

GET | REAL

Comprehensive Sex Education That Works

High School



SECOND
EDITION

Implementation Fidelity Log

advancing
health
equity **etr.**

 **Planned
Parenthood®**
Care. No matter what.

Planned Parenthood League of Massachusetts

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

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Implementation Fidelity Log

Purpose

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

Scoring Considerations

Part 1.

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

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

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

Part 2.

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

***Get Real* Implementation Fidelity Log**

Your name: _____

Name of your organization: _____

Purpose of This Tool:

The purpose of this tool is to assess the fidelity or quality of implementation of the *Get Real* curriculum.

Directions:

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

Part 1:

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

Part 2:

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

**Part 1: High School
Lesson 1: Introduction to Sexuality**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 9.1-1: Introduction/Class Rights and Responsibilities	Activity 9.1-2: Introducing Sexuality and Sexual Health	Activity 9.1-3: Identifying Personal Values	Activity 9.1-4: Introduce Capstone Project	Activity 9.1-5: Anonymous Questions Box		Activity 9.1-6: Introspective Journaling
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	
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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	
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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	
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**Part 1: High School
Lesson 2: Sexual and Reproductive Anatomy**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 9.2-1: Discuss Journal Activity	Activity 9.2-2: Which Parts Go Together	Activity 9.2-3: The Parts and What They Do	Activity 9.2-4: Optional Activity Fertilization: Fill in the Blanks	Activity 9.2-5: Anonymous Questions Box		Activity 9.2-6: Introspective Journaling
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	
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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	
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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: High School
Lesson 3: Gender, Sex and Shared Responsibility**

		Did you complete each activity below?						If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 9.3-1: Discuss Journal Activity	Activity 9.3-2: Gender Norms and Gender Messages Charts	Activity 9.3-3: Shared Responsibility Spectrum	Activity 9.3-4: Shared Responsibility Brainstorm	Activity 9.3-5: Anonymous Questions Box	Activity 9.3-6: Introspective Journaling and Family Activity	
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
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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
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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: High School
Lesson 4: Gender and Sexual Identity**

		Did you complete each activity below?				If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 9.4-1: Discuss Journal Activity	Activity 9.4-2: The Most Important Part of Me	Activity 9.4-3: How Might It Feel?	Activity 9.4-4: Anonymous Questions Box		Activity 9.4-5: Introspective Journaling
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	
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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	
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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	
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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: High School
Lesson 5: Comprehensive Protection Methods**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 9.5-1: Discuss Journal Activity	Activity 9.5-2: Reasons for Preventing Pregnancy	Activity 9.5-3: What's in the Choosing?	Activity 9.5-4: Introduction to External Condom Use	Activity 9.5-5: Anonymous Questions Box		Activity 9.5-6: Introspective Journaling and Homework
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
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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
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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
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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
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**Part 1: High School
Lesson 6: Preventing STIs**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)		
		Activity 9.6-1: Discuss Journal Activity	Activity 9.6-2: STIs	Activity 9.6-3: Dismantling Arguments Against Condom Use	Activity 9.6-4: Demonstrating External Condom Use	Activity 9.6-5: Substance Use and Condoms (Optional)		Activity 9.6-6: Anonymous Questions Box	Activity 9.6-7: Introspective Journaling and Family Activity
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	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
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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	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
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	Date taught:	/ /							

**Part 1: High School
Lesson 7: Sexual Risks and Low-Risk Intimacy**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)
		Activity 9.7-1: Discuss Journal Activity	Activity 9.7-2: Sexual Behaviors and Risk	Activity 9.7-3: Intimacy and Assertive Communication Practice	Activity 9.7-4: Anonymous Questions Box	Activity 9.7-5: Introspective Journaling	
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	
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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	
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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: High School
Lesson 8: Negotiating Postponement and Protection**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 9.8-1: Discuss Journal Activity	Activity 9.8-2: Persuasion Lines	Activity 9.8-3: Friendly Advice: Sexual Refusal and Negotiating Protection	Activity 9.8-4: Accessing Sexual Health Care	Activity 9.8-5: Anonymous Questions Box		Activity 9.8-6: Introspective Journaling
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	
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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	
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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	
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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: High School
Lesson 9: Social Media Literacy and Sexuality**

