

Mid Year Summary of MSC Activities

August-December 2001

School 1: _____

School 2: _____

Name of Person completing: _____

Please answer the following questions to the best of your ability. Thank you!

1. What kinds of curriculum/teaching support for **Drug Prevention** have you provided for teachers? ~Check all boxes that apply~

Curriculum Used

School 1:	✓	School 2:	✓
Learn about new curriculum		Learn about new curriculum	
Conduct mini-lesson practice session		Conduct mini-lesson practice session	
Meet with selected teachers about selected lessons		Meet with selected teachers about selected lessons	
Discuss curriculum with school bodies: (circle all that apply) administration, faculty meetings, SSC meetings, grade level meetings, UBC meetings		Discuss curriculum with school bodies: (circle all that apply) administration, faculty meetings, SSC meetings, grade level meetings, UBC meetings	
Receive feedback from teachers on lessons		Receive feedback from teachers on lessons	

2. What kinds of curriculum/teaching support for **Violence Prevention** have you provided for teachers? ~Check all boxes that apply~

Curriculum Used

School 1:	✓	School 2:	✓
Learn about new curriculum		Learn about new curriculum	
Conduct mini-lesson practice session		Conduct mini-lesson practice session	
Meet with selected teachers about selected lessons		Meet with selected teachers about selected lessons	
Discuss curriculum with school bodies: (circle all that apply) administration, faculty meetings, SSC meetings, grade level meetings, UBC meetings		Discuss curriculum with school bodies: (circle all that apply) administration, faculty meetings, SSC meetings, grade level meetings, UBC meetings	
Receive feedback from teachers on lessons		Receive feedback from teachers on lessons	

3. The school based drug and violence prevention programs currently in place at your schools. Please list:

School 1:	School 2:
▪	▪
▪	▪
▪	▪

4. Describe how the program has been implemented. *(example: in which grades, who implemented, have there been meetings or presentations?)*

Sch 1 _____

Sch 2 _____

5. How has the program been evaluated and refined? *(who is gathering feedback, how is the program working to fit the educational needs of students?)*

Sch 1 _____

Sch 2 _____

6. Have you identified additional drug and violence programs that need to be in place? Circle one: **Yes** **No**

If **yes**, please list which ones:

Sch 1 _____

Programs _____

Sch 2 _____
 Programs _____

6. Please list all professional development you have attended this semester

PD
▪
▪
▪
▪
▪

7. Please list all professional development activities you have provided this semester.

PD
▪
▪
▪
▪
▪

8. How many times have you met with your Healthy School Team at the school site this year? # of times met:

Sch 1 _____ # of times met: _____

Sch 2 _____ # of times met: _____

9. How many times have you participated in School Site Council meetings this year? # of times:

Sch 1 _____ # of times: _____

Sch 2 _____ # of times: _____

11. How did you pick the 4 students to intensively case manage?

Sch 1 _____

Sch 2 _____

12. What is the procedure for monitoring and follow up for the 20 case managed students?

Sch 1 _____

Sch 2 _____

13. Please describe strategies used for the following:

School	Strategies for increasing parental involvement	Strategies for increasing communication between parents and students about drugs and violence	Strategies for increasing community involvement

14. Please describe the educational support groups provided

School	Ed. Support groups available	Facilitator	Frequency	# of participants	Topics covered

15. How are students identified or referred to the support groups? *Check all boxes that apply.*

Sch 1:	✓	Sch 2:	✓
SAP Process		SAP Process	
Nurse		Nurse	
Teacher		Teacher	
Counselor		Counselor	
Family Request		Family Request	
Other		Other	

16. Describe the mentoring program

School	How many school based mentors?	How many community based mentors?	Types of activities

17. How are students identified and referred to the mentoring program?

Check all boxes that apply

Sch 1:	✓	Sch 2:	✓
SAP Process		SAP Process	
Nurse		Nurse	
Teacher		Teacher	
Counselor		Counselor	
Family Request		Family Request	
Other		Other	

18. Who organizes family involvement? *Please name:*

Sch 1 _____

Sch 2 _____