

FLASH – Middle School Fidelity Log

Definitions:

Curriculum/Program: This 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_a4QuHV3QR6IEqH3 and enter the information into the online form.

Lesson 1: Reproductive System and Pregnancy

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review reproductive system and conception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive system and pregnancy game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<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

Purpose of lesson

Review reproductive system and conception

Reproductive system and pregnancy game

Explain homework

Exit ticket

	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: Sexual Orientation and Gender Identity

Date: _____

Facilitator: _____

Number of Students: _____

Length of Class: _____

Grade: _____

Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduction to identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Definitions activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common questions activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing pride in our identities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scenario activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<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 to identity

Definitions activity

Common questions activity

Developing pride in our identities

Scenario activity

Assign homework

Exit ticket

	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: Rules of Dating

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brainstorm and debrief dating behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review state laws on relationships and sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presidential Teen Dating Commission activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss Dating Commission activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<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

Introduce topic

Brainstorm and debrief dating behaviors

Review state laws on relationships and sex

Presidential Teen Dating Commission activity

Discuss Dating Commission activity

Assign homework

Exit ticket

	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: Saying No

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Definition of abstinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal skills scenario – large group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal skills scenario – small group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<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

Definition of abstinence

Refusal skills

Refusal skills scenario – large group

Refusal skills scenario – small group

Assign homework

Exit ticket

	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: Preventing STDs

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce topic and warm-up answer key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STD review exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persuasion maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public service announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<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

Introduce topic and warm-up answer key

Testing locations

STD review exercise

Persuasion maps

Public service announcements

Assign homework

Exit ticket

	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: Condoms to Prevent HIV and Other STDs

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brainstorm benefits and set norm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom card line-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<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

Brainstorm benefits and set norm

Condom card line-up

Condom demonstration

Condom solutions

Goal setting

Assign homework

Exit ticket

	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: Birth Control Methods

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Warm up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce the lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth control study groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“The truth about birth control” activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete the sentence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit ticket	<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

Introduce the lesson

Birth control study groups

“The truth about birth control” activity

Complete the sentence

Assign homework

Exit ticket

	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"/>