

ASP/Budget 2023 Prevention Programs

School-Based Prevention – District Information Form

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 2023 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:

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?

