



K-12 Prevention Education Initiative Plan of Action

*Closing your browser prior to clicking on the "Save" or "Submit" buttons will delete your responses. Please use the "Save" button to email yourself a link to continue later.

Are you completing this self-assessment on behalf of a

- District
- School Building

District IRN

District Name

Name of District Contact

Email address of District Contact

Email address for additional District contacts (please separate using a semi colon)

Primary County

This plan should be based on existing student data and outline identified gaps in prevention services for students in your district. Please be as specific as possible in answering the following.

Needs: Who will you serve and Why (What needs are being addressed?)

Implementation: What prevention programs and strategies will you be implementing or expanding?

Capacity: Where and When will the program/strategy take place? (during the school day, outside of the classroom setting, etc.)

Outcomes: How will your school look different after this implementation?