

Ohio's Strategic Prevention Framework – Partnerships for Success (SPF-PFS)

Prevention Education Intervention

Survey Number = ID#

Program Summary – FACILITATOR Form

Directions: Please complete this form for any prevention education programs implemented as part of the SPF-PFS Initiative in Ohio. Page 1 captures information about the plans for implementation at the cohort and location level. Page 1 should be completed **before** delivering any sessions. Page 2 captures information about implementation for each cohort. Page 2 should be completed **during** and **after** implementation. When offering the program to more than one cohort, you will need to complete a separate page 2 for each cohort.

Person Completing Form: Person Completing Form **Coalition Name:** Coalition Name **Date:** m;d;y Form Completed (MM/DD/YYYY)

Co. Name **County Name:** ☐ 1 Carroll ☐ 2 Champaign ☐ 3 Coshocton ☐ 4 Hardin ☐ 5 Holmes ☐ 6 Mercer ☐ 7 Seneca ☐ 8 Tuscarawas ☐ 9 Warren ☐ 10 Wayne

Sub. Being Addressed **Substance Being Addressed:** ☐ 1 Underage Drinking ☐ 2 Prescription Drug Abuse and Misuse

BEFORE – Complete page 1 before delivering any of the prevention education sessions.

- Q1 1. Name of Prevention Program** Q33a, CLI-R, p.26
What is the name of the prevention program, from the developer? _____
- Q2 2. Renamed Name of Prevention Program** Q36c, CLI-R, p.31
What is the renamed program name? If not renamed, skip question. _____
- Q3 3. Recurring Prevention Education Program** Q63, CLI-R, p.40
Will the *same group* of participants be served over multiple sessions? Yes ☐ 1 No ☐ 2
- Q4 4. Series of Cycles (Cohorts)** Q64, CLI-R, p.40
Will a *new group* of participants receive the prevention education program? Yes ☐ 1 No ☐ 2
- 5. Stakeholders, Partners, Partner Organizations who Support the Program** Q40, CLI-R, p.33
Who supported or partnered with you on this prevention education program? (See box on page 2 for Sectors.)

Sector	Number of Organizations	Number of Individuals
Q5a1	Q5b1	Q5c1
Q5a2	Q5b2	Q5c2
Q5a3	Q5b3	Q5c3

Summary Information about Settings & Cohorts

Directions: List each cohort where the program will be offered (e.g., different groups, schools or organizations.)

6. Cohort Name or Number Q67b, CLI-R, p.41	7. Name of School or Organization Q39a, CLI-R, p.32	8. City / Town Q39b, CLI-R, p.32	9. County Q39c, CLI-R, p.32	10. Zip Codes Q39d, CLI-R, p.32	11. Priority Population Being Served Q39f, CLI-R, p.32	12. Estimated Number Within Area Q39g, CLI-R, p.32
Q6a	Q7a	Q8a	Q9a	Q10a	Q11a	Q12a
Q6b	Q7b	Q8b	Q9b	Q10b	Q11b	Q12b
Q6c	Q7c	Q8c	Q9c	Q10c	Q11c	Q12c
Q6d	Q7d	Q8d	Q9d	Q10d	Q11d	Q12d
Q6e	Q7e	Q8e	Q9e	Q10e	Q11e	Q12e
Q6f	Q7f	Q8f	Q9f	Q10f	Q11f	Q12f
Q6g	Q7g	Q8g	Q9g	Q10g	Q11g	Q12g
Q6h	Q7h	Q8h	Q9h	Q10h	Q11h	Q12h
Q6i	Q7i	Q8i	Q9i	Q10i	Q11i	Q12i

DURING – Complete page 2 while delivering the prevention education programs.

Tracking of Prevention Program Delivery

Directions: Log the following information after teaching each session. Complete a separate sheet for each cohort.

Name of Prevention Program Teacher: Name of Teacher

Cohort Name or Number: Cohort Name or Number

Q13 13. Location Q67a, CLI-R, p.41

Name of School, Group or Organization Where Program Taught: _____

14. Date of Session <small>CALC Q62, CLI-R, p.40</small>	15. Session Number <small>CALC Q68a, CLI-R, p.42</small>	16. Length of Session In Minutes <small>CALC Q68b, CLI-R, p.42</small>	17. Number of Participants <small>CALC Q69a, CLI-R, p.42</small>
Q14a_m;d;y	Q15a	Q16a	Q17a
Q14b_m;d;y	Q15b	Q16b	Q17b
Q14c_m;d;y	Q15c	Q16c	Q17c
Q14d_m;d;y	Q15d	Q16d	Q17d
Q14e_m;d;y	Q15e	Q16e	Q17e
Q14f_m;d;y	Q15f	Q16f	Q17f

END – Complete after the final session has been taught.

Directions: Log the following information after teaching all of the sessions for a cohort.

Q18 18. Date Program Completed CALC Q33i, CLI-R, p.26 month / day / year
MM / DD / YYYY

Q19 19. Discontinuation CALC Q33i, CLI-R, p.26
Was the program discontinued for any reason? ¹ Yes ² No

Q20 20. Date Program Discontinued CALC Q33i, CLI-R, p.26
If the program was discontinued, enter last date delivered? month / day / year
MM / DD / YYYY

Reference

Sectors

- | | |
|--|---|
| 1. Youth groups/representatives | 10. Organizations serving LGBTQ individuals |
| 2. Schools/school districts | 11. Military |
| 3. Other youth-serving organizations | 12. Law enforcement agencies |
| 4. Parents/family/caregiver groups | 13. Courts/judiciary system |
| 5. Tribal leaders or elders | 14. Substance abuse treatment organizations |
| 6. Business community | 15. Substance abuse prevention organizations |
| 7. Media (radio/TV stations; newspapers) | 16. Health care professionals/agencies |
| 8. Clergy/faith-based organizations | 17. Mental health professionals/agencies |
| 9. Civic or volunteer organizations | 18. Other State, local, or tribal government agencies |