

Safe & Drug-Free Schools State-Mandated Compliance Form

This is to certify that _____ completed:
Name of School

- the one-hour in-service training regarding signs and symptoms of substance abuse to all *employees* on _____. (**Attach Agenda & Sign-In Sheet.**)
- 16 hours of required drug prevention education for students in grades K-9.
*Description of how training was provided (Use checklist below.)
- 8 hours of required drug prevention education for students in grades 10-12.
*Description of how training was provided (Use checklist below.)

***Describe how the information was presented to students**, checking method(s) that apply:
(NOTE: Refer to Form C for this information. Form C is kept at the school.)

_____ Use of a research-based curriculum
(Curriculum Name: _____)

_____ Videos

_____ Guest speakers

_____ Experiential Learning

_____ Lecture

_____ Infusion within the curriculum
(teachable moments)

_____ In Physical Education

_____ Skills training
(Ex.: communication skills, refusal skills, anger management skills, etc.)

_____ Other (Please explain below)

Principal

Date