

Youth Prevention Program Activity Tracking Form

YPU YPS YPI CCP PRC

STRATEGY TO BE REPORTED: *(Select all that apply)*

Minors and Tobacco Presentation <input type="checkbox"/>	AOD Presentation <input type="checkbox"/>	AOD Alternative Activity <input type="checkbox"/>
Tobacco Alternative Activity <input type="checkbox"/>	Information Dissemination <input type="checkbox"/>	Community-Based Process <input type="checkbox"/>
Other (Specify) <input type="checkbox"/>		

Complete this section for any strategy being reported:

Prevention Specialist(s)/Volunteer(s):				
Date:		Begin/End Time:		Duration of Activity <i>(Minimum of 30 minutes)</i>
Activity Location:				
Number of Youth In Attendance:		Number of Youth Receiving Information:		
Number of Adults In Attendance:		Number of Adults Receiving Information:		

INFORMATION DISSEMINATION:

Description of Materials Disseminated:
Brief Description of Presentation or Activity:

AOD/TOBACCO PRESENTATION:

Presentation Type: <input type="checkbox"/> AOD Presentation <input type="checkbox"/> Minors and Tobacco Presentation
If AOD Presentation: <input type="checkbox"/> Marijuana <input type="checkbox"/> Alcohol <input type="checkbox"/> Rx Drugs
Education Goal:
Objective:
Brief Description of Presentation or Activity:

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AOD/TOBACCO ALTERNATIVE ACTIVITY:

Type of Alternative Activity: <input type="checkbox"/> AOD <input type="checkbox"/> Tobacco
Educational Goal:
Objective:
Brief Description of the Activity:

Community-Based Process:

DSHS-Funded Community Coalition <input type="checkbox"/> Non-DSHS AOD Funded Community Coalition <input type="checkbox"/> Other (Specify) <input type="checkbox"/>
Key Contacts / Providers Involved:
<i>(Attach Coalition Meeting/Task Force Meeting Agendas and Meeting Minutes)</i>
Purpose and Goal of the Activity:
Further Action Steps Needed:
Action or Change Achieved:

Prevention Specialist(s) Name (Print):

Prevention Specialist(s) Name (Signature): _____

Date: