

POSITIVE PREVENTION PLUS - HIGH SCHOOL TEACHER CURRICULUM FIDELITY 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	Part D: The Sexual Health of Teens	Part E: Gender and Sexual Orientation	Part F: Lesson Wrap-Up and Pre-Test	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 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	

Date/Time completed this log: _____ (For example: 10/22/20 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: Visualizing Your Future	Part C: Creating a Life Plan	Part D: 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 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: Healthy Relationships	Part D: 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 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: Consent	Part C: Violence and Abuse	Part D*: Protect Yourself <i>*possibly mislabeled E</i>	Part E* : Lesson Wrap-Up <i>*possibly mislabeled F</i>	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: Human Trafficking

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: Human Trafficking	Part C: Sex Trafficking	Part D: Resources and Services	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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Lesson 5: Preventing an Unplanned Pregnancy

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	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: 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	Part D: Decision- Making	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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Lesson 7: Myths and Stereotypes about HIV Infection

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 / Affected by HIV	Part C: Friends, Family, and HIV	Part D*: Lesson Wrap-Up <i>*possibly misabeled E</i>	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 8: HIV/AIDS Epidemic

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 Transmission	Part D: HIV Disease and AIDS	Part E: The Treatment of HIV Disease	Part F 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 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 9: Preventing 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	Part C: STI Symptoms and Testing	Part D: STI Game Show (optional)	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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Lesson 10: 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: Using Condoms Consistently & Correctly	Part B : (optional) Internal & External Condom Use	Part C: Condom Success and Failure Rates	Part D Condom Negotiation Skills Practice	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 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 11: 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	Part C: Assertiveness and Negotiation Skills	Part D*: Lesson Wrap-Up <i>*possibly misabeled E</i>	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: 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: How Infections are Spread	Part C: Testing and Community Resources	Part D: 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 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 13: 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	Part D: Personal Contracts	Part E: Lesson Wrap -Up and Post-Test	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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