Attachment Y

Teacher Cost Survey

* *Safe Dates Evaluation - Lesson 1 Questionnaire*
* *Safe Dates Evaluation - Lesson 2 Questionnaire*
* *Safe Dates Evaluation - Lesson 3 Questionnaire*
* *Safe Dates Evaluation - Lesson 4 Questionnaire*
* *Safe Dates Evaluation - Lesson 5 Questionnaire*
* *Safe Dates Evaluation - Lesson 6 Questionnaire*
* *Safe Dates Evaluation - Lesson 7 Questionnaire*
* *Safe Dates Evaluation - Lesson 8 Questionnaire*
* *Safe Dates Evaluation - Lesson 9 Questionnaire*
* *Safe Dates Evaluation - Poster Contest*
* *Safe Dates Evaluation – “There’s No Excuse for Dating Abuse” Play*

# **Form Approved**

OMB No. 0920-0783

Exp. Date: 06/30/2011

Public Reporting burden of this collection of information is estimated at 20 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 many 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 Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-0783).

**SAFE DATES Evaluation – Lesson 1 Questionnaire**

|  |  |
| --- | --- |
| Thank you for assisting us with the Safe Dates evaluation. As you prepare for and teach the Safe Dates curriculum, please keep track of all time that you spend on all Safe Dates-related activities. Please record your time after as soon as possible after each lesson. This will also minimize the effort required to complete this questionnaire.   |  | | --- | | Please complete and submit this material within two school days of completing this lesson. If you have any questions, please contact Thomas Hylands by phone [1-800-334-8571, x6955] or e-mail [thylands@rti.org]. | |

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

**A. SCHOOL INFORMATION**

1. School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. School district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. TEACHER INFORMATION**

1. Subject(s) taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Grade(s) taught: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Total number of years teaching: \_\_\_\_\_\_\_\_\_\_\_\_
4. Total number of years in this school district: \_\_\_\_\_\_\_\_\_\_\_\_
5. Previous experience teaching any part of Safe Dates prior to this semester: 1 \_\_\_\_\_\_ Yes

2 \_\_\_\_\_\_ No

1. College degree(s) and major(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your participation is important to us.** To show our appreciation, after RTI receives your information for all nine Safe Dates lessons and for the play and poster contest, you will receive an $80 gift card.

**C. TIME AND ACTIVITY LOG**

In this section, we ask that you record your time spent on each Safe Dates lesson. Instructions and an example are provided below. An activity log for Lesson 1 (“Defining Caring Relationships”) is on the next screen.

INSTRUCTIONS

* We anticipate that you may teach each Safe Dates lesson to multiple classes. Please record your time separately by class and activity (the rows of the table).
* For activities that are difficult to divide between classes (e.g., preparation, photocopying), record your time under “General Safe Date Activities.”
* Record class-specific activities (e.g., instruction) in the appropriate columns.
* **All entries in the grid should sum to the total time you spent related to Safe Dates Lesson 1.** There should be no double counting or missed time.
* Do not include or record your time spent completing this questionnaire. We are only interested in the time associated with teaching and preparing for the Safe Dates curriculum.

EXAMPLE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** | *60 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *60 min* |
| **Instruction  (in class)** | *0 min* | *50 min* | *50 min* | *50 min* | *50 min* |  |  | *200 min* |
| **Wrap-up (after class)** | *15 min* | *5 min* | *0 min* | *0 min* | *0 min* |  |  | *20 min* |
| **Optional Activities (not included in time above)** | | | | | | | | |
| **Prepare and distribute parent letter/newsletter** | *30 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *30 min* |
| **Obtain student journals** | *60 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *60 min* |
| **Administer  pre-test (if time not included above)** | *30 min* | *20 min* | *20 min* | *20 min* | *20 min* |  |  | *110 min* |
|  |  |  |  |  |  |  | **Total time** | *480 min*  *(8 hr 0 m)* |

**TIME AND ACTIVITY LOG**

Lesson 1: “Defining Caring Relationships”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** |  |  |  |  |  |  |  |  |
| **Instruction  (in class)** |  |  |  |  |  |  |  |  |
| **Wrap-up (after class)** |  |  |  |  |  |  |  |  |
| **Optional Activities (not included in time above)** | | | | | | | |  |
| **Prepare and distribute parent letter/newsletter** |  |  |  |  |  |  |  |  |
| **Obtain student journals** |  |  |  |  |  |  |  |  |
| **Administer  pre-test (if time not included above)** |  |  |  |  |  |  |  |  |
| **Other Activities (not included in time above)** | | | | | | | |  |
| **Other Safe Dates activities (not included above)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Total time** |  |

1. Did you receive assistance from anyone in preparing for or teaching this lesson?   
    1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 10=YES, GOTO 10.a]

[If 10=NO, GOTO 11]

* 1. Please list their job title (e.g., administrative assistant), the activity they assisted with (e.g., photocopying), and estimate the amount of time involved.  
     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you recorded time for “Other Safe Dates activities” above (last row), please describe the activities here. This may include attending training classes, meetings related to Safe Dates, supplemental activities, etc.  
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Were any additional materials purchased by the school or by you for this lesson?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 12=YES, GOTO 12.a]

[If 12=NO, GOTO 13]

* 1. Please estimate the total cost of these materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     1. Please describe briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_*\_\_\_\_\_\_\_\_\_  
        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. SAFE DATES ACTIVITIES**

Please complete this section after you have taught Lesson 1 to your students.

Date(s) Lesson 1 taught: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Number of students** |  |  |  |  |  |  |
| **Were you able to get through the following items in the Lesson 1 outline? Please write “yes” or “no” for each item.** | | | | | | |
| **Optional Pre-Test** |  |  |  |  |  |  |
| **Part 1: Introducing the Safe Dates curriculum to students** |  |  |  |  |  |  |
| **Part 2: What is dating?** |  |  |  |  |  |  |
| **Part 3: Dating bingo** |  |  |  |  |  |  |
| **Part 4 (Optional): Caring people and caring relationships** |  |  |  |  |  |  |
| **Part 5: How I want to be treated by a dating partner** |  |  |  |  |  |  |
| **Part 6: Homework assignment** |  |  |  |  |  |  |
| **Part 7: Conclusion** |  |  |  |  |  |  |

Instructions: For the following questions, please use the scale provided below to indicate the extent to which you agree with the following statements. Circle the number associated with the response that comes closest to your answer. If you ‘don’t know” circle “0”; if the statement does not apply to you, circle “9”, not applicable.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. The most important parts of this lesson were implemented as prescribed in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I modified some of the lesson content in the course of teaching this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I made modifications in the activities used to teach this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I taught this Safe Dates lesson exactly as specified in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. For “Part 1: Introducing the Safe Dates Curriculum,” did you have ground rules as suggested in the Safe Dates instructor’s manual?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

1. For “Part 6: Homework Assignment,” did you give students **Handout 4: Ways I Want to Treat a Dating Partner** to complete in class or as homework?

1 \_\_\_\_\_ In class 2 \_\_\_\_\_ Homework 3 \_\_\_\_\_ Didn’t get to it at all

# **Form Approved**

OMB No. 0920-0783

Exp. Date: 06/30/2011

**SAFE DATES Evaluation – Lesson 2 Questionnaire**

|  |  |
| --- | --- |
| Thank you for assisting us with the Safe Dates evaluation. As you prepare for and teach the Safe Dates curriculum, please keep track of all time that you spend on all Safe Dates-related activities. Please record your time after as soon as possible after each lesson. This will also minimize the effort required to complete this questionnaire.   |  | | --- | | Please complete and submit this material within two school days of completing this lesson. If you have any questions, please contact Thomas Hylands by phone [1-800-334-8571, x6955] or e-mail [thylands@rti.org]. | |

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Public Reporting burden of this collection of information is estimated at 20 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 many 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 Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-0783).

**A. SCHOOL INFORMATION**

1. School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your participation is important to us.** To show our appreciation, after RTI receives your information for all nine Safe Dates lessons, the play, and the poster contest, you will receive an $80 gift card.

**B. TIME AND ACTIVITY LOG**

In this section, we ask that you record your time spent on each Safe Dates lesson. Instructions and an example are provided below. An activity log for Lesson 2 (“Defining Dating Abuse”) is on the next screen.

INSTRUCTIONS

* We anticipate that you may teach each Safe Dates lesson to multiple classes. Please record your time separately by class and activity (the rows of the table).
* For activities that are difficult to divide between classes (e.g., preparation, photocopying), record your time under “General Safe Date Activities.”
* Record class-specific activities (e.g., instruction) in the appropriate columns.
* **All entries in the grid should sum to the total time you spent related to Safe Dates Lesson 2.** There should be no double counting or missed time.
* Do not include or record your time spent completing this questionnaire. We are only interested in the time associated with teaching and preparing for the Safe Dates curriculum.

EXAMPLE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** | *60 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *60 min* |
| **Instruction  (in class)** | *0 min* | *50 min* | *50 min* | *50 min* | *50 min* |  |  | *200 min* |
| **Wrap-up (after class)** | *15 min* | *5 min* | *0 min* | *0 min* | *0 min* |  |  | *20 min* |
|  |  |  |  |  |  |  | **Total time** | *280 min*  *(4 hr 40 m)* |

**TIME AND ACTIVITY LOG**

Lesson 2: “Defining Dating Abuse”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** |  |  |  |  |  |  |  |  |
| **Instruction  (in class)** |  |  |  |  |  |  |  |  |
| **Wrap-up (after class)** |  |  |  |  |  |  |  |  |
| **Other Activities (not included in time reported above)** | | | | | | | | |
| **Other Safe Dates activities (describe below)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Total time** |  |

1. Did you receive assistance from anyone in preparing for or teaching this lesson?   
     
    1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 3=YES, GOTO 3.a]

[If 3=NO, GOTO 4]

* 1. Please list their job title (e.g., administrative assistant), the activity they assisted with (e.g., photocopying), and estimate the amount of time involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you recorded time for “Other Safe Dates activities” above (last row), please describe the activities here. This may include attending training classes, meetings related to Safe Dates, supplemental activities, etc.  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Were any additional materials purchased by the school or by you for this lesson?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 5=YES, GOTO 5.a]

[If 5=NO, GOTO 6]

* 1. Please estimate the total cost of these materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_*\_\_\_\_\_\_\_\_\_  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. SAFE DATES ACTIVITIES**

Please complete this section after you have taught Lesson 2 to your students.

