have a business associate agreement with UCLA. For information on contracts with vendors to handle research data, see <http://www.ucop.edu/irc/itsec/uc/issues.html>.
- Other
- Not Applicable

1.2 ***Hardcopy Data, Recordings and Specimens**

- Locked file cabinet or locked room with limited access by authorized personnel
- Locked lab/refrigerator/freezer with limited access by authorized personnel
- The code key will be kept in a locked file in a locked room
- The coded data and/or specimens will be maintained in a different room
- Other

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- Not Applicable**

1.3 If you indicated "Other" in item 1.1 or 1.2 above, describe here.

2.0 *By checking this box, I provide my assurance that all the person(s) who will have access to the code key have been identified in section 1.1/Item 5.0.
 Agree

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Data Security Plan

You indicated that the study will have access to personally identifiable or coded information (Section 9.2/Item 5). Please complete the following items:

1.0 *After the study is completed, indicate how the data codes and/or personal identifying information will be handled.

Check all that apply:

- All data files will be stripped of personal identifiers and/or the key to the code destroyed.
- All specimens will be stripped of personal identifiers and/or the key to the code destroyed.
- Personal identifiers and/or codes linking the data and/or specimens to personal identifiers will be maintained for future research.
- Audio or Video recordings will be transcribed and then destroyed or modified to eliminate the possibility that study participants could be identified.
- Photos or Images will be modified to eliminate the possibility that study participants could be identified.
- Restricted use data will be destroyed or returned to the source.

1.1 If you indicated that personal identifiers will be maintained for future research, provide the following information:
 a) How the information will be securely handled and stored
 b) assure confidentiality, and
 c) who will have access to the identifiers and/or codes.
 The research information will be stored on a secure UCLA server and in locked file cabinets in a UCLA research space. Data and personal identifiers will only be viewed by project research members.

2.0 Describe any additional steps, if any, to be taken to assure that the subjects' identities and any personal identifying information are kept confidential.
 We will apply for a certificate of confidentiality as an additional safeguard to protect subjects' data.

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Data and/or Specimens for Possible Future Use

You indicated that prospectively collected specimens would be stored for future use by (Section 9.2/Item 5.1). Please provide the following information.

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1.0 *Specify what information directly or indirectly linked to the subject will be provided with data and/or specimens to other investigators.

Check all that apply:

- No subject identifiers (The data/specimens are anonymous; no one including the investigator could identify the person from whom the materials were gathered.)
- The data will be coded (A code links the data/specimens to the study participants. A key to the code exists.)
- Personal Identifying Information
- Not applicable, the data will not be shared outside the study team.

2.0 Distribution Rules: Describe the criteria used to determine the adequacy of requests to obtain data and/or specimens (e.g., the type of researchers that will be eligible to receive data):

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Study Summary - Research Study

1.0 Study Materials: As applicable to this study, attach the following:

- Protocol, Dissertation Proposal or Study Plan
- Preliminary Data
- Surveys, Questionnaires or other Instruments to be used with study participants
- References

Document Name	Document Version #
References	0.01

2.0 *Specific Aims: Indicate the purpose of the research, specifying the problems and/or hypotheses to be addressed.

1. To examine factors that may increase risk or resilience for problems such as anxiety and depression, in high school students aged 13-18, who are living in a rural, predominantly Latino, community.
2. To determine if there are social, familial, and culture-specific factors, such as neighborhood context, family cohesion, ethnic identity, and acculturative stress that are associated with youth anxiety and depression in this underserved group.

3.0 *Background and Significance: Provide a summary of the background for this study and explain how it will contribute to existing knowledge.

For greater than minimal risk biomedical studies, include preliminary data. If necessary, attach in Item 1.0 graphs or tables used to convey information. If there no preliminary data are available, briefly indicate why this proposed study is a reasonable starting point.

Internalizing disorders (such as anxiety) are the most prevalent form of childhood psychopathology (affecting 20-30% of children and adolescents [1]), and has the earliest age of onset of all mental disorders (mean age of onset:10-15 [2]). Retrospective and longitudinal studies suggest that all anxiety disorders, even those confined to childhood (e.g., separation anxiety), are associated with the development of many forms of psychopathology in adulthood (including not only anxiety disorders, but other disorders such as depression and substance abuse)[3-4]. This study proposes to assess risk and protective factors that contribute to anxiety and depression in an underserved rural community that is predominantly Latino.

There are a number of risk factors that have been associated with child internalizing and externalizing problems, although few studies examine these associations in Latino youth. Familial factors such as high levels of family conflict and low levels of family cohesion have been associated with greater anxiety and depression as well as unfavorable treatment outcomes [5-9]. Previous research also indicates that parental psychopathology, and parental anxiety in particular, is associated with child internalizing problems and poor treatment outcomes [5, 10- 14]. Other contextual factors such as such as neighborhood environment, years

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living in the US, acculturation, and acculturative stress are likely to be associated with anxiety and depression but these relationships have been infrequently examined in youth. Additionally, Latino youth from rural areas may encounter unique risk factors such as those related to service access, perceived discrimination, and geographic isolation, however research is scant in this regard.

Furthermore, very little work has been done on factors, often described as resilience, that may mitigate the presence of, and protect against psychiatric illness [17-20]. Current thinking postulates three primary clusters of factors that comprise resilience: 1. personal characteristics or disposition, 2. family cohesion (relational), and 3. social resources outside of the family (situational) [21-22]. Although studies have focused on the relational and situational aspects of resilience in adolescents, such as parental attachment, social support, and environmental stability (violence or other forms of trauma [20, 23]), these studies are often with predominantly Caucasian youth from urban settings. Also, less work has been done on the dispositional aspects of resilience. Attitudes about personal competence, self-efficacy, assertiveness, and pro-social norms may be more highly associated with protection against psychiatric illness and may also be more amenable to intervention (either at the level of the at-risk individual, or targeting at-risk individuals school-wide) than external measures of resilience. In order to fully characterize resilience, it is necessary to evaluate these individual and environmental risk factors in youth from varying ethnic and geographic contexts.

These data will inform potential adaptations of prevention and intervention programs to reduce mental illness and promote psychological well-being in underserved communities.

4.0 *Research Design and Methods: Describe in detail the design and methodology of the study.

This project is a cross-sectional study that will use self-report assessments and structured interviews with youth.

RECRUITMENT AND CONSENT

Youth will be recruited from participating high schools. Announcements will be made during class and students will receive a consent form and an assent form to take home to their parents for review. In a cover letter, parents will be encouraged to contact the study team to discuss the research project before signing the consent form. Parents and youth will be asked to sign the consent form if they are willing to give their child permission to participate in the study. The consent form will be reviewed with the parent and teen by telephone before any study procedures begin to ensure that the parent and teen understand the project and that there are no questions. Special care will be taken to notify participants that they can refuse to participate in any of the upcoming research procedures, or withdraw their consent at any time. Consent/assent forms and other study related material will be available in English and Spanish.

All teens are eligible to participate in this study. We are NOT selecting teens based on any specific trait or demographic characteristic. Consent forms will be sent home with all students; each high school district has approximately 2000-3000 students. We will recruit from the participating high schools until 300-400 students have completed questionnaires and have been interviewed.

The following school districts have agreed to participate in this study: Letters of support are attached. Principals of schools interested in participating will meet with the PI to discuss the study purpose and proposed methods.

METHODS

SELF-REPORT QUESTIONNAIRES

Adolescent Self Report Questionnaires: Teens and parents who return the consent forms will be contacted by telephone to discuss the consent prior to beginning any study procedures. Thereafter, the packet of questionnaires will be sent to the parent for the teen to complete. Instructions for completing this packet will be explained to the parent and youth during the telephone call where the consent is reviewed.

The following measures will be included in the packet:

1. Multidimensional Anxiety Scale for Children (MASC)

The Multidimensional Anxiety Scale for Children (MASC; March, Parker, Sullivan, Stallings, & et al., 1997) provides a measure of anxiety symptoms from the perspective of the child and parent. Higher scores suggest greater impairment and severity. The MASC yields a total score as well as subscales representing different facets of anxiety (e.g., anxious coping, performance fears, separation anxiety, and more). The MASC has been shown to have acceptable internal consistency ($\alpha = 0.87$) in clinical samples (Rynn et al., 2006) and has normative data on the child version.

2. Children's Depression Inventory (CDI)

Children's Depression Inventory (CDI; Kovacs, 1981), child and parent versions, The CDI is 27-item measure that assesses children's cognitive, affective and behavioral depressive symptoms. The scale has high internal consistency, moderate test-retest reliability, and correlates in the expected direction with measures of related constructs (e.g. self-esteem, negative attributions, and hopelessness; Kendall, Cantwell, & Kazdin, 1989). Normative data are available (Finch et al., 1985). This questionnaire has one item that assesses suicidal thoughts. Individuals who endorse the item "I would like to kill myself" will be contacted by telephone as soon as possible for further risk assessment; parents will also be notified.

3. Resilience Scale (RS)

3. Resilience Scale (RS)

The Resilience scale is a self-report measure. It is designed to measure the ability to successfully cope with change or misfortune, based on five main constructs, including 1. An individual's perception of having a meaningful life (purpose), 2. Perseverance, 3. Equanimity (balance in thoughts and emotions), 4. Self reliance, and 5. Existential aloneness (comfort with oneself). It is designed to be used with individuals 13 and over, and will take 5 minutes or less to complete.

4. Traumatic Events Screening Inventory for Children (TESI)

The Modified Traumatic Events Screening Inventory for Children - Brief Form (TESI-C-Brief; Ford, et al., 2000), child and parent versions, assesses exposure to trauma through direct experience and witnessing of events via 21 items. The developers report solid psychometrics for the self-report version and it has been used over the last 10 years in the National Child Traumatic Stress Network (SAMHSA). Items regarding various forms of child abuse have been removed from this scale.

5. Societal, Attitudinal, Familial, and Environmental Acculturative Stress Scale for Children (SAFE-C)

The SAFE-C is designed to measure acculturative stress in school-age children. Acculturative stress is the stress that arises as a result of contact and interaction between two or more cultural groups. The scale is designed to cover stressors as they arise in societal, attitudinal, familial, and environment contexts.

6. Short Acculturation Scale for Hispanics- Youth (SASH-Y)

The Short Acculturation Scale for Hispanics (SASH; Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987; SASH-Youth, Barona & Miller, 1994). The SASH is a 12-item scale for Hispanics that assesses level of acculturation to mainstream US culture. Specifically, the SASH assesses language use, media, and ethnic social relations. The scale correlates highly with length of residence in the U.S. and ethnic identification. Validity and reliability of this scale are comparable to those of other published scales of acculturation in Latinos. Only those who identify as Latino/Hispanic will be asked to complete this questionnaire.

7. Familism Scale

The Familism Scale (Gil, Wagner, & Vega, 2000) is a seven-item scale that has been used with multiple Latino samples to measure family closeness and values. It includes items such as "We are proud of our family" and "We share similar values and beliefs as a family." It has attained previous reliability of .87.

8. The Youth Self Report (Achenbach, 1991) is a very well established continuous measure of various forms of problem behavior among youth 11-18. It has 112 items and assesses the following domains: anxious/depressed, withdrawn/depressed, somatic complaints, social problem, thought problems, attention problems, rule breaking behavior, aggressive behavior. It also assesses school and social functioning. The psychometrics are strong and it is used for both research and clinical purposes.

These measures have been widely used with youth samples. They will take approximately 45-60 minutes to complete.

CLINICAL INTERVIEWS

To examine child psychiatric disorders, we will conduct clinical interviews with all participants who complete the questionnaires. Data from clinical interviews will be used to examine the relationship between psychiatric disorders and risk or resilience factors in this community. These results will be useful for future development of interventions to promote mental health in at risk youth.

During the interviews, appropriate rapport building techniques will be utilized and teens will be assured that all information is confidential and that there are no right or wrong answers. Questions will be asked about various anxiety and mood disorders as well as externalizing problems such as ADHD and conduct disorder. Questions will also be asked about suicidal thoughts and behaviors. Teens will be informed that they are free not to answer any questions they do not wish to answer. The interview will be audiotaped however teens/parents may request the recording be stopped at any time and that portions and/or the entire tape erased. They may also request to stop the interview at any time. The reason for audiotaping is to ensure inter-rater reliability among the interviewers. Teens who refuse to be audiotaped are still eligible for participation.

MINI Kid 5.0: Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID) (Sheehan et al., 1997; 2010) The MINI KID is a short structured diagnostic interview for DSM-IV and ICD-10 psychiatric disorders in children and adolescents. It is organized in diagnostic modules, where initial screening probes for each disorder are asked and additional questions are asked only if the screen questions are positively endorsed. All questions are in a yes/no format. The MINI kid takes approximately one hour to complete. Psychometric examination of the MINI KID support substantial to excellent MINI-KID to K-SADS-PL concordance was found for diagnoses of any mood disorder, any anxiety disorder, any substance use disorder, any ADHD or behavioral disorder, and any eating disorder (area under curve [AUC] = 0.81-0.96, kappa = 0.56-0.87). Sensitivity was good (0.61-1.00) for 15/20 individual DSM-IV disorders. Specificity was excellent (0.81-1.00) for 18 disorders and substantial (> 0.73) for the remaining 2. Interrater and test-retest kappas were substantial to almost perfect (0.64-1.00) for all individual MINI-KID disorders except dysthymia.

Suicidality Interview Questions. Columbia Suicide Severity Rating Scale (C-SSRS; Posner et al., 2008). The C-SSRS is a clinician administered interview and will be used to assess suicidal ideation and behavior. Four constructs are measured: 1) severity of suicidal ideation, 2) intensity of suicidal ideation, 3) a behavioral subscale which includes actual, aborted, and interrupted attempts, preparatory behavior, and nonsuicidal self-injurious behavior, and 4) a lethality subscale for quantifying actual and potential lethality of attempts.

Graduate level Doctoral students in clinical psychology will be trained to administer the C-SSRS. Training is conducted through a

30-minute interactive slide presentation created by the scale's authors. A certificate of completion will be issued at the conclusion of training and is valid for two years. Positive endorsement of suicidality on this measure will trigger a more comprehensive suicide risk assessment.

Teens who participate in the interviews will be asked to fill out a ten item scale about adverse effects of the research experience, which will be used for quality improvement purposes to alert the investigator to any adverse experiences on the part of the teen. Disclosure of any suicidal ideation or other life threatening behavior or intent will prompt contact of the parent by the principal investigator who will review available community resources with the parent and ask permission to contact the subject's primary care physician to help coordinate further care, if necessary.

Our community psychiatric consultants (Dr. Ng and Camacho) will facilitate access to a network of mental health providers in the community, and will consult on issues relevant to working with rural parents and youth. Situated in Imperial County, Dr. Ng and Dr. Camacho will also provide in-person consultation with study patients, as needed and in the event of a psychiatric emergency.

4.1 * Will you be providing results of any experimental tests that are performed for the study?

Yes - Complete Items 4.1.1 and 4.1.2

No

Not Applicable

4.1.1 You indicated in Item 4.1 that the research involves experimental tests. Please describe the tests, provide a rationale for providing participants with the experimental test results and explain what, how and by whom participants and their health care provider will be told about the meaning, reliability, and applicability of the test results for health care decisions.

4.1.2 Will tests be performed by a Clinical Laboratory Improvement Amendments (CLIA) approved lab?

Yes No

5.0 If applicable, indicate how much time will be required of the subjects, per visit or contact, and in total for the study.

Youth will receive a movie ticket (valued at \$10) and a \$20 gift card to Target for their participation in this study. The total time required will be 2-3 hours: approximately 60 minutes for the questionnaires and 60 minutes for the interview.

6.0 *Statistics and Data Analysis: Describe the proposed statistical procedures or descriptive analyses for the study. If applicable, indicate how the sample size was determined.

Initially, we will examine the relationships between scores on the questionnaires using correlation analyses. We will use the clinical interview and questionnaire data to assess the relationships between quantitative scores and psychiatric disorders using regression approaches. Given the large number of individual variables that will be assessed, we will next use data reduction methods such as hierarchical agglomerative clustering techniques or exploratory principal components factor analysis to identify redundancies in the items both within and across questionnaires. Power analyses based on linear regressions to examine associations between various risk and resilience factors and emotional functioning, and small to medium effect sizes ($f^2 = .05$ where $f^2 = .02$ is a small effect size and $f^2 = .15$ is a medium effect size; power = .80; alpha = .05) indicate that a sample size of 196 subjects is necessary. Given that some relationships may be smaller, revised power analyses suggest that a sample size of 244 will be sufficient to detect these effects.

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Characteristics of the Study Population

1.0 ***Is this an observational or ethnographic study for which the number of participants observed or interviewed cannot be determined in advance.**

Yes No

2.0 **If you answered "no" to item 1.0, indicate the target number of participants to be enrolled under the purview of the PI (the maximum number you hope to enroll):**
300

3.0 **How many participants do you expect you will need to recruit, consent and/or screen to meet the target number above?**
400

4.0 ***Indicate the specific inclusion criteria for enrollment of each of the groups of research participants in this study. If there are any inclusion criteria based on gender, pregnancy/childbearing potential, race, ethnicity or language spoken, explain the nature of and scientific rationale for the inclusions.**

Adolescents between the ages of 13 and 18, who attend a participating high school in Imperial Valley, California.

Adolescents must provide assent and must have prior consent form their parents to participate in the study.

Parents and adolescents must be able to read in English and/or Spanish.

5.0 ***Indicate the specific exclusion criteria for each of the groups of research participants in this study. If there are any exclusion criteria based on gender, pregnancy/childbearing potential, race, ethnicity or language spoken, explain the nature of and scientific rationale for the exclusions.**

none

6.0 ***How (chart review, additional tests/exams for study purposes, etc.), when and by whom will eligibility be determined? Eligibility will be determined by study investigators. After consent forms are received, the study team will call the parent to verify that the participant is in the desired age group, and that the participants are comfortable reading forms in English or Spanish. If participants prefer, forms can be read to them over the telephone. Otherwise, participants will complete the measures at home and return them by mail.**

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Characteristics of Study Population

1.0 ***Indicate the age range of the study participants.**

Check all that apply:

0 to 6 years

7 to 11 years

12 to 17 years

17 or younger in California who can consent for themselves - see note below

17 or younger outside California who can consent for themselves - see note below

18 years or older

NOTE:

- For additional information on minors in California who are permitted to consent for themselves please refer to the section "Legal Exceptions Permitting Certain Minors to Consent" in the OHRPP Guidance document, Child Assent and Permission by Parents or Guardians
- For additional information on minors outside of California who are permitted to consent for themselves please refer to the section "Exceptions Outside of California" in the OHRPP Guidance document, Child Assent and Permission by Parents or Guardians

2.0 *Indicate if any of the following populations/specimens will be specifically recruited/obtained for the study.

- Adults who are competent to give informed consent
- Adults unable to give informed consent
- Adults with diminished capacity to consent
- Fetal Tissue
- Neonates
- Participants Unable to Read, Speak, or understand English
- Pregnant Women/Fetuses
- Prisoners
- UCLA Faculty/Staff
- UCLA Students
- Wards
- Unknown/Not Applicable

3.0 * Is it possible that there may be non-English speakers enrolled in this study or children whose parents are non-English speaking?

- Yes No

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Children (Minors)

You indicated that children will participate in the study (Section 11.2/item 1.0). Please provide the following information.

1.0 *Choose the description that is applicable to this study:

- The research does not involve greater than minimal risk (45 CFR 46.404/21 CFR 50.51)
- The research involves greater than minimal risk, but presents the prospect of direct benefit to individuals (45 CFR 46.405/21 CFR 50.52)
- The research involves greater than minimal risk and no prospect of direct benefit to individual subjects, but it likely to yield generalizable knowledge about the subject's disorder or condition (45 CFR 46.406/21 CFR 50.53)
- The research does not fall under any of the above categories, but presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of children. (note: after IRB review, studies in this category must be sent to the Secretary, HHS for a determination)(45 CFR 46.407/21 CFR 50.54)

2.0 If you selected more than one description, indicate the groups of children involved in the study and the category for each group.

3.0 *Provide justification for involving Minors in this research (check all that apply).

- The primary focus of the study is children and/or adolescents
- This is a study about a disease or condition that specifically affects children
- Other

3.1 If you checked "other," describe.

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Risks & Benefits

Benefits

- 1.0 ***Are there any potential direct benefits (physical, psychological, social or other) to study participants?**

Yes No

- 1.1 **If yes, describe.**

There are no direct benefits to study participants, aside from detection of mental health problems should the participants wish to receive feedback and referrals to appropriate resources.

- 2.0 ***Describe the potential benefits to society including the importance of the knowledge to be gained.**
Potential benefits to society include the ascertainment of data regarding factors that increase risk and resilience for childhood psychopathology in a rural Latino population. This will ultimately lead to improved cross-cultural diagnosis, prevention, and treatment.

Risks

- 3.0 ***Indicate the potential risks/discomforts, if any, associated with each intervention or research procedure.**

Additionally discuss any measures that will be taken to minimize risks. If data are available, estimate (a) the probability that a given harm may occur, (b) its severity, and (c) its potential reversibility. The information provided should be reflected in risks section of the informed consent documents.

If this is an exempt study and there are no risks, indicate N/A. Otherwise, please see the help text.
Although this study will not cause any direct physical risk or discomfort, participants may experience emotional distress or anxiety while answering questions about their emotional and behavioral functioning. In addition, teens who participate in the study may experience discomfort secondary to the time required to complete the questionnaires (estimated to be 60 minutes), which may cause boredom, fatigue, and take away from their personal or school time.

In order to reduce the discomfort secondary to participating in the study, we plan to use standardized tests which have been used widely in adolescent populations. During all aspects of the study subjects will be informed that it is OK to take breaks, whenever they wish.

In instances where issues regarding high risk for suicidality or disclosure of abuse emerge, appropriate risk assessment and reporting procedures will be followed. All interviewers will receive training in suicide risk management. A protocol to assess suicide risk is attached; this protocol assesses thoughts of suicide, suicidal plan, intent, history of attempts, and other relevant risk factors such as family history of suicide, person's mental health history, use of medication, alcohol or illicit substances, and the person's social support system. Interviewers will be required to contact the PI whenever a suicide risk assessment protocol is triggered. If the PI is not available, the interviewers will be able to contact our local psychiatrists to discuss the risk assessments. Depending on level of risk, families will also be given referrals to appropriate mental health services in Imperial County as well as an information sheet for a suicide hotline, or for those with more significant risk, emergency procedures will be enacted (calling 911 or SMART) as well as requesting to talk to the parent. All interviews will be conducted while a parent is at home, in the event that such emergency procedures arise. Additionally, as part of this study, we will have access to local psychiatrists who can contact the families to further assess risk and make an in-person appointment with the teen.

Risk/Benefit Analysis

- 4.0 ***RISKS/BENEFIT ANALYSIS: Indicate how the risks to the participants are reasonable in relation to anticipated benefits, if any, to participants and the importance of the knowledge that may reasonably be expected to result from the study:**

Children identified with psychopathology may benefit from the early detection of psychiatric disease, as treatment early-on may improve their outcome. The risk of participating are minimal and when present will be addressed accordingly by a trained researcher. These risks are consistent with the risk of standard psychological evaluation, and given the anticipated benefits (improving knowledge of risk factors for mental health problems among rural teens and developing appropriate interventions), we believe that the anticipated benefits outweigh the risks.

Alternatives

5.0 ***Indicate the alternatives to participating in this study.**

Check all that apply.

- All types of studies - Choose not to participate in the study
- Clinical/Intervention Studies - Receive standard of care instead of participating in the study
- Clinical/Intervention Studies - Medication, device, or other treatment is available off study
- Item is Not Applicable (e.g., study of existing data)
- Other

5.1 If "other" was selected, specify.

5.2 If this is a clinical/intervention study:

Describe the standard of care or activities at UCLA (or study site) that are available to prospective participants who do not enroll in this study. If not applicable to your study, state not applicable (N/A).

ID: PRE#14-000258

Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Data & Safety Monitoring Plan

1.0 ***Is a Data and Safety Monitoring Plan (DSMP) required by the funding agency or other entity?**
 Yes No

ID: PRE#14-000258

Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Payment, Costs, and Injury

1.0 ***Indicate what the participants will receive for their participation in the study.**

Check all that apply.

- No payment will be provided
- University check
- Course Credit
- Cash
- All Costs/Relevant Benefits

Gift Cards/Bruincard Deposit

Non-Monetary Gifts or Services

Other (including vouchers for parking)

1.1 If you selected Non-Monetary Gifts or Services or Other, describe:
The 300 participants who complete the questionnaires and interviews will receive a movie ticket, valued at \$10, and a target gift card for \$20.

1.2 If you selected Cash and/or Gift Cards/Bruincard Deposit please specify the estimated total amount of money you will require to pay all participants during the length of the entire study. This information is required by UCLA Business and Finance Services (BFS), the office that will provide the cash/gift cards for payment.
9,000

2.0 If study participants will receive financial or other payment for their participation in the study, please provide the following information:

- If applicable, the amount each participant will receive and the payment schedule to be followed including whether partial payment will be provided when the participant does not complete the study.
- If there are different plans for different populations or sub-studies, specify the groups and describe the plans.
- If families or children will be involved in the research, clarify how the payments, items or services will be apportioned.

One movie ticket and a \$20 gift card will be provided for each of the 300 participants that complete the questionnaires and interview. These will be sent by registered mail to the families.

3.0 *Will subjects incur any financial obligations from participation in the study?

Yes No

3.1 If yes, describe:

4.0 *A coverage analysis is required for all clinical trials for which research-related patient care costs will be billed (whether to the sponsor/award or to a third party payer such as medical insurance or Medicare).

Please provide your assurance that you will prepare and submit a coverage analysis to the Clinical Trial administration Office.

Note: Select Not Applicable if this is not a clinical trial.

Agree

Not Applicable

Note: See www.clinicaltrials.ucla.edu for details about this process.

5.0 *Indicate below that you are familiar with UCLA policy related to treatment and compensation for injury and that you will use in the consent form for this study the appropriate UC required statement describing "Treatment and Compensation for Injury." Click here to access the UCLA policy: Treatment and Compensation for Research Related Injury.

Note: Select **Not Applicable** if study is minimal risk.

- Agree
- Not Applicable

The following item pertains to investigational drugs and devices only.

