

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

Prevention Education Intervention

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: _____ **Coalition Name:** _____ **Date:** _____ (MM/DD/YYYY)

County Name: ☐ Carroll ☐ Champaign ☐ Coshocton ☐ Hardin ☐ Holmes ☐ Mercer ☐ Seneca ☐ Tuscarawas ☐ Warren ☐ Wayne

Substance Being Addressed: ☐ Underage Drinking ☐ Prescription Drug Abuse and Misuse

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

1. Name of Prevention Program Q33a, CLI-R, p.26

What is the name of the prevention program, from the developer? _____

2. Renamed Name of Prevention Program Q36c, CLI-R, p.31

What is the renamed program name? If not renamed, skip question. _____

3. Recurring Prevention Education Program Q63, CLI-R, p.40

Will the *same group* of participants be served over multiple sessions? Yes No

4. Series of Cycles (Cohorts) Q64, CLI-R, p.40

Will a *new group* of participants receive the prevention education program? Yes No

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

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 <small>Q67b, CLI-R, p.41</small>	7. Name of School or Organization <small>Q39a, CLI-R, p.32</small>	8. City / Town <small>Q39b, CLI-R, p.32</small>	9. County <small>Q39c, CLI-R, p.32</small>	10. Zip Codes <small>Q39d, CLI-R, p.32</small>	11. Priority Population Being Served <small>Q39f, CLI-R, p.32</small>	12. Estimated Number Within Area Described <small>Q39g, CLI-R, p.32</small>

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: _____

Cohort Name or Number: _____

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>

END – Complete after the final session has been taught.

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

18. Date Program Completed CALC Q33i, CLI-R, p.26 ____/____/____
MM / DD / YYYY

19. Discontinuation CALC Q33i, CLI-R, p.26

Was the program discontinued for any reason? Yes No

20. Date Program Discontinued CALC Q33i, CLI-R, p.26

If the program was discontinued, enter last date delivered? ____/____/____
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 |