



Study of the Implementation of the Safe and Drug-Free Schools and Communities Act Program State Grants

Sponsored by:

The U.S. Department of Education

Conducted by:

Westat

District Questionnaire

We would like to learn more about the programs in place in your district during the 2008-09 school year that included a focus on youth alcohol, tobacco, and other drug (ATOD) use or school crime. This questionnaire should be completed by the person who is most knowledgeable about such programs in your district.

You can complete this survey online at <https://www.sdfs-evaluation.org>. You will need an ID and password, which can be found on the attached gold Web Information Sheet.

If you prefer, you may complete this paper version. If you complete the paper version, please provide the following information, keep a copy of the completed survey for your files, and return the original to Westat at the address shown below. We have enclosed a postage-paid envelope for your convenience.

Name of person completing form: _____ Telephone: _____

Title/position: _____ E-Mail: _____

Name of School: _____

Best days and times to reach you (in case of questions): _____

Return form to:

Attn: Debbie Alexander (#8622.09.01)

Westat

1650 Research Boulevard, TA 2100

Rockville, Maryland 20850

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Debbie Alexander, Westat, 1650 Research Boulevard, TA 2100, Rockville, MD 20850-3129.

**Study of the Implementation of the Safe and Drug-Free Schools and
Communities Act Program State Grants**

General Instructions and Frequently Asked Questions

General Instructions

This questionnaire asks about district level prevention activities and prevention programs implemented during the 2008-09 school year that include a focus on youth alcohol, tobacco, and other drug (ATOD) use or school crime prevention. Please review the following study definitions before you begin the survey.

ATOD – Includes alcohol, tobacco, illegal drugs, inhalants, and inappropriate use of prescription and over-the-counter medications.

School crime – Includes illegal, violent, or disruptive behaviors that result in damage, pain, injury, or fear, or result in disruptions of the school environment. Violent behaviors include bullying, verbal aggression, physical aggression, possession or use of weapons, and sexual harassment.

Security practice – An activity or set of activities intended to prevent youth ATOD use or school crime (e.g., requiring identification cards or badges and visitor check-in; school resource officer; use of cameras, metal detectors and drug-sniffing dogs; drug testing; locker searches; etc.). Security practices may or may not be supported by an implementation manual.

Program – An integrated set of activities intended to achieve one or more goals and objectives. Only programs that are supported by an implementation manual or other similar documentation should be considered.

Frequently Asked Questions

Who should complete this questionnaire? This questionnaire should be completed by the person who is most knowledgeable about your district’s youth ATOD use and school crime prevention programs for the 2008-09 school year, including those supported by SDFSCA funding and those that are not supported by SDFSCA.

We want the information provided in this survey to accurately reflect the prevention efforts in your district. To that end, as needed, the most knowledgeable person should collaborate with others (e.g. facilities staff, budget office) to ensure data quality.

Will my responses be confidential? Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district, school, or individual. We will not provide information that identifies the district, school, or respondent to anyone outside the study team, except as required by law.

Who can I contact if I have questions? If you have questions about the completion of this survey, please contact a Westat study representative, toll-free at 1-888-XXX-XXXX, or by email at SDFSEvaluation@westat.com.

What should I do when I have completed the questionnaire? If you are completing this survey online at <https://www.sdfs-evaluation.org>, it will be automatically submitted to Westat when you select the final “Submit Completed Survey” button. We encourage you to print out a copy of your completed survey before submitting your completed survey. If you are completing this paper version of this survey, please make a copy of the completed booklet for yourself and send the original in the enclosed postage-paid envelope within 3 weeks, or to: Westat, Attn: Debbie Alexander (#8622.09.01), 1650 Research Boulevard, TA 2100, Rockville, MD 20850-3195.

A. Planning Prevention Programs

THE QUESTIONS IN THIS SECTION ASK ABOUT YOUR DISTRICT’S OVERALL PLANNING PROCESS FOR YOUTH ALCOHOL, TOBACCO, AND OTHER DRUG (ATOD) USE AND SCHOOL CRIME PREVENTION PROGRAMS FOR THE 2008-09 SCHOOL YEAR. PLEASE CONSIDER PLANNING RELATED TO BOTH EFFORTS SUPPORTED BY SDFSCA FUNDS AND THOSE NOT SUPPORTED BY SDFSCA FUNDS.

