

**The Cradle through College Pipeline: Supporting Children's
Development through Evidence-Based Practices**

A Document from the Harlem Children's Zone



**Harlem Children's
Z O N E**

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Preface

Introduction to the Harlem Children's Zone

For over 35 years, Harlem Children's Zone ® (HCZ ®) has been committed to helping disadvantaged and at-risk children secure educational and economic opportunities. The HCZ mission is rooted in the belief that the cycle of poverty can be broken by the coupling of a critical mass of engaged, effective families with the provision of readily accessible early and progressive intervention in children's development. This combination is absolutely essential to help youth achieve the educational and economic opportunities that would otherwise be denied to them. In the fall of 2000, under the leadership of Geoffrey Canada, HCZ launched the Harlem Children's Zone Project – a place-based initiative that has been called “one of the most ambitious social-policy experiments of our time” by *the New York Times* (Paul Tough, June 2004).

HCZ believes that the success of the HCZ Project is intrinsically linked to the establishment of and adherence to a core set of principles that are necessary to create change¹:

- ***Serve an entire neighborhood comprehensively and at scale.*** Engaging an entire neighborhood (1) reaches children in numbers significant enough to affect the culture of a community; (2) transforms the physical and social environments that impact the children's development; and (3) creates programs at a scale large enough to meet the local need.
- ***Create a pipeline of support.*** Developing excellent, accessible programs and schools and linking them to one another so that they provide uninterrupted support for children's healthy growth, starting with pre-natal programs for parents and finishing when young people graduate from college. The pipeline should be surrounded by additional wrap-around programs that support families and the larger community.
- ***Build community among residents, institutions, and stakeholders, who help to create the environment necessary for children's healthy development.***
- ***Evaluate program outcomes and create a feedback loop that cycles data back to management for use in improving and refining program offerings.***
- ***Cultivate a culture of success rooted in passion, accountability, leadership, and teamwork.***

These principles are at the core of HCZ's success; we expect that communities seeking to create a youth-centered, neighborhood-based intervention that is modeled after the HCZ will tap into this full set of principles.



¹ Please see [Whatever it Takes: A White Paper on the Harlem Children's Zone](#) for additional information. Copies are available for download at www.hcz.org.

Purpose of this Document

HCZ's Practitioners Institute, and its evaluation, policy, and development departments share the work of the organization with non-profits, government entities, and policymakers, both nationally and internationally. We have been asked repeatedly for a list of programs that communities can consider when developing their own youth-focused, place-based initiative. Because such extensive service collaboration is uncommon, few communities already have all of the programs in place that are needed to establish a pipeline. Many individuals and groups have asked for help in identifying and selecting proven programs that can supplement or complement their own. We have developed this document in an effort to provide some support in identifying existing best-practice models of the various community components incorporated in a complete pipeline. It contains a list of programs that have been shown to be effective via their participation in randomized controlled trial (RCT) studies. While this document is ambitious, we acknowledge that it is in no way complete.

Methodology

This document includes only those programs that have been proven to be effective using RCTs (i.e., programs that have been subject to true experiments in which some individuals who apply for services receive them and some do not). However, this list is not exhaustive, and we do not assert that only programs proven effective through randomized controlled trials should be in a pipeline. Given the impossibility of familiarizing ourselves with all of the youth development programs that have been deemed to be "successful" and our inability to vouch for individual programs, it seemed prudent to rely on the strictest level of analysis in developing a list of promising practice programs for consideration.

Moreover, several well-respected institutions have already engaged in the hard work of developing compendiums of programs shown to be successful via RCTs. Our work was made immeasurably easier by being able to cull from the efforts of The RAND Corporation, the Institute of Education Sciences at the U.S. Department of Education (What Works Clearinghouse), and Child Trends: HCZ staff members accessed data from <http://www.promisingpractices.net>, <http://ies.ed.gov/ncee.wwc/>, and http://www.childtrends.org/_catdisp_page.cfm?LID=CD56B3D7-2F05-4F8E-BCC99B05A4CAEA04.

Each program presented in this document includes a program summary with a note on the age groups for which the programs have been evaluated, the community or communities in which the program was evaluated, a short description, and pertinent evaluation findings. A summary table provides a listing of all of the programs and a bibliography provides research citations for each program.

Evidence-Based and Evidence-Supported Programs

Our decision to present only RCT-vetted programs (i.e., evidence-based programs) in this document is the result of a great deal of consideration. We provide this list even though we are quite aware that *many successful programs have not subscribed to this type of analysis* and thus cannot be included. Indeed, none of the HCZ programs has been subject to RCT, as such a research design and the attendant denial of services (whether temporary or permanent) associated with it are inconsistent with HCZ's mandate to serve all of the imperiled children living in our designated area.

The absence of programs considered successful by many occurs despite the fact that any pipeline will most likely have to include some programs that are not RCT-tested. The inclusion of at least one evidence-supported program will likely be necessary to the completion of a fully-realized pipeline because: (a) most communities will have developed one or several strong programs of their own that they will prefer to include in their array and (b) some neighborhoods will not be able to find an evidence-based program (or programs) that meets the needs of their community in all of the pipeline component areas.

Since building a pipeline of promising practice programs for every stage of a child's life is such a difficult undertaking, most communities would be wise to begin by building upon their own existing programs with proven outcomes. For some, this may mean starting with a preschool program; for others, youth development might be first. Strong evidence of a program working on the ground is worth a great deal, as one can never be completely certain of the effectiveness of a replication effort initially, despite proven success in similar communities.

Furthermore, the proven outcomes associated with evidence-based programs can only be expected to re-occur if they are implemented with absolute fidelity, which is sometimes impossible. For example, while the Nurse-Family Partnership is a very strong program with incontrovertible evidence of success, its effectiveness has been proven for first-time parents only. It cannot be used to address the parenting needs of grandparents who are raising a second generation of children, a common demographic in many communities. If used in such a community, it would be essential to supplement Nurse-Family Partnership with an evidence-based or evidence-supported program targeting second-time-around caregivers.

As Mark Friedman states in *Trying Hard is Not Good Enough*:

Research is important, but it is also important that the thinking of the group not be *limited* by the research. My friends in the academic community sometimes blanch when I say this. But the research world can only tell us a fraction of what we need to know. We've got to make sure we use our own common sense, our own life experience, and our own knowledge of the communities in which we live. Something that has worked elsewhere might not work so well in your community. There must be room for learning and innovation. (42-43).

A Final Word

HCZ has not implemented any of the promising practice programs described in this document² (a list and description of the programs we provide follows). This merits highlighting, as we do not have first-hand experience with any of the programs listed in this document and cannot speak knowledgeably about the full-range of impacts one might expect from them. We hope that the provision of this list of programs that are not a part of our own pipeline underscores the message that we have tried to convey consistently: initiatives modeled after the HCZ Project need not incorporate all – or even any – of the HCZ original programs, but it is essential that they adhere strictly to our core principles to create the best conditions for successful outcomes for children and their families.

Different communities have different needs, resources, and existing services. They are affected in different ways by diverse national, state, and local policies; funding opportunities; and local cultures and mores. It would be inappropriate for us to recommend the same set of programs for such varied communities. The key is to take the HCZ principles and use them to create a new project in a new community, not to replicate HCZ's specific programs.

HCZ's individual programs and mix of programs have brought about strong outcomes for the residents of the zone but the same pipeline would not necessarily produce the same results elsewhere. In fact, given the varying needs and resources of each particular community, attempting to recreate all of our programs is more likely to bring about a different set of outcomes from ours than a similar one.

² It is true that HCZ has implemented The Chicago Parent Program, a variation of The Incredible Years, at our Harlem Gems and Head Start Programs.

Each neighborhood that develops its own initiative must discover the most beneficial program mix. For example, does the community have a problem with asthma or would tackling lead poisoning have a greater impact? Should the parenting program focus specifically on the needs of teen parents? Would an academically-focused youth development program with a focus on health science careers tap into the interests and potential job opportunities of the young people in that community? Challenges, needs, interests, histories, and resources vary and each community must be flexible in building its pipeline.

We encourage readers of this document who are seeking to create their own youth-focused community initiative modeled after HCZ to undertake their own research of the programs listed here (and others) to determine how their community's needs might best be addressed.

We hope that this paper proves helpful to the many communities that are committed to improving outcomes for poor children. For further information about HCZ, please visit our website at www.hcz.org or contact Betina Jean-Louis, Ph.D., Director of Evaluation, at HCZ at (212) 360-3255 or bjeanlouis@hcz.org.

Harlem Children's Zone Program Descriptions

Program or Initiative	Age Group	Description
Baby College	Parents of children 0-3	Baby College is a 9-week Saturday program of workshops and weekly home visits for parents and other caregivers of children aged 0-3. Topics include ages and stages of development, brain development, discipline, safety, health, Administration for Children's Services (ACS), and nutrition. Each workshop theme is mirrored, age appropriately, for children in childcare and is reinforced with parents during weekly home visits.
Three Year Old Journey	3-year-old children and their parents	Children who were accepted into Promise Academy via lottery attend the Three Year Old Journey with their parents. Together, they learn about pre-K social and academic expectations and participate in educational activities and trips. Parents discuss attachment theory, discipline, separation anxiety, and teachable moments. Program staff model brain-stimulating adult-child engagement.
Get Ready for Pre-K	3-4-year-old children	This 6-week summer program is for students who are entering Harlem Gems UPK and Uptown Harlem Gems programs. A master's level certified teacher, an assistant teacher, and three Peacemakers (college-aged AmeriCorps interns) or teacher's aides in each classroom educate the seven groups of 20 students. The program begins at 8 am and continues until 4:45 pm.
Harlem Gems Head Start	2.9-4-year-old children	Harlem Gems Head Start program features an extended year and extended day program. All 57 students attend from 8 am to 5:45 pm. The rich curriculum is based on High Scope, Creative Curriculum, and Life Skills Learning Approach. Students learn their numbers, days of the week, and other basic vocabulary words in English, Spanish, and French. Each classroom of 20 students contains one lead teacher, one assistant teacher, and three Peacemakers (college-aged AmeriCorps interns).
Harlem Gems Universal Pre-Kindergarten and Uptown Harlem Gems	3-4-year-old children	At two separate locations, one in a public school and the other in a storefront, Harlem Gems prepares four-year-old children for entry into kindergarten. Harlem Gems features an extended day and extended year program. All 140 children attend from 8 am to 5:45 pm. The rich curriculum is based on High Scope, Creative Curriculum, and Life Skills Learning Approach. Students learn their numbers, days of the week, and other basic vocabulary words in English, Spanish, and French. Each classroom of 20 students contains one master's level certified teacher, one bachelor's level teacher, and three Peacemakers (college-aged AmeriCorps interns) or teacher's aides.
Peacemakers	Elementary aged children	Through this program, college-aged interns offer in-classroom support, supervise transitional periods during the school day, provide after-school programming, and coordinate outreach to parents at seven elementary schools in Harlem.

Program or Initiative	Age Group	Description
Promise Academy I & II	Long term: two K-12 school systems	<p>HCZ Promise Academy Charter Schools offer a high quality, extended day, extended year education to elementary, middle, and high school students. HCZ Promise Academy combines structural reforms with wraparound supports.</p> <ul style="list-style-type: none"> ❑ <i>Strong Academics:</i> A comprehensive college preparatory educational program within an extended school day and school year allows PA to have a strong focus on literacy and math within a safe, structured, and personalized environment. Each school has reading and math coaches and all classrooms are staffed with one lead teacher and a Peacemaker or paraprofessional. ❑ <i>More Time on Task:</i> The school day runs from 8 am to 4 pm, an increase of 20% over a typical school day; the school year consists of 210 days, an increase over the 180 days required by law; and the school year includes a summer program. The summer program is designed to prevent the summer learning loss that affects low-income students as well as to continue to advance students’ skills and knowledge. ❑ <i>Management tools:</i> By providing our school leaders with merit pay and bonuses, our principals have more tools to reward staff for top-quality work. At the same time, to ensure that all PA students have access to top-quality staff, principals can terminate underperforming staff when necessary. ❑ <i>Data:</i> Several times each year we administer age-appropriate tests to all students to gauge their progress. Teachers, after-school staff, and students review the results within 1-2 weeks of the test in order to assess progress and to focus on group and individual challenges. This also enables management and the board to track progress and ensure accountability. ❑ <i>Coordinated Wraparound Supports:</i> The additional supports HCZ provides to the charter schools mirror those we provide to traditional public schools, but have the benefit of a higher level of coordination between school and other program staff. These supports include additional staff for classrooms, out-of-school time programs, and health initiatives. ❑ <i>Enhanced Health Programs:</i> Our Executive Chef and his team prepare healthy meals and snacks, and we have partnered with the Children’s Health Fund (CHF) to develop a school-based health clinic that offers medical, dental, and mental health services as well as health promotion, education, screenings, outreach, referrals, and case management. Finally, the HCZ Asthma Initiative supports families of children with asthma.
Food Services	All ages	<p>Recognizing the often unhealthy food environment that exists in America and particularly in poor communities, HCZ’s Executive Chef has created a food service program that ensures that children in our early childhood programs and charter schools eat healthy, locally grown, varied cuisine that is freshly prepared in HCZ’s kitchens. As young people learn to explore the salad bar and experiment with new foods, they are exposed to healthier options than the junk food so prevalent in their neighborhood. In addition, the food services program sponsors gourmet cooking classes for children and families to demonstrate the relationship between healthy eating and a healthy life, teaches children organic protocols in our small rooftop garden, and educates students and families on nutrition, generally.</p>

Program or Initiative	Age Group	Description
Harlem Children's Health Project	0-23	The Harlem Children's Health Project (HCHP) serves all children in the HCZ Project through either direct services or education and health promotion. A collaboration of The Children's Health Fund, HCZ, Columbia University's Mailman School of Public Health, and New York-Presbyterian Hospital, HCHP provides medical, dental, and mental health care through a School Based Health Center. Here, students have year-round access to high quality comprehensive health care, at no cost, regardless of insurance coverage. Health education and promotion programs and activities expand children's and parents' knowledge of personal, community, and public health. Interactive technology, internships, and school programs are available in the Lehman Brothers Health Promotion Learning Lab.
HCZ Community Center	Middle school-adult	Modeled after HCZ's Beacon Centers, the HCZ Community Center provides out-of-school time services to children, youth, and families. The Center offers after-school and weekend programs for young people from middle school through high school. The programs incorporate academic, recreational, and social activities, and all students are prepared to apply to college. Free activities for adults include: aerobics classes, use of the fitness room, martial arts classes, African dance, personal training sessions, Cards and Café Night, gourmet cooking classes, and free tax preparation. Additionally, we provide space for Alcoholics Anonymous meetings.
Harlem Children's Zone Asthma Initiative (HCZAI)	0-12-year-olds	HCZAI is a collaborative effort that includes HCZ, Harlem Hospital's Department of Pediatrics, Columbia University's Mailman School of Public Health, the NYC Department of Health and Mental Hygiene, and Volunteers of Legal Services. Parents of 0-12-year-olds who live in or go to school in the HCZ Project complete an asthma survey. Families with a child who has been diagnosed with asthma are offered free medical, educational, legal, social, and environmental assistance through home visits approximately every three months.
5th Grade Institute	5 th grade students	The 5 th Grade Institute prepares 5 th graders for the difficult transition to middle school through academic support, leadership development, and guidance in understanding and accessing middle school options. Staff encourages students to submit applications to charter schools as well to broaden their options for a solid middle school education beyond what would have been their otherwise routinely designated, and likely poorly performing, public school.
A Cut Above	6 th grade - college	Extending the supports that the Peacemaker program provided through the 5 th grade, A Cut Above begins working with 6 th graders and stays with them through college. This creates a parallel pipeline of support for children not in the HCZ Promise Academy schools, offering them academic assistance, leadership development, and job-readiness workshops, as well as high school and college preparation.
Boys to Men	Middle school-high school	Boys to Men is a program exclusively for young males, offered by an all-male team of staff, mentors, and role models, in partnership with fathers and male guardians. The overarching goal is to sustain the interest of this core group through high school and into college. This program complements the after-school programs in which these adolescents are already enrolled. While the program focuses on adolescents, it also involves adult male family members as a crucial link.

