



DATABASE MAINTENANCE & WORKBOOK ORDER FORM NEW JERSEY L.E.A.D. Agencies and Certified Instructors

INSTRUCTOR INFORMATION

PRIMARY LEAD INSTRUCTOR OR EDUCATOR			
LAW ENFORCEMENT AGENCY OR SCHOOL DISTRICT			
CHIEF OF LAW ENFORCEMENT AGENCY or SUPERINTENDENT OF SCHOOLS			
AGENCY or DISTRICT STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE	MOBILE	FAX	
# YEARS W/CURRENT AGENCY/DISTRICT	TOTAL # YEARS POLICING/EDUCATION	AGE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE/ETHNICITY* (OPTIONAL) <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> WHITE <input type="checkbox"/> UNSPECIFIED			

INSTRUCTOR EDUCATION/TRAINING

HIGHEST LEVEL OF EDUCATION <input type="checkbox"/> HS <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Ph.D. <input type="checkbox"/> OTHER	
TRAINING - Please list your dates of training below:	
DRUG/VIOLENCE PREVENTION TRAINING	DATE
DRUG/VIOLENCE PREVENTION TRAINING	DATE
LAW ENFORCEMENT OR EDUCATION TRAINING	DATE

PROGRAM DELIVERY

School name	Start Date (MM/DD/YEAR)	Too Good For Drugs (TGFD) or Too Good For Violence (TGFV)	Grade of Implementation K,1,2,3,4,5,6,7,8,HS

L.E.A.D.
5 South Main Street, Allentown, NJ 08501
609.259.2500 tel • 609.228.6649 fax



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TARGET POPULATION INFORMATION – TO BE COMPLETED BY SCHOOL OFFICIAL

DISTRICT NAME	CITY	STATE	County
GRADES	TOTAL NUMBER OF STUDENTS	NUMBER OF STUDENTS WITH CHRONIC ABSENCES (15 or more)	
Name of school official:	Title:		

STUDENT DEMOGRAPHICS

A. RACE/ETHNICITY PERCENTAGES		
% American Indian or Alaskan Native	% Hispanic or Latino	% Asian
% White	% Black or African American	% Unspecified
B. GEOGRAPHIC DESIGNATION		
<input type="checkbox"/> RURAL <input type="checkbox"/> SUBURBAN <input type="checkbox"/> URBAN		
C. GENDER PERCENTAGES		
% MALE	% FEMALE	

RISK FACTORS: *Check factors that apply for your school, district, and community.*

IDENTIFICATION of RISK FACTORS for SUBSTANCE ABUSE <i>(Hawkins & Catalano)</i>	
<input type="checkbox"/> Availability of drugs	<input type="checkbox"/> Favorable parental attitude and involvement in problem behavior
<input type="checkbox"/> Community laws and norms favorable toward drug use, firearms and crime	<input type="checkbox"/> Academic failure beginning in late elementary school
<input type="checkbox"/> Transitions and mobility	<input type="checkbox"/> Lack of commitment to school
<input type="checkbox"/> Extreme economic deprivation	<input type="checkbox"/> Early and persistent antisocial behavior
<input type="checkbox"/> Low neighborhood attachment and community disorganization	<input type="checkbox"/> Rebelliousness
<input type="checkbox"/> Family history of problem behavior	<input type="checkbox"/> Friends who engage in problem behavior
<input type="checkbox"/> Family management problems	<input type="checkbox"/> Early initiation of the problem behavior
<input type="checkbox"/> Family conflict	<input type="checkbox"/> Constitutional factors

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ADDITIONAL INFORMATION for your 2018-19 L.E.A.D. PROGRAM

CHECK BOX THAT BEST IDENTIFIES AGENCY TYPE	NAME & NUMBER OF ADDITIONAL L.E.A.D. OFFICERS/INSTRUCTORS actively delivering L.E.A.D. Program for your law enforcement agency/school district
<input type="checkbox"/> COUNTY	
<input type="checkbox"/> EDUCATOR	
<input type="checkbox"/> FEDERAL	
<input type="checkbox"/> POLICE	
<input type="checkbox"/> PRIVATE SCHOOL	
<input type="checkbox"/> PROSECUTOR	
<input type="checkbox"/> SCHOOL DISTRICT	
<input type="checkbox"/> SHERIFF	
<input type="checkbox"/> STATE	
<input type="checkbox"/> OTHER (Specify)	

ACCORDING TO RANK, list number of L.E.A.D. Officers only (not total personnel) in your agency and the percentage of their time assigned to teaching the L.E.A.D. approved curriculum

RANK	NO. of INSTRUCTORS	1-10%	10-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
CAPTAIN											
CORPORAL											
CHIEF											
DETECTIVE											
EDUCATOR											
LIEUTENANT											
OFFICER/DEPUTY											
SERGEANT											
SHERIFF											
Trooper											

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INDICATE NUMBER of LEAD SCHOOLS, CLASSES, AND STUDENTS IN YOUR COMMUNITY

Too Good Curriculum	No. of Schools	No. of Classes	No. of Students
K TGFD or TGFV Program			
1 st TGFD or TGFV Program			
2 nd TGFD or TGFV Program			
3 rd TGFD or TGFV Program			
4 th TGFD or TGFV Program			
5 th TGFD or TGFV Program			
6 th TGFD or TGFV Program			
7 th TGFD or TGFV Program			
8 th TGFD or TGFV Program			
HS TGFD or TGFV Program			
TOTALS			

INDICATE PARTICIPATING SCHOOLS IN WHICH YOUR AGENCY IMPLEMENTS L.E.A.D.

DISTRICT	NAME of SCHOOL	TYPE of SCHOOL	NAME of PRINCIPAL
		<input type="checkbox"/> REGIONAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PAROCHIAL	
		<input type="checkbox"/> REGIONAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PAROCHIAL	
		<input type="checkbox"/> REGIONAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PAROCHIAL	
		<input type="checkbox"/> REGIONAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PAROCHIAL	

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TOO GOOD FOR DRUGS (TGFD):

ON THE CHART BELOW, PLEASE INDICATE THE EXACT NUMBER of TGFD WORKBOOKS needed for the grade(s) in which the program will be implemented.

PROGRAM START DATE	Name of school	K	1st	2nd	3rd	4th	5th	6th	7th	8th	HS

TOO GOOD FOR VIOLENCE (TGFV):

ON THE CHART BELOW, PLEASE INDICATE THE EXACT NUMBER of TGFV WORKBOOKS needed for the grade(s) in which the program will be implemented.

PROGRAM START DATE	Name of school	K	1st	2nd	3rd	4th	5th	6th	7th	8th	HS

CHECK the DAY you will pick up the workbooks (11am to 3pm only). Lunch will be provided. Be sure to allow time to stay and enjoy lunch with Educators and Police Officers from around the state. *Workbooks MUST be picked up by your agency on the scheduled date.* Your cooperation is always appreciated!

Thursday, Sept. 13

Friday, Sept. 14

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