1. For the 2008–09 school year, how involved have school staff and parents and community members been in the activities listed below? (SELECT ONE RESPONSE FOR EACH ITEM.)

<u>School staff</u> have been involved in...	Very much	Somewhat	Not very much	Not at all
a. Analyzing data on problem behavior.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Reviewing prevention goals and objectives	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Selecting prevention programs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

<u>Parents and community members</u> have been involved in...	Very much	Somewhat	Not very much	Not at all
d. Analyzing data on problem behavior.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. Reviewing prevention goals and objectives	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
f. Selecting prevention programs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

2. During the 2008-09 school year, which of the following activities have been implemented within your district and have been at least partially funded by SDFSCA? (CHECK ALL THAT APPLY)

If your district did not receive any SDFSCA funding for the 2008-09 school year, check this box , and go to Question 3.

- a. Needs assessment..... ¹
- b. Identification of ATOD or school crime prevention goals and objectives..... ²
- c. ATOD or school crime prevention *planning*..... ³
- d. ATOD or school crime prevention *programs*
- e. ATOD or school crime *security practices (including security personnel salaries, and acquisition and installation of security equipment)*..... ⁵
- f. Professional development and training for school personnel regarding ATOD or school crime prevention..... ⁶
- g. Dissemination of ATOD or school crime prevention information to schools..... ⁷
- h. Reporting criminal offences committed on school property
- i. Expanded or improved school-based mental health services related to ATOD use or school crime
- j. Emergency intervention services following traumatic crisis events
- k. Establishment and maintenance of a school safety hotline
- l. Nationwide background checks of LEA employees
- m. Evaluation of SDFSCA funded activities
- n. Other activities (Specify) _____ ¹⁴

3. Considering both activities that were supported by SDFSCA funds and those not supported by SDFSCA funds, during the 2008-09 school year, who has had primary responsibility for... (SELECT ONE RESPONSE FOR EACH ITEM.)

	District staff	School staff	Equally shared by district and school staff	Not done during 2008-09 school year
a. Planning how SDFSCA prevention resources would be used....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Planning how non-SDFSCA prevention resources would be used	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Developing or reviewing SDFSCA prevention goals and objectives	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. Developing or reviewing non-SDFSCA prevention goals and objectives	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. Assessing prevention needs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
f. Selecting prevention programs.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

4. During the 2008-09 school year, which of the following data sources or measures has your district used or will it use to plan its SDFSCA- and non-SDFSCA-funded prevention programs? (SELECT YES OR NO FOR EACH ITEM IN COLUMN 1 AND IN COLUMN 2.)

	Column 1. SDFSCA-funded programs		Column 2. Non-SDFSCA-funded programs	
	Yes	No	Yes	No
a. School staff impressions of program effectiveness.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
b. Percentage of students reporting tolerant attitudes toward ATOD use.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
c. Percentage of students reporting ATOD use on or off school property.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
d. Number of incidents of youth ATOD use at schools, including on school property or at school-sponsored events	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
e. Number of criminal incidents (other than youth ATOD incidents) or violent incidents at schools, including on school property or at school-sponsored events.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
f. Percentage of students reporting criminal or violent victimization on school property or at school-sponsored events.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
g. Number of suspensions or expulsions.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²

5. For the 2008-09 school year, how much have the following factors been considered in adding or dropping youth ATOD use and school crime prevention programs? (SELECT ONE RESPONSE FOR EACH ITEM.)

If no programs have been added or dropped, check this box , and go to Question 6.

	Very much	Somewhat	Not very much	Not at all
a. Cultural appropriateness	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Relevance to district objectives for youth ATOD use and school crime prevention programs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Amount of total classroom time required	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. Fit with regular school operations	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. Feasibility of implementing program	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
f. Capacity of schools to implement programs effectively.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
g. Program cost.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
h. School staff interest in the program.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
i. Research on program effectiveness	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
j. Amount of staff training required.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
k. Student interest in the program.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
l. District data on student needs.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

6. For the 2008-09 school year, has the state either required or encouraged your district to select programs from one or more lists of specific youth ATOD use and school crime prevention programs? (SELECT ONE RESPONSE.)

