

Draw the Line/Respect the Line -- 7th 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_7X4itJXPTcyOnFX 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: Welcome

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"/>
Class Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Draw the Line</i> Logo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dicho (saying) for the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What makes it hard to say no to sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Question Box and 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.

Introduction and Plan for the Day

Class Rules

Draw the Line Logo

Dicho (saying) for the Day

What makes it hard to say no to sex?

Question Box and 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 2: Reasons for Not Having Sex

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Lesson 1 Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for the Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tina and Marco	<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 Review

Plan for the Day

Tina and Marco

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: Handling Risky Situations

Date: _____
Facilitator: _____
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"/>
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risky Situations: Small Group Activity	<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.

Lesson 2 Review

Plan for the Day

Warning Signs

Risky Situations: Small Group Activity

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?

Lesson 4: Drawing the Line in Situations that Could Lead to Sex

Date: _____

Facilitator: _____

Number of Students: _____

Length of Class: _____

Grade: _____

Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Lesson 3 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"/>
<i>Draw the Line</i> Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstration Role-Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student 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 3 and Homework Review

Plan for the Day

Draw the Line Review

Demonstration Role-Play

Student Role-Play

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: STD Facts

Date: _____
Facilitator: _____
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"/>
STD Quiz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stories about STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quiz Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STD Info Homework	<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

STD Quiz

Stories About STDs

Quiz Review

STD Info Homework

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: STDs and Relationships

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"/>
<i>Draw the Line</i> Talk Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Role-Plays	<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

Plan for the Day

Draw the Line Talk Show

Student Role-Plays

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: Making a Commitment

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"/>
<i>Draw the Line/Respect the Line</i> Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How do you draw the line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Question Box	<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.

Plan for the Day

Dicho (saying) for the Day

Draw the Line/Respect the Line Review

How do you draw the line?

Question Box

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?

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 (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"/>