

# 2009/10 Tobacco-Use Prevention Education (T.U.P.E.) Competitive Grant Annual Report

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**County:** Madera

**LEA Name:** Golden Valley Unified

**CDS Number:** 20755800000000

**Grant ID:** E109-014

**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)	Implemented
Project TNT (Towards No Tobacco Use)	Not implemented
Too Good for Drugs	Not implemented
Triple T (Teens Tackle Tobacco) Project	Not implemented

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

<b>Grade</b>	<b>Projected Students</b>	<b>Actual Students</b>
<b>Grade 6</b>	0	0
<b>Grade 7</b>	145	145
<b>Grade 8</b>	157	157
<b>Grade 9</b>	149	149
<b>Grade 10</b>	105	105
<b>Grade 11</b>	18	18
<b>Grade 12</b>	13	13
<b>Non Traditional</b>	0	0
<b>Grade Total</b>	587	587

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

<b>Ethnicity</b>	<b>Actual Students</b>
<b>American Indian or Alaskan Native</b>	6
<b>Asian</b>	11
<b>Pacific Islander</b>	3
<b>Filipino</b>	2
<b>Hispanic/Latino</b>	174
<b>African American</b>	7
<b>White (not Hispanic)</b>	368
<b>Mulitpe or No Response</b>	16
<b>Total</b>	587

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

No comments

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For 2A., 2B., and 2C. indicate the names of programs, activities or strategies **not** 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		

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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	0	0
Red Ribbon Week (Tobacco focus)	1823	1823
Teens Kick Butts / Ash	0	0
Schoolwide contests*	0	0
Assembly Speaker^	0	0

Other? Please specify:

None

\*Provide the name of the contest/s:

^Provide the name of the speaker/s:

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:

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

No comments

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## 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 <i>identified</i>	Number of students <i>served</i>
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 <i>identified</i>	Number of students <i>served</i>
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:		

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

No comments

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## 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 programs	0
Number of parenting and/or pregnant minors referred to community programs	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	7	7
Hispanic/Latino	174	174
Native American	6	6
Asian-Pacific American	14	14
Non Traditional Students*	0	0
Other: Filipino	2	2
Other:		
Other:		

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

No comments

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## 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 Type	Classified	Certificated
Trained to deliver program activities	0	5
General TUPE information	0	10
Other:		

## Parent Training

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

Training Type	Number of parents receiving each type of training
General TUPE information	0
Other:	
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.

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

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

Supplemental Activities through District Health & Wellness Committee; Community Health Fairs through Liberty High School Career Fair.