6.0 If the study participant or a third party payor (i.e., medical insurance/Medicare) will be billed for investigational products (i.e., investigational drugs and/or devices), attach any documentation to support these charges including any FDA letter(s) if available.

Document Name	Document Version #
There are no items to display	

ID: PRE#14-000258

Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Identification/Recruitment Methods

1.0 *How will you identify and/or recruit participants for this study.

Check all that apply:

- Advertisements/Flyers/Information Sheet/Internet Postings
- Direct recruitment of potential study participants (e.g., physicians talking with their own or clinic patients about the study, contact between the study team and potential subjects in person, on the phone or on the internet, etc.)
- Random or Other Probability Sampling
- Recruitment letters
- Referrals (e.g., referrals from non-investigator healthcare providers, snowball sampling, participants referring other participants, etc.)
- Review of medical records to identify potential research participants
- Review of publicly available records
- Review of other records
- Participant pool for which potential research participants have given permission for future contact
- Potential Study Participants are identified from another IRB approved study or IRB approved screening protocol
- Other

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Ads/Flyers/Info Sheets/Internet Postings

1.0 *You have indicated that study participants will be recruited with advertisements/flyers (Section 18.1/item 1.0). Please indicate the type of media that will be used (e.g., newspaper, radio, internet, etc.) and/or where information will be posted or distributed.

Study brochures and flyers will be posted in schools and will be handed out at various parent meetings at schools. A cover letter,

study brochure, and consent forms will also be sent home with students so they can review with their parents.

2.0 Upload copies of the advertisements/flyers/information sheets/internet postings below. If you will be using announcements on the radio, TV, etc. provide a copy of the script, or a video or audio clip.

Document Name

Document Version #

There are no items to display

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Direct Recruitment

1.0 *You have indicated that participants will be recruited through direct contact (Section 18.1/Item 1.0). Please provide the following information:

- A description of how, when, and where initial contact would be made (e.g. in a public setting, in a waiting room, via a phone call, via a letter, via the internet, etc.)
- If applicable to the study, indicate how the potential research participant's privacy will be maintained.
- Who will make the contact (e.g. the investigator, a patient's physician, etc.)

We will attend "back to school" nights at the participating high school to make a short announcement about the study. At this point, parents will have a chance to ask questions about the study. Contact will be initiated by local community champions who are assisting with the study (e.g., mental health professionals from the community, co-investigators from local universities). Announcements will also be made during class, when students receive the consent forms.

2.0 If applicable, upload sample scripts and/or recruitment materials. Include copies of translated forms, if applicable.

Document Name

Document Version #

There are no items to display

3.0 If you will be directly recruiting potential participants who are your patients, students, laboratory workers or any others with whom you have a relationship of authority or unequal power, describe what measures you will put in place to avoid those approached from feeling pressured or unduly influenced to participate in the study.
not applicable

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Recruitment Letters

You have indicated that recruitment letters will be distributed to participants (Section 18.1/item 1.0). Please provide the following information.

- 1.0 *Indicate who will send out the recruitment letter (i.e. will it be the investigator or other persons who have authorized access to the information), how inquiries will be handled, and if there will be follow-up contacts.**
Recruitment cover letters explaining the nature of the study will be sent out through the school system; however the UCLA study team will provide the schools with these forms. In the letter, participants will be instructed to sign and return the consent forms if they are interested in being contacted by the research team and participating in the study. Once these forms are received, the research team will contact families to further discuss the study and ensure that they understand all parts of the study. Families will be informed that they can withdraw consent at any time.

2.0 Attach a copy of the letter(s). Include copies of translated forms, if applicable.

Document Name

Document Version #

There are no items to display

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Eligibility Screening

1.0 *Will you be conducting a preliminary assessment with potential research participants to determine study eligibility during the recruitment process?

Yes No

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Informed Consent Process

You indicated that adults (and/or minors who are permitted to consent for themselves) are participating in the study (Section 11.2/item 1.0 or Section 12.2/item 1.0).

For additional information on minors who are permitted to consent for themselves please refer to the section "Legal Exceptions Permitting Certain Minors to Consent" in the OHRPP Guidance document, Child Assent and Permission by Parents or Guardians.

1.0 *Indicate your plans for obtaining informed consent for this study.

Check all that apply:

Signed consent will be obtained from the research participant or Legally Authorized Representative.

Signed consent means research participants will be asked to sign and date a written consent form.

A waiver of signed consent is requested for the entire study. One of the following procedures will be conducted:

- A written information sheet will be used. Signed consent will not be obtained from research participants.**
- Oral consent will be obtained from the research participant or Legally Authorized Representative (LAR)**
- This option should be selected if the study involves consenting participants via the internet.**

A waiver of consent is being requested.

Research participants will not be asked to sign a consent form or give oral consent

Consent will be obtained by a collaborating institution.

**1.1 - If you checked more than one plan above, list the study groups and the plan that you will use for each.
- If you checked "Consent will be obtained by a collaborating institution", explain the consent process and upload a copy of the most recent approved consent document in item 1.2.**

1.2 If applicable, attach the consent document(s) from collaborating institution(s).

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Document Name
There are no items to display

Document Version #

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Description of the Consent Process

1.0 *Indicate the type of setting(s) in which the consent process will be conducted.

Check all that apply.

- In a private room
- In a private home
- In a waiting room
- In a public setting
- In a group setting
- On the internet
- Over the telephone
- Other

1.1 If you checked more than one response, or indicated other, describe.
Parents and teens will be able to sign the consent forms in the privacy of their home. Both will have an opportunity to discuss the consent form with a research member over the telephone before any study procedures are initiated.

1.2 If the setting is not private, describe the measures to protect confidentiality or indicate "not applicable."

2.0 *Indicate the measures that will be taken to provide prospective research participants with sufficient opportunity to consider whether or not to participate in the study.

Check all that apply.

- Member(s) of the study staff will meet with the prospective participants/families to review the consent document(s) and/or provide an oral explanation of the study. Individuals will be given a chance to ask questions before making a considered decision about whether or not to participate in the study.
- Prospective participants/families will have the opportunity to take the consent form(s) home and may discuss the documents with others prior to deciding whether or not to participate in the study.
- Prospective participants will self-administer the consent and send it back if they decide to participate in the study.
- Other

2.1 If you indicated other, describe.

3.0 *Indicate the length of time subjects are given to decide whether they wish to participate in the study.
There is no predetermined time limit for participants to decide whether they wish to participate in the study.

4.0 *How will you assess whether subjects understand the information conveyed during the consent process?

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Check all that apply.

- Use the Subject Comprehension Tool form for research
- Investigator or study team member will evaluate during the consent process
- Other
- Not Applicable

4.1 If you indicated other, describe.

5.0 *Attach copies of the informed consent documents, information sheets, consent scripts as applicable to this study. Include copies of translated forms, if applicable.

Document Name	Document Version #
There are no items to display	

ID: PRE#14-000258

Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Permission/Assent Process - Minors

You indicated that minors are participating in the study (Section 11.2/Item 1.0 or Section 11.2/Item 2.0). Please provide the following information.

1.0 *Indicate your plans for obtaining assent and parental permission for this study.

Check all that apply.

- Signed assent will be obtained from all minors
- Signed assent will be obtained for some minors
- Minors will receive an oral explanation of the study, a written information sheet, or both and will not be asked to sign an assent form.
- Signed permission will be obtained from the parent or guardian
- Request to waive assent for this study; parental permission will be obtained.
- Parents will receive an oral explanation of the study, written information sheet or both and will not be asked to sign a permission form.
- Request to waive parental permission for this study; assent will be obtained
- Request to waive both Parental Permission and Assent
- Consent will be obtained by a collaborating institution.

1.1 - If you will use different plans for obtaining assent and/or permission with different groups of participants, list the groups and plans here.
 - If you checked "Consent will be obtained by a collaborating institution", explain the consent process and upload a copy of the most recent approved consent document in Item 1.2.

1.2

Document Name	Document Version #
There are no items to display	

Note: If there is more than one group of minors participating in the study with varying degrees of risk, you may be presented with more than one screen requesting information on plans to obtain parental permission.

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Parental Permission (Research not Involving Greater than Minimal Risk - 45 CFR 46.404/21 CFR 50.51)

You indicated that you will be obtaining parental permission for this study (Section 21.1/item 1) and that the study meets criteria for research not involving greater than minimal risk. - 45 CFR 46.404/21 CFR 50.51 (Section 12.1/item 1). Please provide the following information.

1.0 *Choose one of the following.

- Permission from one parent is sufficient. Given the nature of the study, it is not likely to provoke disagreement between the parents about their child's participation
- Permission from both parents will be obtained if both are reasonably available.

2.0 *Indicate how parental permission and assent will be obtained taking into account the age of the child, risk of the study and if steps will be taken to assure that the child will be given an independent opportunity to consider study participation.

Check all that apply.

- The study will be discussed with the child and parent together before conducting the permission and assent processes
- Parental permission will be obtained before the child is approached for assent
- Assent will be obtained before the parents are approached for permission
- Only parental permission will be obtained

2.1 If you checked more than one choice above explain why (For example, the decision of how to handle the assent and permission process may depend on an assessment of the family dynamics or the ages of the children involved in the study).

The order of assent and consent may vary; at times parent consent may be obtained first where at other times, it may be obtained concurrently (student is sent home with consent forms and then returns them). Consent will be verified with parent by telephone before completing the questionnaires.

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Description of the Permission/Assent Process

1.0 *Indicate the type of setting(s) in which the assent/permission process will be conducted.

Check all that apply.

- In a private room
- In a private home

- In a waiting room
- In a public setting
- In a group setting
- On the internet
- Over the telephone
- Other

1.1 If you indicated more than one response or other, describe. Teens will review the assent form independently, likely with their parents. After they return the forms, the study team will contact them (parents and teens) to further discuss the study and review the consent forms. Parents and teens can choose to decline study participation at any point.

1.2 If the setting is not private, describe the measures to protect confidentiality or indicate "not applicable." not applicable

2.0 *Indicate the measures that will be taken to provide prospective research participants with sufficient opportunity to consider whether or not to participate in the study.

Check all that apply.

- Member(s) of the study staff will meet with the prospective participants/families to review the assent/permission document(s) and/or provide an oral explanation of the study. Individuals will be given a chance to ask questions before making a considered decision about whether or not to participate in the study.
- Prospective participants/families will have the opportunity to take the assent/permission form(s) home and may discuss the documents with others prior to deciding whether or not to participate in the study.
- Prospective participants will self administer the assent/permission and study measures (e.g., assent/permission forms and surveys that are sent through the mail or internet).
- Other

2.1 If you indicated other or checked more than one response, describe.

3.0 *Indicate the timing of the assent/permission process with respect to initiation of the study procedures.

Check all that apply.

- Procedures will commence after the assent/permission form(s) are signed or oral permission/assent is provided.
- Participants/families will be allowed a period of time to consider participation in the study.

3.1 *Indicate the amount of time between the assent/permission process and initiation of the study procedures (e.g., 4 hours, overnight, etc.)
After the parent and child provides consent/assent there may be a period of a few days or a couple weeks before the teen participates in the questionnaire portion of the study. This will vary depending on how long it takes to contact the family. After questionnaires are completed and received the family will be contacted immediately to participate in the interview portion of the study.

4.0 *How will you assess whether subjects understand the information conveyed during the assent/permission process?

Check all that apply.

- Use the Subject Comprehension Tool form for research
- Investigator or study team member will evaluate during the consent process
- Other
- Not Applicable

4.1 If you indicated other, describe.

5.0 Attach copies of the parental permission forms, assents forms, information sheets, screening or scripts as applicable to this study. Include copies of translated forms, if applicable.

Document Name	Document Version #
There are no items to display	

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Cultural Considerations

The following items are designed to acquaint the IRB with cultural features of the population that you are studying that may require procedures to ensure truly informed consent.

1.0 *Check all that apply to the population(s) with which this study will be conducted.

- Participants may be illiterate or insufficiently literate to be able to comprehend a conventional written informed consent form.
- The participants may be reluctant or unwilling to sign a written informed consent form.
- The husbands make decisions for their wives.
- Elders make decisions for younger adult family members.
- Elders make decisions for their community.
- It is considered impolite to refuse a request.
- People are fearful of refusing requests that they regard as coming from authorities.
- None of the above are applicable to this study.

1.1 If any of the above items are applicable to this study, indicate the steps that you will take to ensure voluntary participation after providing the study information, and if applicable, any planned involvement with the community regarding the consent process.

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Non-English Speaking Study Participants

You indicated that you would involve non-English speaking participants in the study (Section 11.2/Item 2.0) and/or that there is a possibility that non-English speaking participants may be enrolled in the study (Section 11.2/Item 3.0). Please provide the following information.

1.0 *Indicate the method that you use to conduct the consent process¹ with participants who do not speak English.

Check all that apply.

- The consent form and other study documents will be available in the participants' primary language. Study personnel (or qualified translators) able to discuss the participation in the patients' language will be present for the consent process.
- Study staff or qualified translators will discuss the study in the participants' language.
- An oral consent process will be used. Study personnel (or qualified translators) able to discuss the participation in the participants' language will be present for the consent process.
- The short form or another method will be used to conduct the consent process.

Important Note: The short form may be used in very limited circumstances. For additional information please refer to the "Short Form Method" section of the OHRPP guidance document, Research Involving Non-English Speaking Research Participants.

1.1 If you checked "short form or another method", provide additional details.

2.0 *How will you maintain the ability to communicate with non-English speakers throughout their participation in the study?

Indicate "N/A" if not applicable to your study.

Spanish speaking research members will be available to maintain communication with non-English speakers throughout participation in the study.

3.0 *If you are conducting research for which there is a real or foreseeable risk of biomedical harm in the state of California, indicate your agreement that you will provide the participants who do not read, speak, or understand English a copy of the Research Participants Bill of Rights in a language in which they are fluent. Translations into the most common languages in the greater Los Angeles area are available for download on the OHRPP website.

- Agree
- Not Applicable

¹ If minors are involved in the study, this would also include the processes of obtaining parental permission and assent, as applicable.

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Warning: Save your work at least every 15 minutes by clicking "Save" or "Continue."

Additional Information and/or Attachments

1.0 Attach any other documents that have not been specifically requested in previous items, but are needed for IRB Review.

Document Name	Document Version #
There are no items to display	

2.0 If there is any additional information that you want to communicate about this study, include it in the area provided. Note: this section should not be used instead of the standard application items.

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Instructions for Study Submission

You have completed your application, but it has ***not yet been submitted.***

FOLLOW THESE STEPS TO SUBMIT THE APPLICATION TO THE IRB FOR REVIEW:

1. Click the **Finish** button to return to exit the SmartForm and return to the study workspace.
2. Use the **View SmartForm Progress** function to make sure that the application is complete.
3. If you are the **PI** or **PI Proxy**, click **Submit Study** under **My Activities**. If you are a member of the study team, you can let the PI know that the study is ready to submit by clicking **Send Ready Notification**.
4. Once the study is submitted, the state indicator at the top of the page will no longer display **Pre-Submission**.
5. After submission of the study, the **PI Assurances** activity will immediately become available under **My Activities**. The PI should provide his/her assurances at that time. If the PI is not available, the study can be submitted by a PI Proxy and the assurances provided at a later time. The study will be reviewed by the IRB while the **PI Assurances** are pending; however, it will not be approved until the **PI assurances** are completed.
6. **If there is a Faculty Sponsor for the study:** The study can not be submitted to the IRB until the Faculty Sponsor provides his/her assurances through **FS Assurances** activity.

**QUESTIONNAIRES FOR
TEENAGER TO COMPLETE
AT HOME (45-60 MINUTES
TO COMPLETE).**

**HIGHLIGHTED SECTION ON
TOP OF PAGE ARE BRIEF
DESCRIPTIONS OF THE
QUESTIONNAIRES FOR
SCHOOL REVIEW: THEY
ARE NOT PART OF THE
QUESTIONNAIRE**

Cool Teens-Imperial Valley

Date completed: _____

Id #: _____

This information is for research purposes only. None of this information will affect your eligibility for the study. Your insurance will not be billed for anything related to this study.

GENERAL DEMOGRAPHICS

DEM1. Date of birth: _____ / _____ / _____
Month Day Year

DEM 1a. How old are you? _____

DEM2. Are you:

Male	1
Female	2

DEM 3. What year/grade are you in high school? _____

DEM4. Are your parents?

Single, never married	1
Married	2
Separated	3
Divorced	4
Widowed	5
Living with someone as though married	6

DEM5. What is the highest grade or year of school that your mother completed?

5 th grade or less	1
8 th grade or less	2
Some high school	3
High school graduate	4
Technical school	5
Some College	6
College graduate	7
Graduate School	8

DEM6. What is the highest grade or year of school that your father completed?

5 th grade or less	1
8 th grade or less	2
Some high school	3
High school graduate	4
Technical school	5
Some College	6
College graduate	7
Graduate School	8

Cool Teens-Imperial Valley

Date completed: _____

Id #: _____

IF A STEP-PARENT IS LIVING IN THE SAME HOUSE WITH YOU:

DEM5a. What is the highest grade or year of school that your step-parent completed?

- | | |
|-------------------------------|---|
| 5 th grade or less | 1 |
| 8 th grade or less | 2 |
| Some high school | 3 |
| High school graduate | 4 |
| Technical school | 5 |
| Some College | 6 |
| College graduate | 7 |
| Graduate School | 8 |
| Not applicable | 9 |

DEM6. How many children are living in your household?

____. NUMBER OF CHILDREN

DEM7. If you have brothers and sisters, how old are they and are they a boy or girl?

	Age	(Boy/Girl)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

DEM10. How did you hear about this study? _____

DEM11. Which of the following describes your mother's employment situation right now?—Feel free to tell me to circle more than one category. Is she...?

- | | |
|--|---|
| Working | 1 |
| Unemployed | 2 |
| On sick leave | 3 |
| Temporarily laid off or on other leave | 4 |
| Disabled | 5 |
| Retired | 6 |
| A homemaker | 7 |
| A student | 8 |
| Or something else | 9 |

Cool Teens-Imperial Valley

Date completed: _____

Id #: _____

DEM12. Which of the following describes your father's employment situation right now—Feel free to tell me to circle more than one category. Is he...?

- | | |
|--|---|
| Working | 1 |
| Unemployed | 2 |
| On sick leave | 3 |
| Temporarily laid off or on other leave | 4 |
| Disabled | 5 |
| Retired | 6 |
| A homemaker | 7 |
| A student | 8 |
| Or something else | 9 |

IF A STEP-PARENT IS LIVING IN THE SAME HOUSEHOLD AS YOU:

DEM12a. Which of the following describes your step-parent's employment situation right now—feel free to tell me if he/she fits into more than one category. Is he/she:

- | | |
|--|----|
| Working | 1 |
| Unemployed | 2 |
| On sick leave | 3 |
| Temporarily laid off or on other leave | 4 |
| Disabled | 5 |
| Retired | 6 |
| A homemaker | 7 |
| A student | 8 |
| Or something else | 9 |
| Not applicable | 10 |

Cool Teens-Imperial Valley

Date completed: _____

Id #: _____

CULTURE

ACC1. What is the cultural background of you and your parents?

	<u>Your Group</u>	<u>Mother's Group</u>	<u>Father's Group</u>
Asian, Asian-Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic, Latino, Mexican-American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian, Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African-American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White, Caucasian, European, not Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed; parents from different groups (list): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (write in): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about our study:

YOUTH SELF-REPORT FOR AGES 11-18

For office use only
ID # _____

Please Print

YOUR FULL NAME FIRST MIDDLE LAST			PARENTS' USUAL TYPE OF WORK, even if not working now (Please be specific—for example, auto mechanic, high school teacher, homemaker, laborer, lather operator, shoe salesman, army sergeant.)		
YOUR SEX <input type="checkbox"/> Boy <input type="checkbox"/> Girl		YOUR AGE	ETHNIC GROUP OR RACE		
TODAY'S DATE Mo. _____ Date _____ Yr. _____		YOUR BIRTHDATE Mo. _____ Date _____ Yr. _____			FATHER'S TYPE OF WORK: _____
GRADE IN SCHOOL _____		IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK:			MOTHER'S TYPE OF WORK: _____
NOT ATTENDING SCHOOL <input type="checkbox"/>		Please fill out this form to reflect <i>your</i> views, even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on pages 2 and 4.			

I. Please list the sports you most like to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

Compared to others of your age, about how much time do you spend in each?

Compared to others of your age, how well do you do each one?

None

Less Than Average Average More Than Average

Below Average Average Above Average

- a. _____
- b. _____
- c. _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please list your favorite hobbies, activities, and games, other than sports. For example: cards, books, piano, cars, crafts, etc. (Do not include listening to radio or TV.)

Compared to others of your age, about how much time do you spend in each?

Compared to others of your age, how well do you do each one?

None

Less Than Average Average More Than Average

Below Average Average Above Average

- a. _____
- b. _____
- c. _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please list any organizations, clubs, teams or groups you belong to.

Compared to others of your age, how active are you in each?

None

Less Active Average More Active

- a. _____
- b. _____
- c. _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Please list any jobs or chores you have. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

Compared to others of your age, how well do you carry them out?

None

Below Average Average Above Average

- a. _____
- b. _____
- c. _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Print

- V. 1. About how many close friends do you have? None 1 2 or 3 4 or more
(Do not include brothers & sisters)
2. About how many times a week do you do things with any friends outside of regular school hours?
(Do not include brothers & sisters) less than 1 1 or 2 3 or more

VI. Compared to others of your age, how well do you:

- | | Worse | About Average | Better | |
|--|--------------------------|--------------------------|--------------------------|--|
| a. Get along with your brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> I have no brothers or sisters |
| b. Get along with other kids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Get along with your parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Do things by yourself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. Performance in academic subjects. I do not attend school because _____

Check a box for each subject that you take

	Failing	Below Average	Average	Above Average
a. English or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other academic subjects—for example: computer courses, foreign language, business. Do not include gym, shop, driver's ed., etc.

Do you have any illness, disability, or handicap? No Yes—please describe:

Please describe any concerns or problems you have about school:

Please describe any other concerns you have:

Please describe the best things about yourself:

Below is a list of items that describe kids. For each item that describes you *now* or *within the past 6 months*, please circle the 2 if the item is *very true or often true* of you. Circle the 1 if the item is *somewhat or sometimes true* of you. If the item is *not true* of you, circle the 0.

Please Print 0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

- | | | | |
|---|---|---|--|
| 0 | 1 | 2 | 1. I act too young for my age |
| 0 | 1 | 2 | 2. I have an allergy (describe): _____

_____ |
| 0 | 1 | 2 | 3. I argue a lot |
| 0 | 1 | 2 | 4. I have asthma |
| 0 | 1 | 2 | 5. I act like the opposite sex |
| 0 | 1 | 2 | 6. I like animals |
| 0 | 1 | 2 | 7. I brag |
| 0 | 1 | 2 | 8. I have trouble concentrating or paying attention |
| 0 | 1 | 2 | 9. I can't get my mind off certain thoughts (describe): _____

_____ |
| 0 | 1 | 2 | 10. I have trouble sitting still |
| 0 | 1 | 2 | 11. I'm too dependent on adults |
| 0 | 1 | 2 | 12. I feel lonely |
| 0 | 1 | 2 | 13. I feel confused or in a fog |
| 0 | 1 | 2 | 14. I cry a lot |
| 0 | 1 | 2 | 15. I am pretty honest |
| 0 | 1 | 2 | 16. I am mean to others |
| 0 | 1 | 2 | 17. I daydream a lot |
| 0 | 1 | 2 | 18. I deliberately try to hurt or kill myself |
| 0 | 1 | 2 | 19. I try to get a lot of attention |
| 0 | 1 | 2 | 20. I destroy my own things |
| 0 | 1 | 2 | 21. I destroy things belonging to others |
| 0 | 1 | 2 | 22. I disobey my parents |
| 0 | 1 | 2 | 23. I disobey at school |
| 0 | 1 | 2 | 24. I don't eat as well as I should |
| 0 | 1 | 2 | 25. I don't get along with other kids |
| 0 | 1 | 2 | 26. I don't feel guilty after doing something I shouldn't |
| 0 | 1 | 2 | 27. I am jealous of others |
| 0 | 1 | 2 | 28. I am willing to help others when they need help |
| 0 | 1 | 2 | 29. I am afraid of certain animals, situations, or places, other than school (describe): _____

_____ |
| 0 | 1 | 2 | 30. I am afraid of going to school |
| 0 | 1 | 2 | 31. I am afraid I might think or do something bad |
| 0 | 1 | 2 | 32. I feel that I have to be perfect |
| 0 | 1 | 2 | 33. I feel that no one loves me |
| 0 | 1 | 2 | 34. I feel that others are out to get me |
| 0 | 1 | 2 | 35. I feel worthless or inferior |
| 0 | 1 | 2 | 36. I accidentally get hurt a lot |
| 0 | 1 | 2 | 37. I get in many fights |
| 0 | 1 | 2 | 38. I get teased a lot |
| 0 | 1 | 2 | 39. I hang around with kids who get in trouble |

- | | | | |
|---|---|---|---|
| 0 | 1 | 2 | 40. I hear sounds or voices that other people think aren't there (describe): _____

_____ |
| 0 | 1 | 2 | 41. I act without stopping to think |
| 0 | 1 | 2 | 42. I would rather be alone than with others |
| 0 | 1 | 2 | 43. I lie or cheat |
| 0 | 1 | 2 | 44. I bite my fingernails |
| 0 | 1 | 2 | 45. I am nervous or tense |
| 0 | 1 | 2 | 46. Parts of my body twitch or make nervous movements (describe): _____

_____ |
| 0 | 1 | 2 | 47. I have nightmares |
| 0 | 1 | 2 | 48. I am not liked by other kids |
| 0 | 1 | 2 | 49. I can do certain things better than most kids |
| 0 | 1 | 2 | 50. I am too fearful or anxious |
| 0 | 1 | 2 | 51. I feel dizzy |
| 0 | 1 | 2 | 52. I feel too guilty |
| 0 | 1 | 2 | 53. I eat too much |
| 0 | 1 | 2 | 54. I feel overtired |
| 0 | 1 | 2 | 55. I am overweight |
| 0 | 1 | 2 | 56. Physical problems <i>without known medical cause</i> :
a. Aches or pains (<i>not</i> stomach or headaches)
b. Headaches
c. Nausea, feel sick
d. Problems with eyes (<i>not</i> if corrected by glasses) (describe): _____

_____ |
| 0 | 1 | 2 | e. Rashes or other skin problems |
| 0 | 1 | 2 | f. Stomachaches or cramps |
| 0 | 1 | 2 | g. Vomiting, throwing up |
| 0 | 1 | 2 | h. Other (describe): _____

_____ |
| 0 | 1 | 2 | 57. I physically attack people |
| 0 | 1 | 2 | 58. I pick my skin or other parts of my body (describe): _____

_____ |
| 0 | 1 | 2 | 59. I can be pretty friendly |
| 0 | 1 | 2 | 60. I like to try new things |
| 0 | 1 | 2 | 61. My school work is poor |
| 0 | 1 | 2 | 62. I am poorly coordinated or clumsy |
| 0 | 1 | 2 | 63. I would rather be with older kids than with kids my own age |

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

- 0 1 2 64. I would rather be with younger kids than with kids my own age
- 0 1 2 65. I refuse to talk
- 0 1 2 66. I repeat certain acts over and over (describe): _____

- 0 1 2 67. I run away from home
- 0 1 2 68. I scream a lot
- 0 1 2 69. I am secretive or keep things to myself
- 0 1 2 70. I see things that other people think aren't there (describe): _____

- 0 1 2 71. I am self-conscious or easily embarrassed
- 0 1 2 72. I set fires
- 0 1 2 73. I can work well with my hands
- 0 1 2 74. I show off or clown
- 0 1 2 75. I am shy
- 0 1 2 76. I sleep less than most kids
- 0 1 2 77. I sleep more than most kids during day and/or night (describe): _____

- 0 1 2 78. I have a good imagination
- 0 1 2 79. I have a speech problem (describe): _____

- 0 1 2 80. I stand up for my rights
- 0 1 2 81. I steal at home
- 0 1 2 82. I steal from places other than home

- 0 1 2 83. I store up things I don't need (describe): _____

- 0 1 2 84. I do things other people think are strange (describe): _____

- 0 1 2 85. I have thoughts that other people would think are strange (describe): _____

- 0 1 2 86. I am stubborn
- 0 1 2 87. My moods or feelings change suddenly
- 0 1 2 88. I enjoy being with other people
- 0 1 2 89. I am suspicious
- 0 1 2 90. I swear or use dirty language
- 0 1 2 91. I think about killing myself
- 0 1 2 92. I like to make others laugh
- 0 1 2 93. I talk too much
- 0 1 2 94. I tease others a lot
- 0 1 2 95. I have a hot temper
- 0 1 2 96. I think about sex too much
- 0 1 2 97. I threaten to hurt people
- 0 1 2 98. I like to help others
- 0 1 2 99. I am too concerned about being neat or clean
- 0 1 2 100. I have trouble sleeping (describe): _____

- 0 1 2 101. I cut classes or skip school
- 0 1 2 102. I don't have much energy
- 0 1 2 103. I am unhappy, sad, or depressed
- 0 1 2 104. I am louder than other kids
- 0 1 2 105. I use alcohol or drugs for nonmedical purposes (describe): _____

- 0 1 2 106. I try to be fair to others
- 0 1 2 107. I enjoy a good joke
- 0 1 2 108. I like to take life easy
- 0 1 2 109. I try to help other people when I can
- 0 1 2 110. I wish I were of the opposite sex
- 0 1 2 111. I keep from getting involved with others
- 0 1 2 112. I worry a lot

Please write down anything else that describes your feelings, behavior, or interests

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Children's Depression Inventory

The Children's Depression Inventory (CDI; Kovacs, 1981) is 27-item measure that assesses children's cognitive, affective and behavioral depressive symptoms. The scale has high internal consistency, moderate test-retest reliability, and correlates in the expected direction with measures of related constructs (e.g. self-esteem, negative attributions, and hopelessness; Kendall, Cantwell, & Kazdin, 1989). Normative data are available (Finch et al., 1985).

