Title IV: Safe and Drug-Free Schools and Communities Act

Annual Report 2008/2009

Agency: School:

Mailing Address:

City/State:

Zip:

Telephone No.: Fax No.:

Principal/Superintendent Name: SDFSCA Contact Person:

Signature: Signature:

Date Submitted:

Please return the original to ADVP/HIV-AIDS Education Specialist: Jack Edmo, Jr. by **December 18**, 2009 and a copy to the Education Line Officer.

# DOI/BIE/ASC/DPA

BIA Building 2

1011 Indian School Road NW

3rd Floor, Suite 332

Albuquerque, NM 87104

## AUTHORIZATION FOR PROGRESS MONITORING

Section 4116 of the Safe and Drug-Free Schools and Communities Act of 2001 (20 U.S.C. 7101) requires the collection of certain information about State and local implementation of SDFSCA. States are required to submit information on state and local programs conducted with assistance furnished through SDFSCA. Information from schools is required for inclusion in BIE reporting to the United States Department of Education.

### GENERAL INSTRUCTIONS

**Use this report example to fill in your school/dorm specific information, please email your questions to** jedmo@bia.edu.

1. The period covered by this report is July 1, 2008 to June 30, 2009.
2. Please complete the entire form. Please be brief in the remarks section, and maintain a file containing all of the information. Do not leave spaces blank. Indicate information that is not available or not applicable by using the following abbreviations:

 MD = Missing Data NA = Not applicable Enter 0 or None where applicable.

1. Please retain a copy of the completed form and keep on file.
2. If you have any questions about completion of this form, please call ADVP/HIV-AIDS Education Specialist, , Jr., at (505) 563-5266, cell (505) 250-0925 or jedmo@bia.edu.
3. Attach a 2008/2009 schedule of all activities involving your Emergency Preparedness Plan and Continuity Of Operations Plan. At a minimum, include training, drills, team meetings, and plan reviews/updates.
4. Please attach a copy of the 2006/2007 & 2007/2008 reports and plans; use this data to develop your 2009/2010 plan and complete the 2008/2009 annual report.

Complete the following areas of compliance, Provide brief remarks and maintain all related files, reports, and dada on file.  **EXAMPLE-You may use as a checklist.**

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| **Category** | Yes | No | Remarks: Please be brief.  |
| Does the plan describe a coherent set of activities intended to prevent or reduce problem behavior?  | X |  | *Yes, we have exceeded the BIE 2% reduction in substance abuse and violence. Our plan addressed NASIS data, interventions, student activities, and follow up committee meetings, monthly. Minutes are on file. .*  |
| Prevention: Curriculum, instruction, or training programs.  | X |  | *We use STAY SOBER SRB curriculum, developed to work with minority populations.*  |
| Behavioral programming or behavior modification programs.  | X |  | *BEST University of Oregon*  |
| Counseling, social work, psychological, or therapeutic programs.  | X |  | *We work with the local I.H.S.*  |
| Mentoring, tutoring, coaching, apprenticeship, or other programs involving individual attention.  | X |  | *Our Senior students participate in job shadowing with the local tribal programs; we also offer tutoring for students after school.*  |
| Recreational, enrichment, or leisure programs.  | X |  | *The local 4-H Chapter provides horsemanship classes and leatherwork. We also provide tribal language and art classes three times a week and on Saturdays.*  |
| Programs involving improvements to instructional practice.  | X |  | *We are funded by the BIE’s Reading First program and utilize outside contractors in the area of math.*  |
| Programs involving improvements to the classroom organization or management practices.  | X |  | *We have outside contractors providing professional development in the area of classroom organization, learning stations, and response to intervention. .*  |
| Programs to change or maintain the culture or climate of the school, alter or maintain expectations for student behavior, or secure commitment to norms.  | X |  | *Our student peer-mentoring program addresses this through meeting, activities, and the Safe Schools Ambassadors program.*  |
| Programs focused on inter-group relations or interaction between the school and community, or among groups within the school.  | X |  | *Our local tribal diabetes project provides professional development to our physical education staff, the CHR’s are training students as peer tobacco cessation leaders, and our student council hosts quarterly meetings with all student groups.*  |

