



# ASP/Budget 2022 Prevention Program School-Based Prevention – District Information Form

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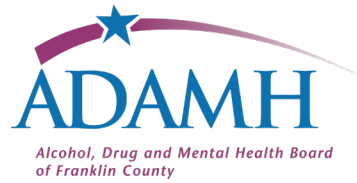
Date: \_\_\_\_\_ ADAMH Provider: \_\_\_\_\_

Agency Contact Name and Contact Information (email/phone):  
\_\_\_\_\_

What School district(s) will you be serving this year:

#	School District	Superintendent	District Enrollment	Budget/Allocation	Number of staff assigned to District
1					
2					
3					
4					

Complete pages 2-5 for the districts specified in the table above.



ASP/Budget 2022 Prevention Program

School-Based Prevention – District Information Form

Date: \_\_\_\_\_ ADAMH Provider: \_\_\_\_\_

School District #1: \_\_\_\_\_ School District Contact Person: \_\_\_\_\_

School District Contact email: \_\_\_\_\_ School District Contact Phone#: \_\_\_\_\_

School Levels: (check all that apply): Elementary Middle Junior High High School

School-based Teams working in this District hold what credentials? (check all that apply):

BSW MSW LISW RA OCPSA OCPS OCPC

Please describe the Prevention curriculum/programs you plan to implement in this District this year:

[Empty text box for describing prevention curriculum/programs]

Do you plan to partner with any external companies or organizations? If so, which ones:

[Empty text box for listing external partners]

Describe your strategy to reach and serve students with special needs, students of color, ESL, homeless and LGBTQ+:

[Empty text box for describing strategy to reach diverse students]

COVID-19 Protocols- How are you serving safely? How will you provide service during another shutdown? How will you reach students that may not have internet access?

[Empty text box for describing COVID-19 protocols and internet access strategies]



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School-Based Prevention – District Information Form

Date: \_\_\_\_\_ ADAMH Provider: \_\_\_\_\_

School District #2: \_\_\_\_\_ School District Contact Person: \_\_\_\_\_

School District Contact email: \_\_\_\_\_ School District Contact Phone#: \_\_\_\_\_

School Levels: (check all that apply): Elementary Middle Junior High High School

School-based Teams working in this District hold what credentials? (check all that apply):

BSW MSW LISW RA OCPSA OCPS OCPC

Please describe the Prevention curriculum/programs you plan to implement in this District this year:

[Empty text box for describing prevention curriculum/programs]

Do you plan to partner with any external companies or organizations? If so, which ones:

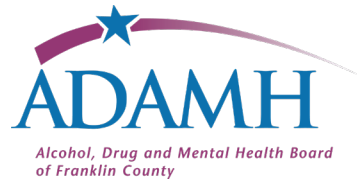
[Empty text box for listing external partners]

Describe your strategy to reach and serve students with special needs, students of color, ESL, homeless and LGBTQ+:

[Empty text box for describing strategy to reach diverse students]

COVID-19 Protocols- How are you serving safely? How will you provide service during another shutdown? How will you reach students that may not have internet access?

[Empty text box for describing COVID-19 protocols and internet access strategies]



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School-Based Prevention – District Information Form

Date: \_\_\_\_\_ ADAMH Provider: \_\_\_\_\_

School District #3: \_\_\_\_\_ School District Contact Person: \_\_\_\_\_

School District Contact email: \_\_\_\_\_ School District Contact Phone#: \_\_\_\_\_

School Levels: (check all that apply): Elementary Middle Junior High High School

School-based Teams working in this District hold what credentials? (check all that apply):

BSW MSW LISW RA OCPSA OCPS OCPC

Please describe the Prevention curriculum/programs you plan to implement in this District this year:

[Empty text box for describing prevention curriculum/programs]

Do you plan to partner with any external companies or organizations? If so, which ones:

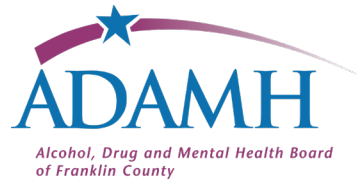
[Empty text box for listing external partners]

Describe your strategy to reach and serve students with special needs, students of color, ESL, homeless and LGBTQ+:

[Empty text box for describing strategy to reach diverse students]

COVID-19 Protocols- How are you serving safely? How will you provide service during another shutdown? How will you reach students that may not have internet access?

[Empty text box for describing COVID-19 protocols and internet access strategies]



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School-Based Prevention – District Information Form

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Date: \_\_\_\_\_ ADAMH Provider: \_\_\_\_\_

School District #4: \_\_\_\_\_ School District Contact Person: \_\_\_\_\_

School District Contact email: \_\_\_\_\_ School District Contact Phone#: \_\_\_\_\_

School Levels: (check all that apply):      Elementary      Middle      Junior High      High School

School-based Teams working in this District hold what credentials? (check all that apply):

BSW      MSW      LISW      RA      OCPSA      OCPS      OCPC

Please describe the Prevention curriculum/programs you plan to implement in this District this year:

Do you plan to partner with any external companies or organizations? If so, which ones:

Describe your strategy to reach and serve students with special needs, students of color, ESL, homeless and LGBTQ+:

COVID-19 Protocols- How are you serving safely? How will you provide service during another shutdown?  
How will you reach students that may not have internet access?