INSTRUCTIONS: Kids sometimes have different feelings and ideas.

This form lists the feelings and ideas in groups. From each group of three sentences, pick one sentence that describes you *best* for the past two weeks. After you pick a sentence from the first group, go on to the next group.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark like this [X] next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example of how this form works. Try it. Put a mark next to the sentence that describes you *best*.

Example:

- I read books all the time.
- I read books once in a while.
- I never read books.

Remember, pick out the sentence that describes you best in the PAST TWO WEEKS.

<p>Item 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am sad once in awhile <input type="checkbox"/> I am sad many times <input type="checkbox"/> I am sad all the time 	<p>Item 6</p> <ul style="list-style-type: none"> <input type="checkbox"/> I think about bad things happening to me once in awhile <input type="checkbox"/> I worry that bad things will happen to me <input type="checkbox"/> I am sure that terrible things will happen to me
<p>Item 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nothing will ever work out for me <input type="checkbox"/> I am not sure if things will work out for me <input type="checkbox"/> Things will work out for me OK 	<p>Item 7</p> <ul style="list-style-type: none"> <input type="checkbox"/> I hate myself <input type="checkbox"/> I do not like myself <input type="checkbox"/> I like myself
<p>Item 3</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do most things OK <input type="checkbox"/> I do many things wrong <input type="checkbox"/> I do everything wrong 	<p>Item 8</p> <ul style="list-style-type: none"> <input type="checkbox"/> All bad things are my fault <input type="checkbox"/> Many bad things are my fault <input type="checkbox"/> Bad things are usually not my fault
<p>Item 4</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am bad all the time <input type="checkbox"/> I am bad many times <input type="checkbox"/> I am bad once in awhile 	<p>Item 9</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do not think about killing myself <input type="checkbox"/> I think about killing myself but I would not do it <input type="checkbox"/> I want to kill myself

Children's Depression Inventory

<p>Item 10</p> <ul style="list-style-type: none"> <input type="checkbox"/> I feel like crying every day <input type="checkbox"/> I feel like crying many days <input type="checkbox"/> I feel like crying every once in a while 	<p>Item 19</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do not worry about aches and pains <input type="checkbox"/> I worry about aches and pains many times <input type="checkbox"/> I worry about aches and pains all the time
<p>Item 11</p> <ul style="list-style-type: none"> <input type="checkbox"/> Things bother me all the time <input type="checkbox"/> Things bother me many times <input type="checkbox"/> Things bother me once in a while 	<p>Item 20</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do not feel alone <input type="checkbox"/> I feel alone many times <input type="checkbox"/> I feel alone all the time
<p>Item 12</p> <ul style="list-style-type: none"> <input type="checkbox"/> I like being with people <input type="checkbox"/> I do not like being with people many times <input type="checkbox"/> I do not want to be with people at all 	<p>Item 21</p> <ul style="list-style-type: none"> <input type="checkbox"/> I never have fun at school <input type="checkbox"/> I have fun at school only once in a while <input type="checkbox"/> I have fun at school many times
<p>Item 13</p> <ul style="list-style-type: none"> <input type="checkbox"/> I cannot make up my mind about things <input type="checkbox"/> It is hard to make up my mind about things <input type="checkbox"/> I make up my mind about things easily 	<p>Item 22</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have plenty of friends <input type="checkbox"/> I have some friends but I wish I had more <input type="checkbox"/> I do not have any friends
<p>Item 14</p> <ul style="list-style-type: none"> <input type="checkbox"/> I look OK <input type="checkbox"/> There are some bad things about my looks <input type="checkbox"/> I look ugly 	<p>Item 23</p> <ul style="list-style-type: none"> <input type="checkbox"/> My schoolwork is alright <input type="checkbox"/> My schoolwork is not as good as before <input type="checkbox"/> I do very badly in subjects I used to be good in
<p>Item 15</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have to push myself all the time to do my schoolwork <input type="checkbox"/> I have to push myself many times to do my schoolwork <input type="checkbox"/> Doing schoolwork is not a big problem 	<p>Item 24</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can never be as good as other kids <input type="checkbox"/> I can be as good as other kids if I want to <input type="checkbox"/> I am just as good as other kids
<p>Item 16</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have trouble sleeping every night <input type="checkbox"/> I have trouble sleeping many nights <input type="checkbox"/> I sleep pretty well 	<p>Item 25</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nobody really loves me <input type="checkbox"/> I am not sure if anybody loves me <input type="checkbox"/> I am sure that somebody loves me

Children's Depression Inventory

Item 17 <input type="checkbox"/> I am tired once in a while <input type="checkbox"/> I am tired many days <input type="checkbox"/> I am tired all the time	Item 26 <input type="checkbox"/> I usually do what I am told <input type="checkbox"/> I do not do what I am told most times <input type="checkbox"/> I never do what I am told
Item 18 <input type="checkbox"/> Most days I do not feel like eating <input type="checkbox"/> Many days I do not feel like eating <input type="checkbox"/> I eat pretty well	Item 27 <input type="checkbox"/> I get along with people <input type="checkbox"/> I get into many fights <input type="checkbox"/> I get into fights all the time

FRI The Family Relationship Index (FRI; Holahan and Moos, 1982) consists of three subscales that assess three dimensions of the family environment: Cohesion, Expressiveness, and Conflict. The scale evaluates the quality of support found in the social relationships within the family environment.

INSTRUCTIONS: *The following 27 statements are about families. You are to decide which of these statements are true of your family and which are false for your family during the last 3 months. If you think the statement is true or mostly true of your family, answer "TRUE". If you think the statement is false or mostly false of your family, answer "FALSE".*

You may feel that some of the statements are true for some family members and false for others. Choose "TRUE" if the statement is true for most members during the last 3 months. Choose "FALSE" if the statement is false for most members for the last 3 months. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement for the last 3 months.

CHOOSE ONE

	TRUE	FALSE
1. Family members really help and support one another.	TRUE	FALSE
2. Family members often keep their feelings to themselves.	TRUE	FALSE
3. We fight a lot in our family.	TRUE	FALSE
4. We often seem to be killing time at home.	TRUE	FALSE
5. We say anything we want to around home.	TRUE	FALSE
6. Family members rarely become openly angry.	TRUE	FALSE
7. We put a lot of energy into what we do at home.	TRUE	FALSE
8. It's hard to "blow off steam" at home without upsetting somebody.	TRUE	FALSE
9. Family members sometimes get so angry they throw things.	TRUE	FALSE
10. There is a feeling of togetherness in our family.	TRUE	FALSE

FRI

11. We tell each other about our personal problems.	TRUE	FALSE
12. Family members hardly ever lose their tempers.	TRUE	FALSE
13. We rarely volunteer when something has to be done at home.	TRUE	FALSE
14. If we feel like doing something suddenly, without planning, we often just pick up and go.	TRUE	FALSE
15. Family members often criticize each other.	TRUE	FALSE
16. Family members really back each other up.	TRUE	FALSE
17. Someone usually gets upset if you complain in our family.	TRUE	FALSE
18. Family members sometimes hit each other.	TRUE	FALSE
19. There is very little group spirit in our family.	TRUE	FALSE
20. Money and paying bills is openly talked about in our family.	TRUE	FALSE
21. If there's a disagreement in our family, we try hard to smooth things over and keep the peace.	TRUE	FALSE
22. We really get along well with each other.	TRUE	FALSE
23. We are usually very careful about what we say to each other.	TRUE	FALSE
24. Family members often try to one-up or out-do each other.	TRUE	FALSE
25. There is plenty of time and attention for everyone in our family.	TRUE	FALSE
26. There are a lot of spontaneous discussions in our family.	TRUE	FALSE
27. In our family, we believe you don't get anywhere by raising your voice.	TRUE	FALSE

Multidimensional Anxiety Scale for Children

The Multidimensional Anxiety Scale for Children (MASC; March, Parker, Sullivan, Stallings, & et al., 1997) provides a measure of anxiety symptoms from the perspective of the child and parent. Higher scores suggest greater impairment and severity. The MASC yields a total score as well as subscales representing different facets of anxiety (e.g., anxious coping, performance fears, separation anxiety, and more). The MASC has been shown to have acceptable internal consistency ($\alpha = 0.87$) in clinical samples (Rynn et al., 2006) and has normative data on the child version.

INSTRUCTIONS: This questionnaire asks you how you have been thinking, feeling, or acting recently. For each item, please circle the number that shows how often the statement is true for you. If a sentence is true about you a lot of the time, circle 3. If it is true about you some of the time, circle 2. If it is true about you once in a while, circle 1. If a sentence is not ever true about you, circle 0. Remember, there are no right or wrong answers, just answer how you have been feeling recently.

Here are two examples to show you how to complete the questionnaire. In Example A, if you were hardly scared of dogs, you would circle 1, meaning that the statement is rarely true about you. In Example B, if thunderstorms sometimes upset you, you would circle 2, meaning that the statement is sometimes true about you.

	Never true about me	Rarely true about me	Sometimes true about me	Often true about me
Example A: I'm scared of dogs	0	1	2	3
Example B: Thunderstorms upset me	0	1	2	3

Now try these items yourself.

1. I feel tense or uptight	0	1	2	3
2. I usually ask permission	0	1	2	3
3. I worry about other people laughing at me	0	1	2	3
4. I get scared when my parents go away	0	1	2	3
5. I keep my eyes open for danger	0	1	2	3
6. I have trouble getting my breath	0	1	2	3
7. The idea of going away to camp scares me	0	1	2	3
8. I get shaky or jittery	0	1	2	3
9. I try to stay near my mom or dad	0	1	2	3
10. I'm afraid that other kids will make fun of me	0	1	2	3
11. I try hard to obey my parents and teachers	0	1	2	3
12. I get dizzy or faint feelings	0	1	2	3

13. I check things out first	0	1	2	3
14. I worry about getting called on in class	0	1	2	3
15. I'm jumpy	0	1	2	3
16. I'm afraid other people will think I'm stupid	0	1	2	3
17. I keep the light on at night	0	1	2	3
18. I have pains in my chest	0	1	2	3
19. I avoid going places without my family	0	1	2	3
20. I feel strange, weird, or unreal	0	1	2	3
21. I try to do things other people will like	0	1	2	3
22. I worry about what other people think of me	0	1	2	3
23. I avoid watching scary movies and TV shows	0	1	2	3
24. My heart races or skips a beat	0	1	2	3
25. I stay away from things that upset me	0	1	2	3
26. I sleep next to someone from my family	0	1	2	3
27. I feel restless and on edge	0	1	2	3
28. I try to do everything exactly right	0	1	2	3
29. I worry about doing something stupid or embarrassing	0	1	2	3
30. I get scared riding in the car or on the bus	0	1	2	3
31. I feel sick to my stomach	0	1	2	3
32. If I get upset or scared, I let someone know right away	0	1	2	3
33. I get nervous if I have to perform in public	0	1	2	3
34. Bad weather, the dark, heights, animals, or bugs scare me	0	1	2	3
35. My hands shake	0	1	2	3
36. I check to make sure things are safe	0	1	2	3
37. I have trouble asking other kids to play with me	0	1	2	3
38. My hands feel sweaty or cold	0	1	2	3
39. I feel shy	0	1	2	3

Resilience Scale

The Resilience Scale is a self-report measure. It is designed to measure the ability to successfully cope with change or misfortune, based on five main constructs, including 1) An individual's perception of having a meaningful life (purpose), 2) Perseverance, 3) Equanimity (balance in thoughts and emotions), 4) Self reliance, and 5) Existential aloneness (comfort with oneself). It is designed to be used with individuals 13 and over, and will take 5 minutes or less to complete.

INSTRUCTIONS: Please circle a number indicating how much you agree or disagree with each statement.

- | | Disagree | | | | | | Agree |
|----|----------|---|---|---|---|---|-------|
| 1. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Resilience Scale

- | | Disagree | | | | | | Agree |
|---|----------|---|---|---|---|---|-------|
| 10. I am determined. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. I seldom wonder what the point of it all is. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. I take things one day at a time. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. I can get through difficult times because I've experienced difficulty before. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. I have self-discipline. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. I keep interested in things. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. I can usually find something to laugh about. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. My belief in myself gets me through hard times. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. In an emergency, I'm somebody people generally can rely on. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I can usually look at a situation in a number of ways. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. Sometimes I make myself do things whether I want to or not. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. My life has meaning. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Resilience Scale

Disagree

Agree

22. I do not dwell on things that I can't do anything about.

1 2 3 4 5 6 7

23. When I am in a difficult situation, I can usually find my way out of it.

1 2 3 4 5 6 7

24. I have enough energy to do what I have to do.

1 2 3 4 5 6 7

25. It's okay if there are people who don't like me.

1 2 3 4 5 6 7

Societal, Attitudinal, Familial, and Environmental Acculturative Stress Scale for Children

The Societal, Attitudinal, Familial, and Environmental Acculturative Stress Scale for Children (SAFE-C) has parent and self-report versions. The SAFE-C is designed to measure acculturative stress in school-age children (primarily between the age of 8 and 12 years). Acculturative stress is the stress that arises as a result of contact and interaction between two or more cultural groups. The scale is designed to cover stressors as they arise in societal, attitudinal, familial, and environment contexts.

INSTRUCTIONS: Please rate the items using the following scale:

Doesn't Apply	Doesn't Bother Me	Almost Never Bothers Me	Sometimes Bothers Me	Often Bothers Me	Bothers Me a Lot
0	1	2	3	4	5

Question	Rating (0-5)
1. I feel bad when others make jokes about people who are in the same group as me.	
2. It's hard for me to talk to new kids.	
3. I have more things that get in my way than most people do.	
4. It bothers me that people in my family who I am close to don't understand the things that I think are important, that are new to them.	
5. People in my family who I am close to have plans for when I grow up that I don't like.	
6. It bothers me when someone in my family is very sick.	
7. It bothers me when my parents argue.	
8. It's hard for me to tell my friends how I really feel.	
9. I don't have any close friends.	
10. It's hard for me to ask questions in class.	
11. I worry about what other kids think about me	
12. Many people believe certain things about the way people in my group act, think, or are, and they treat me as if those things are true.	
13. I worry about having to take tests in school.	
14. I don't feel at home here in the United States.	
15. People think I am shy, when I really just have trouble speaking English.	
16. I worry about being sick.	
17. The thought of my family and I moving to a new place bothers me.	
18. I often feel that people purposely try to stop me from getting better at something.	
19. I worry that other kids won't like me	
20. It bothers me when people force me to be like everyone else.	
21. I worry that other kids are making fun of me.	
22. I often feel like people who are supposed to help are really not paying any attention to me.	
23. It bothers me when I am not with my family.	

Societal, Attitudinal, Familial, and Environmental Acculturative Stress Scale for Children

INSTRUCTIONS: Please rate the items using the following scale:

Doesn't Apply	Doesn't Bother Me	Almost Never Bothers Me	Sometimes Bothers Me	Often Bothers Me	Bothers Me a Lot
0	1	2	3	4	5

Question	Rating (0-5)
24. Because of the group I am in, I don't get the grades I deserve.	
25. It bothers me when I argue with my brother/sister.	
26. I worry about getting my report card.	
27. It bothers me that I have an accent.	
28. It's hard to be away from the country I used to live in.	
29. I think a lot about my group and its culture.	
30. It bothers me when some countries of the world don't get along.	
31. It's hard to talk with my teacher.	
32. Because of the group I am in, I feel others don't include me in some of the things they do, games they play, etc.	
33. It's hard for me to "show off" my family.	
34. People think badly of me if I practice customs or I do the "special things" of my group.	
35. I have a hard time understanding what others say when they speak.	
36. I worry about having enough money.	

Short Acculturation Scale for Hispanics-Youth

The Short Acculturation Scale for Hispanics (SASH; Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987; SASH-Youth, Barona & Miller, 1994) is a 12-item parent and youth report scale for Hispanics that assesses level of acculturation to mainstream US culture. Specifically, the SASH assesses language use, media, and ethnic social relations. The scale correlates highly with length of residence in the U.S. and ethnic identification.

INSTRUCTIONS: Please answer the following questions by circling a rating from 1-5.

1. What languages do you read and speak?

1	2	3	4	5
Only Spanish	Spanish better than English	Both Equally	English better than Spanish	Only English

2. What languages do your parents speak to you in?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

3. What languages do you usually speak at home?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

4. In which languages do you usually think?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

5. What languages do you usually speak with your friends?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

6. In what languages are the T.V. programs you usually watch?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

Short Acculturation Scale for Hispanics-Youth

7. In what languages are the radio programs you usually listen to?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

8. In what languages are the movies, T.V. and radio programs you prefer to watch or listen to?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

9. In what languages do your parents speak with their parents?

1	2	3	4	5
Only Spanish	More Spanish than English	Both Equally	More English than Spanish	Only English

10. Your close friends are:

1	2	3	4	5
All Hispanic	More Hispanic than White	About Half and Half	More White than Hispanic	All White

11. You prefer going to parties at which the people are:

1	2	3	4	5
All Hispanic	More Hispanic than White	About Half and Half	More White than Hispanic	All White

12. The persons you visit or who visit you are:

1	2	3	4	5
All Hispanic	More Hispanic than White	About Half and Half	More White than Hispanic	All White

Familism Scale

The Familism Scale (Gil, Wagner, & Vega, 2000) is a seven-item scale that has been used with multiple Latino samples to measure family closeness and values. It includes items such as "We are proud of our family" and "We share similar values and beliefs as a family." It has attained previous reliability of .87.

INSTRUCTIONS: Please rate how true the following statements are for your family.

- | | | | | |
|--|---|---------------|---|----------------|
| 1. Family members respect one another. | | | | |
| Not at all True | | Somewhat True | | Very Much True |
| 1 | 2 | 3 | 4 | 5 |
| 2. We share similar values and beliefs as a family. | | | | |
| Not at all True | | Somewhat True | | Very Much True |
| 1 | 2 | 3 | 4 | 5 |
| 3. Things work out well for us as a family | | | | |
| Not at all True | | Somewhat True | | Very Much True |
| 1 | 2 | 3 | 4 | 5 |
| 4. We really do trust and confide in each other | | | | |
| Not at all True | | Somewhat True | | Very Much True |
| 1 | 2 | 3 | 4 | 5 |
| 5. Family members feel loyal to the family. | | | | |
| Not at all True | | Somewhat True | | Very Much True |
| 1 | 2 | 3 | 4 | 5 |
| 6. We are proud of our family. | | | | |
| Not at all | | Sometimes | | Very Often |
| 1 | 2 | 3 | 4 | 5 |
| 7. We can express our feelings with our family. | | | | |
| Not at all | | Sometimes | | Very Often |
| 1 | 2 | 3 | 4 | 5 |

Modified Traumatic Events Screening Inventory for Children- Brief Form

The Modified Traumatic Events Screening Inventory for Children – Brief Form (TESI-C-Brief; Ford, et al., 2000), assesses exposure to trauma through direct experience and witnessing of events via 15 items. The developers report solid psychometrics for the self-report version and it has been used over the last 10 years in the National Child Traumatic Stress Network (SAMHSA).

INSTRUCTIONS: From time to time many young people experience stressful events. Please indicate *if* you have experienced any of these stressful events by answering the questions. If the answer is yes, please circle the 'yes'. If your answer is no, just circle the 'no'. If you have any questions or comments about any of the questions, we would be happy to talk to you about them.

SAMPLE:

a. Have you ever had a doctor's visit? (Mark your answer in the next column.)	Yes	No	Unsure
---	-----	----	--------

1. Have you ever <i>been in</i> a serious accident where someone could have been or actually was hurt really bad or died? (like a car accident or a bicycle accident, or a bad fall, or a fire, or a time where someone was burned, or someone drowned or almost drowned, or got hurt really bad while playing sports?)	Yes	No	Unsure
2. Have you ever <i>seen</i> a serious accident where someone could have been or actually was hurt badly or died? (like a car or bicycle accident, a fall, a fire, an incident where someone was burned, an actual or near drowning, or getting hurt really bad while playing sports?)	Yes	No	Unsure
3. Have you ever been in a pretty bad disaster like a tornado, hurricane, fire, or earthquake?	Yes	No	Unsure
4. Has someone close to you ever been very very sick or injured or hurt really badly?	Yes	No	Unsure
5. Has someone close to you ever died?	Yes	No	Unsure
6. Have you ever had to have a very serious medical test or surgery or been so sick that they thought you might die? What about having to go in an ambulance or go to the emergency room or having to stay overnight at the hospital?	Yes	No	Unsure
7. Have you ever been separated from someone who you depend on for love or security (like your parents) for more than a few days OR when it was very stressful? Like if you had to be taken away from your parents for some reason, or if a parent was deported or had to leave to move to another state or country without you or they had to be in the hospital?	Yes	No	Unsure
8. Has someone close to you ever tried to hurt or kill themselves?	Yes	No	Unsure
9. Have you ever been attacked by a dog or other animal?	Yes	No	Unsure

Modified Traumatic Events Screening Inventory for Children- Brief Form

10. Have you ever seen, heard, or heard about people <i>in your family</i> physically fighting, hitting, slapping, kicking, or pushing each other. Or shooting with a gun or stabbing, or using any other kind of dangerous weapon?	Yes	No	Unsure
11. Have you ever seen or heard people <i>in your family</i> threaten to seriously harm each other?	Yes	No	Unsure
12. Have you ever known or seen that a family member was arrested, had to go to jail or prison, or was deported back to another country or taken away by police, soldiers, or other authorities?	Yes	No	Unsure
13. Have you ever seen or heard people <i>outside your family</i> fighting, hitting, pushing, or attacking each other? Or seen or heard about violence such as people getting beaten up, shootings, or robberies that happened at your school, in your neighborhood, or the neighborhood of someone important to you?	Yes	No	Unsure
14. Have you ever seen or heard acts of war or terrorism on the television or radio?	Yes	No	Unsure
15. Have there been other stressful things that have happened to you?	Yes	No	Unsure

**CLINICAL
INTERVIEW BY
TELEPHONE
(30-60 Minutes)**

M.I.N.I. KID

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW For Children and Adolescents

English Version 5.0

USA: D. Sheehan, D. Shytle, K. Mills
University of South Florida - Tampa

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DISCLAIMER

Our aim is to assist in the assessment and tracking of patients with greater efficiency and accuracy. Before using this instrument, it should be reviewed and interpreted by a licensed clinician. This program is not designed to be used in the place of a full medical and psychiatric evaluation by a qualified licensed physician - psychiatrist. It is intended only as a tool to facilitate accurate data collection and processing of symptoms elicited by trained personnel.

