

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 M:

# Parent Program Fidelity 6th Grade Session 2

---

***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 – 6th Grade, Session 2 – Parenting Positively**

**Attendance Log**

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

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

Parent / Guardian Names	Name of Child in Program	Name of Child in Program

**Parent Curriculum – 6th Grade, Session 2 – Parenting Positively**

**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 selected from Appendix M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Facilitated review of general ground rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Facilitated review of session 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Facilitated review of homework assignment from session 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Introduced session 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Showed video 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Facilitated discussion of video 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Facilitated discussion on effective parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Introduced and facilitated discussion on strengthening parent-child relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Showed video 6 with pauses for discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Reviewed characteristics of good communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Facilitated discussion on supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Showed video 7 with pauses for discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Reviewed homework assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Reviewed concepts covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Closed session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. Parents did not appear to understand the session	<input type="checkbox"/>
4. I was uncomfortable discussing some of the topics	<input type="checkbox"/>
5. Parents were uncomfortable discussing some of the topics	<input type="checkbox"/>
6. Some part of the session was difficult for parents (i.e., role plays, discussing sexual issues and topics, completing homework)	<input type="checkbox"/>
7. Other more pressing session demands	<input type="checkbox"/>
8. Other – please specify _____	<input type="checkbox"/>

**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*

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

- 1 *extremely poorly*

- 2
- 3 *average*
- 4
- 5 *exceptional*

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

- 1 *Not at all*
- 2 *A little*
- 3 *A lot*
- 4 *Completely*

4. 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*