

all ~~A~~ You!

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

Implementation Fidelity Log

advancing
health
equity

etr.

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Implementation Fidelity Log

Purpose

This implementation fidelity tool assesses whether the core components of All4You! 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.

All4You! 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 All4You! 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 All4You!**

		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 Pre 1: Nominating Peer Leaders	Activity Pre 2: Introduction and Field Trips Permission Forms	
Class 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	
	Date taught:	/ /		
Class 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	
	Date taught:	/ /		
Class 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	
	Date taught:	/ /		
Class 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	
	Date taught:	/ /		

**Part 1:
Lesson 1: It's All4You!**

		Did you complete each activity below?					If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 1.1: Ice Breaker	Activity 1.2: Ready, Set, Go!	Activity 1.3: Plan for the Day	Activity 1.4: All4You! Challenge	Activity 1.5: Question Box and Closure	
Class 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: / /						
Class 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: / /						
Class 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: / /						
Class 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:
Lesson 2: Sexually Transmitted Diseases**

		Did you complete each activity below?						If you made any changes, please describe them here. (If you need more space, attach a separate sheet)	
		Activity 2.1: Lesson 1 Review	Activity 2.2: Plan for the Day	Activity 2.3: STD Quiz	Activity 2.4: Video on STD	Activity 2.5: Break the Chain & A Closer Look	Activity 2.6: Testing		Activity 2.7: Closure
Class 1	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Class 2	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Class 3	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Class 4	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	

**Part 1:
Lesson 3: What's the Risk?**

		Did you complete each activity below?						If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 3.1: Lesson 2 Review	Activity 3.2: Plan for the Day	Activity 3.3: Personal- izing the Threat of HIV and AIDS	Activity 3.4: Film Clip and Discussion	Activity 3.5: Risk Continuum	Activity 3.6: Sure and In Charge!	
Class 1	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes
Class 2	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes
Class 3	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes
Class 4	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes

**Part 1:
Lesson 4: Experience It!**

		Did you complete each activity below?						If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 4.1: Lesson 3 Review	Activity 4.2: Plan for the Day	Activity 4.3: Getting Ready	Activity 4.4: Folders and Expectations	Activity 4.5: People Like Us: Talking with a Person Who Has HIV	Activity 4.6: 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 with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
<hr/>								
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 with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
<hr/>								
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 with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
<hr/>								
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 with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	

**Part 1:
Lesson 5: Using Our Skills in the Community: Visit #1**

		Did you complete each activity below?		If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 5.1: Review of Lesson 4 and Volunteer Project	Activity 5.2: Volunteer Project and Reflection	
Class 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	
	Date taught: / /			
<hr/>				
Class 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	
	Date taught: / /			
<hr/>				
Class 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	
	Date taught: / /			
<hr/>				
Class 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	
	Date taught: / /			

Part 1:
Lesson 6: Negotiation and Refusals 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 6.1: Plan for the Day	Activity 6.2: Think About It	Activity 6.3: Effective Refusals	Activity 6.4: Peer Leader Skill Demonstration	Activity 6.5: Student Skill Practice		Activity 6.6: Closure and Question Box
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	<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	<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	<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	<input type="checkbox"/> Yes completely <input type="checkbox"/> Yes with changes <input type="checkbox"/> No	
	Date taught:	/ /	/ /	/ /	/ /	/ /	/ /	

**Part 1:
Lesson 7: Using Our Skills in the Community: Visit #2**

		Did you complete each activity below?		If you made any changes, please describe them here. (If you need more space, attach a separate sheet)
		Activity 7.1: Review of Homework and Volunteer Project	Activity 7.2: Volunteer Project and Reflection	
Class 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	
	Date taught: / /			
<hr/>				
Class 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	
	Date taught: / /			
<hr/>				
Class 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	
	Date taught: / /			
<hr/>				
Class 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	
	Date taught: / /			

