

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

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County: Stanislaus

LEA Name: Stanislaus County Office of Education

CDS Number: 50105040000000

Grant ID: E109-032

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

Grade	Projected Students	Actual Students
Grade 6	0	0
Grade 7	150	100
Grade 8	150	100
Grade 9	0	0
Grade 10	0	0
Grade 11	0	0
Grade 12	0	0
Non Traditional	0	0
Grade Total	300	200

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

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

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Comments related to General Instruction (Question 1)

The LEA did not collect information on the ethnicity of the students participating in the curriculum.

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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:		
Conference		

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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	N/A	0
Red Ribbon Week (Tobacco focus)	0	1741
Teens Kick Butts / Ash	N/A	0
Schoolwide contests*	0	200
Assembly Speaker^	0	300
Other? Please specify:		
None		15

*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	2
Peer Educator	0	722
Other? Please specify:		
SCOE Fitness Challeng		300

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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	25
Number of parenting and/or pregnant minors served	25
Number of parenting and/or pregnant minors served in school based programs	25
Number of parenting and/or pregnant minors referred to community programs	25

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:		

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Comments related to Targeted Populations (Question 4)

The LEA did not collect the specific information requested in section 4B. In the 10-11 school year we will make changes to our evaluation in order to accurately report the information requested.

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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	31
General TUPE information	0	11
Other: Coaches Luncheon		

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	400
Other: Tobacco and other Drugs	150
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	Yes	Yes	No
Supplemental Activities	Yes	Yes	Yes
Community Health Fairs	Yes	Yes	Yes
Other: (specify below)			
None			

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Question 5: Comments related to Training

The Coaches Luncheon is still in the planning stages. We will continue work and implement in the 2010-2011 school year.