Program or Initiative	Age Group	Description
Healthy Living Initiative	0-adult	HCZ has targeted obesity through a number of programs described in this chart, which HCZ's Healthy Living Initiative Director and staff coordinate across sites. These programs include HCZ's Food Services program; the TRUCE Fitness & Nutrition Center; the partnership with the Harlem Children's Health Project; and the HCZ Community Center's Fit 2 Da Bone program. In addition, staff members receive fitness training, such as the NYC Department of Health and Mental Hygiene's SPARK program.
TRUCE Fitness and Nutrition Center	Middle school	TFNC offers a free exercise facility to youth and the broader Harlem community. The program promotes academic growth and helps youth develop marketable skills in nutrition, fitness, presentation, and advocacy. Middle school students enrolled in the program become Junior Youth Managers (JYMs). JYMs attend at least three days per week and exercise at least two hours per week. JYMs must check in with Student Advocates, receive academic support, and can earn stipends for their work and attendance.
TRUCE	High school	TRUCE is a comprehensive leadership program for adolescents. The program promotes academic growth and career readiness using the arts, media literacy, health, and multimedia technology. In addition to creating original media, students must check in with their Student Advocate, who stays on top of their grades, upcoming tests, applications, and other important academic matters. Students can work with tutors on homework, school tests, NYS Regents Exams, and SATs, and can earn stipends for their work and attendance. TRUCE received the Coming Up Taller Award from the President's Committee on Arts and Humanities.
Employment & Technology Center (ETC)	High school	At ETC, two programs integrate technology and academics: an after-school program for high school youth at risk of dropping out of school and computer classes for adults. Through the lens of technology projects, adolescents advance their academic and job preparation skills with the goal of graduating from high school and applying to college. Students check in with their Student Advocates, who utilize a case management approach, and receive weekly academic support when needed. Students can earn stipends for their work and attendance.
Learn to Earn	High school	This after-school program helps high school juniors and seniors improve their academic skills, as well as prepare for college and the job market. Students receive homework help, tutoring, SAT and Regents preparation, summer jobs, and job-readiness workshops. Students can earn stipends for their work and attendance.
College Preparation Program	Middle school and high school	To prepare for college, students visit college campuses, draft essays, practice interviewing, and prepare for the SATs. They also meet one-on-one, weekly, with college counselors at each site and can attend a Weekly Senior Seminar where topics such as college preference, career options, financial aid, money management, interview skills, and résumé writing are covered. Throughout this process, college counselors communicate regularly with parents, teachers, and guidance counselors. Rising high school seniors join Project EOS (Education, Opportunity and Success), a collaboration between HCZ and Teachers College, Columbia University. This weeklong intensive program orients students to the demands and requirements of the college application process.
Journey to College	Middle and high school parents	Parents follow a parallel but unique path as they help their children transition into adolescence and prepare for college. They have their own set of questions and concerns about fostering the academic success of their children and adjusting to the changes that adolescent development brings. Our new Journey to College program helps middle and high school parents nurture and prepare their children for the challenges and opportunities that college and increased independence will bring.

Program or Initiative	Age Group	Description
College Success Office (CSO)	High school & college students	CSO provides year-round academic, personal, and financial counseling as well as civic engagement opportunities to college students. The ultimate goal is for all students to matriculate and graduate from college. College students receive assistance with academic plans, study strategies, workshops, counseling, financial assistance, internships, career readiness activities, and post-graduate opportunities.
Family Support Center (FSC)	Families	A walk-in, storefront social services facility that provides families in crisis with immediate access to professional social services including foster care prevention, domestic violence workshops, parenting classes, and group and individual counseling. Our approach is a strengths-based, family-centered systems model. FSC has two components: one provides services to families in disrepair, giving them support designed to keep children living with their parents/guardians. The other provides direct support to families in crisis (rent vouchers, emergency food, etc.).
Community Pride	Families	This resident-driven, neighborhood revitalization program, which began on W. 119th Street, has led to the creation of community coalitions and the transfer of city-owned buildings to resident management and ownership. Community Pride's block-by-block, building-by-building organizing strategy has been replicated throughout HCZ.
Tax Preparation	Families	HCZ offers free tax-preparation services to provide a local alternative to the predatory companies that offer Refund Anticipation Loans. Our tax preparation work helps ensure that families will receive all of the tax refunds and credits they have earned. It also helps to support the local economy by increasing the financial resources of residents.
Single Stop	Families	HCZ, Inc. operates three Single Stop sites, including one in the HCZ Project. At these sites, residents can access free legal services, financial and credit counseling, and a Self-Sufficiency Calculator that helps families determine their eligibility for public benefits and then apply for them. Our Single Stop sites are part of the Single Stop USA network.
Young Harlem Investors	Families	The Young Harlem Investors pilot began in HCZ's early childhood programs. Over four years, families saved for college, and HCZ's Board of Trustees and the Corporation for Enterprise Development provided up to \$1,500 in matching funds to encourage parents to reach their personal goal of \$1,500. After four years, parents transitioned savings to either a NYS 529 College Savings Account or another savings vehicle. Families will continue to save and HCZ will continue to offer financial matches.

Promising Practice Programs and Evaluated Communities

Community Programs	Evaluated Communities
The Self-Sufficiency Project (SSP)	New Brunswick and British Columbia, Canada

Family, Social Service, & Health Programs	Evaluated Communities
Playing & Learning Strategies (PALS I & II)	Houston & Galveston, TX
Early Head Start	17 programs nationwide; Russellville, AR; Venice, CA; Denver, CO; Marshalltown, IA; Kansas City, KS; Jackson, MI; Kansas City, MO; New York, NY; Pittsburgh, PA; Sumter, SC; Mackenzie, TN; Logan, UT; Brattleboro, VT; South King County, WA; Yakima Valley, WA
Healthy Families New York	New York-28 communities throughout the state
Infant Health and Development Program (IHDP)	Bronx, NY; Cambridge, MA; Dallas, TX; Little Rock, AK; Miami, FL; New Haven, CT; Philadelphia, PA; Seattle, WA
Nurse Family Partnership	Elmira, NY
Triple P	18 counties in the United States
Project CARE	Lemoyne County, PA
Experience Corps	Baltimore, MD
Multidimensional Family Therapy (MDFT)	San Francisco, CA; various communities in Illinois; and Philadelphia, PA
Early Adolescent Anger Reduction Intervention	Middle schools in Oregon and Colorado
Adolescent Transitions Program (ATP)	Portland, OR

Early Childhood Programs	Evaluated Communities
Carolina Abecedarian Project	Orange County, NC
High Scope Perry Preschool	Ypsilanti, MI
Project CARE	Lemoyne County, PA
Sound Foundations	New South Wales, Australia; Suffolk County, NY
The Home Instruction Program for Preschool Youngsters (HIPPY)	New York State
The Incredible Years	New York, NY; Seattle, WA; Wales
Chicago Child Parent Centers	Chicago, IL
Al's Pals: Kids Making Healthy Choices	Lansing, MI

Elementary School Programs	Evaluated Communities
Chicago Child Parent Centers	Chicago, IL
Al's Pals: Kids Making Healthy Choices	Lansing, MI
Experience Corps	Baltimore, MD
Fast Track Prevention Project	Durham, NC; Nashville, TN; Seattle, WA; rural central PA
Reading One-to-One	Dallas, TX
The Incredible Years	New York, NY; Seattle, WA; Wales
Tools of the Mind	urban New Jersey
Woodrock Youth Development Project (WYDP)	Philadelphia, PA

Middle School Programs	Evaluated Communities
Promise Academy Charter School	New York, NY
Healthy Weight Regulation Curriculum	Multiple communities in Northern California
“Fit for Life” Boy Scout Badge	Houston, TX
SHAPEDOWN	Multiple communities in Northern California
Child and Adolescent Trial for Cardiovascular Health (CATCH)	96 schools in California, Louisiana, Minnesota, and Texas
Children’s Aid Society- Carrera (CAS- Carrera) Program	New York, NY, Maryland, Florida, Texas, Oregon, and Washington
Big Brothers Big Sisters (BBBS)	Multiple communities nationwide
The Summer Training and Education Program (STEP)	Boston, MA and Pinellas County, FL
Across Ages	Philadelphia, PA
Fast Track Prevention Project	Durham, NC; Nashville, TN; Seattle, WA; rural central PA
The Aban Aya Youth Project: Reducing Violence Among African American Adolescent Males	Chicago, IL
I Have a Dream®	Denver, CO
The Boys & Girls Clubs of Philadelphia, Inc.	Philadelphia, PA
Building Essential Life Options through New Goals (Project BELONG)	Brian-College Station, TX
CASASTART (Formerly Children At Risk)	Austin, TX; Bridgeport, CT; Memphis, TN; Savannah, GA; and Seattle, WA.
Woodrock Youth Development Project (WYDP)	Philadelphia, PA

High School Programs	Evaluated Communities
Gimme 5: A Fresh Nutrition Concept for Students	New Orleans, LA
SHAPEDOWN	Multiple communities in Northern California
The Stanford Adolescent Heart Health Program	Multiple communities in Northern California
Reach for Health Service Learning Program	New York, NY
Quantum Opportunities Program (QOP)	Philadelphia, PA; San Antonio, TX; Saginaw, MI; Oklahoma City, OK; and Milwaukee, WI
The Summer Training and Education Program (STEP)	Boston, MS and Pinellas County, FL
Teen Outreach Program (TOP)	25 communities nationwide
Career Beginnings	24 communities throughout the United States and Canada
Career Academies	10 communities nationwide
Upward Bound	67 communities nationwide
Job Training Partnership Act (JTPA)	16 communities nationwide
JOBSTART	13 communities nationwide
Job Corps	119 communities nationwide

Vocational or College Support Programs	Evaluated Communities
Upward Bound	67 communities nationwide
Job Training Partnership Act (JTPA)	16 communities nationwide
JOBSTART	13 communities nationwide
Job Corps	119 communities nationwide
Youth Corps (American Conservation and Youth Service Corps)	Washington State Service Corps; City Volunteer Corps, New York, NY; Florida Service Corps, Greater Miami; California Conservation Corps, Santa Clara District; Youth Build, Boston, MA; Civic Works, Baltimore, MD; New Jersey Youth Corps of Camden County; Wisconsin Service Corps, Milwaukee, WI

Community Programs

HCZ Programs: Community Pride, Family Support Center

Similar Promising Practice Program:

Self-Sufficiency Project (SSP)

Evaluated Participants' Age: 3- 18 years

Evaluated Communities: Communities in New Brunswick and British Columbia, Canada

The Self-Sufficiency Project (SSP) is a program aimed at reducing the number of families who are reliant on welfare. The program does this by offering monetary incentives in the form of earnings supplements if parents work full time and leave the welfare program. The earnings supplement is calculated using “earnings benchmarks” from the surrounding community as well as the participant’s actual earnings.

Evaluation results include:

- Treatment group children ages 3-5 did not improve relative to control group children on tests of cognitive performance or in parental reports of health and behavior.
- For children ages 6-11, the treatment group scored higher on math tests and improved on parental reports of academic achievement and health compared to the control group, but not on other outcomes. Children in this age group were also more likely to participate in after-school activities.
- The only impact observed in the 12-18 cohorts was that the treatment group self-reported substance abuse and minor increases in delinquent activities compared with the control group.

Family, Social Service, and Health Programs

HCZ Programs: Baby College, Three Year Old Journey, Harlem Children's Zone Asthma Initiative, Harlem Children's Zone Healthy Living Initiative

Similar Promising Practice Programs:

Playing & Learning Strategies (PALS I & II)

Evaluated Participants' Age: Mothers over 18 of infants 6-13 months of age

Evaluated Communities: Houston & Galveston, TX

PALS is a parenting intervention that targets mothers over the age of 18. PALS I is offered to parents of infants to help them develop a responsive parenting style. The program is delivered in various forms, including educational videotapes that show mothers of similar demographics modeling positive interactions with their children, lecture style delivery by trained service providers, and direct observations of and feedback on mothers' parenting style.

- Significant increases in mothers' affective-emotional and cognitively responsive behaviors, which resulted in the promotion of children's social and cognitive development. These results were maintained at three-month follow-up.

PALS II was offered as a follow-up program to PALS I, and explored the question of when is the best time to deliver an intensive parent intervention. The curriculum for PALS II was similar to that of PALS I; it encouraged positive parenting practices and contextualized how maternal actions directly impact child outcomes. Participants in PALS II were the mothers of children aged 24 to 28 months at the time of recruitment.

- Significant increase in the quality of language used by the mother toward her child, including expansion of overall vocabulary and offering of in-depth explanations
- Significant increases in the number of multiword utterances, toddler's vocabulary development, cooperation, and social engagement
- A combination of PALS I & PALS II resulted in increases in social engagement in toddlers
- A combination of PALS I and PALS II resulted in significant increases in measures of maternal affective-emotional behavior

Early Head Start

Evaluated Participants' Age: low-income pregnant women; children under 3 years

Evaluated Communities: 17 programs (Russellville, AR; Venice, CA; Denver, CO; Marshalltown, IA; Kansas City, KS; Jackson, MI; Kansas City, MO; New York, NY; Pittsburgh, PA; Sumter, SC; MacKenzie, TN; Logan, UT; Brattleboro, VT; South King County, WA; Yakima Valley, WA)

Early Head Start (EHS) is a program designed to provide supportive programming to both children and parents in the early years. Individual sites are responsible for the specific development of program implementation, but four major domains are universally covered: (1) children's development (e.g., social, cognitive and language development, health); (2) family development (e.g., parenting skills, the home environment, family health, economic self-sufficiency); (3) staff development (e.g., professional development, relationships with parents); and (4) community development (e.g., improved quality of child care, parental collaboration, multiple service integration). Program delivery is flexible and can include home visits, center-based care and additional services, or a combination of both home and center-based care.

- Modest but significant effects were found for parents participating in EHS. Using the standardized assessment measure of the Home Observation of the Measured Environment (HOME), EHS parents were more supportive of their children's emotional and cognitive

development. They were more likely to read to their children and demonstrated alternative forms of discipline to spanking. Parents enrolled in EHS were also less likely than the controls to have a baby two years after the birth of the enrolled child.

- Children enrolled in EHS were found to score significantly higher on the Peabody Picture Vocabulary Test-III and the Bayley Scales of Infant Development than children in the control group. Additionally, in observed interactions, they were less likely to act negatively toward their parents.
- Programs offering a mixed approach to service distribution—both home and center-based—produced more positive outcomes. Although some families did not receive both varieties of service, having the flexibility to provide both allowed centers to individualize their programming more effectively.