**Part 1:
Lesson 8: Reduce Your Risk**

		Did you complete each activity below?						If you made any changes, please describe them here. (If you need more space, attach a separate sheet)	
		Activity 8.1: Plan for the Day	Activity 8.2: Handling Challenges: You Can Do It	Activity 8.3: Protection	Activity 8.4: What's In a Name?	Activity 8.5: Educator Condom Demonstration	Activity 8.6: Using Condoms		Activity 8.7: Closure
Class 1	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Class 2	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Class 3	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
Class 4	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught: / /	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	

**Part 1:
Lesson 9: Using Our Skills in the Community: Visit #3**

		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 9.1: Review of Volunteer Project	Activity 9.2: Volunteer Project and Reflection	
Class 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	
	Date taught: / /			
Class 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	
	Date taught: / /			
Class 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	
	Date taught: / /			
Class 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	
	Date taught: / /			

Part 1:
Lesson 10: You Can Handle It

		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 10.1: Plan for the Day	Activity 10.2: Think About It	Activity 10.3: Protection Review	Activity 10.4: Talking About Condoms	Activity 10.5: "Psst" Review	Activity 10.6: Roleplays		Activity 10.7: Excuse Me?	Activity 10.8: Closure
Class 1	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught:	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	

Class 2	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught:	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	

Class 3	# of Students:	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	<input type="checkbox"/> Yes completely	
	Date taught:	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	<input type="checkbox"/> Yes with changes	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	

**Part 1:
Lesson 11: Using Our Skills in the Community: Visit #4**

		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 11.1: Review of Volunteer Project	Activity 11.2: Volunteer Project and Reflection	
Class 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	
	Date taught: / /			
Class 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	
	Date taught: / /			
Class 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	
	Date taught: / /			
Class 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	
	Date taught: / /			

**Part 1:
Lesson 12: Staying Safe**

		Did you complete each activity below?							If you made any changes, please describe them here. (If you need more space, attach a separate sheet)	
		Activity 12.1: Plan for the Day	Activity 12.2: Think About It	Activity 12.3: Textline: Answering STD and HIV/AIDS Questions by Texting	Activity 12.4: The Relay	Activity 12.5: Using Condoms: Making Condoms Enjoyable and Easy to Use	Activity 12.6: What Can You Use	Activity 12.7: Closure		
Class 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	<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:	/ /								
Class 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	<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	
Class 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	<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	
Class 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	<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	

**Part 1:
Lesson 13: Using Our Skills in the Community: Visit #5**

		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 13.1: Review of Volunteer Project	Activity 13.2: Volunteer Project and Reflection	
Class 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	
	Date taught: / /			
Class 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	
	Date taught: / /			
Class 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	
	Date taught: / /			
Class 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	
	Date taught: / /			

Part 1:
Lesson 14: It's All4You!

		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 14.1: Plan for the Day	Activity 14.2: Think About It	Activity 14.3: Memories	Activity 14.4: Making a Commitment	Activity 14.5: Good Bye	
Class 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	
Class 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	
Class 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	
Class 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 2

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 All4You! 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 All4You! 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 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 All4You!?

Before you taught All4You! this time had you...

- a) Been trained to implement All4You!? Yes No
- b) Reviewed all the activities in the curriculum? Yes No
- c) Taught or practiced teaching most of the activities? Yes No
- d) Taught or had experience with service learning? Yes No
- e) Worked successfully with youth in alternative school settings? Yes No

2. What is your experience with other similar programs?

Before you taught All4You! 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 both the lessons and service learning visits? Yes No
4. Were you able to locate an HIV positive speaker for each class? Yes No
5. Did you complete an orientation for the classroom Peer Leaders? Yes No
6. How would you rate the overall suitability of the service learning site(s) you used based on the following attributes:

	Poor	Fair	Good	Excellent
a. Youth friendly	1	2	3	4
b. Provided opportunities for active engagement	1	2	3	4
c. Enabled youth to interact with clients and/or staff	1	2	3	4

7. Did you establish a memorandum of understanding (MOU) with the service learning site? Yes No

Pedagogy (Teaching Strategies)

1. When you taught All4You! 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 (i.e., everyone practiced refusal skills, students used the observer checklists and student 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 All4You!?