

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

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County: Alameda

LEA Name: Fremont Unified

CDS Number: 01611760000000

Grant ID: E209-002

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 checked="" type="radio"/> No	All Stars
<input type="radio"/> Yes <input checked="" type="radio"/> No	Botvin's Life Skills Training
<input type="radio"/> Yes <input checked="" type="radio"/> No	Keepin' It Real
<input type="radio"/> Yes <input checked="" type="radio"/> No	Minnesota Smoking Prevention Program
<input type="radio"/> Yes <input checked="" type="radio"/> No	Personal/Social Skills Lessons: The Missing Link
<input type="radio"/> Yes <input checked="" type="radio"/> No	Positive Action
<input checked="" type="radio"/> Yes <input type="radio"/> No	Project Alert
<input type="radio"/> Yes <input checked="" type="radio"/> No	Project Northland
<input type="radio"/> Yes <input checked="" type="radio"/> No	Project SUCCESS
<input checked="" type="radio"/> Yes <input type="radio"/> No	Project TND (Towards No Drug Abuse)
<input type="radio"/> Yes <input checked="" type="radio"/> No	Project TNT (Towards No Tobacco Use)
<input checked="" type="radio"/> Yes <input type="radio"/> No	Too Good for Drugs
<input type="radio"/> Yes <input checked="" 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	2400	2,200
7	2,400	1,900
8	500	400
9	2,500	2,400
10	0	0
11	0	0
12	0	0
Non Traditional	35	32
<i>Total</i>	7,835	6,932

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	21
Asian	3,397
Pacific Islander	48
Filipino	347
Hispanic/Latino	1,109
African American	325
White (not Hispanic)	1,525
Multiple or no response	160
<i>Total</i>	6,932

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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	2400	2200
Other? Please specify:		
	0	0

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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	15000	11250
Red Ribbon Week (Tobacco focus)	32000	30,000
Teens Kick Butts / Ash	15000	7500
Schoolwide contests*	32000	25000
Assembly Speaker^	2400	2300
Other? Please specify:		
	0	0

*Provide the name of the contest/s: Spencer "Spinny" Johnson

^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	15,000	13,000
Other? Please specify:		
	0	0

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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	0	0
Smokeless Schooldays: Smokeless Saturday School	8	6
Intervention with Teen Tobacco Users (TEG)	0	0
Residential Student Assistance Program	0	0
Tobacco-Free Generations	0	0
Other? Please specify: _____	0	0

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)	0	0
Enough Snuff: A Guide for Quitting Smokeless Tobacco	0	0
Helping Teens Stop Using Tobacco (TAP)	50	35
I QUIT	0	0
I Decide: Teen Tobacco Cessation	0	0
California Smoker's Helpline	50	35
Project EX: Teen Tobacco Use Cessation Program	0	0
Other? Please specify: _____	0	0

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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	2
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	0	0
Hispanic/Latino	0	0
Native American	0	0
Asian-Pacific American	0	0
Non Traditional Students*	350	350
Other: LGBT	25	25
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	0	12
General TUPE information	0	12
Other: 40 Developmental Assets	2	120

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: 40 Developmental Assets	100
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	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):

Certified: September 7, 2010