

FY27 TSET Successful Futures - Monthly Reporting System

The purpose of the Monthly Reporting System is to record and track major activities completed by the Successful Futures grant-funded agencies as outlined in the FY27 Workplan.

Below are the webform links used to report monthly program activities:

Submitted when completed

1. Botvin/Nutrition Lessons – submit one entry per lesson taught
2. Botvin Assessment Results – submit separate entries for the pretest and posttest assessment results
3. Nutrition Assessment Results – submit separate entries for the pretest and posttest assessment results
4. Partnerships Formed – submit one entry per partnership formed
5. Service-Learning Projects – submit one entry per project phase completed
6. Physical Activities – submit one entry per physical activity completed
7. Additional Activities – activities not directly listed in workplan (do not submit Botvin lessons or Nutrition lessons on this webform)

Required monthly-for all agencies

8. Submit Monthly Report – completed once a month, after all activities have been submitted for that reporting month

Technical Assistance Request - for External Evaluator

9. Submit a TA Request when/if needed
10. Botvin Teaching Schedule - submitted when/if a group/class is scheduled, but at least once a month.

Botvin/Nutrition Lessons

Botvin/Nutrition Lessons – submit one entry per lesson taught. Only the Botvin lessons taught and the Nutrition Education (MyPlate & You and Healthy Eating & Exercise) lessons taught are submitted on this webform.

FY27 Botvin/Nutrition Education Lessons

Use this webform to submit the Botvin LifeSkills and Nutrition Education (MyPlate) lessons taught during the reporting period. Complete one submission per lesson.

If you have questions or need technical assistance, please submit a TA Request.

Fields marked with an asterisk (*) are required.

Agency Name *

Name of the agency the submitter represents.

Submitter's Name *

First and Last Name of the person submitting the form. If not on the list, manually enter your full name.

Submitter's Email *

Email of the person submitting the form. If not on the list, manually enter your email address.

1. Answer all the questions as they appear. The red asterisk * indicates an answer is required before you can submit the webform.
Agency Name, Submitter's Name, and Submitter's Email appear as dropdown lists on all the webforms, and same instructions apply to all. If your name or email is not on the dropdown list, you can manually enter the information.

2. Location Name - is the physical location where the lesson took place, such as a school site, church, library, etc. If you have submitted a site/location in FY26 use the same name (exact spelling, no acronyms, no abbreviations, capitalize each word).
3. Location County – county where this site is located. Select from dropdown list.
4. Setting Type – is the type of program rather than the type of location, for example an afterschool program could be located at a school site, church, library, etc. Afterschool and community settings refer to programs outside of school hours.
5. School/Setting Code # - this is the 4-digit number used to identify the site/location. School sites are listed in the **“Assessment_School Site Codes”**. You are responsible for creating a unique 4-digit code for locations that are not school sites. Do not use a code number on the school list (code should be greater than #2000). Use the same code if you have previously assigned a code number for this location. If you need a full list of locations and setting codes previously assigned, please submit a TA Request.
6. Group/Class Code # - this is a 4-digit number you assign to identify each unique group/class at a specific location. **Do not use a previously used group/class code from FY26 for a specific location.** If you are unsure what group/class code you will be assigning, leave it blank and leave a comment.

Name of the site where the lesson took place*

Ex: Wilson Elementary School, Cleveland First Baptist Church, etc. Provide full name - no acronyms, no abbreviations, capitalize every word.

County where this site is located.*

Setting Type *

☐ School

☐ Afterschool

☐ Community

School/Setting Code #*

IF SITE IS A SCHOOL: [Click here](#) to find the unique 4-digit number for that school site. If you can't find your school site on the list, please request technical assistance.

IF SITE IS NOT A SCHOOL: Assign a unique 4-digit number for that site/location. Do not use any number on the school site list. If you have previously assigned a code number for that site/location, use that same number.

Group/Class Code #*

Enter the unique 4-digit number assigned to that group/class. Do not use any number you have previously used for that site/location.

7. What curriculum was used for this lesson? Select only one.

What curriculum was used for this lesson? *

Select only one.

☒ Botvin LifeSkills

☐ MyPlate & You: Learning about Nutrition, Health and Exercise

☐ Healthy Eating & Exercise: Putting It All Together with MyPlate

8. If “**Botvin LifeSkills**” is selected, what grade/level curriculum was used to teach this lesson?
There are 3 versions of the elementary school curriculum and 3 versions of the middle school curriculum (Level 1, Level 2, Level 3).

What Botvin curriculum was used for this lesson? *

☐ Elementary-Level 1

☐ Elementary-Level 2

☐ Elementary-Level 3

☒ Middle School-Level 1

☐ Middle School-Level 2

☐ Middle School-Level 3

What middle school - level 1 lesson was completed? *

Select only one.

☐ 1-Self-Image

☐ 2-Making Decisions 1

☐ 3-Making Decisions 2

☐ 4-Smoking Myths

☐ 5-Smoking Biofeedback

☐ 6-Alcohol Myths

☐ 7-Marijuana Myths

☐ 8-Advertising

☐ 9-Violence (optional)

☐ 10-Coping with Anxiety 1

☐ 11-Coping with Anxiety 2

☐ 12-Coping with Anger (optional)

☐ 13-Communication Skills

☐ 14-Social Skills 1

☐ 15-Social Skills 2

☐ 16-Assertiveness 1

☐ 17-Assertiveness 2

☐ 18-Resolving Conflicts (optional)

9. Once you select the curriculum, all the lesson topics in that curriculum will appear in a dropdown list.
- The names of the lessons are all the same in the elementary school curriculum and numbered 1-8.
 - The names of the lessons are different for all the middle school curriculum and numbered according to the sequence or order they are supposed to be taught. Some of the lessons have 2 sessions like Assertiveness and Coping with Anxiety (which are 2 - 45 minute sessions).

10. When was this lesson completed?
11. Who taught this lesson? The instructor that taught this lesson.
12. How long was this lesson? Round up to nearest 5 minutes.
13. What grades 3rd-8th are in this group?
14. How many students in 3rd-8th grades were involved in this lesson?

