



City of Berkeley
Department of Health and Human
Services
Public Health Division

**Student Knowledge and Utilization of Academic
Support and Health Services,
Berkeley High School, May 2007**

TECHNICAL REPORT

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for the

Coordinated School Health Council

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Summary

Background: In May 2007, the Coordinated School Health Council — a collaboration of the Berkeley High School administration, staff, students, and parents, the Berkeley Unified School District, and the City of Berkeley Public Health Division — surveyed a random selection of BHS students to assess their ability to access resources on campus. The council looked at reasons and strategies to integrate health services into the overall infrastructure of the school. This survey was part of the "coordinated school health" project, and was designed to identify ways to increase coordination and collaboration between the school and the City of Berkeley, Berkeley High School health center.

The survey asked questions regarding:

1. **Knowledge** of how to access academic tutoring and mental health related support
2. **Awareness and utilization** of on-campus academic and health related support services, and
3. **Barriers** to accessing on-campus academic and health related support services.

Methods: A random sample of 383 students was selected to take the survey. The survey was developed with extensive student input. Students were notified in advance of their selection, were asked to participate, and completed the survey in the library during the school day.

Results: 312 students completed the survey. Detailed results of the survey can be obtained by reading the extended report at the City of Berkeley website <http://www.ci.berkeley.ca.us/ContentDisplay.aspx?id=13446> (Public Health Division Reports and Statistics). Some of the key findings are listed below:

Academic Support Services

- Approximately 82% of students stated that they knew how to access academic support services.
- Approximately half of students reported having used academic support services, and nearly half stated that they didn't believe they needed the services.
- The most common means of accessing academic support services was the Student Learning Center, followed by teachers and after-school programs, particularly for non-white students.
- Almost two-thirds of Latino students report having used an academic support service, and there were race/ethnic preferences to specific programs such as Y-Scholars and small school tutoring programs.
- As a barrier to using academic support services, 43% reported not having time or availability for after-school programs.

Health Center Services

- Approximately 60% of students stated ever having used the Health Center.
- A greater percentage of African American and White students used the Health Center than other race/ethnic groups.



- Approximately 25% of students reported using a health education services and 20% reported ever having used a mental health service.
- Approximately 30% of students stated they didn't know where to go to get help for mental health issues.
- The most common means of accessing mental health services was through Health Center staff and academic counselors, followed by friends and teachers

Outreach to students

- The most effective means identified for disseminating information about services to students, were class presentations, announcements in class by teachers, and the school newspaper.

CONCLUSIONS/LESSONS LEARNED

This survey process showed us that a methodologically rigorous survey of Berkeley High School can be feasibly carried out with the engagement, cooperation, and pooling of resources by the High School administration, students, teachers, and parents, the BUSD, the City of Berkeley Public Health Division and other partners.

The following findings provide useful planning information for BHS staff:

- Eighteen percent of students (approximately 558 of the 3103 total student body) have little knowledge on how to access academic support services therefore additional outreach and education about the services is still needed.
- The survey suggests that classroom-based dissemination of information is most effective
- The survey also identifies that lack of time or availability after school are still the greatest barriers to utilizing after-school services.
- There is a high level of utilization of the Health Center (60%), yet there is a need for additional outreach to Asian and Pacific Islander students, who still use the services less than their counterparts.
- Students who have not used the Health Center most often report “not needing services” as their reason.

RECOMMENDATIONS

The primary recommendation is to disseminate this report to key stakeholders, and get feedback on the findings and implications. The stakeholder feedback and findings from this study will be used for program planning to improve utilization of academic support, mental health and health programs at Berkeley High School. Consideration should be given to regularly repeating this survey as a means to assess the progress of interventions or to evaluate the need to make changes to existing programs.

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INTRODUCTION

In October 2006, Berkeley High School's Coordinated School Health Council (CSHC) partnered with Berkeley Unified School District's (BUSD) Office of Integrated Resources to support the institution of a Universal Learning Support System (ULSS) that would more effectively and universally address barriers to student learning at Berkeley High School (BHS). The Coordinated School Health Council is comprised of a BHS vice-principal, teachers, students, parents of BHS students, the BHS Health Center's director, the manager of BUSD's Office of Integrated Resources and representatives from the City of Berkeley's Public Health Division and Office of Alcohol and Other Drugs. The Council's main aims are to help coordinate and reduce the fragmentation of school health services and programs in order to facilitate improved student educational outcomes, social outcomes, health literacy, and health behaviors. The CSHC has been in existence since the 2005 academic year.

The intent behind ULSS is to promote (1) the identification of students in need of health and academic learning supports, (2) procedures for ensuring that students access learning supports, (3) follow-up on the effectiveness of learning supports for individual students, and (4) the coordination of health and academic support resources to meet the unique needs of the school population.

The sense among Berkeley High School administrators and staff was that students were having a difficult time identifying on-campus support resources. In partnership with BUSD's Office of Integrated Resources, members within the Coordinated School Health Council conducted a survey among Berkeley High School Students to assess how students currently access on-campus support services. The survey specifically assessed student:

- Knowledge of how to get academic tutoring and mental health related support
- Awareness and utilization of on-campus academic and health related support services
- Barriers to accessing on-campus academic and health related support services

The survey was also used to determine the best means to communicate information to students.

METHODS

Population and Sample

The target population for the survey were students enrolled at Berkeley High School in the 2006-7 academic year who were listed in the administrative database (SASI) on 4/7/2007.

It was not possible to conduct a survey of all 3103 students enrolled at BHS, so a representative sample of 383 students was selected at random from the SASI roster. The number of students (N=383) was chosen so that the margin of error in the survey responses would not exceed $\pm 5\%$ with 95% confidence, after accommodating a non-response rate as high as 20%. The sample frame was an exported Excel file from SASI data that included student ID, grade, gender, ethnicity, date of birth, zip code of city and zip code of residence, small school, instructional setting, and English language proficiency. The file was imported into STATA, a statistical package, and the SAMPLE command was used to draw the sample. Frequency distributions were compared between the universe and sample to assess representativeness. Because the



first random sample undersampled Latinos, a second random sample was selected and was accepted by the CSH Council (Table 1).

Instrument Development

A list of initial survey questions was generated during a December 2006 Coordinated School Health Council meeting. The initial draft of the self-administered instrument was 10-pages in length and had 41 items that covered demographics; prior participation in both academic support services and mental and physical health services; and barriers to accessing support services. The questionnaire was formatted as a check-off grid and had skip patterns.

The instrument was pretested twice on two different groups of students: Berkeley High School Health Center Youth Advisory Board (YAB) students and Coordinated School Health student council members. Students were asked to time themselves and write down any questions/problems they encountered as they completed the survey.

Upon completion of the survey, a group discussion was held and students were given an opportunity to express their concerns and delights. During the first pre-test, students unanimously agreed that the initial instrument proved to be too long and complicated. They expressed displeasure with skip and grid questions. The instrument was therefore simplified by primarily eliminating all skip and grids questions. During the second pretest, students expressed greater satisfaction with the survey instrument. The data reliability and validity also proved to be much greater after the instrument was changed. See Appendix 2 for survey instrument.

Questionnaire Administration/Scheduling

Administration of the survey took place for 8 days during the period between May 7, 2006 – May 24, 2007 in the Berkeley High School library. A Berkeley High School vice-principal informed teachers by letter that the survey would be taking place and to expect students to be pulled out of class. Parent volunteers pulled most of the students out of class; however, when they were unavailable, a Berkeley High School student proctor was used. Before each period, parent volunteers were given the name and class schedule of each student to pull out of class. They were also given a note to the student informing them about the questionnaire. Students were informed to report to the library to complete the survey.

