

FLASH – High 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_6tYRoMmf89CM8Tz and enter the information into the online form.

Lesson 1: Climate Setting

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 FLASH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set classroom expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 corners exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anonymous questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework expectations	<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 FLASH

Set classroom expectations

4 corners exercise

Anonymous questions

Homework expectations

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: Reproductive Setting

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"/>
Describe reproductive organs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Define sexual response terminology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrap up lesson	<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

Purpose of lesson

Describe reproductive organs

Define sexual response terminology

Wrap up lesson

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: 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"/>
Process of conception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early signs of pregnancy and testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 months of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review game	<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

Purpose of lesson

Process of conception

Early signs of pregnancy and testing

9 months of pregnancy

Review game

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: 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"/>
Purpose of lesson and tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Definitions activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video and discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice column	<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

Purpose of lesson and tone

Definitions activity

Video and discussion

Advice column

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: Undoing Gender Stereotypes

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 lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Define stereotypes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender box brainstorm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyze gender pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scenario activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual attitudes survey	<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 lesson

Define stereotypes

Gender box brainstorm

Analyze gender pressure

Scenario activity

Sexual attitudes survey

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: Healthy Relationships

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 lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead group activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyze scenarios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills demo	<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 lesson

Lead group activity

Analyze scenarios

Communication skills demo

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: Coercion & Consent

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"/>
Share survey results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Define terms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss power and age differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate scenarios activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarize	<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

Purpose of lesson

Share survey results

Define terms

Review laws

Discuss power and age differences

Facilitate scenarios activity

Summarize

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 8: Online Safety: Sexual Violence Prevention

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 lesson/tech brainstorm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate brainstorm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss sexual violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scenarios 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 lesson/tech brainstorm

Evaluate brainstorm

Discuss sexual violence

Scenarios 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 9: Abstinence

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/definition of abstinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach refusal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal skills scenarios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small-group practice	<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

Purpose of lesson/definition of abstinence

Teach refusal skills

Refusal skills scenarios

Small-group practice

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 10: 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"/>
Purpose of lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth control effectiveness activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth control commercials and warm up	<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

Purpose of lesson

Birth control effectiveness activity

Birth control commercials and warm up

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 11: Preventing HIV & 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"/>
Purpose of lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graffiti sheet activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom demo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journaling 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

Purpose of lesson

Graffiti sheet activity

Condom demo

Journaling 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 12: Condoms to Prevent Pregnancy, 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"/>
Purpose of lesson/HIV STD overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brainstorm condom barriers, solutions and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss effectiveness of condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male condom demonstration and practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female condom demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarize	<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

Purpose of lesson/HIV STD overview

Brainstorm condom barriers, solutions and benefits

Discuss effectiveness of condoms

Male condom demonstration and practice

Female condom demonstration

Summarize

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 13: Testing for HIV & 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"/>
Purpose of lesson/HIV quiz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research local testing resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing advice about STD testing	<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

Purpose of lesson/HIV quiz

Research local testing resources

Writing advice about STD testing

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 14: Communication and Decision Making

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 lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce communication and refusal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarize	<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 lesson

Introduce communication and refusal skills

Communication skills activity

Summarize

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 15: Improving School Health

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"/>
Explain social norms campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce social norms statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students make posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarize	<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

Explain social norms campaign

Introduce social norms statements

Students make posters

Summarize

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"/>