

# Comprehensive Prevention Plan Template



## Implementation Period

LEA Name

Start and End Date and Year

### Local Education Agency (LEA) Stakeholder Input used to Inform the Plan

*Input must be received from parents, students, educators, and support staff.*

#### Input 1

Date	Format	<i>Survey, meetings, focus groups, or other.</i>
Stakeholder Type	Brief Notes Outlining Input (350 Character Limit)	
<i>Parents</i>		
<i>Students</i>		
<i>Educators</i>		
<i>Support Staff</i>		
<i>Other</i>		

#### Input 2

Date	Format	<i>Survey, meetings, focus groups, or other.</i>
Stakeholder Type	Brief Notes Outlining Input (350 Character Limit)	
<i>Parents</i>		
<i>Students</i>		
<i>Educators</i>		
<i>Support Staff</i>		
<i>Other</i>		

## Input 3

Date _____	Format _____	<i>Survey, meetings, focus groups, or other.</i>
<b>Stakeholder Type</b>	<b>Brief Notes Outlining Input (350 Character Limit)</b>	
<i>Parents</i>		
<i>Students</i>		
<i>Educators</i>		
<i>Support Staff</i>		
<i>Other</i>		

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## Input 4

Date _____	Format _____	<i>Survey, meetings, focus groups, or other.</i>
<b>Stakeholder Type</b>	<b>Brief Notes Outlining Input (350 Character Limit)</b>	
<i>Parents</i>		
<i>Students</i>		
<i>Educators</i>		
<i>Support Staff</i>		
<i>Other</i>		

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## Input 5

Date _____	Format _____	<i>Survey, meetings, focus groups, or other.</i>
<b>Stakeholder Type</b>	<b>Brief Notes Outlining Input (350 Character Limit)</b>	
<i>Parents</i>		
<i>Students</i>		
<i>Educators</i>		
<i>Support Staff</i>		
<i>Other</i>		

# Goals, Strategies, and Resources

Complete each section of the form to support your LEA's Comprehensive Prevention Plan. Create one to four goals. For every goal, provide clear and specific information in the areas listed below. Use the SMART goal format, outline strategies and resources, and identify a goal lead. This information will help ensure the plan is actionable, meets state requirements, and supports effective implementation.

<b>Goals</b>	Please use the SMART goal format. (Specific, Measurable, Achievable, Relevant, and Time-bound)
<b>Strategies</b>	Include at least one evidence-based Tier 1 and Tier 2 prevention activity for each goal. These must meet the requirements of Utah's youth suicide prevention (UCA 53G-9-702) and positive behavior plan (UCA 53G-10-407) laws. Strategies should also provide opportunities for students to build resiliency skills, equipping them to manage challenges and make healthy decisions.
<b>Current Resources</b>	List the personnel, funding sources, and other supports that are already in place to help the LEA achieve the goal.
<b>Needed Resources</b>	List specific resources your LEA is requesting Block Grant funds for; such as staff, materials, training, or other supports.
<b>Goal Lead</b>	Intended only for LEA planning. For each goal, identify the individual who will serve as the goal lead; the person responsible for overseeing and carrying out the strategies to achieve that specific goal.

## Notes

## Goal 1

SMART Goal

Strategies



*The goal  
informs the  
strategies.*

Current Resources

Needed Resources

Goal Lead

Email Address

## Goal 2

SMART Goal

Strategies



*The goal  
informs the  
strategies.*

Current Resources

Needed Resources

Goal Lead

Email Address

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## Goal 3

SMART Goal

Strategies



*The goal  
informs the  
strategies.*

Current Resources

Needed Resources

Goal Lead

Email Address

## Goal 4

SMART Goal

Strategies



*The goal  
informs the  
strategies.*

Current Resources

Needed Resources

Goal Lead

Email Address

## Implementation Plan for Positive Behaviors Plans

### Substance Use Prevention Plan

Describe how your LEA is meeting the law's requirements regarding the implementation of positive behaviors plans (substance use prevention plans) as outlined in [UCA 53G-10-407](#). Before completing this section, please review the law to ensure you understand its requirements. If you have additional questions about the law's requirements, please contact: [prevention@schools.utah.gov](mailto:prevention@schools.utah.gov).

### Person Responsible for LEA Positive Behaviors Plans/Substance Use Prevention

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#### Plan

*Briefly describe your LEA's approach in one to three sentences. Focus on the key actions your LEA will take to meet the law's requirements.*

## Implementation Plan for Suicide Prevention Programs

Describe how your LEA (Local Education Agency) is meeting the law's requirements regarding the implementation of suicide prevention plans as outlined in [UCA 53G-9-702](#). Before completing this section, please review the law to ensure you understand its requirements. If you have additional questions about the law's requirements, please contact [prevention@schools.utah.gov](mailto:prevention@schools.utah.gov).

### Person Responsible for LEA Suicide Prevention Programs

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#### Plan

*Briefly describe your LEA's approach in one to three sentences. Focus on the key actions your LEA will take to meet the law's requirements.*

## Plans for School Personnel Training

Describe how your LEA will ensure that school personnel receive training on the impact of childhood trauma on student learning. This training should include information that helps educators understand how trauma affects students and clearly advises them not to practice medicine, give a diagnosis, or provide treatment. (Required by [UCA 53F-2-525](#)).

### Person Responsible for Coordinating Trauma-Informed Training

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#### Plan

*Briefly describe your LEA's approach in one to three sentences. Focus on the key actions your LEA will take to meet the law's requirements.*