

## ASSIGNMENT TO TOBACCO INTERVENTION PROGRAM – 2019-2020

**Student's Name:** \_\_\_\_\_ **School/Agency:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Referring Administrator/Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Student's Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Parent Email:** \_\_\_\_\_

<b>For Administrator Only:</b>	Please check this box if the student is being referred due to possession and/or use of an electronic vapor device (e-cig, etc.)	
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Your son/daughter was recently suspended/cited for a smoking infraction and has agreed to attend Tobacco Intervention Program classes in lieu of suspension or citation requirements. To clear the suspension/citation, a student must attend one class series following the schedule below. The tobacco cessation awareness classes will be conducted or contracted through the Orange County Tobacco Use Prevention Program (TUPP). **Attached to this referral is a consent form for your teen to participate in a TUPP survey. Please sign this form, indicating whether you consent to have your teen participate in the TUPP survey.** With the instructor's approval a student is allowed to make up classes in the next series, if necessary. The class will focus on understanding and exploring the stages of smoking cessation. Students attending the evening Tobacco Intervention Program classes will also be referred to their on-campus Project Success program follow-up support services. If you have any questions, please contact the Department of Prevention and Intervention at 949-936-7530. If you need to fax this form or the consent form, please do so to 949-936-7529.

	<b>Session:</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>
<input type="checkbox"/>	<b>Class Series 1</b>	October 8	October 15	October 22	October 29
<input type="checkbox"/>	<b>Class Series 2</b>	November 5	November 12	November 19	November 26
<input type="checkbox"/>	<b>Class Series 3</b>	January 7	January 14	January 21	January 28
<input type="checkbox"/>	<b>Class Series 4</b>	February 4	February 11	February 18	February 25
<input type="checkbox"/>	<b>Class Series 5</b>	March 3	March 10	March 17	March 24
<input type="checkbox"/>	<b>Class Series 6</b>	April 7	April 14	April 21	April 28
<input type="checkbox"/>	<b>Class Series 7</b>	May 5	May 12	May 19	May 26

**Location: Creekside Education Center - North Campus Training Center, Room N-25  
3387 Barranca Parkway @ Harvard, Irvine, 92606**

**Day: Tuesdays**

**Time: 5:30 p.m. to 6:30 p.m.**

**1. Expectations for Tobacco Intervention Program Class:**

- a. Students must arrive on time and stay for the entire hour class.
- b. Any disruption which requires a student to be removed from Tobacco Intervention Program class will result in parent contact and suspension or citation requirements imposed by the court.
- c. The consequence for non-completion of the Tobacco Intervention Program class series will be subsequent one- to three-day suspension from school or citation requirements imposed by the court.

**I give permission for my child to participate in the Tobacco Intervention Program, pre-post evaluations, and on-campus Project Success follow-up support services. Please return this signed form before the first class.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

**CONSENT FOR THE TOBACCO CESSATION TRAINING**

Dear Parent/Guardian,

By participating in this cessation training, your child is being asked to take the tobacco survey. This is a very important survey that will help us promote better health among our community's youth and combat tobacco problems.

**Your written permission on this form is required for your child to participate in the cessation program.**

The following information is listed to help you make your decision:

- 1. **Survey Content.** The survey will gather information on health-risk behaviors. There are no questions about family values. You may examine the questionnaire prior if you would like.
- 2. **Youth Selection.** Your child is being asked to participate in the survey only because he/she is in the cessation program.
- 3. **Confidential.** Your child's privacy is protected. No information will permit your child to be identified or connected with his/her answers. Survey administrators have signed pledges of confidentiality.
- 4. **Potential Risks.** There are no risks of physical harm to your child. The cessation staff will answer any question or concern that youth might have.

**Parents or guardians, please check one, sign, and return this form within three days:**

\_\_\_\_\_ *I give **permission** for my child to take the tobacco use survey and participate in cessation services, such as 1 1/2 hour cessation seminar or a series of 5 -10 cessation sessions.*

\_\_\_\_\_ *I do **NOT** give **permission** for my child to take the tobacco use survey or participate in any cessation services.*

**Youth's Name:** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**Address:** (Street) \_\_\_\_\_ (City, State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

**Day Time Phone:** \_\_\_\_\_

**Parent's/Guardian's Name:** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In case your child should become ill or have a personal emergency on his/her cessation training, whom shall we contact if you are not available?

_____	( )	( )
Full Name and Relationship	Home phone	Work phone

Tobacco Prevention and Cessation projects are made possible by Tobacco Settlement Revenue Funds administered by the County of Orange Health Care Agency/Tobacco Use Prevention Program.