A screenshot of a webform with a light blue border. It contains five sections, each with a title and a form field:

- When was this lesson completed? ***: A date input field with a placeholder "mm/dd/yyyy" and a calendar icon.
- Who taught this lesson? ***: A text input field with a placeholder "Enter the instructor's first and last name."
- How long was this lesson? ***: A dropdown menu with a placeholder "Round up to nearest 5 minutes."
- What grades are in this group? ***: A section with the instruction "Select all that apply." followed by six radio button options: 3rd, 4th, 5th, 6th, 7th, and 8th.
- How many students in 3rd-8th grade were involved in this lesson? ***: A text input field with a placeholder "#".

PLEASE MAKE SURE TO SEND YOURSELF A COPY OF THE ENTRY YOU ARE SUBMITTING.

At the bottom of every webform is an option to send yourself a copy of the submission. Click the box that says, "Send me a copy of my responses", then enter your email address. When it is received, you will get a confirmation email with all the information you have entered. You can print them off for your records and if requested, is documentation that an entry was completed.

A screenshot of the bottom section of the webform, enclosed in a light blue border. A large red arrow points to the "Send me a copy of my responses" checkbox, which is checked. Below it is an "Email address *" field with an envelope icon. A blue "Submit" button is positioned below the email field. At the bottom, there are links for "Privacy Policy" and "Report Abuse", and a small disclaimer: "This site is protected by reCAPTCHA and the Google Privacy Policy and Terms of Service apply."

Review the information and make sure everything is correct. If something needs to be edited or corrected, please submit a TA Request using the webform link provided.

Botvin/Nutrition Assessment Results

Botvin/Nutrition Assessments - submit one entry for the completed pretest and posttest assessments for each unique group/class. Botvin and Nutrition assessment results are submitted on separate webforms.



Botvin Assessment Results

Use this webform to submit your completed Botvin assessment results for each unique group/class. Answer the following questions and attach a copy of the surveys (as one pdf file). Pretest and Posttest surveys are submitted separately for each group/class.

If you have any questions or need technical assistance, please submit a TA request.

Fields marked with an asterisk (*) are required.

Agency Name *

Name of the agency submitter represents.

Submitter's Name *

First and Last Name of the person submitting this form. If not on the list, manually enter your full name.

Submitter's Email *

Email of the person submitting this form. If not on the list, manually enter your email address.

Name of the site or location where this occurred? *

Ex: Wilson Elementary School, Cleveland First Baptist Church, Sooner Library, etc. Provide full name-no acronyms, no abbreviations, capitalize each word.

Name of the county where this site is located. *

Site/Setting Type *

☐ School
☐ Afterschool
☐ Community

School/Setting Code # *

IF SITE IS A SCHOOL: [Click here](#) to find the unique 4-digit number for that school site. If you can't find your school site on the list, please request technical assistance.

IF SITE IS NOT A SCHOOL: Assign a unique 4-digit number for that site/location. Do not use any number on the school site list. If you have previously assigned a code number for that site/location, use that same number.

Group/Class Code # *

Enter the unique 4-digit number assigned to that group/class. Do not use any number you have previously used for that site/location.



Nutrition Assessment Results

Use this webform to submit your completed Nutrition assessment results for each unique group/class. Answer the following questions and attach a copy of the surveys (as a pdf file). Pretest and Posttest surveys are submitted separately for each group/class.

If you have questions or need technical assistance, please submit a TA request.

Fields marked with an asterisk (*) are required.

Agency Name *

Name of agency submitter represents.

Submitter's Name *

First and Last Name of the person submitting this form. If not on the list, manually enter your full name.

Submitter's Email *

Email of the person submitting this form. If not listed, manually enter your email address.

What is the name of the site or location where this occurred. *

Ex: Wilson Elementary School, Guthrie Boys and Girls Club, First Baptist Church, etc. Provide full name, no acronyms.

Name of the county where this site is located. *

Site/Setting Type *

☐ School
☐ Afterschool
☐ Community

School/Setting Code # *

IF SITE IS A SCHOOL: [Click here](#) to find your school site code. If you can't find your school site, please request technical assistance.

IF SITE IS AN AFTERSCHOOL OR COMMUNITY SETTING: Enter the 4-digit code located on your data collection tracking sheet (this is the unique code you designated for this setting).

Group/Class Code # *

Enter the 4-digit code located on your data collection tracking sheet (this is the unique code you designated for this class/group).

1. Answer all the questions that appear. Same instructions used for all webforms.

Survey Version *
What survey version was used for this assessment?

☐ Elementary
☐ Middle

Botvin Level *
What curriculum level was (or will be) taught to this group?

☐ 1
☐ 2
☐ 3

When was this assessment completed? *
mm/dd/yyyy

What type of assessment are you submitting? *
☐ Pre-test
☒ Post-test

Date the lesson(s) started? *
mm/dd/yyyy

Date the lesson(s) ended? *
FOR POSTTEST ASSESSMENTS ONLY.
mm/dd/yyyy

What grade(s) are included in this group? *
Choose all that apply.
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8

How many completed assessments you are submitting? *
#

What nutrition lesson did you use? *
☐ MyPlate & You: Learning About Nutrition, Health and Exercise
☐ Healthy Eating & Exercise: Putting It All Together

When was this assessment completed? *
mm/dd/yyyy

What type of assessment are you submitting? *
☐ Pre-test
☒ Post-test

Date the lesson started? *
mm/dd/yyyy

Date the lesson ended? *
FOR POSTTEST ASSESSMENTS ONLY.
mm/dd/yyyy

What grade(s) are included in this group? *
Choose all that apply.
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8

How many completed assessments you are submitting? *
#

Demographics Excluded *
Were there any demographic questions excluded (removed before distributing the survey or instructed students not to answer)?

☒ Yes
☐ No

Demographic Questions-Excluded *
If Yes, which demographic questions were excluded? Select all that apply.

☐ Age
☐ Gender
☐ Living Situation
☐ Race
☐ Grade
☐ Grades in School
☐ Absent Days

Demographics Excluded-Reason *
If any demographic questions were excluded, please provide the reason?

☐ Partner requested (partner requested instructor to exclude specific questions)
☐ Instructor decision (excluded or removed before distributing to students)
☐ Instructor decision (excluded or removed before scanning)
☐ Other

2. If you are submitting a Botvin assessment, select which survey version was used (Elementary or Middle) and what curriculum Level was taught (1, 2, 3). This should match the level you reported when submitting the lessons taught with this group. Also, if the Demographic pages weren't included on the Botvin surveys, select "Yes" and provide a reason.
3. If you are submitting a Nutrition assessment, select the survey version used (MyPlate & You or Healthy Eating & Exercise).

