

D.A.R.E. Statistical Data Sheet
12 month period-Calendar or School

Agency: _____ **City:** _____

1) List your agency in the box above then indicate below the type of agency and the number of instructors involved in the delivery of the DARE program.

Sheriff's Department _____ Police Department _____ Number of Officers _____

Which school districts do you service?

2) Indicate below the name of each DARE officer, their rank, and percentage of time assigned to DARE activities (ex: teaching, preparation time, administration, etc) and year certified.

Name	Rank	Less than 50%	More than 50%	Year Certified

3) Indicate the number of schools and the number of students that participated in the different curricula of the DARE program.

DARE Curriculum	Number of schools	Number of students
K-4 Program		
Elementary Program		
Junior High Program		
Senior High Program		
Other: _____		

4) Indicate below if your agency has a rotation schedule/time limit for being assigned as a DARE officer and also timeframe. No _____ Yes _____ Rotation Timeframe _____

Return to State Coordinator by 2/5/22 to: Christy Fruge: cfruge@lincolnil.gov