DOCUMENT RESUME

ED 324 178 RC 017 778

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TITLE A National Study Regarding At-Risk Students.
INSTITUTION Western Washington Univ., Bellingham. National Rural Development Inst.
PUB DATE May 90
NOTE 26p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Administrator Attitudes; Analysis of Variance; Elementary Secondary Education; Exceptional Persons; *High Risk Students; Mild Disabilities; National Surveys; Preschool Education; *Rural Urban Differences

ABSTRACT

In a national survey, a total of 1,200 surveys were mailed to school administrators in rural areas in all states. Responses from 312 rural, urban, and suburban school administrators provided estimated percentages of students in 12 high risk categories. Survey data were analyzed by a repeated-measures analysis of variance that considered three factors: community (rural versus non-rural), risk categories, and disability (mildly handicapped versus non-handicapped). This analysis was performed separately for preschool, elementary, middle school, and high school levels. The differences between community type for all risk factors in both disability categories were significant for all levels except preschool. In almost all cases, rural at-risk student estimates exceeded non-rural estimates. Certain risk categories showed large differences (greater than 7 percentage points) between rural and non-rural groups. For the nonhandicapped, these categories were poverty, minority group status, and substance abuse at the elementary level and poverty at the middle school level. For the mildly handicapped, these categories were depression at middle school and high school levels and poverty at all levels. The findings suggest that the social and economic stresses on rural students are at least as difficult as those of urban youth. This report discusses the importance of self-esteem in lowering student risk, and offers recommendations concerning federal and state policies, holistic program approaches, teacher and parent training, and early intervention. An appendix provides statistical data on all risk categories. (SV)

A NATIONAL STUDY REGARDING AT-RISK STUDENTS

MAY, 1990

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ABSTRACT

Rural and non-rural school personnel estimated relatively large percentages of their students to be "at risk." The fact that rural children fared worse than non-rural children in 34 out of 39 statistical comparisons in the study merits concern. This analysis suggests that the social and economic strains facing rural students are at least as difficult as those facing inner-city youth.

Two-thirds of America's school districts and one-third of the nation's children are rural. While it is true that some rural communities are thriving, many rural areas are experiencing economic and social difficulties that are contributing to the development of at-risk children. Some positive rural cultural factors unfortunately can contribute to the problems of at-risk students. For example, the traditions of independence and individualism can mitigate against receiving counseling services. The intimacy of rural settings can conflict with guarantees of confidentiality when reporting child abuse.

Likewise, rural social, psychological, recreation, medical, and other services tend to be inadequate to address increasing social problems such as increased drug and alcohol abuse, sexually transmitted diseases, homeless individuals, crime, and the disintegration of the traditional American family. Many rural areas also lack adequate vocational and career education opportunities, prenatal care, special education, and staff development opportunities.

In communities with longstanding social, educational, and economic problems, citizens may develop low aspirations regarding education, graduation, and employment. Low self-esteem may become pervasive and students may have to exhibit wider ranges of "deviancy" before their behavior attracts the attention of the school or community.

As most news coverage emanates from urban areas demanding media attention, rural areas frequently receive inadequate attention by the media and by the federal and state governments.

Most at-risk students exhibit more than one at-risk characteristic. Typically, low self-esteem and/or the existence of a dysfunctional family overlay other characteristics. For example, national studies have consistently linked delinquents, child abusers, and victims of abuse with low self-esteem and/or dysfunctional families.

If our nation is to compete in a global economy and have citizens who are responsible, productive, and vote intelligently, the needs of all at-risk students and their families must be addresssed.

This report has summarized recommendations for the federal and state governments, educators of all types, other policymakers, teacher educators, parents, and related services personnel. It also describes essential components of programs for at-risk students, and related preservice and inservice training.

A NATIONAL STUDY REGARDING AT-RISK STUDENTS

INTRODUCTION

This study provides an overview of a national study conducted by the National Rural and Small Schools Consortium (NRSSC) and the American Council on Rural Special Education (ACRES). Both organizations are headquartered at the National Rural Development Institute, Western Washington University, in Bellingham, Washington.

The survey was designed to compare the incidence of various types of at-risk students in rural, urban, and suburban school districts. The study also compared incidences of at-risk students with disabilities. Incidences of various categories of at-risk students at the preschool, elementary, middle, and high school levels were also compared.

OPERATIONAL DEFINITIONS

An "at-risk student" was operationally defined as one who is involved with one or more of the following categories:

Substance abuse
Depression/suicide attempt/low self-esteem
Child abuse (physical, emotional, verbal, or sexual)
Poverty
Child of alcoholic or substance abuser
Illiteracy
Migrant
School dropout
Sexually active/pregnant
Involvement with crime
Minority and poor
Disability

A rural district was defined as a district in which the "number of inhabitants are fewer than 150 per square mile, or located in a county in which 60% or more of the population lives in communities of 5,000 or fewer." (Districts with more than 10,000 students and those within a standard metropolitan statistical area are automatically excluded by this definition.)

METHODOLOGY

A total of 1,200 surveys were mailed to school administrators in rural areas in all states, and a total of 312 surveys were returned. This represents a return of approximately 25%. Of the 312 returns, 185 of the respondents were from rural areas, 71 were urban, and 56 suburban. The cover letter for the survey encouraged school personnel (including teachers and other service providers) to give their best estimates of the percentages of students falling into the at-risk categories listed on page 1. Anonymity was guaranteed to respondents, to increase the accuracy of responses. The comments in this document analyze the sample of respondents returning the survey.

SIGNIFICANCE TESTING OF SURVEY DATA

After the descriptive statistics from the data were scrutinized, they were analyzed by a repeated-measures analysis of variance. This analysis was performed by using the SPSSX MANOVA program. The analysis considered three factors: community (rural vs. suburban vs. urban combined); risk factors; and disability (non-handicapped vs. mildly handicapped). The first factor was a "between" factor (between subjects, which were the reporting school districts) while the other two were "within" factors. This analysis was performed separately for preschool, elementary, middle school, and high school levels.

The purpose of these analyses was to estimate which of the factors (and the interactions between them) yielded greater differences among the means than could be expected from random fluctuation. In other words, which factors were statistically significant?

The MANOVA program did not accept for analysis any "cases" (school districts) which had any missing data. That included completed surveys from many school districts. In some surveys only completed by preschools, this included more than half the data. Consequently, the preschool results must only be regarded as suggestive. Where significance was found, it would suggest that some of the differences between means of the factor were likely more than could be expected by chance.

The table indicates the factors for which analysis had significant differences. The main factors of community and at-risk conditions showed significance in most or all analyses. Out of sixteen possibilities for interaction effects (four interaction factors in each of four analyses), three showed significance.

The differences between community types for all risk factors and both non-handicapped and mildly handicapped were significant for all levels except preschool. In almost all cases, at-risk student estimates for rural communities exceeded non-rural. This was one of the most consistent findings discovered in the tables of means (Appendix A).