(For Botvin and Nutrition Assessments)

4. When was this assessment completed?
5. What type of assessment are you submitting?
6. What date did the lesson(s) start?
7. (Posttests only) What date did the lesson(s) end?
- (Optional) – Comments/Notes

Assessment/Survey File - Please upload the pdf file of the surveys you are submitting.

Assessment/Survey File

Please upload a pdf file of the assessments/surveys you are submitting.
Make sure the first page of every survey has the Student Code#, School/Setting Code#,
Group/Class Code#, Date of Collection and Data Collection Point.

NOTE: The number of surveys included in your file should match the number reported above.

DO NOT SUBMIT ANY DOCUMENT WITH THE STUDENT'S NAME ON IT.



Drop your files here
[Browse](#)

Make sure the first page of every survey has the Student Code#, School/Setting Code#, Group/Class Code#, Date of Collection and Data Collection Point.

- The surveys should be scanned and saved as a **pdf file**.
- Name the file so that it describes the assessments being submitted. Don't use the name of the location in the file name.

Use this example: *Agency Name (short version)_Survey Version [ES or MS]_Setting [#]_[Pre or Post]_Class [#]*
(add "Nutrition" at the end for nutrition surveys)

Western_MS_Setting 0999_Post_Class 8912

Washington_ES_Setting 1234_Pre_Class 0001_Nutrition

- Once you have scanned all the pretest or posttest surveys for that group, review the file and **make sure all pages are visible and in the correct order**.
- Make sure to attach the correct pdf file when you submit the webform.
- Pretest and posttest surveys are submitted separately for each group/class.

MAKE SURE NO STUDENT NAMES ARE ON THE SURVEYS OR COVER PAGES SUBMITTED

Partnerships Formed

Partnerships – submit one entry for every organization that you form a partnership with. If the partner is an organization with multiple sites, list each site individually at the end of the webform.

TSET SUCCESSFUL FUTURES PROGRAM

FY27 Partnerships Formed

Use this webform to submit the partnerships formed during the reporting period.

Formal partnerships must include documentation and this webform should not be submitted unless you have a copy of the documentation ready to attach.

If you have any questions or need assistance, please submit a TA request.

Fields marked with an asterisk (*) are required.

Agency Name *

Name of the agency the submitter represents.

Submitter's Name *

First and Last Name of the person submitting the form. If not on the list, manually enter your full name.

Submitter's Email *

Email of the person submitting the form. If not on the list, manually enter your email address.

What type of partnership was formed? *

☐ Formal (documentation required)

☐ Informal

1. Answer all the questions as they appear. Same instructions on all webforms.
2. What type of partnership was formed?
Formal – documentation of the agreement/commitment such as a signed MOU or commitment letter
Informal – no written documentation of the agreement/commitment
3. If “Formal” is selected, do you have documentation of the partnership agreement?
4. If “No”, do not proceed unless documentation can be attached.

Do you have documentation of this partnership agreement? *

☐ Yes

☒ No

Formal Partnerships must include documentation. Do not proceed unless documentation can be provided.

5. If "Yes", attach your file and select what type of documentation are you submitting? Select the most appropriate category. If Other is selected, specify what type of documentation you are submitting.

Do you have documentation of this partnership agreement? *

☒ Yes

☐ No

File Upload *

Formal partnerships must include documentation. Please attach files here. Do not proceed unless documentation can be provided.



Drop your files here

[Browse](#)

What type of partnership documentation are you submitting? *

☐ MOU/MOA

☐ Partner Agreement Document

☐ Commitment Confirmation-Email

☐ Commitment Confirmation-Letter

☐ Other

6. Date agreement or partnership begins. Enter the start of the fiscal year (07/01/26), unless otherwise noted in the agreement.
7. Date agreement or partnership ends. Enter the end of the fiscal year (06/30/27), unless otherwise noted in the agreement.
8. Name of the Organization entering into this agreement. Provide the full name of the organization, no acronyms or abbreviations. For schools, use the district name as the organization name. Example: Cleveland Public Schools, Nashoba Public Schools, etc. Each site covered will be listed separately.
9. What type of organization are you partnering with? Select the most appropriate category. If Other is selected, specify what type of organization.

Date this agreement or partnership begins. *

Enter the beginning of the fiscal year (07/01/26) unless otherwise noted.



Date this agreement or partnership ends *

Enter the end of the fiscal year (06/30/27) unless otherwise noted.



Name of the organization entering into this agreement. *

Provide full name of the organization. Do not use acronyms or abbreviations. For schools use the district name as the name of the organization.
Example: Cleveland Public Schools, Nashoba Public Schools, etc.

What type of organization you are partnering with? *

Choose the best description.

☐ Public/Private School

☐ Faith Based Organization

☐ Nonprofit/Community Organization

☐ Other

10. Enter the Number of Sites under this agreement.

Example: if there is 1 site, you will fill out the information for Site #1 (site name, address, city, zip, and county)

Enter the number of partnering sites or locations under this agreement? *

1

What is the name of site #1 where services will be delivered. *

Spell full name. Don't use acronyms.

Enter the Street Address for site #1. *

Enter the City for site #1. *

Enter the Zip Code for site #1. *

Enter the County for site #1. *

Example: if there are 2 sites, you will fill out the information for Site #1 and Site #2.

Enter the number of partnering sites or locations under this agreement? *

2

What is the name of site #1 where services will be delivered. *

Spell full name. Don't use acronyms.

Enter the Street Address for site #1. *

Enter the City for site #1. *

Enter the Zip Code for site #1. *

Enter the County for site #1. *

What is the name of site #2 where services will be delivered. *

Spell full name. Don't use acronyms.

Enter the Street Address for site #2. *

Enter the City for site #2. *

Enter the Zip Code for site #2. *

Enter the County for site #2. *

11. If there are more than 4 sites or locations, list the other sites in the text box. Make sure to include the site name, address, city, zip, and county.

Additional Sites/Locations *

List any additional sites or locations where services will be delivered. Use bullets points to include the Site's Name, Address, City, Zip, and County on one line. Enter different sites on different lines. Don't use acronyms.

If an "Informal" partnership (already submitted for that organization) changes to a "Formal" partnership, submit a formal partnership entry and upload the proper documentation.

