

Love Notes Fidelity Log

Definitions:

Curriculum/Program: This evidence-based sexual health education curriculum is approved by DHS to meet Activity 1 and 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_28XIqioHwIXIjSB and enter the information into the online form.

Lesson 1: Relationships Today

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Relationships Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defining a Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choosing Reds or Greens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Film Opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusted Adult Connection	<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.

Relationships Today

Defining a Vision

Choosing Reds or Greens

Film Opportunity

Trusted Adult Connection

	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: Knowing Yourself

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Good Relationships Start with You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding My Personality Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examining Family of Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusted Adult Connection	<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.

Good Relationships Start with You

Understanding My Personality Style

Examining Family of Origin

Trusted Adult Connection

	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: My Expectations, My Future

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
What’s Important?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Power of Expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myself, My Future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusted Adult Connection	<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’s Important?

The Power of Expectations

Myself, My Future

Trusted Adult Connection

	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: Attractions and Starting Relationships

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Relationship Pyramid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Chemistry of Attraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusted Adult Connection	<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.

Relationship Pyramid

The Chemistry of Attraction

Trusted Adult Connection

	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: Principles of Smart Relationships

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Smart or Not-So-Smart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seven Principles of Smart Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seven Questions to Ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusted Adult Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three Sides of Love	<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.

Smart or Not-So-Smart?

Seven Principles of Smart Relationships

Seven Questions to Ask

Trusted Adult Connection

Three Sides of Love

	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: Is It a Healthy Relationship?

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
How Can You Tell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having Fun – It’s Important!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breaking Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusted Adult Connection	<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.

How Can You Tell?

Having Fun – It’s Important!

Breaking Up

Trusted Adult Connection

	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: Dangerous Love

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Early Warnings and Red Flags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence: Why It Happens...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous Love: Impact on Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw the Line of Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusted Adult Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<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.

Early Warnings and Red Flags

Violence: Why it Happens, What Helps, Signs of Greatest Danger

Dangerous Love: Impact on Children

Draw the Line of Respect

Trusted Adult Connection

Sexual Assault

	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: Decide, Don't Slide!

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
The High Costs of Sliding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Low-Risk Deciding Approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making Decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Success Sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusted Adult Connection	<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 High Costs of Sliding

The Low-Risk Deciding Approach

Making Decisions

The Success Sequence

Trusted Adult Connection

	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: What’s Communication Got to Do With It?

Date: _____

Facilitator: _____

Number of Students: _____

Length of Class: _____

Grade: _____

Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
What’s Communication Got To Do With It?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry Brains and the Power of Time Outs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Speaker Listener Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusted Adult Connection	<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’s Communication Got To Do With It?

Angry Brains and the Power of Time Outs

The Speaker Listener Technique – When Talking is Difficult

Trusted Adult Connection

	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: Communication Challenges and More Skills

Date: _____

Facilitator: _____

Number of Students: _____

Length of Class: _____

Grade: _____

Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Communication Patterns Learned in Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complain and Raise Issues Effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hidden Issues: What Pushes Your Button?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Problem-Solving Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Brief Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusted Adult Connection	<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.

Communication Patterns Learned in Family

Complain and Raise Issues Effectively

Hidden Issues: What Pushes Your Button?

A Problem-Solving Model

A Brief Review

Trusted Adult Connection

	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: Let’s Talk About Sex

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Let’s Talk About Sex ... and Sliding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Six Parts of Intimacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Risks and Emotional Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are We On the Same Page?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Am I Ready?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing Intimacy Lines and Pacing Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusted Adult Connection	<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.

Let’s Talk About Sex ... and Sliding

The Six Parts of Intimacy

Emotional Risks and Emotional Benefits

Are We On the Same Page?

Am I Ready?

Drawing Intimacy Lines and Pacing Relationships

Trusted Adult Connection

	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: Let’s Plan for Choices

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Test Your Sex Smarts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STIs and HIV Are For Real	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risky Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Situations and Assertiveness Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Personal Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trusted Adult Connection	<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.

Test Your Sex Smarts

STIs and HIV Are For Real

Risky Situations

Pressure Situations and Assertiveness Skills

My Personal Plan

Trusted Adult Connection

	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: Through the Eyes of a Child

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Child Looking for a Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What About Fathers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father Absence, Relationship Troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Speak: Brighter Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decisions About Living Together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for Success	<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.

Child Looking for a Family

What About Fathers?

Father Absence, Relationship Troubles

Child Speak: Brighter Futures

Decisions About Living Together

Planning for Success

	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"/>