Healthy Families New York

Evaluated Participants' Age: Pre-natal to school enrollment

Evaluated Communities: 28 communities throughout New York

The mission of Healthy Families New York is to increase the health and well-being of children at risk of child abuse and neglect. Participants are selected through a screening process performed by local social services agencies that identify families who would benefit from such a program. The goals of HFNY are four-fold: to prevent child abuse, to enhance positive parent-child interactions, to promote optimal health and development, and to increase parents' self-sufficiency. Home visits are conducted by paraprofessionals who reside in the surrounding neighborhood and share the same language and cultural backgrounds as program participants.

- Children who participated in the treatment were significantly healthier at birth, had higher rates of healthcare access, and received better nutrition in comparison to children in the control group.
- Parents also demonstrated positive significant impacts. They were significantly more likely to have positive attitudes about parenting, knowledge about their child's development, and fewer incidents of self-reported abuse and neglect. Parents younger than 18 showed an additional significant difference from the control group in frequency of substance abuse and mental health diagnoses.

Infant Health and Development Program (IHDP)

Evaluated Participants' Age: Low birth weight and premature children, from birth - 3 years

Evaluated Communities: Bronx, NY; Cambridge, MA; Dallas, TX; Little Rock, AK; Miami, FL; New Haven, CT; Philadelphia, PA; Seattle, WA

The IHDP program is targeted to alleviate the developmental problems associated with low birth weight and premature birth (defined as before 37 weeks). The program is built around home visits that provide parents with extensive information about their child's development and health. After 12 months, the child attends developmental centers five days per week. There is an additional component of parent groups that have the goal of building a peer network among the parents. The center-based care portion of IHDP is based on the Abecedarian model.

- At 36 months, intervention participants demonstrated increased scores on receptive language, cognitive development, and visual motor and special skills. The strongest program impacts were seen amongst the children at greatest risk. Follow-up occurred at 8 and 18 years, and demonstrated modest, long-term impacts on cognitive abilities and educational achievement among individuals identified as "heavier low birth weight" – meaning they were born at the higher end of the low birth weight spectrum.

Nurse-Family Partnership

Evaluated Participants' Age: Pre-natal - 2 years

Evaluated Community: Elmira, NY

Nurse-Family Partnership is a longstanding program that seeks to provide first-time, unwed mothers with extensive information about the health and development of their children. The identified goals of the program are to improve pre-natal health and birth outcomes, to improve child health, development, and safety, and to improve maternal life course outcomes (i.e., having fewer children, achieving higher levels of education, and becoming decreasingly dependent on public aid). The program employs nurses who provide direct service to mothers through home visits. The intensity of the program is tailored according to the needs of individual mothers; however, approximately 6-9 visits are expected during pregnancy and an additional 20 visits are expected to occur between birth and age 2. During pregnancy, home visits focus on pre-natal care and the elimination of maternal behaviors found to have negative impacts on a child, such as substance abuse. Nurses offer extensive information pertaining to the healthy development of the child, and referrals for mothers (and other family members) to health and human service providers for supplemental assistance.

- One study shows that the program had significant effects on parental care through 46 months. At 6 months, children of participating mothers were less irritable and fussy than comparison children. Children of participating mothers had fewer ER visits during the second year of life than comparison families.
- At 15-year follow-up, children of parents who participated in the Nurse-Family Partnership had fewer arrests, fewer convictions, and fewer sex partners, and abused substances such as alcohol and cigarettes at lower rates than children of control group parents.
- Mothers also demonstrated positive impacts. At the 15-year follow-up, mothers who had participated in the intervention had fewer subsequent pregnancies than comparison mothers. They also had higher levels of workforce participation, decreased dependence on public assistance and food stamps, fewer arrests, and fewer problems resulting from substance abuse.

Triple P (Positive Parenting Program)

Evaluated Participants' Age: Parents of children aged birth -8 years

Evaluated Communities: 18 counties in the United States

Triple P is a parenting program targeting the prevention of child maltreatment. The 18 counties were randomized for treatment and control and each had a population size of 50,000 to 175,000 residents. Participating parents had at least one child, aged birth to 8-years-old. There are five main goals of the program: ensuring a safe, engaging environment, promoting a positive learning environment, using assertive discipline, maintaining reasonable expectations, and taking care of oneself as a parent. The program is designed to enhance competence and to prevent or alter dysfunctional parenting practices that can lead to behavioral and emotional problems in the child. Triple P offers five unique deliveries of the program. With each delivery, there is increasing intensity and a decreased target population. The deliveries range from a universal intervention that includes the use of local news media to help disseminate the message of the program through an ongoing advertising campaign, to a strategy that allows for trained service providers to work directly with individual families demonstrating multiple risk factors for child maltreatment. The intensive form of Triple P includes workshops and observations targeting specific parenting skills.

- Significant decreases were identifiable in the number of substantiated reports of child maltreatment, child out-of-home placements, and child maltreatment injuries.
- A population level effect was shown for the universal Triple P program delivery.

Project CARE

Evaluated Participants' Age: 4 -6 weeks - 5 years

Evaluated Communities: Lemoyne County, PA

Project CARE was offered in two distinct deliveries. The first variation offered both high quality early childhood care and home visits. The educational day care center is organized with a developmentally appropriate curriculum focusing on cognitive and social development. Project CARE childcare centers have low child-to-teacher ratios, and childcare providers have an average of seven years of experience. The second variation offered only home visits. The home visits of both deliveries had the same goals, and were conducted mostly by teachers, social workers, or nurses. Home visitors provided families with various supports, information, advice, and referrals. They emphasized situationally-appropriate methods as well as components of the same basic child curriculum used by the daycare center.

- Significant differences were only found among those who received the more intensive program delivery of both childcare and home visits. At the 12, 18, 24, and 36 month tests, the group that received both home and center-based care differed significantly from both the home visit-only and control groups on cognitive development outcomes. At the 30 and 42 month tests, however, the group that received both home- and center-based care differed significantly from the family education group but not from the control group.

Experience Corps

Evaluated Participants' Grade: Kindergarten - 5th grade; elder volunteers

Evaluated Communities: Baltimore, MD

Experience Corps is a program designed to aid in the management of difficult classrooms. Older adults volunteer at least 15 hours per week in a local school for an entire school year. The goal is to harness the social capital of older adults to enhance school day supports for children. The adults are trained and placed in classrooms that have been identified by the principal as having the greatest need for additional adult supervision. Additionally, if schools identify any other gaps within the personnel, Experience Corps members can be trained to fulfill these roles. The goal is to minimize problem behaviors.

- In analyses of Experience Corps conducted in three Baltimore schools compared to three comparison schools, there was a decrease in principal referrals for problem behaviors at two of the three intervention schools. Additionally, intervention schools demonstrated a gain of 10-20 percentage points, compared to a decrease of 4-6 percentage points in comparison schools on the Comprehensive Test of Basic Skills. There was also a demonstrated increase in student performance on the Maryland School Performance Assessment.
- Additional analyses show Experience Corps members can be effective in the fight against asthma. When properly trained, Experience Corps members learned extensively about asthma and asthma prevention, and were effective instructors of prevention information.
- Additional results show that Experience Corps has positive benefits for the volunteers as well as the children. Volunteers reported an increase in their perceived quality of life.

Multidimensional Family Therapy (MDFT)

Evaluated Participants' Age: 3 -18 years

Evaluated Communities: San Francisco, CA; various communities in Illinois; and Philadelphia, PA

Multidimensional Family Therapy (MDFT) is a family-based treatment for adolescents with substance abuse problems. The program has been used for over 16 years and validated in areas such as San Francisco, Illinois, and Philadelphia. It functions as an outpatient, family-based treatment, providing adolescents with individual and family therapy. Topics addressed by MDFT include the adolescent's

perceptions of drugs' harmfulness, emotional regulation processes, parenting, and interactional patterns. Therapy takes place in weekly sessions over a 3 to 6 month period.

Evaluation results include:

- Participants in this program showed a reduction in drug use and maintained the reduced rate through six- and twelve-month follow-ups.
- Along with reduced drug use, participants improved on measures of academic achievement and family functioning.

Early Adolescent Anger Reduction Intervention

Evaluated Participants' Age: 11 -13 years

Evaluated Communities: Middle schools in Oregon and Colorado

Sixth through eighth graders with high anger levels participated in an intervention designed to reduce anger and unhealthy anger expression. The intervention is composed of two strategies: cognitive-relaxation coping skills (CRCS) and social skills training (SST). CRCS includes class discussion and rehearsal, targeted emotional and physiological exercises, and methods to increase skills for emotional control. SST consists of lecturing and writing exercises, and addresses skill deficiencies and dysfunctional expressional styles.

Evaluation results include:

- On all measures, both CRCS and SST intervention students demonstrated significant positive gains anger reduction in comparison to the control.
- Compared with students in the untreated control group, students in both treatment groups reported less general anger, less anger in their most angering situations, less outward negative expression of anger, and greater anger control.
- CRCS intervention students also reported significantly less general deviance, less trait anxiety, shyness, and depression than the control group. No statistically significant differences were found between SST intervention and the control group for these particular outcomes.
- Students in the CRCS condition also experienced positive impacts on depression, shyness, a measure of anxiety, and general deviance.
- No statistically significant differences were found on self-esteem or alcohol consumption.

Adolescent Transitions Program (ATP)

Evaluated Participants' Age: 10 - 14 years

Evaluated Community: Portland, OR

The Adolescent Transitions Program (ATP) is designed to improve parental management skills and develop adolescents' goal- and limit-setting skills, peer supports, and problem-solving abilities. Three different variations of the program (teen focus, parent focus, and teen and parent focus) have been credited with improving youth engagement in family problem-solving sessions. The parent groups are encouraged to foster their adolescents' pro-social behaviors, set appropriate limits, and engage in problem-solving/conflict resolution with the teen. The teen groups focus on developing the adolescent's ability to set goals, develop peer supports, set personal limits, and engage in problem-solving/conflict resolution. The combined groups use consultants to help the parents and adolescents engage in discussions.

Evaluation results include:

- Adolescents in the parent focus group, the teen focus group, and the parent and teen focus group exhibited less negative engagement during family conflict/problem-solving sessions than the control group.

Early Childhood Programs

HCZ Programs: Get Ready for Pre-K, Harlem Gems, Harlem Gems Head Start

Similar Promising Practice Programs:

Carolina Abecedarian Project

Evaluated Participants' Age: 3 - 5 years

Evaluated Community: Orange County, NC

The Carolina Abecedarian Project was one of the first randomized studies focusing on the potential immediate and long-term benefits of early childhood education for low-income children. Four cohorts of children—born between 1972 and 1977—were randomly assigned to the treatment and control groups. The treatment included full-time, high-quality early education in a childcare setting through age 5. Each child received an individualized selection of educational activities, which targeted social, emotional, and cognitive development, and were presented as games interwoven through the day.

- Follow-up data on the participants have been obtained and published through age 21; participants were assessed at ages 3, 4, 5, 6.5, 8, 12, 15 and 21. The attrition rate was very low—of the original 111 participants, 104 were followed-up at age 21. IQ measures indicated significant differences between children in the treatment and control group as early as 3 and persisting through age 21. Significant differences were also seen in favor of treatment recipients for reading and math test scores, and a smaller percentage of treatment individuals were retained at any point in their educational career. Additionally, a smaller percentage of treatment individuals were placed in special education than children in the control group.
- At the 21-year-old follow-up point, a greater percentage of students placed in the treatment group had entered a 4-year college. Finally, children in the control group were younger, on average, at the birth of their first child than those in the treatment group.

High/Scope Perry Preschool

Evaluated Participants' Age: 3 - 4 years

Evaluated Community: Ypsilanti, MI

High/Scope Perry Preschool seeks to provide 3 and 4-year-old at-risk children with opportunities and resources to enhance their cognitive and social development. Employing Students attend the school, which has low student to teacher ratios, for 2.5 hours Monday through Friday, and teachers conduct home visits.

- Children were randomly assigned to treatment and control groups. Evaluations were conducted at ages 3 through 11, and follow-up at 14, 15, 19, 27 and 40. Significant differences between treatment and control participants existed and have persisted through the most recent follow-up at age 40. Treatment participants were less likely to be involved in the criminal justice system, less likely to be identified as requiring special education services, less likely to be retained in school, and more likely to stay in school longer. When they reached working age, treatment participants demonstrated higher earnings and employment rates. At age 40, a cost-benefit analysis revealed a return of \$12.90 for every dollar spent.

The Home Instruction Program for Preschool Youngsters (HIPPY)

Evaluated Participants' Age: 4 - 5 years

Evaluated Communities: New York State

HIPPY was developed in Israel in response to evidence showing that early intervention programs targeting the development of academic skills benefit children from low-income families. It was first adapted in the United States in 1984. The goals of HIPPY are to enrich the home literacy environment, the quality of parent-child interaction, and the parents' ability to foster their child's learning. HIPPY acknowledges the importance the environment plays in a child's healthy development. HIPPY is a 30-week intervention, taking place during the traditional public school year. It includes home visits and parent group meetings, and is staffed by paraprofessionals who are generally recruited from within the community. The curriculum is delivered through role plays in which the mother acts as the child and the home visit worker as the parent. Parental implementation of the lessons learned is critical to the program's success. Because HIPPY is tailored to the specific needs of the community in which it operates, it is difficult to conduct universal evaluations.

- One study shows that one cohort of children enrolled in HIPPY scored higher than comparison children on measures of cognitive skills, classroom adaptation, and standardized reading scores. The significance of outcomes was largely correlated with parental buy-in and continued involvement in the program.

The Incredible Years³

Evaluated Participants' Age: 2 - 10 years

Evaluated Communities: New York, NY; Seattle, WA; Wales

The Incredible Years focuses on promotion of pro-social behaviors as a means of establishing a positive school climate. The curriculum involves students, teachers, and parents as integral parts of the program's success. The program encourages positive classroom behaviors through problem solving, self-management principles, and positive self-reference. Focusing on consistent and explicit behavioral guidelines and continual feedback, The Incredible Years establishes whole-school expectations for behavior. Additionally, home-school partnerships are a cornerstone of The Incredible Years from the very beginning of implementation, which sets it apart from most other discipline management systems. The program has two deliveries, a basic and an advanced. The latter targets the additional developmental risk factors correlated with poverty.

- Studies with low-income, multi-ethnic communities show the efficacy of this program. The Incredible Years has been found to decrease harsh discipline practices; improve pro-active parenting skills and the parent-child relationship; and enhance children's academic and social competence. Additionally, this program has been found to have positive impacts over a year after the completion of The Incredible Years curriculum.

Project CARE

- See p. 22

³ HCZ has begun using The Chicago Parent Program for parents of youth participating in HCZ's Head Start and Harlem Gems programs. The Chicago Parent Program (CPP) is a parent training program which was developed in collaboration with African American and Latino parents that capitalizes on the strengths of the Webster-Stratton Incredible Years model as it also employs videotaped vignettes and group discussion. CPP has been evaluated for Parents of youth 2 - 4 years in Chicago. At 1-year follow-up, intervention group parents used less corporal punishment and issued fewer commands with their children. Intervention children exhibited fewer behavior problems during observation than controls. Parents who participated in at least 50% of CPP sessions reported greater improvements in parenting self-efficacy, more consistent discipline, greater warmth, and a decline in child behavior problems when compared to reports from controls.