Service-Learning Projects

Service-Learning projects – submit one entry for each phase implemented for the same project. If more than one phase occurred on the same day, submit them as separate entries.



FY27 Service Learning Projects

Use this webform to submit the Service Learning Projects completed during the reporting period. Complete one submission for each phase you implement for this project.

If you have questions or need technical assistance, please submit a TA Request.

Fields marked with an asterisk (*) are required.

Agency Name *
Name of the agency the submitter represents.

Submitter's Name
First and Last Name of the person submitting this form. If not on the list, manually enter your name.

Submitter's Email *
Email of the person submitting this form. If not on the list, manually enter your email address.

Name of the site where this project took place *
Ex: Wilson Elementary School, Albion First Baptist Church, etc. Provide full name - no acronyms, no abbreviations, capitalize each word.

County where this site is located

School/Setting Code# *
IF SITE IS A SCHOOL: [Click here](#) to find the unique 4-digit number for that school site. If you can't find your school site on the list, please request technical assistance.
IF SITE IS NOT A SCHOOL: Assign a unique 4-digit number for that site/location. Do not use any number on the school site list. If you have previously assigned a code number for this site/location, use that same number.

Group/Class Code# *
Enter the unique 4-digit number assigned to that group/class. Do not use any number you have previously used for this site/location.

1. Answer all questions as they appear. Same instructions on all webforms.
2. Project Code# - assign a unique 4-digit code number for every service-learning project you complete with each group/class. Use the same code number to report each phase for the same project.

3. Project Name – provide a short name for the project. Use the same name to report each phase for the same project.
4. Project Phase – which phase of the project are you reporting. Submit one entry for each phase of the project.
 - **Investigation/Planning** – community need is identified, determined the service to provide that addresses the need, activity goals and project roles are established.
 - **Action** – when the service is provided/completed.
 - **Reflection/Demonstration** – discussion of overall project, reflection on lessons learned, shared project results with others. This phase occurs after the service was provided/completed for this project.

Project Code# *

Assign a unique 4-digit number for this service-learning project. Use the same number to report all phases of this project.

Do not use any number previously used for another service-learning project.

#

Project Name *

Provide a short name of this service-learning project. Use the same name for every phase you report.

Which phase of this service-learning project are you reporting? *

Report each completed phase separately.

☐ Investigation/Planning (identified community need, determined service to provide, established activity goals)

☐ Action (service provided)

☐ Reflection/Demonstration (activity debrief, lessons learned, shared project results)

If reporting “Investigation/Planning” phase, provide a description. See examples.

Which phase of this service-learning project are you reporting? *

Report each completed phase separately.

☒ Investigation/Planning (identified community need, determined service to provide, established activity goals)

☐ Action (service provided)

☐ Reflection/Demonstration (activity debrief, lessons learned, shared project results)

Please describe the Investigation and/or Planning phase.

For example: how did the students identify the community need to address, how did they decide on the service to provide, how did they established activity goals and assign roles, etc.

If reporting “Reflection/Demonstration” phase, provide a description. See examples.

Which phase of this service-learning project are you reporting? *
Report each completed phase separately.

☐ Investigation/Planning (identified community need, determined service to provide, established activity goals)

☐ Action (service provided)

☒ Reflection/Demonstration (activity debrief, lessons learned, shared project results)

Please describe the Reflection and/or Demonstration phase.
For example: what was discussed during the activity debrief, what were some of the student comments on lessons learned, where/how was the project results shared, etc.

If reporting “Action” phase:

- Who were the primary beneficiaries of this service action? Select the most appropriate.
- How many people were beneficiaries of this service action? Provide your best estimate but if you don’t have a good way to estimate the number or don’t know, enter “Unknown”.

Which phase of this service-learning project are you reporting? *
Report each completed phase separately.

☐ Investigation/Planning (identified community need, determined service to provide, established activity goals)

☒ Action (service provided)

☐ Reflection/Demonstration (activity debrief, lessons learned, shared project results)

Who were the primary beneficiaries of this service action? *
Select the most appropriate category.

☐ Family (parents, siblings, relatives)

☐ Students (younger students or peers)

☐ School Community (school at-large, visitors)

☐ General Public (community residents)

☐ Community Servants (first responders, veterans, nurses, teachers)

☐ Specific Individuals in Need

☐ Other

How many people were beneficiaries of this service action? *
Provide your best estimate of how many people were specific beneficiaries of this service-learning project. Do not count the students involved in completing the project.
If you don’t have a good estimate or don’t know how many people were beneficiaries of this project, enter “Unknown”.

(For all phases)

5. When was this phase of the project completed? Don't submit an entry until the phase was fully completed.

6. What is the primary action of this service-learning project? See definitions provided.

- **Direct Service:** person-to-person projects in which students' service directly impacts individuals who receive the service.
- **Indirect Service:** working on broad issues that have benefits to the community/environment but not necessarily to individually identified people.
- **Advocacy:** education others about topics of public interest that create awareness and action on issues that impact the community.

When was this phase of the project completed? *
Completion date for the phase being reported.

mm/dd/yyyy

What is the primary action of this service-learning project? *
Select the most appropriate category.

☐ Direct service: person-to-person, face-to-face service projects in which the students' service directly impacts individuals who receive the service

☐ Indirect service: working on broad issues, environmental projects, or community development projects that have clear benefits to the community or environment, but not necessarily to individually identified people.

☐ Advocacy: educating others about topics of public interest projects that aim to create awareness and action on some issue that impacts the community

7. What is the primary focus area of this service-learning project?

- **Health Promotion & Prevention Awareness** – supports healthy choices, substance-use prevention, stress management, personal safety or nonviolence.
- **Kindness & Positivity Initiatives** – promotes respect, inclusion, kindness, positive communication, conflict prevention, or belonging.
- **Gratitude & Appreciation Projects** – expresses appropriate gratitude, encouragement, or recognition to individuals/groups.
- **Community Service, Engagement, & Volunteerism** – help build stronger, safer, and kinder neighborhoods, through volunteerism and civic engagement.
- **Donation & Resource Collection** – responds to an identified community need through resource preparation, collection, organization, or distribution.
- **Other** – only select this option if the primary focus area isn't listed above.

What is the primary focus area of this service-learning project? *
Select the most appropriate category.