For all levels, there were significant differences between some of the various reported risk factors. That warrants inspection of the levels for the various risk factors as illustrated in the following table.

Concerning the interaction factors, significance was found for the community by risk factor interaction for high school and middle school levels. At the middle school level, there was an indication that the reported risk factors were different for handicapped and non-handicapped children.

TABLE I

Significant Factors (Main Effects and Interaction Effects in Four Analyses of Variance--Indicated by Probabilities)

Source Variance	Analysis (by grade level) Preschool	Elementary	Middle School	High School
Community (C) (between subjects)		.019	.025	.018
Risk Factor (R) (within)	.019	<.001	<.001	<.001
Handicap (H) (within)				
C x R			.029	.037
C x H				
R x H			<.001	
R x C x H				

Figures above are probabilities given for F ratios yielded by the analyses. Blanks indicate non-significant Fs ($P > .05$).

FINDINGS

Appendix A provides statistical tables regarding comparisons of at-risk categories. The reader is encouraged to compare rural, urban, and suburban categories; preschool, elementary, middle, and high school grade levels; and handicapped (mild, moderate, and severe) vs. non-handicapped student data.

Primary findings include the following:

* Rural school respondents estimated higher percentages of children, both handicapped and non-handicapped, in the at-risk categories. (Thirty-nine separate comparisons of rural and non-rural estimates were made. Rural children fared worse than non-rural children in 34 of the 39 statistical comparisons.)

* Estimates for at-risk mildly handicapped students exceeded those for non-handicapped rural school students in 20 instances, about half of the time. In non-rural schools, mildly handicapped students exceeded non-handicapped students in 14 instances.

* Numerous interesting comparisons resulted regarding differences by at-risk category. Examples follow:

- 17.7 percent of non-handicapped rural high school students were estimated to be substance abusers, compared with 10.1 percent in non-rural districts.

- 12.3 percent of non-handicapped rural elementary schoolchildren were found to be suffering depression/suicide attempts/low self-esteem, compared with 10 percent of urban and 8.5 percent of suburban youngsters. Among learning disabled and other mildly handicappped youngsters, depression/suicide attempt/low self-esteem was a problem among an estimated 16.9 percent of rural grade school pupils, but only among 9.5 percent of urban and 12.4 percent of suburban pupils.

- 25.7 percent of non-handicapped rural high school pupils were considered sexually active, compared with 22.5 percent of urban and 20.9 percent of suburban students. Among mildly handicapped rural high schoolers, 26.7 percent were sexually active, compared with only 15.3 percent of urban and 18.2 percent of suburban children.

- 6.7 percent of non-handicapped rural middle school youngsters were said to be involved in crime, compared with an estimated 5.6 percent in urban and suburban schools.

- 12.7 percent of rural preschoolers without handicaps were considered victims of child abuse, compared with 11.9 percent in urban and 9.6 percent in suburban districts.

* Table II below depicts data differences by at-risk category across the nation, comparing handicapped and non-handicapped students. The at-risk categories are listed in decreasing order according to the percentages for handicapped students. The rankings are the same for the non-handicapped students with one exception (relating the category of "minority and poor" to the category of "child of an alcoholic parent").

TABLE II

At-Risk Category	Handicapped	Non-Handicapped
Dysfunctional family	21.1	19.3
Poverty	20.7	18.8
Suicide/depression/low self-esteem	15.5	13.7
Minority and poor	14.7	12.5
Child, alcoholic parent	11.8	12.2
Child abuse	9.3	11.4
Migrant	3.6	6.8

Additional information follows regarding the 3 major breakdowns of the report.

Rural vs. Non-Rural

One of the most consistent features noted in the analysis of the survey data was that rural schools estimated higher percentages of children, both handicapped and non-handicapped, in the at-risk categories. For at-risk categories and all grade levels, 39 separate comparisons of rural and non-rural can be made. There was only one exception for mildly

handicapped, which was substance abuse/elementary. For this, rural exceeded non-rural by only 0.1. (There also was one tie, and that was for migrant preschool children.)

There were five exceptions to the rural greater than non-rural estimates for the non-handicapped as follows: child abuse/high school; dysfunctional family/preschool; illiteracy/high school and middle school; and minority/preschool.

Certain categories showed large differences (greater than 7.0) in rural vs. non-rural. For the mildly handicapped, these were: depression/middle school and high school; poverty/elementary, middle school, high school.

The large rural over non-rural estimates for the non-handicapped were: poverty/elementary and middle school; minority/elementary (12.7); and substance abuse/elementary.

Non-handicapped vs. Handicapped

Estimates of the mildly handicapped presented the best indicator for all handicapped children. Accordingly, what follows is based on an examination of the figures in this category (as well as the non-handicapped category). There was no consistent pattern showing that the non-handicapped have higher estimates in the at-risk categories than mildly handicapped students. Estimates for at-risk mildly handicapped students exceed those for non-handicapped rural school students in 20 instances, about half of the time. In non-rural schools, mildly handicapped students exceeded non-handicapped students in 14 instances.

Differences by At-Risk Category

Table II indicates some average estimates for the various at-risk categories. The percentages given are **averaged** across all four separate grade levels. These averages (means) are unweighted. They are unweighted because they do not take into consideration the differing numbers of respondents in the grade level categories.

The at-risk categories are listed in decreasing order according to the percentages for handicapped students. These rankings would be the same for the non-handicapped students, with one exception (minority and poor; child of an alcoholic parent).

The categories for middle school and high school (dropout and sexually active) are not included in the above table. Substance abuse is based on the average of three levels (elementary, middle, and high school) since it was excluded from the preschool portion.

Most of the time, the averages for the various grade levels within an at-risk category did not vary a great deal. For some risk factors it did, such as 13% for migrant non-handicapped in the preschool compared to an overall average of 6.8%.

Limitations of the Study

Human error of respondents is always a factor in data analysis. Related to this study, there may have been different interpretations of the questionnaire not only by individual respondents, but between different categories by the same respondent. There were some varying interpretations of the at-risk categories, as evidenced both by the figures given and by written comments. In the suicide/depression/low self-esteem category, those who focused on self-esteem gave a high estimate, while those who focused on suicide gave the lowest.

As in all studies, there were a few responses that were not too credible, such as a 0% response regarding substance abuse in high school. These data were not used, however, in data analysis.

It was assumed that averaging would reveal trends and patterns in an unbiased way in spite of the above potential variations in interpretations.

SUMMARY RELATED TO ANALYSIS

In this descriptive study, rural and non-rural school personnel estimated relatively large percentages of their students to be "at risk." Although the findings of this study interpret one sample, the fact that rural children fared worse than non-rural children in 34 out of 39 statistical comparisons in the study merits concern. This analysis suggests that the social and economic strains facing rural students are at least as difficult as those facing inner-city youth.

Previous national studies have indicated higher dropout and teenage pregnancy rates in rural than non-rural areas. Some state-specific studies conducted by rural states have indicated a high rate of at-risk students. The image of rural children leading wholesome, trouble-free lives compared with youth in more crowded settings may be in need of revision.