		Did you complete each activity below?						If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 9.9-1: Discuss Journal Activity	Activity 9.9-2: Social Media Brainstorm	Activity 9.9-3: Status Update	Activity 9.9-4: Public Vs Private	Activity 9.9-5: Social Media Guidelines	Activity 9.9-6: Anonymous Questions Box		Activity 9.9-7: Introspective Journaling and Homework
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	<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	<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	<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	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught: / /								

**Part 1: High School
Lesson 10: Healthy and Unhealthy Relationships**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)		
		Activity 9.10-1: Discuss Journal Activity	Activity 9.10-2: Healthy and Unhealthy Relationship Brainstorm	Activity 9.10-3: Values Clarification	Activity 9.10-4: What's a Deal Breaker?	Activity 9.10-5: Getting Help with Relationships		Activity 9.10-6: Anonymous Questions Box	Activity 9.10-7: Introspective Journaling
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	<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	<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	<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	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes w/ changes <input type="checkbox"/> No
	Date taught:	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /

**Part 1: High School
Lesson 11: Assessing Risk and Accessing Sexual Health Care**

		Did you complete each activity below?					If you made any changes, describe them here. (If you need more space, attach a separate sheet)	
		Activity 9.1.1-1: Discuss Journal Activity	Activity 9.1.1-2: Sexual Health Capstone Presentations	Activity 9.1.1-3: Risk Assessment and Reduction Strategies	Activity 9.1.1-4: Wrap-Up and Conclusion	Activity 9.1.1-5: Anonymous Questions Box		Activity 9.1.1-6: Introspective Journaling
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 2: High School

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

Implementation: Audience and Setting

1. Was *Get Real* implemented in schools?
 - Yes, in regular school classes
 - Yes, in an after-school program
 - No, in a clinic
 - No, in a community organization serving young people
 - No, in another location (Please specify _____)
2. In what grade(s) was *Get Real: High School* implemented? (If it was implemented after/outside of school, in what grades were the participants? Check all that apply.)
 9th 10th 11th 12th other

Implementation: Schedule

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

Program Educators

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

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

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

2. What is your experience with other similar programs?

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

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

Preparation

1. Did your school (or organization in which you implemented this program) approve its implementation before the program was taught? Yes No
2. Were parents notified that their teens were going to participate in this program? Yes No
3. Did you obtain permission for students to take part in the lessons? Yes No
4. Did you host a parent evening to explain the program and the family activities to parents/guardians? Yes No

Pedagogy (Teaching Strategies)

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

Please circle one option for each of the following questions.

	Not at All		Somewhat		To a Great Extent
4. To what extent did classroom management issues detract from your ability to teach the lesson as written?	1	2	3	4	5
5. To what extent were you able to engage parents and other caring adults as the primary sexuality educators of their children?	1	2	3	4	5
6. To what extent were you able to create an inclusive, learner-focused environment for your students?	1	2	3	4	5
7. To what extent were you able to answer student questions in a factual, medically accurate way?	1	2	3	4	5
8. To what extent were you able to engage students in the participatory activities?	1	2	3	4	5
9. To what extent did participants practice role-plays as specified in the curriculum (e.g., everyone practiced Social and Emotional Learning skills, including refusal skills, and received feedback on use of skills)?	1	2	3	4	5
10. To what extent were you able to emphasize clearly and repeatedly the message that abstinence is the healthiest choice for teens?	1	2	3	4	5
11. To what extent were you able to emphasize clearly and repeatedly the message that correct and consistent use of condoms and other protection methods is important for people who are having sex?	1	2	3	4	5
12. To what extent did you use the Adaptation Guidelines to tailor the program to your student population and setting?	1	2	3	4	5
13. To what extent did you use the Get Real website (www.getrealeducation.com) to support your delivery of the curriculum?	1	2	3	4	5

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