

12. Within the organizational structure of your agency, to whom is your immediate supervisor accountable by name and position?

\_\_\_\_\_

NAME	POSITION
------	----------

Section V

13. Who, by name and position, within your agency, determines a need for a modification or change in your agency's function, operation, or structure. (If appropriate, specify name of council or board.)

\_\_\_\_\_  
\_\_\_\_\_

14. Did the 1973 Oregon Legislature pass any laws which changed your agency's function in any way? Yes \_\_\_ No \_\_\_ If "yes", explain why the change(s) are either acceptable or unacceptable to your agency.

\_\_\_\_\_  
\_\_\_\_\_

15. Is there a person in or with your agency who "lobbies" for or against major changes in your agency's organization structure, function, or budget?

Yes \_\_\_ No \_\_\_

NAME	POSITION
------	----------

If "yes", does this person have other duties in your agency? Yes \_\_\_ No \_\_\_

If "yes", what are these several duties?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section VI (Answer question 16 or 17 and 18)

16. If you are with a "community organization", name one governmental organization with which your agency has something in common either in terms of similar functions or services provided.

\_\_\_\_\_

17. If you are with a "governmental organization", name one community organization with which your organization has something in common either in terms of similar functions or services provided, etc.

\_\_\_\_\_

18. With what other community organization does your assigned agency have the most contact? Name two organizations and at least one service provided by each.

1. \_\_\_\_\_ SERVICE PROVIDED \_\_\_\_\_  
          ORGANIZATION

\_\_\_\_\_

2. \_\_\_\_\_ SERVICE PROVIDED \_\_\_\_\_  
          ORGANIZATION

\_\_\_\_\_

General Information (for inclusion in the post test)

19. How many careers did you explore or become aware of during your GRASP experience?

APPROXIMATELY:   1    2    3    4    5 (Please circle appropriate number.)

20. Please name or describe the career(s) referred to above. (Examples: secretaries, coordinators, accountants, counselors)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_

21. Please offer constructive comments as to whether or not this particular test instrument gives you a fair opportunity to tell our staff and others what you have learned as a GRASP intern?

PLEASE FILL IN THE APPROPRIATE BLOCK:

I would like to remain with the same agency during the second semester.

I would like to intern with a different agency during the second semester.

If you filled in the above block, in which other areas of state and local government and/or community services do you have an interest?

---

---

I will not be participating as an intern during the second semester.

**Appendix H**

97

STUDENT ATTITUDE QUESTIONNAIRE

STUDENT \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

AGENCY ASSIGNMENT \_\_\_\_\_

AGENCY GRASP SUPERVISOR \_\_\_\_\_

DATE \_\_\_\_\_

1. Based on your experience in the GRASP program, would you say that your attitude towards government has: (underscore one)  
  
    Become More Positive    Not Changed    Become More Negative    Not Sure Yet
  
2. Based on your experience in the GRASP program, do you think you now have a better understanding of government? Yes \_\_\_ No \_\_\_ If "yes", please explain:
  
3. What, in your opinion, is the biggest frustration a government agency has to deal with: (Please circle appropriate answer(s))  
  
    (a) Lack of understanding on the part of the general public.  
    (b) Lack of funds with which to operate.  
    (c) The structure of the agency itself.  
    (d) The restrictions placed on it by the executive, legislative or judicial branches of government.  
    (e) Other (Explain in your own words):
  
4. How were you received by the people in your agency? Did they: (circle appropriate answer(s))  
  
    (a) Make you feel welcome?  
    (b) Treat you as a responsible adult?  
    (c) Give you some responsibility?  
    (d) Treat you indifferently?  
    (e) Make you feel unwelcome?
  
