

Safer Choices 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_8vmV3XLfB1XhTtH and enter the information into the online form.

Class 1: Not Everybody's Having Sex!

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Why Young People Choose to Have or Not Have Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influences on Decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing Affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework – Then and Now	<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.

Why Young People Choose to Have or Not Have Sex

Influences on Decisions

Expressing Affection

Homework – Then and Now

	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?

Class 2: The SAFEST Choice: Deciding Not to Have Sex

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Correcting Misperceptions of the Norm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective NO Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Skill Practice	<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.

Correcting Misperceptions of the Norm

Effective NO Statements

Student Skill Practice

	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?

Class 3: Saying NO to Having Sex

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Review of Clear NO Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More Ways to Say NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal Role-Plays	<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.

Review of Clear NO Statements

More Ways to Say NO

Refusal Role-Plays

	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?

Class 4: Understanding STDs and HIV

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
STD Posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework – Calling a Hotline	<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 Posters

Homework – Calling a Hotline

	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?

Class 5A: Examining the Risk of Unsafe Choices Part 1

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
How Number of Partners Affects STD Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the STD Risk	<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 Number of Partners Affects STD Risk

Rate the STD Risk

	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?

Class 5B: Examining the Risk of Unsafe Choices Part 2

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Homework Review – Calling a Hotline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework Review – Then and Now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How Behaviors Affect HIV Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with a Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you made changes to the activity, please describe those changes in the space provided, including reasons for adaptation, effectiveness of the adaptation, and whether this adaptation was planned or unplanned.

Homework Review – Calling a Hotline

Homework Review – Then and Now

How Behaviors Affect HIV Risk

Dealing with a Pregnancy

	Very	Somewhat	Not Very
How confident did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel teaching this lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about teaching this lesson?

Class 6: Teens with HIV: A Reality

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Video – “Young People with HIV”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personalizing the Impact	<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.

Video – “Young People with HIV”

Personalizing the Impact

	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?

Class 7: Practicing the SAFEST Choice

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Refusal Skills Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusal Skills Role-Plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Not Having Sex Means to Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework – What Do You Think?	<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.

Refusal Skills Review

Responding to Lines

Refusal Skills Role-Plays

What Not Having Sex Means to Me

Homework – What Do You Think?

	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?

Class 8: SAFER Choices: Using Protection Part 1

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Methods of Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarifying UNSAFE, SAFER, and SAFEST Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework – Researching Methods of Protection	<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.

Methods of Protection

Clarifying UNSAFE, SAFER, and SAFEST Methods

Homework – Researching Methods of Protection

	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?

Class 9: SAFER Choices: Using Protection Part 2

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Condom Demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practicing the Proper Use of Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barriers to Using Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom Negotiation Role-Play	<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 Demonstration

Practicing the Proper Use of Condoms

Barriers to Using Protection

Condom Negotiation Role-Play

	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?

Class 10: Knowing What You Can Do

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Homework Review – Researching Methods of Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework Review – What Do You Think?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure - What You Can Do	<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.

Homework Review – Researching Methods of Protection

Homework Review – What Do You Think?

Closure - What You Can Do

	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"/>