At-risk students in migrant and Indian communities, the Mississippi Delta and Appalachian regions, lumber towns, Alaskan villages, and military communities have received media coverage in past years. It is time for policymakers to carefully consider the needs of other rural cultures and their at-risk students.

As two-thirds of America's school districts and one-third of the nation's children are rural, it is critical that society address these findings. Rural communities are extremely diverse, with family farming now composing less than 4 percent of America's economic lifestyles. Agriculture, small businesses, manufacturing, agriculturally-related industries, timber, petroleum, fishing, resorts, military, Indian reservations and subsistence economies in wilderness areas are examples of this diversity.

Many rural areas are known for their close-knit communities and family involvement in schools. Other rural cultures are known for a lack of parental involvement. The rural tenet of fiercely independent citizens who "take care of their own" and the intimacy of many rural settings can actually contribute to problems. Residents may be less willing to side with an abused or neglected child against a parent they have known for years. Citizens may be employed by such individuals or frequently see them at community functions. The guarantee of confidentiality to a person reporting abuse may be difficult to believe.

Other obstacles include the lack of social, psychological, and family counseling services in remote/impoverished rural districts. While there are some benefits for disadvantaged children (e.g., poor, emotionally disturbed, and physically or mentally handicapped students) in being able to blend into an accepting rural community, these children may not receive services that inspire or empower them to meet their full potential. Many rural communities have inadequate medical personnel, foster care, special education and sex education. Many lack instruction to prevent drug and alcohol abuse. Some rural areas are experiencing an influx of refugees and lack bilingual-bicultural staff/programs. Many rural communites have comparatively few recreational activities in an age in which TV offers the image that life should be full of exciting leisure activities. Teenage sexual activity may become a recreational pursuit.

Career training and vocational education opportunities may be limited even in areas with low rates of college attendance. The fact that many states have recently attempted to raise graduation requirements and some have linked competency tests to higher standards has proven difficult for many rural school districts.

The pride and fierce individualism characteristic of many rural communities can provide difficulties for an at-risk child. Many rural citizens would prefer to handle their own problems and will not avail themselves of social and counseling services. Lack of services can be especially serious for children with disabilities. (Some national studies have indicated higher percentages of handicapped students in rural than non-rural areas.) Inadequate prenatal care and poor nutrition in impoverished areas for children of uneducated teenage mothers also exacerbates existing problems. Many remote rural communities are isolated from state of the art services, and many service providers feel isolated from other professionals and from staff development opportunities.

Although some rural communities are thriving, conditions that can breed school failure have worsened in recent years in many rural areas. Statistics have long indicated that rural America has higher rates of poverty than non-rural America. Poverty, family instability, depression and suicide, teen pregnancy, and alcohol and drug abuse have increased as farming, timber, coal, and some fishing industries have declined. In many areas, stagnation in resource industries has been accompanied by the loss of manufacturing to foreign competition. Limited employment opportunities feed low aspirations and low levels of hope that the future could be any different. Some rural students drop out to assist in supporting their families.

In communities with longstanding social, educational, and economic problems, some develop low aspirations regarding education, graduation, and employment. Education may not be highly valued. Sexual activity, teenage parenting, drug and alcohol use, delinquency, and dropping out of school become commonplace in such communities. Low self-esteem is accepted and becomes pervasive. Students have wider ranges of "deviancy" before their behavior attracts the attention of the school or community.

These conditions have occured at a time when America has experienced an explosion of social problems such as increases in latchkey children, drug and alcohol abuse, crime, homeless individuals, sexually transmitted diseases, and the breakup of the traditional American family. It is simply not acceptable that we, as a society, assume that highways, ferries, and small planes cannot access rural communities. "Crack" babies and the HIV virus have found their way into rural America. Outmigration of citizens from urban to rural areas has equently resulted in the transfer of urban problems, as well as "culture shock".

As most news coverage emanates from urban areas and crime generated by the greater concentrations of individuals in the cities demands media attention, rural areas typically receive inadequate media coverage regarding their problems. Concomitantly, they usually receive inadequate attention by the federal and state governments. Rural areas typically receive fewer federal and state funds than do urban and suburban areas.

Most at-risk students exhibit more than one of the at-risk characteristics indicated on page one of this report. Typically, low self-esteem and/or the existence of a dysfunctional family overlay other characteristics. For example, studies have consistently linked delinquents, child abusers, and victims of abuse, with low self-esteem and/or dysfunctional families. Studies have also indicated that students with disabilities are at risk (Education of the

Handicapped, Sept 27, 1989). This publication also reported that handicapped students drop out of school at 1 1/2 times the rate of non-handicapped students.

At-risk students and those classified as special education students are separated in state and federal agencies. For example, students served by programs under the Education Consolidation and Improvement Act of 1981 are separated from students labeled as special education students. Many of the students exhibit both characteristics, and this false separation inhibits collaborative problem solving and service delivery. This is particularly detrimental as most students who exhibit one at-risk condition exhibit at least one other. Robert Davila, Assistant Secretary of the U.S. Office of Special Education and Rehabilitative Services (OSERS), in a September interview, stated that students with disabilities are at-risk students. (Education of the Handicapped, September 27, 1989.)

THE IMPORTANCE OF SELF-ESTEEM

National studies have repeatedly indicated that at-risk students typically have low self-esteem and that self-esteem is related to academic grades, school attendance, and social skills. An additional study conducted under the auspices of the National Rural and Small Schools Consortium (NRSSC), of rural education researchers and practitioners, found 75% agreement that working with low self-esteem and other emotional problems should be the number one national priority concerning assisting at-risk students (Bull, et. al., 1990). A 1989 at-risk students pilot project conducted by the NRSSC determined successful practices of enhancing the self-esteem of at-risk students so that they could succeed in school and the community. These results were shared at the recent "National Conference Concerning the Prevention of Rural School Dropouts," March 18-23 in Tucson, Arizona. (Conference Proceedings, 1990.)

There is a clear link between high self-esteem and positive academic grades, school attendance, and social skills. Most human behavior is emotionally based, and individuals with serious emotional problems are unable to learn effectively. Poor self-esteem is linked to at-risk conditions including teen pregnancy, delinquency, depression, substance abuse, dysfunctional families, and child abuse.

The highest percentage of school dropouts are pregnant teenagers, and studies have indicated that most teen mothers relate that their behavior is related to low self-esteem and the desire to create "someone who will finally love me." Teenagers who value themselves and feel a sense of personal power value their future and do not endanger it by becoming pregnant, engaging in drug or alcohol abuse, delinquency, or unsafe sexual practices.

The Final Report of the California Task Force to Promote Self-Esteem and Personal and Social Responsibility (1990) stated that self-esteem can be a social vaccine against the lures of crime, violence, substance abuse, teen pregnancy, child abuse, welfare dependency. and educational failure.