5. Do you feel that you will be able to make better decisions as a voter and member of your community because of the GRASP experience? Yes \_\_\_ No \_\_\_  
    Don't Know \_\_\_

6. Has this experience influenced your future plans in any way? Yes \_\_\_  
 No \_\_\_ Maybe \_\_\_ Not Sure \_\_\_ If "yes", please explain: \_\_\_\_\_
7. Has any opportunity for employment or further education resulted from your GRASP experience? Yes \_\_\_ No \_\_\_ Maybe \_\_\_ If "yes", please specify: \_\_\_\_\_
8. Would you recommend GRASP to a junior for next year? Yes \_\_\_ No \_\_\_  
 Qualified Yes \_\_\_ If so, why? \_\_\_\_\_
9. How many weeks have you spent on GRASP this year? \_\_\_\_\_
10. Were you given the opportunity to share your GRASP experiences with:  
 (Circle answer(s))
- (a) Other GRASP students
  - (b) Other classes at school
  - (c) None
11. Do you also have the opportunity to share your GRASP experiences with:  
 (Circle answer(s))
- (a) Your parents
  - (b) Friends
  - (c) Others (specify) \_\_\_\_\_
12. Please rate as best you can all components of the GRASP program:  
 E (excellent), G (good), F (fair), \*P (poor)
- (a) Agency planning \_\_\_\_\_
  - (b) School coordinator's planning \_\_\_\_\_
  - (c) Other teacher's support \_\_\_\_\_
  - (d) Your parents' interest \_\_\_\_\_
  - (e) Agency supervisor's effectiveness \_\_\_\_\_
  - (f) GRASP staff support \_\_\_\_\_
  - (g) Other (specify) \_\_\_\_\_

\*For any component rated "P", please explain the problem. We need this information.

13. What kinds of careers did you observe while you were at the agency?

14. In your opinion, do you feel that you were adequately prepared for GRASP?  
Yes \_\_\_ No \_\_\_ Yes and No \_\_\_

Comments:

15. In your own words, what do you feel was the most important part of the experience to you as a person about to graduate from high school?

**Appendix I**

101



## GRASP PLACEMENT SITES

1972-73

AGENCY	NUMBER OF STUDENTS	
	1st Semester	2nd Semester
Agriculture Department	6	5
Board of Parole and Probation		1
Bureau of Labor		1
Capital Journal (newspaper)	1	1
Children's Services, Marion Co.	2	2
Commerce Department	5	
Community Action Programs	3	
Mid-Willamette Economics Development Corporation	1	
Consumer Services	2	1
Corrections Division, Data Center	3	1
Council of Governments	2	2
Democratic Central Committee	8	
Education/State Department of	10	3
Educational Broadcasting	1	
Educational Coordinating Council	1	1
Fairview Hospital	13	8
Feedback Program		1
Forestry Department	4	4
General Services		
Governor's Commission on Youth	2	1
GRASP	1	1
Health Department/Marion County	2	
Health Fair		
Highway Division	5	3
Highway, Tour Division	8	8
Hughes, Ted & Associates		1
Human Resources/Department of		
Justice Department, Tax Division	2	3
Justice Department, Trial Division	1	
Law Enforcement Council	2	1
Law Enforcement, Data Systems	2	
League of Oregon Cities		1
Legislative Administration	2	
Legislative Counsel	4	
Local Government Relations	2	1
Marion County Clerk's Office	5	6
Marion County District Attorney's Office		3
Marion County Extension Services	3	2
Marion Intermediate Education District	4	3
Marion County Sheriff's Office	12	9
Mental Health	3	2
Mid-Willamette Valley Air Pollution Authority	1	1
Military Department of Oregon	1	
Oregon School Board Association	1	
Oregon State Employees Association	1	1

AGENCY	NUMBER OF STUDENTS		
	1st Semester	2nd Semester	
Oregon State Hospital	3	2	
Oregon State Legislature		38	
Oregon State Police	3	2	
Oregon Statesman (newspaper)	1		
Oregon Supreme Court	2		
Republican Party, Hatfield Office	7		
Revenue Department	4	3	
Salem City Manager's Office	1	1	
Salem City Police	1	2	
Salem Schools, Special Education	1	3	
Secretary of State	3	1	
Shangri-La	7	4	
Silverton City Manager	1		
State Accident Insurance Fund		1	
State Water Resources Board		1	
Stayton City Police Department	3		
United Good Neighbors	2		
Vocational Rehabilitation	18	11	
Volunteer Bureau	2		
Welfare Department, Marion County	4	4	
Woodburn City Manager	1		
Woodburn Human Resources	2		
<b>TOTAL:</b>	<b>67 Agencies</b>	<b>192</b>	<b>151</b>

