

# PS18-1807 Component 1 Reporting Template

Site Name: [Click or tap here to enter text.](#)

Grant #: PS00xxxx

Timeframe:  August 1, 20xx – January 31, 20xx

February 1, 20xx – July 31, 20xx

DASH Program Consultant:

Activities by Strategy	Components Requested	
Youth Risk Behavior Survey (YRBS)	Achievement of Requirement	Comment and/or Summarize Requirement Progress
<p><b>Required Activity 1.</b> Develop a state, territorial, tribal, or local YRBS questionnaire meeting specifications outlined in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i>.</p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started <input type="checkbox"/> Not Applicable	<p>Click or tap here to enter text.</p>
<p><b>Required Activity 2.</b> Produce an up-to-date sampling frame and develop sampling parameters to support scientific selection of state, territorial, tribal, and local samples that will generate jurisdiction-wide (at a minimum) and sub-site estimates (as appropriate) of at least all public school students in grades 9-12. Sub-site samples will be required if the recipient is also receiving other relevant CDC funding or may be elected to meet jurisdiction-specific needs and interests. The sampling frame and sampling parameters should meet specifications outlined in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i>.</p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started <input type="checkbox"/> Not Applicable	<p>Click or tap here to enter text.</p>
<p><b>Required Activity 3.</b> Conduct the YRBS (in odd-numbered calendar years) according to survey administration procedures outlined in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i>. Submit the Survey Tracking Form at least every 2 weeks during data collection to the CDC Survey TA contractor.</p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started <input type="checkbox"/> Not Applicable	<p>Click or tap here to enter text.</p>

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<p><b>Required Activity 4.</b> Collaborate with other CDC-funded agencies and organizations to coordinate data collection for national, state, territorial, tribal, and local YRBSs conducted among schools in the same jurisdiction.</p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started <input type="checkbox"/> Not Applicable	<p><a href="#">Click or tap here to enter text.</a></p>
<p><b>Required Activity 5.</b> Submit all completed answer sheets or raw data sets and appropriate sample documentation forms as specified in the <i>Handbook for Conducting Youth Risk Behavior Surveys</i> to the CDC Survey TA contractor for processing.</p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started <input type="checkbox"/> Not Applicable	<p><a href="#">Click or tap here to enter text.</a></p>
<p><b>Required Activity 6.</b> Disseminate YRBS results through fact sheets, reports, Web sites, and other products and then use the results to help target and improve interventions, establish funding priorities, and support development of policies and practices to reduce priority health-risk behaviors among youth. Report how YRBS data are used to CDC upon request.</p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started <input type="checkbox"/> Not Applicable	<p><a href="#">Click or tap here to enter text.</a></p>
<p><b>YRBS Success:</b> <i>Please share a brief success of your YRBS progress during the period of time reporting (may be bulleted)</i></p>		
<p><b>YRBS Process Evaluation:</b> <i>What specific activities worked well during the recent administration of YRBS in this jurisdiction? What activities did not work well? What will you do differently to increase your chances to achieve weighted data for YRBS or to increase the response rates in the next cycle?</i>  <a href="#">Click or tap here to enter text.</a></p>		

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Activities by Strategy	Components Requested	
School Health Profiles (Profiles)	Achievement of Requirement	Comment and/or Summarize Requirement Progress
<p><b>Required Activity 1.</b> Use the Profiles questionnaires for principals and lead health education teachers provided in the <i>Handbook for Conducting School Health Profiles</i>.</p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started <input type="checkbox"/> Not Applicable	<p>Click or tap here to enter text.</p>
<p><b>Required Activity 2.</b> Produce an up-to-date sampling frame and develop sampling parameters to support scientific selection of state, territorial, tribal, and local samples that will generate jurisdiction-wide (at a minimum) and sub-site estimates (as appropriate) of at least all public secondary schools. The sampling frame and sampling parameters should meet specifications outlined in the <i>Handbook for Conducting School Health Profiles</i>. Sub-site samples will be required if the recipient is also receiving other relevant CDC funding or may be elected to meet jurisdiction-specific needs and interests.</p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started <input type="checkbox"/> Not Applicable	<p>Click or tap here to enter text.</p>
<p><b>Required Activity 3.</b> Conduct Profiles (in even-numbered calendar years) according to survey administration procedures outlined in the <i>Handbook for Conducting School Health Profiles</i>. Submit the Survey Tracking Form at least every 2 weeks during data collection to the CDC Survey TA contractor.</p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started <input type="checkbox"/> Not Applicable	<p>Click or tap here to enter text.</p>
<p><b>Required Activity 4.</b> Collaborate with other</p>	<input type="checkbox"/> Completed	<p>Click or tap here to enter text.</p>

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<p>CDC-funded agencies and organizations to coordinate data collection for state, territorial, tribal, and local Profiles conducted among schools in the same jurisdiction.</p>	<p><input type="checkbox"/> In Progress  <input type="checkbox"/> Not started  <input type="checkbox"/> Not Applicable</p>	
<p><b>Required Activity 5.</b> Submit all completed questionnaires or raw data sets and appropriate sample documentation forms as specified in the <i>Handbook for Conducting School Health Profiles</i> to the CDC Survey TA contractor for processing.</p>	<p><input type="checkbox"/> Completed  <input type="checkbox"/> In Progress  <input type="checkbox"/> Not started  <input type="checkbox"/> Not Applicable</p>	<p><a href="#">Click or tap here to enter text.</a></p>
<p><b>Required Activity 6.</b> Disseminate Profiles results through fact sheets, reports, Web sites, and other products and then use the results to help target and improve interventions, establish funding priorities, and support development of policies and practices to reduce priority health-risk behaviors among youth. Report how Profiles data are used to CDC upon request.</p>	<p><input type="checkbox"/> Completed  <input type="checkbox"/> In Progress  <input type="checkbox"/> Not started  <input type="checkbox"/> Not Applicable</p>	<p><a href="#">Click or tap here to enter text.</a></p>
<p><b>Profiles Success:</b> <i>Please share a brief success of your Profiles progress during the period of time reporting (may be bulleted)</i></p>		
<p><b>Profiles Process Evaluation:</b> <i>What specific activities worked well during the recent administration of Profiles in this jurisdiction? What activities did not work well? What will you do differently to increase your chances to achieve weighted data for Profiles or to increase the response rates in the next cycle? <a href="#">Click or tap here to enter text.</a></i></p>		
<p><b>1807 YRBS or Profiles products:</b> <i>Please share any products (websites, publications, fact sheets, infographics, etc.) created using your 1807 YRBS or Profiles results:</i></p>		

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*Click or tap here to enter text.*

**Leveraged/In-kind Support:** *Please share all resources that have been leveraged through this initiative (staffing, supplies, additional funding, etc.):*

*Click or tap here to enter text.*

**Successes:** *Please describe any additional successes (e.g., identified through evaluation results or lessons learned).*

**Challenges:** *Please describe any challenges that might affect your ability to achieve annual and project-period outcomes, conduct performance measures, or complete the activities in the work plan. Also please describe any additional challenges (e.g., identified through evaluation results or lessons learned).*

**CDC Program Support to Awardees:** *Please describe how CDC could help you overcome challenges to achieving annual and project-period outcomes, and performance measures, and completing activities outlined in the work plan.*

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DRAFT