

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

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County: Tehama

LEA Name: Tehama Co Dept of Education

CDS Number: 52105200000000

Grant ID	Cohort	Grades
E109-035	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	53	745
7	258	764
8	399	796
9	0	0
10	150	246
11	0	0
12	0	0
Non Traditional	0	0
<i>Total</i>	860	2,551

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	22
Asian	6
Pacific Islander	3
Filipino	2
Hispanic/Latino	254
African American	9
White (not Hispanic)	543
Multiple or no response	18
<i>Total</i>	857

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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	_____	_____
Red Ribbon Week (Tobacco focus)	_____	_____
Teens Kick Butts / Ash	_____	_____
Schoolwide contests*	_____	_____
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	_____	_____
Peer Educator	_____	_____
Other? <i>Please specify:</i> _____	_____	_____

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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)	8	0
Residential Student Assistance Program	_____	_____
Tobacco-Free Generations	_____	_____
Other? Please specify: ?	8	8

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)	8	0
I QUIT	_____	_____
I Decide: Teen Tobacco Cessation	_____	_____
California Smoker's Helpline	8	8
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	20
Number of parenting and/or pregnant minors served	20
Number of parenting and/or pregnant minors served in school based programs	20
Number of parenting and/or pregnant minors referred to community programs	20

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:		

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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	2	24
General TUPE information	2	30
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: _____	_____
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	_____	_____	_____
Supplemental Activities	_____	_____	_____
Community Health Fairs	TCDE	Tobacco Agency	Public Health Agency
Other: (specify below) _____	_____	_____	_____

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Comments:

Certified: July 26, 2010