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

Application Deadline is MARCH 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 2018-2019 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)

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