



Study of the Implementation of the Safe and Drug-Free Schools and Communities Act Program State Grants

Sponsored by:

The U.S. Department of Education

Conducted by:

Westat

Prevalence Questionnaire

We would like to learn more about the programs in place at your school during the 2008-09 school year that included a focus on youth alcohol, tobacco, and other drug (ATOD) use or school crime. This questionnaire should be completed by the person who is most knowledgeable about such programs at your school.

You can complete this survey online at <https://www.sdfs-evaluation.org>. You will need the ID and password for your school, which can be found on the attached gold Web Information Sheet.

If you prefer, you may complete this paper version. If you complete the paper version, please provide the following information, keep a copy of the completed survey for your files, and return the original to Westat at the address shown below. We have enclosed a postage-paid envelope for your convenience.

Name of person completing form: _____ Telephone: _____

Title/position: _____ E-Mail: _____

Name of School: _____

Best days and times to reach you (in case of questions): _____

Return form to:

Attn: Debbie Alexander (#8622.09.01)
Westat
1650 Research Boulevard, TA 2100
Rockville, Maryland 20850

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Debbie Alexander, Westat, 1650 Research Boulevard, TA 2100, Rockville, MD 20850-3129.

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Instructions and Frequently Asked Questions

General Instructions

This questionnaire asks about general security practices and specific prevention programs that include a focus on youth alcohol, tobacco, and other drug (ATOD) use or school crime prevention AND that were implemented during the 2008-09 school year. Please review the following study definitions before you begin the survey.

ATOD – Includes alcohol, tobacco, illegal drugs, inhalants, and inappropriate use of prescription and over-the-counter medications.

School crime – Includes illegal, violent, or disruptive behaviors that result in damage, pain, injury, or fear, or result in disruptions of the school environment. Violent behaviors include bullying, verbal aggression, physical aggression, possession or use of weapons, and sexual harassment.

Security practice – An activity or set of activities intended to prevent youth ATOD use or school crime (e.g., requiring identification cards or badges and visitor check-in; school resource officer; use of cameras, metal detectors and drug-sniffing dogs; drug testing; locker searches; etc.). Security practices may or may not be supported by an implementation manual.

Program – An integrated set of activities intended to achieve one or more goals and objectives. Only programs that are supported by an implementation manual or other similar documentation should be considered.

Frequently Asked Questions

Who should complete this questionnaire? This questionnaire should be completed by the person who is most knowledgeable about programs in place at your school during the 2008-09 school year that included a focus on youth ATOD use or school crime.

Will my responses be confidential? Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district, school, or individual. We will not provide information that identifies the district, school, or respondent to anyone outside the study team, except as required by law. One exception is that we will report responses on the prevention programs operating in your school to your district.

Who can I contact if I have questions? If you have questions about the completion of this survey, please contact a Westat study representative, toll-free at 1-888-XXX-XXXX, or by email at SDFSEvaluation@westat.com.

What should I do when I have completed the questionnaire? If you are completing this survey online at <https://www.sdfs-evaluation.org>, it will be automatically submitted to Westat when you select the final “Submit Completed Survey” button. We encourage you to print out a copy of your completed survey before submitting your completed survey. If you are completing this paper version of this survey, please make a copy of the completed questionnaire for your records and return the original in the enclosed postage-paid envelope within 3 weeks, or send it to: Debbie Alexander (#8622.09.01), Westat, 1650 Research Boulevard, TA 2100, Rockville, MD 20850-3195.

A. Security Practices

For questions 1 and 2, please use the table below to tell us which security practices were used in your school during the 2008-09 school year and whether these practices received any funding from the federal SDFSCA program.

1. **During the 2008-09 school year, what security practices did your school use?** (Check the box in Column B if your school used the security practice listed.)

2. **For each security practice used in your school during the 2008-09 school year, indicate whether the practice was supported in part or in full by any funds from the federal SDFSCA program. You may want to consult with your district prevention coordinator or a school staff member who is knowledgeable about security practices if you are not sure.** (Select one response for each row in Column C.)

