

# FLASH – High School Fidelity Log

## **Definitions:**

**Curriculum/Program:** This sexual health education curriculum is approved by DHS to meet Activity 3 of the CAPP Program.

**Implementation:** One full series of lessons/sessions for a curriculum. If the first lesson is taught on April 1 and the final lesson is taught on April 30, all lessons taught in that time period for the curriculum are included in that implementation. If a curriculum is taught to two separate groups of students, each group of students is receiving a separate implementation (2 implementations for the 2 groups).

## **Instructions:**

Thank you very much for taking part in the CAPP Program Evaluation Fidelity Monitoring. The purpose of this fidelity monitoring is to support educators and tailor training.

Complete this workbook during the implementation you have selected for fidelity monitoring. If you have selected multiple implementations for fidelity monitoring, a separate workbook should be completed for each implementation. The workbook is divided into sections based on the lessons contained in the curriculum. Please identify information about the lesson in the box at the upper right-hand corner of the first page for each lesson, then identify whether you made any modifications to components of the lessons. Describe each modification.

In addition to the lesson sections, there is a final section (General Implementation Information) in which you will be asked additional questions about the implementation. You may want to take notes in the margins after each lesson to remind yourself of important points or events.

When you have completed the implementation and this workbook, please go to [https://uni.co1.qualtrics.com/jfe/form/SV\\_6tYRoMmf89CM8Tz](https://uni.co1.qualtrics.com/jfe/form/SV_6tYRoMmf89CM8Tz) and enter the information into the online form.

Lesson 1

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Length of Class: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Location: \_\_\_\_\_

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce FLASH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set classroom expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 corners exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anonymous questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Introduce FLASH

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\_\_\_\_\_  
\_\_\_\_\_  
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Set classroom expectations

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\_\_\_\_\_  
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#### 4 corners exercise

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#### Anonymous questions

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#### Homework expectations

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#### Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 2

Date: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Length of Class: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe reproductive organs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Define sexual response terminology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrap up lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

Purpose of lesson

Describe reproductive organs

Define sexual response terminology

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Wrap up lesson

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 3

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Length of Class: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Location: \_\_\_\_\_

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Process of conception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early signs of pregnancy and testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 months of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of lesson

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Process of conception

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Early signs of pregnancy and testing

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9 months of pregnancy

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Review game

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 4

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Length of Class: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Location: \_\_\_\_\_

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of lesson and tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Definitions activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video and discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice column	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign column	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of lesson and tone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Definitions activity

\_\_\_\_\_  
\_\_\_\_\_  
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Video and discussion

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Advice column

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Assign column

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 5

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Length of Class: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Location: \_\_\_\_\_

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Define stereotypes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender box brainstorm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyze gender pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scenario activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual attitudes survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Introduce lesson

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Define stereotypes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gender box brainstorm

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Analyze gender pressure

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Scenario activity

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Sexual attitudes survey

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 6

Date: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Length of Class: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyze scenarios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills demo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Introduce lesson

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Lead group activity

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Analyze scenarios

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Communication skills demo

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 7

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Length of Class: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Location: \_\_\_\_\_

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share survey results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Define terms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss power and age differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate scenarios activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of lesson

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Share survey results

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Define terms

\_\_\_\_\_  
\_\_\_\_\_  
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Review laws

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Discuss power and age differences

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Facilitate scenarios activity

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Summarize

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 8

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Length of Class: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Location: \_\_\_\_\_

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce lesson/tech brainstorm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate brainstorm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss sexual violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scenarios activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Introduce lesson/tech brainstorm

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\_\_\_\_\_  
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Evaluate brainstorm

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Discuss sexual violence

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Scenarios activity

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 9

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Length of Class: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Location: \_\_\_\_\_

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of lesson/definition of abstinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach refusal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal skills scenarios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small-group practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of lesson/definition of abstinence

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\_\_\_\_\_  
\_\_\_\_\_  
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Teach refusal skills

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Refusal skills scenarios

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Small-group practice

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 10

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Length of Class: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Location: \_\_\_\_\_

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth control effectiveness activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth control commercials and warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of lesson

\_\_\_\_\_  
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\_\_\_\_\_  
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Birth control effectiveness activity

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Birth control commercials and warm up

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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# Lesson 11

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Length of Class: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Location: \_\_\_\_\_

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graffiti sheet activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom demo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journaling activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

