



I. GENERAL INFORMATION

District

District Administrator <i>First & Last Name</i>	E-Mail Address	Phone Area/No.
AODA Coordinator <i>First & Last Name</i>	E-Mail Address	Phone Area/No.

II. AODA GRANT ACTIVITIES

Identify the major program strategies implemented through the expenditure of AODA program grant funds. *Check all that apply.*

- | | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Adult Programs / Staff Development | <input type="checkbox"/> Healthy School Environment | <input type="checkbox"/> Policy Development / Enforcement |
| <input type="checkbox"/> Community Connections / Coalition Building | <input type="checkbox"/> Parent / Family Education and Outreach | <input type="checkbox"/> Student Assistance Program |
| <input type="checkbox"/> Curriculum Development / Implementation | <input type="checkbox"/> Peer-to-Peer Program Implementation | <input type="checkbox"/> Other, <i>Specify:</i> |

If funds were used to provide AODA instruction, check which curriculum(s) were used to provide this instruction. *Check all that apply.*

- | | | | |
|----------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Did not utilize funds for curriculum (purchase / development) | <input type="checkbox"/> Alcohol Edu | <input type="checkbox"/> Life Skills Training | <input type="checkbox"/> Prime for Life |
| <input type="checkbox"/> Project Northland | <input type="checkbox"/> Second Step / STEPS to Respect | <input type="checkbox"/> Other <i>Specify:</i> | |

Will the district continue to implement strategies supported, in whole or in part, by this grant once the grant funding cycle ends?

- Yes, at a reduced level *Specify activities maintained:*
 Yes, in full
 No

III. AODA GRANT PARTICIPATION

Provide the number of students in your district impacted, through grant funded activities, in each of the following categories.

- _____ Number of students who received alternatives to discipline under a new/revised AODA policy.
 _____ Number of students **trained** as peer helpers / mentors / mediators.
 _____ Number of students **receiving** mediation / mentoring / helping *services* from trained peers.
 _____ Number of students receiving classroom instruction from curriculum purchased, developed, or enhanced through this grant.

Provide the number of staff involved in grant funded activities, in the following area.

- _____ Number of staff trained and /or providing classroom instruction using curriculum purchased through the grant.

Provide the number of parents / family members receiving information or services through this grant.

- _____ Number of parents / family members receiving **information** on AODA issues through grant-funded activities.
 _____ Number of parents / family members receiving **services** for AODA issues through grant-funded activities.

IV. AODA GRANT EVALUATION

Which category below summarizes the primary objective identified in the original proposal submitted to and funded by the department?

- | | | |
|----------------------------------------------|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> AODA prevention | <input type="checkbox"/> Asset building | <input type="checkbox"/> School climate building |
| <input type="checkbox"/> Violence prevention | <input type="checkbox"/> Other <i>Specify:</i> | |

To what degree was the primary objective met?

- Completely
 Partially
 Not at all

What data or process was used to determine the degree to which the primary objective was met. *Check all that apply.*

- | | |
|------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Academic Achievement | <input type="checkbox"/> Office disciplinary referrals / violations |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Survey data |
| <input type="checkbox"/> Other <i>Specify:</i> | |

What barriers did you encounter in attempting to evaluate program effectiveness? *Check all that apply.*

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Limited funding / resources | <input type="checkbox"/> Lack of time / staff |
| <input type="checkbox"/> Lack of support from community | <input type="checkbox"/> None |
| <input type="checkbox"/> Other <i>Specify:</i> | |

IV. AODA GRANT EVALUATION (cont'd)

What was the most significant finding in review of the data or evaluation process undertaken to determine program effectiveness

- AODA prevention / reduction
- Asset building
- School climate
- Violence prevention / reduction
- Other

Provide a success story related to this project and indicate how you assessed its effectiveness.