(Column A) Type of security practice	(Column B) Check if security practice was used	(Column C) SDFSCA funding received?		
		Yes	No	Don't Know
a. Alarm system of any type (e.g., alarms on exterior doors, panic bars, sensors, motion detectors)	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
b. Confidential ways to report crimes, problem behavior, or potential problems	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
c. Drug testing students	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
d. Drug, gun, or bomb-sniffing dogs	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
e. Fences/locked gates around the school property	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
f. Identification badges or cards (including photo IDs) for students.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
g. Inspection of book bags or purses	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
h. Intervention in potential disputes or actions to prevent escalation	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
i. Locker searches	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
j. Locking exterior doors during the school day allowing people to exit but not enter.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
k. Metal detectors	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
l. Surveillance or patrolling by a person of halls, grounds, and/or other places in and around the school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
m. Police in the school (e.g., School Resource Officer)	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
n. Procedures for visitors, including parents, in the school (e.g., signing in at the office, obtaining an ID badge or visitor sticker to wear on clothing)	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
o. Removing locker or restroom doors	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
p. Security cameras	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
q. Security personnel in the school.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
r. Telephone or intercoms in classrooms	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
s. Security drills	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
t. Crisis response team.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
u. Other security practices (Please specify).....	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
_____	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
_____	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

B. Funding Source Information—Security Practices

3. Schools and districts maintain information on security practices funding in various forms. In answering the preceding questions about funding for security practices, what sources of information did you use? (Select Yes or No for each item shown below.)

If your school did not use any of the security practices listed in this questionnaire during the 2008-09 school year, check this box and leave Questions 3a through 3d blank.

- | | <u>Yes</u> | <u>No</u> |
|--|---------------------------------------|---------------------------------------|
| a. Communication with the district prevention coordinator (e.g., SDFSCA coordinator, Title IV coordinator, federal programs coordinator, student services director, etc.)..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| b. Communication with program providers | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| c. Records or other documentation maintained by the school | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| d. Other (please specify) _____ | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |

C. Prevention Programs

For questions 4, 5 and 6, please use the table below to tell us which prevention programs were implemented in part or in full in your school during the 2008-09 school year and whether these programs received any funding from the federal SDFSCA program. *We have included a Program Glossary to consult if more information is needed about any of the programs listed in Column A.*

4. **During the 2008-09 school year, what programs have been implemented in your school to prevent or reduce youth ATOD use or school crime?** (Check the box in Column B if your school used the program listed in Column A. If you do not see the name of a program used in your school, please go to the end of the list, check the "other" box, and write in the name of the program.)
5. **For each program implemented in your school during the 2008-09 school year, please provide the first and last names of up to two school staff members who can describe its implementation at your school.** (For each program, write your response in Column C.)
6. **For each program that has been implemented in your school during the 2008-09 school year, indicate whether the program at your school was supported in part or in full by funds from the federal SDFSCA program. You may want to consult with your district prevention coordinator or a school staff member who is knowledgeable about funding if you are not sure.** (Select one response in Column D for each program.)

