

# GET | REAL

Comprehensive Sex Education That Works

SECOND  
EDITION



# Implementation Fidelity Log

ETR (Education, Training and Research) is a nonprofit organization committed to providing science-based innovative solutions in health and education designed to achieve transformative change in individuals, families and communities. We invite health professionals, educators and consumers to learn more about our high-quality programs, publications and applied research, evaluation and professional development services by contacting us at 1-800-321-4407, [www.etr.org](http://www.etr.org).

Planned Parenthood League of Massachusetts is the largest freestanding reproductive health care and education provider in Massachusetts. PPLM provides trustworthy, medically accurate, age-appropriate education to young people, parents and professionals. Ninety percent of PPLM services are preventive, including lifesaving cancer screenings, birth control, testing and treatment for STIs, breast health services, Pap tests, and sexual health education and information. For nearly 90 years, PPLM has protected and promoted sexual and reproductive health and rights through clinical services, education and advocacy. For more information, visit [www.pplm.org](http://www.pplm.org).

©2019 ETR. All Rights Reserved.

Published by ETR  
Scotts Valley, CA 95066-3248

Title No. C027

# Implementation Fidelity Log

---

## Purpose

This implementation fidelity tool assesses whether the core components of *Get Real* are actually implemented. Part 1 assesses whether each activity in each class was implemented completely, implemented with changes, or not implemented at all. Part 2 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 for 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 pre- or post-test data on the effectiveness of the program on youth.

# ***Get Real* 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 *Get Real* 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, changing how you used the peer leaders, 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: Grade 6**  
**Lesson 1: Creating the Classroom Climate**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 6.1-1: Introduction/Class Rights and Responsibilities	Activity 6.1-2: Introduction to Social and Emotional Learning	Activity 6.1-3: Find Someone Who...	Activity 6.1-4: Caring Adults Brainstorm	Activity 6.1-5: Anonymous Questions Box	
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						

**Part 1: Grade 6**  
**Lesson 2: Communication and Refusal Skills**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 6.2-1: Process Family Activity	Activity 6.2-2: Communication Skills	Activity 6.2-3: Assertive Communication Scenarios	Activity 6.2-4: Anonymous Questions Box	
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					

**Part 1: Grade 6  
Lesson 3: Relationships and Boundaries**

		Did you complete each activity below?								If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 6.3-1: Process Family Activity	Activity 6.3-2: Circles of Relationships	Activity 6.3-3: Examining and Respecting Personal Space	Activity 6.3-4: Healthy Vs. Unhealthy Relationship Brainstorm	Activity 6.3-5: Dating Older Partners	Activity 6.3-6: Boundaries and Peer Pressure Scenarios	Activity 6.3-7: Homework	Activity 6.3-8: Anonymous Questions 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	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	

**Part 1: Grade 6  
Lesson 4: Anatomy and Reproduction: The Penis and Related Parts**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 6.4-1: Process Family Activity	Activity 6.4-2: The Penis, Related Parts & What They Do	Activity 6.4-3: Linking Parts with Reproduction	Activity 6.4-4: "What Am I?" Game		Activity 6.4-5: Anonymous Questions Box
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						



**Part 1: Grade 6**

**Lesson 5: Anatomy and Reproduction: The Vagina and Related Parts**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 6.5-1: Process Family Activity	Activity 6.5-2: The Vagina, Related Parts & What They Do	Activity 6.5-3: The Menstrual Cycle Explained	Activity 6.5-4: "What Am I?" Game	Activity 6.5-5: Homework		Activity 6.5-6: Anonymous Questions Box
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /							
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /							
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /							
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /							

**Part 1: Grade 6  
Lesson 6: Puberty**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 6.6-1: Process Family Activity	Activity 6.6-2: Experiences in Puberty	Activity 6.6-3: They May Feel...	Activity 6.6-4: Anonymous Questions Box	
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					

**Part 1: Grade 6  
Lesson 7: Abstinence**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 6.7-1: Process Family Activity	Activity 6.7-2: Defining Unhealthy Behaviors, Abstinence and Sexual Abstinence	Activity 6.7-3: Abstinence Advice Scenarios	Activity 6.7-4: Anonymous Questions Box	
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					

