**Form Approved**

OMB No. 0920-XXXX

Exp. Date:

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Attachment HH:

Student Program Fidelity 8th Grade Session 1 (Comprehensive)

## *Dating Matters: Strategies to Promote Healthy Teen Relationships*™ Initiative

Division of Violence Prevention

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

**Student Curriculum – 8th Grade, Session 1 – Defining Caring Relationships**

Attendance Log

**Implementer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Implementer ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Classroom ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please have each student sign initials next to their name to indicate attendance to the session**

|  |  |  |
| --- | --- | --- |
| **Student Names (Pre-Typed)** | **Student ID (pre-typed)** | **Student Initials for Present** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Student Curriculum – 8th Grade, Session 1 – Defining Caring Relationships**

**Implementer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Implementer ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Classroom ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time lesson began: \_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time lesson ended: \_\_\_\_\_\_\_\_\_\_\_**

Please indicate if you completed the following activities:

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Yes | Yes w/ changes | No |
| 1. Introduced the Safe Dates program
 | ❑ | ❑ | ❑ |
| 1. Acknowledged that students are at different places

with dating and that Safe Dates is applicable to all | ❑ | ❑ | ❑ |
| 1. Passed out Safe Dates journals
 | ❑ | ❑ | ❑ |
| 1. Discussed ground rules
 | ❑ | ❑ | ❑ |
| 1. Asked students for examples of dating
 | ❑ | ❑ | ❑ |
| 1. Pointed out that Safe Dates refers to formal and informal

dating | ❑ | ❑ | ❑ |
| 1. Completed dating bingo
 | ❑ | ❑ | ❑ |
| 1. Gave instructions for completing Worksheet 2 (Caring

People and Relationships) | ❑ | ❑ | ❑ |
| 1. Asked students for examples of ways of being treated that have helped you feel good about yourself
 | ❑ | ❑ | ❑ |
| 1. Pointed out that these caring actions are important in all

relationships | ❑ | ❑ | ❑ |
| 1. Gave instructions for completing Worksheet 3 (Ways I

Want to be Treated by a Dating Partner) | ❑ | ❑ | ❑ |
| 1. Pointed out that we all have choices in how we are treated
 | ❑ | ❑ | ❑ |
| 1. Gave Worksheet 4 (Ways I Want to be Treated by a Dating Partner) to students either as homework or as an in-class assignment
 | ❑ | ❑ | ❑ |
| 1. Pointed out that we all have a choice in how we are

treated | ❑ | ❑ | ❑ |
| 1. Pointed out that we all have a choice in how we treat

others | ❑ | ❑ | ❑ |
| 1. Concluded session
 | **❑** | **❑** | **❑** |

Describe any changes you made to the session activities (please identify which activity you are describing by number).

**Please indicate if you experienced any of these challenges that interfered with implementing today’s session.  *Check all that apply*.**

|  |  |
| --- | --- |
| 1. Not enough time
 |  |
| 1. I did not have the needed materials
 |  |
| 1. I was uncomfortable discussing some of the topics
 |  |
| 1. Students were uncomfortable discussing some of the topics
 |  |
| 1. Some part of the session was difficult for students (e.g., role plays, reading aloud, worksheets)
 |  |
| 1. Classroom behavior management issues
 |  |
| 1. Other more pressing classroom demands
 |  |
| 1. Other – please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |

**Please check the extent to which the students were engaged in today’s lesson on the following measures:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Most students…*** | Strongly Agree | Agree | Don’t Know | Disagree | Strongly Disagree |
| Asked relevant questions. |  |  |  |  |  |
| Suggested solutions to scenario problems. |  |  |  |  |  |
| Responded correctly to questions. |  |  |  |  |  |
| Distracted other students. |  |  |  |  |  |
| Participated extensively in discussions. |  |  |  |  |  |
| Discouraged other students from participating. |  |  |  |  |  |

**Please think about today’s session and tell us your answers to the following questions. Circle the number that shows your opinion about each question.**

1. **How well do you think the students understood the session material?**

*1  Not at all*

*2  A little*

*3  A lot*

*4  Completely*

1. How well did the session material fit into the allotted time period?

*1 Session was too packed/not enough time to complete all activities*

*2 Session was somewhat packed/able to complete most but not all*

*3 Session was just right*

*4 Not enough material/session ended before class period completed*