Sound Foundations

Evaluated Participants' Grade: Pre-Kindergarten

Evaluated Communities: New South Wales, Australia; Suffolk County, NY

Sound Foundations is a pre-literacy curriculum for pre-kindergarteners that teaches children to identify letter and word sounds. Focusing on nine specific sounds, teachers are expected to work on one sound at a time. Teachers align the room set-up with the Sound Foundations curriculum, exposing students to posters that display items that begin or end with specific sounds. Teachers also engage students with activities and games that incorporate the word sounds.

- Children who received Sound Foundations were significantly better at recognizing the starting sounds of letters than were children assigned to a control group.
- Positive impacts of the program are enhanced with a targeted approach to interactive reading activities. Children receiving the enhanced treatment performed significantly better on measures of writing skills, print concepts, and letter memory than the comparison. However, at the one year follow-up, the differences were no longer identifiable.

AI's Pals: Kids Making Healthy Choices

Evaluated Participants' Grade: Pre-Kindergarten - 3rd grade

Evaluated Community: Lansing, MI

Designed specifically for the early childhood years, AI's Pals teaches children adaptive and pro-social behaviors. The program is delivered in 46 10-15 minute sessions over a 23-week period. Ongoing parent involvement is crucial to the success of the AI's Pals curriculum. Notes about the classroom sessions are sent home along with suggestions of how to reinforce the lessons learned.

- Studies show that children who participate in AI's Pals are two to five times more likely to increase positive social behaviors such as sharing, helping, and taking turns than a child who does not participate. The strongest impact was seen among children considered to be at the highest risk. The most impressive gains were among early elementary school students. Preschoolers made measurable, but smaller gains than elementary school students.

Chicago Child Parent Centers

Evaluated Participants' Age: 3 -9 years

Evaluated Community: Chicago, IL

Chicago Child Parent Centers provide early childhood education to economically disadvantaged children in Chicago. Rooted in the idea that a one or two-year early intervention is insufficient to scaffold the development of a child, the program targets preschool children and fosters their social and academic development through the early years of elementary school. The Centers operate within Chicago public elementary schools, and provide part-day programming for children. The curriculum is focused on child-centered learning. Teachers take an individualized approach, tailored to the developmental needs of each child. Additionally, parents are a crucial part of the learning experience through various opportunities arranged by the Parent Resource Teacher. Some examples include parent room activities, volunteering in the classroom, attending school events, and enrolling in educational courses for personal development. The program continues through the early elementary years, easing the school transition for children and families.

- Longer participation in the program—pre-kindergarten through third grade—was associated with significantly higher academic performance, and significantly lower rates of retention than participation lasting only through kindergarten. Participation through third grade was associated with a 6-month advantage in both reading and math in the 5th grade follow-up.

- In a 7th grade follow-up, positive effects remained. Students performed significantly better in tests of reading achievement and math achievement. Significant differences were seen in math scores only for those who participated for 3 years; the same statistical significance did not hold for those who only participated for 2 years. All extended-treatment students were also significantly less likely to be retained than those who participated only for pre-kindergarten and kindergarten.

Elementary School Programs

HCZ Programs: Promise Academy Charter School, Peacemakers

Promise Academy Charter School

- See p. 31.

Similar Promising Practice Programs:

Charter School Research

Randomized control study remains fairly rare in education. The National Charter School Research Project literature review of 14 value-added analyses of charter schools failed to draw conclusive evidence of the particular structural or curricular components of a school that facilitate effectiveness. Their review of the literature concludes that while the effective nature of charter schools is widely positive, one must be cautious not to over simplify charter schools as a panacea to the pressing issue of educational underperformance, given the wide variability of charter school models. The reviewers also warn that existing studies of charter school effectiveness that have included rigorous value-added or lottery-based analyses of charter schools have occurred in very few states and major cities to date, and that the quality of the data and hence the quality of the analyses vary.

The RAND Corporation has also released a study exploring the impact of charter schools in five cities and three states. The study explored four major questions: (1) What are the characteristics of students who enroll in charter schools? (2) What effect do charter schools have on students' test scores? (3) What are long term outcomes for students who attend charter schools, specifically high school graduation and college matriculation? (4) Does charter school competition increase the performance of local public schools? The study concluded, like those before it, that charter school effects are very difficult to calculate given the variability of what may constitute a charter school. However, the study did find that the presence of charter schools does not have a significant impact on the characteristics of students who choose to remain in the local public schools. These findings counteract the fear of "creaming," a traditional argument against charter schools. Furthermore, the study did not find that the presence of charter schools had any measurable impacts on the test scores of the local traditional public schools, contradicting competition hypotheses. Although the study found little difference between the test performances of students in charter schools and in traditional public schools, there was a significant difference in long-term outcomes: students who attended charter schools were significantly more likely to graduate from high school and attend college. This was especially true for charter schools that bridge middle and high school grades. These findings imply that test score analyses are insufficient when assessing the effectiveness of charter schools. Future research must consider this issue, and explore innovative approaches to school success when assessing charter school performance.

Caroline Hoxby and her colleagues are currently conducting a multi-year study, The New York City Charter Schools Evaluation Project, in which nearly all (93%) of the city's charter schools are participating. This study utilizes the lottery strategy described above, and has found a cumulative positive effect of charter schools on English Language Arts and Math test scores. The authors identified five school characteristics associated with better student achievement, but their data could not provide evidence of these characteristics having a causative effect.

Will Dobbie and Roland Fryer, Ph.D., conducted a study which examined whether offering students enrollment in Promise Academy, a charter middle school sponsored by the Harlem Children's Zone, improved their academic achievement. Promise Academy is required by law to utilize a lottery system when applications are oversubscribed, and this enabled a "lotteried-in, lotteried-out" analysis as described above. Dobbie and Fryer analyzed data on about 470 New York City students who applied for sixth-grade

enrollment in Promise Academy in 2005 and 2006. Student outcomes were measured in sixth, seventh, and eighth grades using standardized statewide math and English language arts (ELA) tests. Although students who were not accepted into the school had obtained higher scores in the NY state exams than those lotteried in prior to school entry, the pattern was reversed. Students offered enrollment in the school had higher math test scores in sixth, seventh, and eighth grades than the students not offered enrollment. The study authors found no statistically significant differences in ELA test scores in sixth or seventh grade, but a positive effect was found on the eighth grade ELA test. The effects in middle school are enough to close the black-white achievement gap in mathematics and reduce it by nearly half in English Language Arts.

Chicago Child Parent Centers

- See p. 26.

Tools of the Mind

Evaluated Participants' Grade: Pre-kindergarten - 2nd grade

Evaluated Communities: urban New Jersey

Tools of the Mind is an early childhood curriculum that focuses on the cognitive and academic skills based on Vygotskian principles of child development. Using play as the lead development strategy for young children to learn, the curriculum focuses on the specific development of skills such as self-regulation, deliberate memory, and focused attention. Teachers are encouraged to structure play as a meaningful learning tool for their students.

- Treatment participants scored significantly higher in the development of their English vocabulary. Spanish speakers scored significantly better on their receptive and expressive language skills. Treatment participants also exhibited fewer incidents of problem behaviors than control participants. Finally, the intervention had a whole-class effect: intervention classrooms scored higher on the Early Childhood Environment Rating Scale assessment of classroom quality, literacy environment, and classroom productivity. Teachers also showed a more comprehensive display of scaffolding their students' learning processes.

Experience Corps

- See p. 22.

The Incredible Years

- See p. 25.

AI's Pals: Kids Making Healthy Choices

- See p. 26.

Reading One-to-One

Evaluated Participants' Grade: 1st - 2nd grade

Evaluated Community: Dallas, TX

This program targets at-risk children, especially English Language Learners, who are chosen by referral. Students are tested and placed into groups based upon their competencies. Tutoring is administered 3-4 times per week in a pullout format at the children's schools. . The program employs college students, community volunteers, and teachers' aides who receive extensive training and adhere to a specific curriculum. Children work with different tutors throughout the week, so it is crucial that the tutors follow the same curriculum.

- In a one year study, students were administered the Woodcock Johnson. First graders who received at least 40 hours of Reading One-to-One tutoring demonstrated gains that were six months greater than those demonstrated by the comparison group. Second graders showed gains four months greater than comparison.

Fast Track Prevention Project

Evaluated Participants' Grade: 1st - 10th grade

Evaluated Communities: Durham, NC; Nashville, TN; Seattle, WA; rural central PA

The Fast Track Prevention Project is a comprehensive intervention for high-risk children and teens. The program is designed to prevent antisocial behaviors through the promotion of pro-social behaviors and positive school environment, parent-school relationships, and parenting skills. Program components include a classroom curriculum, tutoring, home visiting, group skills training, mentoring, and various individualized services.

- An experimental evaluation of three different cohorts showed that participation in Fast Track had modest positive impacts on high-risk children's social, academic, and behavioral outcomes. Furthermore, parents of children in Fast Track exhibited less harsh discipline compared to parents of children who were not in the program.

Other evaluation results include:

- Compared to the control group, Fast Track children improved their social-cognitive and academic skills, exhibited lower levels of aggressive behavior at home and at school, were less likely to be placed into special education, and became completely free of conduct problems.
- In adolescence, Fast Track participants were arrested at lower levels and exhibited continued lower levels of "serious conduct disorder" than their control group peers.
- Parents of the program participants used harsh discipline less frequently than their control group counterparts.

Woodrock Youth Development Project (WYDP)

Evaluated Participants' Age: 6 - 14 years

Evaluated Community: Philadelphia, PA

The Woodrock Youth Development Project (WYDP), initiated in 1991 in Pennsylvania, is a comprehensive, multi-component program designed to reduce alcohol, tobacco, and drug use among at-risk elementary and middle school minority students. WYDP program components included social skill and competence training, drug-resistance training, peer mentoring, extracurricular activities (clubs, retreats), regular meetings with teachers (goal-setting, progress checks), home visits to participants' families, and parenting classes. The program is also designed to improve attitudes about racial/ethnic diversity.

Evaluation results include:

- Participation in the program decreased drug use and improved student interactions and school attendance.

Middle School Programs

HCZ Programs: Promise Academy Charter Middle School, TRUCE Fitness and Nutrition Center, Boys to Men

Promise Academy Charter Middle School

Evaluated Participants' Grade: 6th, 7th, and 8th grade

Evaluated Communities: New York, NY

This study examined whether offering students enrollment in Promise Academy, a charter middle school sponsored by the Harlem Children's Zone, improved their academic achievement. Promise Academy utilizes: an extended school day and year with additional after-school tutoring and Saturday classes; intensive test preparation including morning, mid-day, after-school, and Saturday sessions; student incentives for high achievement; and a school health clinic that provides students free medical, dental, and mental-health services.

The number of applicants to the school exceeded the school's capacity, as per New York State regulations, enrollment offers were granted by random lottery. This lottery enabled an equivalent to a randomized control trial by comparing the outcomes of students who were selected in the lottery and offered enrollment in the school to students who were not selected in the lottery. Researchers analyzed data on about 470 New York City students who applied for sixth-grade enrollment in Promise Academy in 2005 and 2006. Student outcomes were measured in sixth, seventh, and eighth grades using standardized statewide math and English language arts (ELA) tests.

- Students offered enrollment in the school had higher math test scores in sixth, seventh, and eighth grades than the students not offered enrollment. By the time they were tested in eighth grade, the effect size for the math test was 0.55.
- The study authors found no statistically significant differences in ELA test scores in sixth or seventh grade, but a positive effect was found on the eighth grade ELA test.

Similar Promising Practice Programs:

Healthy Weight Regulation Curriculum

Evaluated participant ages: 11 -13 years

Evaluated Communities: Multiple communities in Northern California

A curriculum was developed to modify the eating attitudes and habits of early adolescent girls. The curriculum included instruction on the harmful effects of unhealthy weight regulation and taught girls to eat nutritious foods, to participate in regular aerobic activity, and to resist social messages about the importance of thinness and dieting. Treatment classes received the healthy weight regulation curriculum while a control group did not receive the curriculum.

Evaluation results include:

- At the 18-week follow-up, girls assigned to the treatment group scored significantly higher than girls assigned to the control group on a test of health knowledge. However, treatment girls' scores still averaged less than 50% correct.
- On no other measure did treatment girls differ significantly from control girls at follow-up.
- The intervention was unsuccessful at positively impacting weight regulation and preventing eating disorders. A tiny impact on BMI among a high-risk subgroup leads the authors to suggest targeting high-risk adolescents rather than all students.

“Fit for Life” Boy Scout Badge

Evaluated Participants’ Age: 10 through 14 years

Evaluated Communities: Houston, TX

The “Fit for Life” activity badge was designed to increase physical fitness among Boy Scouts. In a random assignment study of 42 troops, boys in troops working on the Fit for Life badge were compared with boys in troops working on a similar, but non-fitness-related badge.

Evaluation results include:

- Among troops that worked on their badges during the fall, no differences in BMI or daily physical activity emerged between groups over the course of the intervention.
- Among troops that worked on their badges during the spring, boys assigned to work on the Fit for Life badge significantly increased their light activity and marginally decreased their sedentary time, relative to boys assigned to work on the control badge. Researchers note that spring weather conditions are more conducive to outdoor activity than are fall weather conditions and speculate that this might account for the intervention’s greater success during the spring. They suggest adapting the program to include a greater emphasis on indoor activities, so as to render it pertinent and effective in all seasons.
- There were no differences between groups on frequency of participation in moderate to vigorous physical activity, however.

SHAPEDOWN

Evaluated Participants’ Age: 12 - 18 years

Evaluated Communities: Multiple communities in Northern California

SHAPEDOWN uses a self-directed change format to encourage adolescents to make successive, sustainable, small modifications in their diet, exercise, relationships, lifestyle, communications, and attitudes. The program discourages very-low-calorie and restrictive diets and instead encourages overall fitness and healthy choices. Every participating adolescent’s treatment is individualized; consequently, SHAPEDOWN sessions can be delivered individually or in group settings. Each session includes a voluntary weigh-in, a leader-facilitated group interaction, and an exercise period. The program currently includes 10 2.5-hour sessions for adolescents. Parents are also encouraged to get involved in the SHAPEDOWN program and two parent sessions are offered over the course of the intervention.

Evaluation results include:

- At 3-month and 15-month follow-ups, treatment subjects showed significant improvement on relative weight (actual weight over mean weight for individuals of that age, sex, and height), weight-related behavior, self-esteem, depressive symptoms, and weight management knowledge.
- One year after the conclusion of the SHAPEDOWN intervention, absolute weight gain was 5.15 kilograms lower in the treatment group than it was in the control group. Control subjects showed no significant improvement on any of these outcomes except self-esteem.

Child and Adolescent Trial for Cardiovascular Health (CATCH)

Evaluated Participants’ Age: Middle school students

Evaluated Communities: 96 schools in California, Louisiana, Minnesota, and Texas

The Child and Adolescent Trial for Cardiovascular Health (CATCH) is one of the most extensively implemented and evaluated examples of a multi-component, school-based program that includes an educational curriculum along with a behavioral component and school environmental change. CATCH schools receive food-service modifications and food-service personnel training to improve the nutrition of school meals, physical education interventions and teacher training to implement classroom curricula

to address eating habits, physical activity, and smoking.