Date(s) Lesson 2 taught: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Number of students** |  |  |  |  |  |  |
| **Were you able to get through the following items in the Lesson 2 outline? Please write “yes” or “no” for each item.** | | | | | | |
| **Part 1: Ground rules and homework** |  |  |  |  |  |  |
| **Part 2: Identifying harmful behaviors** |  |  |  |  |  |  |
| **Part 3: What is abuse?** |  |  |  |  |  |  |
| **Part 4: Defining abusive dating relationships** |  |  |  |  |  |  |
| **Part 5: Facts about dating abuse** |  |  |  |  |  |  |
| **Part 6: Conclusion** |  |  |  |  |  |  |

Instructions: For the following questions, please use the scale provided below to indicate the extent to which you agree with the following statements. Circle the number associated with the response that comes closest to your answer. If you ‘don’t know’ circle “0”; if the statement does not apply to you, circle “9”, not applicable.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. The most important parts of this lesson were implemented as prescribed in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I modified some of the lesson content in the course of teaching this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I made modifications in the activities used to teach this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I taught this Safe Dates lesson exactly as specified in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

# **Form Approved**

OMB No. 0920-0783

Exp. Date: 06/30/2011

**SAFE DATES Evaluation – Lesson 3 Questionnaire**

|  |  |
| --- | --- |
| Thank you for assisting us with the Safe Dates evaluation. As you prepare for and teach the Safe Dates curriculum, please keep track of all time that you spend on all Safe Dates-related activities. Please record your time after as soon as possible after each lesson. This will also minimize the effort required to complete this questionnaire.   |  | | --- | | Please complete and submit this material within two school days of completing this lesson. If you have any questions, please contact Thomas Hylands by phone [1-800-334-8571, x6955] or e-mail [thylands@rti.org]. | |

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Public Reporting burden of this collection of information is estimated at 20 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 many 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 Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-0783).

**A. SCHOOL INFORMATION**

1. School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your participation is important to us.** To show our appreciation, after RTI receives your information for all nine Safe Dates lessons, the play, and the poster contest, you will receive an $80 gift card.

**B. TIME AND ACTIVITY LOG**

In this section, we ask that you record your time spent on each Safe Dates lesson. Instructions and an example are provided below. An activity log for Lesson 3 (“Why Do People Abuse?”) is on the next screen.

INSTRUCTIONS

* We anticipate that you may teach each Safe Dates lesson to multiple classes. Please record your time separately by class and activity (the rows of the table).
* For activities that are difficult to divide between classes (e.g., preparation, photocopying), record your time under “General Safe Date Activities.”
* Record class-specific activities (e.g., instruction) in the appropriate columns.
* **All entries in the grid should sum to the total time you spent related to Safe Dates Lesson 3.** There should be no double counting or missed time.
* Do not include or record your time spent completing this questionnaire. We are only interested in the time associated with teaching and preparing for the Safe Dates curriculum.

EXAMPLE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** | *60 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *60 min* |
| **Instruction  (in class)** | *0 min* | *50 min* | *50 min* | *50 min* | *50 min* |  |  | *200 min* |
| **Wrap-up (after class)** | *15 min* | *5 min* | *0 min* | *0 min* | *0 min* |  |  | *20 min* |
|  |  |  |  |  |  |  | **Total time** | *280 min*  *(4 hr 40 m)* |

**TIME AND ACTIVITY LOG**

Lesson 3: “Why Do People Abuse?”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** |  |  |  |  |  |  |  |  |
| **Instruction  (in class)** |  |  |  |  |  |  |  |  |
| **Wrap-up (after class)** |  |  |  |  |  |  |  |  |
| **Other Activities (not included in time reported above)** | | | | | | | | |
| **Other Safe Dates activities (describe below)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Total time** |  |

1. Did you receive assistance from anyone in preparing for or teaching this lesson?   
     
    1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 3=YES, GOTO 3.a]

[If 3=NO, GOTO 4]

* 1. Please list their job title (e.g., administrative assistant), the activity they assisted with (e.g., photocopying), and estimate the amount of time involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you recorded time for “Other Safe Dates activities” above (last row), please describe the activities here. This may include attending training classes, meetings related to Safe Dates, supplemental activities, etc.  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were any additional materials purchased by the school or by you for this lesson?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 5=YES, GOTO 5.a]

[If 5=NO, GOTO 6]

a. Please estimate the total cost of these materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Please describe briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_*\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. SAFE DATES ACTIVITIES**

Please complete this section after you have taught Lesson 3 to your students.

Date(s) Lesson 3 taught: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Number of students** |  |  |  |  |  |  |
| **Were you able to get through the following items in the Lesson 3 outline? Please write “yes” or “no” for each item.** | | | | | | |
| **Part 1: People abuse to control and manipulate someone** |  |  |  |  |  |  |
| **Part 2: Other reasons for abuse** |  |  |  |  |  |  |
| **Part 3: Consequences of dating abuse** |  |  |  |  |  |  |
| **Part 4: Warning signs of abuse** |  |  |  |  |  |  |
| **Part 5: Conclusion** |  |  |  |  |  |  |

1. Did you post or ask students to post the list of “red flags” in your hallways, bathrooms, or other school locations? (optional activity)

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

Instructions: For the following questions, please use the scale provided below to indicate the extent to which you agree with the following statements. Circle the number associated with the response that comes closest to your answer. If you ‘don’t know’ circle “0”; if the statement does not apply to you, circle “9”, not applicable.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. The most important parts of this lesson were implemented as prescribed in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I modified some of the lesson content in the course of teaching this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I made modifications in the activities used to teach this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I taught this Safe Dates lesson exactly as specified in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

# **Form Approved**

OMB No. 0920-0783

Exp. Date: 06/30/2011

**SAFE DATES Evaluation – Lesson 4 Questionnaire**

|  |  |
| --- | --- |
| Thank you for assisting us with the Safe Dates evaluation. As you prepare for and teach the Safe Dates curriculum, please keep track of all time that you spend on all Safe Dates-related activities. Please record your time after as soon as possible after each lesson. This will also minimize the effort required to complete this questionnaire.   |  | | --- | | Please complete and submit this material within two school days of completing this lesson. If you have any questions, please contact Thomas Hylands by phone [1-800-334-8571, x6955] or e-mail [thylands@rti.org]. | |

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Public Reporting burden of this collection of information is estimated at 20 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 many 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 Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-0783).

**A. SCHOOL INFORMATION**

1. School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your participation is important to us.** To show our appreciation, after RTI receives your information for all nine Safe Dates lessons, the play, and the poster session, you will receive an $80 gift card.

**B. TIME AND ACTIVITY LOG**

In this section, we ask that you record your time spent on each Safe Dates lesson. Instructions and an example are provided below. An activity log for Lesson 4 (“How to Help Friends”) is on the next screen.

INSTRUCTIONS

* We anticipate that you may teach each Safe Dates lesson to multiple classes. Please record your time separately by class and activity (the rows of the table).
* For activities that are difficult to divide between classes (e.g., preparation, photocopying), record your time under “General Safe Date Activities.”
* Record class-specific activities (e.g., instruction) in the appropriate columns.
* **All entries in the grid should sum to the total time you spent related to Safe Dates Lesson 4.** There should be no double counting or missed time.
* Do not include or record your time spent completing this questionnaire. We are only interested in the time associated with teaching and preparing for the Safe Dates curriculum.

EXAMPLE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** | *60 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *60 min* |
| **Instruction  (in class)** | *0 min* | *50 min* | *50 min* | *50 min* | *50 min* |  |  | *200 min* |
| **Wrap-up (after class)** | *15 min* | *5 min* | *0 min* | *0 min* | *0 min* |  |  | *20 min* |
|  |  |  |  |  |  |  | **Total time** | *280 min*  *(4 hr 40 m)* |

**TIME AND ACTIVITY LOG**

Lesson 4: “How to Help Friends”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** |  |  |  |  |  |  |  |  |
| **Instruction  (in class)** |  |  |  |  |  |  |  |  |
| **Wrap-up (after class)** |  |  |  |  |  |  |  |  |
| **Other Activities (not included in time reported above)** | | | | | | | | |
| **Other Safe Dates activities (describe below)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Total time** |  |

1. Did you receive assistance from anyone in preparing for or teaching this lesson?   
     
    1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 3=YES, GOTO 3.a]

[If 3=NO, GOTO 4]

a. Please list their job title (e.g., administrative assistant), the activity they assisted with (e.g., photocopying), and estimate the amount of time involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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1. If you recorded time for “Other Safe Dates activities” above (last row), please describe the activities here. This may include attending training classes, meetings related to Safe Dates, supplemental activities, etc.  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were any additional materials purchased by the school or by you for this lesson?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 5=YES, GOTO 5.a]

[If 5=NO, GOTO 6]

a. Please estimate the total cost of these materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Please describe briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_*\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. SAFE DATES ACTIVITIES**

Please complete this section after you have taught Lesson 4 to your students.

Date(s) Lesson 4 taught: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Number of students** |  |  |  |  |  |  |
| **Were you able to get through the following items in the Lesson 4 outline? Please write “yes” or “no” for each item.** | | | | | | |
| **Part 1: Why don’t people just leave?** |  |  |  |  |  |  |
| **Part 2: Why is it hard to get help?** |  |  |  |  |  |  |
| **Part 3: How to help a friend** |  |  |  |  |  |  |
| **Part 4: Community resources** |  |  |  |  |  |  |
| **Part 5: Conclusion** |  |  |  |  |  |  |

Instructions: For the following questions, please use the scale provided below to indicate the extent to which you agree with the following statements. Circle the number associated with the response that comes closest to your answer. If you ‘don’t know’ circle “0”; if the statement does not apply to you, circle “9”, not applicable.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. The most important parts of this lesson were implemented as prescribed in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I modified some of the lesson content in the course of teaching this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I made modifications in the activities used to teach this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I taught this Safe Dates lesson exactly as specified in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. For “Part 3: How to Help a Friend,” what kinds of changes, if any, did you make to facilitate discussion about the Friends Wheel?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Form Approved**

OMB No. 0920-0783

Exp. Date: 06/30/2011

**SAFE DATES Evaluation – Lesson 5 Questionnaire**

|  |  |
| --- | --- |
| Thank you for assisting us with the Safe Dates evaluation. As you prepare for and teach the Safe Dates curriculum, please keep track of all time that you spend on all Safe Dates-related activities. Please record your time after as soon as possible after each lesson. This will also minimize the effort required to complete this questionnaire.   |  | | --- | | Please complete and submit this material within two school days of completing this lesson. If you have any questions, please contact Thomas Hylands by phone [1-800-334-8571, x6955] or e-mail [thylands@rti.org]. | |

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Public Reporting burden of this collection of information is estimated at 20 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 many 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 Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-0783).

**Your participation is important to us.** To show our appreciation, after RTI receives your information for all nine Safe Dates lessons, the play, and the poster contest, you will receive an $80 gift card.