RECOMMENDATIONS

* Federal and state governments tend to recognize and deal with urban problems. The federal and state governments must recognize the extent to which rural students are at risk. Intra and interagency efforts should address collaborative problem solution. Federal and state initiatives should be analyzed regarding their ability to address the needs of at-risk students. Federal and state funding for rural at-risk should be

equitable to funding in non-rural areas. States should assess the preservice training of teachers and other personnel concerned with at-risk students.

* At the local level, collaboration should involve state and local education agencies, university training programs, social agencies (education, foster care, counseling, job training, juvenile incarceration, and others). Existing rural outreach systems such as cooperative extension and public health agencies, civic groups, parents, and volunteer organizations should also be involved in program planning and implementation.

* The link between high self-esteem and positive academic grades, school attendance, and social skills should be clearly recognized. The link between poor self-esteem and at-risk conditions (e.g., teen pregnancy, delinquency, depression, substance abuse, dysfunctional families, etc.) should also be recognized.

* While at-risk students need and deserve academic tutoring, mentor programs, career guidance, counseling and vocational education, health and social services, and other support systems, the most basic ingredient to changing the serious problems of at-risk students, their families, and communities can be best affected by consistently enhancing self-esteem. Parents, teachers, other service providers, and community members need to learn skills that enable students in pain to identify and express their feelings, validate themselves, and gain a sense of self worth and personal power. Parents, teachers, and other service providers also need to learn to acknowledge their feelings and validate their point of view.

  The basic key to helping at-risk students lies in educating parents, teachers, and other service providers to communicate better with children and become attuned to their problems before they become crises.

* Holistic program approaches should be planned that address the emotional, academic, physical and social needs of at-risk students and involve families in program planning and implementation. The use of nontraditional methods of instruction to assist students in pain to address emotional issues should be used. For example, with drama, students can act out their feelings. They can also experience for the first time how a self-confident person feels/acts. The use of physical activities such as tai chi, karate, or yoga can put students in touch with their bodies. This has been particularly effective for students who have been sexually/physically abused and have lost body awareness. Movement, dance, art, and music therapies have proven to be effective.

* Early identification of at-risk conditions, in ways that protect student confidentiality, should be emphasized. Early intervention should include adequate prenatal care as well as preschool programs. Attention to nutritional needs and nutritional education should be ongoing.

* Schools should structure ongoing student support systems such as peer, teacher, and administrative buddy systems and school building case management teams.

* Collaboration between school building personnel and social agencies involved with the child should occur in ways that protect student confidentiality. Partnerships with other community resources including social agencies, businesses, the justice system, employment trainers, JTPA, and rural outreach systems such as cooperative extension and public health systems should occur on an as-needed basis.

* Program evaluations should be ongoing (formative) and longitudinal.

* Academic and social development programs should be structured to ensure that students will experience success when possible, to help them realize that this is possible for them. Attempts should be made for this to become self-perpetuating.

* Information should be gathered and nationally disseminated regarding effective programs for at-risk students and their families. Effective training approaches for school personnel, related staff, and parents should also be disseminated.

* Schools and other service agencies should consider the need to train all personnel regarding techniques of working with at-risk students. Some of the techniques that work well with low self-esteem students can be used to enhance the self-esteem of "normal" students. This will aid our entire society. All teachers will have some students who exhibit at-risk conditions, and many at-risk students are not readily identified. Training teachers to work with at-risk students will teach them how to individualize their responses to students, within large and small group settings.

* Staff inservice and university preservice training should focus on approaches of identifying and working with at-risk students. Parents, foster care, and community agency personnel should also learn techniques of effectively listening to students and assisting them in feeling their feelings.

* Inservice and preservice time should emphasize processes of enhancing student self-esteem and include methods of developing interdisciplinary assessment and intervention teams. Teachers and other service personnel should be trained to work with families, community agencies, and with students regarding the emotional needs of at-risk students. Eash person attending inservice should be encouraged to take their knowledge back to other personnel in the school and to parents.

* The first priority must be the immediate welfare of the student. Teachers, other service personnel, school board members, administrators, and others must understand that the worst thing they can do is to ignore a student's problem.

* Preservice and inservice instruction should address:
    - problem recognition
    - methods of identifying at-risk students (as early as possible, and with confidentiality)
    - development of relevant school policies (with community participation)
    - resources available for prevention and treatment
    - methods to develop student and parent self-esteem as a prevention and intervention mode
    - academic assistance programs and techniques
    - interdisciplinary, holistic intervention approaches

* At-risk student programs should include:
    - academic services including mentoring and tutoring
    - vocational education
    - counseling
    - transition programs
    - family involvement
    - community-business-school-social agency partnerships
    - community mental health services
    - comprehensive health services
    - sex education
    - drug and alcohol abuse education

- nutrition and nutritional education
- ongoing peer and teacher support systems
- career counseling
- creative arts
- physical education

* Goals for student development should include the enhancement of the following areas:
  - academic abilities
  - self-esteem
  - ability to self-nurture
  - sense of identity
  - internal motivation
  - sense of responsibility for individual's actions
  - control over individual's own life
  - ability to find appropriate external support systems and other resources
  - physical abilities
  - career/vocational goals

  In addition, student programming should cover the following aspects of healthy living.
  - self acceptance and change
  - discovering individual goals
  - being responsible for one's own behavior
  - determining one's choices
  - acknowledging how individuals allow their thoughts to control them
  - the benefits of cooperation vs. the need to be "right"
  - dealing with feelings:
    identifying them
    their importance regarding controlling one's life
    effectively dealing with them
    accepting things one doesn't like and changing what one can
  - using effective communication skills:
    to say what is needed/wanted
    to deal with angry people
    to avoid manipulating others or being manipulated when one is angry, hurt, or sad
  - an awareness that individuals typically get what they expect (regarding achievements, rewards, joy, and disappointments)
  - developing positive relationships with peers, parents, authority figures, and those of the opposite sex

* School personnel must communicate high expectations and provide a comprehensive academic and social skills curriculum, indicating to students that what they learn is relevant to their lives. Teachers must provide ongoing evaluation and start students off with successful experiences. Students should be challenged to apply skills in a range of ways and demand that students take responsibility for their own learning.

* Teachers and other service providers must learn to deal with the more covert/difficult situations such as knowing when students' actions are affected by alcohol or drug use. This might include students whose long-term use of drugs or alcohol has left them without motivation for learning, or students who are so depressed that they are simply biding time until the school drops them, they quit school, or they attempt suicide. Symptoms such as high absenteeism, frequent tardiness, amotivational syndrome,

manipulative behavior, mood swings, and denial must be dealt with even though they are difficult. To follow a student's lead and buy into the denial of students' parents or other teachers is to condone this behavior and allow it to continue to the detriment of the student and the general school community.

* An effective student assistance program should be established in which teachers and related professionals become part of an assessment team that looks at the behavior of students who are having difficulty in school. Health, absenteeism, change in performance, and classroom conduct are among the behaviors that should be evaluated. School personnel must be trained and supported regarding recognizing and reporting child abuse.

