

# Draw the Line/Respect the Line -- 6<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\\_b17fmwmxEDnYJ7](https://uni.co1.qualtrics.com/jfe/form/SV_b17fmwmxEDnYJ7) and enter the information into the online form.

Questions regarding  
COVID-19

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

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

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

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

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

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

Do you think Fidelity for this implementation is higher, lower, or about the same as it was prior to COVID-19?

Higher <input type="checkbox"/>	Lower <input type="checkbox"/>	About the Same <input type="checkbox"/>	N/A <input type="checkbox"/>
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Did you make changes to the way you would normally implement this curriculum because of COVID-19?

Yes <input type="checkbox"/>	No (Skip to Module One) <input type="checkbox"/>
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Please describe the conditions in the school (or other setting) that made changes necessary. (For example: no outside visitors allowed in the building; classes were completely online; reduced time with the class each week; no contact with the students allowed at all; etc.)

Please describe the changes you made to your implementation protocol to adapt to the new circumstances. (For example: pre-recorded lessons; emailed resources to teachers rather than handing them out; etc.)

## Lesson 1: *Draw the Line/Respect the Line*

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Introduction and Plan for the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dicho (saying) for the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simon Says	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where's the pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where do you draw the line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure and Family Activity	<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 Plan for the Day

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Dicho (saying) for the Day

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Simon Says

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Where's the pressure?

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Where do you draw the line?

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Closure and Family Activity

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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: Steps for Drawing the Line – Part 1

Date: \_\_\_\_\_  
 Facilitator: \_\_\_\_\_  
 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 the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce Steps for Drawing the Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill Demonstration Role-Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Dare Role-Play	<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

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Plan for the Day

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Introduce Steps for Drawing the Line

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Skill Demonstration Role-Play

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## The Dare Role-Play

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## Closure

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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: Steps for Drawing the Line – Part 2

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

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

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

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

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

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Plan for the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dicho (saying) for the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill Review and Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure and Family Activity	<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.

Plan for the Day

Dicho (saying) for the Day

Skill Review and Practice

Closure and Family Activity

	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: The Role-Play Challenge

Date: \_\_\_\_\_  
Facilitator: \_\_\_\_\_  
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"/>
Changing the Subject and Walking Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for the Role-Play Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Role-Play Challenge	<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

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

Changing the Subject and Walking Away

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

Preparation for the Role-Play Challenge

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

The Role-Play Challenge

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Closure

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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: Friends Respect the Line

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Homework Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dicho (saying) of the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Pressure Role-Play and Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modeling Respecting the Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Role-Play 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.

Homework Review

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Plan for the Day

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Dicho (saying) of the Day

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High Pressure Role-Play and Discussion

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Modeling Respecting the Line

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Student Role-Play Practice

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Closure

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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 (please 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 (please 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"/>