**Part 1: Grade 6  
Lesson 8: Decision Making and Values**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 6.8-1: Process Family Activity	Activity 6.8-2: Introduction to Personal Values and Decision Making	Activity 6.8-3: Stand Up/Sit Down Activity	Activity 6.8-4: Decision-Making Activity	Activity 6.8-5: Homework		Activity 6.8-6: Anonymous Questions Box
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /							
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /							
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /							
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /							

**Part 1: Grade 6**  
**Lesson 9: Grade 6 Conclusion and Review**

		Did you complete each activity below?							If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 6.9-1: Process Family Activity	Activity 6.9-2: Review Contest	Activity 6.9-3: Character Case Study and Personal Goal Reflection	Activity 6.9-4: Refusal Skills Demonstration	Activity 6.9-5: Anonymous Questions Box	Activity 6.9-6: Giving a Message (Optional)	Activity 6.9-7: Wrap-Up (Optional)	
<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	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	

## Part 2: Grade 6

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

### Implementation: Audience and Setting

1. Was *Get Real* implemented in schools?
  - Yes, in regular school classes
  - Yes, in an after-school program
  - No, in a clinic
  - No, in a community organization serving young people
  - No, in another location (Please specify \_\_\_\_\_)
2. In what grade(s) was *Get Real: Grade 6* implemented? (If it was implemented after/outside of school, in what grades were the participants? Check all that apply.)  
 5th     6th     7th     8th     other

### Implementation: Schedule

1. 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
2. Were any of the lessons implemented in back-to-back block sessions?     Yes     No  
If yes, which ones? \_\_\_\_\_
3. Were all classes taught in sequence?     Yes     No  
If no, please describe the sequence: \_\_\_\_\_
4. How long did each class last, on average?    \_\_\_\_\_ minutes
5. How many students did you typically have in each class?    \_\_\_\_\_ students
6. What percentage of the students attended each class?    \_\_\_\_\_ %

## Program Educators

1. What is your experience with *Get Real*?

Before you taught *Get Real* this time had you...

- a) Been trained to implement *Get Real*?  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 *Get Real* 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
3. Did you obtain permission for students to take part in the lessons?  Yes  No
4. Did you host a parent evening to explain the program and the family activities to parents/guardians?  Yes  No

## Pedagogy (Teaching Strategies)

1. When you taught *Get Real* this time, how comfortable were you talking about the sexual topics in this program?  
 Very uncomfortable  
 Somewhat uncomfortable  
 Somewhat comfortable  
 Very comfortable
2. How confident did you feel delivering these lessons?  
 Not very confident  
 Somewhat confident  
 Very confident
3. Did you send the family letter and family activity home with each student after each lesson?  Yes  No

Please circle one option for each of the following questions.

	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 parents and other caring adults as the primary sexuality educators of their children?	1	2	3	4	5
6. To what extent were you able to create an inclusive, learner-focused environment for your students?	1	2	3	4	5
7. To what extent were you able to answer student questions in a factual, medically accurate way?	1	2	3	4	5
8. To what extent were you able to engage students in the participatory activities?	1	2	3	4	5
9. To what extent did participants practice role-plays as specified in the curriculum (e.g., everyone practiced Social and Emotional Learning skills, including refusal skills, and received feedback on use of skills)?	1	2	3	4	5
10. To what extent were you able to emphasize clearly and repeatedly the message that sexuality is about more than just sex?	1	2	3	4	5
11. To what extent were you able to emphasize clearly and repeatedly the message that abstinence is the healthiest choice for teens?	1	2	3	4	5
12. To what extent did you use the Adaptation Guidelines to tailor the program to your student population and setting?	1	2	3	4	5
13. To what extent did you use the Get Real website ( <a href="http://www.getrealeducation.com">www.getrealeducation.com</a> ) to support your delivery of the curriculum?	1	2	3	4	5

14. What additional information or skills do you need to help strengthen your implementation of *Get Real*?



**Part 1: Grade 7  
Lesson 1: Creating the Classroom Climate**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 7.1-1: Introduction/Class Rights and Responsibilities	Activity 7.1-2: Introduction to Social and Emotional Learning	Activity 7.1-3: Decision-Making Review	Activity 7.1-4: Brainstorm Resources	Activity 7.1-5: "What Am I?" Game		Activity 7.1-6: Anonymous Questions Box
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /							
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /							
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /							
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /							