☐ Health Promotion & Prevention Awareness

☐ Kindness & Positivity Initiatives

☐ Gratitude & Appreciation Projects

☐ Community Service, Engagement, & Volunteerism

☐ Donation & Resource Collection

☐ Other

8. What grades 3rd-8th are involved in this project?
9. How many students 3rd-8th completed this phase of the project?

What grades (3rd-8th) are involved in this service-learning project? *

Select all that apply.

☐ 3rd

☐ 4th

☐ 5th

☐ 6th

☐ 7th

☐ 8th

How many students (3rd-8th) completed this phase of the project? *

#

Comments

Provide any additional information or comments.

File upload

Attach any support documents that help describe the project.



Drop your files here

[Browse](#)

(Optional) Comments – provide additional information or comments about this activity.
Attach any supporting documents that help describe the project.

Physical Activities – submit one entry for every physical or movement activity you complete with a group of students.



FY27 Physical Activities

Use this webform to submit the physical activities completed during the reporting period.
Complete one submission per activity.

If you have questions or need technical assistance, please submit a TA Request.

Fields marked with an asterisk (*) are required.

Agency Name *
Name of the agency the submitter represents.

Submitter's Name *
First and Last Name of the person submitting the form. If not on the list, manually enter your full name.

Submitter's Email *
Email of the person submitting the form. If not on the list, manually enter your email address.

Name of the site where this activity took place *
Ex: Wilson Elementary School, Cleveland First Baptist Church, etc. Provide full name - no acronyms, no abbreviations.

County where this site is located *

School/Setting Code# *
IF SITE IS A SCHOOL: [Click here](#) to find the unique 4-digit number for that school site. If you can't find your school site on the list, please request technical assistance.
IF SITE IS NOT A SCHOOL: Assign a unique 4-digit number for that site/location. Do not use any number on the school site list. If you have previously assigned a code number for that site/location, use that same number.

Group/Class Code# *
Enter the unique 4-digit number assigned to that group/class. Do not use any number you have previously used for that site/location.

1. Answer all questions as they appear. Same instructions used for all webforms. If this is a group of students you have already completed other activities with like Botvin/Nutrition lessons or service-learning projects, use the same group/class code for all activities.
2. What was the primary purpose or goal of this activity? Select the most appropriate category.

3. What specific action was used to accomplish the purpose or goal of this physical activity? Provide a brief and concise description. Example: yoga poses, played basketball, performed dance routine, etc.
4. What was the primary intensity of this activity for most students? Select the intensity that best represents most students for most of the activity. Do not base your answer on the most or least active students or the most intense portion of the activity.
5. Where did the activity take place? Select the most appropriate category.
6. How long did it take to complete this physical activity? Do not include the time used to provide instructions, gather equipment, transition to another area, etc. Round up to the nearest minute.

What was the primary purpose or goal of this physical activity? *

Select the most appropriate category.

☐ Fitness & Exercise

☐ Flexibility & Mobility

☐ Cooperative Games and Sports

☐ Mind-Body & Mindfulness

☐ Other

What specific action was used to accomplish the purpose or goal of this physical activity? *

Provide a brief description like yoga, juggling, dribbling ball, dancing, jumping jacks, etc.

What was the primary intensity of this activity for most students? *

Select the intensity that best represents most students for most of the activity. Do not base your answer on the most or least active students or only the most intense portion of the activity.

☐ Light (easy movement with little or no increase in breathing/heart rate)

☐ Moderate (noticeably faster breathing/heart rate, but able to talk)

☐ Vigorous (rapid breathing/heart rate, difficult to carry on conversation)

Where did this physical activity take place? *

Select the most appropriate category.

☐ Classroom - Desk or Chair

☐ Classroom - Activity Area

☐ Gym or Multi-purpose Room

☐ Playground/Outside Area

☐ Other

How long did it take to complete this physical activity? *

Do not include the time used to provide instructions, gather equipment, transition to another area, etc.

Round up to nearest minute.

#

7. What grades (3rd-8th) were involved in this physical activity?
8. How many students (3rd-8th) participated in this physical activity?

What grades (3rd-8th) were involved in this physical activity? *

Select all that apply.

☐ 3rd

☐ 4th

☐ 5th

☐ 6th

☐ 7th

☐ 8th

How many students (3rd-8th) participated in this physical activity? *

#

Comments

Provide any additional information or comments about this activity.

(Optional) Comments - provide additional information or comments about this activity.

Primary Purpose/Goal	Definitions	Examples
Fitness & Exercise	Individual exercises intended to improve fitness without competitive game play.	Walking, dancing, jumping jacks, sprinting/racing
Flexibility & Mobility	Activities primarily designed to improve flexibility, posture, joint mobility, or muscle recovery.	Standing on one leg, heel-toe walking, balancing on board, Arm circles, yoga moves
Cooperative Games & Sports	Games emphasizing cooperative participation and teamwork, or traditional sports with established rules.	Basketball, kickball, volleyball, tossing/catching ball
Mind-Body & Mindfulness	Activities emphasizing breathing, relaxation, mindfulness, or gentle movement for self-regulation.	Deep breathing, relaxation/meditation poses

Additional Activities

Additional activities – submit one entry per activity type. Additional activities are those not specifically listed as a major activity of the workplan objectives and are not collected on other webforms. These activities should still be related to accomplishing the program goals.



FY27 Additional Activities

Use this webform to submit additional activities, lessons taught (other than Botvin and Nutrition), staff trainings or events not specifically reported on the other monthly activity webforms.

If you have any questions or need assistance, please submit a TA Request.

Fields marked with an asterisk (*) are required.

Agency Name *

Name of the agency the submitter represents.

Submitter's Name *

First and Last Name of the person submitting the form. If not on the list, manually enter your full name.

Submitter's Email *

Email of the person submitting the form. If not on the list, manually enter your email address.

Type to search

Name of the site where the activity took place *

Ex: Wilson Elementary School, Cleveland First Baptist Church, Sooner Library, etc. Provide full name - no acronyms, no abbreviations.

County where this site is located? *

Date the activity took place *

mm/dd/yyyy

1. Answer all the questions as they appear. Same instructions used for all webforms.
2. What type of activity are you reporting? Select the most appropriate type.

What type of activity are you reporting? *

Select only one.

