

iCuidate!

Fidelity Log

Definitions:

Curriculum/Program: This evidence-based sexual health education curriculum is approved by DHS to meet Activity 3 of the CAPP Grant 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_cGPGFKFiwdHltch and enter the information into the online form.

Questions regarding
COVID-19

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

Do you think Fidelity for this implementation is higher, lower, or about the same as it was prior to COVID-19?

Higher <input type="checkbox"/>	Lower <input type="checkbox"/>	About the Same <input type="checkbox"/>	N/A <input type="checkbox"/>
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Did you make changes to the way you would normally implement this curriculum because of COVID-19?

Yes <input type="checkbox"/>	No (Skip to Module One) <input type="checkbox"/>
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Please describe the conditions in the school (or other setting) that made changes necessary. (For example: no outside visitors allowed in the building; classes were completely online; reduced time with the class each week; no contact with the students allowed at all; etc.)

Please describe the changes you made to your implementation protocol to adapt to the new circumstances. (For example: pre-recorded lessons; emailed resources to teachers rather than handing them out; etc.)

Module 1: Introduction and Overview

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Conocimiento (Getting to Know You)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking Circle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating Group Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing HIV and AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What it Means to be Latino/Latina Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Latinos think about HIV/AIDS & Safe 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.

Conocimiento (Getting to Know You)

Talking Circle

Creating Group Rules

Discussing HIV and AIDS

What it Means to be Latino/Latina Overview

Cultural Values

What Latinos think about HIV/AIDS & Safe Sex

	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?

Module 2: Building HIV Knowledge

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
View <i>jCuidate!</i> DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myths and Facts	<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.

View *jCuidate!* DVD

Myths and Facts

	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?

Module 3: Understanding Vulnerability to HIV Infection

Date: _____

Facilitator: _____

Number of Students: _____

Length of Class: _____

Grade: _____

Location: _____

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Acknowledging the Threat of HIV and AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino Cultural Attitudes and HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“A Romance” a Roleplay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La Loteria	<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.

Acknowledging the Threat of HIV and AIDS

Latino Cultural Attitudes and HIV

“A Romance” a Roleplay

La Loteria

Talking Circle

	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?

Module 4: Attitudes and Beliefs about HIV/AIDS and Safer Sex

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Welcome and Talking Circle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music and Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¿Quien Es Mas Macho? ¿Quien Es Mas Mujer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent Vulnerability to HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La Zona Peligrosa	<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 Talking Circle

Music and Discussion

¿Quien Es Mas Macho? ¿Quien Es Mas Mujer?

Adolescent Vulnerability to HIV

La Zona Peligrosa

	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?

Module 5: Building Condom-Use Skills

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Discussing Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom Use-Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overcoming Barriers to Condom Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Gets in the Way of Caring Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom Line-Up	<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 Condoms

Condom Use-Skills

Overcoming Barriers to Condom Use

What Gets in the Way of Caring Behavior

Condom Line-Up

	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?

Module 6: Building Negotiation and Refusal Skills

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
No Hay Razon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to Use the S.W.A.T. Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S.W.A.T. Technique & Roleplay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIDS Jeopardy Game	<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.

No Hay Razon

How to Use the S.W.A.T. Technique

S.W.A.T. Technique & Roleplay

AIDS Jeopardy Game

Talking Circle

	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?

Module 7: Contraceptives

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

Did you complete each activity below?

	Yes, completely	Yes, with changes	No
Commercial Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nine Methods of Birth Control Discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactive Youth-Led Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passed Out Self-Care Plan	<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.

Commercial Activity

Nine Methods of Birth Control Discussed

Interactive Youth-Led Discussion

Passed Out Self-Care Plan

	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?	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed all the activities in the curriculum?	<input type="checkbox"/>	<input type="checkbox"/>
Taught or practiced teaching most of the activities?	<input type="checkbox"/>	<input type="checkbox"/>

10. What is your experience with similar programs?

	Yes	No
Taught other sex education curricula that covered abstinence, condoms, and contraception?	<input type="checkbox"/>	<input type="checkbox"/>
Taught other skills-based programs that required students to practice skills using role-plays?	<input type="checkbox"/>	<input type="checkbox"/>

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"/>