In formulating the survey schedule, students were first separated by grade level and then grouped according to the location of their classroom during a particular class period. The initial plan was to have 10 students complete the survey per class period – where each day, administration would begin during period 2 and end during period 6. This would result in 50 students being surveyed per day. As it became clear that the average number of scheduled students to complete the survey per period was consistently at 70%, 15 students were scheduled per period each day instead of 10. This increased the likelihood of the survey being completed within the 8 allocated days. Most of the follow-up with non-respondents occurred during the last 2 days of the survey period; however, during certain days, when there was a markedly low turnout of students, those periods were used to follow-up with non-respondents.

Upon arrival to the library, students were formally informed about the purpose of the survey and given an opportunity to decline participation. Students were each given their own individual desk to complete the survey – thus minimizing group response. However, on a few occasions no more than two students had to share a longer sized table. As a token of appreciation for their



participation in the survey, students were given treats (starbursts, lollipops, laffy taffy) upon completion of the survey.

Data Processing and Statistical Analysis

Survey responses were key entered in an MS Access database. Open-ended questions were printed out and reviewed by the Project Coordinator to determine whether responses could be classified in pre-existing categories or whether new categories were necessary. A synonym dictionary of unique phrases (Appendix 1) was used to search strings in STATA for matches.

A formal analysis plan was adopted around "key tables" in which each questionnaire item on knowledge, utilization, and access would be analyzed by race/ethnicity and large/small school category. Gender, grade, and student age were additional variables for stratifying outcomes, but would be presented in tables if they showed important variation.

Simple frequency distributions were generated in STATA and the statistical differences in the percent distribution of outcomes by race/ethnicity or large/small school was assessed in contingency tables with a two-tailed Chi square test using 0.05 as the cut-off for statistical significance ($p < 0.05$). Responses that required student's ranking of preferences were scored (e.g., first choice – last choice: 1, 2, 3, 4) and the category with the lowest sum of scores was deemed to be the overall first choice. Statistical differences between ranks were assessed by overlap of 95% confidence intervals of mean scores on the 1 to 4 scale.

RESULTS

Sample and Response

The percent distribution of the demographic and academic characteristics of all students and those in the simple random sample were virtually the same (Table 1). Only in a few instances was the percent different by more than 3%. As expected, groups with few students in the entire student population had few or no students in the sample (e.g., American Indian).

The overall response rate was 81% (Figure 1). Response rates were 86% in 9th graders and declined to 76% in 12th graders. Males and females had similar response rates. By race/ethnicity, students self-reporting White race had the highest response rate (87%) and those self-reporting African American had the lowest (75%). Students from small schools (82%) had a similar response rate as those from the comprehensive high school "Large school" (80%). Those with limited English language proficiency had approximately the same response rate as English only students. None of the differences in response rates by subgroups was statistically significant.

Academic Support Services (Questionnaire Items, Q6-Q7)

Asked about their knowledge of where to go for academic tutoring after school, 82% (CI_{95%}: 77% – 86%) reported that they know where to go to get help (Table 2, Figure 2). Students from the comprehensive high school (86%) reported knowing where to go to get academic tutoring at a higher frequency than students enrolled in a small school (80%). There was little variation between race/ethnic groups (82%-89%). Multi-ethnic students (74%) were less likely to know



where to go to get academic tutoring compared to all other ethnic groups; however, none of the differences between race/ethnic groups or by large/small schools were statistically significant.

Asked about where they would go at Berkeley High School (BHS) to get academic tutoring, 57% of students reported that they would go to the Student Learning Center (SLC), 29% of students reported that they would go to a teacher, and 12% of students reported that they would go to an after-school program sponsored by an outside organization, such as Responsibility Integrity Strength Empowerment (R.I.S.E), Berkeley Scholars to Cal, or Y-scholars.

Students from the comprehensive high school reported going to the SLC at a greater frequency than students from small schools (69% vs. 50%, $p < 0.05$). White students (70%) were more likely to report that they would go to the SLC than Latinos (42%) ($p < 0.05$). Asian/Pacific Islanders (50%), Whites (35%), and Multi-ethnic (29%) students were more likely to go to a teacher for help than African-American (19%) and Latino (19%) students ($p < 0.05$). Conversely, Latinos (19%) and African-Americans (16%) were significantly more likely to go to an after-school program sponsored by an outside organization compared to Whites (9%) or Asian/Pacific Islanders (3%).

Potential Sources of Information for Accessing Academic Support Services (Q8)

Overall, asked about what they would do if they didn't know where to go to get help, students ranked "Ask a teacher" as their number one choice, followed by "Ask a student", and then "Ask my Academic Counselor" (Table 3). This pattern was observed for large and small schools (± 1 rank). All race/ethnic groups chose "Ask a teacher" as their first choice, but African-American and Latino students ranked "Ask my Academic Counselor" as their second choice followed by "Ask a student" as their third choice. Asian/Pacific Islanders, Whites, and Multi-ethnic students on the other hand marked "Ask a student" as their second choice and "Ask my Academic Counselor" as their third choice.

Utilization of Academic Support Services (Q9-Q10)

Approximately 49% (CI_{95%}: 43% – 54%) reported every having used any academic support service (Table 4, Figure 3). Asked about specific academic support services, 26% of students reported having used the SLC's services, 15% of students reported having used their small school's tutoring program, and 8% reported having used services offered through the Y-Scholars program. Students from the comprehensive high school were more likely to have used SLC (40% vs. 18%) and Y-scholars (13% vs. 5%) services than students from small schools. Asian/Pacific Islanders (43%) and Whites (36%) reported greater utilization of SLC services than African-American (22%), Latino (17%), and Multi-ethnic (14%) students. Latinos (17%) and Asian/Pacific Islanders (14%) were more likely to have used services offered through Y-scholars than African-American (8%), Multi-ethnic (6%), and White (4%) students. Latinos (31%) and African-Americans (23%) were also more likely to have used their small school's tutoring program compared to Multi-ethnic (11%), White (10%), and Asian/Pacific Islander (7%) students.

Asked about academic support services that they wanted to use but never have (Table 5), students reported the following top four programs: SLC (15%) and Y-scholars (15%), R.I.S.E (12%), Berkeley Scholars to Cal (11%) and their small school's tutoring program (11%). There



was no significant difference between small school and comprehensive high school students in terms of their desire to participate in R.I.S.E and Y-scholars. However, students from the comprehensive high school did report a greater desire than small school students to use SLC (18% vs. 14%) and Berkeley Scholars to Cal services (18% vs. 6%, $p < 0.05$). Latino (17%), Asian/Pacific Islander (13%), and Multi-ethnic (12%) students expressed a greater desire than African-American (9%) and White (9%) students to use Berkeley Scholars to Cal services. African-Americans (12%) and Asian/Pacific Islanders (7%) expressed a greater desire to use Mentoring for Academic Success (MAS) than other ethnic groups ($p < 0.05$). African-Americans (26%) and Asian/Pacific Islanders (20%) also expressed a greater desire to use Y-scholars compared to all other ethnic groups ($p < 0.05$). Latinos (25%), African-Americans (18%), and Asian/Pacific Islanders (13%) reported a greater desire to participate in R.I.S.E compared to all other ethnic groups ($p < 0.05$), while Asian-Pacific Islanders (20%) and Latinos (17%) reported a greater desire to participate in their small school's tutoring program. Compared to all other ethnic groups, Asian/Pacific Islanders also expressed a greater desire to participate in Academic Pathways (10%) and Destination: College Partnership (13%).

