

POSITIVE PREVENTION PLUS - MIDDLE 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: 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 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	

Date/Time completed this log: _____ (For example: 1/13/20 at 11:43AM)

Lesson 1: Understanding Change

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: Sexual Development	Part C: Gender and Sexual Orienta- tion	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: 01/14/20 at 11:43AM)

Lesson 2: Exploring Friendship

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: Friendship	Part C: Liking and Loving	Part D: Planning an Activity	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 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: 1/22/10 at 11:43AM)

Lesson 3: Bullying and 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: Bullying	Part C: Protecting Yourself	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: 1/22/20at 11:43AM)

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	

Date/Time completed this log: _____ (For example: 1/22/20at 11:43AM)

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: Accessing Contraception	Part D: Being Abstinent	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	

Date/Time completed this log: _____ **(For example: 1/22/20 at 11:43AM)**

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 to Keeping the Baby	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: Imagining Loss	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 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: The Treatment of HIV Disease	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	

Date/Time completed this log: _____ (For example: 1/22/20 at 11:43AM)

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: STIs	Part D: STI Symptoms and Testing	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	

Date/Time completed this log: _____ (For example: 1/22/20 at 11:43AM)

Lesson 10: Recognizing and Reducing Risk

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: Identifying Risky Behaviors	Part C : Universal Precautions	Part D: Latex Condoms	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 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 Skills Practice	Part D: Personal Escape Plans	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	

Date/Time completed this log: _____ (For example: 1/22/120 at 11:43AM)

Lesson 12: HIV/STI Testing and 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 Viruses 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	

Date/Time completed this log: _____ (For example: 1/22/20 at 11:43AM)

Lesson 13: Goal-Setting

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 Path to Personal Goals	Part C: Setting Goals for the Future	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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