Offender Education Group
Professional Licensing and Certification Unit
PO Box 149347, MC 1982
Austin, TX 78714-9347
(800) 832-9623 ▼ (512) 834- 4550 (fax)
www.dshs.state.tx.us/offendered

MEMORANDUM **July 1, 2011**

To: Texas Drug Offender Education Program Administrators

From: Offender Education

Subject: FY 2011 Annual Report

The Annual Report is due **September 15, 2011**, as cited in Rule 453.112 (c) of the Offender Education Program Rules. Failure to submit the required Annual Report by the due date will result in your program being made inactive.

The current annual reporting period began September 1, 2010 and ends August 31, 2011. If your program was approved after September 1, 2010, your reporting period will begin with the date approval was granted.

Attached is a copy of the annual reporting form. This form is also online at www.dshs.state.tx.us/offendered, under the "Applications/Forms" section. Information submitted on the Annual Report will be updated in our database and reflected on our web page, so accuracy is important for the continued success of your program. This Annual Report must be completed and returned to Offender Education at the address above, or returned via fax at 512-834-4550, no later than **September 15, 2011**.

If you have any questions, please do not hesitate to contact Offender Education at (800) 832-9623, x2910.

Texas Drug Offender Education Program

FY 2011 Annual Report

(Print or Type ♦ DO NOT leave information blank)

Program Name (as on certificate): _____

Program Administrator Name: _____ Program Certification #: _____

Headquarters Address: _____

City: _____ State: TX Zip: _____ County: _____

Email Address: _____

Headquarters Phone Number: (_____) _____ FAX: (_____) _____

Course Fee: _____ Reporting Period: **9-1-2010 to 8-31-2011**

The following items shall be reported to DSHS, as required by the Offender Education Program Rules, §453.112 (c) Record Keeping and Reporting:

1. Driver's license numbers of all participants or in the absence of a driver's license, the Social Security number and date of birth of each participant completing the *Drug Offender Education Program.* **PLEASE DO NOT SEND ROSTERS.** Please attach a list of driver's license numbers to this form.

2. Total number of participants entering course (Count each person only once): _____

3. Total number of participants successfully completing course: _____

4. Total number of courses conducted during the annual reporting period: _____

   NOTE: Do not count courses that will end after August 31, 2011. These are to be counted on the FY 2012 annual report.

   a) Number of English courses conducted: _____

   b) Number of Spanish courses conducted: _____

   c) Number of other courses conducted (please specify what language): _____

5. Average percentage increase of knowledge from pre-test to post-test for all courses conducted during the reporting period: _____

6. Percentage of total participants indicating potential drug abuse problem as defined in the required screening procedure: _____

7. Please list names of all certified instructors utilized by the program from 9-1-10 to 8-31-11 and the number of courses each instructor conducted during this reporting period. **Provide instructor information even if the instructor is no longer utilized by the program.**

Instructor Name	# of Courses Conducted	Still teaching for Program? (Y/N)

This Annual Report must be submitted by September 15, 2011

Return Annual Report to:

Offender Education Group
Professional Licensing and Certification Unit
Texas Department of State Health Services
PO Box 149347, MC 1982
Austin, TX 78714-9347
or
FAX: 512-834-4550

I certify that the information contained herein is true and correct.

_____
Drug Offender Education Program
Program Administrator Signature

_____
Date