

all ~~A~~ You?!

Preventing HIV, Other STD, and
Pregnancy among Young People
in Alternative Education Settings

Implementation Fidelity Log



Advancing Science • Reducing Risk • Improving Lives

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Implementation Fidelity Log

Purpose

This implementation fidelity tool assesses whether the core components of *All4You2!* 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.

***All4You2!* 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 *All4You2!* 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:
Pre-Lesson: Preparing for All4You2!**

		Did you complete each activity below?			If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity Pre1.1: Name Tents and Ice Breaker	Activity Pre1.2: Nominating Peer Leaders	Activity Pre1.3: Introduction	
Group 1	# 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	
	Date taught: / /				
Group 2	# 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	
	Date taught: / /				
Group 3	# 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	
	Date taught: / /				
Group 4	# 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	
	Date taught: / /				

**Part 1:
Lesson 1: STDs**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 1.1: Check-In	Activity 1.2: Plan for the Day	Activity 1.3: STDs: In the Know	Activity 1.4: Video on STDs	Activity 1.5: Closure	
Group 1	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes 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	
Group 2	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes 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	
Group 3	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes 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	
Group 4	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes 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:
Lesson 2: HIV and Teens**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 2.1: Check-In	Activity 2.2: Review and Plan for the Day	Activity 2.3: Blood Lines	Activity 2.4: Don't Pass It Along	Activity 2.5: Question Box and Closure	
Group 1	# 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: / /						
Group 2	# 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: / /						
Group 3	# 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: / /						
Group 4	# 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:
Lesson 3: Reasons for Not Having Sex**

		Did you complete each activity below?						If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 3.1: Check-In	Activity 3.2: Review and Plan for the Day	Activity 3.3: Tina and Marco	Activity 3.4: Should They or Shouldn't They	Activity 3.5: Ways to Show Love and Affection	Activity 3.6: Closure	
Group 1	# 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: / /							
Group 2	# 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: / /							
Group 3	# 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: / /							
Group 4	# 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:
Lesson 4: What's the Risk?**

		Did you complete each activity below?						If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 4.1: Check-in	Activity 4.2: Review and Plan for the Day	Activity 4.3: Risk Continuum	Activity 4.4: What's Your Risk?	Activity 4.5: Responsibilities	Activity 4.6: Closure	
Group 1	# 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: / /							
Group 2	# 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: / /							
Group 3	# 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: / /							
Group 4	# 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:
Lesson 5: Examining the Risk**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 5.1: Check-in	Activity 5.2: Review and Plan for the Day	Activity 5.3: How Number of Partners Affects STD Risk	Activity 5.4: Rate the STD Risk	
Group 1	# 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: / /					
Group 2	# 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: / /					
Group 3	# 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: / /					
Group 4	# 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:
Lesson 6: Negotiation 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 6.1: Check-In	Activity 6.2: Review and Plan for the Day	Activity 6.3: Effective Refusals	Activity 6.4: Peer Leader Skill Demonstration	Activity 6.5: Student Skill Practice	Activity 6.6: Closure	
Group 1	# 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: / /							
Group 2	# 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: / /							
Group 3	# 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: / /							
Group 4	# 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:
Lesson 7: More 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 7.1: Check-In	Activity 7.2: Review and Plan for the Day	Activity 7.3: Alternative Actions and Delay Tactics	Activity 7.4: Student Skill Practice	Activity 7.5: Closure	
Group 1	# 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: / /						
Group 2	# 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: / /						
Group 3	# 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: / /						
Group 4	# 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:
Lesson 8: Handling Risky Situations**