Required..... ¹
 Encouraged..... ²
 Neither required nor encouraged..... ³ (Go to Question 8)

7. **What list(s) has the state required or encouraged your district to use for the 2008-09 school year?**
 (SELECT YES OR NO FOR EACH ITEM.)

	<u>Yes</u>	<u>No</u>
a. Less Hype, More Help: Reducing Juvenile Crime, What Works and What Doesn't, prepared for the American Youth Policy Forum by Richard Mendel (2000)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
b. Blueprints for Violence Prevention. Center for the Study of Violence Prevention (http://www.colorado.edu/cspv/blueprints)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
c. Preventing Mental Disorders in School-Aged Children: A Review of Effectiveness of Prevention Programs, prepared for the Center for Mental Health Services by MT Greenberg, CE Domitrovich, and B Bumbarger (2000) (http://www.pde.state.pa.us/svcs_students/lib/svcs_students/Chapter12PreventingMentalHealthDisorders.pdf)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
d. National Registry of Effective Programs and Practices (NREPP). Substance Abuse and Mental Health Services Administration's (Center for Substance Abuse Prevention). (http://www.nrepp.samhsa.gov)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
e. Safe, Disciplined, and Drug-Free Schools (SDDFS) Expert Panel's Exemplary and Promising School-based Programs, prepared for the Office of Safe and Drug-Free Schools, U.S. Department of Education (2001). (http://www.ed.gov/offices/OERI/ORAD/KAD/expert_panel/drug-free.html)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
f. Communities That Care® Prevention Strategies Guide (2004). (http://download.ncadi.samhsa.gov/Prevline/pdfs/ctc/CTC%20Prevention%20Strategies%20Guide%20.pdf.pdf).....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
g. Mihalic, S., & Aultman-Bettridge, T. (2004). A guide to effective school-based prevention programs: Individually Focused Programs. In William L. Turk (ed.), <i>School crime and policing</i> , pp. 230-253. Upper Saddle River, NJ: Prentice Hall.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
h. Preventing Drug Use Among Children and Adolescents: A Research-Based Guide, prepared for the National Institute of Drug Abuse (2003). (http://www.nida.nih.gov/Prevention/examples.html)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
i. Prevention Crime: What Works, What Doesn't, What's Promising, University of Maryland Department of Criminology and Criminal Justice, prepared for the U.S. Congress by LW Sherman et al. (1997) (http://www.ncjrs.org/works/)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
j. Strengthening America's Families: Model Programs. Kumpfer, prepared for the Office of Juvenile Justice and Delinquency Prevention (1999) (http://www.strengtheningfamilies.org/).....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
k. Youth Violence: A Report of the Surgeon General (2001) (http://www.surgeongeneral.gov/library/youthviolence/default.htm).....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
l. OJJDP Model Programs Guide (Title V). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Dept. of Justice. (http://www.dsgonline.com/mpg2.5/mpg_index.htm)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
m. Helping America's Youth, prepared for the White House. (http://www.helpingamericasyouth.gov).....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
n. A list compiled and distributed by the State	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
o. Other lists (Please specify): _____	<input type="checkbox"/> ¹	<input type="checkbox"/> ²

B. Implementing Prevention Programs

8. During the 2008-09 school year, which of the following aspects of SDFSCA- and non-SDFSCA-funded program implementation has your district monitored? (SELECT YES OR NO FOR EACH ITEM IN COLUMN 1 AND IN COLUMN 2.)

	Column 1. SDFSCA-funded programs		Column 2. Non-SDFSCA-funded programs	
	Yes	No	Yes	No
a. Extent to which planned program “dosage” or exposure was achieved	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
b. Extent to which the content of prevention activities was changed or modified	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
c. Number or characteristics of students served.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
d. Progress toward the achievement of outcome goals or objectives for prevention activities	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²

9. During the 2008-09 school year, how much have the following caused problems for program implementation in your district’s school? (SELECT ONE RESPONSE FOR EACH ITEM.)

