

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	Cohort	Grades
E109-032	E Tier 1	Grades 6-12

- 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 type="radio"/> Yes <input checked="" 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	<hr/>	<hr/>
7	<hr/> 150	<hr/> 100
8	<hr/> 150	<hr/> 100
9	<hr/>	<hr/>
10	<hr/>	<hr/>
11	<hr/>	<hr/>
12	<hr/>	<hr/>
Non Traditional	<hr/>	<hr/>
<i>Total</i>	<hr/> 300	<hr/> 200

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	<hr/>
Asian	<hr/>
Pacific Islander	<hr/>
Filipino	<hr/>
Hispanic/Latino	<hr/>
African American	<hr/>
White (not Hispanic)	<hr/>
Multiple or no response	<hr/>
<i>Total</i>	<hr/>

Comments:

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

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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	
Red Ribbon Week (Tobacco focus)		1741
Teens Kick Butts / Ash	N/A	
Schoolwide contests*		200
Assembly Speaker^		300
Other? Please specify: <u>Conference</u>		15

*Provide the name of the contest/s: _____

^Provide the name of the speaker/s: Victor DeNoble

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		2
Peer Educator		722
Other? <i>Please specify:</i>		300

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 tobacco-using students <i><u>identified</u></i>	Number of tobacco-using students <i><u>served</u></i>
Project Life	_____	_____
Smokeless Schooldays: Smokeless Saturday School	_____	_____
Intervention with Teen Tobacco Users (TEG)	0	0
Residential Student Assistance Program	_____	_____
Tobacco-Free Generations	_____	_____
Other? Please specify: _____	_____	_____

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 <i><u>identified</u></i>	Number of tobacco-using students <i><u>served</u></i>
Adolescent Smoking Cessation - Escaping Nicotine and Tobacco (ASCENT)	_____	_____
Enough Snuff: A Guide for Quitting Smokeless Tobacco	_____	_____
Helping Teens Stop Using Tobacco (TAP)	0	0
I QUIT	_____	_____
I Decide: Teen Tobacco Cessation	_____	_____
California Smoker's Helpline	_____	_____
Project EX: Teen Tobacco Use Cessation Program	_____	_____
Other? Please specify: _____	_____	_____

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

Comments:

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		31
General TUPE information		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 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	x	
Supplemental Activities	x	x	x
Community Health Fairs	x	x	x
Other: (specify below)			

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Comments:

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

Certified: July 26, 2010