**Ohio’s Strategic Prevention Framework – Partnerships for Success (SPF-PFS)**

**Activity Tracking Form**

**Coalition Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **County Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Month:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Please use this tracking form to report any prevention-related activities implemented during the month. Feel free to add rows to any of the tables if you need additional space.

**Information Dissemination**

**Major Media Outlets**

List the type of media that you utilized (e.g., TV Ad, Radio Ad, Print Ad, PSA, Letter to the Editor, Billboard or Signage, etc.) and then describe the message conveyed and an estimated reach.

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| **Type of Outlet** | **Date** | **Key Message Conveyed** | **Reach**  (estimated # reached) |
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**Social Media**

List the type of social media that you utilized (e.g., Website, Blog, Email, Text Message, Newsletter, Facebook, Instagram, Twitter, etc.) and then describe the message conveyed, the type of item posted/shared (e.g., buttons, badges, images, content, videos, website, widgets, etc.) and the influence/reach.

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| **Type of Outlet** | **Date** | **Message Conveyed** | **Type of Items Posted** | **Influence/Reach** | | |
| # likes | # shares/ retweets | # new friends/  followers |
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**Alternative Activities**

**Web-based Gatherings**

List each of the web-based gathering that you hosted and then describe the activity offered (e.g., afterschool activity, homework help/tutoring, online recess break, Lifeskills training, etc.), the target audience, the estimated number reached, and any key partners involved.

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| **Date** | **Describe Activity** | **Target Audience**  (Age, Grade Group, Adult) | **Reach** (estimated #) | **Partners** |
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**Other Activities**

List any other types of activities that you supported (e.g., activity packets for school-aged youth, positivity cards, boredom buster idea sheets, informational brochures) and then describe what was offered, the target audience, the estimated number reached, and any key partners involved.

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| --- | --- | --- | --- | --- |
| **Date** | **Describe Activity** | **Target Audience**  (Age, Grade Group, Adult) | **Reach** (estimated #) | **Partners** |
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**Other Activities and Support**

Please describe any other activities that you offered or supported. Include any partnerships or other collaborators.

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**Problem Identification and Referral**

While implementing SPF-PFS activities, there may be participants who require a warm hand-off for additional services beyond the scope of prevention professionals. Please track and report information on those referrals.

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| **Gender** | | | **Age Groups** | | | | | | **Types of Services for Referrals** | | | | | | | | |
| Male | Female | Un-known | 0-11 | 12-17 | 18-20 | 21-25 | 26+ | Un-known | Substance abuse treatment | Mental health treatment | Substance abuse prevention activities | Housing services | After-school activities | Transportation | Day care or adult care services | Health care | Other (Describe) |
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