

# SAFE AND DRUG-FREE SCHOOLS & COMMUNITIES CO-OP SCHOOL REQUEST FORM

- ☞ To request SDFSC funds for providing a speaker, presenter, or program, please complete the following items:
  - Speaker's Intent Form
  - School Request Form (below)
  - Billing statement
- ☞ To request SDFSC funds for purchasing materials such as curriculum, videos, or miscellaneous services and/or products, please complete the form below (School Request Form)
- ☞ Remember that all services and products furnished by SDFSC funds must fall within the guidelines outlined in the Principles of Effectiveness (P.O.E.). This means that there are several key items to look for:
  - ✓ Is the activity considered to be based on proven practices and/or research-based content?
  - ✓ Does the activity consist of more than a one-time event?
  - ✓ Are there pre-materials and/or follow-up activities which "surround" the activity?
  - ✓ Does the activity reject the utilization of any practices what can be deemed as "red flags?"
  - ✓ **Will you be able to complete the documentation necessary to prove its effectiveness?** *(p.12 Title IV Annual Evaluation)*
- ☞ Please note that in the pursuit of collaboration and getting the most out of our shared services, activities that can be utilized in more than one location will benefit our students the most. In other words, if one district brings in a program, can other nearby districts benefit from the program as well? Could we avoid having to pay travel expenses for the company to make the trip to this area next month? Does the company have a policy whereby they will reduce the cost of additional programs?
- ☞ Return to: Region 14 ESC, Safe & Drug-Free Consultant, 1850 Highway 351, Abilene TX 79601  
Rod Pruitt (915) 675-8646, fax: (915) 675-8659

Date Submitted: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## INFORMATION

District: \_\_\_\_\_ Campus(es): \_\_\_\_\_

District SDFSC Coordinator: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check One:  Presenter/Program       Materials       Other      Total Cost: \$ \_\_\_\_\_

Describe Purchase: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Participants Included (check all that apply):  students (grade(s): \_\_\_\_\_)  
 parents/family     community     teachers     administrators     others

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_

Date Received: \_\_\_\_\_ P.O. #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Auth: \_\_\_\_\_