**A. TIME AND ACTIVITY LOG**

In this section, we ask that you record your time spent on each Safe Dates lesson. Instructions and an example are provided below. An activity log for Lesson 5 (“Helping Friends”) is on the next screen.

INSTRUCTIONS

* We anticipate that you may teach each Safe Dates lesson to multiple classes. Please record your time separately by class and activity (the rows of the table).
* For activities that are difficult to divide between classes (e.g., preparation, photocopying), record your time under “General Safe Date Activities.”
* Record class-specific activities (e.g., instruction) in the appropriate columns.
* **All entries in the grid should sum to the total time you spent related to Safe Dates Lesson 5.** There should be no double counting or missed time.
* Do not include or record your time spent completing this questionnaire. We are only interested in the time associated with teaching and preparing for the Safe Dates curriculum.

EXAMPLE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** | *60 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *60 min* |
| **Instruction  (in class)** | *0 min* | *50 min* | *50 min* | *50 min* | *50 min* |  |  | *200 min* |
| **Wrap-up (after class)** | *15 min* | *5 min* | *0 min* | *0 min* | *0 min* |  |  | *20 min* |
|  |  |  |  |  |  |  | **Total time** | *280 min*  *(4 hr 40 m)* |

**TIME AND ACTIVITY LOG**

Lesson 5: “Helping Friends”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** |  |  |  |  |  |  |  |  |
| **Instruction  (in class)** |  |  |  |  |  |  |  |  |
| **Wrap-up (after class)** |  |  |  |  |  |  |  |  |
| **Other Activities (not included in time reported above)** | | | | | | | | |
| **Other Safe Dates activities (describe below)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Total time** |  |

1. Did you receive assistance from anyone in preparing for or teaching this lesson?   
     
    1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 1=YES, GOTO 2]

[If 1=NO, GOTO 3]

2. Please list their job title (e.g., administrative assistant), the activity they assisted with (e.g., photocopying), and estimate the amount of time involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. If you recorded time for “Other Safe Dates activities” above (last row), please describe the activities here. This may include attending training classes, meetings related to Safe Dates, supplemental activities, etc.  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were any additional materials purchased by the school or by you for this lesson?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 4=YES, GOTO 5.a]

[If 4=NO, GOTO 6]

5a. Please estimate the total cost of these materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5b. Please describe briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_*\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. SAFE DATES ACTIVITIES**

Please complete this section after you have taught Lesson 5 to your students.

Date Lesson 5 taught: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Number of students** |  |  |  |  |  |  |
| **Were you able to get through the following items in the Lesson 5 outline? Please write “yes” or “no” for each item.** | | | | | | |
| **Part 1: Greg’s story** |  |  |  |  |  |  |
| **Part 2: Michele’s story** |  |  |  |  |  |  |
| **Part 3: Being a friend** |  |  |  |  |  |  |
| **Part 4: Conclusion** |  |  |  |  |  |  |

Instructions: For the following questions, please use the scale provided below to indicate the extent to which you agree with the following statements. Circle the number associated with the response that comes closest to your answer. If you ‘don’t know” circle “0”; if the statement does not apply to you, circle “9”, not applicable.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

6. The most important parts of this lesson were implemented as prescribed in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

7. I modified some of the lesson content in the course of teaching this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

8. I made modifications in the activities used to teach this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I taught this Safe Dates lesson exactly as specified in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. For “Part 3: Being a Friend,” did you do step 3 as it was described in the curriculum (with the two circles of students)?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If =YES, GOTO 12]

[If 10=NO, GOTO 11]

1. Briefly describe the changes you made.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We are seeking your first impressions and reactions.**

Please provide responses based on what you know or what you think. Feel free to use the ‘don’t know’ option as needed. There are no “right” or “wrong” answers.

We recommend that you work quickly without puzzling or worrying about individual questions. We are aware that some questions may appear to be repetitive but it is necessary to ask a variety of questions to obtain reliable and accurate information about the topics addressed in the questionnaire.

**Privacy:**

All answers you provide will be kept private. Findings will be summarized in aggregated form to protect the identity of participating individuals and schools.

**Background Information:** Please provide the following information so that we a) can match your answers to this survey with those on follow-up surveys b) describe study participants, and c) group responses according to title, school, etc. The information you provide will be kept private.

|  |  |
| --- | --- |
| 12. Your title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 12a. Duration of a health class period: \_\_\_\_\_\_ minutes. |

|  |  |  |
| --- | --- | --- |
|  | 13. | Which of the following options best describes how the Safe Dates (SD) Program is being  incorporated into your school's broader health or prevention curriculum?  \_\_\_\_ Independent course in the health or prevention curriculum  \_\_\_\_ Discrete module within a course in the health or prevention curriculum  \_\_\_\_ Safe Dates lessons are being interspersed among other topics the curriculum  \_\_\_\_ Other (please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|  | 14.  15. | The Safe Dates curriculum is designed to be taught in the form of nine, 50-minute lessons. Please indicate the actual kickoff date and a likely completion date for teaching the 9- session Safe Dates curriculum.    The actual kick-off date for the Safe Dates Curriculum was (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The estimated completion date for the Safe Dates Curriculum is (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 16. | Thinking back to the first five lessons in the Safe Dates curriculum, for how many of those lessons did you follow the curriculum guide to the letter?  \_\_\_\_ None of the first five Safe Dates lessons  \_\_\_\_ 1 of the first 5  \_\_\_\_ 2 of the first 5  \_\_\_\_ 3 of the first 5  \_\_\_\_ 4 of the first 5  \_\_\_\_ All five of the first 5 Safe Dates lessons |

**Instructions**: Using the scale provided below, please indicate the extent to which you agree with each of the following statements. Enter the number that most closely reflects your response in the space provided next to each phrase. Enter “0” if you don’t know or “9” if the question does not apply to you or your school.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

