

Be Proud! Be Responsible! Be Protective!

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_2aDLyWf7azZiMlv and enter the information into the online form.

Module 1: Introduction to HIV/AIDS and Other STDs and Their Relationship to Teen Motherhood

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm-Up: Introduction and Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating Group Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Introduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing HIV, AIDS, and Teen Motherhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“What I Think About HIV/AIDS, Other STDs, And Safer Sex”	<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.

Warm-Up: Introduction and Overview

Creating Group Agreements

Program Introduction

Discussing HIV, AIDS, and Teen Motherhood

“What I Think About HIV/AIDS, Other STDs, and Safer Sex”

	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: Building Knowledge About HIV, AIDS, and Unplanned Pregnancy

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
<i>The Subject Is HIV</i> DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myths and Facts About HIV, AIDS, and Teen Pregnancy	<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

Myths and Facts About HIV, AIDS, and Teen Pregnancy

	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: Understanding Vulnerability to HIV/STD Infection and Unplanned Repeat Pregnancy (Part 1)

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm-Up: Discussion and Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goals and Dreams – Magic Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledging the Threat of HIV and Other STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation by an HIV-Positive Mother	<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.

Warm-Up: Discussion and Overview

Goals and Dreams – Magic Box

Acknowledging the Threat of HIV and Other STDs

Presentation by an HIV-Positive Mother

	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: Understanding Vulnerability to HIV/STD Infection and Unplanned Repeat Pregnancy (Part 2)

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm-Up: Discussion and Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“Don’t Pass It Along” Transmission Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV Risk Continuum – High, Some, and No Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Baby Talk</i> DVD and Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Line/Life Plan 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.

Warm-Up: Discussion and Overview

“Don’t Pass It Along” Transmission Game

HIV Risk Continuum – High, Some, and No Risk

Baby Talk DVD and Discussion

Time Line/Life Plan 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?

Module 5: Attitudes and Beliefs About HIV, Other STDs, and Safer Sex (Part 1)

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm-Up: Discussion and Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The Subject is STDs</i> DVD and Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calling KoKo: Sexual Health Advice Hotline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men Vs. Women: Sexual Politics	<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.

Warm-Up: Discussion and Overview

The Subject is STDs DVD and Discussion

Calling KoKo: Sexual Health Advice Hotline

Men Vs. Women: Sexual Politics

	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 and Beliefs About HIV, Other STDs, Safer Sex, and Contraception (Part 2)

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm-Up: Discussion and Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Why Be Concerned About Teen Pregnancy and Motherhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth Control Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive Tic-Tac-Toe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter to My Baby	<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.

Warm-Up: Discussion and Overview

Why Be Concerned About Teen Pregnancy and Motherhood?

Birth Control Methods

Contraceptive Tic-Tac-Toe

Letter to My Baby

	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: Building Condom Use Skills

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm-Up: Introduction and Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom Use Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to Make Condoms Fun and Pleasurable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Gets in the Way of Proud, Responsible, and Protective Sexual Behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barriers to Condom Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom Line-Up	<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.

Warm-Up: Introduction and Overview

Discussing Condoms

Condom Use Skills

How to Make Condoms Fun and Pleasurable

What Gets in the Way of Proud, Responsible, and Protective Sexual Behaviors?

Barriers to Condom Use

Condom Line-Up

	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: Building Negotiation and Refusal Skills

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm-Up: Discussion and Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using STOP Technique/Roleplays/ <i>Wrap It Up Condom Negotiation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing Important Points for Talking with Partners About Condom Use or Abstinence	<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.

Warm-Up: Discussion and Overview

Using STOP Technique/Roleplays/*Wrap It Up Condom Negotiation*

Reviewing Important Points for Talking with Partners About Condom Use or Abstinence

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 (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?

☐☐

Reviewed all the activities in the curriculum?

☐☐

Taught or practiced teaching most of the activities?

☐☐

10. What is your experience with similar programs?

Yes

No

Taught other sex education curricula that covered abstinence, condoms, and contraception?

☐☐

Taught other skills-based programs that required students to practice skills using role-plays?

☐☐

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"/>