Evaluation results include:

- The CATCH intervention group, on average, obtained a slightly smaller proportion of dietary energy from total fat (30.6% vs. 31.6%) and from saturated fat (11.3% vs. 11.8%). Students from intervention schools also tended to consume less sodium than did students in the control group.
- While the intervention group advantage with respect to physical activity behavior narrowed over time, the intervention group continued to average more minutes of daily vigorous activity. The narrowest difference was among 8th graders, with intervention group students averaging 30.2 minutes per day, compared with just 22.1 minutes among students in the control group.
- These findings suggest that a program that combines health education with behavioral components and school environmental modifications can improve physical activity and nutrition-related behaviors over three years after the end of the intervention.

Children's Aid Society - Carrera (CAS - Carrera) Program

Evaluated Participants' Age: 13 - 15 years

Evaluated Communities: Communities in New York, NY; Maryland; Florida; Texas; Oregon; Washington

The Carrera Program is an intensive, year-round, ongoing after-school program that is designed to promote positive youth development and positive reproductive health. At-risk 13-15-year-olds participate in the program through the end of high school. The program employs a holistic approach, addressing the various contexts (e.g. school, family) and needs (e.g. supportive relationships, social services) relevant to the participants' lives, and it provides a variety of activities and services, including employment and academic assistance, family life and sexuality education, performing arts experience, sports training, and mental and physical health care.

Evaluation results include:

- Compared to the control group, program participants made significantly greater gains in their knowledge of sexuality, and were significantly more likely to have made and kept medical and dental appointments, to have the hepatitis B vaccine, and to have made a reproductive health visit.
- At the three-year follow-up, female participants were significantly more likely to have used the contraceptive Depo-Provera and had significantly lower rates of pregnancies and births compared to control females.
- Compared to control males, CAS-Carrera males were significantly less likely to have initiated marijuana use.
- CAS-Carrera participants were significantly more likely to have bank accounts, to have had work experience, to use word processing programs, and to use the Internet and e-mail.
- On PSAT verbal and math exams, Carrera teens were significantly more likely to have higher scores than the control group, and Carrera females were significantly more likely to have higher scores on the verbal portion. Carrera teens were also significantly more likely to have made college visits.

Big Brothers Big Sisters (BBBS)

Evaluated Participants' Age: 10 -16 years

Evaluated Communities: Multiple communities nationwide

Big Brothers/Big Sisters (BBBS) is a well-established, intensive mentoring program. The program targets at-risk 5- to 18-year-old children and teens (e.g., from single-parent families, economically deprived) who desire a match with a Big Brother or Big Sister. BBBS staff carefully screens and matches community

volunteers with participants, and then monitors and provides ongoing support to the matches. BBBS mentoring is designed to promote emotional support, positive social skills, feelings of safety and security, academic skills, and more positive relationships with family and peers.

Evaluation results include:

- BB/BS participants were less likely to start using drugs or alcohol; were less likely to hit someone; had improved school attendance and performance; had improved attitudes toward completing schoolwork; and had improved peer and family relationships.
- They were not more likely to have an improved sense of self-esteem or increased cultural awareness. There were some differences in impacts according to race and gender.

The Summer Training and Education Program (STEP)

Evaluated Participants' Age: 14 - 15 years

Evaluated Communities Boston, MA and Pinellas County, FL

The Summer Training and Education Program (STEP) is designed to minimize academic losses during summer vacation, and to prevent pregnancy and resultant school dropout in low-achieving, at-risk adolescents. The program operates in schools, employing innovative curricula, teaching methods, computer-assisted instruction, and contact with the program throughout the school year. STEP also operates on the community level, where local employment and training agencies provide part-time summer work for participants.

Evaluation results include:

- Experimental evaluations of the program show that participation in STEP increased reading grades, math grades, and contraceptive knowledge during program participation. The program did not, however, change teens' sexual activity, use of contraception, or births.
- However, STEP had no lasting effects on participants' education, employment, reproductive behaviors, or welfare participation 2 to 3 years after the program. Only test scores on knowledge of responsible social and sexual behavior remained higher at this follow-up.

Across Ages

Evaluated Participants' Grade: 6th grade

Evaluated Community: Philadelphia, PA

Across Ages is a youth development, mentoring, and community service program designed to curtail substance use in high-risk children. Variations of the program with or without a mentoring component have been evaluated with school-age children in Philadelphia and Massachusetts.

Evaluation results include:

- Participants in the mentoring program had
 - Increased positive attitudes regarding school, the future, and older people
 - Improved attendance at school
 - Higher levels of self-control, cooperation, attachment to school and family, and more positive attitudes toward the elderly and helping as compared to the control group
 - Improved reactions to situations involving drug use, and higher rates of community service
 - Significantly lower levels of problem behavior and alcohol use
 - Six-month follow-up data revealed a lack of persistence in the program effects with the exception of cooperation, and evidence that mentoring reduces future initiation of marijuana use.

Fast Track Prevention Project

- See p. 30.

The Aban Aya Youth Project: Reducing Violence Among African American Adolescent Males

Evaluated Participants' Grade: 5th - 8th grade

Evaluated Community: Chicago, IL

The Aban Aya Youth Project (AAYP) is an intervention program designed to reduce rates of risky behaviors among African American children in 5th through 8th grade. Longitudinal efficacy trials compared two experimental interventions and one control intervention: (1) School-Community Curriculum (SC); (2) Social Development Curriculum (SDC); and (3) a control Health Enhancement Curriculum (HEC). The curriculum for both SC and SDC focuses on reducing risky behaviors, such as violence, substance abuse, unsafe sexual practices, cognitive-behavioral skills to build self-esteem and empathy, manage stress and anxiety, develop interpersonal relationships, resist peer pressure, and develop decision-making, problem-solving, conflict resolution, and goal-setting skills. There is also an emphasis on community service, and a parental support component to these interventions. In contrast, the control intervention (HEC) focused on decision-making and problem-solving skills, and the promotion of healthy behaviors related to nutrition, physical activity, and general health care.

Evaluation results include:

- Males in the experimental interventions experienced a significantly reduced rate of multiple risk behaviors including self-reported violence, provoking behavior, school delinquency, combined behaviors, substance use, and sexual activity.

I Have a Dream[®]

Evaluated Participants' Grade: 6th grade

Evaluated Community: Denver, CO

I Have a Dream[®] (IHAD) was established in 1981 by philanthropist Eugene Lang who “adopted” the sixth-grade students at Public School 121 in East Harlem, New York, promising the students tuition assistance for college and support services to help them graduate from high school. Other groups and individuals have followed Lang’s model, and there are now about 180 projects in 27 states. The program is designed to serve children from low-income communities, and program sponsors can adopt either an entire grade level from an elementary school or an entire age group from a public housing development. Typically, sponsors will adopt a group of children (60 to 80 kids) in the second or third grade and support them through high school graduation by funding tutoring, mentoring, and other academic, cultural, and recreational support activities. Upon high school graduation, students are provided financial assistance for pursuing higher education.

Evaluation results include:

- High school graduation rates were significantly higher for IHAD participants compared with the control group of students. One program had a 71% graduation rate, compared with 37 % for its control group.
- College enrollment rates for the IHAD students in the fall after high school graduation were 88% for one program and 96% for another program. Although comparable rates were not available for the comparison groups, the authors note that IHAD rates are higher than the average college enrollment rates for high school graduates.

The Boys & Girls Clubs of Philadelphia, Inc.

Evaluated Participants' Age: Pre-Kindergarten - 21 years

Evaluated Community: Philadelphia, PA

BGCA clubs serve school-age youth, from preschool to 21 years of age, through a variety of programs including homework assistance, technology centers, teen centers, career exploration, job assistance, sports

and recreation, art classes, and leadership development. In addition to program development, Boys & Girls Clubs of America provides programmatic and executive training for Club professionals nationwide. Evaluation results include:

- After 30 months, greater engagement and enjoyment of reading and geography, and improved verbal and writing skills were found for program youth compared to the comparison group.

Building Essential Life Options through New Goals (Project BELONG)

Evaluated Participants' Grade: 5th - 8th grade.

Evaluated Community: Brian-College Station, TX

Project BELONG is a mentoring/tutoring program designed to improve school functioning and discourage substance use in at-risk middle school students. Over the course of an academic year, undergraduate students teach participants various technical, academic, and life skills. They also engage participants in discussions of topics such as behavior skills, critical thinking skills, and drug/alcohol use. Evaluation results include:

- Mentored youth were rated by their teachers as: (1) more engaged in the classroom than control group members; (2) placing a greater value on school than the control group youth; and (3) less likely to exhibit behavior problems or severe discipline problems.
- Mentored youth were less likely to receive failing grades in math as compared to the control group.
- Mentored youth were less likely to commit a Class A-C misdemeanor or felony. In general, program participant offenses were less serious than those of the control group youth.

CASASTART (Formerly Children At Risk)

Evaluated Participants' Grade: 6th - 8th grade

Evaluated Communities: Austin, TX; Bridgeport, CT; Memphis, TN; Savannah, GA; and Seattle, WA

CASASTART is a youth development program for middle school students. The program uses a whole-community approach involving school services, community and social services, and out-of-school activities. For instance, the program provided community-enhanced policing, intensive case management, juvenile justice intervention, family services, after-school and summer program activities, tutoring and homework educational services, mentoring, and monetary incentives.

Evaluation results include:

- The program lowered participants' chances of repeating a grade, but did not raise participants grades, compared to students in the control group.

Woodrock Youth Development Project (WYDP)

- See p. 30.

High School Programs

HCZ Programs: TRUCE, College Success Office, Education and Technology Center

Similar Promising Practice Programs:

Gimme 5: A Fresh Nutrition Concept for Students

Evaluated Participants' Age: 14 - 18 years, 9th - 12th grade

Evaluated Community: New Orleans, LA

Gimme 5: A Fresh Nutrition Concept for Students is a multi-component, school-based dietary intervention for high school students. The four-year intervention focuses on increasing students' fruit and vegetable consumption.

Evaluation results include:

- Students at Gimme 5 schools significantly increased their knowledge of fruit and vegetable nutrition, but did not improve their attitudes toward consuming fruits and vegetables.
- During the first three years of the intervention, consumption of fruits and vegetables among students from schools assigned to implement the Gimme 5 program increased by 0.37 servings.
- No significant difference in consumption existed between groups during the fourth year of the intervention.

SHAPEDOWN

- See p. 32.

The Stanford Adolescent Heart Health Program

Evaluated Participants' Age: 14 - 16 years

Evaluated Communities: Multiple communities in Northern California

The Stanford Adolescent Heart Health Program is a school-based program designed to improve the health and health behaviors of teenagers. The curriculum consists of 20 50-minute classroom sessions that cover physical activity, nutrition, smoking, and stress. The curriculum emphasizes information on the immediate consequences as well as the long-term benefits of healthy behaviors, trains students in self-regulatory skills and problem solving, and incorporates development of an action plan designed to reach an individually-chosen behavior goal.

Evaluation results include:

- By two months after the intervention, 30.2% of students in the treatment group who had not been exercising regularly at baseline had become regular exercisers, compared with 20% in the control group.
- The program was also associated with improvements in heart rate. Adolescent boys and girls in the treatment group showed a decrease in average heart rate of 2.3 and 4.1 beats per minute, respectively, while the average heart rate among all controls increased very slightly.
- Students in the treatment group were also more likely than were students in the control group to report that they would select healthy foods for snacks.

Reach for Health Service Learning Program

Evaluated Participants' Grade: 7th, 8th, and 10th grade

Evaluated Community: New York, NY

The Reach for Health Community Youth Service (RFH CYS) program is an intervention designed to help youth develop the skills and knowledge they need to make positive health choices and avoid high-

risk behaviors, such as early sexual initiation. The program consists of in-school health lessons and service learning. Students perform weekly community service and reflect on the experience in the classroom as a group.

Evaluation results include:

- Compared to the control group, RFH CYS students were less likely to have initiated sex or to have engaged in recent sex and less likely to become pregnant by the 10th grade follow-up.

Quantum Opportunities Program (QOP)

Evaluated Participants' Grade: 9th grade (at program debut)

Evaluated Communities: Philadelphia, PA; San Antonio, TX; Saginaw, MI; Oklahoma City, OK; and Milwaukee, WI

The Quantum Opportunities Program (QOP) provides intensive services to disadvantaged students throughout high school and aims to foster academic and social development. Participation in QOP was designed to increase high school graduation rates while decreasing rates of teen pregnancy and violent behaviors. QOP components include (1) education-related activities (tutoring, computer-assisted instruction, homework assistance); (2) development activities (acquiring life skills and family skills, planning for college and jobs); (3) service activities (community service projects, helping with public events, holding regular jobs); and (4) hourly stipends and bonuses for completing each segment of the program. Program opportunities are offered year-round.

Evaluation results include:

- Two years elapsed before the effects of QOP began to show. However, after two years the experimental group averages for all identified academic and functional skills were higher than those for the control group and five of the score differences were statistically significant.
- By the time the sample was ready to finish high school, the experimental group was higher on all identified skill scores, and all score differences were statistically significant.
- In the post-high school period, there were larger and significant differences between the experimental and the control groups:
 - The experimental group was more likely to have graduated from high school and to be in a post-secondary environment and thus, much less likely to be high school dropouts than the control group.
 - There were differences in two- and four-year college attendance. The experimental group was three times as likely to attend a four-year college and twice as likely to attend a two-year institution.
 - The experimental group was also less likely to have children, more likely to have received honors and awards, and to have performed community service.

The Summer Training and Education Program (STEP)

See p. 33.

Teen Outreach Program (TOP)

Evaluated Participants' Age: 14 - 18 years, 9th - 12th grade

Evaluated Communities: 25 communities nationwide

Teen Outreach Program (TOP) seeks to prevent problem behaviors, notably teen pregnancy and school failure, although the program places very little direct emphasis on these two issues. The TOP curriculum is designed to engage students via structured discussions, group exercises, role plays, guest speakers, and informational presentations. Discussions and activities focus on maximizing learning from community service experiences and on helping teens cope with important developmental tasks including: understanding self and personal values and human growth and development, developing life

skills, dealing with family stress, and addressing issues related to social and emotional transitions from adolescence to adulthood. This program has been evaluated in two studies.

Evaluation results include:

- During the intervention period, TOP students were significantly less likely than control students to have failed a course or to have been suspended from school.
- Fewer TOP students than control students dropped out of school or became pregnant; however, the study sample was too small to permit analyses on these outcomes.
- After accounting for baseline variables, the risk of school suspension in the TOP group was found to be only 42% of the size of the risk of school suspension in the control group.
- The risk of course failure for TOP students was only 39% of the risk for control students and the risk of teen pregnancy for TOP students was only 41% of the risk for control students.

Career Beginnings

Evaluated Participants' Grade: 11th - 12th grade

Evaluated Communities: 24 communities throughout the United States and Canada

Career Beginnings is a two-year program for 11th- and 12th-graders that is designed to enhance success in school and the workforce. The program provides mentoring, workforce training and placement, and a competency-based curriculum. The target population for this program includes youth with average academic achievement; low to moderate family income; a poor attendance record; limited career awareness and aspirations; and no serious juvenile offenses. Participants at each site must fit the following minimum parameters: 50 % economically disadvantaged; 80 % having neither parent with a college degree; 45 % male.

Evaluation results include:

- Program group members had fewer unexcused absences from school and were more likely to attend college than controls.
- Program group members were employed significantly less often than the control group during the year after high school (attributed to greater percentage of participants pursuing higher education rather than working).

