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# Attachment LLL: Student Program Fidelity 8th Grade Session 10 (Standard)

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***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**

**Attendance Log**

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

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

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

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

<b>Student Names (Pre-Typed)</b>	<b>Student ID (pre-typed)</b>	<b>Student Initials for Present</b>

**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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reviewed key components – Such as healthy relationships, types of dating abuse, helping friends, SAFE skills, prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Described Safe Dates poster contest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reviewed poster contest flyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Congratulated students for the hard work they put into the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>
2. I did not have the needed materials	<input type="checkbox"/>
3. I was uncomfortable discussing some of the topics	<input type="checkbox"/>
4. Students were uncomfortable discussing some of the topics	<input type="checkbox"/>
5. Some part of the session was difficult for students (e.g., role plays, reading aloud, worksheets)	<input type="checkbox"/>
6. Classroom behavior management issues	<input type="checkbox"/>
7. Other more pressing classroom demands	<input type="checkbox"/>
8. Other – please specify _____	<input type="checkbox"/>

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

<b>Most students...</b>	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
Asked relevant questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suggested solutions to scenario problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded correctly to questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distracted other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated extensively in discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discouraged other students from participating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 complete*

**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?