

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

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County: Alameda

LEA Name: Alameda Unified

CDS Number: 01611190000000

Grant ID: E209-001

Cohort: E Tier 2

- 1A. Please indicate below the programs implemented under this grant.
Please select either "Yes" or "No" for each program.

Select	Approved Program List
<input type="radio"/> Yes <input type="radio"/> No	All Stars
<input type="radio"/> Yes <input type="radio"/> No	Botvin's Life Skills Training
<input type="radio"/> Yes <input type="radio"/> No	Keepin' It Real
<input type="radio"/> Yes <input type="radio"/> No	Minnesota Smoking Prevention Program
<input type="radio"/> Yes <input type="radio"/> No	Personal/Social Skills Lessons: The Missing Link
<input type="radio"/> Yes <input type="radio"/> No	Positive Action
<input checked="" type="radio"/> Yes <input type="radio"/> No	Project Alert
<input type="radio"/> Yes <input type="radio"/> No	Project Northland
<input type="radio"/> Yes <input type="radio"/> No	Project SUCCESS
<input checked="" type="radio"/> Yes <input type="radio"/> No	Project TND (Towards No Drug Abuse)
<input checked="" type="radio"/> Yes <input type="radio"/> No	Project TNT (Towards No Tobacco Use)
<input type="radio"/> Yes <input type="radio"/> No	Too Good for Drugs
<input type="radio"/> Yes <input type="radio"/> No	Triple T (Teens Tackle Tobacco) Project

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1B. Please indicate below the number of students, projected and actual, who participated in the program/s identified above.

Grade	Number of Projected Students	Number of Actual Students
6	_____	_____
7	780	760
8	_____	_____
9	_____	_____
10	750	700
11	_____	_____
12	_____	_____
Non Traditional	_____	_____
<i>Total</i>	1,530	1,460

1C. Please indicate below the number of students, projected and actual, who participated in the program/s identified above.

Ethnicity	Number of Actual Students
American Indian or Alaska Native	12
Asian	557
Pacific Islander	25
Filipino	155
Hispanic/Latino	202
African American	207
White (not Hispanic)	526
Multiple or no response	26
<i>Total</i>	1,710

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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	_____	_____
Caring School Communities	4331	2300
Decisions for Health Series	_____	_____
Guiding Good Choices – Families That Care	_____	_____
Hands Off Tobacco! Series	_____	_____
Health and Wellness Series	_____	_____
The Missing Link in Prevention in High School	_____	_____
Project ABCD (Analyze, Beware, Create, Disseminate)	_____	_____
Project ALIVE! (Arts Leading Into Vital Education)	_____	_____
Project SCAT (Schools and Communities Against Tobacco)	_____	_____
State-Wide Indian Drug Prevention Program	_____	_____
Stay On Track Series	_____	_____
Teen Health Course Series	_____	_____
Too Good for Drugs and Violence	_____	_____
Other? Please specify:	_____	_____
TUPE Fair	_____	_____

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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	3144	3100
Red Ribbon Week (Tobacco focus)	9455	8000
Teens Kick Butts / Ash	3144	3100
Schoolwide contests*		
Assembly Speaker^		
Other? Please specify:		
	775	450

*Provide the name of the contest/s: quit bags 100 handed out

^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”		
Tobacco control ordinance development/enforcement		
Peer Educator	30	53
Other? Please specify:		

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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 tobacco- using students <i>identified</i>	Number of tobacco-using students <i>served</i>
Project Life	_____	_____
Smokeless Schooldays: Smokeless Saturday School	15	9
Intervention with Teen Tobacco Users (TEG)	_____	_____
Residential Student Assistance Program	_____	_____
Tobacco-Free Generations	_____	_____
Other? Please specify: ?	100	110

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 tobacco- using students identified	Number of tobacco-using students served:
Adolescent Smoking Cessation - Escaping Nicotine and Tobacco (ASCENT)	_____	_____
Enough Snuff: A Guide for Quitting Smokeless Tobacco	_____	_____
Helping Teens Stop Using Tobacco (TAP)	_____	_____
I QUIT	_____	_____
I Decide: Teen Tobacco Cessation	_____	_____
California Smoker's Helpline	50	100
Project EX: Teen Tobacco Use Cessation Program	_____	_____
Other? Please specify: TAP quit programs	30	45

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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	_____

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	_____	_____
Hispanic/Latino	_____	_____
Native American	_____	_____
Asian-Pacific American	_____	_____
Non Traditional Students*	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

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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	_____	5
General TUPE information	_____	20
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	_____
Other: Smokless Saturday	9
Other: _____	_____
Other: _____	_____

Community Involvement

5C. Please indicate below the types of activities offered in collaboration or coordination with LEAs, community agencies or other organizations.

Activity Type	LEA	Community Agency	Other
Lesson Implementation	_____	x	_____
Supplemental Activities	_____	x	_____
Community Health Fairs	_____	_____	x
Other: (specify below)	_____	_____	_____

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Comments related to General Instruction (question 1):

Comments related to General Activities (question 2):

Comments related to Intervention and/or Cessation (question 3):

Comments related to Targeted Populations (question 4):

Comments related to Training (question 5):

American Lung Association

Josh from the TUPE fair

Alameda County Office of Education

Teens Tackle tobacco conferences

Certified: August 31, 2010