**Appendix J**

105

STUDENT INTERN APPLICATION FORM

(PLEASE TYPE OR PRINT)

NAME: \_\_\_\_\_  
Last/First Middle Initial School

ADDRESS: \_\_\_\_\_  
Street, Route No. or P.O. Box Home Telephone Number  
\_\_\_\_\_  
City/State/Zip Code Date of Birth

PARENT/GUARDIAN'S NAME: \_\_\_\_\_  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
(Home) Telephone (Office)

1. What special skills, experiences, or aptitudes do you feel you have?

2. List or describe your particular interests:

a. Academic

b. Career

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What aspects of state and local government or community affairs interest you the most?

4. What do you expect to gain from the program?

5. Are there specific agencies with whom you would like to intern? List agency preferences:

a. \_\_\_\_\_ c. \_\_\_\_\_  
b. \_\_\_\_\_ d. \_\_\_\_\_

6. Will you have your own transportation to and from participating GRASP agencies? Check one: Yes \_\_\_ No \_\_\_ Need transportation to be arranged \_\_\_

7. What is your schedule for next semester?

Course	Period	Teacher
_____	1	_____
_____	2	_____
_____	3	_____
_____	4	_____
_____	5	_____
_____	6	_____
_____	7	_____
_____	8	_____

8. Special remarks:

Signed \_\_\_\_\_  
Date \_\_\_\_\_



**Appendix K**

109

## A STUDENT INTERN'S PLEDGE

AS AN INTERN:

I believe that I am subject to a code of ethics similar to that of professional workers. I shall accept my assigned responsibilities and be accountable for what I am expected to do.

I promise to be faithful in attendance. If I am unable to report to my assignment or if I expect to be late, I shall notify my agency supervisor.

I shall keep confidential all privileged information.

I understand that I will participate in this program without monetary compensation, but I expect to do each assignment to the best of my ability.

I intend to take a positive and open-minded attitude, to show interest and initiative, to accept responsibility, and to follow supervision.

I am willing to devote extra time to special meetings or assignments when possible, and also to keep simple records and complete whatever tests and/or questionnaires are required of me.

I understand that in my conduct and performance I represent myself, my school, and--by extension--other high school seniors.

**Appendix L**

111



## AGENCY SUPERVISOR QUESTIONNAIRE

NAME OF AGENCY, DEPARTMENT, OR OFFICE \_\_\_\_\_

NAME OF GRASP SUPERVISOR \_\_\_\_\_

1. Do you think the student(s) assigned to you achieved a better understanding of your role and functions? Yes \_\_\_ No \_\_\_
2. Do you see the method of teaching students about government, as fostered through Project GRASP, as an enrichment to classroom instruction?  
Yes \_\_\_ No \_\_\_
3. Were you satisfied with the student(s) assigned to you this year?  
Yes \_\_\_ No \_\_\_ Not Exactly \_\_\_

COMMENT:

4. Are you of the opinion that you or your staff have had adequate contact with local classroom teachers? Yes \_\_\_ No \_\_\_
5. In your opinion, what should be the primary "criteria" employed to select students for your assignment? (Please rank in a hierarchial fashion below.)
6. Would you like more help (consultation) with the staff of Project GRASP in formulating or designing your learning site program?  
Yes \_\_\_ No \_\_\_ Only as needed \_\_\_
7. Did you work "directly" with GRASP interns on those occasions when they were in your office. Yes \_\_\_ No \_\_\_ If "no", to whom were they assigned?
8. Have you or any of your staff been asked to speak at your GRASP student's school or any other school? Yes \_\_\_ No \_\_\_ If "no", would you be willing to speak on behalf of your agency? Yes \_\_\_ No \_\_\_
9. Please make additional comments on any of the above items or matters not included:

112

113

**Appendix M**

113

114

AGENCY EVALUATION OF STUDENT INTERN

NAME OF AGENCY, ORGANIZATION OR DEPARTMENT: \_\_\_\_\_

GRASP AGENCY SUPERVISOR: \_\_\_\_\_

STUDENT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

Please give a brief description of the student's activities in your agency.

