

# Draw the Line/Respect the Line -- 8<sup>th</sup> Grade

## Fidelity Log

### Definitions:

**Curriculum/Program:** This evidence-based sexual health education curriculum is approved by DHS to meet Activity 2 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\\_0H8qPVwFlgLDrkp](https://uni.co1.qualtrics.com/jfe/form/SV_0H8qPVwFlgLDrkp) and enter the information into the online form.

Lesson 1: HIV and Teens

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Introduction and Class Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teens with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What’s in it for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure and Homework	<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.

Introduction and Class Rules

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

Teens with HIV

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

What’s in it for you?

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

Closure and Homework

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

	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?

---

---

---

---

Lesson 2: *Draw the Line* Challenge

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

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

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

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

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Lesson 1 and Homework Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for the Draw the Line Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking Questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure	<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.

Lesson 1 and Homework Review

Plan for the Day

Training for the Draw the Line Challenge

## Asking Questions

---

---

---

---

## Closure

---

---

---

---

	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?

---

---

---

---

Lesson 3: Difficult Moments

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Lesson 2 Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trina and Kashid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voting: Difficult Moments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework: What can you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure	<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.

Lesson 2 Review

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

Plan for the Day

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

Trina and Kashid

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

Voting: Difficult Moments

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

Homework: What can you do?

---

---

---

---

Closure

---

---

---

---

	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?

---

---

---

---

Lesson 4: Sticking to Your Limit

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Lesson 3 Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework and <i>Draw the Line</i> Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice, Practice, Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure	<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.

Lesson 3 review

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

Plan for the Day

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

Homework and *Draw the Line* Review

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



Practice, Practice, Practice

---

---

---

Closure

---

---

---

	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?

---

---

---

Lesson 5: Talking with a Person who has HIV

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Lesson 4 Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking with a Person with HIV or AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework: Re-Thinking my Feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure	<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.

Lesson 4 Review

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

Plan for the Day

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

Talking with a Person with HIV or AIDS

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

### Homework: Re-Thinking my Feelings

---

---

---

---

### Closure

---

---

---

---

	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?

---

---

---

---

# Lesson 6: Reduce Your Risk

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Lesson 5 and Homework Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methods of Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom Demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure	<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.

Lesson 5 and Homework Review

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

Plan for the Day

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

Methods of Protection

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

### Condom Demonstration

---

---

---

---

### Closure

---

---

---

---

	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?

---

---

---

---

# Lesson 7: Staying Safe

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Lesson 6 Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good-Bye	<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.

Lesson 6 Review

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

Plan for the Day

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

Traffic Light

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

Cold Shower

---

---

---

---

Good-Bye

---

---

---

---

	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?

---

---

---

---

## **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?

☐☐☐