

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	

Date/Time completed this log: _____ (For example: 10/22/20 at 11:43AM)

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: 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	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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