|  |  |  |
| --- | --- | --- |
|  | The Safe Dates curriculum must be implemented in a precise and prescribed manner in order to be effective. | \_\_\_\_\_\_\_ |
|  | In my view, formal training is needed in order for teachers to do a good job implementing the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | The Safe Dates curriculum is complicated to implement correctly. | \_\_\_\_\_\_\_ |
|  | I have implemented the Safe Dates curriculum exactly as has been prescribed by its developers. | \_\_\_\_\_\_\_ |
|  | I followed the curriculum guide to the letter in the process of teaching the Safe Dates program. | \_\_\_\_\_\_\_ |
|  | The only reason that I am teaching the Safe Dates curriculum is because I have to. | \_\_\_\_\_\_\_ |
|  | I added classroom activities to one or more Safe Dates lesson. | \_\_\_\_\_\_\_ |
|  | The district office has been very supportive of this school's efforts to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | It is not clear who is leading this school's efforts to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | If needed, teachers have access to experts who know how to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | Clear and specific goals have been established pertaining to the implementation of the Safe Dates curriculum during the course of the study. | \_\_\_\_\_\_\_ |
|  | School administrators adequately address the concerns of teachers charged with implementing the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | This school has the resources necessary to support the ongoing implementation of Safe Dates. | \_\_\_\_\_\_\_ |
|  | Teachers involved in implementing the Safe Dates curriculum get recognition from their supervisors. | \_\_\_\_\_\_\_ |
|  | The administration monitors how things are going with the implementation of the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | Teachers are not speaking up although they harbor serious doubts about the effectiveness of Safe Dates. | \_\_\_\_\_\_\_ |
|  | Overall, students seem to like the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
| **Instructions**: Using the scale provided below, please indicate the extent to which you agree with each of the following statements. Enter the number that most closely reflects your response in the space provided next to each phrase. Enter “0” if you don’t know or “9” if the question does not apply to you or your school   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 | | | |
|  | Most students seemed interested in the material presented in the Safe Dates program. | \_\_\_\_\_\_\_ |
|  | Adaptations can be made in how the Safe Dates curriculum is implemented without jeopardizing its effectiveness. | \_\_\_\_\_\_\_ |
|  | The curriculum guide is sufficient to prepare the average teacher to do a good job implementing the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | It is easy to prepare teachers to implement the Safe Dates curriculum as recommended by experts. | \_\_\_\_\_\_\_ |
|  | I have made modifications in the Safe Dates curriculum while teaching one or more of the first five lessons. | \_\_\_\_\_\_\_ |
|  | I rarely followed the curriculum guide in the process of teaching Safe Dates lessons. | \_\_\_\_\_\_\_ |
|  | I am teaching the Safe Dates curriculum because I want to. | \_\_\_\_\_\_\_ |
|  | I added material to one or more of the first five Safe Dates lessons. | \_\_\_\_\_\_\_ |
|  | The school board has been very supportive of this school's efforts to implement the Safe Dates (prevention) curriculum. | \_\_\_\_\_\_\_ |
|  | There was not enough time to adequately plan for the implementation of the Safe Dates curriculum at this school. | \_\_\_\_\_\_\_ |
|  | Training is available to any teacher who needs guidance in order to implement Safe Dates as prescribed by experts. | \_\_\_\_\_\_\_ |
|  | The school administration has clearly communicated its expectations pertaining to the implementation of the Safe Dates curriculum during the course of the study. | \_\_\_\_\_\_\_ |
|  | School administrators insure that everything necessary for the implementation of Safe Dates is made available to teachers. | \_\_\_\_\_\_\_ |
|  | The school has the manpower necessary to support the ongoing implementation of Safe Dates. | \_\_\_\_\_\_\_ |
|  | Teachers are given positive feedback for contributing to the implementation of the Safe Dates program. | \_\_\_\_\_\_\_ |
|  | The administration holds meetings with teachers to review how the implementation of Safe Dates is going. | \_\_\_\_\_\_\_ |
|  | Teachers are encouraged to speak openly about the strengths and weaknesses of the Safe Dates curriculum from the Prevention Coordinator and/or teachers. | \_\_\_\_\_\_\_ |
|  | The Prevention Coordinator seems to like the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | Overall, students seemed engaged in Safe Dates classroom activities. | \_\_\_\_\_\_\_ |
|  | Some components of the Safe Dates curriculum have to be implemented as prescribed but others do not. | \_\_\_\_\_\_\_ |
|  | In my view, the average teacher is likely to need follow-up training or coaching in order to do a good job implementing the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | There are one or more reasons why it’s difficult for teachers to implement the Safe Dates curriculum at this school. | \_\_\_\_\_\_\_ |
|  | I have implemented the most important elements of the Safe Dates curriculum as it has been prescribed by program developers. | \_\_\_\_\_\_\_ |
| **Instructions**: Using the scale provided below, please indicate the extent to which you agree with each of the following statements. Enter the number that most closely reflects your response in the space provided next to each phrase. Enter “0” if you don’t know or “9” if the question does not apply to you or your school.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 | | | |
|  | I taught the material exactly as specified in the Safe Dates curriculum guide. | \_\_\_\_\_\_\_ |
|  | I made modifications in the course of teaching the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | Parents generally have been very supportive of this school's efforts to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | The implementation of the Safe Dates curriculum has not been well coordinated at this school. | \_\_\_\_\_\_\_ |
|  | If questions arise about implementing the Safe Dates program, teachers have ready access to needed information. | \_\_\_\_\_\_\_ |
|  | Teachers who are responsible for implementing the Safe Dates curriculum have a clear understanding of their roles and responsibilities. | \_\_\_\_\_\_\_ |
|  | Teachers responsible for implementing Safe Dates believe they are given the tools and resources they need to do so effectively. | \_\_\_\_\_\_\_ |
|  | We do not have the resources necessary to implement the Safe Dates program on a long-term basis. | \_\_\_\_\_\_\_ |
|  | Teachers responsible for implementing the Safe Dates program know their efforts are appreciated by this school. | \_\_\_\_\_\_\_ |
|  | The administration gets regular progress reports about the implementation of the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | Often teachers feel pressured not to “rock the boat” by speaking their minds about the pros and cons of the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | School administrators appear to like the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | Students frequently asked questions during Safe Dates classes. | \_\_\_\_\_\_\_ |
|  | Teaching Safe Dates exactly as it was developed by experts is critical to getting expected results. | \_\_\_\_\_\_\_ |
|  | After reviewing the curriculum guide, the average teacher will be well-equipped to do a good job implementing the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | It is easy to implement the Safe Dates curriculum correctly on a consistent basis. | \_\_\_\_\_\_\_ |
|  | The way I am implementing Safe Dates departs significantly from what is prescribed by its developers. | \_\_\_\_\_\_\_ |
|  | I made modifications in the activities used to teach the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | The School principal has been very supportive of this school's efforts to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | The individual in charge of leading the effort to implement the Safes Dates curriculum lacked some important skills. | \_\_\_\_\_\_\_ |
|  | Technical assistance is available to teachers who are responsible for teaching Safe Dates. | \_\_\_\_\_\_\_ |
|  | School administrators do a good job removing barriers that interfere with teaching the Safe Dates curriculum exactly as prescribed. | \_\_\_\_\_\_\_ |
|  | This school has the resources necessary to support the initial implementation of Safe Dates. | \_\_\_\_\_\_\_ |
|  | Top administrators provide encouragement to teachers involved in implementing the Safe Dates program. | \_\_\_\_\_\_\_ |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |   **Instructions**: Using the scale provided below, please indicate the extent to which you agree with each of the following statements. Enter the number that most closely reflects your response in the space provided next to each phrase. Enter “0” if you don’t know or “9” if the question does not apply to you or  your school. | | |
|  | The administration pays close attention to the progress being made related to implementing the Safe Dates program. | \_\_\_\_\_\_\_ |
|  | Overall, parents seem to like the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | Student comments suggested there was genuine interest in the topics presented in the Safe Dates program. | \_\_\_\_\_\_\_ |
| **(** | The Prevention Coordinator has been very supportive of this school's efforts to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | One class period provides enough time to implement an entire Safe Dates lesson as prescribed by program developers | \_\_\_\_\_\_\_ |
|  | The existing violence-prevention policies at this school are very effective. | \_\_\_\_\_\_\_ |
|  | There is a substantial amount of scientific evidence that indicates Safe Dates is effective in reducing dating violence. | \_\_\_\_\_\_\_ |
|  | Little effort has been directed to overcoming obstacles that got in the way of implementing the Safe Dates curriculum as prescribed. | \_\_\_\_\_\_\_ |
|  | The school has the resources to support the implementation of the Safe Dates curriculum BUT ONLY during the course of the study. | \_\_\_\_\_\_\_ |
|  | Students have been very supportive of this school's efforts to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | One class period is sufficient to complete the activities recommended for one Safe Dates lesson. | \_\_\_\_\_\_\_ |
|  | The existing violence-prevention policies at this school are very effective. | \_\_\_\_\_\_\_ |
|  | The scientific evidence is strong that supports the effectiveness of Safe Dates. | \_\_\_\_\_\_\_ |
|  | Not enough attention was given to monitoring the early stages of implementing the Safe Dates curriculum at this school. | \_\_\_\_\_\_\_ |
|  | The school does not have the resources necessary to support the implementation of the Safe Dates curriculum during the course of the study. | \_\_\_\_\_\_\_ |
|  | There was not enough time to adequately prepare for teaching individual lessons in the Safe Dates curriculum | \_\_\_\_\_\_\_ |
|  | One class period is sufficient to present the material associated with one Safe Dates lesson | \_\_\_\_\_\_\_ |
|  | The violence-prevention programs and classes at this school are very effective. | \_\_\_\_\_\_\_ |
|  | There is convincing scientific evidence which suggests that Safe Dates is effective in reducing dating violence. | \_\_\_\_\_\_\_ |
|  | This school takes a comprehensive approach to reducing the incidence of violence among our students | \_\_\_\_\_\_\_ |

**INSTRUCTIONS**: The Safe Dates curriculum addresses the topic of dating violence and recommends approaches for reducing its occurrence. Whether or not you have had the chance to review the Safe Dates Teacher Manual/Curriculum guide, please carefully read each statement and indicate how much confidence you have that you could accomplish each of these tasks using the 5-point shown below. Enter “0” if you don’t know.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No confidence at all | Very little confidence | Some confidence | A lot of confidence | Complete confidence |  | Don’t  Know |
| 1 | 2 | 3 | 4 | 5 | 9 |

**HOW MUCH CONFIDENCE DO YOU HAVE THAT YOU CAN:**

|  |  |  |
| --- | --- | --- |
|  | Teach the 9 lessons in the Safe Dates curriculum after reading the teacher manual/curriculum guide | \_\_\_\_\_\_\_ |
|  | See to it that the recommended Safe Dates student poster contest is implemented for students in your class. | \_\_\_\_\_\_\_ |
|  | See to it that the recommended Safe Dates student play is performed by students in your class. | \_\_\_\_\_\_\_ |
|  | Persuade students in your Safe Dates class to actively participate in role-playing exercises. | \_\_\_\_\_\_\_ |
|  | Persuade students in your Safe Dates class to work together as a group on Safe Dates group exercises. | \_\_\_\_\_\_\_ |
|  | Persuade students in your class to participate in classroom discussions about the topic of dating violence. | \_\_\_\_\_\_\_ |
|  | Teach the lessons in the Safe Dates curriculum in strict accordance with the curriculum guide. | \_\_\_\_\_\_\_ |
|  | Implement the activities in the Safe Dates curriculum in strict accordance with the curriculum guide. | \_\_\_\_\_\_\_ |
|  | Comfortably present information to your students about preventing sexual violence. | \_\_\_\_\_\_\_ |

**Instructions:** Using the scale provided below,please indicate **the extent** to which each of the following describes the implementation of the Safe Dates curriculum at this school. Enter the number that most closely reflects your response in the space provided next to each phrase. Enter “0” if you don’t know.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No Extent/  Not at all | Very Small Extent | Small Extent | Moderate Extent | Considerable Extent | Great Extent | Very Great Extent |  | Don’t  Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |

#### To what extent…

|  |  |  |
| --- | --- | --- |
|  | …have changes in school leadership hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …has teacher turnover hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …has lack of clarity about goals and plans hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …has lack of clarity about how to implement parts of the Safe Dates curriculum hindered its overall implementation? | \_\_\_\_\_\_\_ |
|  | …has lack of resources hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …have internal coordination problems hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …has interference by outside groups hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …has resistance from students hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |

**Instructions:** Using the scale provided below,please indicate **the extent** to which each of the following describes the implementation of the Safe Dates curriculum at this school. Enter the number that most closely reflects your response in the space provided next to each phrase. Enter “0” if you don’t know.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No Extent/  Not at all | Very Small Extent | Small Extent | Moderate Extent | Considerable Extent | Great Extent | Very Great Extent |  | Don’t  Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |

#### To what extent…

|  |  |  |
| --- | --- | --- |
|  | …have scheduling problems hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …has resistance from key school personnel hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …does this school continue to require technical assistance from outside experts in order to implement Safe Dates as prescribed? | \_\_\_\_\_\_\_ |
|  | ….is this school capable of continuing to implement the Safe Dates curriculum as designed without technical assistance from outside experts? | \_\_\_\_\_\_\_ |
|  | …does this school possess the expertise needed to continue to implement Safe Dates program without help from outside experts? | \_\_\_\_\_\_\_ |

# **Form Approved**

OMB No. 0920-0783

Exp. Date: 06/30/2011

**SAFE DATES Evaluation – Lesson 6 Questionnaire**

|  |  |
| --- | --- |
| Thank you for assisting us with the Safe Dates evaluation. As you prepare for and teach the Safe Dates curriculum, please keep track of all time that you spend on all Safe Dates-related activities. Please record your time after as soon as possible after each lesson. This will also minimize the effort required to complete this questionnaire.   |  | | --- | | Please complete and submit this material within two school days of completing this lesson. If you have any questions, please contact Thomas Hylands by phone [1-800-334-8571, x6955] or e-mail [thylands@rti.org]. | |

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Public Reporting burden of this collection of information is estimated at 20 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 many 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 Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-0783).

**A. SCHOOL INFORMATION**

1. School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your participation is important to us.** To show our appreciation, after RTI receives your information for all nine Safe Dates lessons, the play, and the poster contest, you will receive an $80 gift card.

**B. TIME AND ACTIVITY LOG**

In this section, we ask that you record your time spent on each Safe Dates lesson. Instructions and an example are provided below. An activity log for Lesson 6 (“Overcoming Gender Stereotypes”) is on the next screen.

INSTRUCTIONS

* We anticipate that you may teach each Safe Dates lesson to multiple classes. Please record your time separately by class and activity (the rows of the table).
* For activities that are difficult to divide between classes (e.g., preparation, photocopying), record your time under “General Safe Date Activities.”
* Record class-specific activities (e.g., instruction) in the appropriate columns.
* **All entries in the grid should sum to the total time you spent related to Safe Dates Lesson 6.** There should be no double counting or missed time.
* Do not include or record your time spent completing this questionnaire. We are only interested in the time associated with teaching and preparing for the Safe Dates curriculum.