Barriers to Accessing Academic Support Services (Q11)

Asked about what has kept them from using BHS academic support services, students reported the following top three reasons: “Not needing the services” (49%), “Not having the time after-school to use the services” (43%), and “Not knowing what programs or services exist” (24%) [Table 6, Figure 4]. 12% of students also cited not knowing where to go and not feeling comfortable using the services as additional reasons why they haven't used BHS academic support services. Small school students reported not needing the services (52% vs. 44%) and not having the time after-school to use the services (46% vs. 38%) at a higher frequency than comprehensive high school students. Whites (67%) were significantly more likely to report not needing the services compared to all other ethnic groups. White, Asian/Pacific Islander, and Multi-ethnic students were more likely to report not knowing what programs or services exist when compared to Latinos (17%) and African-Americans (11%). Latino (50%), White (48%), and Multi-ethnic (42%) students were also more likely to report not having the time after-school to use the services at a higher frequency than African-Americans (36%). Compared to other race/ethnic group, Whites (18%) reported more frequently having not used academic support services because they felt like they would not be helpful.

Mental Health Services (Q13-Q14)

Asked about their knowledge of where to go to get mental health support (Table 8), 71% (CI_{95%}: 65% – 76%) students reported that they knew where to go at BHS to get help. There was no significant difference by school type or race/ethnicity.

Asked about where they would go at Berkeley High School (BHS) to get mental health support, 38% of students reported that they would go to the Health Center, 35% of students reported that they would go to their counselor, and 14% and 13% of students reported that they would go to a friend and teacher, respectively (Table 8). Small school students (38%) reported a higher percentage of going to their Counselor to get help with a mental health concern than students from the comprehensive high school (30%). In contrast, students from the comprehensive high school (42%) reported a higher percentage of going to the Health Center than students from small schools (36%). None of these differences by school type was statistically significant.



Whites (18%) were more likely than all other ethnic groups to go to friend. Latino (47%), Asian/Pacific Islander (43%), Multi-ethnic (39%), and African-American (38%) students were more likely to go to their Counselor compared to White (22%) students ($p < 0.05$). Asian/Pacific Islander (27%), White (17%), and Multi-ethnic (15%) students were significantly more likely to report that they would go to their teacher than Latino (3%) and African-American students (8%). In contrast, Asian/Pacific Islander (43%), African-American (41%), and White (41%) students were more likely to report that they would go to the Health Center than Multi-ethnic (32%) and Latino (31%) students.

Potential Sources of Information on Mental Health Services (Q15)

Asked about what they would do if they didn't know where to go to get mental health support, students collectively ranked, "Ask a teacher" as their number one choice, followed by "Ask a student", and then "Go to the Health Center" (Table 9). Students from the comprehensive high school reported a greater likelihood to ask another student, while students from small schools reported a greater likelihood to ask a teacher. African-American and Latino students reported being more likely to first ask a teacher, while Asian/Pacific Islander, White, and Multi-ethnic students reported being more likely to ask a student. Asian/Pacific Islanders and Whites also reported being more likely to go to the Health Center compared African-American and Latino students reporting a higher likely to go to their academic counselor before going to the Health center. Within school types and race/ethnicity, each source of information varied ≤ 2 ranks.

Utilization of Services at the BHS Health Center (Q16-Q18)

Asked about their utilization of Berkeley High School's Health Center, 60% (CI_{95%}: 54% – 65%) reported having ever used the Health Center's services. African-Americans (72%) and Whites (63%) reported greater utilization of Health Center services than all other ethnic groups ($p < 0.05$) [Table 10, Figure 5]. Asian/Pacific Islanders (37%) reported the least utilization of Health Center services.

Compared to small schools, students from the comprehensive high school reported significantly greater usage of Mental Health (26% vs. 15%) and Health Education (32% vs. 19%) services than small school students. African-American (27%), Latino (22%), and Multi-ethnic (21%) students reported having used Mental Health services more than Whites (13%) and Asian/Pacific Islanders (10%). Latino (28%), African-American (27%), and Multi-ethnic (27%) students also reported greater utilization of Health Education services compared to Whites (21%) and Asian/Pacific Islanders (17%). Overall, 46% of students cited not needing Health Center services as the major reason for not using the Health Center (Table 11), but 70% of Asian/Pacific Islanders reported not needing the services. Each specific reason for not using the Health Center's services occurred at a low frequency ($\leq 10\%$).

Getting Information to Students (Q19)

Asked about the best means to get information out to students, students reported presentations during class, teacher announcements during class, and the school newspaper as the top three means of disseminating information (Table 12). While these were the top three choices overall, rankings were generally within 2 ranks by ethnic/race group (Table 12).



Finally, asked to provide additional comments or recommendations about how the school can help students access support services, students iterated the following themes: (1) using class presentations to get information out to students, (2) increasing awareness of support services through improved publicity, (4) making students feel more comfortable about reaching out for help, (5) improving the student bulletin, and (6) increasing service confidentiality.

DISCUSSION

Main Findings

Approximately 82% of students stated that they knew the access points for academic support services. Approximately half of students reported having utilized those services, and nearly half stated that they didn't believe they needed these services. The Student Learning Center was the most recognized access point for all students, but secondary access points such as teachers and after-school programs were prevalent, particularly for non-white students. Almost two-thirds of Latino students report having used an academic support service, and there were race/ethnic preferences to specific programs such as Y-Scholars and small school tutoring programs. As a barrier to using academic support services, about a quarter of students reported not having time or availability for after-school programs.

Approximately 30% of students stated they didn't know where to go to get help for mental health issues. The Health Center and academic counselor were the principal access points, but friends and teachers were also sources of information or referrals.

Approximately 60% of students stated ever having used the Health Center. African American and White students tended to use the Health Center more than other race/ethnic groups. Approximately one-quarter of students reported using a health education services and one-fifth report having ever-used a mental health service.

To disseminate information about services, students highly ranked class presentations, announcements in class by teachers, and the school newspaper.

Study Strengths and Limitations

The strong points of the survey were its methodology and high response rates. This effort appears to be the first time Berkeley High School Students were surveyed based on a probability sample drawn from the SASI data system. Compared to quota, convenience, or purposive samples, findings based on random samples tend to be the least biased and most valid and representative, and allow generalizations to all students, not just those in the survey. The sampling procedures reflected significant technical cooperation between the BUSD and the Public Health Division in which confidentiality of students was maintained.

The development of the survey instrument was an iterative process that engaged students themselves. Opportunities to pilot test, get feedback, and make several revisions was key to having an understandable and accepted survey tool.

The execution of the survey also required cooperation and coordination between the survey coordinator and the school administration, library staff, parent helpers, teachers, and students. The ability to interview students in a dignified, welcoming, and safe library setting during school hours was key to the high response rates. From a logistics standpoint, the ability to survey



individual students, but schedule up to 10 at the same time was key for making this survey feasible. Because of the setting and supervision, individual rather than group responses of students were preserved, but with the efficiency of group scheduling. The coordinator played a particularly adaptive role, recognizing ways to increase the number of completed interviews by taking into account potential no-shows.

The findings appear to be coherent and internally consistent. For example, as one consistency check, we found that students who reported knowing about access points to academic support services were also more likely to report being utilizers. Conversely, few students who reported not knowing how to access services reported being a utilizer of services. The lifetime prevalence of BHS Health Center utilization (60%) reported in this survey was higher and consistent with the annual utilization reported in 2005-6 (42%) reported by the Health Center in its utilization statistics (Berkeley High School Health Center Evaluation Report. Summary of 2005/06 Clinical Fusion Data. Clinical Fusion – 2002-03 Through 2005-06. Undated Report).

