



Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

502-869-8000
Fax 502-543-3608
www.bullittschools.org

Memo

TO: Jesse Bacon, Superintendent *JB*
FROM: Sarah Smith, Safe Schools Coordinator *SS*
DATE: November 4, 2020
RE: Kentucky Incentives to Prevention Survey

In previous years, Bullitt County Public Schools has partnered with the Cabinet for Health and Family Services in administering the Kentucky Incentives to Prevention (KIP) Survey. The KIP Survey is part of the Kentucky Governor's Youth Substance Abuse Prevention Initiative. Responses to the survey provide information to school districts about students' use of tobacco, alcohol, and drugs. This valuable information is used to improve programs for Kentucky's youth. Due to the COVID-19 pandemic, the Cabinet and KIP administrators have decided to postpone the survey for the 2020-2021 school year. BCPS is the fiscal agent of the Drug Free Communities Grant, which requires a bi-annual report of data that shows progress toward the goals of our grant. Data from the KIP survey is a key component to showing the progress. We are requesting to administer the same survey via google forms, a copycat version of the necessary elements of the grant, which focus on alcohol, marijuana, tobacco and prescription drugs. This survey provides the District with valuable information and is often used in presentations, grant applications, and improvement plans. Attached for your reference is the survey form that will be administered to all 6th, 8th, 10th and 12th graders. I request that the Board approve the administration of this survey.

Thank you so much for your time.

cc: Adrienne Usher, Assistant Superintendent for Learning
Allison Robinson, DFC Grant Coordinator *AR*

Core Measures (KIP)

Please mark the most accurate response(s) for each question. Please answer each question honestly. In the cases where you have no experience, please select "None," "Never Have," or "0." Remember that your answers will be kept confidential and will never be connected to your name or class.

How old are you?

- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18+

What grade are you in?

- ☐ 6
- ☐ 8
- ☐ 10
- ☐ 12

Are you:

- ☐ Male
- ☐ Female

Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

What is your race? (select one or more responses if necessary)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other:

Do you participate in the free or reduced price lunch program?

- ☐ Yes
- ☐ No

On how many occasions (if any) have you had alcoholic beverages (beer, wine, or hard liquor) to drink-more than just a few sips-in the past 30 days?

- ☐ 0
- ☐ 1-2
- ☐ 3-5
- ☐ 6-9
- ☐ 10-19
- ☐ 20-39
- ☐ 40+

On how many occasions (if any) in the past 30 days have you used marijuana?

- ☐ 0
- ☐ 1-2
- ☐ 3-5
- ☐ 6-9
- ☐ 10-19
- ☐ 20-39
- ☐ 40+

On how many occasions (if any) have you used cigarettes or other tobacco products in the past 30 days?

- ☐ 0
- ☐ 1-2
- ☐ 3-5
- ☐ 6-9
- ☐ 10-19
- ☐ 20-39
- ☐ 40+

On how many occasions (if any) in the past 30 days have you taken narcotics or drugs that require a doctor's prescription, without a doctor telling you to take them?

- ☐ 0
- ☐ 1-2
- ☐ 3-5
- ☐ 6-9
- ☐ 10-19
- ☐ 20-39
- ☐ 40+

The following questions are in regards to values and beliefs.

How much do you think people risk harming themselves (physically or in other ways) if they.....

	No risk	Slight Risk	Moderate Risk	Great Risk
smoke one or more packs of cigarettes a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke marijuana one or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have five or more drinks of an alcoholic beverage once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vape/ use e-cigarettes some days but not every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How wrong do your friends feel it would be for you to.....

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong At All
have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use prescription drug not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How wrong do your parents feel it would be for you to....

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong At All
have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submit

Never submit passwords through Google Forms.

This form was created inside of Bullitt County Public Schools. [Report Abuse](#)

Google Forms