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County: Kern

**LEA Name:** Lamont Elementary

CDS Number: 15635600000000

**Grant ID:** E109-007

Cohort: E Tier 1

1A. Please indicate below the programs implemented under this grant.

#### **Approved Program List**

All Stars	Not implemented
Botvin's Life Skills Training	Not implemented
Keepin' It Real	Not implemented
Minnesota Smoking Prevention Program	Not implemented
Personal/Social Skills Lessons: The Missing Link	Not implemented
Positive Action	Not implemented
Project Alert	Implemented
Project Northland	Not implemented
Project SUCCESS	Not implemented
Project TND (Towards No Drug Abuse)	Not implemented
Project TNT (Towards No Tobacco Use)	Not implemented
Too Good for Drugs	Implemented
Triple T (Teens Tackle Tobacco) Project	Not implemented

1B. Please indicate below the number of students, projected and actual, who participated in the

Grade	Projected Students	Actual Students
Grade 6	305	300
Grade 7	275	230
Grade 8	250	225
Grade 9	0	0
Grade 10	0	0
Grade 11	0	0
Grade 12	0	0
Non Traditional	0	0
Grade Total	830	755

1C. Please indicate below the number of students, projected and actual, who

Ethnicity	Actual Students
American Indian or Alaskan Native	1
Asian	3
Pacific Islander	0
Filipino	0
Hispanic/Latino	713
African American	19
White (not Hispanic)	19
Mulitpe or No Response	0
Total	755

#### **Comments related to General Instruction (Question 1)**

One of our target areas was the afterschool and migrant programs....these programs were given expansion of applications from Project Alert and Too Good for Drugs.

For 2A., 2B., and 2C. indicate the names of programs, activities or strategies <u>not</u> listed in question 1, which were offered to students in the general population by providing the number of student projected and actually participating in each strategy.

2A. Non-Research-Validated curriculum based programs (e.g., LEA adopted health curricula, lessons addressing specific populations, etc.)

Program/Strategy Name	Number of Projected Students	Number of Actual Students
Across Ages	0	0
Caring School Communities	0	0
Decisions for Health Series	0	0
Guiding Good Choices – Families That Care	0	0
Hands Off Tobacco! Series	0	0
Health and Wellness Series	0	0
The Missing Link in Prevention in High School	0	0
Project ABCD (Analyze, Beware, Create, Disseminate)	0	0
Project ALIVE! (Arts Leading Into Vital Education)	0	0
Project SCAT (Schools and Communities Against Tobacco)	0	0
State-Wide Indian Drug Prevention Program	0	0
Stay On Track Series	0	0
Teen Health Course Series	0	0
Too Good for Drugs and Violence	0	0
Other? Please specify:		
None		

2B. Non-curricula activities (e.g., Teens Kick Butts, Teens Kick Ash, poster contests, etc.)

Program/Strategy Name	Number of Projected Students	Number of Actual Students
Great American Smoke Out	828	820
Red Ribbon Week (Tobacco focus)	828	800
Teens Kick Butts / Ash	0	0
Schoolwide contests*	0	0
Assembly Speaker <sup>^</sup>	527	520
Other? Please specify:		
None		
*Provide the name of the contest/s:		
^Provide the name of the speaker/s:	Wendall Tyler	

2C. TUPE Specific Youth Development Activities (e.g., STAKE Act "stings", local community tobacco control ordinance development/enforcement, media literacy, media production to counter tobacco industry influence.)

Program/Strategy Name	Number of Projected Students	Number of Actual Students
STAKE Act "stings"	0	0
Tobacco control ordinance development/enforcement	0	0
Peer Educator	0	0

Other? Please specify:

## **Comments related to General Activities (Question 2)**

No comments

#### **Intervention Programs**

3A. Please indicate which Intervention Programs were implemented. For each program offered provide the number of identified and served tobacco-using students.

Program/Strategy Name	Number of students identified	Number of students served
Project Life	0	0
Smokeless Schooldays: Smokeless Saturday School	0	0
Intervention with Teen Tobacco Users (TEG)	0	0
Residential Student Assistance Program	0	0
Tobacco-Free Generations	0	0
Other? Please specify: None		

## **Cessation Services**

3B. Please indicate which Cessation Services were implemented. For each program offered provide the number of identified and served tobacco-using students.

Program/Strategy Name	Number of students identified	Number of students served
Adolescent Smoking Cessation - Escaping Nicotine and Tobacco (ASCENT)	0	0
Enough Snuff: A Guide for Quitting Smokeless Tobacco	0	0
Helping Teens Stop Using Tobacco (TAP)	0	0
I QUIT	0	0
I Decide: Teen Tobacco Cessation	0	0
California Smoker's Helpline	0	0
Project EX: Teen Tobacco Use Cessation Program	0	0

Other? Please specify:

## **Comments related to Intervention and/or Cessation (Question 3)**

We did not identify the 1 habitual 7th grade smoker (now 8th grade). We are waiting to see the effects of the learning to see what our smoking audience will be this year.

### **Pregnant Minor/Minor Parent Services**

4A. Please provide below the number of parenting and/or pregnant minors who were identified and served.

Category	Number of students
Number of parenting and/or pregnant minors identified	0
Number of parenting and/or pregnant minors served	0
Number of parenting and/or pregnant minors served in school based progra	nms 0
Number of parenting and/or pregnant minors referred to community progra	nms 0

#### **LEA Identified Targeted Populations**

4B. Please identify all populations for which the LEA has provided activities or services to meet the specific needs of that population by providing the number of students participating in these activities or receiving services. You may also add groups not on the list below.

#### How many students in the targeted populations received or participated in:

Population	Culturally appropriate curriculum	Culturally appropriate supplemental Activities
African American	0	0
Hispanic/Latino	0	0
Native American	0	0
Asian-Pacific American	0	0
Non Traditional Students*	0	0
Other:		
Other:		
Other:		

#### **Comments related to Targeted Populations (Question 4)**

The two researched-based programs we used this year, Project Alert and Too Good For Drugs, were culturally appropriate for our audiences.

#### **Staff Development or Tobacco-use Prevention Training**

5A. Please indicate below the types of training offered to staff and the number of staff that participated in the training.

Training Typ	e Classified	Certificated
Trained to deliver program activities	0	27
General TUPE information	0	27
Other:		

### **Parent Training**

5B. Please indicate below the types of trainings offered to parents and the number of parents who participated in the training.

Number of parents

	Training Type	receiving each type of training
Genera	l TUPE information	0
Other:	Newspaper information, 1 of 4 issues	4,000
Other:		
Other:		

### **Community Involvement**

5C. Please indicate below, by entering a "Yes" or "No" in the boxes, the types of activities offered in collaboration or coordination with LEAs, community agencies or other organizations.

<b>Activity Type</b>	LEA	Community Agency	Other
Lesson Implementation	Yes	Yes	No
Supplemental Activities	Yes	Yes	No
Community Health Fairs	Yes	Yes	No
Other: (specify below)			
None			

#### **Question 5: Comments related to Training**

We workded with not only the Kern County Superintendent of Schools, but also the Lamont Family Resource Center, a state and a federal grant supporting the same activities and all associated partners. thhis partnership supplied nearly 50 partners within the joint programs.