**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 Q:

Parent Program Fidelity 6th Grade Session 6

## *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 6 – Moving Forward**

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 – 6th Grade, Session 6 – Moving Forward**

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. Welcomed parents and children to the session | ❑ | ❑ | ❑ |
| 1. Oriented children to the room and session | ❑ | ❑ | ❑ |
| 1. Reviewed ground rules | ❑ | ❑ | ❑ |
| 1. Facilitated review of session 5 using talking points | ❑ | ❑ | ❑ |
| 1. Discussed how parents can assist their children in developing healthy relationships | ❑ | ❑ | ❑ |
| 1. Reviewed homework assignment using talking points | ❑ | ❑ | ❑ |
| 1. Discussed posters 15-17 and their relevance to talking to   Children about sexual issues, the importance of values  and how decisions made now affect the future | ❑ | ❑ | ❑ |
| 1. Facilitated parent participation for parent-child discussion | ❑ | ❑ | ❑ |
| 1. Reviewed characteristics of good communication skills   using slides 2-5, Effective Parent-Child Communication | ❑ | ❑ | ❑ |
| 1. Facilitated parent-child discussion using questions and   tips provided | ❑ | ❑ | ❑ |
| 1. Escorted children back to their room | ❑ | ❑ | ❑ |
| 1. Facilitated discussion with parents only | ❑ | ❑ | ❑ |
| 1. Facilitated discussion on peer pressure using slides 6-7,   4-Step Parent Plan for Peer Pressure | ❑ | ❑ | ❑ |
| 1. Facilitated peer pressure role play | ❑ | ❑ | ❑ |
| 1. Showed Video 15, The Pressure Teens Face | ❑ | ❑ | ❑ |
| 1. Facilitated parent-child discussion of video 15 | ❑ | ❑ | ❑ |
| 1. Summarized information covered over past 6 sessions | ❑ | ❑ | ❑ |
| 1. Facilitated discussion using slides 8-20 | ❑ | ❑ | ❑ |
| 1. Ended program with celebration | ❑ | ❑ | ❑ |

**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*

**Please think about the overall implementation of the program and tell us your answers to the following questions.**

How much time (excluding travel time) did you spend on parent facilitation for this session?

How much travel time and mileage did you spend on parent facilitation for this session?

What is your annual salary? Please circle the answer from the selection choices below.

1. $0 to $9,999
2. $10,000 to $19,999
3. $20,000 to $29,999
4. $30,000 to $39,999
5. $40,000 to $49,999
6. $50,000 to $59,999
7. $60,000 to $69,999
8. $70,000 to $79,999
9. $80,000 to $89,999
10. $90,000 to $99,999
11. $100,000 or above

What is a parent’s time spent on program training for this session?