

3Rs -- 9th Grade 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_a3uaJQ0ujCzFcjz and enter the information into the online form.

Lesson 1: They Love Me, They Love Me Not

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Step 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 5	<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.

Step 1

Step 2

Step 3

Step 4

Step 5

	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: How Well Do I Communicate With Others?

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Step 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 6	<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.

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

	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: It Wasn't My Fault

Date: _____

Facilitator: _____

Number of Students: _____

Length of Class: _____

Grade: _____

Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Step 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 4	<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.

Step 1

Step 2

Step 3

Step 4

	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: Sexual Orientation, Behavior, and Identity: How I Fell, What I Do and Who I Am

Date: _____

Facilitator: _____

Number of Students: _____

Length of Class: _____

Grade: _____

Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Step 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 6	<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.

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

	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: Understanding Gender

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Step 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 5	<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.

Step 1

Step 2

Step 3

Step 4

Step 5

	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: Decisions Decisions

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Step 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 6	<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.

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

	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: Sexual Decision Making

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Step 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 5	<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.

Step 1

Step 2

Step 3

Step 4

Step 5

	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 8: Planning and Protection: Avoiding or Managing STDs

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Step 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 6	<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.

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

	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 9: What if...?

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Step 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 6	<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.

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

	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 10: STD Smarts

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Step 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 4	<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.

Step 1

Step 2

Step 3

Step 4

	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 11: Creating Condom Confidence

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Step 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 6	<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.

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

	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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent were you able to engage students in the participatory activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent did participants practice the role-play as specified in the curriculum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>