



# Washington Assessment of the Risks and Needs of Students

**THIS IS A PAPER VERSION OF THE HIGH SCHOOL ASSESSMENT FOR STUDENTS AGED 13 TO 18**

Name of Assessment Administrator: \_\_\_\_\_

## **USER AGREEMENT**

I, or someone from my agency, has signed and submitted the Washington Assessment of the Risks and Needs of Students (WARNS) User Agreement supplied by Washington State University (WSU). I have received confirmation from Washington State University that I have been approved to administer the WARNS. I have read, understand, and will fully comply with the terms and conditions of use as described in the User Agreement.

I understand that administration of the WARNS without prior approval is strictly prohibited.

I understand that any prior agreement with the Washington State Administrative Office of the Courts does not extend to the use of this form.

Please check: I agree and confirm that my use conforms to the User Agreement with Washington State University.

Please check: I have obtained parent and student consent forms OR I have a valid court order to administer this survey.

Student ID:

\_\_\_\_\_

Administration Date:

\_\_\_\_\_

**Please remember to keep all printed student reports secure and confidential and refrain from writing the student's name on the report unless directed by a court to do so.**

**This document is the property of Washington State University (WSU) and may only be distributed to, and used by, individuals and organizations who have a signed User Agreement in place with WSU.**

## Student Section

### High School

The pages labeled "Student Section" should be completed by the student being assessed.

What is your...

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Age:

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Grade:

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Gender:

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Race/Ethnicity:

- |                          |                               |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | American Indian/Alaska Native |
| <input type="checkbox"/> | Asian                         |
| <input type="checkbox"/> | Pacific Islander              |
| <input type="checkbox"/> | African-American/Black        |
| <input type="checkbox"/> | Hispanic/Latino               |
| <input type="checkbox"/> | White/Caucasian               |
| <input type="checkbox"/> | Other, please describe below: |

## Student Section

### High School

Please mark an X under the best response for each question.

**We would like to know how you have been doing during the past 2 MONTHS:**

	Never or hardly ever	Sometimes	Often	Always or almost always
I liked going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got into physical fights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt close to my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I smoked cigarettes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I broke the rules at home, school, or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I wanted to do homework, my parents' home was a good place to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lost my temper and hit or yelled at someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt supported and respected by the adults at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt like nothing could cheer me up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did things that could have got me arrested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends got drunk or high from alcohol, marijuana (pot, weed), or other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got into trouble at school (kicked out, disciplined, suspended)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could talk to an adult at school if I had a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt down, sad, or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got sick, passed out, or couldn't remember what happened because of alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was so worried or bothered by things it was hard to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Student Section

## High School

How you have been doing during the past 2 MONTHS:

	Never or hardly ever	Sometimes	Often	Always or almost always
I learned things in class that will be important later in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had little interest or pleasure in doing things I usually like to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends did things that could have got them arrested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other kids at school picked on or bullied me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got into arguments with my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drank two or more alcoholic beverages in a day (beer, wine, liquor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I studied for my quizzes and tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I threatened to hurt someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had trouble sleeping or eating because I couldn't get something off my mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought about dropping out of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lied, disobeyed, or talked back to adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could talk to my parents if I had a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends got into trouble at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt more tense, irritated, or worried than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got my homework completed and turned in on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Things in my home were stressful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I used drugs such as cocaine, ecstasy, meth, or pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends skipped or cut class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I picked on or bullied other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Student Section

### High School

How you have been doing during the past 2 MONTHS:

	Never or hardly ever	Sometimes	Often	Always or almost always
I got so nervous I felt sick, had trouble breathing, or felt shaky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I missed or skipped school in order to use or recover from alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't care about anything or anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I smoked or used marijuana (pot, weed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got so angry I hit or broke something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers cared about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lied, hustled, or conned someone to get what I wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My classes were interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I damaged or stole something on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends got into physical fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I stayed out past my curfew or overnight somewhere without telling my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hung out with gang members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents would help me with my homework if I asked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Administrator Section

Administrator Notes:

Please make any notes regarding the administration of the assessment:

A large, empty rectangular box with a thin black border, intended for the administrator to write notes regarding the assessment administration.