EXAMPLE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** | *60 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *60 min* |
| **Instruction  (in class)** | *0 min* | *50 min* | *50 min* | *50 min* | *50 min* |  |  | *200 min* |
| **Wrap-up (after class)** | *15 min* | *5 min* | *0 min* | *0 min* | *0 min* |  |  | *20 min* |
|  |  |  |  |  |  |  | **Total time** | *280 min*  *(4 hr 40 m)* |

**TIME AND ACTIVITY LOG**

Lesson 6: “Overcoming Gender Stereotypes”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** |  |  |  |  |  |  |  |  |
| **Instruction  (in class)** |  |  |  |  |  |  |  |  |
| **Wrap-up (after class)** |  |  |  |  |  |  |  |  |
| **Other Activities (not included in time reported above)** | | | | | | | | |
| **Other Safe Dates activities (describe below)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Total time** |  |

1. Did you receive assistance from anyone in preparing for or teaching this lesson?   
     
    1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 3=YES, GOTO 3.a]

[If 3=NO, GOTO 4]

a. Please list their job title (e.g., administrative assistant), the activity they assisted with (e.g., photocopying), and estimate the amount of time involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you recorded time for “Other Safe Dates activities” above (last row), please describe the activities here. This may include attending training classes, meetings related to Safe Dates, supplemental activities, etc.  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were any additional materials purchased by the school or by you for this lesson?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 5=YES, GOTO 5.a]

[If 5=NO, GOTO 6]

a. Please estimate the total cost of these materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Please describe briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_*\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. SAFE DATES ACTIVITIES**

Please complete this section after you have taught Lesson 6 to your students.

Date(s) Lesson 6 taught: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Number of students** |  |  |  |  |  |  |
| **Were you able to get through the following items in the Lesson 6 outline? Please write “yes” or “no” for each item.** | | | | | | |
| **Part 1: Introduction** |  |  |  |  |  |  |
| **Part 2: Unfair expectations** |  |  |  |  |  |  |
| **Part 3: Images and where they come from** |  |  |  |  |  |  |
| **Part 4: Associations** |  |  |  |  |  |  |
| **Part 5: Gender stereotypes** |  |  |  |  |  |  |
| **Part 6: Stereotyping leads to abuse** |  |  |  |  |  |  |
| **Part 7: Conclusion** |  |  |  |  |  |  |

Instructions: For the following questions, please use the scale provided below to indicate the extent to which you agree with the following statements. Circle the number associated with the response that comes closest to your answer. If you ‘don’t know’ circle “0”; if the statement does not apply to you, circle “9”, not applicable.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. The most important parts of this lesson were implemented as prescribed in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I modified some of the lesson content in the course of teaching this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I made modifications in the activities used to teach this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I taught this Safe Dates lesson exactly as specified in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. Did you ask students to share any gender stereotypes they’ve run into in dating relationships or in friendships with the opposite sex? (optional activity)

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

1. For “Part 2: Unfair Expectations,” did you have students write a story about the last time someone had an unfair expectation of them?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 11=YES, END]

[If 11=NO, GOTO 12]

1. What activity/method did you do/use instead?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Form Approved**

OMB No. 0920-0783

Exp. Date: 06/30/2011

**SAFE DATES Evaluation – Lesson 7 Questionnaire**

|  |  |
| --- | --- |
| Thank you for assisting us with the Safe Dates evaluation. As you prepare for and teach the Safe Dates curriculum, please keep track of all time that you spend on all Safe Dates-related activities. Please record your time after as soon as possible after each lesson. This will also minimize the effort required to complete this questionnaire.   |  | | --- | | Please complete and submit this material within two school days of completing this lesson. If you have any questions, please contact Thomas Hylands by phone [1-800-334-8571, x6955] or e-mail [thylands@rti.org]. | |

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Public Reporting burden of this collection of information is estimated at 20 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 many 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 Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-0783).

**A. SCHOOL INFORMATION**

1. School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your participation is important to us.** To show our appreciation, after RTI receives your information for all nine Safe Dates lessons, the play, and the poster contest, you will receive an $80 gift card.

**B. TIME AND ACTIVITY LOG**

In this section, we ask that you record your time spent on each Safe Dates lesson. Instructions and an example are provided below. An activity log for Lesson 7 (“Equal Power Through Communication”) is on the next screen.

INSTRUCTIONS

* We anticipate that you may teach each Safe Dates lesson to multiple classes. Please record your time separately by class and activity (the rows of the table).
* For activities that are difficult to divide between classes (e.g., preparation, photocopying), record your time under “General Safe Date Activities.”
* Record class-specific activities (e.g., instruction) in the appropriate columns.
* **All entries in the grid should sum to the total time you spent related to Safe Dates Lesson 7.** There should be no double counting or missed time.
* Do not include or record your time spent completing this questionnaire. We are only interested in the time associated with teaching and preparing for the Safe Dates curriculum.

EXAMPLE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** | *60 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *60 min* |
| **Instruction  (in class)** | *0 min* | *50 min* | *50 min* | *50 min* | *50 min* |  |  | *200 min* |
| **Wrap-up (after class)** | *15 min* | *5 min* | *0 min* | *0 min* | *0 min* |  |  | *20 min* |
|  |  |  |  |  |  |  | **Total time** | *280 min*  *(4 hr 40 m)* |

**TIME AND ACTIVITY LOG**

Lesson 7: “Equal Power Through Communication”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** |  |  |  |  |  |  |  |  |
| **Instruction  (in class)** |  |  |  |  |  |  |  |  |
| **Wrap-up (after class)** |  |  |  |  |  |  |  |  |
| **Other Activities (not included in time reported above)** | | | | | | | | |
| **Other Safe Dates activities (describe below)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Total time** |  |

1. Did you receive assistance from anyone in preparing for or teaching this lesson?   
     
    1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 3=YES, GOTO 3.a]

[If 3=NO, GOTO 4]

a. Please list their job title (e.g., administrative assistant), the activity they assisted with (e.g., photocopying), and estimate the amount of time involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you recorded time for “Other Safe Dates activities” above (last row), please describe the activities here. This may include attending training classes, meetings related to Safe Dates, supplemental activities, etc.  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were any additional materials purchased by the school or by you for this lesson?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 5=YES, GOTO 5.a]

[If 5=NO, GOTO 6]

a. Please estimate the total cost of these materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Please describe briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_*\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. SAFE DATES ACTIVITIES**

Please complete this section after you have taught Lesson 7 to your students.

Date(s) Lesson 7 taught: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Number of students** |  |  |  |  |  |  |
| **Were you able to get through the following items in the Lesson 7 outline? Please write “yes” or “no” for each item.** | | | | | | |
| **Part 1: The eight skills of effective communication** |  |  |  |  |  |  |
| **Part 2: Identifying communication skills** |  |  |  |  |  |  |
| **Part 3: Role-playing communication skills** |  |  |  |  |  |  |
| **Part 4: What if it doesn’t work?** |  |  |  |  |  |  |
| **Part 5: Conclusion** |  |  |  |  |  |  |

Instructions: For the following questions, please use the scale provided below to indicate the extent to which you agree with the following statements. Circle the number associated with the response that comes closest to your answer. If you ‘don’t know’ circle “0”; if the statement does not apply to you, circle “9”, not applicable.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. The most important parts of this lesson were implemented as prescribed in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I modified some of the lesson content in the course of teaching this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I made modifications in the activities used to teach this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I taught this Safe Dates lesson exactly as specified in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. Did you post the Eight Basic Skills for Building Equal Power through Communication handout in your classroom or around your school? (optional activity)

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

# **Form Approved**

OMB No. 0920-0783

Exp. Date: 06/30/2011

**SAFE DATES Evaluation – Lesson 8 Questionnaire**

|  |  |
| --- | --- |
| Thank you for assisting us with the Safe Dates evaluation. As you prepare for and teach the Safe Dates curriculum, please keep track of all time that you spend on all Safe Dates-related activities. Please record your time after as soon as possible after each lesson. This will also minimize the effort required to complete this questionnaire.   |  | | --- | | Please complete and submit this material within two school days of completing this lesson. If you have any questions, please contact Thomas Hylands by phone [1-800-334-8571, x6955] or e-mail [thylands@rti.org]. | |

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Public Reporting burden of this collection of information is estimated at 20 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 many 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 Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-0783).

**A. SCHOOL INFORMATION**

1. School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your participation is important to us.** To show our appreciation, after RTI receives your information for all nine Safe Dates lessons, the play, and the poster contest, you will receive an $80 gift card.

**B. TIME AND ACTIVITY LOG**

In this section, we ask that you record your time spent on each Safe Dates lesson. Instructions and an example are provided below. An activity log for Lesson 8 (“How We Feel, How We Deal”) is on the next screen.

INSTRUCTIONS

* We anticipate that you may teach each Safe Dates lesson to multiple classes. Please record your time separately by class and activity (the rows of the table).
* For activities that are difficult to divide between classes (e.g., preparation, photocopying), record your time under “General Safe Date Activities.”
* Record class-specific activities (e.g., instruction) in the appropriate columns.
* **All entries in the grid should sum to the total time you spent related to Safe Dates Lesson 8.** There should be no double counting or missed time.
* Do not include or record your time spent completing this questionnaire. We are only interested in the time associated with teaching and preparing for the Safe Dates curriculum.

EXAMPLE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** | *60 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *60 min* |
| **Instruction  (in class)** | *0 min* | *50 min* | *50 min* | *50 min* | *50 min* |  |  | *200 min* |
| **Wrap-up (after class)** | *15 min* | *5 min* | *0 min* | *0 min* | *0 min* |  |  | *20 min* |
|  |  |  |  |  |  |  | **Total time** | *280 min*  *(4 hr 40 m)* |

**TIME AND ACTIVITY LOG**

Lesson 8: “How We Feel, How We Deal”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** |  |  |  |  |  |  |  |  |
| **Instruction  (in class)** |  |  |  |  |  |  |  |  |
| **Wrap-up (after class)** |  |  |  |  |  |  |  |  |
| **Other Activities (not included in time reported above)** | | | | | | | | |
| **Other Safe Dates activities (describe below)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Total time** |  |

1. Did you receive assistance from anyone in preparing for or teaching this lesson?   
     
    1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 3=YES, GOTO 3.a]

[If 3=NO, GOTO 4]

a. Please list their job title (e.g., administrative assistant), the activity they assisted with (e.g., photocopying), and estimate the amount of time involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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1. If you recorded time for “Other Safe Dates activities” above (last row), please describe the activities here. This may include attending training classes, meetings related to Safe Dates, supplemental activities, etc.  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were any additional materials purchased by the school or by you for this lesson?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 5=YES, GOTO 5.a]

[If 5=NO, GOTO 6]

a. Please estimate the total cost of these materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Please describe briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_*\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. SAFE DATES ACTIVITIES**

Please complete this section after you have taught Lesson 8 to your students.