☐ Attended a training

☐ Taught a lesson

☐ Delivered presentation

☐ Hosted/Attended community event

☐ Other

3. If “Attended a Training” is selected, what was the name of the staff training you attended? Only report training that pertains to the work you do for Successful Futures program. For example: hazmat training, cybersecurity, etc. would not qualify.

What type of activity are you reporting? *

Select only one.

☒ Attended a training

☐ Taught a lesson

☐ Delivered presentation

☐ Hosted/Attended community event

☐ Other

What was the name of the staff training you attended? *

4. If “Taught a Lesson” is selected, what was the name of the curriculum used for the lesson and what grade attended? Do not report Botvin lessons or the Nutrition Education lessons here (MyPlate & You and Healthy Eating & Exercise).

What type of activity are you reporting? *

Select only one.

☐ Attended a training

☒ Taught a lesson

☐ Delivered presentation

☐ Hosted/Attended community event

☐ Other

What was the name of the curriculum used for this lesson? *

5. If “Delivered a Presentation” or “Hosted/Attended Community Event”, is selected, what was the name of the presentation/event and which groups participated/attended?

What type of activity are you reporting? *

Select only one.

☐ Attended a training

☐ Taught a lesson

☒ Delivered presentation

☐ Hosted/Attended community event

☐ Other

What was the name of the presentation you delivered? *

What type of activity are you reporting? *

Select only one.

☐ Attended a training

☐ Taught a lesson

☐ Delivered presentation

☒ Hosted/Attended community event

☐ Other

What was the name of the community event you hosted/attended? *

Which of the following groups participated in or attended the activity? *

Select all that apply.

☐ Youth/Students

☐ Parents (school-age children)

☐ School Personnel

☐ Community Members (general public)

☐ Other

(For all Activity Types):

6. What topics were addressed in this activity?

7. How many people participated or attended the activity?

For staff training, only count the SF grant-funded staff that attended (do not include non-grant funded staff in your organization that attended).

8. Provide brief description of the activity and how it relates to your program work.

What topics were addressed in this activity? *

Select all that apply.

☐ Nutrition

☐ Physical Activity

☐ Tobacco

☐ Character Development

☐ Emotional/Mental Health

☐ Other

How many people participated in or attended the activity? *

If the exact number of participants is unknown, provide a best estimate. For staff training, only count SF grant-funded staff from your agency that attended.

Provide a brief description of the activity. *

Include the activity purpose and how it relates to your work.

File Upload

(Optional) Attach any photos or documents that help illustrate this activity.



Drop your files here

Browse

(Optional) attach photos or documents that help illustrate the activity

Submit Monthly Report

Submit Monthly Report – submit one entry every month. All agencies must complete a Submit Monthly Report entry before the deadline. This notifies the external evaluation team and OAYS leadership that all program activities have been completed for the reporting period.



FY27 Submit Monthly Report

Use this webform to complete the Submit Monthly Report entry.

All agencies are required to complete a Submit Monthly Report entry once a month and is completed **AFTER** all other program activities have been submitted. This alerts the evaluation team and OAYS leadership that all program activities for the reporting period have been entered.

Program activities and the Submit Monthly Report entry is due on/before the 15th of the month following the reporting month. For example, if you are reporting program activities for August, the deadline to enter them and complete this entry is on/before September 15th.

If you have any questions or need assistance please submit a TA Request.

Fields marked with an asterisk (*) are required.

Agency Name *

Name of the agency the submitter represents.

Submitter's Name *

First and Last Name of the person submitting the form. If not on the list, manually enter your full name.

Submitter's Email *

Email of the person submitting the form. If not on the list, manually enter your email address.

Type to search

What monthly reporting period are you submitting? *

Make sure all program activities for this reporting month have been entered before completing this form.

☐ July 2026

☐ August 2026

☐ September 2026

☐ October 2026

☐ November 2026

☐ December 2026

☐ January 2027

☐ February 2027

☐ March 2027

☐ April 2027

☐ May 2027

1. Answer all the questions as they appear. Same instruction on all webforms.
2. Select the reporting period you are submitting (month/year).
3. Select which activities you completed during the reporting period - lessons taught, partnerships formed, assessment results, physical activities, service-learning projects and additional activities.

Monthly Activities *

What activities, lessons, staff trainings, partnerships, or assessments have you submitted during this reporting period? Check all that apply.

☐ Partnerships Formed
 ☐ Botvin Lesson Taught
 ☐ Nutrition Lesson Taught
 ☐ Botvin Assessment Results
 ☐ Nutrition Assessment Results
 ☐ Service-Learning Project
 ☐ Physical Activity
 ☐ Additional Activities
 ☐ Botvin Teaching Schedule
 ☐ None of the above

Comments or Notes

Provide any comments or notes you would like to add.

(Optional) Comments - Provide any comments or notes you would like to add.

REMINDER: The Submit Monthly Report entry is the **LAST** submission made every month after all other program activities have been submitted.

The deadline to submit program activities for the reporting period and the Submit Monthly Report entry is the 15th of the month following the reporting month (same as current system). Example: if August is the reporting period (August 1st-31st), the deadline to submit program activities for August and the Submit Monthly Report entry for August is September 15th.

All activities that occurred during the reporting period **MUST** be submitted before you complete the Submit Monthly Report entry.

If you need to enter a program activity after you have submitted the Submit Monthly Report entry for that reporting period, please contact the external evaluator by submitting a TA Request.

Technical Assistance Requested (for the External Evaluator)

Submit this webform if you need technical assistance from the evaluation team like questions about the webforms, submission errors, list of location codes, etc.



FY27 Technical Assistance_External Evaluator

Please use this webform to submit any technical assistance needed for the evaluation team such as questions about submitting a webform, submission errors made or edits needed, questions about data displayed on dashboard, etc. Complete one submission per request.

NOTE: Most requests can be completed in 5-7 business days, however it might take longer to complete depending on the type of request. So submit the request as soon as possible to allow time to complete.

If you have issues submitting this webform, please contact Christi Erwin at christi-erwin-1@ou.edu for further instructions.

Fields marked with an asterisk (*) are required.

Agency Name *
Name of the agency the submitter represents.

Submitter's Name *
First and Last Name of the person submitting the form. If not on the list, manually enter your full name.

Submitter's Email *
Email of the person submitting the form. If not on the list, manually enter your email address.

Type of TA Needed *
Select most appropriate category.

