



SCHOOL TOBACCO POLICY NEEDS ASSESSMENT

The Northern Plains Tobacco Prevention Project (NPTPP) is conducting a needs assessment of tobacco policy implementation within your community. The information you provide is critical for assessing the current policy needs among Northern Plains tribes.

SECTION 1: DEMOGRAPHIC DATA

1. Grade levels served by school: Elementary () Middle () High School ()
2. School Type: BIA () Tribal () Other _____
3. What is your current position? _____
4. Tribal Community Served: _____
5. Phone: _____ 6. Email: _____
7. Years you have worked in your current position: _____
8. Total number of students served by school: _____

SECTION 2: TOBACCO POLICY

1. Does the school have a policy regulating smoking?
Yes () No () If No skip to Section # 3
2. How would you describe the smoke-free policy of your school?
100% Tobacco-Free () 100% Smoke-Free () Smoking Allowed in Some Areas () Smoking Allowed in All Areas ()
3. Does the policy prevent smoking on:
The entire grounds () 50 feet or more from entries () 0 to 49 feet from entries () inside building(s) only ()
4. If your school is smoke-free are no-smoking signs posted?
Yes () No ()
5. If smoking is allowed in designated area only, is smoking occurring only within the designated smoking section?
Yes () No () Smoking does not occur anywhere on grounds ()



SECTION 3: ENFORCEMENT

*Please rate the level of your agreement with each of the following statements below between 1 and 5; (1) being Strongly Agree and (5) being Strongly Disagree.

Description of Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	1	2	3	4	5
1. Smoking inside school buildings and grounds by students is a problem.					
2. Smoking inside school buildings and grounds by staff is a problem.					
3. Smoking inside school buildings and grounds by visitors is a problem.					
4. Smoking is a problem at school sponsored events.					
5. The staff would be supportive of a smoke-free policy.					
6. Students have a good understanding about the health effects of tobacco use and secondhand smoke.					
7. My school has adequate access to tobacco prevention resources.					

Thank you for taking the time to complete this assessment. Your efforts will help us serve you better.

Please return this assessment to: Favian Kennedy
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