* Assessment processes should be completed by the student's teachers, counselor, nurse, other related services personnel, administrator, and parents (when possible). This gives the assessment team a tool with which to evaluate the student. This information will more readily enable the school to address with parents the issues involved in the at-risk situation. This type of confrontation or intervention will be helpful in breaking through both parent and student denial.

* It is essential that the community, including parents, social agencies, businesses, and civic and volunteer organizations, be involved. Resources are simply too scarce to attempt to deal with problems in isolation. All community resources are required to handle social problems such as those involved with at-risk conditions. It is important that all techniques involving community elements preserve student confidentiality. As vocational education is essential in a dropout prevention program, school-business-community partherships are imperative.

  Mentoring can be a volunteer program involving business people, college and high school students and community members as role models who help students to begin to envision their own futures and who provide much-needed caring and support.

  The entire community - businesses, the justice system, job training/employment agencies, the medical profession, child welfare agencies, police, churches, media, civic groups, and legislators - must play a part.

* Parents are an essential resource in program planning and implementation. They can approach other parents, community groups, and school employees. Research has indicated that students whose parents are involved in their child's education achieve at a higher level than those whose parents are not involved. Siblings can often reach students who will not listen to anyone else. In some cases, families will be in denial (e.g., alcoholism, abuse, or attempted suicide). In such cases, the school and community must help parents understand that denial is, in essence, condoning behavior and allowing it to continue to the detriment of the student. It is especially critical to involve parents of students in dysfunctional family situations if at all possible. Frequently, rural family members will listen to their peers (e.g., neighbors, cooperative extension workers, or extended family members) more easily than they will to school personnel. Thus, all natural outreach agencies or unique rural resources should be involved (e.g., mail carriers, grange organizations, 4-H clubs, natural community communicators, cooperative extension, public health workers, etc).

* Teachers, other service providers, and parents must understand that intervention regarding a "primary" disability can occur via addressing the "secondary" disability, the emotional overlay. There must be an understanding that students with serious emotional difficulties are generally unable to focus on learning.

* Communities should plan alternate entertainment experiences for students, especially in areas with high rates of adult alcoholism and heavy teenage drinking. Local citizens should be involved in program planning regarding sex education and other potentially controversial issues, so that program implementation is well received. Local citizens should also be encouraged to initiate the development or change of policies related to the development of at-risk students. This will require increased community awareness of social problems and expectations for student performance within that community.

* It is essential that the entire community be educated regarding all of the factors in at-risk situations. This will insure that many unfortunate situations will not occur and will help in ameliorating current negative conditions. Community education might occur via town meetings, interagency presentations, and involvement with social and fraternal organizations. In small rural communities, presentations may occur at local Welcome Wagon, Garden Club, or 4-H meetings, or county fairs. Advanced technologies can be used such as satellite training or informational programs regarding recognizing and dealing with factors such as child abuse.

FOR FURTHER INFORMATION

For further information regarding this study or effective practices of working with at-risk students, contact: Dr. Doris Helge, Director, National Rural Development Institute, Woodring College of Education, Western Washington University, Bellingham, Washington 98225 or telephone (206) 676-3576.

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APPENDIX A

Appendix A provides statistical tables regarding comparisons of at-risk categories. The reader is encouraged to compare rural, urban, and suburban categories; preschool, elementary, middle, and high school grade levels, and handicapped vs. non-handicapped student data.

NON-RURAL = urban and suburban
NON = non-handicapped
MLD = mildly handicapped
MOD = moderately handicapped
SEV = severely handicapped
HDCP = average of three above levels of handicapped

	NATIONAL			312 entries	
Preschool	**Non**	**Mld**	**Mod**	**Sev**	**Hdcp**
Depression	13.6	14.4	15.9	12.6	14.0
Child abuse	12.0	11.5	9.3	10.7	10.6
Poverty	13.9	22.3	22.4	19.2	21.6
Chld of Alcoholic	18.1	14.4	14.1	12.1	13.3
Dysfunctional fam	15.2	23.2	20.1	18.1	20.6
Migrant	13.0	4.4	3.2	2.5	3.3
Minority & Poor	6.7	15.2	12.3	11.5	13.3
Elementary school					
Substance Abuse	6.8	5.3	4.5	3.0	4.2
Depression	11.2	14.4	11.6	8.7	11.1
Poverty	21.2	20.6	18.6	16.2	18.2
Child abuse	12.1	11.5	10.9	9.4	10.9
Chld of Alcoholic	14.9	13.8	12.4	11.7	12.6
Dysfunctional fam	20.3	19.8	19.1	16.6	18.2
Migrant	5.6	3.5	3.1	7.1	4.3
Minority & Poor	20.2	12.6	12.3	11.7	12.0
Middle school					
Involved w/ Crime	6.3	5.5	4.2	1.8	3.8
Substance Abuse	10.4	8.5	5.8	2.5	5.7
Depression	14.3	15.9	12.5	8.1	11.7
Child Abuse	11.9	11.7	10.7	9.2	10.4
Poverty	19.7	19.1	17.9	16.4	17.8
Chld of Alcoholic	15.0	14.0	12.4	19.0	15.3
Dysfunctional fam	20.2	19.8	18.4	15.3	17.8
Illiteracy	6.4	10.4	15.1	24.0	16.5
Migrant	4.2	3.2	3.6	2.9	3.0
School Dropout	4.1	4.1	3.7	1.8	3.2
Sexually active	10.8	9.2	6.5	3.3	4.6
Minority & Poor	7.6	15.3	14.6	12.9	12.0
High school	**Non**	**Mld**	**Mod**	**Sev**	**Hdcp**
Involved w/ Crime	8.5	8.1	5.8	1.9	5.1
Substance Abuse	18.1	15.4	10.9	4.2	9.8
Depression	15.5	17.1	14.9	8.9	13.8
Child Abuse	12.7	12.3	11.7	7.9	10.5
Poverty	20.3	20.7	20.2	16.8	18.9
Chld of Alcoholic	15.9	16.0	13.9	11.7	13.5
Dysfunctional fam	21.5	21.7	21.4	17.5	19.8
Illiteracy	6.9	11.6	18.6	27.2	19.4
Migrant	4.3	3.1	3.2	2.6	3.0
School Dropout	9.7	11.3	9.2	5.6	9.1
Sexually active	24.2	22.6	15.6	6.4	15.5
Minority & Poor	15.6	15.6	14.4	13.1	14.7

School Dropout	9.7	11.3	9.2	5.6	9.1
Sexually active	24.2	22.6	15.6	6.4	15.5
Minority & Poor	15.6	15.6	14.4	13.1	14.7