**Part 1: Grade 7  
Lesson 2: Media Literacy and Sexuality**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 7.2-1: Process Family Activity	Activity 7.2-2: The Media	Activity 7.2-3: Understanding Advertising Messages	Activity 7.2-4: Homework		Activity 7.2-5: Anonymous Questions Box
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						

**Part 1: Grade 7**  
**Lesson 3: Gender and Sexual Identity**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 7.3-1: Process Family Activity	Activity 7.3-2: Stereotypes Brainstorm	Activity 7.3-3: Gender and Sexual Identity Vocabulary	Activity 7.3-4: Visualization	
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /					
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /					
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /					
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /					

**Part 1: Grade 7  
Lesson 4: Creating a Safe School Environment**

		Did you complete each activity below?						If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 7.4-1: Process Family Activity	Activity 7.4-2: Agree/ Disagree	Activity 7.4-3: Defining/ Bullying/ Harassment and Being an Ally	Activity 7.4-4: Role-Plays	Activity 7.4-5: Homework	Activity 7.4-6: Anonymous Questions 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	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	

**Part 1: Grade 7  
Lesson 5: Deciding About Sexual Behavior**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 7.5-1: Process Family Activity	Activity 7.5-2: Defining and Deciding About Sexual Behaviors	Activity 7.5-3: Sexual Behavior and Risk	Activity 7.5-4: Defining and Deciding About Dating	
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					

**Part 1: Grade 7**

**Lesson 6: Defining and Maintaining Abstinence**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 7.6-1: Process Family Activity	Activity 7.6-2: What Does Abstinence Mean?	Activity 7.6-3: Refusal Skills Brainstorm	Activity 7.6-4: Anonymous Questions Box	
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					

**Part 1: Grade 7**  
**Lesson 7: Introduction to Sexually Transmitted Infections**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 7.7-1: Process Family Activity	Activity 7.7-2: Defining STIs	Activity 7.7-3: STIs: What They Are and Prevention Methods	Activity 7.7-4: Handshake Demonstration	Activity 7.7-5: Anonymous Questions 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 w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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 w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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 w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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 w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	

**Part 1: Grade 7  
Lesson 8: Introduction to Protection Methods**

		Did you complete each activity below?				Activity 7.8-5: Anonymous Questions Box	If you made any changes, describe them here.  (If you need more space, attach a separate sheet)
		Activity 7.8-1: Process Family Activity	Activity 7.8-2: Why Use Protection?	Activity 7.8-3: Protection Methods: Condom Use and Hormonal Protection	Activity 7.8-4: Homework		
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						



**Part 1: Grade 7  
Lesson 9: Grade 7 Conclusion and Review**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 7.9-1: Process Family Activity	Activity 7.9-2: Anonymous Questions Box	Activity 7.9-3: Sexual Decision Making	Activity 7.9-4: Practicing Refusal and Negotiating Condom Use		Activity 7.9-5: What I Want to Remember
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						

## Part 2: Grade 7

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

### Implementation: Audience and Setting

1. Was *Get Real* implemented in schools?
  - Yes, in regular school classes
  - Yes, in an after-school program
  - No, in a clinic
  - No, in a community organization serving young people
  - No, in another location (Please specify \_\_\_\_\_)
2. In what grade(s) was *Get Real: Grade 7* implemented? (If it was implemented after/outside of school, in what grades were the participants? Check all that apply.)  
 6th     7th     8th     9th     other

### Implementation: Schedule

1. 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
2. Were any of the lessons implemented in back-to-back block sessions?     Yes     No  
If yes, which ones? \_\_\_\_\_
3. Were all classes taught in sequence?     Yes     No  
If no, please describe the sequence: \_\_\_\_\_
4. How long did each class last, on average?    \_\_\_\_\_ minutes
5. How many students did you typically have in each class?    \_\_\_\_\_ students
6. What percentage of the students attended each class?    \_\_\_\_\_ %

## Program Educators

1. What is your experience with *Get Real*?

Before you taught *Get Real* this time had you...

- a) Been trained to implement *Get Real*?  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 *Get Real* 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
3. Did you obtain permission for students to take part in the lessons?  Yes  No
4. Did you host a parent evening to explain the program and the family activities to parents/guardians?  Yes  No

## Pedagogy (Teaching Strategies)

1. When you taught *Get Real* this time, how comfortable were you talking about the sexual topics in this program?  
 Very uncomfortable  
 Somewhat uncomfortable  
 Somewhat comfortable  
 Very comfortable
2. How confident did you feel delivering these lessons?  
 Not very confident  
 Somewhat confident  
 Very confident
3. Did you send the family letter and family activity home with each student after each lesson?  Yes  No

Please circle one option for each of the following questions.

