

Sisters, Informing, Healing, Living, Empowering (SIHLE) Fidelity Log

Definitions:

Curriculum/Program: This evidence-based sexual health education curriculum is approved by DHS to meet Activity 1 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_a9PtGZGGrbYQIBn and enter the information into the online form.

Lesson 1: My Sistas, My Girls

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Greetings and Icebreaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIHLE Program Introduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young, Black, and Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Room Full of Sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong Black Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media Masquerade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Values – What Matters Most	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ThoughtWorks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation	<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.

Greetings and Icebreaker

SIHLE Program Introduction

Young, Black, and Female

A Room Full of Sisters

Strong Black Women

Media Masquerade

Values – What Matters Most

ThoughtWorks

Evaluation

	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: It's My Body

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Greeting and Icebreaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call Me Black Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share Your ThoughtWorks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIHLE Sistas Are Special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking of STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS: What Every SIHLE Sista Should Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R U at Risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider This...The Penetrating Question	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Care of You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introducing LIPSTICK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIHLE Quiz Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation	<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.

Greeting and Icebreaker

Call Me Black Women

Share Your ThoughtWorks

SIHLE Sistas Are Special

Speaking of STDs

Name Game

HIV/AIDS: What Every SIHLE Sista Should Know

R U at Risk?

Consider This...The Penetrating Question

Taking Care of You

Introducing LIPSTICK

SIHLE Quiz Show

Evaluation

	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: SIHLE Skills

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Greeting and Scavenger Hunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenomenal Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Love and Kisses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What's In It For You?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Why Don't Young People Use Condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KISS: Know, Indicate, State, and Stand!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three Ways to Say It	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking the Talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIPSTICK Rehearsal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RING: The Female Condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom Consumer Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ThoughtWorks Assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation	<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.

Greeting and Scavenger Hunt

Phenomenal Women

Love and Kisses

What's In It For You?

Why Don't Young People Use Condoms?

KISS: Know, Indicate, State and Stand!

Three Ways to Say It

Talking the Talk

LIPSTICK Rehearsal

RING: The Female Condom

Alcohol and Sex

Condom Consumer Report

ThoughtWorks Assignment

Evaluation

	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: Relationships and Power: Healthy Relationships

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Greeting and Icebreaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Still I Rise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Have We Learned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Healthy/Unhealthy Relationships Look Like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pieces and Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Does Abuse Look Like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Options for Self-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner Types	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Time to Shine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation	<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.

Greeting and Icebreaker

Still I Rise

What Have We Learned?

What Healthy/Unhealthy Relationships Look Like

Pieces and Parts

What Does Abuse Look Like?

Your Options for Self-Care

Partner Types

Your Time to Shine

Graduation

Evaluation

	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?

☐☐☐