



How Are We Doing?

**The community of South Lake Tahoe is committed to keeping our kids safe. We know that safety comes with knowledge, guidance, and practice. Over 220 volunteers, 45 agencies, service clubs and community members worked together to provide The 16th Annual Drug Store Project event for all of our 6th grade youth on April 2, 2019 at LTCC. Community donations and grants are a reason we can continue this program. Our hope is that you and your child share their experience through a discussion at home. We would appreciate your feedback on this program. All information is anonymous! Thank you for your interest.**

1. Please share with us the following.

	Yes	Neutral	No
My child was interested in attending the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was informed about the program through the school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a child who went through the program in years past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned about the program on the internet (website or news)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child came home and discussed the program with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has gained knowledge from this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child and I talk about the different types of drugs on a regular basis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel this event was an important day of learning for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel this program should continue in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Overall, my child seemed most impressed with

3. In our community, how concerned are you with youth being involved in:

	Very concerned	Somewhat concerned	Neutral	Not concerned
tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vaping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gangs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

4. I (we) have lost a family member or friend to:

- Drug overdose
- Cancer caused by drugs
- Violence
- Suicide

5. Will you share information about this program to others? You can get details on our program at [www.makeschoolssafe.com](http://www.makeschoolssafe.com)

- Yes
- Perhaps
- Not likely

6. If there is anything you would like me to pass on to the individuals who provided this program for your child, please feel free to use this opportunity!