Limitations

Given the practicality of asking 30-minutes worth of questions, a survey like ours will have limits to its breadth and depth. Even though the sample size was appropriate to provide a level of precision of $\pm 5\%$ with 95% confidence, subgroup analyses had less precision. Due to time constraints, the main focus was analyzing variation in response that might be related to large/small schools and race/ethnicity. Differences in responses related to gender, age/grade, and language may also play a role. Except for the obvious correlations between age and grade, and between grade and large/small school, the other variables were not highly correlated among themselves (data not shown). This suggests that additional analyses to assess the independence of race/ethnicity, small/large school, and other variables may not substantially modify the findings based on school size and race/ethnicity alone.

CONCLUSIONS/LESSONS LEARNED

A methodologically rigorous survey of Berkeley High School can be feasibly carried out with the engagement, cooperation, and pooling of resources by the High School administration, students, teachers, and parents, the BUSD, the City of Berkeley Public Health Division and other partners.

The findings provide useful planning information on the magnitude of concerns related to knowledge and access. Based on the survey there are approximately 558 students (18%) whose knowledge is low on how to access academic support services. The survey suggests strategies for classroom-based dissemination of information to reach this group. The survey also identifies barriers to the use of after-school programs.

RECOMMENDATIONS

The principal recommendation is to disseminate this report, and get feedback from members of the Coordinated School Health Council and others on the findings and implications for improved utilization of academic support, mental health and health programs at Berkeley High School.



Consideration should be given to regularly repeating this survey as a means to provide feedback on the progress of interventions or changes to programs delivery.

ACKNOWLEDGMENTS

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Table 1. Description of Universe*, Sample and Respondents

Characteristic	All Students		Sample		Respondents		Nonrespondents	
	N	%	N	%	N	%	N	%
Total	3103	100	383	100	311	100	72	100
Grade								
9	793	26	110	29	95	31	15	21
10	838	27	99	26	82	26	17	24
11	779	25	86	22	67	22	19	26
12	693	22	88	23	67	22	21	29
Gender								
Female	1628	52	196	51	155	50	41	57
Male	1475	48	187	49	156	50	31	43
Race/Ethnicity								
White	1033	33	132	34	115	37	17	24
Latino	397	13	51	13	40	13	11	15
African American	939	30	113	30	85	27	28	39
AIAN	7	<1	0	0	0	0	0	0
Asian/PI	270	9	36	9	29	9	7	9
Multi-Ethnic	457	15	51	13	42	14	9	13
Small/Large School								
Academic Choice	723	23	89	23	77	25	12	17
Arts & Humanities Academy	159	5	22	6	19	6	3	4
Berkeley Intnat'l High School	222	7	29	8	24	8	5	7
Communication Arts & Science	234	8	36	9	26	8	10	14
Community Partnership Academy	226	7	21	5	16	5	5	7
Comprehensive grades 10-12	1308	42	157	41	126	41	31	43
English Learner	105	3	15	4	11	4	4	6
Life Academy	28	1	2	1	0	0	2	3
School of Social Justice & Ecology	98	3	12	3	12	4	0	0
English Proficiency								
English Only	2455	79	294	78	241	77	53	74
Fluent Eng Prof (FEP)	213	7	32	8	26	8	6	8
Limited Proficiency (LEP)	186	6	19	5	15	5	4	6
Redesignated (R-FEP)	247	8	38	10	29	9	9	13

* As of April 5, 2007



Table 2. Knowledge of How to Access Academic Support Services by School Type and Race/Ethnicity, Berkeley High School, May 2007

Characteristic	Total		School Type				Race/Ethnicity									
	N	%	Large		Small		African Am.		Latino		Asian/P.I.		White		Multi-Ethnic	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Knowledge of where to go for after school academic help (Q6)																
Yes	256	82	101	86	153	80	61	82	32	89	26	87	87	84	49	74
No	55	18	16	14	38	20	13	18	4	11	4	13	16	16	17	26
Programs (Q7)																
Student Learning Center	179	57	81	69*	96	50	37	50*	15	42	18	60	72	70	36	55
Small School Program	16	5														
Teacher	92	29	31	27	61	32	14	19*	7	19	15	50	36	35	19	29
Friend	8	3														
After-school Program Sponsored by Outside Organization	38	12	15	13	23	12	12	16	7	19	1	3	9	9	9	14
Other	20	6														

* p < 0.05



Table 3. Potential Sources of Information on Accessing Academic Support Services (Q8) in Rank Order by School Type and Race/Ethnicity, Berkeley High School, May 2007

Item	Total	School Type		Race/Ethnicity				
		Large	Small	African Am.	Latino	Asian/P.I.	White	Multi-Ethnic
Ask a student	2*	2*	2	3*	3*	2*	2*	2*
Ask a teacher	1	1	1	1	1	1	1	1
Go to the BHS website	5	5	6	7	5 [†]	5	5 [†]	6
Ask principal or vice-principal	6	7	5	5	5 [†]	6 [†]	5 [†]	7
I do not know	8	8	8	8	8	8	8	8
Ask my Academic Counselor	3	3	3	2	2	3	3	3
Ask College/Career Center Advisor	4	4	4	4	4	4	4	4
Look in the BHS Academic Resource Guide	7	6	7	6	5 [†]	6 [†]	7	5

* Mean score within categories is significantly different at $p < 0.05$

[†] indicates a virtual tie



Table 4. Utilization of Academic Support Services by School Type and Race/Ethnicity, Berkeley High School, May 2007

Item	Total		School Type				Race/Ethnicity									
			Large		Small		African Am.		Latino		Asian/P.I.		White		Multi-Ethnic	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Any Support Service	150	49	63	54	87	46	41	55*	24	67	17	56	47	46	20	30
Student Learning Center (SLC)	82	26	47	40*	34	18	16	22*	6	17	13	43	37	36	9	14
Academic Pathways	10	3	6	5	4	2	4	5	2	6	0	0	2	2	2	3
Destination: College Partnership	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Berkeley Scholars to Cal (BSC)	3	1	1	1	2	1	1	1	0	0	0	0	1	1	1	1
Mentoring for Academic Success (MAS)	2	1	2	2	0	0	0	0*	2	6	0	0	0	0	0	0
R.I.S.E (Responsibility, Integrity, Strength, Empowerment)	7	2	4	3	3	2	3	4	2	6	1	3	0	0	1	2
Y-Scholars	24	8	15	13*	9	5	6	8	6	17	4	14	4	4	4	6
Small school's tutoring program	48	15	1	1*	47	25	17	23*	11	31	2	7	10	10	7	11

* p < 0.05



Table 5. Students who have wanted to use Academic Support Services by School Type and Race/Ethnicity, Berkeley High School, May 2007

Item	Total		School Type				Race/Ethnicity									
			Large		Small		African Am.		Latino		Asian/P.I.		White		Multi-Ethnic	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Student Learning Center (SLC)	48	15	21	18	27	14	12	16	7	19	5	17	17	17	7	10
Academic Pathways	15	5	7	6	7	4	4	5	2	6	3	10	4	4	1	2
Destination: College Partnership	24	8	12	10	12	6	7	9	1	3	4	13	6	6	6	9
Berkeley Scholars to Cal (BSC)	34	11	21	18*	12	6	7	9	6	17	4	13	9	9	8	12
Mentoring for Academic Success (MAS)	16	5	5	4	10	5	9	12*	1	3	2	7	4	4	0	0
R.I.S.E (Responsibility, Integrity, Strength, Empowerment)	36	12	12	10	23	12	13	18*	9	25	4	13	5	5	4	6
Y-Scholars	46	15	18	15	26	14	19	26*	7	14	6	20	7	7	9	14
Small school's tutoring program	33	11	3	3*	29	15	7	8	6	17	6	20	9	9	6	9