Date(s) Lesson 8 taught: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Number of students** |  |  |  |  |  |  |
| **Were you able to get through the following items in the Lesson 8 outline? Please write “yes” or “no” for each item.** | | | | | | |
| **Part 1: Extending your feeling vocabulary** |  |  |  |  |  |  |
| **Part 2: Hot buttons** |  |  |  |  |  |  |
| **Part 3: Knowing when you’re angry** |  |  |  |  |  |  |
| **Part 4: Defusing anger** |  |  |  |  |  |  |
| **Part 5: Dealing with anger** |  |  |  |  |  |  |
| **Part 6: Conclusion** |  |  |  |  |  |  |

Instructions: For the following questions, please use the scale provided below to indicate the extent to which you agree with the following statements. Circle the number associated with the response that comes closest to your answer. If you ‘don’t know’ circle “0”; if the statement does not apply to you, circle “9”, not applicable.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. The most important parts of this lesson were implemented as prescribed in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I modified some of the lesson content in the course of teaching this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I made modifications in the activities used to teach this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I taught this Safe Dates lesson exactly as specified in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. For “Part 5: Dealing with Anger,” did you allow a pair of students to share their solutions? (optional activity)

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

11. For “Part 6: Conclusion,” did you give students **Handout 25: Feelings Diary** to complete as homework?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 11=YES, END]

[If 11=NO, GOTO 12]

12. Briefly describe any other homework you may have given instead of Handout 25.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Form Approved**

OMB No. 0920-0783

Exp. Date: 06/30/2011

**SAFE DATES Evaluation – Lesson 9 Questionnaire**

|  |  |
| --- | --- |
| Thank you for assisting us with the Safe Dates evaluation. As you prepare for and teach the Safe Dates curriculum, please keep track of all time that you spend on all Safe Dates-related activities. Please record your time after as soon as possible after each lesson. This will also minimize the effort required to complete this questionnaire.   |  | | --- | | Please complete and submit this material within two school days of completing this lesson. If you have any questions, please contact Thomas Hylands by phone [1-800-334-8571, x6955] or e-mail [thylands@rti.org]. | |

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Public Reporting burden of this collection of information is estimated at 20 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 many 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 Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-0783).

**Your participation is important to us.** To show our appreciation, after RTI receives your information for all nine Safe Dates lessons, the play, and the poster contest, you will receive an $80 gift card.

**A. TIME AND ACTIVITY LOG**

In this section, we ask that you record your time spent on each Safe Dates lesson. Instructions and an example are provided below. An activity log for Lesson 9 (“Preventing Sexual Assault”) is on the next screen.

INSTRUCTIONS

* We anticipate that you may teach each Safe Dates lesson to multiple classes. Please record your time separately by class and activity (the rows of the table).
* For activities that are difficult to divide between classes (e.g., preparation, photocopying), record your time under “General Safe Date Activities.”
* Record class-specific activities (e.g., instruction) in the appropriate columns.
* All entries in the grid should sum to the total time you spent related to Safe Dates Lesson 9. There should be no double counting or missed time.
* Do not include or record your time spent completing this questionnaire. We are only interested in the time associated with teaching and preparing for the Safe Dates curriculum.

EXAMPLE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** | *60 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *60 min* |
| **Instruction  (in class)** | *0 min* | *50 min* | *50 min* | *50 min* | *50 min* |  |  | *200 min* |
| **Wrap-up (after class)** | *15 min* | *5 min* | *0 min* | *0 min* | *0 min* |  |  | *20 min* |
| **Optional Activities (not included in time reported above)** | | | | | | | | |
| **Administer post-test (if time not included above)** | *20min* | *15 min* | *15 min* | *15 min* | *15 min* |  |  | *80 min* |
| **Create and photocopy Poster Contest Fliers** | *30min* | *0min* | *0min* | *0min* | *0min* |  |  | *30 min* |
|  |  |  |  |  |  |  | **Total time** | *390 min*  *(6 hr 30 m)* |

**TIME AND ACTIVITY LOG**

Lesson 9: “Preventing Sexual Assault”

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparation (before class)** |  |  |  |  |  |  |  |  |
| **Instruction  (in class)** |  |  |  |  |  |  |  |  |
| **Wrap-up (after class)** |  |  |  |  |  |  |  |  |
| **Optional Activities (not included in time reported above)** | | | | | | | |  |
| **Administer post- test (if time not included above)** |  |  |  |  |  |  |  |  |
| **Create and photocopy Poster Contest Fliers** |  |  |  |  |  |  |  |  |
| **Other Activities (not included in time reported above)** | | | | | | | |  |
| **Other Safe Dates activities (describe below)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Total time** |  |

1. Did you receive assistance from anyone in preparing for or teaching this lesson?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 1=YES, GOTO 2]

[If 1=NO, GOTO 3]

2. Please list their job title (e.g., administrative assistant), the activity they assisted with (e.g., photocopying), and estimate the amount of time involved.  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you recorded time for “Other Safe Dates activities” above (last row), please describe the activities here. This may include attending training classes, meetings related to Safe Dates, supplemental activities, etc.  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Were any additional materials purchased by the school or by you for this lesson?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[If 4=YES, GOTO 4.a]

[If 4=NO, GOTO 5]

4a. Please estimate the total cost of these materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4b. Please describe briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_*\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. SAFE DATES ACTIVITIES**

Please complete this section after you have taught Lesson 9 to your students.

Date(s) Lesson 9 taught: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Number of students** |  |  |  |  |  |  |
| **Were you able to get through the following items in the Lesson 9 outline? Please write “yes” or “no” for each item.** | | | | | | |
| **Part 1: Understanding sexual assault** |  |  |  |  |  |  |
| **Part 2: Confronting victim blaming** |  |  |  |  |  |  |
| **Part 3: Interpreting cues** |  |  |  |  |  |  |
| **Part 4: Precautions** |  |  |  |  |  |  |
| **Part 5: Reviewing the Safe Dates program** |  |  |  |  |  |  |
| **Optional post-test** |  |  |  |  |  |  |

Instructions: For the following questions, please use the scale provided below to indicate the extent to which you agree with the following statements. Circle the number associated with the response that comes closest to your answer. If you ‘don’t know” circle “0”; if the statement does not apply to you, circle “9”, not applicable.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. The most important parts of this lesson were implemented as prescribed in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I modified some of the lesson content in the course of teaching this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I made modifications in the activities used to teach this Safe Dates lesson.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. I taught this Safe Dates lesson exactly as specified in the Safe Dates curriculum guide.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

1. For “Part 2: Confronting Victim Blaming,” did you ask students the optional question concerning the role alcohol may have played in the date rape situation?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

1. Did you have students compare their answers from the post-test to their pre-test to see changes in their knowledge and attitudes?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

1. Did you allow students to keep their journals and encourage them to review them regularly? (optional activity)

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

**We are seeking your first impressions and reactions.**

Please provide responses based on what you know or what you think. Feel free to use the ‘don’t know’ option as needed. There are no “right” or “wrong” answers.

We recommend that you work quickly without puzzling or worrying about individual questions. We are aware that some questions may appear to be repetitive but it is necessary to ask a variety of questions to obtain reliable and accurate information about the topics addressed in the questionnaire.

**Privacy:**

All answers you provide will be kept private. Findings will be summarized in aggregated form to protect the identity of participating individuals and schools.

**Background Information:** Please provide the following information so that we a) can match your answers to this survey with those on follow-up surveys b) describe study participants, and c) group responses according to title, school, etc. The information you provide will be kept private.

|  |  |
| --- | --- |
| 12. Your title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 13. Duration of a health class period: \_\_\_\_\_\_ minutes. |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | 14. | Which of the following options best describes how the Safe Dates (SD) Program is being  incorporated into your school's broader health or prevention curriculum?  \_\_\_\_ Independent course in the health or prevention curriculum  \_\_\_\_ Discrete module within a course in the health or prevention curriculum  \_\_\_\_ Safe Dates lessons are being interspersed among other topics the curriculum  \_\_\_\_ Other (please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|  | 15.  16. | The Safe Dates curriculum is designed to be taught in the form of nine, 50-minute lessons. Please indicate the actual kickoff date and a likely completion date for teaching the 9- session Safe Dates curriculum.    The actual kick-off date for the Safe Dates Curriculum was (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The estimated completion date for the Safe Dates Curriculum is (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 17. | Thinking back to the first five lessons in the Safe Dates curriculum, for how many of those lessons did you follow the curriculum guide to the letter?  \_\_\_\_ None of the first five Safe Dates lessons  \_\_\_\_ 1 of the first 5  \_\_\_\_ 2 of the first 5  \_\_\_\_ 3 of the first 5  \_\_\_\_ 4 of the first 5  \_\_\_\_ All five of the first 5 Safe Dates lessons |

**Instructions**: Using the scale provided below, please indicate the extent to which you agree with each of the following statements. Enter the number that most closely reflects your response in the space provided next to each phrase. Enter “0” if you don’t know or “9” if the question does not apply to you or your school.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 |