M.I.N.I. 7&4 (5.0) April 1, 2006.

-1-

Patient Name: _____ Patient Number: _____
 Date of Birth: _____ Place of Birth: _____
 Interviewer's Name: _____ Place of Interview: _____
 Date of Interview: _____ Type of Interview: _____

MODULES	TIME FRAME	MEETS CRITERIA	DSM-IV	ICD-10
A MAJOR DEPRESSIVE EPISODE	Current (Past 2 weeks) Recurrent	<input type="checkbox"/> <input type="checkbox"/>	296.20-296.26 Single 296.20-296.26 Recurrent	F32.1 F32.2
B SUICIDALITY	Lifetime Current (Past Month)	<input type="checkbox"/> <input type="checkbox"/>	N/A N/A	N/A N/A
C DYSRHYTHMIA	Ble: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Current (Past 1 year)	<input type="checkbox"/> <input type="checkbox"/>	300.4	F41.1
D (HYPOMANIC EPISODE	Current Past	<input type="checkbox"/> <input type="checkbox"/>	296.00-296.08 F20.3-F31.9	<input type="checkbox"/>
E PANIC DISORDER	Current (Past Month) Lifetime	<input type="checkbox"/> <input type="checkbox"/>	300.01/300.11 F40.01-F41.0	<input type="checkbox"/>
F AGORAPHOBIA	Current	<input type="checkbox"/>	300.21	F40.00
G SEPARATION ANXIETY DISORDER	Current (Past Month)	<input type="checkbox"/>	309.21	F91.0
H SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month)	<input type="checkbox"/>	300.33	F40.1
I SPECIFIC PHOBIA	Current (Past Month)	<input type="checkbox"/>	300.39	N/A
J OBSSIVE COMPULSIVE DISORDER	Current (Past Month)	<input type="checkbox"/>	300.3	F42.3
K POST TRAUMATIC STRESS DISORDER	Current (Past Month)	<input type="checkbox"/>	309.81	F41.1
L ALCOHOL DEPENDENCE	Past 12 Months	<input type="checkbox"/>	303.9	F10.2*
L ALCOHOL ABUSE	Past 12 Months	<input type="checkbox"/>	305.00	F10.1
M SUBSTANCE DEPENDENCE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-309.00 20-99	F11.1-F19.1
M SUBSTANCE ABUSE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-309.00 20-99	F11.1-F19.1
N TOURETTE'S DISORDER	Current	<input type="checkbox"/>	307.23	F95.3
MOTOR TIC DISORDER	Current	<input type="checkbox"/>	307.21	F95.1
VOCAL TIC DISORDER	Current	<input type="checkbox"/>	307.22	F95.1
TRANSIENT TIC DISORDER	Current	<input type="checkbox"/>	307.21	F95.0
O ADHD COMBINED	Past 6 Months	<input type="checkbox"/>	314.01	F90.0
ADHD INATTENTIVE	Past 6 Months	<input type="checkbox"/>	314.00	F98.8
ADHD HYPERACTIVE/IMPULSIVE	Past 6 Months	<input type="checkbox"/>	314.01	F90.0
P CONDUCT DISORDER	Past 12 Months	<input type="checkbox"/>	312.3	F91.1

-2-

INTERVIEWER INSTRUCTIONS

INTRODUCING THE INTERVIEW

The nature and purpose of the interview should be explained to the child or adolescent prior to the interview. A sample introduction is provided below:

"I'm going to ask you a lot of questions about yourself. This is so that I can get to know more about you and figure out how to help you. Most of the questions can be answered either 'yes' or 'no'. If you don't understand a word or a question, ask me, and I'll explain it. If you are not sure how to answer a question, don't guess - just tell me you are not sure. Some of the questions may seem weird to you, but try to answer them anyway. It is important that you answer the questions as honestly as you can so that I can help you. Do you have any questions before we start?"

For children under 13, we recommend interviewing the parent and the child together. Questions should be directed to the child, but the parent should be encouraged to interrupt if s/he feels that the child's answers are unclear or inaccurate. The interviewer makes the final decision based on his/her best clinical judgment, whether the child's answers meet the diagnostic criteria in question. With children you will need to use more examples than with adolescents and adults.

GENERAL FORMAT:

- The MINI is divided into modules identified by letters, each corresponding to a diagnostic category.
- *At the beginning of each diagnostic module (except for psychotic disorders module), screening question(s) corresponding to the main criteria of the disorder are presented in a grey box.
- *At the end of each module, diagnostic box(es) permit the clinician to indicate whether diagnostic criteria are met.

CONVENTIONS:

- Sentences written in normal font should be read exactly as written to the patient in order to standardize the assessment of diagnostic criteria.
- Sentences written in **ALL CAPS** should not be read to the patient. They are instructions for the interviewer to assist in the scoring of the diagnostic algorithms.
- Sentences written in **bold** indicate the time frame being investigated. The interviewer should read them as often as necessary. Only symptoms occurring during the time frame indicated should be considered in scoring the responses.
- Answers with an arrow above them (↑) indicate that one of the criteria necessary for the diagnosis(es) is not met. In this case, the interviewer should go to the end of the module and circle **AND** in all the diagnostic boxes and move to the next module.
- When terms are separated by a slash (/) the interviewer should read only those symptoms known to be present in the patient.
- Phrases in *(parentheses)* are clinical examples of the symptoms. These may be read to the patient to clarify the question.

FORMAT OF THE INTERVIEW

The interview questions are designed to elicit specific diagnostic criteria. The questions should be read verbatim. If the child or adolescent does not understand a particular word or concept, you may explain what it means or give examples that capture its essence. If a child or adolescent is unsure if s/he has a particular symptom, you may ask him/her provide an explanation or example to determine if it matches the criterion being investigated. If an interview item has more than 1 question, the interviewer should pause between questions to allow the child or adolescent time to respond.

Questions about the duration of symptoms are included for diagnoses when the time frame of symptoms is a critical element. Because children may have difficulty estimating time, you may assist them by linking them connect times to significant events in their lives. For example, the starting point for "past year" might relate to a birthday, the end or beginning of a school year, a particular holiday or another annual event.

Q OPPOSITIONAL DEFIANT DISORDER	Past 6 Months	<input type="checkbox"/>	313.81	<input type="checkbox"/>	F91.3	<input type="checkbox"/>
R PSYCHOTIC DISORDERS	Lifetime Current	<input type="checkbox"/> <input type="checkbox"/>	285.10-295.90/297.1/ 297.2/298.1A/298.30/	<input type="checkbox"/> <input type="checkbox"/>	F20.xx-F29	<input type="checkbox"/> <input type="checkbox"/>
MOOD DISORDER WITH PSYCHOTIC FEATURES	Lifetime Current	<input type="checkbox"/> <input type="checkbox"/>	286.2A/296.3A/296.4A	<input type="checkbox"/> <input type="checkbox"/>	F31.3/F31.9 F31.8/F31.9/F39	<input type="checkbox"/> <input type="checkbox"/>
S ANOREXIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/>	307.1	<input type="checkbox"/>	F50.0	<input type="checkbox"/>
T BULIMIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/>	307.51	<input type="checkbox"/>	F50.2	<input type="checkbox"/>
U GENERALIZED ANXIETY DISORDER	Current (Past 6 Months)	<input type="checkbox"/>	300.02	<input type="checkbox"/>	F41.1	<input type="checkbox"/>
V ADJUSTMENT DISORDERS	Current	<input type="checkbox"/>	300.2A/309.28	<input type="checkbox"/>	F43.xx	<input type="checkbox"/>
W PERSISTENT DEVELOPMENTAL DISORDER	Current	<input type="checkbox"/>	299.00/299.10/299.80	<input type="checkbox"/>	F84.0-213.4/9	<input type="checkbox"/>

PRIMARY DISORDER

Which problem troubles you the most? Indicate your responses by checking the appropriate check box(es).

DISCLAIMER

Our aim is to assist in the assessment and tracking of patients with greater efficiency and accuracy. Before action is taken on any data collected and processed by this program, it should be reviewed and interpreted by a licensed clinician.

This program is not designed or intended to be used in the place of a full medical and psychiatric evaluation by a qualified licensed physician - psychiatrist. It is intended only as a tool to facilitate accurate data collection and processing of symptoms identified by untrained personnel.

RATING INSTRUCTIONS:

All questions must be rated. The rating is done at the night of each question by circling either Yes or No. Clinical judgment by the rater should be used in coding the responses. The rater should ask for examples when necessary, to ensure accurate coding. The child or adolescent should be encouraged to ask for clarification on any question that is not absolutely clear.

The clinician should take such dimensions of the question into account (for example, time frame, frequency, severity, and/or alternatives).

Symptoms better accounted for by an organic cause or by the use of alcohol or drugs should not be coded positive in the MINI KID.

For any questions, suggestions, need for a training session, or information about updates of the MINI KID, please contact:

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A. MAJOR DEPRESSIVE EPISODE

(*) MARKS 1 GO TO THE DIAGNOSTIC INDEX, CIRCLE NO IN ALL DIAGNOSTIC INDEX, AND MOVE TO THE NEXT MODULE

In the past two weeks:

A1 Have you felt sad or depressed? *Felt down or empty? Not, grumpy or annoyed?*
 IF YES TO ANY, CODE YES. IF NO TO ALL, CODE NO. NO YES

Have you felt this way most of the day, nearly every day? NO YES

A2 Have you been bored a lot or much less interested in things (including your favorite games)?
 Have you felt your usual enjoyment?
 IF YES TO ANY, CODE YES. IF NO TO ALL, CODE NO. NO YES

Have you felt this way most of the day, nearly every day?
 IS A1 OR A2 CIRCLED YES? NO YES

A3 In the past two weeks, when you felt depressed / sad / uninterested:

- a When you feel hungry or more hungry most days? Did you lose or gain weight without trying? (i.e., by 25% of body weight or 22 lbs. in the past month)?
 IF YES TO EITHER, CODE YES NO YES
- b Did you have trouble sleeping almost every night ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?
 IF YES TO EITHER, CODE YES NO YES
- c Did you talk or move slower than usual? Were you fidgety, restless or couldn't sit still?
 IF YES TO EITHER, CODE YES NO YES
- d Did you feel tired most of the time?
 IF YES TO EITHER, CODE YES NO YES
- e Did you feel bad about yourself most of the time? Did you feel guilty most of the time?
 IF YES TO EITHER, CODE YES NO YES
- f Did you have trouble paying attention? Did you have trouble making up your mind?
 IF YES TO EITHER, CODE YES NO YES
- g Did you feel so bad that you wished that you were dead? Did you think about hurting yourself? Did you have thoughts of death? Did you think about killing yourself?
 IF YES TO ANY, CODE YES NO YES

NO YES
MAJOR DEPRESSIVE EPISODE CURRENT

ARE 5 OR MORE ANSWERS (A1, A2 AND A3a-g) CODED YES?

IF PATIENT HAS CURRENT MAJOR DEPRESSIVE EPISODE CONTINUE TO A4, OTHERWISE MOVE TO MODULE B.

A4 a Did you ever have other times of two weeks or more when you felt depressed or not interested in most things, and had most of the problems we just talked about?

b In between your times of depression, were you completely free of depression for at least 2 months?

NO YES

NO YES
MAJOR DEPRESSIVE
EPISODE, RECURRENT

B. SUICIDALITY

(4) ANSWER TO THE SUICIDE RISK CHECKOFF BOX, CIRCLE NO IF THAT BOX, AND MOVE TO THE NEXT MODULE

- B1 a Have you ever felt so bad that you wished you were dead? NO YES 1
 b Have you ever tried to hurt or to injure yourself? NO YES 2
 c Have you ever tried to kill yourself? NO YES 4

IF YES TO ANY, CODE YES

NO YES
SUICIDE RISK
LIFETIME

In the past month did you:

- B2 Have any accident? NO YES 0
 IF NO TO B2, SKIP TO B5; IF YES, ASK B2a:
 Plan or intend to hurt yourself in this accident?
 B2a INCLUDE PASSIVE OR ACTIVE INTENT IN YOUR RATING
 IF NO TO B2a, SKIP TO B5; IF YES, ASK B2b:
 B2b Did you intend to die as a result of this accident?
 B3 Think you would be better off dead or wish you were dead? NO YES 1
 B4 Want to hurt yourself? NO YES 2
 B5 Think about killing yourself? NO YES 6

IF YES, ASK ABOUT THE INTENSITY AND FREQUENCY OF THE SUICIDAL IDEATION:

Frequency Intensity

Occasionally <input type="checkbox"/>	Mild <input type="checkbox"/>
Often <input type="checkbox"/>	Moderate <input type="checkbox"/>
Very often <input type="checkbox"/>	Severe <input type="checkbox"/>

Can you control these impulses and state that you will not act on them while in this program?
 Only score 8 if the response is NO.

- B6 Have a plan to kill yourself? NO YES 8
 B7 Take active steps to prepare for injuring yourself or to prepare for killing yourself and expect to die as a result? NO YES 8
 B8 Try to deliberately injure yourself without intending to kill yourself? NO YES 9
 B9 Try to kill yourself
 Hoped to be rescued / survive
 Expected / intended to die NO YES 10

IS AT LEAST 1 OF THE ABOVE (EXCEPT B2) CODED YES?

IF YES, ADD THE TOTAL NUMBER OF POINTS FOR THE ANSWERS (B1-B9) CHECKED "YES" AND REPORT THE LEVEL OF SUICIDE RISK AS INDICATED IN THE DIAGNOSTIC BOX.

MAKE ANY ADDITIONAL COMMENTS ABOUT YOUR ASSESSMENT OF THIS PATIENT'S CURRENT AND NEAR FUTURE SUICIDE RISK IN THE SPACE BELOW:

NO	YES
SUICIDE RISK	
CURRENT	
1-4 points	Low <input type="checkbox"/>
5-16 points	Moderate <input type="checkbox"/>
≥ 17 points	High <input type="checkbox"/>

C. DYSTHYMIA

(☛ PLEASE: GO TO THE DIAGNOSTIC BOX, CHECK NO, AND MOVE TO THE NEXT MODEL.)

IF PATIENT'S SYMPTOMS CURRENTLY MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE, DO NOT EXPLORE THIS MODEL.

C1 Have you felt sad or depressed, or felt down or empty, or felt lonely or unloved, most of the time, for the past year?

NO YES

C2 In the past year, have you felt OK for two months or more in a row? During the past year, most of the time:

NO YES

a Were you less hungry than you used to be? Were you more hungry than you used to be?

IF YES TO EITHER, CODE YES

NO YES

b Did you have trouble sleeping ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?

NO YES

c Did you feel more tired than you used to?

NO YES

d Did you feel less confident of yourself? Did you feel bad about yourself?

NO YES

IF YES TO EITHER, CODE YES

e Did you have trouble paying attention? Did you have trouble making up your mind?

NO YES

IF YES TO EITHER, CODE YES

f Did you feel that things would never get better?

NO YES

ARE 3 OR MORE C3 ITEMS CODED YES?

NO YES

C4 Did these feelings of being depressed / grumpy / uninterested upset you a lot? Did they cause you problems at home? At school? With friends?

IF YES TO ANY, CODE YES

NO	YES
DYSTHYMIA	
CURRENT	

E. PANIC DISORDER

(* MARK: CIRCLE NO IN E3, E4 AND E7 AND YES TO F1)

E1 a. Being you ever been really frightened or nervous for no reason, or have you ever experienced physical discomfort in a situation where no one else would not feel the way?
 IF YES TO EITHER, CODED YES. IF NO TO ALL, CODED NO. **NO YES**

b. Did this happen more than once then?
NO YES

c. Did this happen feeling increasingly over the first few minutes?
NO YES

E2 Has this ever happened when you didn't expect it?
NO YES

E3 a. After this happened, were you afraid it would happen again or that something bad would happen as a result of these attacks? Did you change what you did because of these attacks? (e.g., getting out only with someone, not wanting to leave your house, going to the doctor more frequently)?
 Did you have these worries for a month or more?
 IF YES TO BOTH E2 AND E3a, QUESTION, CODED YES **NO YES**

E4 Think about the time you were the most frightened or nervous for no good reason:
 a. Did your heart beat fast or loud? **NO YES**
 b. Did you sweat? Did your hands sweat a lot? **NO YES**
 IF YES TO EITHER, CODED YES
 c. Did your hands or body shake? **NO YES**
 d. Did you have trouble breathing? **NO YES**
 e. Did you feel like you were choking? Did you feel you couldn't swallow? **NO YES**
 IF YES TO EITHER, CODED YES
 f. Did you have pain or pressure in your chest? **NO YES**
 g. Did you feel like something up? Did you have an upset stomach? Did you have diarrhea? **NO YES**
 IF YES TO ANY, CODED YES
 h. Did you feel dizzy or faint? **NO YES**
 i. Did things around you feel strange or like they weren't real? Did you feel or see things as if they were far away? Did you feel outside of or out of from your body? **NO YES**
 IF YES TO ANY, CODED YES
 j. Were you afraid that you were losing control of yourself? Were you afraid that you were going crazy? **NO YES**
 IF YES TO EITHER, CODED YES

k. Were you afraid that you were dying?
 l. Did parts of your body tingle or go numb?
 m. Did you feel hot or cold?
NO YES
NO YES
NO YES

E5 ARE BOTH E3 AND 4 OR MORE E4 ANSWERS, CODED YES?
 IF YES TO E5, SKIP TO E7
NO YES
 IF YES TO EITHER, CODED YES

E6 IF E5-NO, ARE ANY E4 QUESTIONS CODED YES?
 THEN SKIP TO F1.
NO YES
 IF YES TO EITHER, CODED YES

E7 In the past month, did you have these problems more than one time? If this happened, did you worry for a month or more that it would happen again?
 IF YES TO EITHER, CODED YES
NO YES
 IF YES TO EITHER, CODED YES

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F. AGORAPHOBIA

Do you feel confined, restricted, or uneasy to almost worthless when you might become really frightened, like being in a crowd, standing in a line (especially when you are all alone), or when standing in a line, standing in a long train or yard?

NO YES

IF YES TO ANY, CODED YES

IF F1 = NO, CIRCLE NO IN F2.

F2 Are you so afraid of these things that you try to stay away from them? Or you can only do them if someone is with you? Or you do them, but it's really hard for you?

IF YES TO ANY, CODED YES

NO YES
**AGORAPHOBIA
CURRENT**

IF F2 (CURRENT AGORAPHOBIA) CODED NO

AND
IF E7 (CURRENT PANIC DISORDER) CODED YES?

NO YES
**PANIC DISORDER
without Agoraphobia
CURRENT**

IF F2 (CURRENT AGORAPHOBIA) CODED YES

AND

IF E7 (CURRENT PANIC DISORDER) CODED YES?

NO YES
**PANIC DISORDER
with Agoraphobia
CURRENT**

IF F2 (CURRENT AGORAPHOBIA) CODED YES

AND

IF E5 (PANIC DISORDER LIFETIME) CODED NO?

NO YES
**AGORAPHOBIA, CURRENT
without History of
Panic Disorder**

G. SEPARATION ANXIETY DISORDER

(☞ MEANS: GO TO THE MAGNETIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODEL.)

G1 In the past 6 months, have you been really afraid about being away from someone close to you, or have you been really afraid that you would lose somebody you are close to? (Also getting lost from your parents or having something bad happen to them?)
IF YES TO EITHER, CODED YES

NO YES

IF YES TO EITHER, CODED YES

G2 a Did you get upset a lot when you were away from _____?

NO YES

IF YES TO EITHER, CODED YES

b Did you get really worried that you would have _____?
Did you get really worried that something bad would happen to _____?
(like having a car accident or dying).
IF YES TO EITHER, CODED YES

NO YES

c Did you get really worried that you would be separated from _____?
(like getting lost or being kidnapped?)

NO YES

d Did you refuse to go to school or other places because you were afraid to be away from _____?

NO YES

e Did you get really afraid being at home if _____ wasn't there?

NO YES

f Did you not want to go to sleep unless _____ was there?

NO YES

g Did you have nightmares about being away from _____?
Did this happen more than once?

NO YES

IF NO TO EITHER, CODED NO

h Did you feel sick a lot (like headaches, stomach aches, nausea or vomiting, heart beating fast or feeling dizzy) when you were away from _____?
Did you feel sick a lot when you thought you were going to be away from _____?
IF YES TO EITHER, CODED YES

NO YES

G3 SUMMARY: ARE AT LEAST 3 OF G2a-h CODED YES?

NO YES

G3 How this period for at least 4 weeks?

NO YES

G4 Did your fears of being away from _____ really bother you a lot? Cause you a lot of problems at home? At school? With friends?
In any other way?
IF YES TO EITHER, CODED YES

NO YES

ARE G1, G2 SUMMARY, G3 AND G4 CODED YES?

NO YES
**SEPARATION
ANXIETY DISORDER**

H. SOCIAL PHOBIA (Social Anxiety Disorder)

(*) MEANS: GO TO THE DIAGNOSTIC BOX, CHECK NO AND MOVE TO THE NEXT NUMBER.)

H1 In the past month, were you afraid or embarrassed when others were watching you? (When you had to do things or when you were talking or writing in front of others?)
 YES NO
 IF YES TO ANY, CODED YES

H2 Are you more afraid of these things than other kids your age?
 YES NO

H3 Are you so afraid of these things that you try to stay away from them? Or you can only do them if someone is with you? Or you do them but it's really hard for you?
 YES NO

H4 Does this fear really bother you a lot? Does it cause you problems at home or at school? Does this make you afraid to go to school? Does this make you want to be alone?
 YES NO
 IF YES TO ANY, CODED YES

H5 Did this social fear / social anxiety last at least 6 months?
 YES NO

H6 Do these social fears have an effect on your normal routine, your ability to interact with others, your relationships, your school work or ability to have a job or do they cause you to feel upset?
 YES NO
 IF YES Generalized social phobia (social anxiety disorder)
 IF NO Non-generalized social phobia (social anxiety disorder)

NOTE TO INTERVIEWER: PLEASE ASSESS WHETHER THE SUBJECT'S FEARS ARE RESTRICTED TO NON-GENERALIZED ("ONLY 1 OR SEVERAL") SOCIAL SITUATIONS OR EXTEND TO GENERALIZED ("MOST") SOCIAL SITUATIONS. "MOST" SOCIAL SITUATIONS IS USUALLY OPERATIONALIZED TO MEAN 4 OR MORE SOCIAL SITUATIONS, ALTHOUGH THE DSM-IV DOES NOT EXPLICITLY STATE THIS.

EXAMPLES OF SUCH SOCIAL SITUATIONS TYPICALLY INCLUDE INITIATING OR MAINTAINING A CONVERSATION; PARTICIPATING IN SMALL GROUPS, DATING, SPEAKING TO AUTHORITY FIGURES, ATTENDING PARTIES, PUBLIC SPEAKING, EATING IN FRONT OF OTHERS, URINATING IN A PUBLIC WAREHOUSE, ETC.

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL PHOBIA <i>(Social Anxiety Disorder)</i>	
CURRENT	
GENERALIZED	<input type="checkbox"/>
NON-GENERALIZED	<input type="checkbox"/>

I. SPECIFIC PHOBIA

(*) MEANS: GO TO THE DIAGNOSTIC BOX, CHECK NO AND MOVE TO THE NEXT NUMBER.)

I1 In the past month, have you been really afraid of something that makes you think it's dangerous or otherwise? (High places? Storms? The dark? Or talking about an animal? Or scary specific phobias?)
 YES NO

I2 Are you more afraid of _____ than other kids your age are?
 YES NO

I3 Are you so afraid of _____ that you try to stay away from it / them? Or you can only be around it / them if someone is with you? Or can you be around it / them but it's really hard for you?
 YES NO
 IF YES TO ANY, CODED YES

I4 Does this fear really bother you a lot? Does it cause you problems at home or at school? Does it keep you from doing things you want to do?
 YES NO
 IF YES TO ANY, CODED YES

I5 IS IT CODED YES?
 YES NO
SPECIFIC PHOBIA
CURRENT

L. ALCOHOL ABUSE AND DEPENDENCE

(# MEANS: 1. GO TO THE BALANCE SHEET BOXES, CIRCLE NO IN ALL BALANCE SHEET BOXES, AND MOVE TO THE NEXT NUMBER.)

L1 In the past year, have you had 3 or more drinks of alcohol in a row?
 At those times, did you have 3 or more drinks in 1 hour? Did you do this
 3 or more times in the past year?
 # NO TO ANY, CODE NO

NO YES

L2 In the past year:

- a Did you need to drink more alcohol to get the same feeling you got when you first started drinking?
- b Whenever you cut down on drinking or stopped drinking, did your hands shake? Did you sweat? Did you feel nervous or like you couldn't sit still? Did you ever drink to keep from getting those problems? Did you drink again to keep from getting a hangover?
- c When you drank alcohol, did you end up drinking more than you had planned to?
- d Have you tried to cut down or stop drinking alcohol but were not able to?
- e On days when you drink, did you spend more than three hours doing it? Count the time it took you to get the alcohol, drink it, and get over it.
- f Did you spend less time on other things because of your drinking (like school, hobbies, or being with friends)?
- g Did you keep on drinking even though you know that it caused problems (like with your health or with your mind)?

NO YES

NO YES

NO YES

NO YES

NO YES

NO YES

ARE 3 OR MORE L2 ANSWERS CODED YES?

IF YES, SKIP L3 QUESTIONS, CIRCLE N/A IN THE ABUSE BOX AND MOVE TO THE NEXT DISORDER. DEPENDENCE PRESENTS ABUSE.

NO	YES*
ALCOHOL DEPENDENCE CURRENT	

In the past year:

- a Have you been drunk or hung-over more than once when you had something important to do, like school work or responsibilities at home? Did this cause any problems?
- b When you drink more than once while doing something risky (like riding a bike, driving a car or boat, or making machines)?
- c Have you had legal problems more than once because of your drinking (like getting arrested or stopped by the police)?
- d Have you kept drinking even though your drinking caused problems with your family? With other people?

NO YES

NO YES

NO YES

NO YES

YES TO EITHER, CODE YES

ARE 1 OR MORE OF L3 ANSWERS CODED YES?