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
Across Ages	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Adolescent Alcohol Prevention Trial (AAPT)/All Stars	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Adolescent Transitions Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Aggression Replacement Training (ART)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Aggressors, Victims & Bystanders: Thinking & Acting to Prevent Violence	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Al's Pals: Kids Making Healthy Choices	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
Alcohol Misuse Prevention	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
All Children Excel	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Alternatives to Gang Membership (more recent version of Gang Resistance Is Paramount)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Anger Coping Program (earlier version of Coping Power Program)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Athletes Training and Learning to Avoid Steroids (ATLAS)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Bicultural Competence Skills Approach	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Bilingual/Bicultural Counseling and Support Services	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Boys and Girls Club Gang Prevention Through Targeted Outreach	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Brainpower Program (Attributional Intervention)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Broader Urban Involvement and Leadership Development Program (BUILD)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Bry's Behavioral Monitoring and Reinforcement Program/Behaviorally-Based Prevention Program/Preventive Intervention/	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
Bullying Prevention Program/Olweus Bullying Prevention Program (also known as The Intervention Campaign Against Bully/Victim Problems)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
CAPSLE	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Caring School Community (updated version of the Child Development Project?)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
CASASTART	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Chicago Child-Parent Center and Expansion Program (CPC)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Child Development Project (previous version of Caring School Community?)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Children in the Middle	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Children of Divorce Intervention Program (CODIP)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Classroom-Centered (CC) and Family-School Partnership (FSP) Intervention	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Club Hero	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Comer School Development Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
Communities in Schools (Formerly Cities in Schools)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Communities Mobilizing for Change on Alcohol	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Consistency Management and Cooperative Discipline (CMCD)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Continuous Progress Instruction	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Coping Power Program (updated version of Anger Coping Program)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Creating Lasting Family Connections	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Drug Abuse Resistance Education (DARE)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Earlscourt Social Skills Group Program (earlier version of SNAP Under 12 Outreach Project)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Early Risers "Skills for Success" Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
East Texas Experimental Learning Center	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Families and Schools Together (FAST)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
FAST Track	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
First Step to Success	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
Friendly PEERsuasion	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Gang Prevention Curricula	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Gang Resistance Education and Training (G.R.E.A.T.)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Gang Resistance Is Paramount (GRIP) (earlier version of Alternatives to Gang Membership)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Get Real About Violence	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Good Behavior Game/Baltimore Mastery Learning	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Great Body Shop (GBS)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Growing Healthy	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Guiding Good Choices (later version of Preparing for the Drug Free Years)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
HeadOn: Substance Abuse Prevention for Grades 6–8	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Healthy for Life	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
I Can Problem Solve (Interpersonal Cognitive Problem Solving)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Improving Social Awareness- Social Problem Solving	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
Incredible Years	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Keep A Clear Mind (KACM)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Keepin It REAL (Refuse, Explain, Avoid, Leave)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Kentucky Adolescent Tobacco Prevention Project	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Know Your Body	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Leadership and Resiliency (LRP)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Life Skills Training (Botvin)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Life Skills Training Booster Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Life Skills/Basic Living Skills (e.g, personal grooming; balancing a check book; setting up a budget; setting career goals)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Linking the Interests of Family and Teachers (LIFT)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Lions-Quest Skills for Adolescence/Skills for Adolescence (SFA)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Lions-Quest Working Toward Peace/Working Toward Peace (WTP)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Mass Media Smoking Prevention Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
Metropolitan Area Child Study	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Michigan Model for Comprehensive School Health Education	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Midwestern Prevention (Project STAR)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Minnesota Smoking Prevention Program (MSPP)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
North Karelia	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Peace Works	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
PeaceBuilders	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Peaceful Conflict Resolution and Violence Prevention Curriculum	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Peacemakers Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Peer Coping Skills Training	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Peers Making Peace	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
Positive Action	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Positive Adolescent Choices Training (PACT)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Positive Youth Development Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Preparing for the Drug Free Years (earlier version of Guiding Good Choices)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Preventing School Vandalism and Disruptive Behavior	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Preventive Alcohol Education Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Preventive Treatment Program (Montreal Longitudinal Experimental Study)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Proactive Classroom Management	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Project ACHIEVE/The Stop & Think Social Skills Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Project ALERT	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Project ALERT Plus	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Project Back-on-Track	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
Project Northland	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Project PACE (Participation And Cooperation in Education)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Project PATHE (Positive Action Through Holistic Education)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Project RAISE (Raising Ambition Instills Self-Esteem)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Project SUCCESS	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Promoting Alternative Thinking Strategies (PATHS)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Protecting You/Protecting Me	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Reconnecting Youth Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Resolving Conflicts Creatively Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Responding in Peaceful and Positive Ways (RIPP)/Richmond Youth Against Violence Project	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Responsive Classroom	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Rural Education Achievement Project (REAP) (includes All Stars, Jr., Camp GUTS and Duke Family Coping Power)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
Safe Dates	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Say It Straight (SIS)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
SCARE Program (Student-Created Aggression Replacement Education)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
School Crime Prevention through Environmental Design	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
School Safety Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
School Violence Prevention Demonstration Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
School-based Smoking Prevention Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Schools and Families Educating Children (SAFE Children)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Seattle Social Development Project/Skills, Opportunities, and Recognition (SOAR)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Second Step: A Violence Prevention Curriculum	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Sembrando Salud	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
SHOUT (Students Helping Others Understand Tobacco)/Project SHOUT	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
SMART Leaders	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
SMART Moves (i.e., Stay SMART + SMART Leaders + Family Advocacy Network Club)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
SMART Team / Students Managing Anger and Resolution Together	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
SNAP™ Under 12 Outreach Project (ORP) (more recent version of Earls court Social Skills Group Program)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Social Competence Promotion Program for Young Adolescents (SCPPYA)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Social Relations Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Socio-moral Reasoning Development Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Spit Tobacco Intervention	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
STARS (Start Taking Alcohol Risks Seriously) for Families	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Steps to Respect®: A Bullying Prevention Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Strengthening Families Program (SFP)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
Strengthening Families Program: For Parents and Youth 10–14 (Formerly Iowa SFP)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Strengthening Hawaii Families	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Student Training Through Urban Strategies (STATUS)/Project STATUS	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Success for All	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Success in Stages: Build Respect, Stop Bullying	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Teams-Games-Tournaments (TGT) Alcohol Prevention	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Teenage Health Teaching Modules (THTM)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
The Teaching Students to Be Peacemakers (TSP)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Think First	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Think Time Strategy	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Too Good For Drugs (TGFD)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Too Good for Violence (TGFV)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

