

**D.E.S.C.
DRUG EDUCATION SCHOOL
CHALLENGE
AWARD**

**Application Deadline is
FEBRUARY 1**



D.E.S.C. Drug Education School Challenge Award Application

The D.E.S.C. Drug Education School Challenge is designed to publicly recognize schools that are providing comprehensive drug education, prevention and intervention programs to both parents and students. Based on a scoring framework, schools will earn points for their **documented** efforts. Please list items that occurred or will occur in the 2017-2018 school year.

School Name _____ Principal Name _____
School Address _____
Phone: _____
Email address: _____
Local PTA/PTSA Unit Name _____ Ohio PTA District # _____
PTA/PTSA President Name _____ Email: _____

**Student Education
Curriculum Inclusive Education:**

___ D.A.R.E. List grades _____
___ NIDA Brain Power List grades _____
___ Middle School Student Drug Prevention Orientation Program, Name/date- _____
___ High School Student Drug Prevention Orientation Program-Name/date _____
___ Other Curriculum Name of program(s) and list grades _____

Student-led Clubs:

___ S.A.D.D.
___ Others (explain) _____

Guest Speakers, Events, Contests – Drug Education and Mental Health Awareness Programs:

(i.e. Red Ribbon Week, Robby's Voice, Youth 360 Partnership@drugfree.org, LifeAct, PACER's Unity Day, school or PTA-sponsored initiatives, Writing or art poster contests, etc.)

Name of program(s), date occurred, grade(s) presented to

Drug Prevention Intervention Services located on school campus:

(i.e. McKeon Group, drug counselor, social/family services, research, Youth Risk Behavior Survey)

Name(s) of services and programs that they provide

Parent Education

School Programs, Home-Based Education and Online Resources:

- ___ School-led education (*i.e. Parents 360 PowerPoint Kit*)-Dates provided _____
- ___ Start Talking! Know! Tips shared with parents- how many parents _____
- ___ School and PTA newsletter articles-Please attach and include date _____
- ___ School/PTA website with drug awareness resources
- ___ Others (explain)

Guest Speakers, Events, Meetings - Drug Education and Mental Health Awareness Programs:

(i.e. Robby's Voice, Hidden in Plain Sight, school or PTA-sponsored initiatives, PTA meeting reports, Community Forum etc.)

Name of program(s), date occurred, grade(s) presented to

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from receiving benefits of this award.

Signature of Applicant _____

Printed Name _____

DEADLINE: February 1 in the Ohio PTA Office
40 Northwoods Blvd, Suite A
Columbus, OH 43235
Email: HWS@ohiopta.org