☐ General Information Needed

☐ Submission Error Made/Edit Requested

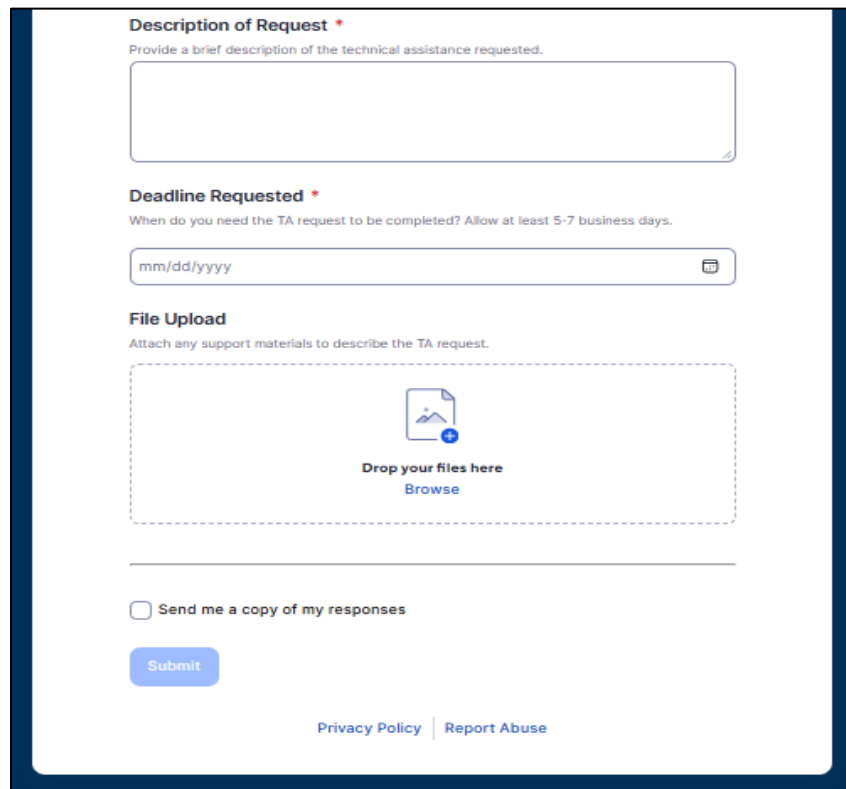
☐ Question About Dashboard Data

☐ Consultation Requested

☐ Other

1. Answer questions as they appear. Same instructions on all webforms.
2. Select the most appropriate type of TA Needed. If Other is selected, specify what type of assistance is needed.
3. Provide a brief description of the assistance requested. Include identifying information like setting/class code, type of webform submitted, title of dashboard graph, date completed, etc.

4. When do you need the TA to be delivered/completed? Keep in mind most general questions and/or edits take 3-5 business days. If materials need to be developed, might take longer so submit the request as soon as possible.



The image shows a webform for requesting technical assistance. It is titled "Description of Request" with a red asterisk indicating it is required. Below the title is a text input field with the placeholder "Provide a brief description of the technical assistance requested." and a small icon in the bottom right corner. Below this is the "Deadline Requested" section, also with a red asterisk. It includes the instruction "When do you need the TA request to be completed? Allow at least 5-7 business days." and a date input field with the placeholder "mm/dd/yyyy" and a calendar icon. The next section is "File Upload", with the instruction "Attach any support materials to describe the TA request." Below this is a dashed box containing a file upload icon (a document with a plus sign) and the text "Drop your files here" and "Browse". At the bottom of the form is a checkbox labeled "Send me a copy of my responses" and a blue "Submit" button. At the very bottom, there are links for "Privacy Policy" and "Report Abuse".

(Optional) If you have documents, pictures, screenshots or other files that help explain the issue, please attach them to the request.

If clarifications are needed, you will receive an email requesting more information. Reply directly to that email with your response.

Once technical assistance has been provided, you will receive an automated message stating the request was completed and a copy of the details.

Botvin Instructor Requirements:

- Instructors must be Botvin trained (certification or completion documentation provided)
- Only instructors that teach Botvin on regular basis will be observed (no back-up or irregular substitutes) and should submit their teaching schedule.

Instructor Teaching Schedule:

- Instructors need to submit their schedule for each group/class that they will be (or expect) to be teaching the full Botvin curriculum. Submit one teaching schedule webform per group/class (i.e., if you have three classes at Lincoln elementary you will make three separate submissions, one for each group).
 - Starting September 2026, submit all active groups/classes as they are scheduled throughout the fiscal year.
Note: you only need to submit each group/class one time, even if the classes are delivered across multiple months.
- If you do not have a new class scheduled that needs to be reported during the month, please submit the webform anyway and indicate there is no new group/class scheduled for this month. The scheduling webform should be completed each month and is due at the same time as your monthly report on the 15th day of the month.

The screenshot shows a webform titled "FY27 Botvin Fidelity Observations-Teaching Schedule". At the top right is the TSET Successful Futures Program logo. The form has a blue header with white text. Below the header, it says: "In order to plan the observation site visits, the Evaluation Team would like you to submit this form with your tentative teaching schedule for the upcoming fiscal year." and "Please submit one form for each specific group/class you are teaching." It also provides contact information for Michael Clark and Christi Erwin. The form fields include: "Today's Date:" with a date picker; "Agency Name *" with a dropdown menu; "Instructor's Name *" with a dropdown menu; "Instructor's Email *" with a dropdown menu; and "Do you have any new groups or classes expected to begin this month? *" with radio buttons for "Yes" and "No".

FY27 Botvin Fidelity Observations-Teaching Schedule

In order to plan the observation site visits, the Evaluation Team would like you to submit this form with your tentative teaching schedule for the upcoming fiscal year.

Please submit one form for each specific group/class you are teaching.

The Evaluation Team will contact you to coordinate next steps. For technical assistance please contact, Michael Clark at michael-r-clark@ou.edu or Christi Erwin at christi-erwin-1@ou.edu.

Fields marked with an asterisk (*) are required.

Today's Date:

mm/dd/yyyy

Agency Name *

Name of the agency the instructor represents.

Instructor's Name *

First and Last Name of the instructor submitting this form. If not on the list, manually enter your full name.

Instructor's Email *

Email of the instructor submitting this form. If not on the list, manually enter your email address.