	Very much	Somewhat	Not very much	Not at all
a. Inappropriate modifications to the program content or curriculum.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Reduction in the number of sessions.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Reduction in the amount of time per session	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. Competing demands for time in the students’ schedules	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. Insufficient level of student engagement in the program.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
f. Competing demands for time in the program providers’ (e.g., teachers’) schedules	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
g. Inability or lack of capacity among program providers to implement the program	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
h. Lack of program provider interest in or commitment to the program.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

C. Evaluating Prevention Programs

THESE NEXT QUESTIONS FOCUS ON HOW YOUR DISTRICT HAS EVALUATED THE PREVENTION PROGRAMS USED BY SCHOOLS DURING THE 2008-09 SCHOOL YEAR.

10. During the 2008-09 school year, who has had primary responsibility for...(SELECT ONE RESPONSE FOR EACH ITEM.)

	District staff	School staff	Equally shared district and school responsibility	Not done during 2008-09 school year
a. Evaluating SDFSCA-supported prevention programs?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Evaluating prevention programs that were not supported by SDFSCA?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Informing parents about SDFSCA-supported programs and their progress?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. Informing parents about programs that were not supported by SDFSCA and their progress?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

11. During the 2008-09 school year, which of the following data sources or measures has your district used or will it use to evaluate its SDFSCA- and non-SDFSCA-funded prevention programs? (SELECT YES OR NO FOR EACH ITEM IN COLUMN 1 AND IN COLUMN 2.)

	Column 1. SDFSCA-funded programs		Column 2. Non-SDFSCA-funded programs	
	Yes	No	Yes	No
a. School staff impressions of program effectiveness.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
b. Percentage of students reporting tolerant attitudes toward ATOD use.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
c. Percentage of students reporting ATOD use on or off school property	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
d. Number of incidents of youth ATOD use at schools, including on school property or at school-sponsored events	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
e. Number of criminal incidents (other than youth ATOD incidents) or violent incidents at schools, including on school property or at school-sponsored events	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
f. Percentage of students reporting criminal or violent victimization on school property or at school-sponsored events	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
g. Number of suspensions or expulsions.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²

D. District Prevention Program Funding and Other Support

THE QUESTIONS IN THIS SECTION ASK ABOUT DISTRICT RESOURCES FOR YOUTH ATOD USE AND SCHOOL CRIME PREVENTION PROGRAMS. PLEASE COLLABORATE WITH OTHERS AS NEEDED TO PROVIDE COMPLETE INFORMATION IN RESPONSE TO THESE QUESTIONS.

12. During the 2008-09 school year, has your state provided training or technical assistance in the following areas? (SELECT ONE RESPONSE FOR EACH ITEM.)

- | | <u>Yes</u> | <u>No</u> |
|---|---------------------------------------|---------------------------------------|
| a. Conducting needs assessments..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| b. Specifying measurable program goals and objectives | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| c. Selecting programs based on the extent to which they are supported by research | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| d. Implementing prevention programs | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| e. Evaluating programs in terms of making progress toward specified goals and objectives..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |

13. During the 2008-09 school year, have all prevention programs implemented in your school district been supported at least partially by SDFSCA funding?

- Yes ¹ (Go to Question 15)
- No..... ²

14. Considering only those prevention programs that have received no SDFSCA funding in 2008-09, to what extent has your district done each of the following? (SELECT ONE RESPONSE FOR EACH ITEM.)

	Very much	Somewhat	Not very much	Not at all
a. Used SDFSCA goals for non-SDFSCA-funded prevention programs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Considered research on program effectiveness in selecting non-SDFSCA-funded prevention programs.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Evaluated non-SDFSCA-funded prevention programs as part of the evaluation of SDFSCA-funded programs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

15. For the 2008-09 school year, which of the following funding sources has your district used to support youth ATOD use and school crime prevention programs? (SELECT YES OR NO FOR EACH ITEM.)