|  |  |  |
| --- | --- | --- |
|  | The Safe Dates curriculum must be implemented in a precise and prescribed manner in order to be effective. | \_\_\_\_\_\_\_ |
|  | In my view, formal training is needed in order for teachers to do a good job implementing the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | The Safe Dates curriculum is complicated to implement correctly. | \_\_\_\_\_\_\_ |
|  | I have implemented the Safe Dates curriculum exactly as has been prescribed by its developers. | \_\_\_\_\_\_\_ |
|  | I followed the curriculum guide to the letter in the process of teaching the Safe Dates program. | \_\_\_\_\_\_\_ |
|  | The only reason that I am teaching the Safe Dates curriculum is because I have to. | \_\_\_\_\_\_\_ |
|  | I added classroom activities to one or more Safe Dates lesson. | \_\_\_\_\_\_\_ |
|  | The district office has been very supportive of this school's efforts to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | It is not clear who is leading this school's efforts to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | If needed, teachers have access to experts who know how to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | Clear and specific goals have been established pertaining to the implementation of the Safe Dates curriculum during the course of the study. | \_\_\_\_\_\_\_ |
|  | School administrators adequately address the concerns of teachers charged with implementing the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | This school has the resources necessary to support the ongoing implementation of Safe Dates. | \_\_\_\_\_\_\_ |
|  | Teachers involved in implementing the Safe Dates curriculum get recognition from their supervisors. | \_\_\_\_\_\_\_ |
|  | The administration monitors how things are going with the implementation of the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | Teachers are not speaking up although they harbor serious doubts about the effectiveness of Safe Dates. | \_\_\_\_\_\_\_ |
|  | Overall, students seem to like the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
| **Instructions**: Using the scale provided below, please indicate the extent to which you agree with each of the following statements. Enter the number that most closely reflects your response in the space provided next to each phrase. Enter “0” if you don’t know or “9” if the question does not apply to you or your school.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 | | | |
|  | Most students seemed interested in the material presented in the Safe Dates program. | \_\_\_\_\_\_\_ |
|  | Adaptations can be made in how the Safe Dates curriculum is implemented without jeopardizing its effectiveness. | \_\_\_\_\_\_\_ |
|  | The curriculum guide is sufficient to prepare the average teacher to do a good job implementing the Safe Dates curriculum. | \_\_\_\_\_\_\_ |
|  | It is easy to prepare teachers to implement the Safe Dates curriculum as recommended by experts. | \_\_\_\_\_\_\_ |
|  | I have made modifications in the Safe Dates curriculum while teaching one or more of the first five lessons. | \_\_\_\_\_\_\_ |
|  | I rarely followed the curriculum guide in the process of teaching Safe Dates lessons. | \_\_\_\_\_\_\_ |
|  | I am teaching the Safe Dates curriculum because I want to. | \_\_\_\_\_\_\_ | | |
|  | I added material to one or more of the first five Safe Dates lessons. | \_\_\_\_\_\_\_ | | |
|  | The school board has been very supportive of this school's efforts to implement the Safe Dates (prevention) curriculum. | \_\_\_\_\_\_\_ | | |
|  | There was not enough time to adequately plan for the implementation of the Safe Dates curriculum at this school. | \_\_\_\_\_\_\_ | | |
|  | Training is available to any teacher who needs guidance in order to implement Safe Dates as prescribed by experts. | \_\_\_\_\_\_\_ | | |
|  | The school administration has clearly communicated its expectations pertaining to the implementation of the Safe Dates curriculum during the course of the study. | \_\_\_\_\_\_\_ | | |
|  | School administrators insure that everything necessary for the implementation of Safe Dates is made available to teachers. | \_\_\_\_\_\_\_ | | |
|  | The school has the manpower necessary to support the ongoing implementation of Safe Dates. | \_\_\_\_\_\_\_ | | |
|  | Teachers are given positive feedback for contributing to the implementation of the Safe Dates program. | \_\_\_\_\_\_\_ | | |
|  | The administration holds meetings with teachers to review how the implementation of Safe Dates is going. | \_\_\_\_\_\_\_ | | |
|  | Teachers are encouraged to speak openly about the strengths and weaknesses of the Safe Dates curriculum from the Prevention Coordinator and/or teachers. | \_\_\_\_\_\_\_ | | |
|  | The Prevention Coordinator seems to like the Safe Dates curriculum. | \_\_\_\_\_\_\_ | | |
|  | Overall, students seemed engaged in Safe Dates classroom activities. | \_\_\_\_\_\_\_ | | |
|  | Some components of the Safe Dates curriculum have to be implemented as prescribed but others do not. | \_\_\_\_\_\_\_ | | |
|  | In my view, the average teacher is likely to need follow-up training or coaching in order to do a good job implementing the Safe Dates curriculum. | \_\_\_\_\_\_\_ | | |
|  | There are one or more reasons why it’s difficult for teachers to implement the Safe Dates curriculum at this school. | \_\_\_\_\_\_\_ | | |
|  | I have implemented the most important elements of the Safe Dates curriculum as it has been prescribed by program developers. | \_\_\_\_\_\_\_ | | |
| **Instructions**: Using the scale provided below, please indicate the extent to which you agree with each of the following statements. Enter the number that most closely reflects your response in the space provided next to each phrase. Enter “0” if you don’t know or “9” if the question does not apply to you or your school   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 | | | | | |
|  | I taught the material exactly as specified in the Safe Dates curriculum guide. | \_\_\_\_\_\_\_ | | |
|  | I made modifications in the course of teaching the Safe Dates curriculum. | \_\_\_\_\_\_\_ | | |
|  | Parents generally have been very supportive of this school's efforts to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ | | |
|  | The implementation of the Safe Dates curriculum has not been well coordinated at this school. | \_\_\_\_\_\_\_ | | |
|  | If questions arise about implementing the Safe Dates program, teachers have ready access to needed information. | \_\_\_\_\_\_\_ | | |
|  | Teachers who are responsible for implementing the Safe Dates curriculum have a clear understanding of their roles and responsibilities. | \_\_\_\_\_\_\_ | |
|  | Teachers responsible for implementing Safe Dates believe they are given the tools and resources they need to do so effectively. | \_\_\_\_\_\_\_ | |
|  | We do not have the resources necessary to implement the Safe Dates program on a long-term basis. | \_\_\_\_\_\_\_ | |
|  | Teachers responsible for implementing the Safe Dates program know their efforts are appreciated by this school. | \_\_\_\_\_\_\_ | |
|  | The administration gets regular progress reports about the implementation of the Safe Dates curriculum. | \_\_\_\_\_\_\_ | |
|  | Often teachers feel pressured not to “rock the boat” by speaking their minds about the pros and cons of the Safe Dates curriculum. | \_\_\_\_\_\_\_ | |
|  | School administrators appear to like the Safe Dates curriculum. | \_\_\_\_\_\_\_ | |
|  | Students frequently asked questions during Safe Dates classes. | \_\_\_\_\_\_\_ | |
|  | Teaching Safe Dates exactly as it was developed by experts is critical to getting expected results. | \_\_\_\_\_\_\_ | |
|  | After reviewing the curriculum guide, the average teacher will be well-equipped to do a good job implementing the Safe Dates curriculum. | \_\_\_\_\_\_\_ | |
|  | It is easy to implement the Safe Dates curriculum correctly on a consistent basis. | \_\_\_\_\_\_\_ | |
|  | The way I am implementing Safe Dates departs significantly from what is prescribed by its developers. | \_\_\_\_\_\_\_ | |
|  | I made modifications in the activities used to teach the Safe Dates curriculum. | \_\_\_\_\_\_\_ | |
|  | The School principal has been very supportive of this school's efforts to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ | |
|  | The individual in charge of leading the effort to implement the Safes Dates curriculum lacked some important skills. | \_\_\_\_\_\_\_ | |
|  | Technical assistance is available to teachers who are responsible for teaching Safe Dates. | \_\_\_\_\_\_\_ | |
|  | School administrators do a good job removing barriers that interfere with teaching the Safe Dates curriculum exactly as prescribed. | \_\_\_\_\_\_\_ | |
|  | This school has the resources necessary to support the initial implementation of Safe Dates. | \_\_\_\_\_\_\_ | |
|  | Top administrators provide encouragement to teachers involved in implementing the Safe Dates program. | \_\_\_\_\_\_\_ | |
|  | The administration pays close attention to the progress being made related to implementing the Safe Dates program. | \_\_\_\_\_\_\_ | |
| **Instructions**: Using the scale provided below, please indicate the extent to which you agree with each of the following statements. Enter the number that most closely reflects your response in the space provided next to each phrase. Enter “0” if you don’t know or “9” if the question does not apply to you or your school   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Strongly  Disagree | Disagree | Somewhat  Disagree | Neither Agree nor Disagree | Somewhat  Agree | Agree | Strongly  Agree |  | Don’t  Know | Not  Applicable | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 | 9 | | | | |
|  | Overall, parents seem to like the Safe Dates curriculum. | \_\_\_\_\_\_\_ | |
|  | Student comments suggested there was genuine interest in the topics presented in the Safe Dates program. | \_\_\_\_\_\_\_ | |
|  | The Prevention Coordinator has been very supportive of this school's efforts to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ | |
|  | One class period provides enough time to implement an entire Safe Dates lesson as prescribed by program developers | \_\_\_\_\_\_\_ | |
|  | The existing violence-prevention policies at this school are very effective. | \_\_\_\_\_\_\_ | |
|  | There is a substantial amount of scientific evidence that indicates Safe Dates is effective in reducing dating violence. | \_\_\_\_\_\_\_ | |
|  | Little effort has been directed to overcoming obstacles that got in the way of implementing the Safe Dates curriculum as prescribed. | \_\_\_\_\_\_\_ | |
|  | The school has the resources to support the implementation of the Safe Dates curriculum BUT ONLY during the course of the study. | \_\_\_\_\_\_\_ | |
|  | Students have been very supportive of this school's efforts to implement the Safe Dates curriculum. | \_\_\_\_\_\_\_ | |
|  | One class period is sufficient to complete the activities recommended for one Safe Dates lesson. | \_\_\_\_\_\_\_ | |
|  | The existing violence-prevention policies at this school are very effective. | \_\_\_\_\_\_\_ | |
|  | The scientific evidence is strong that supports the effectiveness of Safe Dates. | \_\_\_\_\_\_\_ | |
|  | Not enough attention was given to monitoring the early stages of implementing the Safe Dates curriculum at this school. | \_\_\_\_\_\_\_ | |
|  | The school does not have the resources necessary to support the implementation of the Safe Dates curriculum during the course of the study. | \_\_\_\_\_\_\_ | |
|  | There was not enough time to adequately prepare for teaching individual lessons in the Safe Dates curriculum | \_\_\_\_\_\_\_ | |
|  | One class period is sufficient to present the material associated with one Safe Dates lesson | \_\_\_\_\_\_\_ | |
|  | The violence-prevention programs and classes at this school are very effective. | \_\_\_\_\_\_\_ | |
|  | There is convincing scientific evidence which suggests that Safe Dates is effective in reducing dating violence. | \_\_\_\_\_\_\_ | |
|  | This school takes a comprehensive approach to reducing the incidence of violence among our students | \_\_\_\_\_\_\_ | |

INSTRUCTIONS: The Safe Dates curriculum addresses the topic of dating violence and recommends approaches for reducing its occurrence. Whether or not you have had the chance to review the Safe Dates Teacher Manual/Curriculum guide, please carefully read each statement and indicate how much confidence you have that you could accomplish each of these tasks using the 5-point shown below. Enter “0” if you don’t know.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No confidence at all | Very little confidence | Some confidence | A lot of confidence | Complete confidence |  | Don’t  Know |
| 1 | 2 | 3 | 4 | 5 | 0 |