\_\_\_\_\_

\_\_\_\_\_

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Purpose of activity

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Graffiti sheet activity

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Condom demo

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Journaling activity

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 12

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Length of Class: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Location: \_\_\_\_\_

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of lesson/HIV STD overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brainstorm condom barriers, solutions and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss effectiveness of condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male condom demonstration and practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female condom demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Purpose of lesson/HIV STD overview

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Brainstorm condom barriers, solutions and benefits

\_\_\_\_\_

\_\_\_\_\_

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Discuss effectiveness of condoms

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Male condom demonstration and practice

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Female condom demonstration

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Summarize

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 13

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Length of Class: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Location: \_\_\_\_\_

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of lesson/HIV quiz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research local testing resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing advice about STD testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of lesson/HIV quiz

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Research local testing resources

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Writing advice about STD testing

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 14

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Length of Class: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Location: \_\_\_\_\_

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce communication and refusal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Introduce lesson

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Introduce communication and refusal skills

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Communication skills activity

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Summarize

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Assign homework

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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Lesson 15

Date: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Length of Class: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain social norms campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce social norms statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students make posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Warm up

Purpose of lesson

Explain social norms campaign

Introduce social norms statements

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Students make posters

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Summarize

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Exit ticket

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	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

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## **General Implementation Information**

1. Where did you implement the curriculum?
  - ☐ In regular school classes
  - ☐ In a district-sponsored after-school program
  - ☐ In a clinic setting
  - ☐ In a community organization serving young people
  - ☐ In another location (please specify: \_\_\_\_\_)
  
2. With what grades did you implement the curriculum? If it was implemented after school or out of school in what grades were the participants? (Check all that apply.)
  - ☐ 4<sup>TH</sup>
  - ☐ 5<sup>TH</sup>
  - ☐ 6<sup>TH</sup>
  - ☐ 7<sup>TH</sup>
  - ☐ 8<sup>TH</sup>
  - ☐ 9<sup>TH</sup>
  - ☐ 10<sup>TH</sup>
  - ☐ 11<sup>TH</sup>
  - ☐ 12<sup>TH</sup>
  - ☐ Other groups were also included  
(specify: \_\_\_\_\_)
  
3. In general, how many times per week were classes taught?
  - ☐ 1 time per week
  - ☐ 2 times per week
  - ☐ 3 times per week
  - ☐ 4 times per week
  - ☐ 5 times per week
  - ☐ Other  
(specify interval: \_\_\_\_\_)
  
4. Were any of the lessons implemented in back-to-back sessions, i.e., on the same day? (If yes, which ones?)
  - ☐ Yes
  - \_\_\_\_\_
  - ☐ No
  
5. Were all classes taught in sequence? (If no, please describe the sequences.)
  - ☐ Yes
  - ☐ No
  - \_\_\_\_\_



6. How long did each class last, on average?

Minutes = \_\_\_\_\_

7. How many participants typically attended each class?

Participants = \_\_\_\_\_

8. What percentage of the participants attended each class?

% = \_\_\_\_\_

9. What is your experience with this curriculum?

	Yes	No
Been trained to implement this curriculum?	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed all the activities in the curriculum?	<input type="checkbox"/>	<input type="checkbox"/>
Taught or practiced teaching most of the activities?	<input type="checkbox"/>	<input type="checkbox"/>

10. What is your experience with similar programs?

	Yes	No
Taught other sex education curricula that covered abstinence, condoms, and contraception?	<input type="checkbox"/>	<input type="checkbox"/>
Taught other skills-based programs that required students to practice skills using role-plays?	<input type="checkbox"/>	<input type="checkbox"/>

11. Did the school (or organization in which you implemented this program) approve its implementation before the program was taught?

☐Yes

☐No

12. Did parents receive a permission form or opt-out form for this program?

☐Yes

☐No

13. In general, when you taught the curriculum this time, how comfortable were you talking about the sexual topics in this program?

☐Very comfortable

☐Somewhat comfortable

☐Not very comfortable

14. How confident did you feel delivering these lessons?

☐Very confident

☐Somewhat confident

☐Not very confident

15. Please select one option for each question.

Overall, during the implementation of this curriculum...

Not at all | Somewhat | A great deal

To what extent did classroom management issues detract from your ability to teach the lessons as written?

☐☐☐

To what extent were you able to engage students in the participatory activities?

☐☐☐

To what extent did participants practice the role-play as specified in the curriculum?

☐☐☐

To what extent were you able to emphasize clearly and repeatedly the message that youths should determine how far they will go sexually and then stick to that limit and respect other's limits?

☐☐☐