

# Making Proud Choices! – 5<sup>th</sup> Edition

## 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\\_8ixVhbRy0DvtUMJ](https://uni.co1.qualtrics.com/jfe/form/SV_8ixVhbRy0DvtUMJ) and enter the information into the online form.

# Module 1: Getting to Know You and Steps to Making Your Dreams Come True

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Welcome and Program Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking Circle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating Group Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MPC! Be Proud! Be Responsible!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brainstorm			
Goals and Dreams Timeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brainstorming Obstacles to your Goals and Dreams	<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.

Welcome and Program Overview

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Talking Circle

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Creating Group Agreements

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Making Proud Choices! Be Proud! Be Responsible! Brainstorm

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## Goals and Dreams Timeline

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## Brainstorming Obstacles to Your Goals and Dreams

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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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## Module 2: The Consequences of Sex: HIV Infection: Part 1

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 and Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myths and Facts About HIV	<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 and Discussion

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Myths and Facts About HIV

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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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## Module 3: The Consequences of Sex: HIV Infection: Part 2

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
HIV Risk Continuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Messages About 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.

HIV Risk Continuum

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Understanding Messages About Sex

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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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## Module 4: Attitudes about Sex, HIV and Condom Use

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
<i>The Hard Way</i> DVD and Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calling Koko: Part 1	<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 Hard Way* DVD and Discussion

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Calling Koko: Part 1

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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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## Module 5: Strategies to Prevent HIV Infection: Stop, Think and Act: Part 1

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Calling Koko: Part 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOP, THINK and ACT: Introduction to Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sean and Morgan Case Study: Problem Solving using STOP, THINK, and ACT	<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.

Calling Koko: Part 2

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STOP, THINK and ACT: Introduction to Problem Solving

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Sean and Morgan Case Study: Problem Solving using STOP, THINK and ACT

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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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## Module 6: Strategies for Preventing HIV Infection: Stop, Think and Act: Part 2

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
<i>Nicole's Choice</i> DVD and Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The AIDS Basketball Game	<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.

*Nicole's Choice* DVD and Discussion

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The AIDS Basketball Game

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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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## Module 7: The Consequences of Sex: STDs: Part 1

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
STD Facts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Alternate) <i>The Subject is STDs</i> DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Transmission Game	<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.

STD Facts

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(Alternate) *The Subject is STDs* DVD

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The Transmission Game

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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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## Module 8: The Consequences of Sex: STDs: Part 2

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Discussing HIV and AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What I Think About HIV/STD and Safer Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom Use Skills	<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.

Discussing HIV and AIDS

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What I Think About HIV/STD and Safer Sex

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Condom Use Skills

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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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## Module 9: The Consequences of Sex: 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
Brainstorming About Teens and Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myths and Facts About Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Tanisha &amp; Shay</i> DVD	<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.

Brainstorming About Teens and Sex

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Myths and Facts About Pregnancy

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*Tanisha & Shay* DVD

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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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## Module 10: The Consequences of Sex: 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
Birth Control Methods Demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agree/Disagree – Attitudes About Contraception	<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.

Birth Control Methods Demonstration

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Agree/Disagree – Attitudes About Contraception

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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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## Module 11: Developing Condom Use and Negotiation Skills: Part 1

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Condom Line-Up	<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"/>
Barriers to Condom Use/Condom Pros and Cons	<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.

Condom Line-Up

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How to Make Condoms Fun and Pleasurable

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Barriers to Condom Use/Condom Pros and Cons

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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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## Module 12: Developing Condom Use and Negotiation Skills: Part 2

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
“What to Say if My Partner Says...”: Responding to Excuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduction to SWAT and Scripted Roleplays	<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.

“What to Say if My Partner Says...”: Responding to Excuses

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Introduction to SWAT and Scripted Roleplays

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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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## Module 13: Enhancing Refusal and Negotiation Skills: Part 1

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Safer Sex Negotiation Skills and <i>Wrap It Up</i> DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practicing and Enhancing Negotiation Skills: Unscripted Roleplays: Part 1	<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.

Safer Sex Negotiation Skills and *Wrap it Up* DVD

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Practicing and Enhancing Negotiation Skills: Unscripted Roleplays: Part 1

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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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## Module 14: Enhancing Refusal and Negotiation Skills: Part 2

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Practicing and Enhancing Negotiation Skills: Unscripted Roleplays: Part 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking to Your Partner about Condom Use – Information Review	<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.

Practicing and Enhancing Negotiation Skills: Unscripted Roleplays: Part 2

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Talking to Your Partner about Condom Use – Information Review

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Talking Circle

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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?

☐☐

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"/>