**HOW MUCH CONFIDENCE DO YOU HAVE THAT YOU CAN:**

|  |  |  |
| --- | --- | --- |
|  | Teach the 9 lessons in the Safe Dates curriculum after reading the teacher manual/curriculum guide | \_\_\_\_\_\_\_ |
|  | See to it that the recommended Safe Dates student poster contest is implemented for students in your class. | \_\_\_\_\_\_\_ |
|  | See to it that the recommended Safe Dates student play is performed by students in your class. | \_\_\_\_\_\_\_ |
|  | Persuade students in your Safe Dates class to actively participate in role-playing exercises. | \_\_\_\_\_\_\_ |
|  | Persuade students in your Safe Dates class to work together as a group on Safe Dates group exercises. | \_\_\_\_\_\_\_ |
|  | Persuade students in your class to participate in classroom discussions about the topic of dating violence. | \_\_\_\_\_\_\_ |
|  | Teach the lessons in the Safe Dates curriculum in strict accordance with the curriculum guide. | \_\_\_\_\_\_\_ |
|  | Implement the activities in the Safe Dates curriculum in strict accordance with the curriculum guide. | \_\_\_\_\_\_\_ |
|  | Comfortably present information to your students about preventing sexual violence. | \_\_\_\_\_\_\_ |

**Instructions:** Using the scale provided below,please indicate **the extent** to which each of the following describes the implementation of the Safe Dates curriculum at this school. Enter the number that most closely reflects your response in the space provided next to each phrase. Enter “0” if you don’t know.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No Extent/  Not at all | Very Small Extent | Small Extent | Moderate Extent | Considerable Extent | Great Extent | Very Great Extent |  | Don’t  Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |

#### To what extent…

|  |  |  |
| --- | --- | --- |
|  | …have changes in school leadership hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …has teacher turnover hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …has lack of clarity about goals and plans hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …has lack of clarity about how to implement parts of the Safe Dates curriculum hindered its overall implementation? | \_\_\_\_\_\_\_ |
|  | …has lack of resources hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …have internal coordination problems hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …has interference by outside groups hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …has resistance from students hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |

**Instructions:** Using the scale provided below,please indicate **the extent** to which each of the following describes the implementation of the Safe Dates curriculum at this school. Enter the number that most closely reflects your response in the space provided next to each phrase. Enter “0” if you don’t know.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No Extent/  Not at all | Very Small Extent | Small Extent | Moderate Extent | Considerable Extent | Great Extent | Very Great Extent |  | Don’t  Know |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |

#### To what extent…

|  |  |  |
| --- | --- | --- |
|  | …have scheduling problems hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …has resistance from key school personnel hindered the implementation of the Safe Dates curriculum? | \_\_\_\_\_\_\_ |
|  | …does this school continue to require technical assistance from outside experts in order to implement Safe Dates as prescribed? | \_\_\_\_\_\_\_ |
|  | ….is this school capable of continuing to implement the Safe Dates curriculum as designed without technical assistance from outside experts? | \_\_\_\_\_\_\_ |
|  | …does this school possess the expertise needed to continue to implement Safe Dates program without help from outside experts? | \_\_\_\_\_\_\_ |

# **Form Approved**

OMB No. 0920-0783

Exp. Date: 06/30/2011

**SAFE DATES Evaluation – Poster Contest**

|  |  |
| --- | --- |
| Thank you for assisting us with the Safe Dates evaluation. This questionnaire asks about time and materials specifically related to the Safe Dates poster contest.   |  | | --- | | Please submit this information within two school days of holding the poster contest. If you have any questions, please contact Thomas Hylands by phone [1-800-334-8571, x6955] or e-mail [thylands@rti.org]. |   Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  Public Reporting burden of this collection of information is estimated at 20 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 many 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 Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-0783). |

**A. COMPLETION**

1. School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you conduct the Safe Dates poster contest?

1 \_\_\_\_\_ Yes

2 \_\_\_\_\_ No

[IF 3=Yes GOTO next screen]

[IF 3=No TERMINATE]

**Your participation is important to us.** To show our appreciation, after RTI receives information for all nine Safe Dates lessons, the play, and the poster contest, you will receive an $80 gift card.

**B. TIME AND ACTIVITY LOG**

In this section, we ask that you record your time spent specifically on the Safe Dates poster contest. Instructions and an example are provided below. The activity log that you should complete is on the next screen.

INSTRUCTIONS

* **Only report time that has not been reported on the Lessons 1-9 forms.**
* We anticipate that you may conduct the Safe Dates poster contest multiple times with different classes. Please record your time separately by class and activity (the rows of the table) as appropriate.
* For activities that are difficult to divide between classes (e.g., preparation, photocopying), record your time under “General Safe Dates Activities.”
* Record class-specific activities (e.g., judging of posters) in the appropriate columns.
* **All entries in the grid should sum to the total time you spent related to the Safe Dates poster contest.** There should be no double counting.
* Do not include or record your time spent completing this questionnaire. We are only interested in the time associated with activities of the Safe Dates poster contest.

EXAMPLE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparing for poster contest** | *60 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *60 min* |
| **Conducting poster contest** | *0 min* | *30 min* | *30 min* | *30 min* | *30 min* |  |  | *120 min* |
| **Wrap-up of poster contest** | *20 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *20 min* |
| **Other poster contest activities (if time not included above)** | *0 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *0 min* |
|  |  |  |  |  |  |  | **Total time** | *200 min*  *(3 hr 20 m)* |

**TIME AND ACTIVITY LOG**

Safe Dates Poster Contest

Date(s) Poster Contest held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparing for poster contest** |  |  |  |  |  |  |  |  |
| **Conducting poster contest** |  |  |  |  |  |  |  |  |
| **Wrap-up of poster contest** |  |  |  |  |  |  |  |  |
| **Other poster contest activities (if time not included above)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Total time** |  |

1. If you recorded time for “Other poster contest activities” above (last row), please describe the activities here. This may include time spent obtaining art supplies, talking to an art teacher, etc.  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Were prizes or any additional materials purchased by the school or by you for the contest? (For example, gift cards for prizes, poster board and markers, etc.)

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[IF 5=Yes GOTO 5a]

[IF 5=No GOTO 6]

* 1. Please estimate the total cost of these materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
       
     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
       
     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
       
     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
       
     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you receive assistance from anyone in conducting the poster contest? (For example, an art teacher, another teacher, or an administrative assistant.)  
     
    1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[IF 6=Yes GOTO 6a]

[IF 6=No GOTO 7]

1. Please list their job title, the activity they assisted with (e.g., photocopying poster contest fliers), and estimate the total amount of time that they contributed.  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
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   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Form Approved**

OMB No. 0920-0783

Exp. Date: 06/30/2011

**SAFE DATES Evaluation –**

**“There’s No Excuse for Dating Abuse” Play**

|  |  |
| --- | --- |
| Thank you for assisting us with the Safe Dates evaluation. This questionnaire asks about time and materials specifically related to the Safe Dates play.   |  | | --- | | Please submit this questionnaire within two school days of performing the play. If you have any questions, please contact Thomas Hylands by phone [1-800-334-8571, x6955] or e-mail [thylands@rti.org]. |   Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  Public Reporting burden of this collection of information is estimated at 20 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 many 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 Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-0783).  **A. COMPLETION**   1. School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Did you conduct the Safe Dates play, “There’s No Excuse for Dating Abuse”?   1 \_\_\_\_\_ Yes    2 \_\_\_\_\_ No |

[IF 3=Yes GOTO next screen]

[IF 3=No TERMINATE]

**Your participation is important to us.** To show our appreciation, after RTI receives information for all nine Safe Dates lessons, the play, and the poster contest, you will receive an 80 gift card.

**B. TIME AND ACTIVITY LOG**

In this section, we ask that you record your time spent specifically on the Safe Dates play, “There’s No Excuse for Dating Abuse.” Instructions and an example are provided below. The activity log that you should complete is on the following screens.

INSTRUCTIONS

* **Only report time that has not been reported on the Lessons 1-9 forms.**
* We anticipate that you may conduct the Safe Dates play multiple times with different classes. Please record your time separately by class and activity (the rows of the table) as appropriate.
* For activities that are difficult to divide between classes (e.g., preparation, photocopying), record your time under “General Safe Dates Activities.”
* Record class-specific activities (e.g., rehearsals) in the appropriate columns.
* **All entries in the grid should sum to the total time you spent related to the Safe Dates play.** There should be no double counting.
* Do not include or record your time spent completing this questionnaire. We are only interested in the time associated with activities of the Safe Dates play.

EXAMPLE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparing for the play (rehearsals, etc.)** | *30 min* | *40 min* | *40 min* | *40 min* | *40 min* |  |  | *190 min* |
| **Conducting the play (performance, post-discussion)** | *0 min* | *40 min* | *40 min* | *40 min* | *40 min* |  |  | *160 min* |
| **Wrap-up of the play (any activities after the performance)** | *0 min* | *5 min* | *5 min* | *5 min* | *5 min* |  |  | *20 min* |
| **Other play activities (if time not included above)** | *0 min* | *0 min* | *0 min* | *0 min* | *0 min* |  |  | *0 min* |
|  |  |  |  |  |  |  | **Total time** | *370 min*  *(6 hr 10 m)* |

**TIME AND ACTIVITY LOG**

Safe Dates Play

4. Date(s) Play performed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **General Safe Dates Activities** | **Class-Specific Activities** | | | | | | **Total time** |
| **Class 1** | **Class 2** | **Class 3** | **Class 4** | **Class 5** | **Class 6** |
| **Preparing for the play (rehearsals, etc.)** |  |  |  |  |  |  |  |  |
| **Conducting the play (performance, post-discussion)** |  |  |  |  |  |  |  |  |
| **Wrap-up of the play (any activities after the performance)** |  |  |  |  |  |  |  |  |
| **Other play activities (if not included above)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Total time** |  |

5. If you recorded time for “Other play activities” above (last row), please describe the activities here. This may include time spent obtaining props, meetings related to the play performance, gathering local statistics, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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6. Did you receive assistance from anyone in conducting the play (for example, a drama teacher, another teacher, or an administrative assistant)?  
  
 1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[IF 6=Yes GOTO 6.a]

[IF 6=No GOTO 7]6.

1. Please list their job title, the activity they assisted with (e.g., coordinating with drama students), and estimate the total amount of time that they contributed.  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Were any materials purchased by you or the school in order for you to perform the play (e.g., props, costumes, posterboard, etc)?

1 \_\_\_\_\_ Yes 2 \_\_\_\_\_ No

[IF 7=Yes GOTO 7a]

[IF 7=NO GOTO 8]

a. If yes, please estimate the total cost of these materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Who performed the Safe Dates play?

1 \_\_\_\_\_ My Safe Dates students

2 \_\_\_\_\_ My school’s drama class. (please make sure you completed Question 6 above.)

3 \_\_\_\_\_ Others. (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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9. What type of audience was the play performed in front of?  
  
 1 \_\_\_\_\_ My Safe Dates class(es)  
  
 2 \_\_\_\_\_ A broader audience of students, including others not in my Safe Dates class(es)  
  
 3 \_\_\_\_\_ Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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