

# Application For Review of Instrument Assessing Violent Behavior and Related Constructs in Children and Adolescents

Please mail completed application and accompany materials to: Instrument Nomination, Violence Institute of New Jersey at UMDNJ, Behavioral Health Sciences Building, 183 South Orange Ave., P.O. Box 1709, Newark, New Jersey 07103-1709.

Date: \_\_\_\_\_

Instrument Name: *(please enclose a copy of the instrument and any descriptive materials)*: \_\_\_\_\_

Date of Publication: \_\_\_\_\_

Constructs Measured *(check all that apply)*:

- |                                        |                                           |                                                        |                                        |
|----------------------------------------|-------------------------------------------|--------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Aggression    | <input type="checkbox"/> Bullying         | <input type="checkbox"/> Perpetration                  | <input type="checkbox"/> Victimization |
| <input type="checkbox"/> Anger         | <input type="checkbox"/> Conduct Problems | <input type="checkbox"/> Social information processing | <input type="checkbox"/> Violence      |
| <input type="checkbox"/> Anti-social   | <input type="checkbox"/> Defiance         | <input type="checkbox"/> Social skills                 | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Assertiveness | <input type="checkbox"/> Hyperactivity    | <input type="checkbox"/> Submissiveness                | <i>(please describe)</i>               |

Population For Which Designed: Youngest age \_\_\_\_\_ Oldest age \_\_\_\_\_ Youngest grade \_\_\_\_\_ Oldest grade \_\_\_\_\_  
*(in years)* *(in years)* *(grade level)* *(grade level)*

Source of Information:  Self  Teacher  Therapist  Other \_\_\_\_\_  
 Parent  Peer  Law enforcement officer *(please describe)*

Instrument Author/Publisher Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Evaluation Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Instrument Manuals/Articles/Psychometric Data *(please list published and unpublished works and enclose copies if possible)*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the Violence Institute of New Jersey will review the designated instrument for possible inclusion in the searchable online inventory of instruments. Prior to inclusion, I understand that the Violence Institute will send me a written synopsis for my review and approval.

Instrument Developer's Signature\*: \_\_\_\_\_

\* Not required. Anyone can recommend an instrument. The Violence Institute will contact the developer for their consent.