Preschool	RURAL		185 entries			URBAN		71 entries		
	Non	Mld	Mod	Sev	Hdcp	Non	Mld	Mod	Sev	Hdcp
Depression	13.9	15.1	18.5	13.6	14.9	16.9	14.2	13.0	12.4	13.4
Child abuse	12.7	12.1	9.6	11.2	10.9	11.9	11.0	9.7	10.1	10.7
Poverty	15.6	24.4	25.1	20.5	23.6	11.7	23.6	22.6	20.5	22.2
Chld of Alcoholic	18.9	15.5	15.3	12.4	14.0	20.1	14.2	14.4	12.4	13.6
Dysfunctional fam	15.1	25.9	21.6	19.0	22.1	16.9	20.9	18.7	17.3	18.9
Migrant	13.6	4.4	2.7	2.4	3.2	13.4	4.9	3.9	3.2	4.1
Minority & Poor	6.3	16.5	14.3	12.0	13.9	9.3	19.2	18.7	17.0	18.7
Elementary school										
Substance Abuse	7.0	5.3	4.2	2.7	3.9	8.5	6.7	6.2	2.7	5.2
Depression	12.3	16.9	13.0	9.0	11.8	10.0	9.5	10.7	10.4	10.6
Poverty	24.4	23.4	21.0	18.2	20.5	20.1	21.0	18.8	15.3	18.1
Child abuse	12.5	12.2	11.6	10.0	11.6	12.9	11.3	11.2	9.8	10.9
Chld of Alcoholic	16.3	14.9	12.8	12.3	13.4	14.1	13.7	13.5	11.4	13.0
Dysfunctional fam	22.4	21.5	20.6	18.2	19.7	18.3	18.0	17.5	13.5	16.2
Migrant	6.5	3.6	3.0	10.0	5.1	5.1	3.4	3.6	2.9	3.4
Minority & Poor	25.4	13.7	13.0	12.7	12.8	17.5	15.6	16.0	14.7	15.7
Middle school										
Involved w/ Crime	6.7	6.2	4.5	2.2	4.4	6.9	5.1	3.8	1.4	3.3
Substance Abuse	10.6	9.3	5.8	2.6	6.0	11.5	7.7	6.3	2.1	5.7
Depression	15.9	19.2	14.8	9.3	13.6	13.8	12.4	8.4	5.7	8.3
Child Abuse	12.5	13.6	12.4	10.6	11.6	13.3	10.4	8.7	7.9	9.5
Poverty	22.8	22.7	20.8	19.0	20.5	19.7	17.6	16.4	15.0	16.7
Chld of Alcoholic	16.6	15.9	13.7	25.1	18.0	13.4	12.2	10.4	10.7	11.7
Dysfunctional fam	22.8	22.0	19.9	16.3	18.8	18.5	18.2	17.1	14.2	16.7
Illiteracy	6.3	12.4	17.1	28.6	19.5	9.2	9.7	14.6	21.2	15.1
Migrant	5.1	4.0	4.2	3.2	3.5	4.0	2.4	3.2	2.6	2.7
School Dropout	4.1	4.6	4.2	2.1	3.6	5.7	3.9	3.7	1.5	2.9
Sexually active	11.2	11.2	8.0	4.4	6.2	13.2	7.3	5.5	2.4	5.1
Minority & Poor	9.0	17.9	18.0	15.4	14.9	5.8	15.3	14.1	12.7	10.8
High school										
Involved w/ Crime	9.4	8.9	5.9	2.4	5.9	8.9	7.9	6.1	1.5	4.6
Substance Abuse	17.7	15.5	10.7	4.7	10.2	20.1	15.2	11.5	1.9	8.4
Depression	17.1	20.1	17.9	11.1	16.5	13.8	12.4	8.9	4.2	8.1
Child Abuse	11.9	13.6	13.0	8.7	11.7	17.3	10.8	10.1	5.7	8.6
Poverty	22.7	24.4	23.2	19.8	22.3	20.2	18.8	17.6	13.1	15.9
Chld of Alcoholic	17.4	16.9	14.3	12.7	14.3	14.2	15.2	13.4	9.2	12.4
Dysfunctional fam	23.4	23.8	24.1	19.7	21.7	19.0	19.6	17.5	13.0	17.0
Illiteracy	6.6	13.3	20.7	33.3	23.6	9.9	12.0	16.7	19.3	15.2
Migrant	4.8	3.5	3.3	2.5	3.2	4.1	2.7	2.6	2.3	2.6
School Dropout	10.3	12.9	10.3	5.8	10.2	9.1	10.2	7.8	5.6	8.1
Sexually active	25.7	26.7	17.8	5.8	18.0	22.5	15.3	10.9	3.4	10.5
Minority & Poor	18.0	18.4	16.5	7.3	17.3	15.0	15.1	14.5	11.2	13.8

Preschool	SUBURBAN		56 entries			NON-RURAL		127 entries		
	Non	Mld	Mod	Sev	Hdcp	Non	Mld	Mod	Sev	Hdcp
Depression	10.3	12.3	12.3	9.5	11.7	13.6	13.3	12.7	11.0	12.6
Child abuse	9.6	10.2	7.8	9.9	9.3	10.8	10.6	8.8	10.0	10.1
Poverty	10.7	12.4	12.8	12.3	13.0	11.3	18.8	18.2	17.0	18.4
Chld of Alcohol	13.4	11.4	10.2	10.7	10.8	17.0	12.8	12.4	11.6	12.2
Dysfunctional f	13.8	17.0	17.2	16.0	17.4	15.4	19.1	17.9	16.7	18.2
Migrant	10.3	3.7	3.7	2.3	2.5	12.0	4.4	3.8	2.8	3.4
Minority & Poor	5.1	6.5	5.4	3.7	5.0	7.2	13.2	12.5	10.6	12.4
Elementary scho										
Substance Abuse	4.5	3.7	2.9	4.8	3.7	6.6	5.4	4.8	3.6	4.6
Depression	8.5	12.4	7.6	6.3	9.0	9.3	10.6	9.4	8.5	9.9
Poverty	10.8	9.7	8.9	9.7	9.4	16.0	16.2	14.6	13.1	14.5
Child abuse	9.7	9.6	8.5	7.3	8.7	11.5	10.5	10.0	8.7	9.9
Chld of Alcohol	11.1	10.1	8.9	9.2	9.2	12.7	12.1	11.5	10.5	11.4
Dysfunctional f	15.7	15.9	15.6	15.4	16.0	17.1	17.1	16.7	14.3	16.1
Migrant	2.9	3.1	2.7	2.5	2.7	4.1	3.3	3.2	2.7	3.1
Minority & Poor	6.7	4.8	5.1	4.3	4.5	12.7	10.7	11.1	10.1	10.8
Middle school										
Involved w/ Cri	4.1	3.8	3.2	0.9	2.7	5.6	4.6	3.6	1.2	3.1
Substance Abuse	8.5	7.3	4.8	2.5	4.6	10.1	7.5	5.6	2.3	5.3
Depression	9.9	10.1	10.2	7.3	10.1	12.0	11.4	9.3	6.5	9.2
Child Abuse	8.5	7.4	7.5	6.8	7.8	11.1	9.1	8.2	7.4	8.8
Poverty	10.0	9.8	9.8	9.5	10.1	15.4	14.3	13.7	12.7	13.9
Chld of Alcohol	12.1	10.8	11.2	11.3	11.6	12.8	11.6	10.8	11.0	11.7
Dysfunctional f	14.4	15.5	15.6	13.8	16.1	16.6	17.0	16.5	14.0	16.4
Illiteracy	3.6	5.3	9.4	13.5	9.4	6.6	7.7	12.2	17.6	12.5
Migrant	1.5	14.9	2.4	2.1	2.0	2.9	2.0	2.8	2.3	2.4
School Dropout	2.2	2.7	2.2	1.3	2.3	4.2	3.4	3.1	1.4	2.7
Sexually active	6.4	6.2	3.3	0.9	1.3	10.2	6.9	4.6	1.8	1.3
Minority & Poor	4.2	7.0	5.7	5.9	6.3	5.2	11.7	10.5	9.7	8.2
High school										
Involved w/ Cri	5.6	5.0	4.1	0.9	3.0	5.6	6.8	5.3	1.3	4.0
Substance Abuse	17.1	15.4	10.5	5.9	10.1	10.1	15.3	11.1	3.4	9.1
Depression	12.0	12.4	11.6	7.5	11.0	12.0	12.4	10.0	5.5	9.3
Child Abuse	9.1	9.7	8.9	7.9	9.0	14.1	10.4	9.6	6.6	8.7
Poverty	10.7	10.2	10.9	11.7	11.3	16.4	15.3	14.9	12.5	14.0
Chld of Alcohol	12.4	13.7	12.4	11.6	12.3	13.5	14.6	12.9	10.2	12.3
Dysfunctional f	17.4	16.9	16.6	16.4	16.9	18.3	18.5	17.4	14.4	17.0
Illiteracy	3.1	4.2	12.1	15.7	10.2	7.4	9.0	12.1	17.8	13.2
Migrant	2.2	2.2	3.3	3.0	2.8	3.4	2.5	2.9	2.6	2.7
School Dropout	7.8	4.1	6.8	4.8	6.5	8.6	8.9	7.5	5.2	7.4
Sexually active	20.9	18.2	13.7	7.1	13.4	21.8	16.5	12.1	5.0	11.7
Minority & Poor	7.2	5.5	6.7	6.5	6.5	11.9	11.2	11.4	9.4	11.0