* p < 0.05



Table 6. Factors Contributing to Non-Utilization of Academic Support Services by School Type and Race/Ethnicity, Berkeley High School, May 2007

Item	Total		School Type				Race/Ethnicity									
	N	%	Large		Small		African Am.		Latino		Asian/P.I.		White		Multi-Ethnic	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
I have not needed them.....	153	49	51	44	100	52	28	38*	12	33	13	43	69	67	30	45
I have not known what programs or services exist.....	75	24	32	27	43	23	8	11	6	17	9	30	33	32	18	27
I have not known where to go to get help.....	37	12	9	8	26	14	7	9	4	11	3	10	11	11	11	17
I have not had the time to use or participate in after-school tutoring services/programs.....	133	43	44	38	88	46	27	36	18	50	11	37	49	48	28	42
I do not think the services/programs would be helpful.....	32	10	12	10	20	10	4	5	3	8	1	3	19	18	5	8
I wanted to participate in a particular program, but I did not meet the program's eligibility requirements.....	11	4	5	4	6	3	2	3	1	3	0	0	4	4	3	5
I wanted to participate in a particular program, but the program was not accepting new students.....	16	5	6	5	10	5	5	7	2	6	3	10	2	2	4	6
I didn't feel comfortable using or participating in them.....	36	12	10	9	25	13	5	7	5	14	4	13	15	15	7	11
Other.....	23	7	11	9	12	6	5	7	4	11	3	10	6	6	5	8

Table 7. Comments on Barriers to Accessing Academic Support Services, Berkeley High School, May 2007

Item	N	%
Personal after school commitments (sports, work, family)	16	5
Lack of awareness of tutoring programs	9	3
Programs not helpful	1	<1
Didn't know where to get help	5	2
Language barriers	3	1
Insufficient number of tutors	5	2



Table 8. Knowledge of How to Access Mental Health Support Services by School Type and Race/Ethnicity, Berkeley High School, May 2007

Item	Total		School Type				Race/Ethnicity									
	N	%	Large		Small		African Am.		Latino		Asian/P.I.		White		Multi-Ethnic	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Knowledge of where to go for mental health help (Q13)																
Yes	219	71	82	71	137	72	53	72	23	64	23	77	71	70	48	74
No	90	29	34	29	52	28	21	28	13	36	7	23	31	30	17	26
Open-ended responses																
Friend	43	14	16	14	26	14	9	12	2	6	3	10	19	18	9	14
Counselor	108	35	35	30	73	38	28	38*	17	47	13	43	23	22	26	39
Teacher	42	13	13	11	28	15	6	8*	1	3	8	27	17	17	10	15
Health Center	117	38	49	42	68	36	30	41	11	31	13	43	42	41	21	32
Administrator	8	3	1	1	7	4	1	1	0	0	1	3	4	4	2	3
Psychologist	2	1														
Other	7	2														

* p < 0.05



Table 9. Potential Sources of Information on Accessing Mental Health Support Services (Q15) in Rank Order by School Type and Race/Ethnicity, Berkeley High School, May 2007

Item	Total	School Type		Race/Ethnicity				
		Large	Small	African Am.	Latino	Asian/P.I.	White	Multi-Ethnic
Ask a student	2*	1*	2*	2*	3*	1*	1*	1*
Ask a teacher	1	2	1	1	1	2	2	2
Go to the BHS website	9	11	11	7 [†]	8	8 [†]	11	8 [†]
Go to the Health Center	3	3	4	4	4	3	3	4
I do not know	7	9	8 [†]	7 [†]	6 [†]	8 [†]	7	7
Ask my Academic Counselor	4	4	3	3	2	4	4	3
Ask College/Career Center Advisor	8	10	10	9	9 [†]	7	10	8 ^{†*}
Look in the BHS Academic Resource Guide	10	8	8 [†]	10	9 [†]	8 [†]	9	10
Other	11	7	7	11	11	11	8	11
Ask parent/guardian	5	5 [†]	5 [†]	5	6 [†]	5	5	5
I would not do anything	6	5 [†]	5 [†]	6	5	6	6	6

* Mean score within categories is significantly different at $p < 0.05$

[†] indicates a virtual tie



Table 10. Utilization of Health Center Services by School Type and Race/Ethnicity, Berkeley High School, May 2007

Item	Total		School Type				Race/Ethnicity									
			Large		Small		African Am.		Latino		Asian/P.I.		White		Multi-Ethnic	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Ever Used	187	60	71	61	114	60	53	72*	20	56	11	37	65	63	38	58
First Aid	163	52	64	54	96	50	45	61*	20	56	9	30	58	56	30	45
Medical	138	44	57	49	79	41	40	54	14	39	8	27	50	49	26	39
Mental Health	59	19	30	26*	28	15	20	27	8	22	3	10	13	13	14	21
Health Education	75	24	38	32*	36	19	20	27	10	28	5	17	22	21	18	27

* p < 0.05

Table 11. Factors Contributing to Non-Utilization of Health Center Services by School Type and Race/Ethnicity, Berkeley High School, May 2007

Item	Total		School Type				Race/Ethnicity									
			Large		Small		African Am.		Latino		Asian/P.I.		White		Multi-Ethnic	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
I have not needed them.	145	46	54	46	90	47	25	34	16	44	21	70	50	49	31	47
I do not know what services the Health Center provides.	15	5	4	3	10	5	0	0	2	6	3	10	5	5	4	6
I do not think the services would be helpful.	20	6	7	6	12	6	4	4	2	6	2	7	8	8	5	8
I'm afraid that my parents might find out that I went to the Health Center.	12	4	5	4	7	4	3	4	3	8	0	0	5	4	2	3
I'm afraid other students will ask me why I'm at the Health Center.	15	5	6	5	9	5	3	4	3	8	2	7	6	6	1	2
The staff isn't friendly.	9	3	1	1	8	4	4	5	1	3	0	0	2	2	2	3
The Health Center does not provide the particular service that I need	8	3	3	3	5	3	0	0	2	6	1	3	4	4	1	2
Other	13	4	5	4	7	4	3	4	3	8	0	0	6	6	1	2



Table 12. Best ways to get information out to students (Q19) in Rank Order by School Type and Race/Ethnicity, Berkeley High School, May 2007

Item	Total	School Type		Race/Ethnicity				
		Large	Small	African Am.	Latino	Asian/P.I.	White	Multi-Ethnic
School newspaper	3*	2*	3*	3*	2*	1*	4*	3*
e-tree	9	9	9	10	9	9	7	9
Bulletin boards	8	7	8	8	7 [†]	5	8	8
Presentations during class	1	1	2	1	3	4	2	2
Posting flyers in classrooms	6	6	6	6	6	6	6	6
Student bulletin	4	4	4	4	5	3	3	4
E-mail	7	8	7	7	7 [†]	8	9	7
Posting flyers around campus	5	5	5	5	4	7	5	5
Teacher announcements during class	2	3	1	2	1	2	1	1
Other	10	10	10	9	10	10	10	10
School newspaper	3	2	3	3	2	1	4	3

* Mean score within categories is significantly different at $p < 0.05$

[†] indicates a virtual tie

Table 13. Additional Comments/Recommendations about how to Help students access Support Services, Berkeley High School, May 2007