Career Academies

Evaluated Participants' Grade: 9th -12th grades

Evaluated Communities: 10 communities nationwide

The Career Academies program is designed to provide technical and academic skills, enhance engagement and performance in school, and enable participants to make a successful transition to post-secondary education and a career. The program is guided by a specific type of structure and curriculum, and on the community level, through business partnerships and job opportunities with local employers. Target populations exhibit environmental risk factors, such as high dropout and unemployment rates. Career Academies has served roughly 1,500 high schools with approximately 100-150 students at each site.

Evaluation results include:

- Career Academies had positive educational impacts. Students showed a greater likelihood of graduating high school on time, more motivation to attend school, and increased opportunities for work-based learning activities while in high school.
- Participants in Career Academies experienced several positive employment impacts compared to the control group, including a greater likelihood of employment in jobs connected to school that incorporated “high” levels of work-based learning content, exposure to career-related themes or activities in school, and participation rates in job-shadowing or field trips.

- For youth at the highest risk of dropping out of school, participation in the program also led to lower dropout rates, higher attendance, increased on-time graduation, increased enrollment in vocational courses, and increased engagement with school than students who did not participate in the program.

Upward Bound

Evaluated Participants' Age: 15 - 24 years

Evaluated Communities: 67 communities nationwide

Upward Bound is an out-of-school time program designed to help disadvantaged high school students from low-income families (or who would be the first in their family to attend college) to prepare for college. Nationwide, approximately 44,000 students participate in 563 Upward Bound programs. Upward Bound provides academic instruction, tutoring, mentoring, counseling, career planning, cultural programs, college planning services, meetings during the school year, and an intensive summer program to help improve the collegiate possibilities and outcomes of high school students.

Evaluation results include:

- Upward Bound participants were more likely to earn more post-secondary credits, receive higher levels of financial aid, and be more engaged in college activities than youth who were not in the program.
- There was no significant effect on college attendance rates or high school graduation rates for the experimental group as a whole, but certain subgroups were up to 12% more likely to attend four-year colleges.

Job Training Partnership Act (JTPA)

Evaluated Participants' Age: 16 through 21 years

Evaluated Communities: 16 communities nationwide

The Job Training Partnership Act of 1982 (JTPA) seeks to provide permanent, self-sustaining employment and to improve participants' wages. Program components include on-the-job training, job search assistance, basic education, work experience, and improving participants' occupational skills. The Job Training Partnership Act served over 1 million people each year.

Evaluation results include:

- An experimental evaluation showed that participation in the Job Training Partnership Act increased the receipt of employment and training services, and, for females only, increased levels of educational attainment.
- Female participants in the program group were significantly more likely than control group members to obtain a high school diploma or GED during the follow-up period (39.4 % compared to 31.7 % of controls).

JOBSTART

Evaluated Participants' Age: 16 - 21 years

Evaluated Communities: 13 communities nationwide

JOBSTART is an alternative education and training program designed to improve the economic prospects of young, disadvantaged high school dropouts by increasing educational attainment and developing occupational skills. The program has four main components: (1) basic academic skills instruction with a focus on GED preparation; (2) occupational skills training; (3) training-related support services (such as transportation assistance and childcare); and (4) job placement assistance. Participants receive at least 200 hours of basic education and 500 hours of occupational training.

Evaluation results include:

- Experimental evaluations show that JOBSTART had positive impacts on substance use, GED or high school diploma receipt, and, at least in the short-term, employment levels and arrest rates.
- However, participation in the program appeared to have mixed impacts on participants' earning levels and to have no impact on most participants' receipt of public benefits, childbearing, or fathering children.

Job Corps

Evaluated Participants' Age: 16 - 24 years

Evaluated Communities: 119 communities nationwide

Job Corps helps participants become “more responsible, employable and productive citizens” by providing material resources, technical and academic knowledge, and social supports and interactions. This program provides a no-cost education and vocational training program administered by the U.S. Department of Labor. Job Corps offers career planning, on-the-job training, job placement assistance, residential housing, food service, driver's education, health and dental care, a bi-weekly basic living allowance, and a clothing allowance. Additionally, some youth participate in a dormitory-style residential living component. In addition to vocational training, all Job Corps centers offer GED programs and high school diplomas and programs to get students into college. Job Corps also provides career counseling and transition support to its students for up to one year after they graduate from the program. Some centers offer childcare programs for single parents, as well. Since its inception in 1964, Job Corps has provided support to more than two million young people. Job Corps continues to help 60,000 youths annually throughout the country.

Evaluation results include:

- Compared to the control group, program group members were more likely to receive the GED and vocational certificates and spend more hours in vocational training. The program provided greater gains for very young students, female participants with children, and older youth who did not possess a high school diploma or GED at enrollment.
- Compared to the control group, program group members were more likely to be employed, have increased weekly earnings, and spend more time employed.
- Program group members were less likely to have been arrested or charged with a delinquency or criminal complaint than control group members and were less likely to have spent time in jail.
- Participation did not improve college attendance and had negative impacts on receiving a high school diploma for those enrolled in school at the time they were assigned to participate in Job Corps.
- Compared to the control group, program participants collected fewer public benefits and were less likely to report themselves as being in poor health.

Vocational or College Support Programs

HCZ Program: College Success Office

Similar Promising Practice Programs:

Upward Bound

- See p. 40.

Job Training Partnership Act (JTPA)

- See p. 40.

JOBSTART

- See p. 40.

Job Corps

- See p. 41.

Youth Corps (American Conservation and Youth Service Corps)

Evaluated Participants' Age: Young adults (the majority were 18 through 25 years)

Evaluated Communities: Washington State Service Corps; City Volunteer Corps, New York, NY; Florida Service Corps, Greater Miami; California Conservation Corps, Santa Clara District; Youth Build, Boston, MA; Civic Works, Baltimore, MD; New Jersey Youth Corps of Camden County; Wisconsin Service Corps, Milwaukee, WI

Youth Corps is a full-time paid work program for young adults out of school. It provides participants with temporary employment to promote a strong work ethic and sense of public service in participants, to enhance participants' personal development and educational/employment prospects, and to provide long-term benefits to the public. The program also provides enrichment services, such as academic and life skills training, job search help, GED courses, and references to external mental health and educational services.

Evaluation results include:

- Participation in Youth Corps led to higher numbers of hours worked, higher levels of working for pay, and lower levels of arrests 15 months later.
- Members of the treatment group had scores at follow-up that averaged nearly 8% above controls on the community involvement subscale, and over 6 % above controls on the overall Personal and Social Responsibility scale.
- African American and Hispanic members of the treatment group had higher employment rates and higher earnings when compared to controls.
- Nearly 4% of African-American men in the treatment group earned an associate's degree, while none of the control group earned the degree.
- Almost two-thirds of the treatment group indicated they would like to graduate from college, compared to less than 40% in the control group.
- Hispanic participants worked nearly 900 hours more than their control group counterparts, who worked 1,450 hours.
- Hispanic participants were more likely to receive a promotion at their current job. Over a third of the participants received a promotion at their current job, as compared with 19 % of the controls.
- Pregnancy rates among young unwed African-American women were lower than in the control group.

Bibliography

Preface

Friedman, Mark. (2005). *Trying Hard is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities*. Trafford Publishing. Victoria, BC, Canada.

Tough, Paul. (2004, June 20). *The Harlem Project*. New York Times, 44-49.

Community Programs

Self-Sufficiency Project (SSP)

Morris, P. & Michalopoulos, C. (2000). *The Self-Sufficiency Project at 36 months: Effects on children of a program that increased parental employment and income*. Ottawa, Ontario: Social Research and Development Corporation.

Family, Social Service, and Health Programs

PALS I & II

Landry, S.H., Smith, K.E., & Swank, P. R. (2006). Responsive parenting: Establishing early foundations for social, communication, and independent problem-solving skills. *Developmental Psychology*, 42(4), 627–642.

Landry, S.H., Smith, K.E., Swank, P.R., & Guttentag, K. (2008). A responsive parenting intervention: The optimal timing across early childhood for impacting maternal behaviors and child outcomes. *Developmental Psychology*, 44(5), 1335-1353.

Early Head Start

Love, J.M., Kisker, E.E., Ross, C.M., Schochet, P.Z., Brooks-Gunn, J., Paulsell, D., et al. (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start*. Washington, DC: US Department of Health and Human Services.

Healthy Families New York

DuMont, K., Mitchell-Herzfeld, S., Greene, R., Lee, E., Lowenfels, A., & Rodriguez, M. (2006). Healthy Families New York (HFNY) randomized trial: Impacts on parenting after the first two years. Rensselaer, NY: New York State Office of Child and Family Services.

Mitchell-Herzfeld, S., Izzo, C., Greene, R., Lee, E., & Lowenfels, A. (2005). *Evaluation of Healthy Families New York (HFNY): First year program impacts*. Rensselaer, NY: New York State Office of Children and Family Services.

Infant Health and Development Program (IHDP)

McCormick, M.C., Brooks-Gunn, J., Buka, S.L., Goldman, J., Yu, J., & Salganik, M. (2006). Early intervention in low birth weight premature infants: Results at 18 years of age for the Infant Health Development Program. *Pediatrics*, 117(3), 771-780.

Nurse-Family Partnership (NFP)

Child Trends. (2001). School readiness: Helping communities get children ready for school and schools ready for children (Research brief). Washington, DC: Child Trends.

Hair, E.C., Jager, J., & Garrett, S.B. (2002). Helping teens develop healthy social skills and relationships: What the research shows about navigating adolescence (Research brief). Washington, DC: Child Trends.

- Halle, T., Zaff, J., Calkins, J., & Margie, N.G. (2000). *Background for community-level work on school readiness: A review of definitions, assessments, and investment strategies. Part II: Reviewing the literature on contributing factors to school readiness*. Washington, DC: Child Trends, Inc.
- Kitzman, H., Olds, D.L., Sidora, K., Henderson, C.R., Hanks, C., Cole, R. et al. (2000). Enduring effects of nurse home visitation program on maternal life course: A 3-year follow up. *JAMA*, 283(15), 1983-1989.
- Olds, D.L. (2006). The Nurse Family Partnership: An evidence based prevention intervention. *Infant Mental Health Journal*, 27(1), 5-25.
- Olds, D.L., Henderson, C.R., Cole, R., Eckenrode, J., Kitman, H., Luckey, D., et al. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow up of a randomized controlled trial. *JAMA*, 280(14), 1238-1244.

Triple P

- Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P System Population Trial. *Prevention Science*, 10(1): 1-12.

Project CARE

- Wasik, B., Ramey, C., Bryant, D., & Sparling, J. (1990). A longitudinal study of two early intervention strategies: Project CARE. *Child Development*, 61, 1682-1696.

Experience Corps

- Frick, K.D., Carlson, M.C., Glass, T. A., McGill, S., Rebok, G.W., Simpson C., et al. (2004). Modeled cost-effectiveness of the Experience Corps® Baltimore based on a pilot randomized trial. *Journal of Urban Health*, 81(1), 106-117.
- Rebok, B.W., Glass, T.A., Carlson, M., Glass, T.A., McGill, S., Hill, J., Wasik, B.A., et al. (2004). Short term impacts of Experience Corps® Participation on children and schools: Results from a pilot randomized trial. *Journal of Urban Health*, 81(1):79-93.
- Reddy, D.M., Fried, L.P., Rand, C., McGill, S., & Simpson, C.F. (2007). Can older volunteers serve effectively to improve asthma management for children? Experience Corps® Baltimore. *Journal of Asthma*, 44(3), 177-181.

Multidimensional Family Therapy (MDFT)

- Liddle, H.A., Dakof, G.A., Parker, K., Diamond, G.S., Barrett, K., & Tejada, M. (2001). Multidimensional Family Therapy for Adolescent Drug Abuse: Results of a Randomized Clinical Trial. *American Journal of Drug and Alcohol Abuse*, 27(4), 651-688.

Early Adolescent Anger Reduction Intervention

- Deffenbacher, J.L., Lynch, R.S., Oetting, E.R., & Kemper, C.C. (1996). Anger reduction in early adolescents. *Journal of Counseling Psychology*, 43(2), 149-157.

Adolescent Transitions Program (ATP)

- Andrews, D.W., Soberman, L.H., & Dishion, T.J. (1995). The Adolescent Transitions Program for high-risk teens and their parents: Toward a school-based intervention. *Education & Treatment of Children*, 18(4), 478-498.
- Dishion, T. J., & Andrews, D. W. (1995). Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and 1-year outcomes. *Journal of Consulting & Clinical Psychology*, 63(4), 538-548.
- Hair, E.C., Jager, J., & Garrett, S.B. (2001). Background for community-level work on social competency in adolescence: Reviewing the literature on contributing factors. Washington, DC: Child Trends.

Hair, E.C., Jager, J., & Garrett, S.B. (2002). Helping teens develop healthy social skills and relationships: What the research shows about navigating adolescence (Research brief). Washington, DC: Child Trends.

Early Childhood Programs

Charter Schools

- Betts, J.R. & Tang, Y.E. (2008). *Value added and experimental studies of the effect of charter school on student achievement: A literature review*. Seattle, WA: National Charter School Research Project.
- Hoxby, C.M. & Murarka, S. (2007). *New York City's charter schools overall report*. Cambridge, MA: New York City's Charter Schools Evaluation Project.
- Hoxby, C.M., Murarka, S., & Kang J. (2009). *How New York City's charter schools affect achievement*. Cambridge, MA: New York City Charter Schools Evaluation Project.
- Zimmer, R., Gill, B., Booker, K., Lavertu, S., Sass, T., & Witte, J. Charter schools in eight states: Effects on achievement, attainment, integration, and competition. Retrieved March 23, 2009 http://www.rand.org/pubs/monographs/2009/RAND_MG869.pdf

Carolina Abecedarian Project

- Campbell, F.A., & Ramey, C.T. (1995). Cognitive and school outcomes for high-risk African-American students at middle adolescence: Positive effects of early intervention. *American Educational Research Journal*, 32(4), 743-772.
- Campbell, F.A., Pungello, E.P., Miller-Johnson, S., Burchinal, M., & Ramey, C.T. (2001). The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. *Developmental Psychology*, 37(2), 231-242.
- Child Trends. (2001). School readiness: Helping communities get children ready for school and schools ready for children (Research brief). Washington, DC: Child Trends.
- Halle, T., Zaff, J., Calkins, J., & Margie, N.G. (2000). *Background for community-level work on school readiness: A review of definitions, assessments, and investment strategies. Part II: Reviewing the literature on contributing factors to school readiness*. Washington, DC: Child Trends, Inc.
- Ramey, C.T., Campbell, F.A., Burchinal, M., Skinner, M.L., Gardner, D.M., & Ramey, S.L. (2000). Persistent effects of early intervention on high-risk children and their mothers. *Applied Developmental Science*, 4(1), 2-14.
- Redd, Z., Brooks, J., & McGarvey, A. (2001). *Background for community-level work on educational adjustment in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.
- Redd, Z., Brooks, J., & McGarvey, A. (2002). Educating America's youth: What makes a difference? (Research brief). Washington, DC: Child Trends.