Circle and/or comment on the following: Comments would be appreciated for the overall evaluation (#10).

1. PERSONAL APPEARANCE -- Employee appearance reflects favorable or unfavorable public opinion toward an agency. Does the student dress appropriately for your agency?

Always      Almost Always      Usually      Sometimes      Never

COMMENTS:

2. ATTENDANCE -- Good attendance shows ones interest in his agency. Does the student attend his GRASP assignment?

Always      Almost Always      Usually      Sometimes      Never

COMMENTS:

3. ATTITUDE -- A cooperative attitude is indicative of a student's acceptance of the assigned tasks by the agency. Does the student show a favorable attitude?

Always      Almost Always      Usually      Sometimes      Never

COMMENTS:

4. COURTESY -- Courtesy and friendliness promote understanding between the agency and public to help open lines of communication between them. Is the student courteous to those around him?

Always      Almost Always      Usually      Sometimes      Never

COMMENTS:

5. ADAPTATION TO AGENCY -- The student's ability to adapt to agency requirements and working conditions is indicative of his interest, concern and furthers his understanding of the agency. Does the student adapt to all situations within the agency?

Always      Almost Always      Usually      Sometimes      Never

COMMENTS:

6. PARTICIPATION -- Participation in learning activities as set by the agency leads to a better understanding of the functions and activities of that agency. Does the student take part in these activities?

Always      Almost Always      Usually      Sometimes      Never

COMMENTS:

7. DEPENDABILITY -- Ability to carry out assigned tasks with minimum supervision is evidence of the student's desire for personal accomplishments and helps promote agency efficiency. Is the student dependable?

Always      Almost Always      Usually      Sometimes      Never

COMMENTS:

8. INITIATIVE -- Ability to accomplish a necessary task without direct supervision is a sign of a student's interest in his assignment and pursuit of his creativity. Does the student show signs of initiative?

Always      Almost Always      Usually      Sometimes      Never

COMMENTS:

9. KNOWLEDGE OF AGENCY -- A workable understanding of the agency's operations and procedures indicates the personal accomplishments and effective use of the experience with the agency. Does the student display a knowledge of your agency?

Always      Almost Always      Usually      Sometimes      Never

COMMENTS:

10. OVERALL EVALUATION -- What would be your overall evaluation of student based on the above criteria?

Outstanding      Good      Satisfactory      Poor

COMMENTS:

11. GENERAL STATEMENT (Narrative):

Evaluation completed by \_\_\_\_\_  
(Signature)

**Appendix N**

117

118

SCHOOL COORDINATOR QUESTIONNAIRE

NAME OF COORDINATOR \_\_\_\_\_

DATE \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

1. Are you a social studies teacher? Yes \_\_\_ No \_\_\_

If no, what is your occupational area? \_\_\_\_\_

2. Did your school conduct a separate class for GRASP students this year?  
Yes \_\_\_ No \_\_\_ If no, from what classes were GRASP students drawn?

\_\_\_\_\_

3. Were the GRASP students given a regular time to share their experiences with  
other classes and other GRASP students in your school? Yes \_\_\_ No \_\_\_

4. To the best of your knowledge, on how many occasions were GRASP students  
invited by other classroom instructors to share their GRASP experiences?  
\_\_\_\_\_ Number

5. Would you say most other teachers in your school are aware of the objec-  
tives of GRASP and support the program? Yes \_\_\_ No \_\_\_

6. From what specific course(s) are GRASP students receiving credit?

<u>COURSE TITLE</u>	<u>COURSE TITLE</u>	<u>COURSE TITLE</u>
___ Number of Credits	___ Number of Credits	___ Number of Credits
___ Letter Grade	___ Letter Grade	___ Letter Grade
___ Pass/No Pass	___ Pass/No Pass	___ Pass/No Pass

7. From those students applying for GRASP internship positions, who determined  
which students were selected? (Circle answer(s))

- (a) Screening Committee
- (b) GRASP Coordinator
- (c) Principal
- (d) Other (please explain)