- | | <u>Yes</u> | <u>No</u> |
|--|---------------------------------------|---------------------------------------|
| a. School district funds | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| b. State funds (e.g., education, health, justice)..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| c. SDFSCA Program funds (i.e., formula funding or any SDFSCA grants) | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| d. Other federal funds | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| e. Private foundation or grant-making organization funds | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| f. Other (Please specify): _____ | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |

16. The No Child Left Behind Act allows districts to transfer money between the SDFSCA Program and other federal education programs. During the 2008-09 school year, has your district transferred money...*(SELECT YES OR NO FOR EACH ITEM.)*

If your district is unfamiliar with this element of the No Child Left Behind Act, check this box , and go to Question 17.

- | | <u>Yes</u> | <u>No</u> |
|------------------------------------|---------------------------------------|---------------------------------------|
| a. Out of the SDFSCA Program?..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| b. Into the SDFSCA Program?..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |

E. Prevention Programs Reported by Schools

17. One or more schools in your district completed a questionnaire reporting specific youth ATOD/school crime prevention programs implemented during the 2008-2009 school year.

For each program listed below by school, please indicate whether the program has received any funding from the SDFSCA Program for the 2008-09 school year. As needed, please check with other district staff who may be more familiar with SDFSCA program funding or check your district's application to the state education agency for information on SDFSCA program funding. (SELECT YES OR NO FOR EACH ITEM.)

School Name	Programs Implemented	Funded by SDFSCA?		
		Yes	No	Don't know
School A (imported from Prevalence Survey)	a. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	b. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	c. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	d. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	e. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	f. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
School B (imported from Prevalence Survey)	a. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	b. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	c. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	d. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	e. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	f. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
School C (imported from Prevalence Survey)	a. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	b. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	c. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	d. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	e. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
	f. (Program name imported from Provider Survey)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

F. Background Information

THE QUESTIONS IN THIS LAST SECTION ASK FOR SOME BACKGROUND INFORMATION ON YOU AND YOUR DISTRICT CHARACTERISTICS.

18. During a typical week during the 2008-09 school year, how many hours have you spent working for your school district? Please report all the time you spent on district-level activities, including prevention-related activities and any other district activities that you performed.

_____ Hours/week

19. During the 2008-09 school year, approximately what percentage of your time has been devoted to the following activities... (RECORD PERCENTAGE FOR EACH ITEM. IF NO TIME WAS DEVOTED TO AN ACTIVITY, RECORD ZERO.)

- | | |
|---|--------------|
| a. SDFSCA-funded activities..... | _____ % |
| b. Other youth ATOD use and school crime prevention activities . | _____ % |
| c. Other prevention activities (e.g., pregnancy, STD, or injury prevention) | _____ % |
| d. Other district activities not related to prevention | _____ % |
| Total | 100 % |

20. How many years have you worked on district-level prevention activities in this school district?

_____ Years

21. How many years have you worked on district-level prevention activities, including the years spent in this district?

_____ Years

22. For the district during the 2008-09 school year, which one of the following job titles best describes your position? (Select only one.)

- | | |
|---|----------------------------|
| District SDFSCA coordinator | <input type="checkbox"/> 1 |
| District prevention coordinator | <input type="checkbox"/> 2 |
| District student service coordinator..... | <input type="checkbox"/> 3 |
| District federal programs coordinator | <input type="checkbox"/> 4 |
| District superintendent/administrator | <input type="checkbox"/> 5 |
| School student service provider | <input type="checkbox"/> 6 |
| School principal/administrator | <input type="checkbox"/> 7 |
| Classroom teacher | <input type="checkbox"/> 8 |
| Other (Please specify): _____ | <input type="checkbox"/> 9 |

23. In what year did you last receive training or attend a conference/workshop focused specifically on youth ATOD use or school crime prevention?

If you have never received training or attended a conference/workshop focused on these topics, check this box , and go to Question 24.

_____ Year last attended

24. As of October 1, 2008, how many students were enrolled in your district?

_____ Total enrollment

25. As of October 1, 2008, what percentage of students in your district were eligible for free or reduced-price lunch benefits?

_____ % of students eligible for free or reduced-price lunch

* * * * *

Thank you for completing the survey. Please keep a copy for your records. We encourage you to submit your data on the web at www.sdfs-evaluation.org. Otherwise, you can return the completed questionnaire to:

Attn: Debbie Alexander (#8622.09.01)
Westat
1650 Research Boulevard, TA 2100
Rockville, Maryland 20850

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