Type to search

Do you have any new groups or classes expected to begin this month? *

If you didn't have any groups/classes to report for this month, select "No" and submit this webform when you complete your Submit Monthly Report (which is due before the 15th).

☐ Yes

☐ No

1. Answer all the questions as they appear. Same instructions used for all webforms.
2. Do you have any new groups or classes expected to begin this month? If "Yes", complete all the following questions.

If you don't have any groups/classes to report for the month, select "No" and submit the webform before by the 15th (same as the Submit Monthly Report).

3. Provide the following information about the location where you will be teaching this group/class. Location Name (if a school, use the list provided for school site names), Location Address, Location City, Location Zip, and Location County.
4. School/Setting Code # - this is the 4-digit number used to identify the site/location. Same instructions for all webforms.
5. Group/Class Code # - this is a 4-digit number you assign to identify each unique group/class at a specific location. Same instructions for all webforms. If you are unsure what group/class code you will assign to this group, leave blank and provide a comment.

Location Information

Please provide the following location information for the group/class you are submitting this teaching schedule for.

Location Name *

Name of the site where this group/class is located?
Example: Wilson Elementary School, Cleveland First Baptist Church, etc. Provide full name - no acronyms and no abbreviations.

Location Address *

What is the street address for this location?
Example: 123 South Main Street, 555 East County Boulevard, etc.

Location City *

Location Zip *

Location County *

School/Setting Code # *

IF SITE IS A SCHOOL: [Click here](#) to find the unique 4-digit number for that school site. If you can't find your school site on the list, please request technical assistance.

IF SITE IS NOT A SCHOOL: Assign a unique 4-digit number for that site/location. Do not use any number on the school site list. If you have previously assigned a code number for that site/location, use that same number.

Group/Class Code #

If you know the group/class code, enter the unique 4-digit number assigned to that group/class. Do not use any number you have previously used for this site/location.

Group/Class Requirements:

- Observations will be conducted with groups/classes being taught the full Botvin curriculum.
 - No nutrition lessons will be observed.
 - No pretest or posttest will be observed.
 - No partial lesson or lesson that started on a prior day will be observed.
 - No lessons that are repeated with a group/class will be observed.
 - No service-learning projects will be observed.

6. Provide the information for the contact person at this location. Should be an administrator or individual in leadership position capable of approving the site visit.

Contact Name
Contact Title/Position
Contact Email – make sure it is their work email
Contact Phone (direct line if available)

Location Contact

Please provide the following information about the contact person at the location you are submitting this teaching schedule for.

Contact Name *
Who is the contact person at this location?
Should be an administrator or individual in leadership position.

Contact Title/Position *
Example: Principal, Site Director, School Counselor, etc.

Contact Email
Please provide a full and complete work email address for this contact person.

Contact Phone
If available, provide the work phone number for this contact person.

Documentation Requirements:

- Due to instructors prior relationship with the school or partnering organization, the instructor is expected to introduce the observation and contact leadership to request permission for the site visit. The evaluation team has an introduction letter that can be emailed to leadership if needed.
- Evaluation team must have written permission from the school or location leadership (e.g., email response stating their permission for the observation, signed document from the leadership, etc.)
- We will not perform an observation without prior documented permission from the location.
- If the instructor is unable to get permission or location leadership has not responded to the instructor's request within 5 business days of the observation, the evaluation team will contact them directly to request permission.
- The evaluation team will include the instructor with any communications we have with the location leadership.

7. Provide details about the expected teaching schedule for this group/class.

- What grades 3rd-8th will be in this group/class?
- How many students in 3rd-8th do you anticipate will be in this group/class? An estimate is fine.
- Curriculum Start Date? The date you expect the first lesson will be taught with this group/class.

- Curriculum End Date? The date you expect the last lesson will be taught with this group/class.
- Day of the Week? What days of the week do you expect to be with this group/class.
- Start Time? What time do you expect the class to start with this group/class?
- End Time? What time do you expect the class to end with this group/class.

Group/Class Details

Please provide the following information about the group/class you are submitting this teaching schedule for.

Grades_3rd-8th
What grade levels will be in this group/class?

☐ 3rd
☐ 4th
☐ 5th
☐ 6th
☐ 7th
☐ 8th

Participants_3rd-8th
How many students do you anticipate will be in this group/class? An estimate number is fine.

Curriculum Start Date *
What specific date will lessons start for this group/class?
If you don't know the specific date, a best estimate is fine.

mm/dd/yyyy

Curriculum End Date *
What specific date will lessons end for this group/class?
If you don't know the specific date, a best estimate is fine.

mm/dd/yyyy

Day of the Week
What days of the week will you be teaching lessons for this group/class?
Select all that apply.

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday

Start Time
What time will lessons start for this group/class? .
Example: 9:00am

End Time
What time will lessons end for this group/class?
Example: 10:00am.

8. Provide details about the Botvin curriculum you will be using for this group/class
- Botvin Curriculum Version – Elementary or Middle School and Level
 - Contacted Partner – have you already contacted this school or organization to introduce the site visit.

- Tentative Approval - If you already contacted this organization, were you given tentative approval for the site visit?

Please provide additional comments or notes about any of the information you were unable to answer or not available at this time. (Optional) Attach any documents that pertain to your teaching schedule, approval paperwork, email communications with this partner, etc.

Botvin Lesson Details

Please provide the following information about the Botvin LST curriculum you will be using for this group/class.

Botvin Curriculum Version
Please select the curriculum you will be teaching for this group/class.

☐ Elementary-Level 1

☐ Elementary-Level 2

☐ Elementary-Level 3

☐ Middle School-Level 1

☐ Middle School-Level 2

☐ Middle School-Level 3

Contacted Partner *
Have you already contacted this school or organization to introduce the observation site visits?

☒ Yes

☐ No

Tentative Approval
Were you given tentative approval for the site visit?

☐ Yes

☐ No

☐ Not Sure

Comments
Please provide any additional information here.

List any information that you didn't know or were unsure about, such as location contact information, group/class code, start/end date, etc.

File upload
Attach any documents that pertain to your teaching schedule, approval paperwork, email communications with your partner, guidelines to follow, etc.



Drop your files here

[Browse](#)

Once teaching schedules have been submitted, the evaluation team will contact the instructors to coordinate next steps to schedule the observations and provide any additional instructions.