

Making a Difference!

Fidelity Log

Definitions:

Curriculum/Program: This evidence-based 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_0IJ3Ny0Rs45iXFX and enter the information into the online form.

Module 1: Getting to Know You and Steps to Making Your Dreams Come True

Date: _____
 Number of Students: _____
 Length of Class: _____
 Grade: _____
 Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Welcome and Program Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking Circle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating Group Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making Proud Choices: Be Proud! Be Responsible!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brainstorming about Teens and Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goals and Dreams Timeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brainstorming Obstacles to Your Goals and Dreams	<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.

Welcome and Program Overview

Talking Circle

Creating Group Rules

Making Proud Choices: Be Proud! Be Responsible! Brainstorm

Brainstorming about Teens and Sex

Goals and Dreams Timeline

Brainstorming Obstacles to Your Goals and Dreams

	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?

Module 2: Understanding Adolescent Sexuality and Abstinence

Date: _____
 Number of Students: _____
 Length of Class: _____
 Grade: _____
 Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Puberty and Adolescent Sexual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Why Some Teens Have Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Messages of Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How Do People Express Their Sexual Feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits of Sex/Benefits of Abstinence	<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.

Puberty and Adolescent Sexual Development

Why Some Teens Have Sex

Understanding Messages of Sex

How Do People Express Their Sexual Feelings? What is Abstinence?

Benefits of Sex/Benefits of Abstinence

	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?

Module 3: The Consequences of Sex: Pregnancy

Date: _____
 Number of Students: _____
 Length of Class: _____
 Grade: _____
 Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Myths and Facts About Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Valentine's Day Gift (Scripted Role-Play)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanisha & Shay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jamal and Keisha – A Romance	<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.

Myths and Facts About Pregnancy

Your Valentine's Day Gift (Scripted Role-Play)

Tanisha & Shay

Jamal and Keisha – A Romance

	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?

Module 4: The Consequences of Sex: STDs

Date: _____
 Number of Students: _____
 Length of Class: _____
 Grade: _____
 Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Sexually Transmitted Diseases Brainstorm and Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't Pass it Along (The Transmission Game)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOP, THINK, AND ACT – Introduction to Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOP, THINK, AND ACT – Problem Solving in Pairs	<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.

Sexually Transmitted Diseases Brainstorm and Discussion

Don't Pass it Along (The Transmission Game)

STOP, THINK, AND ACT – Introduction to Problem Solving

STOP, THINK, AND ACT – Problem Solving in Pairs

	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?

Module 5: The Consequences of Sex: HIV Infection

Date: _____
 Number of Students: _____
 Length of Class: _____
 Grade: _____
 Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
The Subject Is: HIV – DVD and Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV Risk Continuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The AIDS Basketball Game	<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.

The Subject Is: HIV – DVD and Discussion

HIV Risk Continuum

The AIDS Basketball Game

	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?

Module 6: Attitudes, Beliefs, and Giving Advice About HIV/STDs and Abstinence

Date: _____
 Number of Students: _____
 Length of Class: _____
 Grade: _____
 Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Seeing the Positive in Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agree/Disagree – Attitudes about Abstinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Messages of Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nina Next Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calling KoKo	<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.

Seeing the Positive in Yourself

Agree/Disagree – Attitudes about Abstinence

Understanding Messages of Sex

Nina Next Door

Calling KoKo

	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?

Module 7: Responding to Peer Pressure and Partner Pressure

Date: _____
 Number of Students: _____
 Length of Class: _____
 Grade: _____
 Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Agree/Disagree – Understanding Peer Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to Peer Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing and Setting Physical Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduction to S.T.O.P. and Scripted Role-Plays	<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.

Agree/Disagree – Understanding Peer Pressure

Responding to Peer Pressure

Knowing and Setting Physical Limits

Introduction to S.T.O.P. and Scripted Role-Plays

	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?

Module 8: Role-Plays: Refusal and Negotiation Skills

Date: _____
 Number of Students: _____
 Length of Class: _____
 Grade: _____
 Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Introduction to S.T.O.P. Abstinence Negotiation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhancing S.T.O.P.: Partner Role-Playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking to Your Partner about Abstinence – Info Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking Circle	<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 to S.T.O.P. Abstinence Negotiation Skills

Enhancing S.T.O.P.: Partner Role-Playing

Talking to Your Partner about Abstinence – Information Review

Talking Circle

	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.)
 - ☐ 4TH
 - ☐ 5TH
 - ☐ 6TH
 - ☐ 7TH
 - ☐ 8TH
 - ☐ 9TH
 - ☐ 10TH
 - ☐ 11TH
 - ☐ 12TH
 - ☐ 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?

☐☐☐