		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: Check-In	Activity 8.2: Review and Plan for the Day	Activity 8.3: Clues	Activity 8.4: Handling Risky Situations	Activity 8.5: Closure	
Group 1	# 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: / /						
Group 2	# 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: / /						
Group 3	# 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: / /						
Group 4	# 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:
Lesson 9: Teens and 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 9.1: Check-in	Activity 9.2: Review and Plan for the Day	Activity 9.3: What's in a Relationship?	Activity 9.4: Creating a Roleplay	Activity 9.5: Call or Visit a Clinic Homework	Activity 9.6: Closure	
Group 1	# 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: / /							
Group 2	# 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: / /							
Group 3	# 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: / /							
Group 4	# 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:
Lesson 10: STD Facts**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 10.1: Check-In	Activity 10.2: Review and Plan for the Day	Activity 10.3: Ending Relationships	Activity 10.4: What Do You Think?	Activity 10.5: Closure	
Group 1	# 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: / /						
Group 2	# 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: / /						
Group 3	# 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: / /						
Group 4	# 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:
Lesson 11: Reduce Your Risk**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 11.1: Check-in	Activity 11.2: Review and Plan for the Day	Activity 11.3: Protection	Activity 11.4: What's the Right Method?	Activity 11.5: Closure	
Group 1	# 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: / /						
Group 2	# 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: / /						
Group 3	# 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: / /						
Group 4	# 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:
Lesson 12: It's All About Condoms**

		Did you complete each activity below?						If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 12.1: Check-in	Activity 12.2: Review and Plan for the Day	Activity 12.3: Teacher Condom Demonstration	Activity 12.4: Condom Practice	Activity 12.5: Using Condoms	Activity 12.6: Closure	
Group 1	# 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:	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Group 2	# 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:	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Group 3	# 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:	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Group 4	# 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:
Lesson 13: Talking About Condoms**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 13.1: Check-In	Activity 13.2: Review and Plan for the Day	Activity 13.3: When? Win! Talking About Condoms	Activity 13.4: Excuses, Excuses	Activity 13.5: Closure	
Group 1	# 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: / /						
Group 2	# 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: / /						
Group 3	# 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: / /						
Group 4	# 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:
Lesson 14: Testing and Resources**

		Did you complete each activity below?						If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 14.1: Check-in	Activity 14.2: Review and Plan for the Day	Activity 14.3: HIV, STD and Pregnancy Testing	Activity 14.4: Accessing Resources	Activity 14.5: Visit or Call a Clinic	Activity 14.6: Closure	
Group 1	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes 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	
Group 2	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes 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	
Group 3	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes 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	
Group 4	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes 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:
Lesson 15: Staying Safe**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 15.1: Check-In	Activity 15.2: Review and Plan for the Day	Activity 15.3: Advice Line	Activity 15.4: What Can You Use?	Activity 15.5: Closure	
Group 1	# 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: / /						
Group 2	# 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: / /						
Group 3	# 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: / /						
Group 4	# 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:

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

Implementation: Audience and Setting

1. In what setting was *All4You2!* implemented?
 - Comprehensive or mainstream school, in class
 - Comprehensive or mainstream school, after school
 - Alternative school, in class
 - Alternative school, after school
 - In a community organization serving young people
 - In another location (Please specify: _____)
2. In what grade(s) was *All4You2!* implemented? (If it was implemented after school or in a community-based setting, in what grades were the participants? Check all that apply.)
 9th 10th 11th 12th other

Implementation: 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 participants typically attended each class? _____ participants
6. What percentage of the participants attended each class? _____ %

Program Educators

1. What is your experience with *All4You2!*?

Before you taught *All4You2!* this time had you...

- a) Been trained to implement *All4You2!*? Yes No
- b) Reviewed all the activities in the curriculum? Yes No
- c) Taught or practiced teaching most of the activities? Yes No
- d) Worked successfully with youth in alternative school settings? Yes No

2. What is your experience with other similar programs?

Before you taught *All4You2!* this time had you...

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

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 complete an orientation for the classroom Peer Leaders? Yes No

Pedagogy (Teaching Strategies)

- 1. When you taught *All4You2!* this time, how comfortable were you talking about the sexual topics in this program?
 - Very uncomfortable
 - Somewhat uncomfortable
 - Somewhat comfortable
 - Very comfortable

Please circle one option for each of the following questions.

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

7. What additional information or skills do you need to help strengthen your implementation of *All4You2!*?