PS13-1308 Work Plan Status Report #2 Template Instructions
Strategy 1: School-Based Surveillance

Funded partners must submit Work Plan Status Report #2 for **the second six months of Year 2 (February 1, 2015 – July 31, 2015)**. The Work Plan Status Report #2 must address the following elements of each objective and activity

- Successes: Indication of the completion status of the required activities of the Year 2 Work Plan (for example: met, in progress, or not met) through July 31, 2015;
- Challenges that hindered completion of the activities in the work plan through July 31, 2015;
- CDC program support to awardees (a description of how CDC could assist you in overcoming any challenges); and
- Evaluation results through July 31, 2015, if applicable.

This sample Work Plan Status Report template is available for use, but is not required to use. Should you choose not to use this template, you are still required to include all of the elements listed within the template as detailed in the Year 2 Notice of Award letter.

The Work Plan Status Report #2 is sent directly to your Project Officer via email. Nothing is uploaded to www.grants.gov. Please name the Work Plan Status Report #2 as follows: "{Strategy} Work Plan Status Report #2 Year 2 {Agency}." Please provide a separate Work Plan Status Report #2 for each Strategy area for which you receive funding (Strategy 1: School-Based Surveillance; Strategy 2: School-Based HIV/STD Prevention; Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention; and/or Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men).

PS13-1308 Work Plan Status Report #2
Strategy 1: School-Based Surveillance
Grant Year 2: reporting timeframe February 1, 2015 – July 31, 2015
(Optional template)

Agency Name: **Cooperative Agreement Number: PS00XXXX** **Grant Year: 2**

5 Year Goal 1: Collect, analyze, and disseminate data on adolescent health risk behaviors, including sexual risk behaviors, using the Youth Risk Behavior Survey; administered in odd-numbered years.				
Required Activities	**M**	**IP**	**NM**	**N/A**
1. Develop the YRBS questionnaire, meeting specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys.*				
2. Produce an up-to-date sampling frame and develop sampling parameters, meeting specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*. Include specifications for developing sub-state estimates of LEAs and schools as appropriate.				
3. Conduct the YRBS (in odd-numbered calendar years) among a scientifically selected sample of at least all public school students in grades 9-12 in their jurisdiction according to survey administration procedures outlined in the *Handbook for Conducting Youth Risk Behavior Surveys.* Submit the Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor.				
4. Submit all completed questionnaires or answer sheets and appropriate sample and data collection documentation forms to the CDC Survey TA contractor for processing.				
5. Disseminate YRBS results through fact sheets, reports, Web sites, and other products that describe priority health risk behaviors, help target interventions, establish funding priorities, and support development of state and local policies and practices that will reduce priority health risk behaviors among youth.				
6. Collaborate with other CDC-awarded national, state, and local YRBS administrations conducted among schools in their jurisdiction.				

Success	
Required Activity Number	**If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative information based on your action steps in your work plan) regarding the completion of the activity.**

Challenge	
Required	**If Not Met was checked, please explain why the activity was not met.**

KEY: M: Met IP: In Progress NM: Not Met N/A: Not applicable

Revised: July 9, 2015

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Strategy 1: School-Based Surveillance
Grant Year 2: reporting timeframe February 1, 2015 – July 31, 2015
(Optional template)

Agency Name: **Cooperative Agreement Number: PS00XXXX** **Grant Year: 2**

Activity Number	

CDC Program Support
Please describe how CDC could assist you in overcoming any challenges:

5 Year Goal 2: Collect, analyze, and disseminate data on school health policies and practices, including sexual health policies and practices, using School Health Profiles; administered in even-numbered years.				
Required Activities	**M**	**IP**	**NM**	**N/A**
1. Use the Profiles questionnaires for principals and lead health education teachers provided in the *Handbook for Developing School Health Profiles*.				
2. Produce an up-to-date sampling frame and develop sampling parameters meeting specifications outlined in the *Handbook for Developing School Health Profiles*. Include specifications for developing sub-state estimates of targeted LEAs and targeted schools.				
3. Conduct Profiles (in even-numbered calendar years) among a scientifically selected sample of secondary public schools representative of all public middle schools and high schools in their jurisdiction according to survey administration procedures outlined in the *Handbook for Developing School Health Profiles*. Submit the Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor.				
4. Submit all completed questionnaires or data and appropriate sample and data collection documentation forms to the CDC Survey TA contractor for processing.				
5. Disseminate Profiles results through fact sheets, reports, Web sites, and other products that describe school health policies and practices, help target interventions, establish funding priorities, and support development of school health policies and practices that will help reduce priority health risk behaviors among youth.				
6. Collaborate with other CDC-awarded programs to administer Profiles among schools in their jurisdiction.				

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Grant Year 2: reporting timeframe February 1, 2015 – July 31, 2015
(Optional template)

Agency Name: **Cooperative Agreement Number: PS00XXXX** **Grant Year: 2**

Success	
Required Activity Number	**If Met or In Progress was checked, please provide a narrative (including some quantitative and qualitative information based on your action steps in your work plan) regarding the completion of the activity.**
Challenge	
Required Activity Number	**If Not Met was checked, please explain why the activity was not met.**
CDC Program Support	
Please describe how CDC could assist you in overcoming any challenges:	

Process Evaluation (required, if your most recent YRBS or Profiles data were not weighted): What specific activities are you doing that will increase your chances to achieve weighted data for YRBS and/or Profiles in the next cycle?