High/ScopePerry Preschool

- Belfield, C.R., Nores, M., Barnett, W.S., & Schweinhart, L. (2006). The High/Scope Perry Preschool Program: Cost-benefit analysis using data from the age-40 followup. *The Journal of Human Resources*, XLI (1), 162-190.
- Child Trends. (2001). School readiness: Helping communities get children ready for school and schools ready for children (Research brief). Washington, DC: Child Trends
- Halle, T., Zaff, J., Calkins, J., & Margie, N.G. (2000). *Background for community-level work on school readiness: A review of definitions, assessments, and investment strategies. Part II: Reviewing the literature on contributing factors to school readiness*. Washington, DC: Child Trends.
- Schweinhart, L.J. (2002). How the High/Scope Perry Preschool study grew: A researcher's tale [Electronic Version]. Phi Delta Kappa Center for Evaluation, Development, and Research, 32. Retrieved October 31, 2008, <http://www.highscope.org/Content.asp?ContentId=232>

Schweinhart, L.J. (2004). *The High/Scope Perry Preschool study through age 40: Summary, conclusions, and frequently asked questions*. Ypsilanti, MI: High/Scope Press. Retrieved November 3, 2008
<http://www.highscope.org/Research/PerryProject/perrymain.htm>

The Incredible Years

- Brotman, L.M., Klein, R.G., Kamboukos, D., Brown, E.J., Irby Coard, S. and Stout Sosinsky, L. (2003). Preventive intervention for urban, low-income preschoolers at familial risk for conduct problems: A randomized pilot study. *Journal of Clinical Child and Adolescent Psychology*, 32 (2), 246-257.
- Jones, K., Daley, D., Hutchings, J., Bywater, T., & Eames, C. (2007). Efficacy of the Incredible Years programme as an early intervention for children with conduct problems. *Child: care, health, and development*, 33(3), 380-390.
- Webster-Stratton, C. (1990). Long-term follow-up of families with young conduct problem children: From preschool to grade school. *Journal of Clinical Child Psychology*, 19(2), 144-149.

Project CARE

- Wasik, B., Ramey, C., Bryant, D., & Sparling, J. (1990). A longitudinal study of two early intervention strategies: Project CARE. *Child Development*, 61, 1682-1696.

Sound Foundations

- Byrne, B. & Fielding-Barnsley, R. (1991). Evaluation of a Program to Teach Phonemic Awareness to Young Children. *Journal of Educational Psychology*, 83(4), 451-455.
- Whitehurst, G.J., Zevenbergen, A.A., Crone, D.A., Schultz, M.D., Velting, O.N., & Fischel, J.E. (1999). Outcomes of an Emergent Literacy Intervention From Head Start Through Second Grade. *Journal of Educational Psychology*, 91(2), 261-272.

AI's Pals: Kids Making Healthy Choices

- Lynch, K.B., Geller, S.R., & Schmidt, M.G. (2004). Multi-year evaluation of the effectiveness of a resilience-based prevention program for young children. *The Journal of Primary Prevention*, 24(3), 335-353.

Chicago Child Parent Centers

- Reynolds, A.J. & Temple, J.A. (1998). Extended early childhood intervention and school achievement: Age thirteen findings from the Chicago Longitudinal Study. *Child Development*, 69(1), 231-246.
- Reynolds, A.J., Mavrogenes, N.A., Bezruckzo, N., & Hagemann, M. (1996). Cognitive and family support mediators of preschool effectiveness: A confirmatory analysis. *Child Development*, 67(3), 1119-1140.

Elementary School Programs

Chicago Child Parent Centers

- Reynolds, A. J. & Temple, J. A. (1998). Extended early childhood intervention and school achievement: Age thirteen findings from the Chicago Longitudinal Study. *Child Development*, 69(1), 231-246.
- Reynolds, A.J., Mavrogenes, N.A., Bezruckzo, N., & Hagemann, M. (1996). Cognitive and family support mediators of preschool effectiveness: A confirmatory analysis. *Child Development*, 67(3), 1119-1140.

Tools of the Mind

- Barnett, W.S., Jung, K., Yarosz, D., Thomas, J., Hornbeck, A., Stechuk, R., & Burns, S. (2008). Educational effects of the *Tools of the Mind* Curriculum: A randomized trial. *Early Childhood Research Quarterly*, 23(3), 299-313.

Experience Corps

- Frick, K.D., Carlson, M.C., Glass, T.A., McGill, S., Rebok, G.W., Simpson C., et al. (2004). Modeled cost-effectiveness of the Experience Corps® Baltimore based on a pilot randomized trial. *Journal of Urban Health*, 81(1), 106-117.
- Rebok, B.W., Glass, T.A., Carlson, M., Glass, T.A., McGill, S., Hill, J., Wasik, B.A., et al. (2004). Short term impacts of Experience Corps® Participation on children and schools: Results from a pilot randomized trial. *Journal of Urban Health*, 81(1):79-93.
- Reddy, D.M., Fried, L.P., Rand, C., McGill, S., & Simpson, C.F. (2007). Can older volunteers serve effectively to improve asthma management for children? Experience Corps® Baltimore. *Journal of Asthma*, 44(3), 177-181.

The Incredible Years

- Brotman, L. M., Klein, R. G., Kamboukos, D., Brown, E.J., Irby Coard, S. and Stout Sosinsky, L. (2003). Preventive intervention for urban, low-income preschoolers at familial risk for conduct problems: A randomized pilot study. *Journal of Clinical Child and Adolescent Psychology*, 32 (2), 246-257.
- Jones, K., Daley, D., Hutchings, J., Bywater, T., & Eames, C. (2007). Efficacy of the Incredible Years programme as an early intervention for children with conduct problems. *Child: care, health, and development*, 33(3), 380-390.
- Webster-Stratton, C. (1990). Long-term follow-up of families with young conduct problem children: From preschool to grade school. *Journal of Clinical Child Psychology*, 19(2), 144-149.

AI's Pals: Kids Making Healthy Choices

- Lynch, K.B., Geller, S.R., & Schmidt, M.G. (2004). Multi-year evaluation of the effectiveness of a resilience-based prevention program for young children. *The Journal of Primary Prevention*, 24(3), 335-353.

Reading One-to-One

- Education Commission of the States. (2002). *Reading One-to-One*. Retrieved October 30, 2008 <http://www.ecs.org/clearinghouse/18/90/1890.htm>
- Farkas, G. (1998). Reading One-to-One: An intensive program serving a great many students while still achieving large effects. In J. Crane (Ed.) *Social programs that work* (pp. 75-109). New York: Russell Sage Foundation.
- Farkas, G. & Vicknair, K. (1996). Reading One-to-One. In G. Farkas (Ed.), *Human capital or cultural capital, ethnicity and poverty groups in an urban school district* (pp.151-176). New York: Walter de Gruyter, Inc.

Fast Track Prevention Project

- Conduct Problems Prevention Research Group. (1997). Prevention of antisocial behavior: Initial findings from the Fast Track Project. Paper presented at the Society for Research in Child Development Biennial Meeting, Washington, DC.
- Greenberg, M. T. (1998). Testing developmental theory of antisocial behavior with outcomes from the Fast Track Prevention Project. Paper presented at the American Psychological Association, Chicago, IL.

Woodrock Youth Development Project (WYDP)

- LoSciuto, L., Freeman, M.A., Harrington, E., Altman, B., & Lanphear, A. (1997). An outcome evaluation of the Woodrock Youth Development Project. *Journal of Early Adolescence*, 17(1), 51-66.
- LoSciuto, L., Hilbert, S.M., Fox, M.M., Porcellini, L., & Lanphear, A. (1999). A two-year evaluation of the Woodrock Youth Development Project. *Journal of Early Adolescence*, 19(4), 488-507.

Promise Academy Charter Middle School

Dobbie, W., & Fryer, R. G., Jr., (2009). Are high-quality schools enough to close the achievement gap? Evidence from a social experiment in Harlem. (NBER Working Paper No. 15473). Cambridge, MA: National Bureau of Economic Research.

Charter Schools

Dobbie, W., & Fryer, R. G., Jr., (2009). Are high-quality schools enough to close the achievement gap? Evidence from a social experiment in Harlem. (NBER Working Paper No. 15473). Cambridge, MA: National Bureau of Economic Research.

National Charter School Research Project. (2008). *Value added and experimental studies of the effect of charter school on student achievement*. Seattle, WA: Betts, J.R. & Tang, Y.E.

Hoxby, Caroline M., Sonali Murarka, and Jenny Kang. "How New York City's Charter Schools Affect Achievement, August 2009 Report." Second report in series. Cambridge, MA: New York City Charter Schools Evaluation Project, September 2009.

Zimmer, R., Gill, B., Booker, K., Lavertu, S., Sass, T., & Witte, J. Charter schools in eight states: Effects on achievement, attainment, integration, and competition. Retrieved March 23, 2009 www.mathematica-mpr.com/publications/pdfs/education/charterschools8states.pdf. Article is also available at <http://www.rand.org/pubs/monographs/MG869/>.

Middle School Programs

Promise Academy Charter Middle School

Dobbie, W., & Fryer, R. G., Jr., (2009). Are high-quality schools enough to close the achievement gap? Evidence from a social experiment in Harlem. (NBER Working Paper No. 15473). Cambridge, MA: National Bureau of Economic Research.

Healthy Weight Regulation Curriculum

Killen, J.D., Robinson, T.N., Telch, M.J., Saylor, K.E., Maron, D.J., Rich, T., et al. (1989). The Stanford Adolescent Heart Health Program. *Health Education Quarterly*, 16(2), 263-283.

Killen, J.D., Robinson, T. N., Telch, M. J., Saylor, K. E., Maron, D. J., Rich, T., et al. (1993). An attempt to modify unhealthful eating attitudes and weight regulation practices of young adolescent girls. *International Journal of Eating Disorders*, 13(4), 369-384.

"Fit for Life" Boy Scout Badge

Jago, R., Baranowski, T., Baranowski, J.C., Thompson, D., Cullen, K.W., Watson, K., & Liu, Y. (2006). Fit for Life Boy Scout Badge: Outcome evaluation of a troop and internet intervention. *Preventative Medicine*, 42(3), 181-187.

SHAPEDOWN

Mellin, L.M., Slinkard, L.A., & Irwin, C.E. (1987). Adolescent obesity intervention: Validation of the SHAPEDOWN program. *Journal of the American Dietetic Association*, 87(3), 333-338.

Child and Adolescent Trial for Cardiovascular Health (CATCH)

Hatcher, J.L. & Scarpa, J. (2001). *Background for community-level work on physical health and safety in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

--. (2002). *Encouraging teens to adopt a safe, healthy lifestyle: A foundation for improving future adult behaviors* (Research brief). Washington, DC: Child Trends.

Luepker, R.V., Perry, C.L., McKinlay, S.M., Nader, P.R., Parcel, G. ., Stone, E.J., et al. (1996). Outcomes of a field trial to improve children's dietary patterns and physical activity: The Child and Adolescent

Trial for Cardiovascular Health (CATCH). *Journal of the American Medical Association*, 275(10), 768-776.

Nader, P.R., Stone, E.J., Lytle, L.A., Perry, C.L., Osganian, S.K., Kelder, S., et al. (1999). Three-year maintenance of improved diet and physical activity. The CATCH cohort. *Archives of Pediatric and Adolescent Medicine*, 153, 695-704.

Children's Aid Society- Carrera (CAS- Carrera) Program

Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2001). *Background for community-level work on positive reproductive health in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2002). *Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows* (Research brief). Washington, DC : Child Trends.

Philliber, S. & Allen, J.P. (1992). Life options and community service: Teen outreach program. In B. C. Miller, J.J. Card, L. Paikoff, & J. L. Peterson (Eds.), *Preventing adolescent pregnancy: Model programs and evaluation* (pp. 139-155). Newbury Park, CA: Sage Publications.

Philliber, S., Kaye, J., & Herrling, S. (May 2001). *The national evaluation of the Children's Aid Society Carrera-Model Program to prevent teen pregnancy*. New York: Philliber Research Associates.

Big Brothers Big Sisters (BBBS)

Grossman, J.B., & Rhodes, J.E. (2002). The test of time: Predictors and effects of duration in youth mentoring relationships. *American Journal of Community Psychology*, 30(2), 199-219.

Jekielek, S., Cochran, S.W., & Hair, E. (2002). *Mentoring programs and youth development: A synthesis*. Washington, DC: Child Trends.

Tierney, J.P., Grossman, J.B. & Resch, N.L. (1995). *Making a difference: An impact study of Big Brothers/Big Sisters*. Philadelphia: Public/Private Ventures.

The Summer Training And Education Program (STEP)

Jekielek, S., Cochran, S. W., & Hair, E. (2002). *Employment programs and youth development: A synthesis*. Washington, DC: Child Trends.

Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2001). *Background for community-level work on positive reproductive health in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2002). *Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows* (Research brief). Washington, DC : Child Trends.

Redd, Z., Brooks, J., & McGarvey, A. (2001). *Background for community-level work on educational adjustment in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

Redd, Z., Brooks, J., & McGarvey, A. (2002). *Educating America's youth: What makes a difference?* (Research brief). Washington, DC: Child Trends.

Walker, G. & Vilella-Velez, F. (1992). *In anatomy of a demonstration: The Summer Training and Education Program (STEP) from pilot through replication and post program impacts*. Philadelphia: Public/Private Ventures.

Across Ages

Aseltine, R., Dupre, M., & Lamlein, P. (2000). Mentoring as a drug prevention strategy: An evaluation of Across Ages. *Adolescent and Family Health*, 1, 11-20.

LoSciuto, L., Rajala, A., Townsend, T.N., & Taylor, A.S. (1996). An outcome evaluation of Across Ages: An intergenerational mentoring approach to drug prevention. *Journal of Adolescent Research*, 11, 116-129.

- Michelson, E., Zaff, J.F., & Hair, E. (2002). *Civic engagement programs and youth development: A synthesis*. Washington, DC: Child Trends.
- Weissberg, R.P., Caplan, M.Z., & Benetto, L. (1988). *The Yale-New Haven Social Problem-Solving Program for young adolescents*. New Haven, CT: Yale University, Department of Psychology.
- Zaff, J.F., & Calkins, J. (2001). *Background for community-level work on mental health and externalizing disorders in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.
- Zaff, J.F., Calkins, J., Bridges, L.J., & Margie, N. (2002). *Promoting positive mental and emotional health in teens: Some lessons from research (Research brief)*. Washington, DC: Child Trends.

Fast Track Prevention Project

- Conduct Problems Prevention Research Group. (1997). Prevention of antisocial behavior: Initial findings from the Fast Track Project. Paper presented at the Society for Research in Child Development Biennial Meeting, Washington, DC.
- Greenberg, M. T. (1998). Testing developmental theory of antisocial behavior with outcomes from the Fast Track Prevention Project. Paper presented at the American Psychological Association, Chicago, IL.

The Aban Aya Youth Project: Reducing Violence Among African American Adolescent Males

- Flay, B. R., Graumlich, S, Segawa, E., Burns, J. L., Holliday, M. Y. (2004). Effects of two prevention programs on high-risk behaviors among African American Youth. *Archives of Pediatrics and Adolescent Medicine*, 158(4), 377-384.
- Segawa, E., Ngwe, J.E., Li, Y., & Flay, B.R. (2005). Evaluation of the effect of the Aban Aya Youth Project in reducing violence among African American adolescent males using latent class growth mixture modeling techniques. *Evaluation Review*, 19(2), 128-148.

I Have a Dream[®]

- Kahne, J., Baily, K., (1999). The role of social capital in youth development: The case of “I Have a Dream” Programs. *Educational Evaluation and Policy Analysis*, 21(3), 321-343.

The Boys & Girls Clubs of Philadelphia, Inc.