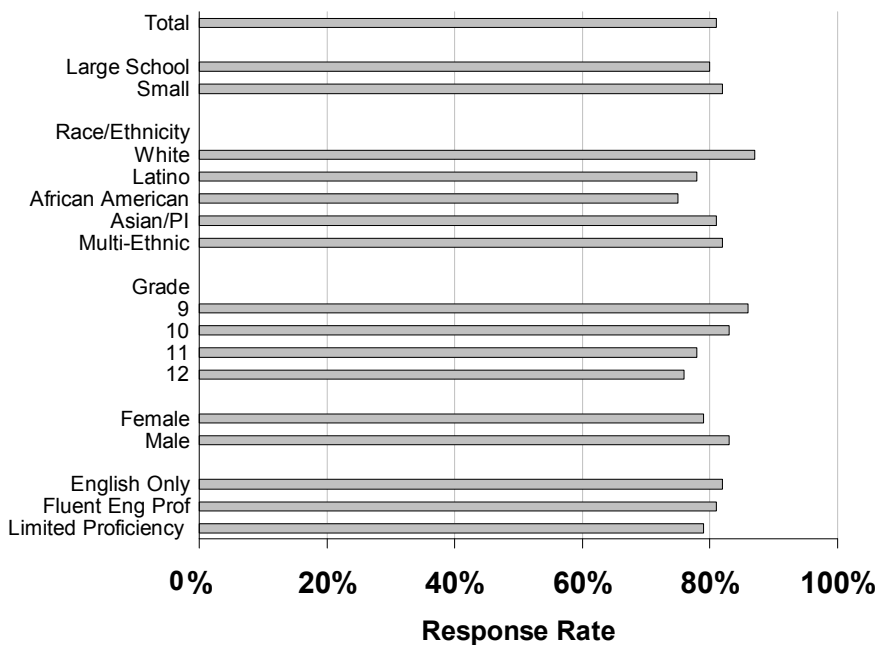
Item	Total		School Type				Race/Ethnicity									
	N	%	Large		Small		African Am.		Latino		Asian/P.I.		White		Multi-Ethnic	
Class Presentations	13	60														
Increase awareness/publicize	20	6	5	4	15	8	1	1	2	6	3	10	6	6	7	11
Improve Student Bulletin	4	1														
Increase confidentiality	4	1														
Increase comfort level of students	5	2														

* $p < 0.05$



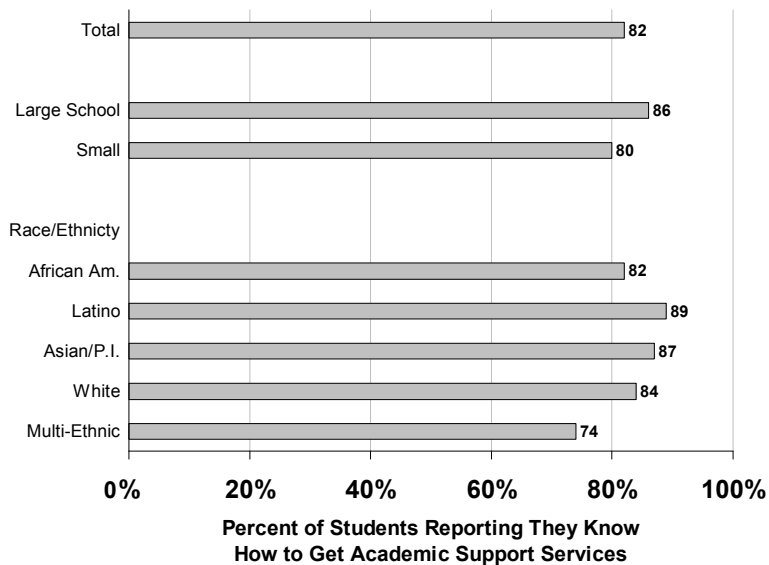
Figures

Figure 1. Response Rates to Survey of Academic Support and Health Services, Berkeley High School Students, May 2007



Note: Differences are not statistically significant at $p < 0.05$

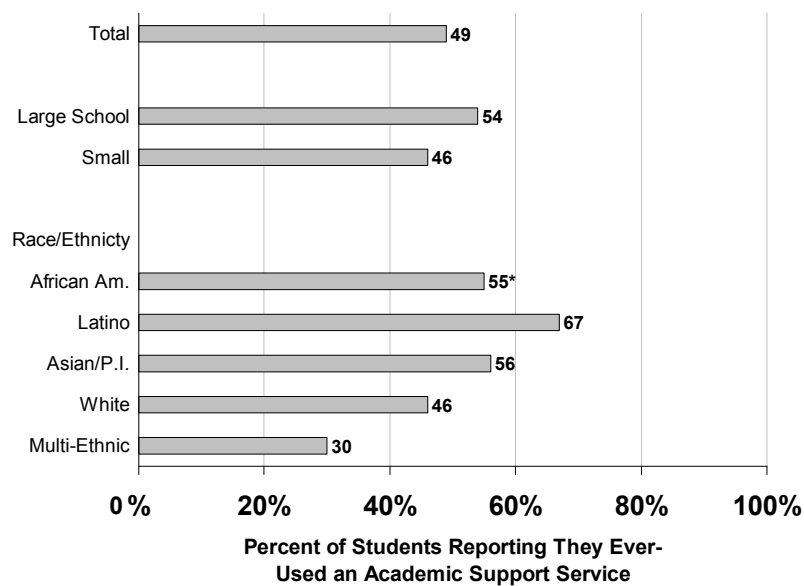
Figure 2. Percent of Students Reporting They Know How to Get Academic Support Services by School Type and Race/Ethnicity, Berkeley High School, May 2007



Note: Differences are not statistically significant at $p < 0.05$



Figure 3. Percent of Students Reporting They Ever-Used an Academic Support Service by School Type and Race/Ethnicity, Berkeley High School, May 2007



* Differences are statistically significant at $p < 0.05$

Figure 4. Reported Barriers to Using Academic Support Services, Berkeley High School, May 2007

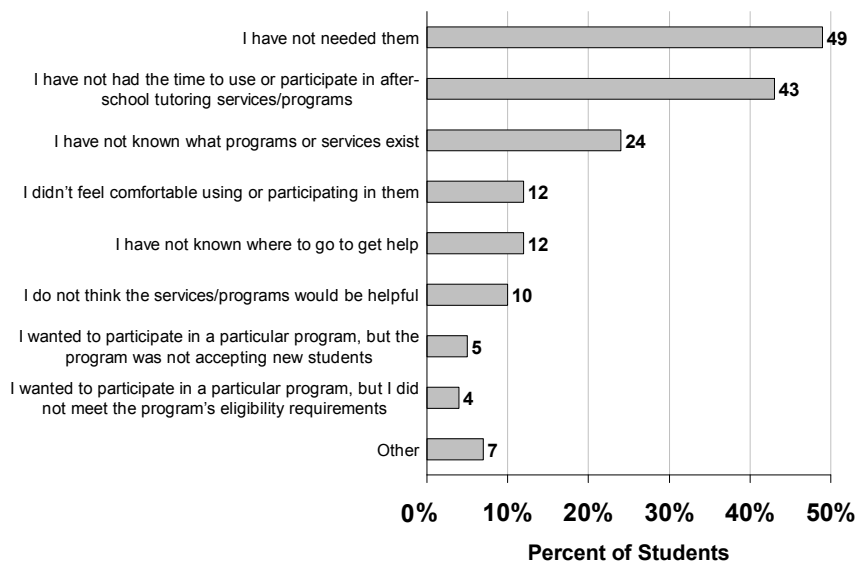
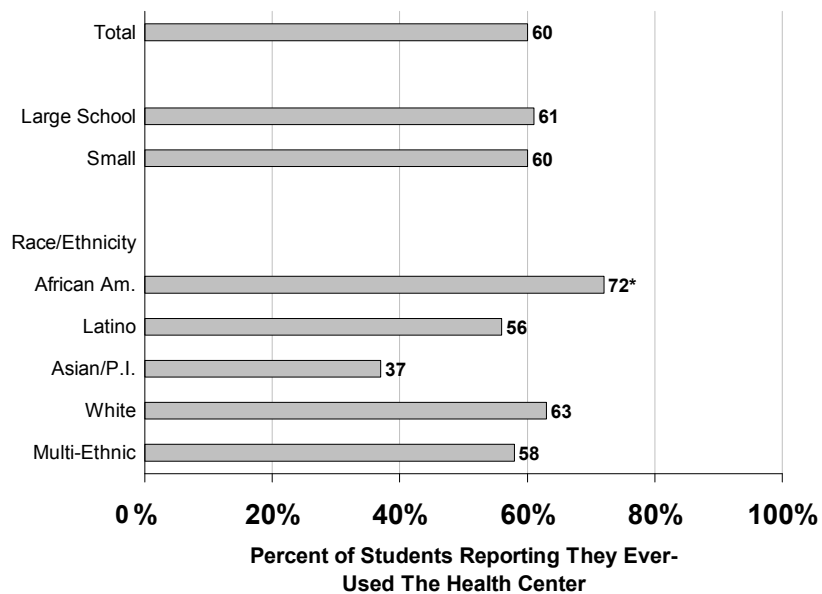


