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 QQ: Student Program Fidelity 8th Grade Session 10 (Comprehensive)

Dating Matters: Strategies to Promote Healthy Teen Relationships™ Initiative

Division of Violence Prevention National Center for Injury Prevention and Control Centers for Disease Control and Prevention

Student Curriculum – 8th Grade, Session 10 – Reviewing the Safe Dates Program

_ Implementer ID:
Session ID:
Program Year:

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

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

Student Curriculum – 8th Grade, Session 10 – Reviewing the Safe Dates Program

Implementer Name:	Implementer ID:
School ID:	Session ID:
Classroom ID:	
Program Year:	Time lesson began:
Date:	Time lesson ended:

Please indicate if you completed the following activities:

	Activity	Yes	Yes w/ changes	No
1.	Administered Post-Test (Optional)			
2.	Reviewed key components – Such as healthy relationships, types of dating abuse, helping friends, SAFE skills, prevention			
3.	Described Safe Dates poster contest			
4.	Reviewed poster contest flyer			
5.	Congratulated students for the hard work they put into the program			

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

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

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

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

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

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

- 1. How well do you think the students understood the session material?
- 1 Not at all
- 2 A little
- 3 A lot
- 4 Completely
- 2. 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

Please reflect on your overall implementation of the program.

What is a student's time spent on program training over the past 12 months?

How much time (excluding travel time) did you spend on curricula implementation over the past 12 months?

How much travel time and mileage did you spend on curricula implementation over the past 12 months?