NO	N/A	YES
ALCOHOL ABUSE CURRENT		

M. NON-ALCOHOL PSYCHOACTIVE SUBSTANCE USE DISORDERS

☞ MEANS: 1. GO TO THE DIAGNOSTIC INDEX, CIRCLE NO. IN ALL DIAGNOSTIC INDEX, AND MOVE TO THE NEXT MODULE

M1 a. **Have you ever had a blackout, a loss of memory, or a loss of consciousness?** (Do not count as a blackout if you have a loss of consciousness for less than 15 minutes.)

NO YES

CIRCLE EACH DRUG TAKEN:

Stimulants: amphetamines, "speed", crystal meth, "crack", "meth", "Desoxin, Ritalin, diet pills.
 Cocaine: smoking, IV, freebase, crack, "speedball".
 Narcotics: heroin, morphine, Dilaudid, opium, Demoral, methadone, codeine, Percodan, Durvex, OxyContin.
 Hallucinogens: LSD ("acid"), mescaline, psilocybin, PCP ("angel dust", "peace pill"), psilocybin, STP, "mushrooms",
 "ecstasy", MDMA, MDMA or isomarin, ("special K").
 Inhalants: "glue", nitro ether, "sniff", nitrous oxide ("laughing gas"), any or hardy nitrous ("poppers").
 Marijuana: hashish ("hash"), THC, "pot", "grass", "weed", "marijuana".
 Tranquilizers: Quaalude, Secobarbital ("road"), Valium, Xanax, Librium, Ativan, Dalmane,
 Halcion, barbiturates, Miltown, GHB, Roofie, "Roofies".
 Miscellaneous: Steroids, non prescription sleep or diet pills. Any others?
 Specify MOST USED Drug(s): _____

ONLY ONE DRUG / DRUG CLASS HAS BEEN USED

CHECK ONE BOX

ONLY THE MOST USED DRUG CLASS IS INVESTIGATED.

EACH DRUG CLASS USED IS EXAMINED SEPARATELY (PHONOGRAPHIC AND MCAI NEEDED)

NO YES

Specify WHICH DRUG/DRUG CLASS WILL BE EXAMINED IN THE INTERVIEW BELOW IF THERE IS CONCURRENT OR SEQUENTIAL POLYSUBSTANCE USE: _____

M2 Think about your use of (NAME THE DRUG/DRUG CLASS SELECTED) over the past year:

a. Did you need to take more of this drug to get the same feeling you got when you first started taking it? NO YES

b. Whenever you cut down or stopped using the drug(s), did your body feel bad or did you go into withdrawal? (Withdrawal might mean feeling sick, shaky, sweating, tremor, irritability, insomnia, feeling nervous, moodiness, or like you can't sit still.) Did you use the drug(s) again to keep from getting sick or to feel better? NO YES

IF YES TO EITHER, CODE YES

c. When you used (NAME THE DRUG/DRUG CLASS SELECTED), did you end up taking more than you had planned to? NO YES

d. Have you tried to cut down or stop taking (NAME THE DRUG/DRUG CLASS SELECTED)? Did you find out that you couldn't do it? NO YES

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e. On days when you took (NAME THE DRUG/DRUG CLASS SELECTED), did you spend more than three hours doing it? Count the time it took you to get (NAME THE DRUG/DRUG CLASS SELECTED), use it and get over it.

NO YES

f. Did you spend less time on other things because of your use of (NAME THE DRUG/DRUG CLASS SELECTED)? Like school, hobbies or being with friends?

NO YES

g. Did you keep on using (NAME THE DRUG/DRUG CLASS SELECTED) even though you know it causes problems? Like with your health or with your mind?

NO YES

ARE 3 OR MORE M2 ANSWERS CODED YES?

SPECIFY DRUG(S): _____

NO YES*
 SUBSTANCE DEPENDENCE
 CURRENT

* IF YES, SKIP M3 QUESTIONS, CIRCLE A N/A IN ABUSE BOX AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREVENTS ABUSE.

Think about your use of (NAME THE DRUG/DRUG CLASS SELECTED) over the past year:

In the past year:

M3 a. Have you been high or hungover from the drug(s) more than once, when you had something important to do? (Like schoolwork or responsibilities at home? Did this happen more than one time? Did this cause any problems?) NO YES

b. Have you been high from the drug(s) more than once while doing something risky (like driving a car or boat, or using machines)? NO YES

c. Have you had legal problems because of your use of the (NAME THE DRUG/DRUG CLASS SELECTED) more than once? (Like getting arrested or stopped by the police)? NO YES

d. Have you kept using the (NAME THE DRUG/DRUG CLASS SELECTED) even though it caused problems with your family/with other people? NO YES

ARE 1 OR MORE M3 ANSWERS CODED YES?

SPECIFY DRUG(S): _____

NO N/A YES
 SUBSTANCE ABUSE
 CURRENT

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N. TIC DISORDERS

(*) MEANS: 1. GO TO THE DIAGNOSTIC BOX, CIRCLE NO. IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT NUMBER.)

N1 a In the past month, did you have movements of your hand called "Tics"? "Tics" are quick movements of some part of your body that are hard to control. An example is blinking your eyes over and over, twitching of your face, jerking your hand, making a movement with your hand over and over, or squinting, or changing your shoulders over and over.

NO YES

b Have you ever had a fit that made you experience a numbness around your ear and over and over that was hard to stop? If the numbness or swelling around your face goes on and over when you do not have a cold, or getting or resting or holding anything to the mouth, or when you are not even having anything to eat, or when you are holding to things outside you have or touch that other people say?

NO YES

IF BOTH N1A AND N1B ARE CIRCLED NO, CIRCLE NO IN ALL DIAGNOSTIC BOXES AND SKIP TO Q1.

N2 a Did these "tics" happen many times a day?

NO YES

b Did they happen nearly every day for at least 4 weeks?

NO YES

c Did they happen for a year or more?

NO YES

d Did they ever go away completely for 3 months in a row during this time?

NO YES

N3 Did these "tics" upset you a lot? Did they get in the way of school? Did they cause you problems at home? Did they cause you problems with friends? Did other kids pick on you because of your tics?
IF YES TO ANY, CODE YES

NO YES

N4 Did the tics only occur when you are taking Ritalin, Adderal, Cylert, Dexadrin, Provelin, Concerta or other medications for ADHD?

NO YES

N5 a ARE N1a + N1b + N2a + N2c AND N3 CODED YES?
 NO TOILETTE'S DISORDER, CURRENT

N5 b ARE N1a + N2a + N2c + N3 CODED YES AND IS N1b CODED NO?
 NO MOTOR TIC DISORDER, CURRENT

N5 c ARE N1b + N2a + N2c + N3 CODED YES AND IS N1a CODED NO?
 NO VOCAL TIC DISORDER, CURRENT

N5 d ARE N1 (a or b) AND N2a AND N2b AND N3 CODED YES, AND N2c CODED NO?
 NO TRANSIENT TIC DISORDER, CURRENT

O. ATTENTION DEFICIT/HYPERACTIVITY DISORDER

(# INQUIRY: GO TO THE DIAGNOSTIC SCREEN, CHECK NO IN ALL DIAGNOSTIC SCREENS, AND MOVE TO THE NEXT SCREEN.)

SCREENING-QUESTION FOR ADHD, CD, ODD

01 Have you often (weekly, daily, often, almost or nearly) ever complained about your behavior or academic performance?
IF NO TO THIS QUESTION, ALSO CHECKED TO CONDUCT SCREENING AND OPERATIONAL BEHAVIOR SCREENING

NO YES

In the past six months:

- 02 a Have you often not paid enough attention to details? Made careless mistakes in school? NO YES
 - b Have you often had trouble keeping your attention focused when playing or doing schoolwork? NO YES
 - c Have you often been told that you do not listen when others talk directly to you? NO YES
 - d Have you often had trouble following through with what you were told to do (like not following through on schoolwork or chores)? Did this happen even though you understood what you were supposed to do? Did this happen even though you weren't trying to be difficult? IF NO TO ANY, CODE NO NO YES
 - e Have you often had a hard time getting organized? NO YES
 - f Have you often tried to avoid things that make you concentrate or think hard (like schoolwork)? Do you have or dislike things that make you concentrate or think hard? IF YES TO EITHER, CODE YES NO YES
 - g Have you often lost or forgotten things you needed? Like homework assignments, pencils, or toys? NO YES
 - h Do you often get distracted easily by little things (like sounds or things outside the room)? NO YES
 - i Do you often forget to do things you need to do every day (like forget to comb your hair or brush your teeth)? NO YES
- 03 SUMMARY: ARE 6 OR MORE 02 ANSWERS CODED YES? NO YES
- In the past six months:
- 03 a Have you often fidgeted with your hands or feet? Squirmed in your seat? IF YES TO EITHER, CODE YES NO YES
 - b Did you often get out of your seat in class when you were not supposed to? NO YES

c Have you often run around or climbed on things when you weren't supposed to? Did you want to run around or climb on things even though you didn't? IF YES TO EITHER, CODE YES NO YES

d Have you often had a hard time playing quietly? NO YES

e Were you always "on the go"? NO YES

f Have you often talked too much? NO YES

g Have you often blurted out answers before the person or teacher has finished the question? NO YES

h Have you often had trouble waiting your turn? NO YES

i Have you often interrupted other people? Like talking to when other people are talking or busy or when they are on the phone? NO YES

03 SUMMARY: ARE 6 OR MORE 03 ANSWERS CODED YES? NO YES

04 Did you have problems paying attention, being hyper, or impulsive before you were 7 years old? NO YES

05 Did these things cause you problems at school? At home? With your family? With your friends? CODE YES IF TWO OR MORE ARE INDICATED YES. NO YES

IS 02 SUMMARY & 03 SUMMARY CODED YES?

IS 02 SUMMARY CODED YES AND 03 SUMMARY CODED NO?

IS 03 SUMMARY CODED NO AND 03 SUMMARY CODED YES?

NO YES
**Attention Deficit/
 Hyperactivity Disorder
 COMBINED**

NO YES
**Attention Deficit/
 Hyperactivity Disorder
 INATTENTIVE**

NO YES
**Attention Deficit/
 Hyperactivity Disorder
 HYPERACTIVE
 IMPULSIVE**

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P. CONDUCT DISORDER

☞ MARKS : GO TO THE MAJORITIC SCORES, CIRCLE NO IN ALL MAJORITIC BOXES, AND MOVE TO THE NEXT NUMBER.

F3 Did these behaviors cause big problems at school? At home? With your family? Or with your friends?

IF YES TO ANY, CODE YES

NO YES
CONDUCT DISORDER
CURRENT

SCREENING QUESTION

F1 THE QUESTION TO BE ASKED IS AS FOLLOWS, CIRCLE NO TO CONDUCT DISORDER.

BEFORE ANSWERING, ASK THE QUESTION FIRST.

(Ask anyone (teacher, body editor, friend, parent) ever complained about your behavior or academic performance?)

☞ NO YES

F2 In the past year:

- a. Have you bullied or threatened other people? NO YES
- b. Have you started fights? NO YES
- c. Have you used a weapon to hurt someone? Like a knife, gun, bat, or other object? NO YES
- d. Have you hurt someone (physically) on purpose? NO YES
- e. Have you hurt animals on purpose? NO YES
- f. Have you stolen things using force? Like robbing someone using a weapon or grabbing something from someone like purse snatching? NO YES
- g. Have you forced anyone to have sex with you? NO YES
- h. Have you started fires on purpose in order to cause damage? NO YES
- i. Have you destroyed things that belonged to other people on purpose? NO YES
- j. Have you broken into someone's house or car? NO YES
- k. Have you lied many times in order to get things from people or to get out of things? Tricked other people into doing what you wanted? NO YES
- IF YES TO EITHER, CODE YES
- l. Have you stolen things that were worth money (like shoplifting or forging a check)? NO YES
- m. Have you often stayed out a lot later than your parents let you? Did this start before you were 13 years old? NO YES
- IF NO TO EITHER, CODE NO
- n. Have you run away from home two times or more? NO YES
- o. Have you skipped school often? Did this start before you were 13 years old? NO YES
- IF NO TO EITHER, CODE NO

F2 SUMMARY: ARE 3 OR MORE F2 ANSWERS CODED YES WITH AT LEAST ONE PRESENT IN THE PAST 6 MONTHS?

☞ NO YES

Q. OPPOSITIONAL DEFIANT DISORDER

(P MEANS: GO TO THE DIAGNOSTIC INDEX, CHECK NO IN ALL DIAGNOSTIC INDEX, AND MOVE TO THE NEXT MODULE)
 (F CODED POSITIVE FOR CONDUCT DISORDER, CHECK NO IN DIAGNOSTIC BOX AND MOVE TO THE NEXT MODULE.

SCREENING QUESTION

Q1 P. QUESTION: **WAS YOUR BEHAVIOR EVER CONSIDERED DISRUPTIVE?**

F. IF WICKED ASSESSMENT, ASK THE SCREENING QUESTION

(Has anyone (teacher, sibling, friend, parent) ever complained about your behavior (sometimes performance)?

NO YES

Q2 In the past six months:

- a. Have you often lost your temper?
- b. Have you often argued with adults?
- c. Have you often refused to do what adults tell you to do? Refused to follow rules?
- d. Have you often annoyed people on purpose?
- e. Have you often blamed other people for your mistakes or for your bad behavior?
- f. Have you often been "touchy" or easily annoyed by other people?
- g. Have you often been angry and resentful toward others?
- h. Have you often been "spiteful" or quick to "pay back" somebody who treats you wrong?

Q2 SUMMARY: ARE 4 OR MORE OF Q2 ANSWERS CODED YES?

NO YES

Q3 Did these behaviors cause problems at school? At home? With your family? Or with your friends?

ARE Q2 SUMMARY & Q3 CODED YES?

NO YES
OPPOSITIONAL DEFIANT DISORDER CURRENT

R. PSYCHOTIC DISORDERS AND MOOD DISORDERS WITH PSYCHOTIC FEATURES

(P MEANS: GO TO THE DIAGNOSTIC INDEX, CHECK NO IN ALL DIAGNOSTIC INDEX, AND MOVE TO THE NEXT MODULE)

ASK FOR AN EXAMPLE OF EACH QUESTION ANSWERED POSITIVELY. CODE YES ONLY IF THE EXAMPLES CLEARLY SHOW A DISTORTION OF PERCEPTION OR IF THEY ARE NOT CULTURALLY APPROPRIATE. BEHIND COVER, INVESTIGATE WHETHER DELUSIONS QUALIFY AS "REAL".

DELUSIONS ARE "REAL" IF: CLEARLY DEFAMABLE, ABUSIVE, NOT UNDERSTANDABLE, AND CANNOT DERIVE FROM ORDINARY LIFE EXPERIENCE.

ILLUSIONS ARE "REAL" IF: A VOICE COMMENTS ON THE PERSON'S THOUGHTS OR BEHAVIOR, OR WHEN TWO OR MORE VOICES ARE CONVERSING WITH EACH OTHER.

Now I am going to ask you about unusual experiences that some people have.

R1 a. Have you ever believed that people were secretly watching you? Have you believed that someone was trying to get you, or hurt you?

F. YES TO ANY, CODE YES

NO YES

b. IF YES: Do you believe this now?

NO YES

R2 a. Have you ever believed that someone was reading your mind? Or that someone could hear your thoughts? Or that you could actually read someone else's mind? Or hear what they were thinking?

F. YES TO ANY, CODE YES

NO YES

b. IF YES: Do you believe this now?

NO YES

R3 a. Have you ever believed that someone or something put thoughts in your mind that were not your own? Have you believed that someone or something made you act in a way that was not your usual self?

F. YES TO ANY, CODE YES

NO YES

b. IF YES: Do you believe this now?

NO YES

NOTE: ASK FOR EXAMPLES AND DISCOUNT ANY THAT ARE NOT PSYCHOTIC.

R4 a. Have you ever believed that you were being sent special messages through the TV or radio? Through your toys?

F. YES TO ANY, CODE YES

NO YES

b. IF YES: Do you believe this now?

NO YES

R5 a. Have your family or friends ever thought that any of your beliefs were strange or weird? Please give me an example.

F. YES TO ANY, CODE YES

NO YES

b. IF YES: Do they think that your beliefs now are strange?

NO YES

NOTE: WHEN ASKING FOR EXAMPLES, ASK FOR SPECIFIC, CLEAR, AND REAL-SEEMING EXAMPLES. ASK FOR SPECIFIC, CLEAR, AND REAL-SEEMING EXAMPLES OF PERCEPTION OR SENSATION. EXAMPLES: "I HEAR VOICES TALKING TO EACH OTHER."

NO YES

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R8 a Have you ever heard things other people couldn't hear, such as voices?
 HALLUCINATIONS ARE CODED BIZABER ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING:
 IF YES: Did you hear a voice talking about you? Did you hear more than one voice talking back and forth?
 b IF YES: Have you heard these things in the past month?

NO	YES
NO	YES
NO	YES
NO	YES

R7 a Have you ever had visions or have you ever seen things other people couldn't see?
 NOTCHECK TO BEB IF THESE ARE CULTURALLY INAPPROPRIATE.
 b IF YES: Have you seen these things in the past month?
 CLINICIAN'S JUDGMENT

NO	YES
NO	YES

R1 b IS THE PATIENT CURRENTLY EXPERITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS?

NO	YES
NO	YES

R9 b IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATASTROPHIC BEHAVIOR?

NO	YES
NO	YES

R10 b ARE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA, E.G. SIGNIFICANT AFFECTIVE FLATTENING, POVERTY OF SPEECH (ALOGIA) OR AN INABILITY TO INITIATE OR PERSIST IN GOAL-DIRECTED ACTIVITIES (AVOLITION), PROMINENT DURING THE INTERVIEW?

NO	YES
NO	YES

R11 a ARE 1 OR MORE ** * QUESTIONS FROM R1a TO R7a CODED YES OR YES BIZABER AND IS EITHER:

MAJOR DEPRESSIVE EPISODE, (CURRENT OR RECURRENT)
 OR
 MANIC OR HYPOMANIC EPISODE, (CURRENT OR PAST) CODED YES?
 IF NO TO R11 a, CIRCLE NO IN BOTH MOOD DISORDER WITH PSYCHOTIC FEATURES' DIAGNOSTIC BOXES AND MOVE TO R13.

NO	YES
NO	YES

b You told me earlier that you had period(s) when you felt (depressed/highly/psychotically irritable).

Did you have the beliefs and experiences you just described (GIVE EXAMPLES TO PATIENT FROM SYMPTOMS CODED YES FROM R1a TO R7a) ONLY WHEN YOU WERE FEELING DEPRESSED? High? very moody? very irritable?

IF THE PATIENT EVER HAD A PERIOD OF AT LEAST 2 WEEKS OF HAVING THESE BELIEFS OR EXPERIENCES (PSYCHOTIC SYMPTOMS) WHEN THEY WERE NOT DEPRESSED/HIGH/IRRITABLE, CODE NO TO THIS DISORDER.
 IF THE ANSWER IS NO TO THIS DISORDER, ALSO CIRCLE NO TO R12 AND MOVE TO R13

NO	YES
NO	YES

MOOD DISORDER WITH PSYCHOTIC FEATURES LIFETIME

R12 a ARE 1 OR MORE ** * QUESTIONS FROM R1b TO R7b CODED YES OR YES BIZABER AND IS EITHER:

MAJOR DEPRESSIVE EPISODE, (CURRENT)
 OR
 MANIC OR HYPOMANIC EPISODE, (CURRENT) CODED YES?

IF THE ANSWER IS YES TO THIS DISORDER, CIRCLE NO TO R13 AND R14 AND MOVE TO THE NEXT MODULE

NO	YES
NO	YES

MOOD DISORDER WITH PSYCHOTIC FEATURES CURRENT

R13 ARE 1 OR MORE ** * QUESTIONS CODED YES BIZABER?

OR
 ARE 2 OR MORE ** * QUESTIONS CODED YES (RAATHER THAN YES BIZABER)? AND DID AT LEAST TWO OF THE PSYCHOTIC SYMPTOMS OCCUR DURING THE SAME 1 MONTH PERIOD?

NO	YES
NO	YES

PSYCHOTIC DISORDER CURRENT

R14 IS R13 CODED YES

OR
 ARE 1 OR MORE ** * QUESTIONS FROM R1a TO R7a, CODED YES BIZABER?

OR
 ARE 2 OR MORE ** * QUESTIONS FROM R1a TO R7a, CODED YES (RAATHER THAN YES BIZABER)? AND DID AT LEAST TWO OF THE PSYCHOTIC SYMPTOMS OCCUR DURING THE SAME 1 MONTH PERIOD?

NO	YES
NO	YES

PSYCHOTIC DISORDER LIFETIME

S. ANOREXIA NERVOSA

(P SEANS : GO TO THE DIAGNOSTIC INDEX, CHECK NO IN ALL DIAGNOSTIC INDEX, AND MOVE TO THE NEXT MODULE)

81 a How do you feel?

b What was your lowest weight in the past 3 months?

c IS YOUR CURRENT WEIGHT EQUAL TO OR BELOW THE THRESHOLD CORRESPONDING TO YOUR HEIGHT? (SEE TABLE BELOW) (YES = A, BMI OF 17.5 KGM/M²)

d Have you lost 5 lbs. or more (2.3 kg. or more) in the last 3 months?

e If you are less than age 14, have you failed to gain any weight in the last 3 months? If over 14, code NO.

f Have you ever thought that you lost too much weight in the last 3 months? IF YES TO EITHER d OR e OR f, CODE YES, OTHERWISE CODE NO.

In the past 3 months:

52 Have you been trying to keep yourself from gaining any weight?

53 Have you been very afraid of gaining weight? Have you been very afraid of getting too fat / big? IF YES TO EITHER, CODE YES

54 a Have you ever seen yourself as being too big / fat or that part of your body was too big / fat? IF YES TO EITHER, CODE YES

b Has your weight strongly affected how you feel about yourself? Has your body shape strongly affected how you feel about yourself? IF YES TO EITHER, CODE YES

c Did you think that your low weight was normal or overweight? 1

55 ARE 1 OR MORE B4 ANSWERS CODED YES?

56 FOR POST PUBERTAL FEMALES ONLY: During the last 3 months, did you miss all your menstrual periods when they were expected to occur (when you were not pregnant)?

FOR GIRLS : ARE 55 AND 56 CODED YES?

FOR BOYS : IS 55 CODED YES?

NO YES

ANOREXIA NERVOSA CURRENT

HEIGHT / WEIGHT TABLE CORRESPONDING TO A BMI THRESHOLD OF 17.5 KGM/M²

Height/Weight	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63
ft/in	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63
cm	127	130	132	135	137	140	142	145	147	150	152	155	158	160	163	165	168	170	173	175	178	180	183	185	188	191	194	197	200	203	206	209	212	215
kg	28	29	31	32	33	34	35	37	38	39	41	42	43	45	46	48	49	51	52	54	55	57	58	60	61	63	64	66	68	70	72	74	76	

The weight thresholds above are calculated using a body mass index (BMI) equal to or below 17.5 kg/m² for the patient's height. This is the threshold guideline below which a person is deemed underweight by the DSM-IV and the ICD-10 Diagnostic Criteria for Anorexia Nervosa.

I. BULIMIA NERVOSA

(☞ MEANS: GO TO THE DIAGNOSTIC SCREEN, CIRCLE NO IN ALL DIAGNOSTIC SCREENS, AND MOVE TO THE NEXT SCREEN)

For the past 3 months:

- T1 Did you have eating "binges" or "outlet binges" as when you eat a very large amount of food within two hours?
 - ➔ NO
 - ➔ YES
- T2 Did you have eating binges two times a week or more?
 - ➔ NO
 - ➔ YES
- T3 During an eating binge, did you feel that you couldn't control yourself?
 - ➔ NO
 - ➔ YES
- T4 Did you do anything to keep from gaining weight? (Like making yourself throw up or exercising very hard? Trying not to eat for the next day or more? Taking pills to make you have to go to the bathroom more? Or taking any other kind of pills to try to keep from gaining weight? IF YES TO ANY, CODE YES)
 - ➔ NO
 - ➔ YES
- T5 Does your weight strongly affect how you feel about yourself? Does your body shape strongly affect how you feel about yourself? IF YES TO EITHER, CODE YES
 - ➔ NO
 - ➔ YES
- T6 DO THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA?
 - NO
 - YES

SKIP to T8
- T7 Do these things occur only when you are under (____) lbs (kg)?
INTERVIEWER: WRITE IN THE ABOVE () THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT/WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE.
 - NO
 - YES
- T8 IS T5 CODED YES AND IS EITHER T6 OR T7 CODED NO?
 - NO
 - YES
- T9 IS T7 CODED YES?
 - NO
 - YES

BULIMIA NERVOSA	
NO	YES
CURRENT	

ANOREXIA NERVOSA	
NO	YES
Binge Eating Type	
CURRENT	

II. GENERALIZED ANXIETY DISORDER

(☞ MEANS: GO TO END OF DISORDER, CIRCLE NO AND MOVE TO NEXT DISORDER)

SKIP THIS DISORDER IF THE PATIENT'S ANXIETY IS RESTRICTED TO OR BETTER EXPLAINED BY ANY DISORDER PRIOR TO THIS POINT.

- U1 For the past six months, have you worried a great deal about:
 - a How you look, worried or nervous about several things, (like school, your health, or something bad happening)?
 - b How you become worried than when like your age?
 - c Do you worry a great deal?

IF YES TO ANY, CODE YES

 - ➔ NO
 - ➔ YES
- U2 Do you find it hard to stop worrying? Do the worries make it hard for you to pay attention to what you are doing? IF YES TO EITHER, CODE YES
 - ➔ NO
 - ➔ YES
- U3 FOR THE FOLLOWING, CODE NO IF THE SYMPTOMS ARE COMPARED TO FEATURES OF ANY DISORDER EXPLORED PRIOR TO THIS POINT.
 - a When you are worried, do you, most of the time:
 - a Feel like you can't sit still?
 - b Feel tense?
 - c Feel tired, weak or exhausted easily?
 - d Have a hard time paying attention to what you are doing? Does your mind go blank?
 - e Feel grouchy or annoyed?
 - f Have trouble sleeping almost every night ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?

GENERALIZED ANXIETY DISORDER	
NO	YES
CURRENT	

V. ADJUSTMENT DISORDERS

(# MARKED: GO TO THE DIAGNOSTIC INDEX, CHECK NO IN ALL DIAGNOSTIC INDEX, AND MOVE TO THE NEXT NUMBER.)

