**Form Approved**

OMB No. 0920-XXXX

Exp. Date:

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

Attachment T:

Parent Program Fidelity 7th Grade Session 5

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

Division of Violence Prevention

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

**Parent Curriculum – 7th Grade, Session 5 – Parent are Key**

Attendance Log

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

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

|  |  |  |
| --- | --- | --- |
| **Parent / Guardian Names** | **Name of Child in Program** | **Name of Child in Program** |
|  |  |  |
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**Parent Curriculum – 7th Grade, Session 5 – Parents are Key**

Session Log

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

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

Please indicate if you completed the following activities:

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Yes | Yes w/ changes | No |
| 1. Introduced ice breaker
 | ❑ | ❑ | ❑ |
| 1. Facilitated review of general ground rules
 | ❑ | ❑ | ❑ |
| 1. Facilitated review of session 3
 | ❑ | ❑ | ❑ |
| 1. Facilitated review of in-home assignment (session 4)
 | ❑ | ❑ | ❑ |
| 1. Introduced session 5
 | ❑ | ❑ | ❑ |
| 1. Facilitated discussion of topics that are difficult to

discuss with children | ❑ | ❑ | ❑ |
| 1. Facilitated discussion of dating myths
 | ❑ | ❑ | ❑ |
| 1. Allowed parents an opportunity to react to TDV facts
 | ❑ | ❑ | ❑ |
| 1. Provided list of community resources for parents
 | ❑ | ❑ | ❑ |
| 1. Facilitated a discussion of ways to prevent TDV in

neighborhoods and communities | ❑ | ❑ | ❑ |
| 1. Reviewed concepts covered
 | ❑ | ❑ | ❑ |
| 1. Discussed assignment for in-home session
 | ❑ | ❑ | ❑ |
| 1. Closed session
 | ❑ | ❑ | ❑ |

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

|  |  |
| --- | --- |
| 1. Not enough time
 |  |
| 1. I did not have the needed materials
 |  |
| 1. Parents did not appear to understand the session
 |  |
| 1. I was uncomfortable discussing some of the topics
 |  |
| 1. Parents were uncomfortable discussing some of the topics
 |  |
| 1. Some part of the session was difficult for parents (i.e., role plays, discussing sexual issues and topics, completing homework)
 |  |
| 1. Other more pressing session demands
 |  |
| 1. Other – please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |

Describe any changes you made to the session activities.

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

1. How engaged were the parents in the session?

 *1 very bored*

 *2*

 *3 average*

 *4*

 *5 fully engaged*

1. Please think about how well you think the session went today.

*1 extremely poorly*

*2*

*3 average*

*4*

*5 exceptional*

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

*1  Not at all*

*2  A little*

*3  A lot*

*4  Completely*

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

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

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

*3 Session was just right*

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