Involved w/ Crime - Middle school

	Rural	Urban	Sub	NonR
H'd Mild	6.2	5.1	3.8	4.6
H'd Mod	4.5	3.8	3.2	3.6
H'd Sev	2.2	1.4	0.9	1.2
Non H'd	6.7	6.9	4.1	5.6

Involved w/ Crime - High school

	Rural	Urban	Sub	NonR
H'd Mild	8.9	7.9	5.0	6.8
H'd Mod	5.9	6.1	4.1	5.3
H'd Sev	2.4	1.5	0.9	1.3
Non H'd	9.4	8.9	5.6	5.6

Substance Abuse - Elementary

	Rural	Urban	Sub	NonR
H'd Mild	5.3	6.7	3.7	5.4
H'd Mod	4.2	6.2	2.9	4.8
H'd Sev	2.7	2.7	4.8	3.6
Non H'd	7.0	8.5	4.5	6.6

Substance Abuse - Middle school

	Rural	Urban	Sub	NonR
H'd Mild	9.3	7.7	7.3	7.5
H'd Mod	5.8	6.3	4.8	5.6
H'd Sev	2.6	2.1	2.5	2.3
Non H'd	10.6	11.5	8.5	10.1

Substance Abuse - High school

	Rural	Urban	Sub	NonR
H'd Mild	15.5	15.2	15.4	15.3
H'd Mod	10.7	11.5	10.5	11.1
H'd Sev	4.7	1.9	5.9	3.4
Non H'd	17.7	20.1	17.1	10.1

Child Abuse - Preschool

	Rural	Urban	Sub	NonR
H'd Mild	12.1	11.0	10.2	10.6
H'd Mod	9.6	9.7	7.8	8.8
H'd Sev	11.2	10.1	9.9	10.0
Non H'd	12.7	11.9	9.6	10.8

Child Abuse - Elementary

	Rural	Urban	Sub	NonR
H'd Mild	12.2	11.3	9.6	10.5
H'd Mod	11.6	11.2	8.5	10.0
H'd Sev	10.0	9.8	7.3	8.7
Non H'd	12.5	12.9	9.7	11.5

Child Abuse - Middle school

	Rural	Urban	Sub	NonR
H'd Mild	13.6	10.4	7.4	9.1
H'd Mod	12.4	8.7	7.5	8.2
H'd Sev	10.6	7.9	6.8	7.4
Non H'd	12.5	13.3	8.5	11.1

Child Abuse - High school

	Rural	Urban	Sub	NonR
H'd Mild	13.6	10.8	9.7	10.4
H'd Mod	13.0	10.1	8.9	9.6
H'd Sev	8.7	5.7	7.9	6.6
Non H'd	11.9	17.8	9.1	14.1

Child of Alcoholic- Preschool

	Rural	Urban	Sub	NonR
H'd Mild	15.5	14.2	11.4	12.8
H'd Mod	15.3	14.4	10.2	12.4
H'd Sev	12.4	12.4	10.7	11.6
Non H'd	18.9	20.1	13.4	17.0

Child of Alcoholic - Elementary

	Rural	Urban	Sub	NonR
H'd Mild	14.9	13.7	10.1	12.1
H'd Mod	12.8	13.5	8.9	11.5
H'd Sev	12.3	11.4	9.2	10.5
Non H'd	16.3	14.1	11.1	12.7

Child of Alcoholic - Middle schoo

	Rural	Urban	Sub	NonR
H'd Mild	15.9	12.2	10.8	11.6
H'd Mod	13.7	10.4	11.2	10.8
H'd Sev	25.1	10.7	11.3	11.0
Non H'd	16.6	13.4	12.1	12.8

Child of Alcoholic - High school

	Rural	Urban	Sub	NonR
H'd Mild	16.9	15.2	13.7	14.6
H'd Mod	14.3	13.4	12.4	2.9
H'd Sev	12.7	9.2	11.6	10.2
Non H'd	17.4	14.2	12.4	13.5

Depression - Preschool

	Rural	Urban	Sub	NonR
H'd Mild	15.1	14.2	12.3	13.3
H'd Mod	18.5	13.0	12.3	12.7
H'd Sev	13.6	12.4	9.5	11.0
Non H'd	13.9	16.9	10.3	13.6

Depression - Elementary

	Rural	Urban	Sub	NonR
H'd Mild	16.9	9.5	12.4	10.8
H'd Mod	13.0	10.7	7.8	9.4
H'd Sev	9.0	10.4	6.3	8.5
Non H'd	12.3	10.0	8.5	9.3

Depression - Middle school

	Rural	Urban	Sub	NonR
H'd Mild	19.2	12.4	10.1	11.4
H'd Mod	14.8	8.4	10.2	9.3
H'd Sev	9.3	5.7	7.3	6.5
Non H'd	15.9	13.8	9.9	12.0