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| --- | --- | --- | --- |
| **Category** | Yes | No | Remarks: Please be brief.  |
| Programs related to youth roles in regulating or responding to student conduct.  | X |  | *Our students provided input into the schools code of conduct, and they are part of the student “report a bully” program. .*  |
| Programs involving a school planning structure or process or a method of managing change.  | X |  | *We included our student council on our school improvement team activities.*  |
| Security or surveillance programs.  | X |  | *We purchased student and staff name badges.*  |
| Programs or services for families or family members.  | X |  | *Our school counselor developed a community resource guide for the parents and we hand it out at all our activities.*  |
| Parent Survey Results and Activities. | X |  | *We had great results, see our file. We used the input to change our classroom behavior program to include more parent contact.*  |
| List results of your needs assessment of your risk and protective factors  | X |  | *On file.*  |
| List NASIS data used for data driven decision making, along with a narrative of the behavior trends identified and your specific interventions | X |  | *We used our NASIS data to reduce our bullying in the lower grades; we went from 15 to 4 incidents per month. We added a report-bullying box in the school.*  |
| Attach a budget summary  | X |  | *We used our budget for cameras and positive behavior incentives.*  |
| Documentation of Emergency Preparedness Plan and COO Plan meeting minutes, include dated review, approvals, training, drills, and all information documenting improvement.  | X |  | *After returning from the BIE national conference we decided to meet monthly with our team and develop our 2008/2009 schedule, it is attached.*  |
| Documentation of 10 hours of staff training. List specific training topics based on your specific school. This is mandatory for all school/dorm personnel.  | X |  | *On file*  |
| Documentation of your Stand Down training. The Stand Down is mandatory for all school/dorm personnel.  | X |  | *On file.*  |
| List any updates to the student code of conduct or student handbook.  | X |  | *Added bullying to the handbook.*  |
| Document updates, revisions, or reviews of the schools discipline/behavior policies.  | X |  | *Updated our bullying policy, on file.*  |

##### Safe and Drug Free Schools and Communities Committee (Parents are mandatory members) Meetings should be held quarterly or as deemed appropriate by the committee.

Please provide the information listed in the table below for all members of your committee. Attach minutes and training.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Organization** | **Role on Committee** |
| ***Sample*** |  |  |  |
| *Susan Sample* | *School Principal* | *Our Great School* | *Chairman* |
| *Dennis Daddy* | *Parent* | *Community* | *Secretary* |
| *Tom Tickets* | *School Resource Officer* | *Tribal Police* | *Advisory* |

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| --- | --- | --- | --- |
| **Name** | **Position** | **Organization** | **Role on Committee** |
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##### Emergency Preparedness and Continuity Of Operations Committee

##### Meetings held quarterly (at a minimum)

Please provide the information listed in the table below for all members of your committee. Attach minutes and keep all training on file.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Department**  | **Role on Committee** | **Phone/Cell Number**  |
| ***Sample*** |  |  |  |  |
| *Susan Sample* | *School Principal* | *Our Great School* | *Chairman* |  |
| *Dennis Daddy* | *Parent* | *Community* | *Secretary* |  |
| *Tom Tickets* | *School Resource Officer* | *Tribal Police* | *Advisory* |  |

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| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Department**  | **Role on Committee** | **Phone/Cell****Number**  |
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##### Assurance Form

* The school and/or dormitory administrator (if applicable) has reviewed and approved statements in the Title IV Safe and Drug Free Schools and Communities Annual Report.
* The school and/or dormitory administrator (if applicable) reviewed the 2008/2009 budget and found it aligned with all Title IV budget requirements.
* The school and/or dormitory administrator (if applicable) have participated in or are aware of NASIS data used in data driven decision-making activities.
* The school and/or dormitory administrator (if applicable) has informed the Education Line Officer and Tribal Education Representative if applicable

###### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Education Line Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Education Line Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### School and/or Dormitory Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

######  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### If Applicable: Tribal Education Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_