

# **Draw the Line**

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## ***Respect the Line***

### **Implementation Fidelity Log**

**Grade 8**



Advancing Science  
Reducing Risk  
Improving Lives

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# **Implementation Fidelity Log**

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### **Purpose**

This implementation fidelity tool assesses whether the core components of *Draw the Line/Respect the Line (DTL/RTL)* 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.

## ***Draw the Line/Respect the Line* Implementation Fidelity Tool – Grade 8**

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 *Draw the Line/Respect the Line* 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:  
Lesson 1: HIV and Teens**

		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 1.1: Introduction and Class Rules	Activity 1.2: Teens with HIV	Activity 1.3: What's in It for You?	Activity 1.4: Closure and Homework	
<b>Group 1</b>	# 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: / /					
<hr/>						
<b>Group 1</b>	# 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: / /					
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<b>Group 1</b>	# 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: / /					
<hr/>						
<b>Group 1</b>	# 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:**  
**Lesson 2: Draw the Line Challenge**

		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 2.1: Lesson 1 and Homework Review	Activity 2.2: Plan for the Day	Activity 2.2: Training for the Draw the Line Challenge	Activity 2.4: Draw the Line Challenge Game	Activity 2.5: Asking Questions	Activity 2.6: Closure	
<b>Group 1</b>	# 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	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	

<b>Group 2</b>	# 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	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	

<b>Group 3</b>	# 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	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	

<b>Group 4</b>	# 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	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	

**Part 1:  
Lesson 3: Difficult Moments**

		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 3.1: Lesson 2 Review	Activity 3.2: Plan for the Day	Activity 3.3: Trina and Kashid	Activity 3.4: Voting: Difficult Moments	Activity 3.5: Homework: What Can You Do?	Activity 3.6: Closure	
<b>Group 1</b>	# 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/>								
<b>Group 2</b>	# 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/>								
<b>Group 3</b>	# 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/>								
<b>Group 4</b>	# 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:**  
**Lesson 4: Sticking to Your Limit**

		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 4.1: Lesson 3 Review	Activity 4.2: Plan for the Day	Activity 4.3: Homework and Draw the Line Review	Activity 4.4: Practice, Practice, Practice	Activity 4.5: Closure	
<b>Group 1</b>	# 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	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
<b>Group 2</b>	# 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	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
<b>Group 3</b>	# 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	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
<b>Group 4</b>	# 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	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	



**Part 1:**  
**Lesson 5: Talking with a Person Who Has HIV**

		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 5.1: Lesson 4 Review	Activity 5.2: Plan for the Day	Activity 5.3: Talking with a Person with HIV or AIDS	Activity 5.4: Homework: Re-Thinking My Feelings		Activity 5.5: Closure
<b>Group 1</b>	# 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: / /						
<b>Group 2</b>	# 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: / /						
<b>Group 3</b>	# 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: / /						
<b>Group 4</b>	# 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: / /						

**Part 1:  
Lesson 6: Reduce Your Risk**

		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 6.1: Lesson 5 and Homework Review	Activity 6.2: Plan for the Day	Activity 6.3: Methods of Protection	Activity 6.4: Condom Demonstration	Activity 6.5: Closure and Question Box	
<b>Group 1</b>	# 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	
<b>Group 2</b>	# 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	
<b>Group 3</b>	# 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	
<b>Group 4</b>	# 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:  
Lesson 7: Staying Safe**

		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 7.1: Lesson 6 Review	Activity 7.2: Plan for the Day	Activity 7.3: Traffic Light	Activity 7.4: Cold Shower	Activity 7.5: Good-Bye	
<b>Group 1</b>	# 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: / /						

<b>Group 2</b>	# 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: / /						

<b>Group 3</b>	# 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: / /						

<b>Group 4</b>	# 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: / /						

## 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 *Draw the Line/Respect the Line* implemented in schools?
  - Yes, in regular school classes
  - Yes, after school
  - No, in a clinic
  - No, in a community organization serving young people
  - No, in another location
2. In what grade(s) was *Draw the Line/Respect the Line* implemented? (If it was implemented after school, in what grades were the participants? Check all that apply.)
  - 5th  6th  7th  8th  other

### 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 any of the lessons implemented back-to-back in block sessions?  Yes  No
  - a. If yes, which ones? \_\_\_\_\_
3. Were all classes taught in sequence?  Yes  No
  - a. If no, please describe the sequence: \_\_\_\_\_
4. How long did each class last, on average? \_\_\_\_\_ minutes
5. How many participants typically attended each class? \_\_\_\_\_ participants
6. What percent of the participants attended each class? \_\_\_\_\_ %

### Program Educators

1. What is your experience with *DTL/RTL*?  
*Before you taught DTL/RTL this time had you...*
  - a) Been trained to implement *DTL/RTL*?  Yes  No
  - b) Reviewed all the activities in the curriculum?  Yes  No
  - c) Taught or practiced teaching most of the activities?  Yes  No

2. What is your experience with other similar programs?

*Before you taught DTL/RTL 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 role plays?  Yes  No

**Preparation**

- 1. Did your school (or 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 *Draw the Line/Respect the Line* this time, how comfortable were you talking about the sexual topics in this program?
  - Very uncomfortable
  - Somewhat comfortable
  - Somewhat uncomfortable
  - Very comfortable

*Please circle one option for each of the following questions.*

	Not Very Confident		Somewhat		Very Confident
2. How confident did you feel delivering these lessons?	1	2	3	4	5
	Not at All		Somewhat		To a Great Extent
3. To what extent did classroom management issues detract from your ability to teach the lesson as written?	1	2	3	4	5
4. To what extent were you able to engage students in the participatory activities?	1	2	3	4	5
5. To what extent did participants practice the roleplays as specified in the curriculum (i.e., everyone practiced refusal skills, students used the observer checklists and students gave each other feedback)?	1	2	3	4	5
6. To what extent were you able to emphasize clearly and repeatedly the message that participants should avoid unprotected intercourse, either by not having sex or by using contraception?	1	2	3	4	5

- 7. What additional information or skills do you need to help strengthen your implementation of *Draw the Line/Respect the Line*?