

Dear Sir/Madam

Thank you for giving us the opportunity to meet and sensitise your headmasters on tobacco control in schools.

Once again, we request your kind and active intervention for implementing COTPA in all schools under you, along with conducting School Protection Committee meetings on a monthly basis. **Kindly direct all headmasters under you to conduct SPC meetings and submit reports to your goodself before 15th of every month.**

We have put together an excel sheet format that can help headmasters in submitting necessary information to you; please distribute it among your headmasters.

The format in both **excel and pdf** is being attached herewith.

Request you to also please send compiled reports to dpisecretsection@gmail.com with copy to tobaccofreekerala@gmail.com before **20th of every month.**

Looking forward to your kind help and cooperation.

Please feel free to call us/write to us for any assistance.

With respectful regards,
Sreedevi and Rema
for Tobacco Free Kerala

Tobacco Free Schools - School Level Report to DEO

Report to be submitted to the DEO before 15th of every month

Name of the School -

Report Head	Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	Yes/No	If No, Why?	Yes/No	If No, Why?	Yes/No	If No, Why?	Yes/No	If No, Why?	Yes/No	If No, Why?	Yes/No	If No, Why?
Section 4 Board Entrance and Inside - Yes/No												
Section 6 Board Outside the School - Yes/No												
Monthly School Protection Committee meeting held		Date		Date		Date		Date		Date		Date
Are there any shops selling tobacco products within 100 yards of your school		No. of shops		No. of shops		No. of shops		No. of shops		No. of shops		No. of shops
If Yes, Whether it is Reported to SI/SHO		No. of cases reported		No. of cases reported		No. of cases reported		No. of cases reported		No. of cases reported		No. of cases reported
Has action been taken by the SHO/SI		No. of cases/ action taken by SI/SHO		No. of cases/ action taken by SI/SHO		No. of cases/ action taken by SI/SHO		No. of cases/ action taken by SI/SHO -		No. of cases/ action taken by SI/SHO -		No. of cases/ action taken by SI/SHO -
Please describe any special tobacco control activities conducted by your school												
*Any enclosures may be listed below												