FROM IF A PATIENT IS PRESENT ON A STRESS PATIENT AND THE PATIENT REPORTS, DO NOT USE AN ADJUSTMENT DISORDER DATE OF ONSET OF STRESSOR. THE DATE OF ONSET OF STRESSOR IS THE DATE OF THE ADJUSTMENT DISORDER. DO NOT USE THE PATIENT'S SYMPTOM ONSET DATE FOR ANOTHER SPECIFIC DATE DETERMINED ON A GENERAL AN EVALUATION OF A PRESENTING AXIS I OR II DISORDER.

ONLY USE THESE QUESTIONS IF THE PATIENT CODES NO TO ALL OTHER DISORDERS.

V1 Are you stressed out about something? Is this making you upset or making your behavior worse?
IF NO TO EITHER, CODE NO

NO YES

[Examples include anxiety/depression/physical complaints, antisocial behavior such as fighting, driving recklessly, skipping school, vandalism, violating the rights of others, or illegal activity].

IDENTIFIED STRESSOR: _____
DATE OF ONSET OF STRESSOR: _____

V2 Did your usual/behavior problems start soon after the stress began?
[Within 3 months of the onset of the stressor]

NO YES

V3 a Are you more upset by this stress than other kids your age would be?

NO YES

b Are these problems causing you to have trouble in school?
Trouble at home? Trouble with your family or with your friends?
IF YES TO ANY, CODE YES

NO YES

V4 BEHAVIORMENT IS PRESENT IF THESE EMOTIONAL/BEHAVIORAL SYMPTOMS ARE DUE ENTIRELY TO THE LOSS OF A LOVED ONE AND ARE SIMILAR IN SEVERITY, LEVEL OF IMPAIRMENT AND DURATION TO WHAT MOST OTHERS WOULD EXPERIENCE UNDER SIMILAR CIRCUMSTANCES HAS BEHAVIORMENT BEEN RULED OUT?

NO YES

V5 Have these problems gone on for 6 months or more after the stress stopped?

NO YES

WHICH OF THESE EMOTIONAL / BEHAVIORAL SUBTYPES ARE PRESENT? Mark all that apply

- A Depression, tearfulness or hopelessness.
- B Anxiety, nervousness, jitteriness, worry.
- C Melancholy (Loss of appetite, sleeping school, vandalism, violating others rights, doing illegal things).
- D School problems, physical complaints or social withdrawal.

IF MARKED:

- A only, then code as Adjustment disorder with depressed mood, 309.0
- B only, then code as Adjustment disorder with anxious mood, 309.24
- C only, then code as Adjustment disorder of conduct, 309.3
- A and B only, then code as Adjustment disorder with mixed anxiety and depressed mood, 309.28
- C and (A or B), then code as Adjustment disorder of emotions and of conduct, 309.4
- D only, then code as Adjustment Disorder unspecified, 309.9
- C and D, then code as Adjustment disorder of conduct, 309.3
- B and D, then code as Adjustment disorder with anxious mood, 309.24
- B, C and D, then code as Adjustment disorder with mixed mood, 309.24 / 309.3
- A, C and D, then code as Adjustment disorder with depressed mood, 309.0
- A, B and D, then code as Adjustment disorder with mixed anxiety and depressed mood, 309.0 / 309.3
- A, B and C, then code as Adjustment disorder with mixed anxiety and depressed mood, 309.28
- A, B, C and D, then code as Adjustment disorder with mixed anxiety and depressed mood, and of conduct, 309.28 / 309.3

IF V1 AND V2 AND (V3a OR V3b) ARE CODED YES, AND V5 IS CODED NO, THEN CODE DISORDER YES WITH SUBTYPES.
IF NO, CODE NO TO ADJUSTMENT DISORDER.

NO	YES
Adjustment Disorder	Adjustment Disorder
	(see above for analysis)

W. PERSASIVE DEVELOPMENT DISORDER

W1	Since the age of 4, have you had difficulty making friends? Do you have problems because you hang by yourself? If it happens you are shy or because you don't speak? YES TO ANY, CODE YES	NO	YES	UNSURE
W2	Are you teased on questions and things or do you have someone that you speak and laughs on other children?	NO	YES	UNSURE
W3	Do other kids think you are weird or strange or awkward?	NO	YES	UNSURE
W4	Do you play mostly alone, rather than with other children?	NO	YES	UNSURE
W5	ARE ALL W ANSWERS CODED YES? IF SO, CODE YES. IF ANY W ANSWERS ARE CODED UNSURE, CODE UNSURE. OTHERWISE CODE NO.	NO	UNSURE	YES *

NO UNSURE YES *
PERSASIVE DEVELOPMENT DISORDER
CURRENT

* Pervasive Developmental Disorder is possible, but needs to be more thoroughly investigated by a board certified child psychiatrist. Based on the above responses, the diagnosis of PDD cannot be ruled out. The above screening is to rule out the diagnosis, rather than to rule it in.

THIS CONCLUDES THE INTERVIEW

Acknowledgment:
We would like to thank Mary Keenan, Bernice Wilkerson, and
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International Advisory Committee for MINI Kid version 2.0

- | | |
|--|---|
| <p>Members</p> <ul style="list-style-type: none"> Marcus Borenstein Lea von Knorring Nicola Biscaglia Martina Piacentini Daniel Finkel Rachel Gershman Kahn | <p>Philippa Munk</p> <ul style="list-style-type: none"> Martin Christian Mowles-Simons Suzanne Nelson Frank Verhulst Eva von Knorring Ann-Elis von Knorring |
| <p>Translators</p> <ul style="list-style-type: none"> English Spanish Portuguese Hebrew Turkish German | <p>MINI KID</p> <ul style="list-style-type: none"> D. Shubert, D. Spitz, K.M.H., J.Jansen M. Sato, C. Shubert Y. Landtner, T. Harpuz J. Baber A. Engeler E. Pfeiffer |

MINI KID SCREEN

PARENT NAME: _____ DATE OF BIRTH: _____

DATE OF INTERVIEW: _____ IF YES, GO TO THE CORRESPONDING QUESTION

QUESTIONNAIRE COMPLETED BY: _____

- > Have you felt sad or depressed, down or empty, or grouchy or annoyed, most of the day, nearly every day for the past two weeks? **IF YES TO ANY, CODE YES**

NO YES
→ A
- > In the past two weeks, have you been bored a lot or much less interested in things (like playing your favorite games) for most of the day, nearly every day? Have you felt that you couldn't enjoy things? **IF YES TO ANY, CODE YES**

NO YES
→ A
- > Have you ever felt so bad that you wished you were dead, or tried to hurt yourself, or tried to kill yourself? **IF YES TO ANY, CODE YES**

NO YES
→ B
- IF YOU SAID YES TO THE FIRST QUESTION, SKIP THIS QUESTION.**
- > In the past year have you felt sad or depressed, down or empty, or grouchy or annoyed, most of the time? **IF YES TO ANY, CODE YES**

NO YES
→ C
- > Has there ever been a time when you were so happy that you felt really 'up' or 'high' or 'hyper'? By 'up' or 'high' I mean feeling really good; full of energy; needing less sleep; having racing thoughts or being full of ideas. **DO NOT CONFUSE THEM WITH YOUR REACTION TO BEING ON ALCOHOL OR DRUGS OR DRUGS SITUATIONS THAT NORMALLY OVERSTIMULATE AND MAKE CHILDREN VERY EXCITED, LIKE CARNIVAL, BIRTHDAY ETC.**

NO YES
→ D
- > Are you currently feeling 'up' or 'high' or 'hyper' or full of energy?

NO YES
→ D
- > Has there ever been a time when you were so grouchy or annoyed, that you yelled or started fights or yelled at people not counting your family? Have you or others noticed that you have been more grouchy than other kids, even when you thought you were right to act that way? **IF YES TO ANY, CODE YES**

NO YES
→ D
- DO NOT CONFUSE THEM WITH YOUR REACTION TO BEING ON ALCOHOL OR DRUGS OR DRUGS SITUATIONS THAT NORMALLY OVERSTIMULATE AND MAKE CHILDREN VERY EXCITED OR ANNOYED.**
- > Are you currently feeling grouchy or annoyed?

NO YES
→ D
- > Have you ever been really frightened or nervous for no reason, or have you ever been really frightened or nervous in a situation where most kids would not feel that way? **IF YES TO EITHER, CODE YES**

NO YES
→ E
- > Do you feel anxious, scared or uneasy in places or situations where you might become really frightened, like being in a crowd, standing in a line (queue), when you are all alone, or when crossing a bridge, traveling in a bus, train or car? **IF YES TO ANY, CODE YES**

NO YES
→ F

Turn Page

IF YES, GO TO THE CORRESPONDING QUESTION

- > In the past month, have you been really afraid about being away from someone close to you, or have you been really afraid that you would lose somebody you are close to? (Like getting lost from your parents or having something bad happen to them.) **IF YES TO EITHER, CODE YES**

NO YES
→ G
- > In the past month, were you afraid or embarrassed when others were watching you? Were you afraid of being teased? Like talking in front of the class? Or eating or writing in front of others? **IF YES TO ANY, CODE YES**

NO YES
→ H
- > In the past month, have you been really afraid of something like: snakes or bugs? Dogs or other animals? High places? Storms? The dark? Or seeing blood or needles? List the specific phobias: _____

NO YES
→ I
- > In the past month, have you been bothered by bad things that come into your mind that you couldn't get rid of? Like bad thoughts or urges? Or nasty pictures? For example, did you think about hurting somebody even though you knew you didn't want to? Were you afraid you or someone would get hurt because of some little thing you did or didn't do? Did you worry a lot about having dirt or germs on you? Did you worry a lot that you would give someone else germs or make them sick somehow? Or were you afraid that you would do something really shocking? **IF YES TO ANY, CODE YES**

NO YES
→ J
- DO NOT INCLUDE EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS. DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS, SEXUAL BEHAVIOR, OR ALCOHOL OR DRUG ABUSE BECAUSE YOU MAY DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO REBORN IT ONLY BECAUSE OF ITS NEGATIVE CONSEQUENCES.**
- > In the past month, did you do something over and over without being able to stop doing it, like washing over and over? Straightening things up over and over? Counting something or checking on something over and over? Saying or doing something over and over? **IF YES TO ANY, CODE YES**

NO YES
→ J
- > Has anything really awful happened to you? Like being in a flood, tornado or earthquake? Like being in a fire or a really bad accident? Like seeing someone get killed or hurt really bad? Like being attacked by someone?

NO YES
→ K
- > Did you respond with intense fear, feel helpless or horrified or did you feel agitated or full apart?

NO YES
→ K
- > In the past month, has this awful thing come back to you in some way? Like dreaming about it or having a strong memory of it? **IF YES TO ANY, CODE YES**

NO YES
→ K
- > In the past year, have you had 3 or more drinks or alcohol in a day? At these times, did you have 3 or more drinks in 3 hours? Did you do this 3 or more times in the past year? **IF YES TO ANY, CODE YES**

NO YES
→ L

Turn Page

▶ READ THE LIST BELOW of stress drugs or medications.

In the past year, have you taken any of them more than one time to get high? To feel better or to change your mood?

- | | | | | | | | | |
|-----------------|-------------------|----------|-----------------|--|----------------------------|------------------------------|----|-----|
| amphetamines | speed | cocaine | crack | crystal meth | Desoxine | Ritalin, dex-pm | NO | YES |
| barbiturates | ecstasy | heroin | methamphetamine | MDA, MDMA | Demerol | codeine, Percocet, OxyContin | | |
| benzodiazepines | gabapentin | ketamine | MDA, MDMA | MDA, MDMA | Prozac, Zoloft, Wellbutrin | sertraline | | |
| THC, marijuana | cannabis, hashish | grasses | weed, roach | heroin, Vicodin, Valium, Xanax, Alprazolam | | | | |

- ▶ In the past month, did you have movements of your body called "tics"? Tics are quick movements of some part of your body that are hard to control. A tic might be blinking your eyes over and over, twitching of your face, jerking your head, making a movement with your hand over and over, or squinting, or shrugging your shoulders over and over.
- ▶ Have you ever had a tic that made you say something or make a sound over and over and it was hard to stop it? Like coughing or sniffing or clearing your throat over and over when you did not have a cold, or grunting or moaning or hiccups, or having to say certain words over and over, having to say bad words, or having to repeat sounds you hear or words that other people say? If yes to ANY, circle YES

Has anyone (teacher, baby sitter, friend, parent) ever complained about your behavior or academic performance?

- In the past 6 months:
- ▶ Have you often not paid enough attention to details? Made careless mistakes in school? NO YES
 - ▶ Have you often had trouble keeping your attention focused when playing or doing homework? NO YES
 - ▶ Have you often been told that you do not listen when others talk directly to you? NO YES
 - ▶ Have you often tried to avoid things that make you concentrate or think hard (homework, work)? Do you have or dislike things that make you concentrate or think hard? NO YES
- If YES TO EITHER, circle YES
- ▶ Have you often lost or forgotten things you need? Like homework assignments, pencils or toys? NO YES
 - ▶ Do you often get distracted easily by little things (like sounds or things outside the room)? NO YES

In the past year:

- ▶ Have you been in trouble repeatedly? NO YES
- ▶ Have you bullied or threatened other people? NO YES
- ▶ Have you hurt or threatened someone (physically) on purpose? NO YES
- ▶ Have you hurt animals on purpose? NO YES
- ▶ Have you stolen things? NO YES
- ▶ Have you started fires on purpose? NO YES
- ▶ Have you lied many times in order to get things from people? NO YES
- ▶ Have you skipped school often? NO YES

In the past 6 months:

- ▶ Have you often argued with adults and refused to do what they asked you to do? NO YES
- ▶ Have you often annoyed people on purpose? NO YES
- ▶ Have you ever heard things other people couldn't hear, such as voices? NO YES
- ▶ Have your friends or family ever thought any of your beliefs were strange or weird? NO YES

How tall are you?

What was your lowest weight in the past 3 months? _____ lbs

IS PATIENT'S WEIGHT LOWER THAN THE THRESHOLD CORRESPONDING TO HIS/HER HEIGHT? HEIGHT/WEIGHT TABLE BELOW CORRESPONDING TO A BMI THRESHOLD OF 17.5 KG/M²

Height (in)	3'0	3'1	3'2	3'3	3'4	3'5	3'6	3'7	3'8	3'9	3'10
Weight (lb)	32	34	36	38	40	42	44	46	48	50	53
Height (cm)	91	94	97	99	102	104	107	109	112	114	117
Weight (kg)	15	15	16	17	18	19	20	21	22	23	24
Height (in)	3'11	4'0	4'1	4'2	4'3	4'4	4'5	4'6	4'7	4'8	4'9
Weight (lb)	102	104	107	110	113	116	119	122	125	128	131
Height (cm)	102	104	107	110	113	116	119	122	125	128	131
Weight (kg)	46	47	49	50	52	53	54	56	57	58	60
Height (in)	4'10	4'11	4'12	4'13	4'14	4'15	4'16	4'17	4'18	4'19	4'20
Weight (lb)	84	87	90	92	96	99	102	105	108	112	115
Height (cm)	104	105	107	109	110	112	113	115	116	118	119
Weight (kg)	38	39	41	42	44	45	46	48	49	51	52
Height (in)	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10
Weight (lb)	118	122	125	129	132	136	140	144	148	152	156
Height (cm)	127	129	130	132	135	138	140	143	145	148	150
Weight (kg)	54	55	57	59	60	64	65	66	68	70	71

▶ Have you lost 5 lbs. or more in the last 3 months?	NO YES	→8
▶ If you are less than age 14, have you failed to gain any weight in the last 3 months?	NO YES	→8
▶ Has anyone thought that you lost too much weight in the last 3 months?	NO YES	→9
▶ In the past three months, did you have eating binges or times when you ate a very large amount of food within a 2-hour period?	NO YES	→7
▶ In the last 3 months, did you have eating binges as often as twice a week?	NO YES	→7
▶ Have you worried excessively or been anxious about several things over the past 6 months?	NO YES	→7
▶ Are you stressed out about something? Is this making you upset or making your behavior worse?	NO YES	→7

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Baseline/Screening Version

Version 1/14/09

***Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.;
Burke, A.; Oquendo, M.; Mann, J.***

Disclaimer:

This scale is intended to be used by individuals who have received training in its administration. The questions contained in the Columbia-Suicide Severity Rating Scale are suggested probes. Ultimately, the determination of the presence of suicidal ideation or behavior depends on the judgment of the individual administering the scale.

Definitions of behavioral suicidal events in this scale are based on those used in The Columbia Suicide History Form, developed by John Mann, MD and Maria Oquendo, MD, Conte Center for the Neuroscience of Mental Disorders (CCNMD), New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY, 10032. (Oquendo M. A., Halberstam B. & Mann J. J., Risk factors for suicidal behavior: utility and limitations of research instruments. In M.B. First [Ed.] Standardized Evaluation in Clinical Practice, pp. 103 -130, 2003.)

For reprints of the C-SSRS contact Kelly Posner, Ph.D., New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; inquiries and training requirements contact posnerk@nyspi.columbia.edu

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SUICIDAL BEHAVIOR (Check all that apply, so long as these are separate events; must ask about all types)	Lifetime		Past Years	
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is <i>any</i> intent/desire to die associated with the act, then it can be considered an actual suicide attempt. <i>There does not have to be any injury or harm</i> , just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. Have you made a suicide attempt? Have you done anything to harm yourself? Have you done anything dangerous where you could have died? What did you do? Did you _____ as a way to end your life? Did you want to die (even a little) when you _____? Were you trying to end your life when you _____? Or Did you think it was possible you could have died from _____? Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal intent) If yes, describe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has subject engaged in Non-Suicidal Self-Injurious Behavior?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred). Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so. Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything? If yes, describe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aborted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything? If yes, describe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)? If yes, describe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Suicidal Behavior: Suicidal behavior was present during the assessment period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Answer for Actual Attempts Only	Most Recent Attempt Date:	Most Lethal Attempt Date:	Initial/First Attempt Date:	
Actual Lethality/Medical Damage: 0. No physical damage or very minor physical damage (e.g., surface scratches). 1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains). 2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). 3. Moderately severe physical damage; medical hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures). 4. Severe physical damage; medical hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area). 5. Death	Enter Code _____	Enter Code _____	Enter Code _____	
Potential Lethality: Only Answer if Actual Lethality=0 Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over). 0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care	Enter Code _____	Enter Code _____	Enter Code _____	

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CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: C. Thomas Budde, Ph.D.
FROM: Sheri L. Hart
SUBJECT: APPROVAL OF THE CAL-SAFE ANNUAL SELF-EVALUATION REPORT

ACTION

BACKGROUND:

The Program Self Evaluation addresses: family and community involvement; governance and administration; funding; standards, assessment, accountability; staffing and professional growth; opportunity and equal educational access; and approaches to teaching and learning. Program quality is assessed annually through the required self-evaluation and the reviews conducted by CDE/CDD program staff.

DISCUSSION/ALTERNATIVE/CONCERNS:

A requirement of the Annual Self-Evaluation Report is that the governing board review the findings at a regularly scheduled meeting. The annual report identified improving peer interaction among the children and cognitive development to improve attention span.

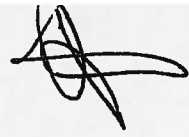
FINANCIAL IMPLICATIONS:

An annual evaluation must be conducted in order to be eligible to receive any future Child Development Division funding contracts.

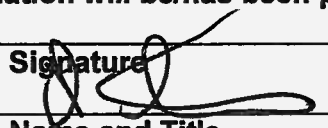
ACTION REQUESTED:

The Superintendent recommends that the Board approve the Program Self Evaluation Annual Report.

ACTION: **MOTION:** _____ **SECOND:** _____
 AYES: _____ **NOES:** _____
 ABSTENTIONS: _____



Program Self-Evaluation Cover Page (CD 4000)

Contractor's Legal Name Central Union High School District		Vendor Number 13-63115	
Contract and Age	<input type="checkbox"/> CSPP	Number of Classrooms	
	<input checked="" type="checkbox"/> CCTR – (Infant/Toddler)	Number of Classrooms	3
	<input type="checkbox"/> CCTR – (School Age)	Number of Classrooms	
	<input type="checkbox"/> Education Network – (Infant/Toddler)	Number of Homes	
	<input type="checkbox"/> Education Network – (Preschool)	Number of Homes	
	<input type="checkbox"/> CHAN	Number of Classrooms	
	<input type="checkbox"/> CMIG – (Infant/Toddler)	Number of Classrooms	
<input type="checkbox"/> CMIG – (Preschool)	Number of Classrooms		
<p>Describe the Program Self-Evaluation Process (Note: This area expands as necessary. When our staff completes their DRDP, they review the information to look for individual needs they can address. From this information they look for overall needs in our center. Our whole staff works together to formulate a plan and find ways to meet those needs. They are in constant communication with each other and our parents. Our staff has many years of combined experience that they can draw from to tackle any situation. We set goals for the center as whole. Many times the needs change or unexpected circumstances occur. Our staff adapts accordingly. Our program self-evaluation is a collaborative effort that is always ongoing and seeks the input of all of our centers stakeholders. The parent survey is a great tool that helps to identify areas of need that the parents feel might need improvement. We take this even further by having parent meetings where parents are able to voice any concerns or give suggestions for our center. Our parent input is one of our most valued resources. The environmental rating scale is really only as good as the teachers who are completing it. Luckily we have the best completing ours. They take great care and are meticulous in constantly surveying our center and identifying what needs improvement. Once something is identified our maintenance staff is prompt at handling any request. Our staff meets regularly with the maintenance department to keep each other up to date on what and when something needs to be completed. While the staff has really created a great environment for the children there is always room for improvement. The DRDP, ERS and Parent survey help us see what we've done and what needs improvement. The self-evaluation brings those tools together to formulate how we will achieve that improvement.</p>			
A copy of the Program Self-Evaluation will be/has been presented to the Governing Board.		Date 6/10/2014	
A copy of the Program Self-Evaluation will be/has been presented to teaching/program staff.		Date 05/19/2014	
A copy of the Program Self-Evaluation will be/has been presented to parents.		Date 05/20/2014	
Statement of Completion I certify that a Program Self-Evaluation was completed.	Signature 	Date 5/16/14	
	Name and Title Mike Sterner – CUHS Principal	Phone Number (760) 336-4300	

Desired Results Program Action Plan – Reflection on Action Steps (CD 3900)

Contractor Name Central Union High School District	
Contract Type, and/or FCCHEN Cal-SAFE	
Planning Date 05/02/2013	Age Group (Infant/Toddler, Preschool, School-Age) Infant/Toddler
Follow-up Date(s) 10/17/2014 - Ongoing	Lead Planner's Name and Position Maricela Avila - Cal-SAFE Coordinator
	Lead Planner's Name and Position

This form can be expanded and is not limited to a single page.

Reflection: Review each Program Action Plan (CD 4001A) submitted in the FY 2012-13 Program Self-Evaluation Report. As the FY 2012-13 Action Steps would be different or unique to the contract type and age group, a separate reflection and narrative for each is required.

Below, provide a narrative summarizing the outcome of each action step. Record how each action step was successfully accomplished. If there were modifications or revisions to the action steps, reflect on and record the outcome of those changes.

With many of our children being spoken to solely in Spanish at home, we knew it was crucial that we provide a solid foundation for English language skills. In helping build a solid foundation for English language skills, staff provided various opportunities through different activities to promote these skills. Staff and students read books, sang songs, performed fingerplay theater and played various games while communicating solely in English. We stressed to the parents how important it was to reinforce English at home. Our goal was to immerse the children in the English language while respecting and acknowledging their first language. Overall we were mostly successful with the children learning basic words in English.

Some of the infants were having trouble transitioning to our mobile infant room. This was largely due to lack of mobility. Throughout the year we provided many activities that promoted strength and skill through muscle development. We also obtained some walker toys for those infants that were nearing the transition into our mobile infant room. Outdoor time on the mats helped to encourage their crawling skills in a new

and challenging environment. Overall we had good success with the infants being more than prepared to transition into our mobile infant room.

**Desired Results Developmental Profile Summary of Findings
And Program Action Plan – Program or Network Level (CD 4001A)**

Contractor Name Central Union High School District	
Contract Type, and/or FCCHEN Cal-SAFE	
Planning Date 4/30/2014	Age Group (Infant/Toddler, Preschool, School-Age) Infant/Toddler
Follow-up Date(s) 10/13/2014	Lead Planner's Name and Position Maricela Avila - Coordinator
Lead Planner's Name and Position Lead Planner's Name and Position	

This form can be expanded and is not limited to a single page.

Key Findings by Domain from Developmental Profiles	Educational Program (Goals)	Action Steps (i.e. address activity planning, curriculum modifications, materials required, staff or program schedules, child-staff interactions, classroom use of space, professional development, parent education, and/or community outreach)	Expected Completion Date and/or Ongoing Implementation and Persons Responsible
Ask: Where is the program now? Some of the children have a hard time interacting with each other.	Ask: Where does the program want to go? Improve peer interaction. Have the children play and work together to increase comfort level with each other.	Ask: How does the program get there? Create more opportunities for increased peer interaction. Set up games or activities that promote cooperative play. Evaluate activities to determine if they are hindering or promoting peer interaction.	Ask: By when? Ongoing Maricela Avila - Coordinator Beverly DeRosier - Teacher Alicia Frausto - Teacher Maria Reyes - Teacher

<p>Children's attention span and participation in activities is a bit low.</p>	<p>Cognitive development, memory and attention maintenance need to be improved.</p>	<p>By planning activities that are appropriate for the children's age level of understanding. Introduction of suitable materials such as books, pictures and toys. Keeping activities so that they don't extend too far beyond the targeted attention span goal. Having benchmarks and trying to extend those benchmarks.</p>	<p>Ongoing Maricela Avila-Coordinator Beverly DeRosier -Teacher Alicia Frausto-Teacher María Reyes-Teacher</p>
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CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: C. Thomas Budde, Ph.D.
FROM: Danette Morrell, Mike Sterner, and Tracie Baughn
SUBJECT: APPROVAL OF THE SOUTHWEST HIGH SCHOOL, CENTRAL UNION HIGH SCHOOL, AND DESERT OASIS HIGH SCHOOL 2014-15 SINGLE PLAN FOR STUDENT ACHIEVEMENT

ACTION

BACKGROUND:

Academic achievement of students is the top priority of the education system in California. California Education Code sections 41507, 41572, and 64001 and the federal Elementary and Secondary Education Act (ESEA) require each school to consolidate all school plans for programs funded through the Consolidated Application and ESEA Program Improvement into the Single Plan for Student Achievement. The local governing board must review and approve these site plans.