Figure 5. Percent of Students Reporting They Ever-Used the BHS Health Center by School Type and Race/Ethnicity, Berkeley High School, May 2007



* Differences are statistically significant at $p < 0.05$

Appendix 1: Synonym Dictionary Used to Classify Open Ended Responses

Q7. Where would you go to get academic tutoring at Berkeley High School?

Category	Substrings
College Career Center/Student Learning Center	COLLEGE CAREER CENTER, COLLEGE AND CAREER CENTER, CCC, COLLEGE CENTER, SLC, STUDENT LEARNING CENTER, COLLEGE COMMUNITY CENTER, COLLEGE CENTER FRIEND, FRIENDS, STUDENT, MY PARTNERS,
Teacher	TEACHER, TEACHERS, MS. MURPHY'S ROOM, CLASSROOMS, MS. MURPHY'S CLASS, SALLY, SALLY SILVA , TEACHERS CLASS, MR. BAIRD OR MR. DIONSEY'S CLASSROOMS, MATH TEACHER, TEACHERS/CLASSROOMS, TEACHERS AT LUNCH, CAS TEACHER, MATH AND SCIENCE CLASS, CLASSROOMS WITH TUTORS, MATH ROOMS, MATH CLASS AFTER SCHOOL, MATH ROOM 213
Small School Program	CAS ACADEMIC SUPPORT CENTER, ACADEMIC SUPPORT CENTER , ASC, CAS ACADEMIC PROGRAM, CAS HW CENTER, AC TUTOR
Friend	FRIEND, FRIENDS
After-school Program Sponsored by Outside Organization	Y-SCHOLARS, J. SCHOLARS, ACADEMIC PATHWAYS, BSC PROGRAM IN THE CPA BUILDING, RISE, CAFETERIA, CAFETERIA AFTER SCHOOL, LIBRARY, LIBRARY TUTORS
Other	COUNSELOR, PRIVATE TUTOR, TUTORING CLUBS, AFTER SCHOOL PROGRAM, COLLEGE STUDENT TUTOR PROGRAMS, TUTORING PROGRAMS, TUTORIALS, AFTERSCHOOL TUTORING, H210, TUTORIALS AFTERSCHOOL, TUTORING CENTER, SRC, MY AUNTIE, COMPUTER H-20, H10

Q12. Is there anything else that you'd like to share with us that has kept you from getting the academic help that you need at Berkeley High School?

Category	SUBSTRINGS
I play sports after-school, have to work, or have personal commitments that prevent me from using after-school tutoring services (after school tutoring barriers)	WORK AFTER SCHOOL, RELATIVES ARE IN THE HOSPITAL, CANT STAY AT SCHOOL, BUSY WITH SPORTS, SIBLINGS TO WATCH AFTER SCHOOL, AFTERSCHOOL STUFF, PERSONAL COMMITMENTS, I HAVE A JOB, BUSY AFTERSCHOOL, I HAVE PRACTICE, I PLAY BBALL,



I didn't know tutoring programs existed. Tutoring programs aren't publicized well. (lack of awareness of tutoring programs)	FAMILY ISSUES, SPORTS, WORK AFTERSCHOOL, PLAY FOOTBALL, LAB, NOBODY BROADCASTED, DIDN'T KNOW WHERE TO GO, HAVEN'T HEARD ABOUT A LOT OF THESE PROGRAMS, DON'T PUBLICIZE, TUTORING SHOULD BE POSTED SO ALL CAN SEE, I DIDN'T KNOW ABOUT A LOT OF THESE SERVICES, COUNSELOR HAS NOT GIVEN ME INFO ON ANY PROGRAMS, MAIN OBJECTIVES, AVAILABLE HELP, YOU HAVE TO GO FIND IT. IT DOESN'T FIND YOU,
The programs aren't helpful	NOT HELPFUL
Language barriers	NOT ENOUGH TUTORING THAT SPEAKS MY FIRST LANGUAGE, LANGUAGE
I didn't know where to go to get help	DON'T KNOW WHERE TO SIGN UP, DON'T KNOW WHERE TO GO, DON'T KNOW WHERE, NO IDEA ABOUT ACADEMIC HELP, DON'T KNOW WHERE PROGRAMS ARE
There aren't enough tutors	NOT ENOUGH TUTORS, DIRECT HELP IS HARD TO GET B/C OF SIZE, WEREN'T ENOUGH TUTORS

Q14. Where would you go at Berkeley High School to get help with your emotional or social concern?

Category	Substrings
Friend	FRIEND, FRIENDS, STUDENT, MY PARTNERS,
Counselor	COUNSELOR, MS. RAMIREZ, COUNCIL, CAS COUNSELOR, MS. SANDBERG, MS. SANBERG'S,
Teacher	TEACHER
Health Center	HEALTH CENTER
Administrator	ADMINISTRATORS, PRINCIPAL, VICE PRINCIPAL, VP, MAGGIE'S OFFICE,
School Psychologist	SCHOOL THERAPIST, SCHOOL PSYCHOLOGIST
Other	COACH, OCI, PARENTS, CASE MANAGER, MOM, MR. SMITH, RISE COUNSELORS,



Q20. Do you have any additional comments OR recommendations about how we can help students as they try to use on-campus health and academic resources?