Depression - High school

	Rural	Urban	Sub	NonR
H'd Mild	20.1	12.4	12.4	12.4
H'd Mod	17.9	8.9	11.6	10.0
H'd Sev	11.1	4.2	7.5	5.5
Non H'd	17.1	13.8	12.0	12.0

Poverty - Preschool

	Rural	Urban	Sub	NcnR
H'd Mild	24.4	23.6	12.4	18.8
H'd Mod	25.1	22.6	12.8	18.2
H'd Sev	20.5	20.5	12.3	17.0
Non H'd	15.6	11.7	10.7	11.3

Poverty - Elementary

	Rural	Urban	Sub	NonR
H'd Mild	23.4	21.0	9.7	16.2
H'd Mod	21.0	18.8	8.9	14.6
H'd Sev	18.2	15.3	9.7	13.1
Non H'd	24.4	20.1	10.8	16.0

Poverty - Middle school

	Rural	Urban	Sub	NonR
H'd Mild	22.7	17.6	9.8	14.3
H'd Mod	20.8	16.4	9.8	13.7
H'd Sev	19.0	15.0	9.5	12.7
Non H'd	22.8	19.7	10.0	15.4

Poverty - High school

	Rural	Urban	Sub	NonR
H'd Mild	24.4	18.8	10.2	15.3
H'd Mod	23.2	17.6	10.9	14.9
H'd Sev	19.8	13.1	11.7	12.5
Non H'd	22.7	20.2	10.7	16.4

Migrant - Preschool

	Rural	Urban	Sub	NonR
H'd Mild	4.4	4.9	3.7	4.4
H'd Mod	2.7	3.9	3.7	3.8
H'd Sev	2.4	3.2	2.3	2.8
Non H'd	13.6	13.4	10.3	12.0

Migrant - Elementary

	Rural	Urban	Sub	NonR
H'd Mild	3.6	3.4	3.1	3.3
H'd Mod	3.0	3.6	2.7	3.2
H'd Sev	10.0	2.9	2.5	2.7
Non H'd	6.5	5.1	2.9	4.1

Migrant - Middle school

	Rural	Urban	Sub	NonR
H'd Mild	4.0	2.4	14.9	2.0
H'd Mod	4.2	3.2	2.4	2.8
H'd Sev	3.2	2.6	2.1	2.3
Non H'd	5.1	4.0	1.5	2.9

Migrant - high school

	Rural	Urban	Sub	NonR
H'd Mild	3.5	2.7	2.2	2.5
H'd Mod	3.3	2.6	3.3	2.9
H'd Sev	2.5	2.3	3.0	2.6
Non H'd	4.8	4.1	2.2	3.4

Dysfunctional Fam - Preschool

	Rural	Urban	Sub	NonR
H'd Mild	25.9	20.9	17.0	19.1
H'd Mod	21.6	18.7	17.2	17.9
H'd Sev	19.0	17.3	16.0	16.7
Non H'd	15.1	16.9	13.8	15.4

Dysfunctional Fam - Elementary

	Rural	Urban	Sub	NonR
H'd Mild	21.5	18.0	15.9	17.1
H'd Mod	20.6	17.5	15.6	16.7
H'd Sev	18.2	13.5	15.4	14.3
Non H'd	22.4	18.3	15.7	17.1

Dysfunctional Fam - Middle school

	Rural	Urban	Sub	NonR
H'd Mild	22.0	18.2	15.5	17.0
H'd Mod	19.9	17.1	15.6	16.5
H'd Sev	16.3	14.2	13.8	14.0
Non H'd	22.8	18.5	14.4	16.6

Dysfunctional Fam - high school

	Rural	Urban	Sub	NonR
H'd Mild	23.8	19.6	16.9	18.5
H'd Mod	24.1	17.5	16.6	7.4
H'd Sev	19.7	13.0	16.4	14.4
Non H'd	23.4	19.0	17.4	18.3

School Dropout - Middle School

	Rural	Urban	Sub	NonR
H'd Mild	4.6	3.9	2.7	3.4
H'd Mod	4.2	3.7	2.2	3.1
H'd Sev	2.1	1.5	1.3	1.4
Non H'd	4.1	5.7	2.2	4.2

School Dropout - High School

	Rural	Urban	Sub	NonR
H'd Mild	12.9	10.2	4.1	8.9
H'd Mod	10.3	7.8	6.8	7.5
H'd Sev	5.8	5.6	4.8	5.2
Non H'd	10.3	9.1	7.8	8.6

Illiteracy - Middle School

	Rural	Urban	Sub	NonR
H'd Mild	12.4	9.7	5.3	7.7
H'd Mod	17.1	14.6	9.4	12.2
H'd Sev	28.6	21.2	13.5	17.6
Non H'd	6.3	9.2	3.6	6.6

Illiteracy - High School

	Rural	Urban	Sub	NonR
H'd Mild	13.3	12.0	4.2	9.0
H'd Mod	20.7	16.7	12.1	12.1
H'd Sev	33.3	19.3	15.7	17.8
Non H'd	6.6	9.9	3.1	7.4

Minority & Poor - Preschool

	Rural	Urban	Sub	NonR
H'd Mild	16.5	19.2	6.5	13.2
H'd Mod	14.3	18.7	5.4	12.5
H'd Sev	12.0	17.0	3.7	10.6
Non H'd	6.3	9.3	5.1	7.2

Minority & Poor - Elementary

	Rural	Urban	Sub	NonR
H'd Mild	13.7	15.6	4.8	10.7
H'd Mod	13.0	16.0	5.1	11.1
H'd Sev	12.7	14.7	4.3	10.1
Non H'd	25.4	17.5	6.7	12.7

Minority & Poor - Middle school

	Rural	Urban	Sub	NonR
H'd Mild	17.9	15.3	7.0	11.7
H'd Mod	18.0	14.1	5.7	10.5
H'd Sev	15.4	12.7	5.9	9.7
Non H'd	9.0	5.8	4.2	5.2

Minority & Poor - high school

	Rural	Urban	Sub	NonR
H'd Mild	18.4	15.1	5.5	11.2
H'd Mod	16.5	14.5	6.7	11.4
H'd Sev	7.3	11.2	6.5	9.4
Non H'd	18.0	15.0	7.2	11.9

Sexually active - Middle School

	Rural	Urban	Sub	NonR
H'd Mild	11.2	7.3	6.2	6.9
H'd Mod	8.0	5.5	3.3	4.6
H'd Sev	4.4	2.4	0.9	1.8
Non H'd	11.2	13.2	6.4	10.2

Sexually active - High School

	Rural	Urban	Sub	NonR
H'd Mild	26.7	15.3	18.2	16.5
H'd Mod	17.8	10.9	13.7	12.1
H'd Sev	5.8	3.4	7.1	5.0
Non H'd	25.7	22.5	20.9	21.8