DISCUSSION/ALTERNATIVE/CONCERNS:

Categorical budgets included in the plan are preliminary based upon projected allocations. They will be updated in the fall when the district receives official award notifications. The school site plan contains assurances that the plans were developed and approved by School Site Councils (SSC). Each plan also contains in the appendices an evaluation of the effectiveness of Title I funded activities that have been reviewed by each site's SSC.

Copies of the plan are also available to the public upon request at the school site. The plans are posted on each school's website:

<http://www.eaglesnet.net/>

<http://www.spartansnet.net/community-profile/single-plan-for-student-achievement/>

<http://www.desertoasisnet.net/>

FINANCIAL IMPLICATIONS

SPSA budgets identify planned expenditures for site level categorical programs including Title I, Title II, and Title III, as well as some site based expenditures that are aligned to the Local Control Accountability Plan.

ACTION REQUESTED:

The Superintendent recommends that the Board approve the Southwest High School, Central Union High School, and Desert Oasis High School "Single Plan for Student Achievement".

ACTION: MOTION: _____ SECOND: _____
AYES: _____ NOES: _____
ABSTENTIONS: _____

CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: C. Thomas Budde, Superintendent
FROM: Merritt Merten, Fiscal Services Supervisor
SUBJECT: **EFFECTIVE JULY 1, 2014 - APPROVE REMOVAL OF C. THOMAS BUDDE AND ISSUANCE OF NEW VISA CREDIT CARD FOR SUPERINTENDENT, BRYAN THOMASON**

ACTION

BACKGROUND:

With the retirement of C. Thomas Budde and addition of Superintendent, Bryan Thomason, there will be a need to remove C. Thomas Budde from our Rabobanks Visa card and replace him with Bryan Thomason. In order to expedite this issue and maintain efficiency of operations we are requesting that approval is given as of July 1, 2014 to order Bryan Thomason's credit card and cancel C. Thomas Budde. This credit card has a \$15,500 credit limit.

DISCUSSION/ALTERNATIVE/CONCERNS:

None

FINANCIAL IMPLICATIONS:

None, as the total district credit limit is \$20,000, this does not change.

- Superintendent - \$15,500
- Director of Maintenance - \$2,500
- Assistant Superintendent - \$1,000
- Director of Human Resources - \$1,000

ACTION REQUESTED:

The Superintendent requests the board approve the removal of C. Thomas Budde from our Rabobanks Visa account and add Bryan Thomason to the account as well as issue him a Visa credit card effective on July 1, 2014.

ACTION: **MOTION:** _____ **SECOND:** _____
 AYES: _____ **NOES:** _____
 ABSTENTIONS: _____

CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: Board of Trustees
FROM: C. Thomas Budde, Ph.D., Superintendent
SUBJECT: **DEMOGRAPHICS SOFTWARE CONTRACT**

ACTION

BACKGROUND:

Student growth has resumed in the district and its current school of incidence is CUHS. Central's enrollment last year was 1950 and the next year's enrollment is expected to be the same. Enrollment increases and class size decreases have combined to create a classroom shortage problem.

DISCUSSION/ALTERNATIVE/CONCERNS:

One solution to the CUHS class room shortage is to install portables. Adding more classrooms does not increase core facility capacity. Parking lots, restrooms, indoor and outdoor eating space, gymnasium, and field space were never designed to accommodate 1950 or more students. Continuing to add students to CUHS will create an overcrowding problem and the reincarnation of all the associated issues that were at CUHS before SHS was built.

The board has expressed a desire to avoid the recreation of those problems and has purchased land for a new school. Even though enrollment is growing it hasn't grown sufficiently to justify a third high school. For now increased enrollment will need to be accommodated in existing facilities. CUHS is already over capacity and feeling the pain of continued growth. SHS is a larger facility with greater core facility capacity and better equipped to handle additional students. Some students can be directed to SHS with transfer policies. However, attendance boundary changes may be needed to design effective school facility utilization plans.

The implications of school boundary changes can be overwhelming. The data analysis necessary to make good boundary change policy decisions can best be done with specialized demographic based computer software. The software will also assist staff and parents identify the school that serves a particular address and could be made available to parents on the district's web site.

Two vendors have submitted proposals, School Works and DecisionInsite. Presentations by both vendors indicate similar capability.

FINANCIAL IMPLICATIONS:

DecisionInsite's proposal has less initial cost and if the service is used for only one year there is a significant savings. Options for multi-year extensions are available. DecisionInsite's proposed software and associated services will cost \$13,872 for the first year.

ACTION REQUESTED:

The superintendent recommends the board approve a contract with DecisionInsite in the amount of \$13,872.

ACTION: **MOTION:** _____ **SECOND:** _____
 AYES: _____ **NOES:** _____
 ABSTENTIONS: _____

June 3, 2014



Mr. Thomas Budde
Superintendent
Central Union High School District
351 Ross Ave.
El Centro, CA 92243

Proposal for Premium Enrollment Projections and the StudentView System

Dear Mr. Budde:

Thank you for the opportunity to present this proposal for DecisionInsite's services. It outlines the features and deliverables of DecisionInsite's Premier service as well as options that can be added according to your district's needs. Should the District decide to proceed with one of the proposed options, DecisionInsite will provide our formal signed agreement for the District to sign upon authorization.

Qualifications

DecisionInsite is a dynamic team of professionals with decades of experience in school district governance and administration as well as facilities planning.

Local communities expect school districts to offer excellent education programs, maintain operational efficiency with financial integrity. To do so, educational leaders must make good administrative decisions and implement sound policies. These require relevant and accessible data to support those decisions. DecisionInsite's team of K-12 enrollment impact specialists along with its proprietary geospatial location analytics system (called the StudentView System) provide the kinds of data necessary to support good, data-driven decisions. From sophisticated enrollment projects to boundary analysis tools to point plotting of students by attributes, DecisionInsite delivers the decision support educational leaders require today.

DecisionInsite serves school districts in several states across the US. The firm was formed in April, 2004 by Michael Regele, a former board member of the Irvine Unified School District in Irvine, CA and Dean Waldfogel, PhD, former Superintendent of Irvine Unified. Since our establishment, DecisionInsite has worked with over a 100 different school districts around the US. Our district experience ranges from very large, including Long Beach Unified at nearly 90,000 average daily enrollment, to districts in the 40,000 to 50,000 average daily enrollment to smaller districts. A complete list of current clients can be found at our website.

DecisionInsite is a strategic partner with School Services of California, and holds memberships in several state school board associations and state affiliates of ASBO International of which it is also an Associate member.

DecisionInsite's corporate office is in Irvine, CA and maintains offices around the US to serve local school districts. DecisionInsite serves school districts in Texas through a strategic partnership with Impact Demographics.

Features and Services

Premier

Premier is DecisionInsite's flagship package. The Premier package annually integrates the professional development of student enrollment projections with full access to all of the location analytic features of the DI StudentView System. The Premier package is highlighted by these distinctive features.

StudentView Features (Partial List)

Complementary System Training and Support

Location Plot Data and Tools

StudentTraits

Student Files uploadable...

October Enrollment Data Upload

Anytime Student Upload

Student Mailing List Generation

Custom Student Attributes

SchoolTraits

PointTraits

PassengerTraits

Location Analytics Tools

Spatial Query Tools

Report Generator

Measurement Tools

Walking Distance Polygons

Quik Presentation Graphs and Tables

MapMaker Tools

Alternative Google Base Maps

District and School Attendance Boundary Maps

Mapping of SchoolTrait Data

CommunityTraits Theme Maps

Custom Boundary Layers

Map Marking Tools

MySchoolLocator plus Bus Stops Option

Easy Export and Presentations

Single Click to export tables to Excel

Copy and paste tables and graphs into PowerPoint, Excel or

Word for easy presentations

Maps generated to fit PowerPoint

Premier Features (Partial List)

* Two District-wide and School-by-grade Projections annually; one conservative and the other moderate. In

* Intra-district (Open Enrollment/School of Choice) and Inter-district enrollment patterns.

* Projections by attendance area

* A Final Executive Report of Findings designed for use with Administrative Staff and Boards.

* Full access to all of the EnrollmentAnalytics functions in the StudentView System

* Full access to the StudentView System's boundary change analysis tools which allow the development of

* Full access to all of the unique DecisionInsite efficiency calculators. (See appendix for descriptions of each

* Full access to all of the community demographic variables that are integrated into the system along with all of the predefined, colorful reports—QuickInsite, FullInsite,

* MySchoolLocator plus option of Bus Stops

* School2Community Marketing and Communication Tools

Optional Residential Development Research

The option of Residential Development Research for integration into the enrollment forecasts is available upon request. Inclusion would include location mapping of expected projects, and full reporting on all proposed residential development projects phased over time.

Some clients conduct their own research. When that is the case, they may provide it to DecisionInsite to use in the development of projections. The client must provide the data in the format requested by DecisionInsite to ensure that it is properly integrated into the StudentView System. There will be a modest charge added to the contract to cover this integration.

Project Development Schedule

Your project will be put into our production queue within 3 working days of two events: 1) reception of a signed agreement and 2) reception of all required data.

DecisionInsite is committed to both quality and rapid delivery. We pledge to complete your project as quickly as possible without compromising the integrity of the projections and output. Once a project is put into our production queue, completion is projected to range between 8 and 15 weeks or sooner if possible. Prior to final delivery, the district designated official will be contacted for a "preview" of the numbers and to make sure that some element has not been overlooked before the final and public study is released.

Proposal Fees for Premier Service

The following table summarizes the fee options and pricing for enhancements, such as residential development research.

Summary of System Pricing and Enhancements			
Initial Student Projection Year	2015		
Proposed Options	Option 1 1 Year Only	Option 2 3 Year Agreement (per year)	Option 3 5 Year Agreement (per year)
Premier	\$12,872	\$10,498	\$9,358
Allowance for Residential Development Research (not to exceed)	Not Requested	Not Requested	Not Requested
Total Not to Exceed (other services below not included)	\$12,872	\$10,498	\$9,358
Other Services (Billed as needed but not to exceed)			
	\$0.	\$0.	\$0.
Feeder District Data Management Fee	\$1,000	\$1,000	\$1,000
	\$0	\$0	\$0
Total with Other Services	\$13,872	\$11,498	\$10,358

Early Termination Adjustment

Multi-year agreements are based upon discounts to the single year fee for system and services. Should the district opt for one of the multi-year agreements and then choose to terminate the agreement an adjustment will be applied to the final year of service based upon the number of years of the contract that have been completed.

We appreciate your consideration of this proposal. DecisionInsite is eager to be your single source solution. Let us help you intelligently plan for tomorrow.

We will contact you soon to follow up. Please do not hesitate to contact your Business Development Representative Ron Van Orden at rvanorden@decisioninsite.com or by phone at 877-204-1392 at ext. 1012 if you have any questions or comments. We look forward to the opportunity to serve you!

Sincerely,



Michael B. Regele
President
DecisionInsite, LLC

Schedule A: References

School Districts

Mr. Paul Reed, Deputy Superintendent
Newport Mesa Unified School District (CA)
Contact phone: 714-424-5001
preed@nmusd.us

Mr. Donald Stabler, Deputy Supt.
Torrance Unified School District (CA)
Contact phone: 310-972-6061
dstabler@tusd.org

Mr. Brett McFadden, Assistant Supt. Bus. Svs.
Pajaro Valley Unified School District (CA)
Contact phone: (831) 786-2100 ext. 2531
Brett_McFadden@pvusd.net

Dr. Richard Martinez, Superintendent
Pomona Unified School District (CA)
Contact phone: (909) 397-4800 Ext. 3882
Richard.Martinez@pomona.k12.ca.us

Dr. Samuel Lee, Superintendent
Bristol Township School District (PA)
Contact phone: 215-943-3200 x 212
samlee@btsd.us

Dr. Chris Marchese, Assistant Superintendent
Wissahickon School District (PA)
Contact phone: 215-619-8000 ext. 3010
cmarchese@wsdweb.org

SCHEDULE B: OPTIONAL SERVICES AND RATES

Some districts require additional services, such as

- residential development research,
- facilities planning consulting and support
- custom GIS technical work or

These items are in addition to the basic contract and are billed according to the type of work and the fee schedules outlined below.

Consulting

In addition to providing the standard Enrollment Projections and the web-based StudentView System, DecisionInsite also offers additional consulting services. Consulting can include:

- Residential Development Research,
- Attendance Boundary Configuration Consulting
- Student Generation Rate Studies
- School Capacity Studies

1. Residential Housing Development Research: For districts impacted by housing development, we offer additional research services. Many districts have internal staff that collect and monitor this information. But for those that do not, we offer this as an enhancement to the core service. Having an accurate picture of housing development is critical to good enrollment projections.

2. Boundary Configuration Consulting: While generating multiple attendance boundary reconfigurations is easy with the DI System, some districts prefer to contract for outside consulting services to assist in the generation of multiple scenarios and/or participate in or lead community reconfiguration committee processes. DecisionInsite's professional and experienced team is well qualified to provide these additional services. Fees are assessed on an hourly basis and not-to-exceed amount is set in consultation with the client.

3. Student Generation Rate Studies: Student generation rates will determine how many students are expected out of new housing. Some districts have these already (by housing product type and grade level). For those that do not, we can either use our standard default rates or as an enhancement, DecisionInsite can generate custom student generation rates based upon product type that is anticipated and the current generation of students by similar product type.

4. School Capacity Studies: A School Capacity Study by DecisionInsite generates multiple scenarios that consider alternative impacts of changes in underlying variables such as special use classrooms, class size by grade level, half-day or extended day Kindergarten, number of relocatable classrooms, projected enrollment, spaces for teacher prep time, etc.

Consulting Fee Rates

Consulting is billed according to DecisionInsite consulting rates as outlined below. In all cases, DecisionInsite provides the district with "a not to exceed" amount. Some contracts have development impact written in from the beginning. For others, these services may be appended to the original contract. But all billing is based upon the rates in the following table.

Consultant Billable Rates	Per Hour	
	Presentation	Analysis/Preparation
Senior Consultant	\$250.00	\$150.00
Consultant	\$175.00	\$87.50
GIS Technical Services		\$85.00

Expenses

Expenses are invoiced for actual travel, lodging and materials. For locations beyond one hour a travel time charge is included.

Custom GIS Services

DecisionInsite can easily add and integrate several custom data and analysis tools to a district's base system. These include:

- Existing Map Layers Changes
- Custom Map Layers
- Additional Student Attributes
- Custom Plotting of People (other than students) or Places (other than schools).

1. Existing Map Layer Changes: As part of a standard agreement, a district can modify attendance areas once each year and this service is included in the base fee. Generally this is sufficient since changes mid year seldom occur and policy changes on attendance areas seldom happen more often. If such should be required outside the normal cycle of client updating, it would be considered custom GIS work and the district would be billed according to the hourly rate for GIS Technical Services.

2. Custom Map Layers: DISTRICT'S may request the creation of additional Map layers for analysis, print or PowerPoint presentations. Possibilities include:

- Special Assessment Districts
- School or municipal planning areas
- Natural or manmade hazard features such as flood zones, pipelines, or other features which require safety buffer zones
- Board Trustee Areas
- Developer tracts
- District study areas
- Other custom features

DecisionInsite can add these custom map layers to any existing district study. These layers can be activated or deactivated just like school attendance boundaries. Additionally, most custom layers can be queried for enrollment, ethnicity and census updates and projections.

Custom map layers are billed at the GIS Technical Services hourly rate. Upon request, DecisionInsite will provide the district with a project scope proposal based upon the assessed complexity of the project.

Other Services and Fees

Additional Projection Scenarios: DISTRICTS may request additional projection scenarios beyond the standard two (2) per year. DecisionInsite can generate additional projections according to the following fee schedule.

Per additional enrollment projection scenario	Ranges	
	Min	Max
Web posting only, no report	\$500	\$1,000
Web posting plus report	\$1,500	\$2,000

SCHEDULE C: PRODUCT DETAILS



StudentView System (SVLS): EnrollmentAnalytics License

A StudentView EnrollmentAnalytics license provides a district access to many of the features of the StudentView System. Contracts may be one year, three years or five years in length. The StudentView EnrollmentAnalytics base license feature set includes:

- The Standard StudentView Feature Set
- MySchoolLocator with Bus Stops

This is the foundational application license upon which all other EnrollmentAnalytics Services and/or packages are built

Any data that can be attached to a 1) student, 2) school site 3) bus passenger) bus run, 4) bus stop can be loaded, displayed and analyzed using the location analytic tools built into the SVLS. The following categories encompass many of these while the actual features available are determined by the consulting packages or modules licensed. (Explanations follow the list.)

- o LocationPlot Data and Tools
- o Location Analytics Tools
- o MapMaker
- o MySchoolLocator (MSL)
- o School2Community

Complementary System Training and Support

LocationPlot Data and Tools

Visually locating people and places and things on a map immediately tells a story as the relationship between each is portrayed. Students attend schools. Busses originate in a transportation center and travel to stops and schools. Each of these can be plotted on a map. The LocationPlot Tools easily transform Excel worksheets of data or other data formats into maps through a simple upload process in the SVLS.

- o **StudentTraits:** Plot the locations of your existing students on a map. Student plots can display an array of student traits including school of attendance, ethnicity, SDC or an array of other attributes such as Gifted, grade level, first year in the district, etc. If an attribute can be attached to a student, it can be plotted, analyzed and reported. For example, Student plot can be used to analyze which neighborhoods students are drawn from, or in which school they are enrolled. (See StudentTraits in the appendix for a matrix of possible plottable attributes.)

* **Student Files:** Two student files may be maintained in the SVLS at any time.

1. **October Enrollment Data Upload:** This upload is required for all districts for which DecisionInsite will do enrollment forecasts.
2. **Anytime Student Upload:** Upload a current student data file at any time.

* **Student Mailing List Generation:** Generate student mailing lists on the fly. Need to send a special mailing to one neighborhood? Use StudentTraits to plot targeted students (grade range, specific school or schools, etc.) Draw a polygon around the specific geographic area and the StudentView System exports a list of the selected students as an Excel file.

- o **SchoolTraits:** Geocode and plot the locations of schools on the SVLS map. Attach to them location-specific information such as site plans, floor plans, test scores, classroom count, bell schedules etc. Traits specific to schools, such as school-wide performance scores, can be appended and used to create theme maps, comparing or contrasting schools. (See SchoolTraits in the appendix for a matrix of typical data to attach or display.)
- o **PointTraits:** Upload and plot non-student or non-school site locations for display, reporting and analysis, e.g., non-school facilities owned by the district, local law enforcement and emergency services locations etc. (How is this different than from Google? Using Google you can upload and display a location on a map. With the DI SVLS, in addition to uploading and displaying, other reporting and analysis tools become available.) Use PointTraits to plot specific uploaded
- o **PassengerTraits:** Plot the locations of existing passengers on a map. Passenger plots can display an array of traits including school of attendance, bus pass status, ambulatory/wheel etc. Generate passenger mailing lists on the fly. Need to send a special mailing to one neighborhood, run or route? Use PassengerTraits to plot targeted students (grade range, specific school or schools, etc.) Draw a polygon around the specific geographic area and the TOS exports a list of the selected students as an Excel file.

Location Analytics Tools

The SVLS integrates an array of Location Analytics Tools. These tools are the core of the SVLS System. Not every tool can be listed but a few of the more important include:

- o **Spatial Query Tools:** While what the System is doing is complex, the tools for the user are simple clicks. Spatial query tools allow the user to pick or draw geography and obtain information on the geography using the System's powerful Report Generator. Select an attendance area, and see how many students plot within it. Select a stop, a run or route, and see how many passengers are served within it. At the same time, request a community demographic report and review the current year, five year and 10 year population projection or ethnic composition for that same geography. Draw a custom polygon shape, and do the same. It's all clicks but the information it generates in support of data driven decisions is significant. (If enrollment forecasts are generated for a district, seeing projected enrollment by each geography is also possible.)
- o **Report Generator:** The StudentView System's powerful report generator function can generate a myriad of reports—from student data to turn lists to passenger manifests to community demographic information. Generated reports are often the outcome of employing the System's Spatial Query Tools. Listed below is a sample of the kinds of reports the Report Generator can create based upon the modules licensed.
 - * **Historical Student Enrollment Analysis and Reporting:** Display and analyze multiple years of student enrollment history.
 - * **Inter- and Intra-district Transfers:** Display reports of intra-district transfers between schools and inter-district transfers of students from outside the district enrolled within the district.
 - * **CommunityTraits:** Access is given to a select set of community demographic variables based on the U.S. census data and updated twice a year. In addition, two predefined demographic reports—QuickInsite and SchoolInsite, are easily accessible. Each of these reports, designed specifically for schools and school communities, provides an analysis of a district's community demographics including current year and five year and in some cases, ten year population projections, households and families. These easy-to-read and understand reports integrate data tables and colorful graphs. (Additional census data and predefined reports are available in some of the forecasting packages.)
 - * **History of State Enrollment Data:** Review the enrollment counts your district submitted to the state by school-by-grade level. (Not available for all states.)
 - * **Live Birth Data:** Where available, live birth data is imported annually into the SVLS and made available for reporting. Live birth comparisons to Kindergarten enrollment five years out are easily generated as a report or graph.

- o **Measurement Tools:** Measure distances between two points, such as the path students must walk to school. Acreage and square miles are automatically calculated whenever a geographic area is selected. Measure distances between two points, such as the path students must walk to school or a radius from a school site.
- o **Walking Distance Polygons:** Run the Walking Time/Distance Polygon generator to discover where students can be drawn from based upon walking distance from a school site. Estimated walking times are included.
- o **Quick Presentation Graphs and Tables:** Tables and Maps can quickly be copied and pasted into Excel, PowerPoint or Word. Quickly move data results from the StudentView System into Excel for further analysis or PowerPoint or Word for presentations and reports.

MapMaker Tools

MapMaker is a collection of tools built into the StudentView System that include the ability to upload school attendance boundaries and custom boundaries (such as community planning areas), select and analyze these boundaries using the SVLS spatial query tools, generate data theme maps and create presentation maps for use in PowerPoint or other

- o **Alternative Google Base Maps:** SVLS users have the option of selecting different backgrounds for Google maps including; terrain, street or satellite. Advanced tools allow users to customize some of the features included in the base map.
- o **District and School Attendance Boundary Maps:** Upon contracting with a district, the district’s boundary and all existing school attendance boundaries are digitized and all school sites geocoded. This allows them to be displayed, queried and output as maps within the StudentView System.
- o **Mapping of SchoolTrait Data:** With MapMaker a user can make a presentation quality theme map of school specific trait data by attendance area. For example, create theme maps of enrollment history.
- o **CommunityTraits Theme Maps:** Create theme maps of selected community demographic variables
- o **Custom Boundary Layers:** Districts can integrate custom boundaries with the rest of their district attendance maps, e.g., trustee areas, special community planning areas, hazard areas etc. If the district has existing digitized map files, usually these can be uploaded by the user. In some cases, uploading and integration will require a custom GIS project to be
- o **Map Marking Tools:** A graphic making tool kit allows a user to place text or graphics on a map for output into PowerPoint or MS Word.

MySchoolLocator (MSL)

Drawn from the DecisionInsite's TransitOptimizers Solutions, MSL provides a way for parents to look up assigned neighborhood schools from a link on your website. Parents enter their address and the system returns the schools that serve their address along with directions and a map from their residence to the school. Walking and driving directions are

- o **MSL+:** The “MySchoolLocator + Bus Stops” is an optional add-on feature. Parents enter their address and the system returns the schools that serve their address along with directions and a map from their residence to the school.

Additionally, the system returns the assigned bus stop location on the SVLS map along with all scheduled pick-ups and

School2Community Marketing and Communication Tools

Marketing research to support community outreach tools are built into the StudentView System.

- o **Enrollment Potential Analysis:** Comparing current student enrollment with estimated student population allows a district to gain an impression of how well they have penetrated the total possible student population within its jurisdiction.
- o **Market Research Tools:** Using the demographic information built into the SVLS to learn about the community served by a school allows the school to enhance the educational process as well as assist in developing more effective communications.
- o **Community Outreach Package:** Using DI’s Community Outreach package, districts can obtain email and regular mail lists, and manage outreach campaigns all within a simple web application.

Easy Export and Presentations

- Single Click to export tables to Excel
- Copy and paste tables and graphs into PowerPoint, Excel or Word for easy presentations
- Maps generated to fit PowerPoint

Premier

Premier is DecisionInsite's flagship package. The Premier package annually integrates the professional development of student enrollment projections with full access to all of the location analytic features of the DI StudentView System. The Premier package is highlighted by these distinctive features.

- * Two District-wide and School-by-grade Projections annually; one conservative and the other moderate. In districts funded on a per pupil basis, the conservative projection is suitable for budget planning and staffing, and the moderate projection suitable for facilities planning.
- * Intra-district (Open Enrollment/School of Choice) and Inter-district enrollment patterns.
- * In addition to all of the reports in the SVLS, Premier clients can access...
 - o District-wide projection reports with residential development, if applicable included
 - o School by grade projection reports with residential development, if applicable included
 - o District-wide and school by grade without residential development
 - o Transfers to alternative schools
 - o Capacity analysis by district and by school
- * Projections by attendance area
- * A Final Executive Report of Findings designed for use with Administrative Staff and Boards.
- * Full access to all of the EnrollmentAnalytics functions in the StudentView System
- * Full access to the StudentView System's boundary change analysis tools which allow the development of alternative geographic attendance areas and derive a report of future projected enrollment within the defined scenario area.
- * Full access to all of the unique DecisionInsite efficiency calculators. (See appendix for descriptions of each calculator with samples.)
 - o Staffing Calculator: This calculator computes the allocated FTE for each school and the total district-wide FTE cost based on the projected school enrollment for any study you select.
 - o Combination Class Calculator: The combination class calculator streamlines the process of 'what ifs' on the formation of Combination Classes allowing the user to see the enrollment balanced across all grade levels and the effect on FTE at
 - o Room Count Calculator: This calculator computes the number of classrooms necessary to serve the projected enrollment at a given school.
- o Capacity Calculators
 - ** Elementary Capacity Calculator: This calculator estimates how many students a school can serve based on the classroom count and the student loading by grade level.
 - ** High school Capacity Calculator: This calculator is designed to estimate how many students a high school can serve based on the classroom counts of various types, and the student loading counts
- * Full access to all of the community demographic variables that are integrated into the system along with all of the predefined, colorful reports—QuickInsite, FullInsite, ExecutiveInsite, SchoolInsite and Impressions

- * MySchoolLocator plus option of Bus Stops
- * School2Community Marketing and Communication Tools
- o Enrollment Potential Analysis
- o Market Research Tools
- o Community Outreach Package



Facility Problem Solvers

6815 Fair Oaks Blvd, Suite 3
Carmichael, CA 95608
Ph. 916.733.0402

www.SchoolWorksGIS.com

**CENTRAL UNION HIGH
SCHOOL DISTRICT**
351 Ross Avenue
El Centro, CA 92243

2014 GIS SERVICES CONTRACT

SchoolWorks, Inc. will contract to perform the tasks enumerated below for the prices indicated. School districts are authorized to enter into this agreement by Government Code 53060.