Category	SUBSTRINGS
Reach students through class presentations	PRESENTATIONS, IN CLASS INFORMATION, TEACHERS GIVE US INFO, TEACHERS TO ANNOUNCE, TEACHERS SHOULD TELL, TEACHER ANNOUNCEMENTS, TEACHERS TELL STUDENTS,
Increase awareness of support programs. Better publicize programs.	NOT ACADEMIC HELP, GO TO EACH CLASS, MAKE THEM MORE KNOWN, BUT NOT TUTORING, THEY DON'T KNOW ABOUT THEM, ADVERTISE MORE, NEED MORE INFO, MORE ACADEMIC PUBLICITY, LET PEOPLE KNOW WHERE THE SERVICES ARE, RAISE AWARENESS, ADVERTISE BETTER, SPREAD THE WORD, LACK OF AWARENESS, HAVEN'T HEARD, MORE KNOWLEDGE SPREAD, PEOPLE KNOW SERVICES, GET THE WORD OUT, MORE PUBLICITY, ADVERTISE IT MORE, MORE NOTICEABLE,
Improve student bulletin	STUDENT BULLETIN, CAN HEAR THE ANNOUNCEMENTS, CAN'T HEAR BULLETIN, PEOPLE FOR ANNOUNCEMENTS,
Increase confidentiality	CONFIDENTIALITY,
Students don't seek out help because they feel comfortable	SCARY TO GET HELP, TOO SCARED, MAKE IT COMFORTABLE, SO OTHERS WON'T JUDGE, TOO SHY, BE FRIENDLY, MAKE RESOURCES MORE INVITING,





BERKELEY HIGH SCHOOL STUDENT FEEDBACK QUESTIONNAIRE

PLEASE READ

You have been randomly chosen to fill out this anonymous questionnaire. If for some reason you do not want to complete it, please let me know.

The questionnaire should take no more than 15 minutes, but feel free to take your time filling it out.

There are no right or wrong answers to any of the questions, so please be as honest as possible. We just want to get a sense of how students seek out help when they need it and also learn about what your experiences have been like as you have used or tried to use on-campus health and academic related support services.

Thanks in advance for your feedback!

Q1. WHAT GRADE ARE YOU IN?

- 9th 10th 11th 12th

Q2. WHAT ACADEMIC PROGRAM OR SMALL SCHOOL ARE YOU IN?

- LARGE/COMPREHENSIVE HIGH SCHOOL
- INDEPENDENT STUDIES
- Arts and Humanities Academy (AHA!)
- Communication Arts & Sciences (CAS)
- Academic Choice (AC)
- Community Partnership Academy (CPA)
- Berkeley International High School (BIHS)
- School for Social Justice & Ecology (SSJE)
- Life Academy
- Other_____

Q3. WHAT IS YOUR GENDER?

- Female Male

Q4. HOW WOULD YOU DESCRIBE YOUR RACE/ETHNICITY? MARK ALL THAT APPLY.

- Black/African/African-American
 - Asian/Pacific Islander
 - Latino/Hispanic
 - White/Caucasian
 - Native American
 - Other_____
- (Specify ethnic group:_____)

Q5. WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME? _____

Q6. If you found yourself in need of academic tutoring or extra help outside of the classroom, do you know where you would go at Berkeley High School to get help?

- Yes No

Q7. Where would you go to get academic tutoring at Berkeley High School? _____

Q8. If you didn't know where to go to get academic tutoring, what would you do to find out how to get help? Rank your top three choices. "1" represents your first choice; "2" represents your second choice. "3" represents your third choice.

- | | |
|---------------------------------------|---|
| _____ ASK A STUDENT | _____ ASK MY ACADEMIC COUNSELOR |
| _____ ASK A TEACHER | _____ ASK COLLEGE/CAREER CENTER ADVISOR |
| _____ Go to the BHS website | _____ Look in the BHS Academic Resource Guide |
| _____ Ask principal or vice-principal | _____ Other _____ |
| _____ I do not know | _____ I would not do anything |

For questions Q9 – Q10, please put a check mark next to the Berkeley High School after school tutoring services or programs that you have ever used. Then put a check mark next to the tutoring services or programs that you have wanted to use but never have.

Q9. During my time at BHS, I have used the following BHS academic services...

- Student Learning Center (SLC)
 - Academic Pathways
 - Destination: College Partnership
 - Berkeley Scholars to Cal (BSC)
 - Mentoring for Academic Success (MAS)
 - R.I.S.E (Responsibility, Integrity, Strength, Empowerment)
 - Y-Scholars
 - My small school's tutoring program
 - Other _____
- _____

Q10. During my time at BHS, I have wanted to use the following BHS academic services...

- Student Learning Center (SLC)
 - Academic Pathways
 - Destination: College Partnership
 - Berkeley Scholars to Cal (BSC)
 - Mentoring for Academic Success (MAS)
 - R.I.S.E (Responsibility, Integrity, Strength, Empowerment)
 - Y-Scholars
 - My small school's tutoring program
 - Other _____
- _____

Q11. What has kept you from using or participating in Berkeley High School after-school tutoring services and programs? Mark all the answers that apply.

- I have not needed them.
- I have not known what programs or services exist.
- I have not known where to go to get help.
- I have not had the time to use or participate in after-school tutoring services or programs.
- I do not think the services or programs would be helpful.
- I wanted to participate in a particular program, but I did not meet the program’s eligibility requirements.
- I wanted to participate in a particular program, but the program was not accepting new students.
- I didn’t feel comfortable using or participating in the program(s).
- Other _____

- I have used and participated in all of the BHS after-school tutoring services and programs that I have wanted to participate in.

Q12. Is there anything else that you’d like to share with us that has kept you from getting the academic help that you need at Berkeley High School?

Q13. If you were at school and you felt like you needed to talk to someone about an emotional or social concern that you were having, do you know where you would go to get help?

- Yes No

Q14. Where would you go at Berkeley High School to get help with your emotional or social concern?

Q15. If you didn't know where to get help with your concern, what would you do to find out how to get help? Rank your top three choices. "1" represents your first choice; "2" represents your second choice. "3" represents your third choice.

- | | |
|-------------------------------|---|
| _____ ASK A STUDENT | _____ ASK MY ACADEMIC COUNSELOR |
| _____ ASK A TEACHER | _____ ASK COLLEGE/CAREER CENTER ADVISOR |
| _____ Go to the BHS website | _____ Look in the BHS Academic Resource Guide |
| _____ Go to the Health Center | _____ Ask parent/guardian |
| _____ I do not know | _____ I would not do anything. |
| _____ Other _____ | |


Q16. HAVE YOU EVER USED ANY OF THE HEALTH CENTER'S SERVICES?

- Yes No

Q17. Which Health Center Services have you used? Please rank your answer choices, where "1" represents the service you use most often, "2" represents the service you use second most, "3" represents the service you use third most, and "4" represents the service you use fourth most.

- _____ First Aid Services (example: for headache, stomach ache, minor injury, etc...)
- _____ Medical Services (example: sports physical, pregnancy test, STD exam, birth control)
- _____ Mental Health/Counseling Services (example: individual counseling, support group, crises counseling)
- _____ Health Education (example: birth control information, STD information)
- _____ I have NOT used any Health Center services

Q18. What are the reasons why you have NOT used the Health Center's services? Mark all that apply.

- I have not needed them.
- I do not know what services the Health Center provides.
- I do not think the services would be helpful.
- I'm afraid that my parents might find out that I went to the Health Center.
- I'm afraid other students will ask me why I'm at the Health Center.
- The staff isn't friendly.
- The Health Center does not provide the particular service that I need 
- What is the particular service that you need? _____
- _____
- Other _____
- _____
- I have used the Health Center's services.

Q19. What do you think are the 3 best ways to get information out to students? Rank your top 3 choices. "1" represents your first choice, "2" represents your second choice, and "3" represents your third choice.

- | | |
|------------------------------------|--|
| _____ School newspaper | _____ Student bulletin |
| _____ e-tree | _____ E-mail |
| _____ Bulletin boards | _____ Posting flyers around campus |
| _____ Presentations during class | _____ Teacher announcements during class |
| _____ Posting flyers in classrooms | _____ Other _____ |

Q20. Do you have any additional comments OR recommendations about how we can help students as they try to use on-campus health and academic resources?

Thank you for your feedback!