

Reducing the Risk

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

Scoring Considerations

Part 1.

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

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

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

Part 2.

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

***Reducing the Risk* Implementation Fidelity Tool**

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 *Reducing the Risk* curriculum.

Directions:

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

Part 1:

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

Part 2:

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

Part 1:
Class 1A: Abstinence, Sex and Protection: Introduce Curriculum and Pregnancy Prevention Emphasis

		Did you complete each activity below?				If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Model Role Play, Version 1	Activity 2: Pregnancy Risk Activity	Activity 3: Model Role Play Version 2	Activity 4: Lesson Summary	
Group 1	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /				
Group 2	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /				
Group 3	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /				
Group 4	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /				

Part 1:
Class 1B: Abstinence, Sex and Protection: Introduce Curriculum and HIV Prevention Emphasis

		Did you complete each activity below?					If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Model Role Play, Version 1	Activity 2: STD/HIV Risk Activity	Activity 3: Personalizing Risks	Activity 4: Model Role Play, Version 2	Activity 5: Lesson Summary	
Group 1	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /						
Group 2	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /						
Group 3	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /						
Group 4	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /						

Part 1:
Class 2: Abstinence: Not Having Sex

		Did you complete each activity below?					If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Review Previous Lesson	Activity 2: Communicating About Abstinence	Activity 3: Facts About Abstinence	Activity 4: Reasons That Many Teens Don't Have Sex	Activity 5: Lesson Summary	
Group 1	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 2	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 3	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 4	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	

**Part 1:
Class 3: Refusals**

		Did you complete each activity below?					If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Review Previous Lesson	Activity 2: Talk to Your Parents	Activity 3: Introduce Refusals	Activity 4: Demonstrate Role Plays	Activity 5: Lesson Summary	
Group 1	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 2	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 3	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 4	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	

Part 1:
Class 4: Using Refusal Skills

		Did you complete each activity below?					If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Refusals Quiz	Activity 2: Difficult Refusals	Activity 3: Demonstrate Role Play	Activity 4: Role-Play in Small Groups	Activity 5: Lesson Summary	
Group 1	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 2	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 3	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 4	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	

**Part 1:
Class 5: Delay Tactics**

		Did you complete each activity below?					If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Review Class 4	Activity 2: Introduce Delay Tactics	Activity 3: Demonstrate and Practice Role Play	Activity 4: Quiz and Skills Review	Activity 5: Lesson Summary	
Group 1	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 2	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 3	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 4	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	

Part 1:
Class 6: Avoiding High-Risk Situations

		Did you complete each activity below?					If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Discuss Homework	Activity 2: Signs of Sex and Caution Mini-Lecture	Activity 3: Handling Crisis Situations	Activity 4: Myths and Truths, Round 1	Activity 5: Lesson Summary	
Group 1	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 2	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 3	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Group 4	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	

**Part 1:
Class 7: Getting and Using Protection—I**

		Did you complete each activity below?			If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Ways to Prevent Pregnancy—Lecture	Activity 2: Shopping Information Homework	Activity 3: Lesson Summary	
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:
Class 8: Getting and Using Protection—II**

		Did you complete each activity below?				If you made any changes, please describe them here. (If you need more space, attach a separate sheet)	
		Activity 1: Condom Demonstration	Activity 2: Visit or Call a Clinic	Activity 3: How Will You Avoid Pregnancy?	Activity 4: How Is HIV Prevented?		Activity 5: Lesson Summary
Group 1	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /						
Group 2	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /						
Group 3	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /						
Group 4	# of students:	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught: / /						

Part 1:

Class 9: Knowing and Talking About Protection Skills Integration—I

		Did you complete each activity below?			If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Protection: Myths and Truths, Round 2	Activity 2: Demonstrate and Practice Role Play	Activity 3: Lesson Summary	
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:
Class 10: Skills Integration—II**

		Did you complete each activity below?				If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Review Refusals	Activity 2: Generating Alternatives	Activity 3: Role-Play in Small Groups	Activity 4: Lesson Summary	
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:
Class 11: Skills Integration—III

		Did you complete each activity below?			If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: My Kid Sister	Activity 2: Role-Play in Small Groups	Activity 3: Lesson Summary	
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:
Class 12: Preventing HIV and Other STDs

		Did you complete each activity below?			If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Facts About STD, Including HIV	Activity 2: Assign Homework	Activity 3: Lesson Summary	
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:
Class 13: HIV Risk Behaviors

		Did you complete each activity below?			If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Risk Continuum	Activity 2: Personal Risks	Activity 3: Lesson Summary	
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:
Class 14: Implementing Protection from STD and Pregnancy

		Did you complete each activity below?			If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: The Steps to Protection	Activity 2: Role Plays	Activity 3: Lesson Summary	
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:
Class 15: Sticking with Abstinence and Protection

		Did you complete each activity below?			If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Review "Shopping Info" or "Clinic Visit" Homework	Activity 2: Sticking with Abstinence and Protection	Activity 3: Lesson Summary	
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:
Class 16: Skills Integration—IV

		Did you complete each activity below?					If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1: Review HIV Homework	Activity 2: Chris and Pat	Activity 3: Role-Play in Small Groups	Activity 4: "I Learned" Statements	Activity 5: Lesson Summary	
Group 1	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<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	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
Group 3	# of students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<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	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	

Part 2

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

Implementation: Audience and Setting

1. Was *Reducing the Risk* implemented in schools?
 - Yes, in regular school classes
 - Yes, after school
 - No, in a clinic
 - No, in a community organization serving young people
 - No, in another location (please specify) _____
2. In what grade(s) was *Reducing the Risk* implemented? (If it was implemented after school, in what grades were the participants? Check all that apply.)
 - 7th 8th 9th 10th 11th 12th other

Implementation: Implementation Schedule

1. In general, how many times per week were classes taught?
 - 1 time per week 4 times per week
 - 2 times per week 5 times per week
 - 3 times per week
2. Were any of the lessons implemented back-to-back in block sessions? Yes No
 - a. If yes, which ones? _____
3. Were all classes taught in sequence? Yes No
 - a. If no, please describe the sequence: _____
4. How long did each class last, on average? _____ minutes
5. How many participants typically attended each class? _____ participants
6. What percent of the participants attended each class? _____ %

Program Educators

1. What is your experience with *RTR*?

Before you taught *RTR* this time had you...

 - a) Been trained to implement *RTR*? 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 RTR this time, had you...

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

Preparation

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

Pedagogy (Teaching Strategies)

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

Please circle one option for each of the following questions.

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

- 7. What additional information or skills do you need to help strengthen your implementation of *Reducing the Risk*?