

Agency Name: _____

The Dept. of Public Health's STD Control Program is developing a resource guide of sexual health programs currently operating in public high schools. We are asking you to share information about any in-school programs that your organization provides. This information will be included in this resource guide which will then be distributed to partnering agencies, organizations, and individual schools.

1. Briefly describe your Program/Agency's Mission.

2. Does your Program/Agency currently have an up-to-date website? Y N

- a. If yes, what is the website?

b. Please describe what adolescent-based information is available.

3. In which public high schools does your Program/Agency currently provide sexual health education programs?

(Please complete this sheet for each Program/Service.)

Okay, let's talk about each school specifically:

School: _____

Program/Service Name: _____

Brief program description:

Schedule (month, days, hours, etc):

Please describe how students are referred into this program:

Contact Person for this program:

Name: _____

Title: _____

Email: _____

Phone: _____

Does the above Contact Person conduct program in school?

Y N

If not, who does?

Name: _____

Title: _____

Email: _____

Phone: _____

Age of program:

How many years have you provided this program in this school?

1 2 3 >3

Will you be providing this program during the 2009/2010 School Year?

Y N

4. What other agencies or providers do you know that provide sexual health education program in public high schools?

5. Is there any other information we should know?