	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 parents and other caring adults as the primary sexuality educators of their children?	1	2	3	4	5
6. To what extent were you able to create an inclusive, learner-focused environment for your students?	1	2	3	4	5
7. To what extent were you able to answer student questions in a factual, medically accurate way?	1	2	3	4	5
8. To what extent were you able to engage students in the participatory activities?	1	2	3	4	5
9. To what extent did participants practice role-plays as specified in the curriculum (e.g., everyone practiced Social and Emotional Learning skills, including refusal skills, and received feedback on use of skills)?	1	2	3	4	5
10. To what extent were you able to emphasize clearly and repeatedly the message that abstinence is the healthiest choice for teens?	1	2	3	4	5
11. To what extent were you able to emphasize clearly and repeatedly the message that correct and consistent use of condoms and other protection methods is important for people who are having sex?	1	2	3	4	5
12. To what extent did you use the Adaptation Guidelines to tailor the program to your student population and setting?	1	2	3	4	5
13. To what extent did you use the Get Real website ( <a href="http://www.getrealeducation">www.getrealeducation</a> ) to support your delivery of the curriculum?	1	2	3	4	5

14. What additional information or skills do you need to help strengthen your implementation of *Get Real*?

**Part 1: Grade 8  
Lesson 1: Creating the Classroom Climate**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 8.1-1: Introduction/Class Rights and Responsibilities	Activity 8.1-2: Introduction to Social and Emotional Learning	Activity 8.1-3: Road Map to Resources	Activity 8.1-4: Decision-Making Review	Activity 8.1-5: Anonymous Questions Box	
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						

**Part 1: Grade 8  
Lesson 2: Healthy and Unhealthy Relationships**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 8.2.1: Process Family Activity	Activity 8.2.2: Healthy/Unhealthy Relationship Characteristics	Activity 8.2.3: Healthy Vs. Unhealthy	Activity 8.2.4: My Plan for Having a Healthy Relationship		Activity 8.2.5: Anonymous Questions Box
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						

**Part 1: Grade 8**  
**Lesson 3: Addressing Obstacles to Abstinence**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 8.3-1: Process Family Activity	Activity 8.3-2: Planning for Abstinence	Activity 8.3-3: Obstacles to Abstinence	Activity 8.3-4: Homework		Activity 8.3-5: Anonymous Questions Box
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /						

**Part 1: Grade 6**

**Lesson 4: Comprehensive Protection Methods**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)		
		Activity 8.4-1: Process Family Activity	Activity 8.4-2: The Need for Protection	Activity 8.4-3: Protection Methods Game	Activity 8.4-4: Protection Methods Kit	Activity 8.4-5: What's the Deal?		Activity 8.4-6: Homework	Activity 8.4-7: Anonymous Questions 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	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	



**Part 1: Grade 8  
Lesson 5: STI/HIV Transmission**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 8.5-1: Process Family Activity	Activity 8.5-2: Sweetly Transmitted Infections	Activity 8.5-3: Multiple Partners and Other Risk Factors	Activity 8.5-4: HIV Review	
<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	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ 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	
	Date taught: / /	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	

**Part 1: Grade 8  
Lesson 6: Living with HIV**

Option 1: Guest Speaker								If you made any changes, describe them here. (If you need more space, attach a separate sheet)						
Did you complete each activity below?														
Activity 8.6-1: Process Family Activity		Activity 8.6-2: Common Ground		Activity 8.6-3: HIV Speaker Presentation		Activity 8.6-4: Questions and Answers		Activity 8.6-5: Thanking the Speaker		Activity 8.6-6: Homework		Activity 8.6-7: Anonymous Questions Box		
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	<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 w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> No
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	<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 w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> No
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	<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 w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> No
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	<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 w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> Yes w/ changes	<input type="checkbox"/> No