(Column A) Program name	(Column B) Check if your school used this program	(Column C) Contact names	(Column D) SDFSCA funding received		
			Yes	No	Don't know
Towards No Drug Abuse (TND)/Project Towards No Drug Abuse (TND)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Towards No Tobacco Use (TNT)/Project Towards No Tobacco Use (TNT)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Urban Women Against Substance Abuse	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Violence Prevention Curriculum for Adolescents (VPC) (part of the Teenage Health Teaching Modules)	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Washington (DC) Community Violence Prevention Program	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Woodrock Youth Development Project	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Other program to prevent or reduce youth ATOD use or school crime (please specify) _____	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Other program to prevent or reduce youth ATOD use or school crime (please specify) _____	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Other program to prevent or reduce youth ATOD use or school crime (please specify) _____	<input type="checkbox"/> ¹	1) _____ 2) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

D. Funding Source Information—Prevention Programs

7. Schools and districts maintain information on prevention program funding in various forms. In answering the preceding questions about funding for prevention programs, what sources of information did you use? (Select Yes or No for each item shown below.)

If your school did not use any of the prevention programs listed in this questionnaire during the 2008-09 school year and you did not write in any other program(s), check this box and leave Questions 7a through 7d blank.

	<u>Yes</u>	<u>No</u>
a. Communication with the district prevention coordinator (e.g., SDFSCA coordinator, Title IV coordinator, federal programs coordinator, student services director, etc.).....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
b. Communication with program providers	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
c. Records or other documentation maintained by the school	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
d. Other (please specify) _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²

E. Background Information

8. During the 2008-09 school year, what was your primary role in this school? (Select one response.)

- Principal or other school administrator ¹
- School-based planning team member ²
- Teacher ³
- School social worker/psychologist/counselor ⁴
- Other professional staff member..... ⁵
- Paraprofessional..... ⁶
- Security staff member ⁷
- Other (Please specify): _____ ⁸

* * * * *

Thank you for completing the survey. Please keep a copy for your records. We encourage you to submit your data on the web at www.sdfs-evaluation.org. Otherwise, you can return the completed questionnaire to:

**Attn: Debbie Alexander (#8622.09.01)
Westat
1650 Research Boulevard, TA 2100
Rockville, Maryland 20850**

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