

BART =

Becoming a Responsible Teen

Implementation Fidelity Log



**Advancing Science
Reducing Risk
Improving Lives**



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Implementation Fidelity Log

Purpose

This implementation fidelity tool assesses whether the core components of *Becoming a Responsible Teen (BART)* are actually implemented. Part 1 of this implementation fidelity tool assesses whether each activity in each class was implemented completely, implemented with changes or not implemented at all. Part 2 of this tool assesses whether other important components were implemented, specifically, components involving audience and setting, implementation schedule, program educators, preparation and pedagogy (teaching strategies).

Scoring Considerations

Part 1.

One simple method of scoring Part 1 is to calculate three percentages:

- The percentage of all activities that were implemented completely,
- The percentage of all activities implemented with changes, and
- The percentage of all activities not implemented.

A review of the changes made or activities not implemented at all may reveal issues to address. For example, if the last activities in each class are commonly skipped, then there may be timing or classroom management issues to address (e.g., the class may be starting late each day, an educator may benefit from coaching on how to move through the activities within the allotted time, or there may be class management issues contributing to timing). If activities requiring special educator skills or comfort with content are commonly modified or skipped, then additional training and support for the educators may be needed.

Part 2.

Even if all the activities are implemented completely, curriculum effectiveness may be affected if other core components or qualities are not implemented (e.g., if the curriculum is implemented with young people who are either too young or too old, or if classroom management issues reduce its effectiveness). Part 2 includes a series of questions to assess these other core components. The simplest approach to assessing Part 2 responses is to examine each item separately, and to use the information to describe the implementation overall. The description should be included with the summary percentages from Part 1 and any pretest-posttest data on the effectiveness of the program on youth.

***Becoming a Responsible Teen* Implementation Fidelity Log**

Your name: _____

Name of your organization: _____

Purpose of this Tool:

The purpose of this tool is to assess the fidelity or quality of implementation of the *Becoming a Responsible Teen* curriculum.

Directions:

Please complete the appropriate section of Part 1 after you teach *each* of the lessons in the curriculum for each classroom or group. It is best to complete the form right after teaching a lesson to minimize recall errors. Please complete Part 2 immediately after you have taught all the lessons for a given class or location.

Part 1:

For each of the activities in this lesson, please indicate whether you completed it as described in the curriculum, modified it, or did not complete it. Modifications might include changing the order of the lesson, adding new content or activities, or changing the way you teach something (e.g., making something into a game, using pairs instead of small groups for an activity, or shortening/truncating an activity because of lack of time).

Part 2:

Please complete the questions immediately after you have taught all the lessons you will be teaching.

**Part 1:
Session 1: Understanding HIV and AIDS**

		Did you complete each activity below?						If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Introduction to BART	Activity 2: Who is at Risk for HIV and Why?	Activity 3: Introduction to HIV Terms	Activity 4: Facts and Myths	Activity 5: Deciding Your Level of Risk	Activity 6: Spreading the Word	
Group 1	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
<hr/>								
Group 2	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
<hr/>								
Group 3	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
<hr/>								
Group 4	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	

Part 1:
Session 2: Making Sexual Decisions & Understanding Your Values

		Did you complete each activity below?							If you made any changes, please describe them here. (If you need more space, attach a separate sheet)	
		Activity 1: Definitions Review	Activity 2: HIV Transmission Review	Activity 3: AIDS and African Americans	Activity 4: "HIV Feud"	Activity 5: Video: Seriously Fresh	Alternate Activity 5: Personalizing HIV Risks	Activity 6: Exploring Drug Risks for HIV		Activity 7: Support Systems
Group 1	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught:	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 2	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught:	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 3	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught:	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 4	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught:	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	

**Part 1:
Session 3: Developing & Using Condom Skills**

		Did you complete each activity below?					If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Attitudes and Risk	Activity 2: Learning the Facts About Condoms	Activity 3: Overcoming Embarrassment About Buying Condoms	Activity 4: Using Condoms Correctly	Activity 5: Countering Barriers to Using Condoms	
Group 1	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 2	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 3	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 4	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	

Part 1:
Session 4: Learning Assertive Communication Skills

		Did you complete each activity below?				If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Correct Condom Use Review	Activity 2: Video: Are You with Me?	Alternate Activity 2: Negotiating Safer Sex	Activity 3: Problem-Solving Skills	
Group 1	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
Group 2	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
Group 3	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
Group 4	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	

**Part 1:
Session 5: Practicing Assertive Communication Skills**

		Did you complete each activity below?					If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Assertive Communication Review	Activity 2: Assertive Communication Tips	Activity 3: Ways to Say NO	Activity 4: Assertive Communication Demonstration	Activity 5: Assertive Communication Practice	
Group 1	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
Group 2	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
Group 3	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
Group 4	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	

**Part 1:
Session 6: Personalizing the Risks**

		Did you complete each activity below?			If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Meeting People with HIV	Activity 2: Discussion and Debrief	Alternate Activity: Video	
Group 1	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /				
Group 2	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /				
Group 3	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /				
Group 4	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /				

**Part 1:
Session 7: Spreading the Word**

		Did you complete each activity below?				If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Assertive Communication in the Real World	Activity 2: Getting Out of Risky Situations	Activity 3: Spreading the Word Demonstration	Activity 4: Spreading the Word Practice	
Group 1	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /				
Group 2	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /				
Group 3	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /				
Group 4	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /				

**Part 1:
Session 8: Taking BART with You**

		Did you complete each activity below?				If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Final Review of HIV Facts	Activity 2: What Are You Doing to Protect Yourself?	Activity 3: What Are You Doing to Educate Others?	Activity 4: "Graduation" Ceremony	
Group 1	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /				
Group 2	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /				
Group 3	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /				
Group 4	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /				

Part 2

Please complete the following questions immediately after you have taught all the lessons you will be teaching.