**Part 1: Grade 8**  
**Lesson 6: Living with HIV (continued)**

**Option 2: Using a Video**

		Did you complete each activity below?							If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 8.6-1: Process Family Activity	Activity 8.6-2: Common Ground	Activity 8.6-3: Video Clips	Activity 8.6-4: Questions and Answers	Activity 8.6-5: Writing a Reflection Letter	Activity 8.6-6: Homework	Activity 8.6-7: Anonymous Questions Box		
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught:	/ /								
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught:	/ /								
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught:	/ /								
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught:	/ /								

**Part 1: Grade 8  
Lesson 7: Refusal Skills**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 8.7-1: Process Family Activity	Activity 8.7-2: Process Speaker or Video	Activity 8.7-3: Role-Plays	Activity 8.7-4: Anonymous Questions Box	
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					

**Part 1: Grade 8**  
**Lesson 8: Goals and Decision Making**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 8.8-1: Process Family Activity	Activity 8.8-2: "Who Will I Become?" Brainstorm	Activity 8.8-3: Scenarios	Activity 8.8-4: Anonymous Questions Box	
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					

**Part 1: Grade 8**  
**Lesson 9: Get Real Capstone Project**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 8.9-1: Process Family Activity	Activity 8.9-2: Anonymous Questions Box	Activity 8.9-3: Media Project	Activity 8.9-4: Knowing Your Limits	
<b>Group 1</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 2</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 3</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					
<b>Group 4</b>	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No	
	Date taught: / /					

## Part 2: Grade 8

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

### Implementation: Audience and Setting

1. Was *Get Real* implemented in schools?
  - Yes, in regular school classes
  - Yes, in an after-school program
  - No, in a clinic
  - No, in a community organization serving young people
  - No, in another location (Please specify \_\_\_\_\_)
2. In what grade(s) was *Get Real: Grade 8* implemented? (If it was implemented after/outside of school, in what grades were the participants? Check all that apply.)  
 7th     8th     9th     10th     other

### Implementation: Schedule

1. 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
2. Were any of the lessons implemented in back-to-back block sessions?     Yes     No  
If yes, which ones? \_\_\_\_\_
3. Were all classes taught in sequence?     Yes     No  
If no, please describe the sequence: \_\_\_\_\_
4. How long did each class last, on average?    \_\_\_\_\_ minutes
5. How many students did you typically have in each class?    \_\_\_\_\_ students
6. What percentage of the students attended each class?    \_\_\_\_\_ %

## Program Educators

1. What is your experience with *Get Real*?

Before you taught *Get Real* this time had you...

- a) Been trained to implement *Get Real*?  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 *Get Real* 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
- 3. Did you obtain permission for students to take part in the lessons?  Yes  No
- 4. Did you host a parent evening to explain the program and the family activities to parents/guardians?  Yes  No

## Pedagogy (Teaching Strategies)

- 1. When you taught *Get Real* this time, how comfortable were you talking about the sexual topics in this program?
  - Very uncomfortable
  - Somewhat uncomfortable
  - Somewhat comfortable
  - Very comfortable
- 2. How confident did you feel delivering these lessons?
  - Not very confident
  - Somewhat confident
  - Very confident
- 3. Did you send the family letter and family activity home with each student after each lesson?  Yes  No



Please circle one option for each of the following questions.

	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 parents and other caring adults as the primary sexuality educators of their children?	1	2	3	4	5
6. To what extent were you able to create an inclusive, learner-focused environment for your students?	1	2	3	4	5
7. To what extent were you able to answer student questions in a factual, medically accurate way?	1	2	3	4	5
8. To what extent were you able to engage students in the participatory activities?	1	2	3	4	5
9. To what extent did participants practice role-plays as specified in the curriculum (e.g., everyone practiced Social and Emotional Learning skills, including refusal skills, and received feedback on use of skills)?	1	2	3	4	5
10. To what extent were you able to emphasize clearly and repeatedly the message that abstinence is the healthiest choice for teens?	1	2	3	4	5
11. To what extent were you able to emphasize clearly and repeatedly the message that correct and consistent use of condoms and other protection methods is important for people who are having sex?	1	2	3	4	5
12. To what extent did you use the Adaptation Guidelines to tailor the program to your student population and setting?	1	2	3	4	5
13. To what extent did you use the Get Real website ( <a href="http://www.getrealeducation.com">www.getrealeducation.com</a> ) to support your delivery of the curriculum?	1	2	3	4	5

14. What additional information or skills do you need to help strengthen your implementation of *Get Real*?