## 2003 Grantee Questionnaire

### Columns A & B: Grantee schools participating in Department of Education Grant for student drug testing program

Column A: Assigns a number to each school covered by the Grant (there is no particular order)

Column B: List the Name of Each of the Grantee's Schools Participating in the Student Drug Testing Program

### Columns C-H: The number of students tested in the 2004-05 school year, per school, per grade

Column C: Specify each grade level participating in the student drug testing program for each school

Column D: Provide the number of students being drug tested at the beginning of the school year or the beginning of the student drug testing

Column E: Provide the number of students being drug tested in the middle of the school year or the middle of the student drug testing progr

Column F: Provide the number of students being drug tested at the end of the school year or the end of the year cycle for the student drug t

Column H: Provide the total number of students drug tested for the school year or the end of the year cycle for the student drug testing proc

### Columns I-L: The number of positive drug tests in School year 2006-07

Column I: Provide the number of positive drug tests per grade occurring at the beginning of the school year or the beginning of the student d

Column J: Provide the number of positive drug tests per grade occurring in the middle of the school year or student drug testing program

Column K: Provide the number of positive drug tests per grade occurring at the end of the school year or end of year cycle for student drug t

Column L: Provide the total number of [positive drug tests for the school year

### Columns M-O: The total population of each grade participating in the student drug testing program in each school

Column M: Specify each grade level participating in the student drug testing program for each school

Column N: Provide the number of student in the testing pool

Column O: Provide the total population of each grade level participating in the student drug testing program per school

# Column P: The Type of drug panel used for each grade in each school

Column P: List the type(s) of testing panels used for each grade in each school for the student drug testing

Johnstown Independent School District, Johnstown, PA, Award/PR# Q184050099

Table 1 - 2004-2005 School Year

Α	Column B	Col C	Col D	Col E	Col F	Col H	Coll	Col J	Col K	Col L	Col M	Col N	Col O
#	Name of Grantee School		Numbe	r of Dru	g Tests		Num	ber of P	ositive	Tests	Grade	# of Students in Pool	# Students in Grade
	Fictitious Example	Grade	Α	В	С	Total	Α	В	С	Total	Grade		
1	Johnstown High School	8th	40	36	45	121	2	0	1	3	8th	80	120
	ll c	9th	57	52	61	170	4	5	2	11	9th	100	150
	Caron P	10th	42	45	46	133	3	3	3	9	10th	90	140
		11th	39	40	39	118	5	6	4	15	11th	85	135
		12th	41	39	40	120	3	2	3	8	12th	83	125
2	Westmont Hilltop HS	10th	42	45	46	133	3	3	3	9	10th	100	140
		11th	39	40	39	118	5	6	4	15	11th	90	135
		12th	41	39	40	120	3	2	3	8	12th	85	125
3	Johnstown Middle School	7th	50	50	50	150	4	2	1	7	7th	83	225
		8th	40	36	45	121	2	0	1	3	8th	80	120
		9th	57	52	61	170	4	5	2	11	9th	100	150
4	Richland Senior HS	10th	42	45	46	133	3	3	3	9	10th	90	140
		11th	39	40	39	118	5	6	4	15	11th	85	135
		12th	41	39	40	120	3	2	3	8	12th	83	125

Α	Column B	Col C	Col D	Col F	Col F	Col H	Coll	Col.1	Col K	Col I	Col M	Col N	Col O
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												Students in	# Students
#	Name of Grantee School		Numbe	r of Dru	g Tests		Num	ber of P	ositive <sup>-</sup>	Tests	Grade	Pool	in Grade
		Grade	Α	В	С	Total	Α	В	С	Total	Grade		
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Α	Column B	Col C	Col D	Col E	Col F	Col H	Coll	Col J	Col K	Col L	Col M	Col N	Col O
#	Name of Grantee School		Numbe	r of Dru	g Tests		Num	ber of P	ositive	<b>Fests</b>	Grade	# of Students in Pool	# Students in Grade
		Grade	Α	В	С	Total	Α	В	С	Total	Grade		
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Α	Column B	Col C	Col D	Col E	Col F	Col H	Col I	Col J	Col K	Col L	Col M	Col N	Col O
#	Name of Grantee School		Numbe	r of Dru	g Tests		Num	ber of P	ositive <sup>-</sup>	<b>Tests</b>	Grade	# of Students in Pool	# Students in Grade
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		Grade	Α	В	С	Total	Α	В	С	Total	Grade		
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# Col P

# **Drug Panel Used**

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