

# POSITIVE PREVENTION PLUS TEACHER CURRICULUM LOG

For each of the activities in each lesson, please indicate whether you **completed** it as described in the curriculum, **modified** it, or **did not complete** it. Adaptations or modifications might include changing the order of the lesson, adding new content or changing activities, skipping a portion of an activity, or changing the way you teach something (e.g., shortening an activity because of lack of time). Please describe any changes you made so we can better understand how we might make changes to the curriculum in the future.

Please complete the log immediately after each lesson for each class period you teach so that your responses are accurate. Please answer honestly. The information you provide will only be presented in group form. The information you provide is completely confidential. Your name or other identifying information will not be disclosed to anyone. Be sure to write in the date that each lesson was taught.

**Name:** \_\_\_\_\_

**School Site:** \_\_\_\_\_

**Class Period:** \_\_\_\_\_

**PP+ Getting Started**

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

Date Taught: \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: Discussing Embarrassing Topics	Part C: Group Agreements and Pre-test	Part D: The Sexual Health of Teens	Part E: Typical Sexual Development	Part F: Gender & Sexual Orientation	Part G: Sexual Health Concerns	Part H: Lesson Wrap Up & Assigned Lesson Preview	If you made any changes, additions, or adaptations, please describe here briefly.
<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	
<input type="checkbox"/> Yes 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	

Date/Time completed this log: \_\_\_\_\_ (For example: 10/22/16 at 11:43AM)

## Lesson 1: Life Planning

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

Date Taught: \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: Visualization Activity	Part C: Lifeline Activity	Part D: Lesson Wrap Up and Assigned Lesson Preview	If you made any changes, additions, deletions, or adaptations, please describe here briefly
<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	
<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	

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## Lesson 2: Healthy Relationships

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

Date Taught: \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: Love and Intimacy	Part C: What is a Healthy Relationship	Part D: Lesson Wrap Up and Assigned Lesson Preview	If you made any changes, additions, deletions, or adaptations, please describe here briefly
<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	
<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	

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**Lesson 3: Relationship Abuse**

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

**Date Taught:** \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: Yes Means Yes	Part C: Abusive Relationships, incl. Wheel of Power & Control	Part D: Protect Yourself Worksheet and Activity	Part E: Lesson Wrap Up and Assigned Lesson Preview	If you made any changes, additions, deletions or adaptations, please describe here briefly
<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 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	

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**Lesson 4: Family Planning and Contraception**

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

Date Taught: \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: What is Family Planning?	Part C: Contraception and Community Services	Part D: Sexual Abstinence	Part E: Lesson Wrap Up and Assigned Lesson Preview	If you made any changes, additions, deletions or adaptations, please describe here briefly
<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 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	

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**Lesson 5: Teen Pregnancy: Choices and Responsibilities**

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

Date Taught: \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: Prenatal Care and Parenting	Part C: Alternatives to Keeping the Baby	Part D: Decision- Making incl. Worksheet	Part E: Lesson Wrap Up and Assigned Lesson Preview	If you made any changes, additions, deletions or adaptations, please describe here briefly
<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 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	

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## Lesson 6: Myths and Stereotypes

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

Date Taught: \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: Persons Infected or Affected by HIV/AIDS (Video)	Part C: It's All Relative Activity	Part D: Lesson Wrap Up and Assigned Lesson Preview	If you made any changes, additions, deletions or adaptations, please describe here briefly
<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	
<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	

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## Lesson 7: HIV and AIDS

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

Date Taught: \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: The HIV Epidemic	Part C: HIV Disease and AIDS	Part C (optional): HIV Disease Process and AIDS	Part D: The Mismatch Activity	Part D (optional): Go Caution Stop Activity	Part E: Lesson Wrap Up and Assigned Lesson Preview	If you made any changes, additions, deletions or adaptations, please describe here briefly
<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 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	

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**Lesson 8: Prevention Sexually Transmitted Infections**

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

**Date Taught:** \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: Overview of STIs incl. Slides	Part C: STI Testing	Part D: STI Game Show	Part E: Lesson Wrap Up and Assigned Lesson Preview	If you made any changes, additions, deletions or adaptations, please describe here briefly
<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 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	

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## Lesson 9: Protection and Communication

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

Date Taught: \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: Condom Demonstra- tion	Part C : (optional) Steps in Condom Use Activity	Part D: Condom Success and Failure Rates	Part E: Condom Negotiation Skills Practice	Part F: Lesson Wrap Up and Assigned Lesson Preview	If you made any changes, additions, deletions or adaptations, please describe here briefly
<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 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	

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**Lesson 10: Media and Peer Pressure**

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

**Date Taught:** \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: Media and Peer Pressures incl. Analysis	Part C: Assertiveness and Negotiation incl. Practice	Part D: (optional) Personal Escape Plans	Part E: Lesson Wrap Up and Assigned Lesson Preview	If you made any changes, additions, deletions or adaptations, please describe here briefly
<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 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	

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**Lesson 11: Accessing Community Resources**

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

**Date Taught:** \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: Exchanging Body Fluids	Part C: Testing and Community Resources	Part D: Lesson Wrap Up and Assigned Lesson Preview	If you made any changes, additions, deletions or adaptations, please describe here briefly
<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	<input type="checkbox"/> Yes Completely	
<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	

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**Lesson 12: Steps to Success**

Please complete this form **after each lesson for each class period you teach** so that your responses are accurate.

**Date Taught:** \_\_\_\_\_

For each topic, worksheet, or activity, check the box that best describes which activity was covered completely and if any changes were made.

Part A: Introduction	Part B: Lifeline Review	Part C: Steps to Success Activity	Part D: Personal Contracts and Post-test	Part E: Lesson Wrap Up	If you made any changes, additions, deletions or adaptations, please describe here briefly
<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 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	

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