Implementation: Audience and Setting

1. Was *Becoming a Responsible Teen* implemented in an after-school or non-school setting?
 - Yes, after school
 - Yes, in a community organization serving young people
 - Yes, in a clinic
 - No, in regular school classes
 - No, in another location (Please specify: _____)
2. Was a private meeting space secured for implementing *BART*? Yes No
3. Was *BART* implemented with youth ages 14–18? Yes No
4. Was *BART* implemented with African-American youth? Yes No
5. Was *BART* implemented with another ethnic group? Yes (Please specify: _____) No

Implementation: Implementation Schedule

1. In general, how many times per week were classes taught?
 - 1 time per week 4 times per week
 - 2 times per week 5 times per week
 - 3 times per week
2. Were all classes taught in sequence?
 - Yes
 - No (please describe the sequence _____)
3. Did classes last 90 to 120 minutes on average? _____ minutes
4. How many participants typically attended each class? _____ participants
5. What percent of the participants attended each class? _____%

Program Educators

1. Was *BART* implemented with two co-leaders? Yes No
2. Was one of the co-leaders female and one male? Yes No
3. Were both leaders present at all times? Yes No

4. What is your experience with *BART*?

Before you taught BART this time had you...

- a) Been trained to implement *BART*? Yes No
- b) Reviewed all the activities in the curriculum? Yes No
- c) Taught or practiced teaching most of the activities? Yes No

5. What is your experience with other similar programs?

Before you taught BART this time had you...

- a) Taught other sex education curricula that covered abstinence, condoms and contraception? Yes No
- b) Taught other skills-based programs that required students to practice skills using roleplays? Yes No

6. If there was a co-leader, what is the experience with *BART* of the co-leader?

Before he/she taught BART this time had he/she...

- a) Been trained to implement *BART*? Yes No There was no co-leader
- b) Reviewed all the activities in the curriculum? Yes No There was no co-leader
- c) Taught or practiced teaching most of the activities? Yes No There was no co-leader

7. If there was a co-leader, what is his/her experience with other similar programs?

Before you taught BART this time had you...

- a) Taught other sex education curricula that covered abstinence, condoms, and contraception? Yes No There was no co-leader
- b) Taught other skills-based programs that required students to practice skills using roleplays? Yes No There was no co-leader

Preparation

- 1. Did the organization in which you implemented this program approve its implementation before the program was taught? Yes No
- 2. Were parents notified that their teens were going to participate in this program? Yes No

Pedagogy (Teaching Strategies)

- 1. When you taught *Becoming a Responsible Teen* this time, how comfortable were you talking about the sexual topics in this program?
 - Very uncomfortable
 - Somewhat uncomfortable
 - Somewhat comfortable
 - Very comfortable

2. If there was a co-leader, how comfortable was he/she talking about the sexual topics in this program?

- Very uncomfortable
- Somewhat uncomfortable
- Somewhat comfortable
- Very comfortable
- Not sure

Please circle one option for each of the following questions.

	Not Very Confident		Somewhat		Very Confident
3. How confident did you feel delivering these lessons?	1	2	3	4	5
	Not at All		Somewhat		To a Great Extent
4. To what extent did classroom management issues detract from your ability to teach the lesson as written?	1	2	3	4	5
5. To what extent were you able to engage students in the participatory activities?	1	2	3	4	5
6. To what extent were you able to elicit information, opinions and ideas from youth whenever possible (instead of relying on lecturing)?	1	2	3	4	5
7. To what extent were you able to use praise and reinforcement?	1	2	3	4	5
8. To what extent were you able to tailor language to reflect African-American culture?	1	2	3	4	5
9. To what extent were you able to encourage youth to think about, discuss and apply what they've learned from outside the classroom?	1	2	3	4	5
10. To what extent were you able to reinforce learning with reviews and repetition?	1	2	3	4	5
11. To what extent were you able to present material visually?	1	2	3	4	5
12. To what extent were you able to use four steps to teach skills: (1) explain the steps to using the skill; (2) demonstrate correct use of the skill; (3) allow time for youth to practice; and (4) provide youth feedback?	1	2	3	4	5

	Not at All		Somewhat		To a Great Extent
13. To what extent were you able to provide ample time to practice skills?	1	2	3	4	5
14. To what extent were you able to help participants personalize information about risk?	1	2	3	4	5
15. To what extent were you able to emphasize clearly and repeatedly the message that abstinence is safest, but if you are sexually active, use condoms or engage in lower-risk activities?	1	2	3	4	5

16. Did participating youth receive a *BART* T-shirt or other items with *BART* logo at the completion of the program? Yes No

17. Were girls and boys separated by gender when focusing on skill development? Yes No

18. What additional information or skills do you need to help strengthen your implementation of *BART*?