- Schinke, S.P., Cole, K.C., & Poulin, S.R. (2000). Enhancing the educational achievement of at-risk youth. *Prevention Science* 1(1), 51-60.

Building Essential Life Options through New Goals (Project Belong)

- Blakely, C.H., Menon, R., & Jones, D.J. (1995). *Project BELONG: Final report*. College Station, TX: Texas A&M University, Public Policy Research Institute.
- Jekielek, S., Cochran, S.W., & Hair, E. (2002). *Employment programs and youth development: A synthesis*. Washington, DC: Child Trends.

CASASTART (Formerly Children At Risk)

- Harrell, A., Cavanaugh, S., & Sridharan, S. (1999). *Evaluation of the Children at Risk Program: Results 1 year after the end of the program. Research in brief*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Redd, Z., Brooks, J., & McGarvey, A. (2001). *Background for community-level work on educational adjustment in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.
- Redd, Z., Brooks, J., & McGarvey, A. (2002). Educating America's youth: What makes a difference? (Research brief). Washington, DC: Child Trends.

Woodrock Youth Development Project (WYDP)

- LoSciuto, L., Freeman, M.A., Harrington, E., Altman, B., & Lanphear, A. (1997). An outcome evaluation of the Woodrock Youth Development Project. *Journal of Early Adolescence*, 17(1), 51-66.
- LoSciuto, L., Hilbert, S.M., Fox, M.M., Porcellini, L., & Lanphear, A. (1999). A two-year evaluation of the Woodrock Youth Development Project. *Journal of Early Adolescence*, 19(4), 488-507.

High School Programs

Gimme 5: A Fresh Nutrition Concept for Students

- Nicklas, T.A., Johnson, C.C., Myers, L., Farris, R., & Cunningham, A. (1998). Outcomes of a high school program to increase fruit and vegetable consumption: Gimme 5 – A fresh nutrition concept for students. *Journal of School Health*, 68(6), 248-253.

SHAPEDOWN

- Mellin, L.M., Slinkard, L.A., & Irwin, C.E. (1987). Adolescent obesity intervention: Validation of the SHAPEDOWN program. *Journal of the American Dietetic Association*, 87(3), 333-338.

The Stanford Adolescent Heart Health Program

- Killen, J.D., Robinson, T.N., Telch, M.J., Saylor, K.E., Maron, D.J., Rich, T., et al. (1989). The Stanford Adolescent Heart Health Program. *Health Education Quarterly*, 16(2), 263-283.
- Hatcher, J. L. & Scarpa, J. (2001). *Background for community-level work on physical health and safety in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.
- . (2002). *Encouraging teens to adopt a safe, healthy lifestyle: A foundation for improving future adult behaviors* (Research brief). Washington, DC: Child Trends.

Reach for Health Service Learning Program

- O'Donnell, L., Stueve, A., O'Donnell, C., Duran, R., San Doval, A., Wilson, R. F., et al. (2002). Long-term reductions in sexual initiation and sexual activity among urban middle school students in Reach for Health service learning program. *Journal of Adolescent Health*, 31, 93-100.

Quantum Opportunities Program (QOP)

- Hahn, A. (1994). Extending the time of learning. In D.J. Besharov (Ed.), *America's disconnected youth: Toward a preventative strategy* (pp. 233-266). Washington, DC: CWLA Press and American Enterprise Institute for Public Policy Research.
- Hahn, A, Leavitt, T. & Aaron, P. (1994). *Evaluation of the Quantum Opportunities Program: Did the program work?* Waltham, MA: Brandeis University, Heller Graduate School.
- Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2001). *Background for community-level work on positive reproductive health in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.
- Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2002). *Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows* (Research brief). Washington, DC : Child Trends.
- Redd, Z., Brooks, J., & McGarvey, A. (2001). *Background for community-level work on educational adjustment in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.
- Redd, Z., Brooks, J., & McGarvey, A. (2002). *Educating America's youth: What makes a difference?* (Research brief). Washington, DC: Child Trends.
- Zaff, J.F. & Michelsen, E. (2001). *Background for community-level work on positive citizenship in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

Zaff, J.F. & Michelsen, E. (2002). *Encouraging civic engagement: How teens are (or are not) becoming responsible citizens* (Research brief). Washington, DC: Child Trends.

The Summer Training And Education Program (STEP)

Jekielek, S., Cochran, S.W., & Hair, E. (2002). *Employment programs and youth development: A synthesis*. Washington, DC: Child Trends.

Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2001). *Background for community-level work on positive reproductive health in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2002). *Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows* (Research brief). Washington, DC: Child Trends.

Redd, Z., Brooks, J., & McGarvey, A. (2001). *Background for community-level work on educational adjustment in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

Redd, Z., Brooks, J., & McGarvey, A. (2002). *Educating America's youth: What makes a difference?* (Research brief). Washington, DC: Child Trends.

Walker, G. & Vilella-Velez, F. (1992). *In anatomy of a demonstration: The Summer Training and Education Program (STEP) from pilot through replication and post program impacts*. Philadelphia: Public/Private Ventures.

Teen Outreach Program (TOP)

Allen, J.P., Philliber, S., Herrling, S., & Kuperminc, G.P. (1997). Preventing teen pregnancy and academic failure: Experimental evaluation of a developmentally based approach. *Child Development*, 64(4), 729-742.

Philliber, S. & Allen, J.P. (1992). Life options and community service: Teen outreach program. In B. C. Miller, J. J. Card, L. Paikoff, & J. L. Peterson (Eds.), *Preventing adolescent pregnancy: Model programs and evaluation* (pp. 139-155). Newbury Park, CA: Sage Publications.

Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2001). *Background for community-level work on positive reproductive health in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2002). *Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows* (Research brief). Washington, DC : Child Trends.

Redd, Z., Brooks, J., & McGarvey, A. (2001). *Background for community-level work on educational adjustment in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

Redd, Z., Brooks, J., & McGarvey, A. (2002). *Educating America's youth: What makes a difference?* (Research brief). Washington, DC: Child Trends.

Career Beginnings

Cave, G., & Quint, J. (1990). *Career Beginnings impact evaluation: Findings from a program for disadvantaged high school students*. New York: Manpower Demonstration Research Corporation.

Jekielek, S., Cochran, S.W., & Hair, E. (2002). *Employment programs and youth development: A synthesis*. Washington, DC: Child Trends.

Jekielek, S., Cochran, S.W., & Hair, E. (2002). *Mentoring programs and youth development: A synthesis*. Washington, DC: Child Trends.

Redd, Z., Brooks, J., & McGarvey, A. (2001). *Background for community-level work on educational adjustment in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

Redd, Z., Brooks, J., & McGarvey, A. (2002). *Educating America's youth: What makes a difference?* (Research brief). Washington, DC: Child Trends.

Career Academies

Jekielek, S., Cochran, S. W., & Hair, E. (2002). *Employment programs and youth development: A synthesis*. Washington, DC: Child Trends.

Kemple, J. (1997). *Career Academies: Communities of support for students and teachers: Further findings from a 10-site evaluation*. New York: Manpower Demonstration Research Corporation.

Kemple, J., Poglioco, S., & Snipes, J. (1999). *Career Academies: Building career awareness and work-based learning activities through employer partnerships*. New York: Manpower Demonstration Research Corporation.

Kemple, J. & Snipes, J. (2000). *Career Academies: Impacts on students' engagement and performance in high school*. New York: Manpower Demonstration Research Corporation.

Stern, D., Dayton, C., Raby, M. (2000). *Career Academies: Building Blocks for Reconstructing American High Schools*. Berkeley: Career Academy Support Network.

Upward Bound

Myers, D. (2003). College success programs. Pathways to College Clearinghouse. Retrieved November 3, 2008 from http://www.strivetogether.org/documents/college_success.pdf

Myers, D., & Schrim, A. (April 1999). *The impacts of Upward Bound: Final report for phase I of the national evaluation*. Washington D.C.: Mathematica Policy Research, Inc.

Myers, D., Olsen, R., Seftor, N., Young, J., & Tuttle, C. (2004). *The impacts of regular Upward Bound: Results from the third follow-up data collection*. Washington D.C.: Mathematica Policy Research, Inc.

Redd, Z., Brooks, J., & McGarvey, A. (2001). *Background for community-level work on educational adjustment in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.

Redd, Z., Brooks, J., & McGarvey, A. (2002). *Educating America's youth: What makes a difference?* (Research brief). Washington, DC: Child Trends.

Redd, Z., Cochran, S. W., Hair, E., & Moore, K. A. (2002). *Academic achievement programs and development: A synthesis*. Washington, DC: Child Trends.

Job Training Partnership Act (JTPA)

Bloom, H.S., Orr, L.L., Bell, S.H., Cave, G., Doolittle, F., Lin, W., et al. (1996). The benefits and costs of JTPA Title II-A programs. *The Journal of Human Resources*, 12(3), 549-576.

Hair, E., Ling, T., & Cochran, S.W. (2003). *Youth development programs serving educationally disadvantaged youth: A synthesis of experimental evaluations*. Washington, DC: Child Trends.

Orr, L. L., Bloom, H. S., Bell, S. H., Doolittle, F., Lin, W., & Cave, G. (1996). *Does training for the disadvantaged work? Evidence from the national JTPA study*. Washington, DC: The Urban Institute Press.

JOBSTART

Cave, G., & Doolittle, F. (1991). *Assessing JOBSTART: Interim impacts of a program for school dropouts*. New York: Manpower Demonstration Research Corporation.

Cave, G., Bos, H., Doolittle, F., & Toussaint, C. (1993). *JOBSTART: Final report on a program for school dropouts*. New York: Manpower Demonstration Research Corporation.

Hair, E., Ling, T., & Cochran, S.W. (2003). *Youth development programs serving educationally disadvantaged youth: A synthesis of experimental evaluations*. Washington, DC: Child Trends.

Jekielek, S., Cochran, S.W., & Hair, E. (2002). *Employment programs and youth development: A synthesis*. Washington, DC: Child Trends.

- Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2001). *Background for community-level work on positive reproductive health in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.
- Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2002). *Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows (Research brief)*. Washington, DC : Child Trends.

Job Corps

- Hair, E., Ling, T., & Cochran, S.W. (2003). Youth development programs serving educationally disadvantaged youth: A synthesis of experimental evaluations. Washington, DC: Child Trends.
- Jekielek, S., Cochran, S.W., & Hair, E. (2002). *Employment programs and youth development: A synthesis*. Washington, DC: Child Trends.
- Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2001). *Background for community-level work on positive reproductive health in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.
- Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2002). *Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows (Research brief)*. Washington, DC : Child Trends.
- Schochet, P., Brughardt, J., & Glazerman, S. (2000). *National Job Corps Study: The short-term impacts of Job Corps on participants' employment and related outcomes*. Washington, DC: U.S. Department of Labor, Employment and Training Administration.
- Schochet, P., Brughardt, J., & Glazerman, S. (2001). *National Job Corps Study: The impacts of Job Corps on participants' employment and related outcomes*. Princeton, NJ: Mathematica Policy Research, Inc.

Vocational or College Support Programs

Upward Bound

- Myers, D. (2003). College success programs. Pathways to College Clearinghouse. Retrieved November 3, 2008 http://www.strivetoegether.org/documents/college_success.pdf
- Myers, D., & Schrim, A. (April 1999). *The impacts of Upward Bound: Final report for phase I of the national evaluation*. Washington D.C.: Mathematica Policy Research, Inc.
- Myers, D., Olsen, R., Seftor, N., Young, J., & Tuttle, C. (2004). *The impacts of regular Upward Bound: Results from the third follow-up data collection*. Washington D.C.: Mathematica Policy Research, Inc.
- Redd, Z., Brooks, J., & McGarvey, A. (2001). *Background for community-level work on educational adjustment in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.
- Redd, Z., Brooks, J., & McGarvey, A. (2002). *Educating America's youth: What makes a difference? (Research brief)*. Washington, DC: Child Trends.
- Redd, Z., Cochran, S. W., Hair, E., & Moore, K. A. (2002). *Academic achievement programs and development: A synthesis*. Washington, DC: Child Trends.

Job Training Partnership Act (JTPA)

- Bloom, H.S., Orr, L.L., Bell, S.H., Cave, G., Doolittle, F., Lin, W., et al. (1996). The benefits and costs of JTPA Title II-A programs. *The Journal of Human Resources*, 12(3), 549-576.
- Hair, E., Ling, T., & Cochran, S. W. (2003). Youth development programs serving educationally disadvantaged youth: A synthesis of experimental evaluations. Washington, DC: Child Trends.
- Orr, L. L., Bloom, H. S., Bell, S. H., Doolittle, F., Lin, W., & Cave, G. (1996). *Does training for the disadvantaged work? Evidence from the national JTPA study*. Washington, DC: The Urban Institute Press.

JOBSTART

- Cave, G., & Doolittle, F. (1991). *Assessing JOBSTART: Interim impacts of a program for school dropouts*. New York: Manpower Demonstration Research Corporation.
- Cave, G., Bos, H., Doolittle, F., & Toussaint, C. (1993). *JOBSTART: Final report on a program for school dropouts*. New York: Manpower Demonstration Research Corporation.
- Hair, E., Ling, T., & Cochran, S. W. (2003). Youth development programs serving educationally disadvantaged youth: A synthesis of experimental evaluations. Washington, DC: Child Trends.
- Jekielek, S., Cochran, S. W., & Hair, E. (2002). *Employment programs and youth development: A synthesis*. Washington, DC: Child Trends.
- Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2001). *Background for community-level work on positive reproductive health in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.
- Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2002). *Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows (Research brief)*. Washington, DC : Child Trends.

Job Corps

- Hair, E., Ling, T., & Cochran, S.W. (2003). Youth development programs serving educationally disadvantaged youth: A synthesis of experimental evaluations. Washington, DC: Child Trends.
- Jekielek, S., Cochran, S.W., & Hair, E. (2002). *Employment programs and youth development: A synthesis*. Washington, DC: Child Trends.
- Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2001). *Background for community-level work on positive reproductive health in adolescence: Reviewing the literature on contributing factors*. Washington, DC: Child Trends.
- Manlove, J., Terry-Humen, E., Romano Papillo, A., Franzetta, K., Williams, S., & Ryan, S. (2002). *Preventing teenage pregnancy, childbearing, and sexually transmitted diseases: What the research shows (Research brief)*. Washington, DC : Child Trends.
- Schochet, P., Brughardt, J., & Glazerman, S. (2000). *National Job Corps Study: The short-term impacts of Job Corps on participants' employment and related outcomes*. Washington, DC: U.S. Department of Labor, Employment and Training Administration.
- Schochet, P., Brughardt, J., & Glazerman, S. (2001). *National Job Corps Study: The impacts of Job Corps on participants' employment and related outcomes*. Princeton, NJ: Mathematica Policy Research, Inc.

Youth Corps (American Conservation and Youth Service Corps)

- Child Trends. (2001). *School readiness: Helping communities get children ready for school and schools ready for children (Research brief)*. Washington, DC: Child Trends.
- Halle, T., Zaff, J., Calkins, J., & Margie, N.G. (2000). Background for community-level work on school readiness: A review of definitions, assessments, and investment strategies. Part II: Reviewing the literature on contributing factors to school readiness. Washington, DC: Child Trends, Inc.
- Jastrzab, J., Masker, J., Bloomquist, J. and Orr, L. (1996). *Impacts of service: Final report on the evaluation of American Conservation and Youth Corps*. Cambridge, MA: Abt Associates, Inc.

Edit Date: 11/19/2010