

# Kansas SADD Survey for 2009

Contact Name \_\_\_\_\_ Agency/School \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

(Please check one)

1. Does your school/agency currently have a SADD chapter?  Yes  No
2. If your school/agency does not have a SADD Chapter do you have similar groups dedicated to substance abuse prevention?  Yes  No
3. What is the name of the group? \_\_\_\_\_

If yes, to either question, then complete the following questions:

4. How many years has your agency/school had a prevention group/SADD chapter?  
 0-5 years  6-10 years  11-15 years
5. Please describe in a few sentences your goals and projects for 2009.  
\_\_\_\_\_  
\_\_\_\_\_

6. What are the name, business address and email address of the current advisor of your SADD chapter?  
\_\_\_\_\_  
\_\_\_\_\_

7. How many members does your chapter have? \_\_\_\_\_
8. What is the age range and/or grade level of your current SADD chapter members?  
 6th-8th grade  9th-10th grade  10th-11th grade  9th-12th grades
9. How often does your SADD chapter meet each month?  
 Each week  Once a month  Twice a month  Other
10. Does your Chapter have a old or new SADD Chapter Notebook?  Yes  No
11. What drug prevention /drug-free activities do you participate in during the year? \_\_\_\_\_

12. Do you participate in the Red Ribbon Campaign?  Yes  No  
Did you use the Kansas Family Partnership's Red Ribbon Coordinator's Booklet?  Yes  No  
If no, would you like to receive a Red Ribbon Coordinator Booklet?  Yes  No
13. Are you interested in receiving a statewide SADD E-newsletter?  Yes  No  
email address if different than above: \_\_\_\_\_
14. Are you interested in attending a statewide SADD Chapter conference?  Yes  No
15. What needs do you anticipate as an advisor for yourself and or Chapter over the next year? \_\_\_\_\_

16. Does your Chapter attend the annual KS SADD State Leadership Conference  Yes  No  
If no, why not? \_\_\_\_\_
17. Has your Chapter ever attended the SADD National Conference  Yes  No;  
if yes where \_\_\_\_\_

What KFP resources would you find most helpful? (Please check all that apply)

- KFP Newsletter  Information on SADD Resources  Conferences & Trainings  
 A Kansas SADD Newsletter  Statewide SADD Chapter Meetings  KFP Web page  
 Fund Raising Ideas  RADAR Resources  
 Other (Please indicate) \_\_\_\_\_

Please return Survey with your SADD Leadership Registration by April 3, 2009 to: Maria Torrez Anderson, SADD State Coordinator, Kansas Family Partnership, Inc., 5942 SW 29th Street/Topeka, KS 66614  
Fax: 785-266-6149 or email: [mtanderson@kansasfamily.com](mailto:mtanderson@kansasfamily.com) for additional information call 1-800-206-7231.