

**Maryland State Department of Education
Sexual Harassment/Assault Prevention Program**

**SEMESTER REPORT PART I
(Documentation of In-Class Sessions/Curriculum)**

**In cases where any one grade receives different curricula depending upon the school, include separate info on all curricula implemented.*

	NO. OF STUDENTS (COUNTY-WIDE)	TOPICS COVERED & NO. OF SESSIONS PER TOPIC	CURRICULUM (Include level if applicable) *	KNOWLEDGE- AND ATTITUDES-BASED PRE/POSTTEST USE
SAMPLE 6th Grade	1050	Bullying (4 sessions), Healthy Relationships (5 sessions)	Second Step, Middle School, Level 1 <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	Approximately 70% of schools implementing the curriculum administered a pre/posttest with students
KINDERGARTEN			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
GRADE 1			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
GRADE 2			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
GRADE 3			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
GRADE 4			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
GRADE 5			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
GRADE 6			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
GRADE 7			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
GRADE 8			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
GRADE 9			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
GRADE 10			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
GRADE 11			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
GRADE 12			<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N	
TOTAL				

** Indicate Y if paid for within this grant cycle, P if it was paid for by this grant in a previous cycle, or N if it was paid for through other funding.*

NO. OF SCHOOLS IMPLEMENTING CURRICULA FOR SHAPP:

_____ of _____ of _____
Elementary Middle High

NO. OF SCHOOLS IMPLEMENTING A SCHOOL WIDE BEHAVIORAL SUPPORT SYSTEM (E.G. PBIS):

Name of Program: _____ **No. of Schools:** _____ of _____

School District: _____ Person Reporting: _____ Date: _____

Check One: 1st Semester (July 1 – Dec 30th) 2nd Semester (Jan 1st – June 30th)