8. What were the criteria employed to select GRASP students? (Circle answer(s))  
(a) Grades (b) Dependability (c) Interests (d) Other  
(please explain)
9. Do you feel that if a student selected for GRASP this year in your school was not placed within an agency of his choice it had an adverse effect on his participation? Yes \_\_\_ No \_\_\_
10. What system of grading do you recommend for GRASP students?  
\_\_\_\_\_  
\_\_\_\_\_
11. Please describe the current status of your "resource library"? Are students currently adding material to the library? If so, where is the library located and what is the nature of the material located therein?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Are GRASP students using any of the following resource materials? (Circle)  
(a) Government in Oregon handbook (b) Oregon Blue Book  
(c) Other: \_\_\_\_\_
13. Were you given the assignment as school coordinator by your principal?  
Yes \_\_\_ No \_\_\_
14. Would you volunteer for this assignment? Yes \_\_\_ No \_\_\_
15. Are you given enough time, outside of class time, to plan and conduct GRASP activities? (e.g. prep time) Yes \_\_\_ No \_\_\_
16. As far as you know now, will you be the GRASP coordinator for your school next year? Yes \_\_\_ No \_\_\_ Don't Know \_\_\_



27. In your own words, what is the most difficult part of being a GRASP coordinator?

120

121

**Appendix O**

121

122

SCHOOL ADMINISTRATOR EVALUATION GUIDE

\_\_\_\_\_  
HIGH SCHOOL

\_\_\_\_\_  
SCHOOL ADMINISTRATOR

\_\_\_\_\_  
DATE

1. Do you see this method of teaching about government and citizenship as an enrichment to the classroom textbook approach? Yes \_\_\_ No \_\_\_

COMMENTS:

2. Do you feel that your students who have been on GRASP this year have matured through this experience? Yes \_\_\_ No \_\_\_

COMMENTS:

3. Do you feel that they have undergone any kind of an attitude change?  
Yes \_\_\_ No \_\_\_

COMMENTS:

4. Do you anticipate that a program such as GRASP will become a part of your regular curriculum when federal funding is no longer available?  
Yes \_\_\_ No \_\_\_

COMMENTS:

5. Do you see this kind of program as a way to satisfy the new state-adopted graduation requirements in Citizenship Education? Yes \_\_\_ No \_\_\_

COMMENTS:

6. Do you have any specific plans to continue the program in your school?  
Yes \_\_\_\_ No \_\_\_\_

COMMENTS:

**Appendix P**

125

PARENTS' QUESTIONNAIRE

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

HIGH SCHOOL SON OR DAUGHTER \_\_\_\_\_

1. Does the student discuss the GRASP program with you? Yes \_\_\_ No \_\_\_
2. If "yes" above, would you say that he is getting practical information which may make him more aware of the complexities of government?  
Yes \_\_\_ No \_\_\_
3. Have you seen a change in your child's "attitude" since his internship in GRASP? Yes \_\_\_ No \_\_\_ Not Sure \_\_\_ If "yes", please explain:
  
4. Have you learned anything new from your child's experience? Yes \_\_\_ No \_\_\_  
If "yes", please explain:
  
5. Do you feel that this method of teaching about government is an enrichment to classroom instruction? Yes \_\_\_ No \_\_\_ Don't Know \_\_\_
6. Has your child found something in the experience which has influenced his future plans? Yes \_\_\_ No \_\_\_ Don't Know \_\_\_ If "yes", please comment:
  
7. Would you support a program such as GRASP, financed by your local district for transportation and insurance? Yes \_\_\_ No \_\_\_
8. If you had another son or daughter who would be a senior next year would you want him or her to be in the GRASP program? Yes \_\_\_ No \_\_\_

FEEL FREE TO MAKE ADDITIONAL COMMENTS ON ANY OF THE ABOVE ITEMS.

**Appendix Q**

SCHOOL \_\_\_\_\_

SUBMITTED BY \_\_\_\_\_

RECORD OF INTERN HOURS SPENT OFF CAMPUS  
(Including Travel Time)

DAYS AND HOURS SPENT OFF CAMPUS MONTH OF \_\_\_\_\_

STUDENT'S NAME	1st WEEK		2nd WEEK		3rd WEEK		4th WEEK		TOTAL	
	Days	Hours	Days	Hours	Days	Hours	Days	Hours	Days	Hours
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										

