

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

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**County:** Sutter

**LEA Name:** Sutter Co Superintendent of Schools

**CDS Number:** 50105040000000

**Grant ID:** E109-034

**Cohort:** E Tier 1

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

<b>Select</b>	<b>Approved Program List</b>
<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 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	200	40
7	200	30
8	100	55
9	140	0
10	140	5
11	140	5
12	0	5
Non Traditional	70	0
<i>Total</i>	990	140

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

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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	_____	_____
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:	_____	_____
	_____	_____

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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	990	112
Red Ribbon Week (Tobacco focus)	990	1700
Teens Kick Butts / Ash		
Schoolwide contests*	990	143
Assembly Speaker^		
Other? Please specify:		

\*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”		
Tobacco control ordinance development/enforcement	143	20
Peer Educator		
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	_____	_____
Intervention with Teen Tobacco Users (TEG)	_____	_____
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 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	_____	_____
Project EX: Teen Tobacco Use Cessation Program	_____	_____
Other? Please specify: _____	_____	_____

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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	12
Number of parenting and/or pregnant minors served	5
Number of parenting and/or pregnant minors served in school based programs	5
Number of parenting and/or pregnant minors referred to community programs	5

## 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	_____	_____
General TUPE information	_____	50
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	10
Other: _____	_____
Other: _____	_____
Other: _____	_____

## Community Involvement

5C. Please indicate below, by entering an X in the appropriate box, the types of activities offered 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):**

We did not collect ethnicity data of our student, projected and actual, who participated in programs. This is the first I am aware that this data was going to be requested. We will gather this data for 2010-11 report.

## **Comments related to General Activities (question 2):**

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

## **Comments related to Targeted Populations (question 4):**

We did not collect ethnicity data of our student, projected and actual, who participated in programs. This is the first I am aware that this data was going to be requested. We will gather this data for 2010-11 report.

## **Comments related to Training (question 5):**