

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

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County: Los Angeles

LEA Name: Glendale Unified

CDS Number: 19645680000000

Grant ID: E209-011

Cohort: E Tier 2

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

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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	780	691
Grade 7	2123	2175
Grade 8	2249	2153
Grade 9	2282	2361
Grade 10	0	0
Grade 11	0	0
Grade 12	0	0
Non Traditional	238	180
Grade Total	7672	7560

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

Ethnicity	Actual Students
American Indian or Alaskan Native	13
Asian	924
Pacific Islander	6
Filipino	474
Hispanic/Latino	1653
African American	106
White (not Hispanic)	4169
Mulitpe or No Response	118
Total	7463

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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)	160	100
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	2520	2541
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)	14364	13808
Teens Kick Butts / Ash	0	0
Schoolwide contests*	0	0
Assembly Speaker^	1357	1425

Other? Please specify:

None

*Provide the name of the contest/s:

^Provide the name of the speaker/s:

Fitz Houston

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)	87	56
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)	87	56
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	15
Number of parenting and/or pregnant minors served	15
Number of parenting and/or pregnant minors served in school based programs	15
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	0	0
Hispanic/Latino	0	28
Native American	0	0
Asian-Pacific American	0	6
Non Traditional Students*	180	0
Other: Armenian		20
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	2
General TUPE information	0	10
Other:	0	0

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	Yes	No
Community Health Fairs	No	Yes	No
Other: (specify below)			
None			

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Question 5: Comments related to Training

Student participation in:

American Cancer Society Anti-Smoking Campaign

Integrated Health Services Fair