



44944

# OTPF Training Survey: Youth Prevention Curriculum



1. Date

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2. Please indicate which curriculum you received training for today.

- LifeSkills Training     Project ALERT     STAMP  
 Word of Mouth     Project TNT

3. Are you:  Male     Female

4. How old are you (years)?

9. Approximately how many youth do you plan to provide this program to in the next 12 months?

5. Which of these best describes you?

- White  
 African-American  
 Hispanic  
 Native Hawaiian or Pacific Islander  
 American Indian or Alaskan Native  
 Other \_\_\_\_\_

10. Do you pledge to deliver this curriculum with fidelity, as it is designed to be delivered?  Yes     No

11. Do you intend to culturally tailor or adapt the curriculum for a special population?  Yes     No

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What is your highest level of education?

- High School  
 Some College  
 Associate's Degree  
 Bachelor's Degree (BA/BS)  
 Graduate or Professional Degree

12. After receiving the training today, how confident do you feel in your ability to deliver this curriculum?

- Very confident  
 Somewhat confident  
 Not very confident  
 Not confident at all

7. What is your current position?

- Teacher  
 School Nurse  
 Safe and Drug-free School Coordinator  
 Guidance Counselor  
 Community Agency Representative  
 Other School Personnel  
 Other \_\_\_\_\_

13. How comfortable do you feel with the material that was covered today?

- Very comfortable  
 Somewhat comfortable  
 Not very comfortable  
 Not comfortable at all

8. Where will you deliver this curriculum?

- School-based, in a classroom  
 School-based, in an after school program  
 Community setting

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