

	Administration	Faculty/Staff	Pupil Services Personnel	Counselors	Psychologists	School Nurses	Bus Drivers	Para-Professionals	Parents	(Fill In Other Here)	(Fill In Other Here)	(Fill In Other Here)
Rape Prevention												
Drug-Facilitated Rape												
Gender Roles												
Diversity Training												
Other - Specify												

*** Note: To add a row to the chart to accommodate additional topics, highlight the last existing row in its entirety by simultaneously holding the left-click button on the mouse and dragging your cursor over the row. Go to 'Table' → 'Insert' → 'Rows Below.' If these options do not appear under the "Table" drop-down menu, it means that you have not highlighted the row properly.*

** 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.*

**Maryland State Department of Education
Sexual Harassment/Assault Prevention Program
Educational Materials Developed and/or Distributed**

<p>Medium - Developed Check All That Apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Brochures <input type="checkbox"/> CEU Courses <input type="checkbox"/> Curricula <input type="checkbox"/> Health Fairs 	<ul style="list-style-type: none"> <input type="checkbox"/> Newspaper Ads <input type="checkbox"/> Posters <input type="checkbox"/> Promo Items <input type="checkbox"/> Media Campaign 	<ul style="list-style-type: none"> <input type="checkbox"/> Packaged Presentation <input type="checkbox"/> TV ads <input type="checkbox"/> Websites <input type="checkbox"/> Other – Specify <p>_____</p> <p>_____</p>
<p>Medium - Distributed Indicate the Number</p> <p>_____ Brochures</p> <p>_____ CEU Courses</p> <p>_____ Curricula</p> <p>_____ Health Fairs</p>	<p>_____ Newspaper Ads</p> <p>_____ Posters</p> <p>_____ Promo Items</p> <p>_____ Media Campaign</p>	<p>_____ Packaged Presentation</p> <p>_____ TV ads</p> <p>_____ Websites</p> <p>_____ Other – Specify</p> <p>_____</p> <p>_____</p>
<p>Target Populations Check All That Apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Parents 	<ul style="list-style-type: none"> <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> General Public <input type="checkbox"/> Counselors <input type="checkbox"/> School Nurses <input type="checkbox"/> Psychologists <input type="checkbox"/> Pupil Service Personnel <input type="checkbox"/> Male Only <input type="checkbox"/> Male and Female <input type="checkbox"/> Female Only 	<ul style="list-style-type: none"> <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other – Specify <p>_____</p> <p>_____</p>
<p>Topic Areas Check All That Apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bullying & Teasing <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Healthy Relationships <input type="checkbox"/> Role of Bystanders <input type="checkbox"/> Dating Violence 	<ul style="list-style-type: none"> <input type="checkbox"/> Cyber-bullying <input type="checkbox"/> Gender Roles <input type="checkbox"/> Consent vs. Coercion <input type="checkbox"/> Drug Facilitated Rape <input type="checkbox"/> Diversity Training 	<ul style="list-style-type: none"> <input type="checkbox"/> Health Fair <input type="checkbox"/> School-wide Assembly <input type="checkbox"/> Rape Prevention <input type="checkbox"/> Other – Specify <p>_____</p> <p>_____</p>

Briefly describe successes or specific accomplishments not previously addressed on this form:

SIGNATURE: _____ Date: _____

School District: _____ Person Reporting: _____

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