I. SchoolWorks Facility Planning Software

A. Services to be performed:

1. SchoolWorks Facility Planning Software:

Consultant shall provide one licensed copy of SchoolWorks Facility Planning Software.

2. Software and Data Installation:

Consultant shall install the MapInfo and SchoolWorks Facility Planning Software on each user's computer. The data files will be installed on a network drive to which each user has access. Each user shall receive one SchoolWorks user's guide.

3. User Training:

The consultant shall provide an equivalent of one (1) day of training for District staff on the various features of the programs including MapInfo and SchoolWorks. Training will be scheduled at a time and location on a date when all District staff to be trained are able to attend. Additional training is available on an as needed basis and can be requested at \$140/hour.

4. Technical Support:

Consultant shall provide technical assistance to assist the District with day-to-day operations and preparing reports using the SchoolWorks software and associated programs.



**CENTRAL UNION HIGH
SCHOOL DISTRICT**

2014 GIS SERVICES CONTRACT

5. Student Data (4 Years):

Consultant shall load the past four years of student data by address into the MapInfo Professional GIS program.

6. Attendance Boundaries:

Consultant shall draw in the District and current school attendance boundaries for each school in the District.

7. New Developments:

Consultant shall input the new developments within the school district including drawing new streets as identified on the tract maps.

8. Demographics Report:

- a. Consultant shall use the information provided by the SchoolWorks Facility Planning Software to prepare a written Demographics Report for the school district.
- b. Consultant shall provide two copies of the report for the school district.

B. Terms:

Option A

- **SchoolWorks GIS Facility Planning Software**
- **Demographic Study**
- **School Locator**
- **Cost of Proposed Project\$40,000**
- ***Optional Service: If the District needs additional assistance with the boundary study options and scenarios, SchoolWorks will be available at a discounted hourly rate of \$120, for an amount not to exceed \$10,000.***

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**CENTRAL UNION HIGH
SCHOOL DISTRICT**

2014 GIS SERVICES CONTRACT

Option B

- **Demographic Study**
- **Attendance Boundary Study**
- **School Locator**

- **Cost of Proposed Project\$25,000**

Option C

- **School Locator\$4,000**

C. Payment schedule:

1. The consulting fees cited above, will be invoiced in two (2) equal installments. The first installment is due upon approval of this contract. The second installment is due upon completion of the projects.

The amount of each billing is due within thirty days of the date of the invoice.

D. Conditions and Requirements:

The District must provide the information requested under Item E for each service chosen in this contract. SchoolWorks will provide the software only. All hardware is to be provided by the school district.

Unlimited technical support will be provided by SchoolWorks via telephone or email.

If the District requests additional consulting services related to these projects, additional time is available and will be billed at \$140 per hour. The District can request assistance by contacting SchoolWorks by phone, fax, e-mail, or in writing.



**CENTRAL UNION HIGH
SCHOOL DISTRICT**

2014 GIS SERVICES CONTRACT

E. Districts to Provide:

1. Student Enrollment data by school and grade for current year
2. Database listing of students and addresses for 4 years
3. Maps of all school attendance boundaries

Authorized Signature

Ken Reynolds, President
SchoolWorks, Inc.

Title

Dated

INFORMATION ITEMS

CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: Board of Trustees
FROM: C. Thomas Budde
SUBJECT: **FIRST READING OF PROPOSED REVISION TO BOARD
BYLAW 9324 RELATING TO MINUTES AND RECORDINGS**

INFORMATION

BACKGROUND:

Bylaw updated to reflect new law (SB 751, 2013) which requires that minutes of board meetings report the vote or abstention of each member present for the action. Revised bylaw also adds optional space for the district to specify the position responsible for signing the minutes after approval by the board.

DISCUSSION/ALTERNATIVE/CONCERNS:

None.

FISCAL IMPACT:

None.

ACTION REQUESTED:

None. This is the first reading of the proposed revision.

ACTION: **MOTION:** _____ **SECOND:** _____
 AYES: _____ **NOES:** _____
 ABSTENTIONS: _____

PROPOSED REVISION

Board Bylaws

BB 9324(a)

MINUTES AND RECORDINGS

The Governing Board recognizes that maintaining accurate minutes of Board meetings provides a record of Board actions for use by district staff and the public and helps foster public trust in Board governance.

(cf. 9000 - Role of the Board)

(cf. 9005 - Governance Standards)

(cf. 9323 - Meeting Conduct)

The secretary of the Board shall keep minutes and record all official Board actions. The Board's minutes shall be public records and shall be made available to the public upon request. (Education Code 35145, 35163)

(cf. 1340 - Access to District Records)

(cf. 9122 - Secretary)

(cf. 9323.2 - Actions by the Board)

The minutes shall reflect which members are present and whether a member is not present for part of the meeting due to late arrival and/or early departure.

(cf. 9250 - Remuneration, Reimbursement and Other Benefits)

In order to ensure that the minutes are focused on Board action, the minutes shall include only a brief summary of the Board's discussion, but shall not include a verbatim record of the Board's discussion on each agenda topic or the names of Board members who made specific points during the discussion.

The minutes shall include the specific language of each motion and the names of the Board members who made and seconded the motion.

The minutes shall also report any action taken and the vote or abstention on that action of each member present. (Government Code 54953)

The minutes shall reflect the names of those individuals who comment during the meeting's public comment period as well as the topics they address.

The Superintendent or designee shall distribute a copy of the "unapproved" minutes of the previous meeting(s) with the agenda for the next regular meeting. The Board shall approve the minutes as circulated or with necessary amendments.

Upon approval by the Board, the minutes shall be signed by the secretary to the board of trustees / superintendent.

Official Board minutes and recordings shall be stored in a secure location and shall be retained in accordance with law.

(cf. 3580 - District Records)

MINUTES AND RECORDINGS (continued)

Any minutes or recordings kept for Board meetings held in closed session shall be kept separately from the minutes or recordings of regular and special meetings. Minutes or recordings of closed sessions are not public records. (Government Code 54957.2)

(cf. 9321.1 - Closed Session Actions and Reports)

Recording or Broadcasting of Meetings

The district may tape, film, or broadcast any open Board meeting. The Board president shall announce that a recording or broadcasting is being made at the direction of the Board at the beginning of the meeting and, as practicable, the recorder or camera shall be placed in plain view of meeting participants.

Any district recording may be erased or destroyed 30 days after the meeting. Recordings made at the direction of the Board during a meeting are public records and, upon request, shall be made available for inspection by members of the public on district equipment without charge. (Government Code 54953.5)

*Legal Reference:*EDUCATION CODE35145 *Public meetings*35163 *Official actions, minutes and journals*35164 *Vote requirements*GOVERNMENT CODE54952.2 *Meeting defined*54953 *Meetings*54953.5 *Audio or video recording of proceedings*54953.6 *Broadcasting of proceedings*54957.2 *Closed sessions; clerk; minute book*54960 *Violations and remedies*PENAL CODE632 *Unlawful to intentionally record a confidential communication without consent*CODE OF REGULATIONS, TITLE 516020-16027 *Classification and retention of records**Management Resources:*CSBA PUBLICATIONS*The Brown Act: School Boards and Open Meeting Laws, rev. 2009**Guide to Effective Meetings, rev. 2007*WEB SITESCSBA, *Agenda Online*: <http://www.csba.org>

CURRENT BYLAW

Board Bylaws

BB 9324

Minutes And Recordings

The secretary of the Board of Trustees shall keep minutes and record all official Board actions. (Education Code 35145, 35163)

(cf. 9323.2 - Actions by the Board)

Copies of the minutes of each regular or special meeting shall be distributed to all Board members with the agenda for the next regular meeting.

Any minutes or recordings kept for Board meetings held in closed session shall be kept separate from the minutes or recordings of regular and special meetings. Minutes or recordings of closed sessions are not public records. (Government Code 54957.2)

(cf. 1340 - Access to District Records)

(cf. 9321.1 - Closed Session Actions and Reports)

Official Board minutes and recordings shall be stored in a fire-proof location.

Recording of Votes

Motions or resolutions shall be recorded as having passed or failed. Individual votes shall be recorded unless the action was unanimous. All motions and Board resolutions shall be numbered consecutively from the beginning of each fiscal year.

Video or Audio Recording

A video or audio tape recording may be made at any Board meeting. The presiding officer shall announce that a recording is being made at the beginning of the meeting, and the recorder shall be placed in plain view of all persons present, insofar as possible.

Recordings made during regular or special Board meetings are public records. They shall be kept for at least 30 days and upon request shall be made available for inspection by members of the public on a district recorder without charge. (Government Code 54953.5)

Legal Reference:

EDUCATION CODE

35145 Public meetings

35163 Official actions, minutes and journals

35164 Vote requirements

PENAL CODE

632 Unlawful to intentionally record a confidential communication without consent of all parties to the communication

GOVERNMENT CODE

54957.2 Closed sessions; clerk; minute book

54960 Violations and remedies

Bylaw
adopted: October 10, 2006

CENTRAL UNION HIGH SCHOOL DISTRICT
El Centro, California

CENTRAL UNION HIGH SCHOOL DISTRICT

DATE: June 10, 2014
TO: C. Thomas Budde, Superintendent
FROM: Merritt Merten, Fiscal Services Supervisor
SUBJECT: MONTHLY BUDGET AND CASH FLOW REPORT

INFORMATIONAL

BACKGROUND:

The attached reports are in response to the boards request for monthly budget and estimated cash flow information.

DISCUSSION/ALTERNATIVE/CONCERNS:

None

FINANCIAL IMPLICATIONS:

See attached

ACTION:

None

Page Breaks on Fund

Budget Type working

Fiscal Year 2014

Dates 5/1/2014 through 5/31/2014

Include accts. on zeros No

Include closed accts. No

Resource type Both, Restricted and Unrestricted

Exceeded budget only No

Add description for None

	Fund	Resource	Proj Year	Goal	Function	Object	Site	Manager
Detail on	X					X		
Account Selections	010							

FUND: 010-General Fund

<i>Object & Description</i>	Working	Current	Encumb. YTD	Current YTD	Balance	%
8011 - LCFF State Aid - Current Year	23,841,329			17,434,218.00	6,407,111.00	26.9
8012 - Education Protection Account St	4,334,274			3,316,103.00	1,018,171.00	23.5
8019 - LCFF/Revenue Limit State Aid - P	-4,167			-10,742.00	6,575.00	
8021 - Homeowners Exemption	47,400	16,204.05		39,352.69	8,047.31	17.0
8041 - Secured Rolls Tax	3,590,068			1,746,745.17	1,843,322.83	51.3
8042 - Unsecured Roll Taxes	433,768	582.79		430,834.34	2,933.66	.7
8044 - Supplemental Taxes	12,500	24,125.43		52,830.15	-40,330.15	
8045 - Education Revenue Augmentatio	-1,877,987				-1,877,987.00	
8047 - Community Redevelopment Fund				304,118.57	-304,118.57	
8082 - Other In-Lieu Taxes				8,979.06	-8,979.06	
8181 - Special Education - Entitlement	587,774			263,377.10	324,396.90	55.2
8182 - Special Education - Discretionary	98,129				98,129.00	100.0
8285 - Interagency Contracts Between L	463,822			244,041.19	219,781.23	47.4
8290 - All Other Federal Revenue	1,875,652			651,796.19	1,223,855.31	65.2
8560 - State Lottery Revenue	625,943			385,460.68	240,482.32	38.4
8590 - All Other State Revenues	2,090,205			1,902,439.84	187,765.39	9.0
8625 - Community Redevelopment Fund	53,010			53,009.60		
8650 - Leases and Rentals	124,000	780.00		55,961.25	68,038.75	54.9
8660 - Interest	50,000			44,218.44	5,781.56	11.6
8677 - Interagency Services Between LE	830,781	106,954.00		702,436.00	128,345.00	15.4
8699 - All Other Local Revenue	306,923	14,839.60		174,387.62	132,535.24	43.2
8792 - Transfers of Apportionments fro	811,405			593,510.00	217,895.00	26.9
8980 - Contributions from Unrestricted R						
8990 - Contributions from Restricted Re						
8000s Totals	38,294,829	163,485.87		28,393,076.89	9,901,751.72	25.9
1100 - Certificated Teachers' Salaries	13,423,135	1,165,551.78		12,223,327.94	1,199,807.23	8.9
1130 - Overtime	365,418	4,743.00		200,560.75	164,857.60	45.1
1131 - Certificated Overloads	45,588			32,346.00	13,242.00	29.0
1150 - Extra Period Assignment	290,959	24,302.41		265,419.68	25,539.51	8.8
1160 - Substitute Teachers	351,378	18,454.00		256,312.87	95,065.13	27.1
1170 - Extra Duty Stipend	102,135	7,040.21		69,355.10	32,779.90	32.1
1171 - Special Stipend	42,000			22,500.00	19,500.00	46.4
1175 - Certificated Coaching Stipends	111,211	35,867.96		114,436.79	-3,226.29	
1180 - Part Time Certificated	32,000	3,404.00		18,145.50	13,854.50	43.3
1200 - Certificated Pupil Support Salarie	1,409,587	113,469.95		1,293,092.26	116,495.19	8.3
1230 - Certificated Pupil Support Hourly !	8,804			4,402.00	4,402.00	50.0
1300 - Certificated Supervisor and Admir	1,096,730	88,700.56		1,009,829.53	86,900.79	7.9
1301 - Certificated Assistant Principals	424,181	34,037.00		390,143.68	34,036.98	8.0
1302 - Department Chair Stipends	65,386	5,914.19		59,208.29	6,177.71	9.4
1900 - Other Certificated Salaries	567,167	47,984.25		512,606.55	54,560.46	9.6
1901 - Certificated Overtime/Hourly	6,000			675.00	5,325.00	88.8
1902 - Other Certificated Salaries Stipen	32,150	650.00		6,500.00	25,650.00	79.8

FUND: 010-General Fund

<i>Object & Description</i>	Working	Current	Encumb. YTD	Current YTD	Balance	%
1000s Totals	18,373,830	1,550,119.31		16,478,861.94	1,894,967.71	10.3
2100 - Classified Instructional Salaries	531,705	43,189.40		473,953.20	57,752.02	10.9
2130 - Instructional Aide Overtime	74,571	2,623.00		45,987.60	28,582.94	38.3
2132 - Instructional Aide Educational St	4,150	455.00		3,815.00	335.00	8.1
2160 - Substitute Instructional Aide	8,000	2,344.59		23,633.50	-15,633.50	
2170 - Instructional Aide Extra Duty Sti	536	48.73		487.27	48.73	9.1
2175 - Classified Coaching Stipends	167,720	51,175.22		164,520.43	3,200.04	1.9
2200 - Classified Support Salaries	2,368,980	192,601.71		2,156,220.73	212,758.98	9.0
2230 - Classified Support Overtime	119,803	8,250.02		85,242.62	34,560.38	28.8
2232 - Classified Support Educational St	3,875	390.00		3,510.00	365.00	9.4
2260 - Substitute Classified Pupil suppor	90,000	8,431.02		81,404.75	8,595.25	9.6
2300 - Classified Supervisor and Adminis	338,389	28,300.50		325,114.17	13,274.82	3.9
2400 - Clerical, Technical, and Office St	1,667,214	130,042.83		1,512,306.54	154,907.23	9.3
2430 - Clerical Overtime	16,349	186.06		12,999.72	3,349.28	20.5
2432 - Clerical/Technical Educational St	2,000	225.00		1,850.00	150.00	7.5
2460 - Substitute Clerical	25,500	1,416.00		26,616.07	-1,116.07	
2470 - Clerical Extra Duty Stipend	10,000				10,000.00	100.0
2900 - Other Classified Salaries	79,613	5,473.82		75,836.36	3,776.86	4.7
2930 - Other Classified Overtime	9,000	56.00		6,297.20	2,702.80	30.0
2931 - Other Classified Overtime/Hourly	8,666			3,696.00	4,970.00	57.4
2932 - Educational Stipend for Classified	650	65.00		585.00	65.00	10.0
2970 - Other Classified Extra Duty Stipe	5,000	250.00		2,750.00	2,250.00	45.0
2990 - Work Study	20,600	170.68		22,190.80	-1,590.80	
2000s Totals	5,552,321	475,694.58		5,029,016.96	523,303.96	9.4
3101 - State Teachers' Retirement Syste	1,530,565	125,277.83		1,334,644.44	195,920.86	12.8
3201 - Public Employees' Retirement Sy	518	1,572.86		17,225.02	-16,707.02	
3202 - Public Employees' Retirement Sy	608,342	45,798.46		520,453.73	87,888.35	14.4
3301 - OASDI/Medicare/Alternative, cer	1,938	1,324.14		13,960.38	-12,022.16	
3302 - OASDI/Medicare/Alternative, cla	343,392	28,171.86		297,390.28	46,001.92	13.4
3303 - Medicare, certificated	263,280	20,683.54		220,873.66	42,406.07	16.1
3304 - Medicare, Classified	80,406	6,653.23		70,217.36	10,189.04	12.7
3401 - Health & Welfare Benefits, certi	1,564,107	139,618.83		1,391,802.48	172,304.67	11.0
3402 - Health & Welfare Benefits, class	879,855	80,908.92		773,541.06	106,314.17	12.1
3501 - State Unemployment Insurance, c	18,172	731.56		7,813.76	10,357.93	57.0
3502 - State Unemployment Insurance, c	34,035	227.97		2,417.71	31,617.00	92.9
3601 - Worker Compensation Insurance, c	193,356	16,385.46		175,026.86	18,329.60	9.5
3602 - Worker Compensation Insurance, c	62,333	5,140.85		54,507.22	7,825.74	12.6
3701 - OPEB, Allocated, certificated pos	118,711				118,710.90	100.0
3702 - OPEB, Allocated, classified positi	89,600				89,600.00	100.0
3802 - PERS Reduction, classified positi	9				9.00	100.0
3901 - Other Benefits, certificated posit	9,315				9,315.00	100.0

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FUND: 010-General Fund

<i>Object & Description</i>	Working	Current	Encumb. YTD	Current YTD	Balance	%
3000s Totals	5,797,935	472,495.51		4,879,873.96	918,061.07	15.8
4100 - Approved Textbooks and Core Cu	989,578		185.97	39,794.16	949,597.68	96.0
4200 - Books and Other Reference Mate	500				500.00	100.0
4300 - Materials and Supplies	1,314,218	235,529.64	109,910.25	751,352.66	452,955.11	34.5
4310 - Warehouse Supplies	33,000			24,827.82	8,172.18	24.8
4315 - Other Supplies	46,069		26,830.54	13,030.01	6,208.63	13.5
4350 - Office Supplies	19,452	6,315.55	221.66	20,058.68	-828.10	
4355 - Graduation Supplies	13,487	8,095.50	2,117.49	10,473.32	896.39	6.6
4360 - Transportation	50,451	4,086.57		49,763.42	687.51	1.4
4361 - Fuel	118,966	9,366.54		100,656.71	18,309.00	15.4
4362 - Tires	18,456			9,241.23	9,215.05	49.9
4380 - Operations	90,000	9,132.57		122,029.09	-32,029.09	
4390 - Maintenance Supplies	258,479	11,318.73	15,059.52	265,007.83	-21,588.29	
4400 - Non-Capitalized Equipment	1,414,739	67,693.14	375,975.63	411,134.76	627,629.09	44.4
4000s Totals	4,367,396	351,538.24	530,301.06	1,817,369.69	2,019,725.16	46.2
5200 - Travel and Conferences	380,305	35,942.11	8,242.39	212,802.76	159,259.90	41.9
5300 - Dues and Memberships	34,533		550.00	29,095.10	4,887.44	14.2
5400 - Insurance	160,000			153,526.70	6,473.30	4.0
5500 - Operation and Housekeeping Ser	10,000	700.00		7,690.00	2,310.00	23.1
5501 - Gas	19,500	3,030.56		17,333.34	2,166.66	11.1
5502 - Electricity	1,147,850	101,272.28		793,462.83	354,387.17	30.9
5503 - Water / Sewer	49,680	4,494.93		44,979.30	4,700.70	9.5
5504 - Laundry / Dry Cleaning	16,300	1,859.56		19,277.21	-2,977.21	
5506 - Garbage	39,910	3,182.33		34,476.93	5,433.07	13.6
5600 - Rentals, Leases and Repairs	311,719	23,315.92	7,198.15	266,758.30	37,762.23	12.1
5710 - Direct Costs for Transfer of Servi	4,720				4,720.25	100.0
5720 - Direct Costs						
5750 - Direct Costs for Interfund Service	-10,839				-10,839.00	
5800 - Professional/Consulting Services a	1,498,552	104,151.41	84,127.26	865,013.44	549,411.16	36.7
5810 - Audits	12,000			8,300.00	3,700.00	30.8
5830 - Legal	49,000			12,255.59	36,744.41	75.0
5840 - Advertising	20,300	4,571.90		16,827.13	3,472.87	17.1
5850 - Employee Screening	17,122	1,109.20		10,729.95	6,392.00	37.3
5890 - Other Services	19,690	2,438.16		23,940.52	-4,250.72	
5900 - Communications	46,102	2,141.63		80,021.79	-33,919.97	
5901 - Postage	65,765	369.94	1,000.00	36,453.47	28,311.89	43.0
5903 - Cell Phones	15,000	2,534.73		19,645.52	-4,645.52	
5000s Totals	3,907,208	291,114.66	101,117.80	2,652,589.88	1,153,500.63	29.5
6210 - Architect Fees	42,600			42,488.50	111.50	.3
6270 - Permanent Construction	217,961			215,138.18	2,822.95	1.3

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FUND: 010-General Fund

<i>Object & Description</i>	Working	Current	Encumb. YTD	Current YTD	Balance	%
6290 - Inspection	1,200			1,200.00		
6400 - Equipment	1,248,476	8,768.88	66,203.04	421,432.45	760,840.57	60.9
6000s Totals	1,510,237	8,768.88	66,203.04	680,259.13	763,775.02	50.6
7222 - Transfers of Apportionments to C	734,993				734,992.93	100.0
7223 - Transfers of Apportionments to J	830,781			651,657.00	179,124.00	21.6
7310 - Direct Support/Indirect Costs Cha	0			0.00	0.00	
7350 - Transfers of Indirect Costs - Int	-97,181				-97,181.21	
7000s Totals	1,468,593			651,657.00	816,935.72	55.6
1000s-7000s Totals	40,977,520	3,149,731.18	697,621.90	32,189,628.56	8,090,269.27	19.7
Page Breaks Summary	8000s	38,294,829	163,485.87	28,393,076.89	9,901,751.72	25.9
	1000s-5000s	37,998,690	3,140,962.30	631,418.86	30,857,712.43	17.1
	1000s-6000s	39,508,927	3,149,731.18	697,621.90	31,537,971.56	18.4
	1000s-7000s	40,977,520	3,149,731.18	697,621.90	32,189,628.56	19.7
Fund Summary	8000s	38,294,829	163,485.87	28,393,076.89	9,901,751.72	25.9
	1000s-5000s	37,998,690	3,140,962.30	631,418.86	30,857,712.43	17.1
	1000s-6000s	39,508,927	3,149,731.18	697,621.90	31,537,971.56	17.1
	1000s-7000s	40,977,520	3,149,731.18	697,621.90	32,189,628.56	19.7

**Central Union High School District
Estimated Cash Flow 2013-2014**

(cash balanced as of 04/30/2014)

	balanced July	balanced August	balanced September	balanced October	balanced November	balanced December
Beginning Balance						
\$6,446,608.57						
Monthly Total Revenue	\$1,726,986.09	\$1,360,051.93	\$3,703,699.94	\$2,583,261.71	\$2,517,138.61	\$4,811,676.14
Prior Year	\$2,863,551.54	\$1,765,535.98	\$399,433.09	(\$174,896.03)	\$511,973.51	\$299,632.61
Compensation	(\$822,359.45)	(\$2,324,677.11)	(\$2,398,045.24)	(\$2,426,931.37)	(\$2,671,643.72)	(\$583,257.83)
General Disbursement	(\$409,995.83)	(\$679,811.89)	(\$652,831.92)	(\$663,218.38)	(\$308,868.42)	(\$364,900.54)
Cash Balance	\$9,804,790.92	\$9,925,889.83	\$10,978,145.70	\$10,296,361.63	\$10,344,961.61	\$14,508,111.99

	balanced January	balanced February	balanced March	balanced April	estimated May	estimated June
balanced/estimated						
Monthly Total Revenue	\$2,502,303.94	\$2,198,750.11	\$4,268,457.22	\$2,559,143.42	\$163,485.87	\$1,928,655.68
Prior Year	\$257,511.82	\$48,999.87	(\$23,758.29)	(\$73,421.60)	\$24,954.98	\$34,721.14
Compensation	(\$5,249,678.42)	(\$2,523,005.70)	(\$2,438,976.63)	(\$2,450,867.99)	(\$2,498,309.40)	(\$2,413,923.92)
General Disbursement	(\$654,181.84)	(\$481,109.99)	(\$453,646.36)	(\$481,888.75)	(\$651,421.78)	(\$852,183.49)
Cash Balance	\$11,364,067.49	\$10,607,701.78	\$11,959,777.72	\$11,512,742.80	\$8,551,452.47	\$7,248,721.88