

El Camino

APPENDIX A: Fidelity Monitoring Tool

Faciliators Name: _____			Start Time	
Date: _____			End Time:	
# of participants:				
Lesson 1: State Your Goal: Intro to El Camino	Did you complete each activity? <i>By complete we mean cover all of the content indicated in the curriculum.</i>			Please describe any success or challenges you would like to highlight for this lesson. (only at lesson level)
	Yes	Yes, with changes	No	
1A: Welcome to El Camino Program Lesson 1!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1B: Vote with Your Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1C: Introduction to El Camino and Group Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1D: STAR: State your goal; Think about the steps; Assert your Camino; Reach your goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1E: Sofia's and Santiago's Story/Novela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1F: STAR: State Your Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1G: Slogan and Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lesson 1: State Your Goal: Intro to El Camino	If you made changes or adaptations to each activity, please indicate the type of changes or adaptations you made. <i>Check all that apply.</i>							
	Shortened teaching content, game or demonstration	Added teaching content, game, or demonstration	Added discussion time	Changed delivery of activity	Changed order of activities	Changed wording or language in the activities	Eliminated part of activity	Other, please describe
1A: Welcome to El Camino Program Lesson 1!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1B: Vote with Your Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1C: Introduction to El Camino and Group Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1D: STAR: State your goal; Think about the steps; Assert your Camino; Reach your goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1E: Sofia's and Santiago's Story/Novela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1F: STAR: State Your Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1G: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to describe other changes or adaptations made to each activity (if applicable).</i>								

Lesson 1: State Your Goal: Intro to El Camino	For each activity that you did not complete or did not teach, please indicate the reason(s). <i>Check all that apply.</i>							
	Ran out of time	Students had questions	Spent time catching up from previous lesson	Student behavior	Outside disruption	Activity not age appropriate	Activity not useful, please explain	Other, please describe
1A: Welcome to El Camino Program Lesson 1!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1B: Vote with Your Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1C: Introduction to El Camino and Group Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1D: STAR: State your goal; Think about the steps; Assert your Camino; Reach your goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1E: Sofia's and Santiago's Story/Novela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1F: STAR: State Your Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1G: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to indicate other reasons that the class did not complete an activity and/or why an activity was not useful (if applicable).</i>								

Facilitators Name: _____ Start Time _____

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of participants: _____

Lesson 2: Think About the Steps: My Life at 25	Did you complete each activity? <i>By complete we mean cover all of the content indicated in the curriculum.</i>			Please describe any success or challenges you would like to highlight for this lesson. (only at lesson level)
	Yes	Yes, with changes	No	
2A: Welcome to Lesson 2!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2B: Review STAR: State your goal; Think about the steps; Assert your Camino; Reach your goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2C: "Pass the Ball": Think About Steps to Your Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2D: My El Camino Map: "Think about the Steps" to Achieve My Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2E: Assignment #1: A Question for your Parent/Guardian or Other Trusted Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2F: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lesson 2: Think About the Steps: My Life at 25	If you made changes or adaptations to each activity, please indicate the type of changes or adaptations you made. <i>Check all that apply.</i>							
	Shortened teaching content, game or demonstration	Added teaching content, game, or demonstration	Added discussion time	Changed delivery of activity	Changed order of activities	Changed wording or language in the activities	Eliminated part of activity	Other, please describe
2A: Welcome to Lesson 2!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2B: Review STAR: State your goal; Think about the steps; Assert your Camino; Reach your goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2C: “Pass the Ball”: Think About Steps to Your Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2D: My El Camino Map: “Think about the Steps” to Achieve My Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2E: Assignment #1: A Question for your Parent/Guardian or Other Trusted Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2F: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to describe other changes or adaptations made to each activity (if applicable).</i>								

Lesson 2: Think About the Steps: My Life at 25	For each activity that you did not complete or did not teach, please indicate the reason(s). <i>Check all that apply.</i>							
	Ran out of time	Students had questions	Spent time catching up from previous lesson	Student behavior	Outside disruption	Activity not age appropriate	Activity not useful, please explain	Other, please describe
2A: Welcome to Lesson 2!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2B: Review STAR: State your goal; Think about the steps; Assert your Camino; Reach your goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2C: "Pass the Ball": Think About Steps to Your Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2D: My El Camino Map: "Think about the Steps" to Achieve My Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2E: Assignment #1: A Question for your Parent/Guardian or Other Trusted Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2F: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to indicate other reasons that the class did not complete an activity and/or why an activity was not useful (if applicable).</i>								

Facilitators Name: _____ Start Time _____

Date: _____ End Time: _____

of participants: _____

Lesson 3: Assert Your El Camino: Relationships and Decisions	Did you complete each activity? <i>By complete we mean cover all of the content indicated in the curriculum.</i>			Please describe any success or challenges you would like to highlight for this lesson. (only at lesson level)
	Yes	Yes, with changes	No	
3A: Welcome to Lesson 3!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3B: Vote with Your Feet - Road Trips - On or Off Track?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3C: Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3D: Sofia's and Santiago's Story/Novela: Pedro's Party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3E: Assignment #1: A Question for your Parent/Guardian or Other Trusted Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3F: Slogan and Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lesson 3: Assert Your El Camino: Relationships and Decisions	If you made changes or adaptations to each activity, please indicate the type of changes or adaptations you made. <i>Check all that apply.</i>							
	Shortened teaching content, game or demonstration	Added teaching content, game, or demonstration	Added discussion time	Changed delivery of activity	Changed order of activities	Changed wording or language in the activities	Eliminated part of activity	Other, please describe
3A: Welcome to Lesson 3!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B: Vote with Your Feet - Road Trips - On or Off Track?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3C: Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3D: Sofia's and Santiago's Story/Novela: Pedro's Party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3E: Assignment #1: A Question for your Parent/Guardian or Other Trusted Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3F: Slogan and Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to describe other changes or adaptations made to each activity (if applicable).</i>								

Lesson 3: Assert Your El Camino: Relationships and Decisions	For each activity that you did not complete or did not teach, please indicate the reason(s). <i>Check all that apply.</i>							
	Ran out of time	Students had questions	Spent time catching up from previous lesson	Student behavior	Outside disruption	Activity not age appropriate	Activity not useful, please explain	Other, please describe
3A: Welcome to Lesson 3!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B: Vote with Your Feet - Road Trips - On or Off Track?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3C: Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3D: Sofia's and Santiago's Story/Novela: Pedro's Party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3E: Assignment #1: A Question for your Parent/Guardian or Other Trusted Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3F: Slogan and Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to indicate other reasons that the class did not complete an activity and/or why an activity was not useful (if applicable).</i>								

Facilitators Name: _____ Start Time _____

Date: _____ End Time: _____

of participants: _____

Lesson 4: Reach Your Goal: Setting Limits to Stay on Track	Did you complete each activity? <i>By complete we mean cover all of the content indicated in the curriculum.</i>			Please describe any success or challenges you would like to highlight for this lesson. (only at lesson level)
	Yes	Yes, with changes	No	
4A: Welcome to Lesson 4!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4B: Reviewing STAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4C: Sofia's and Santiago's Story/Novela: Pedro's Party (cont'd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4D: Vote with Your Feet: Teen Parent Reality Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4E: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lesson 4: Reach Your Goal: Setting Limits to Stay on Track	If you made changes or adaptations to each activity, please indicate the type of changes or adaptations you made. <i>Check all that apply.</i>							
	Shortened teaching content, game or demonstration	Added teaching content, game, or demonstration	Added discussion time	Changed delivery of activity	Changed order of activities	Changed wording or language in the activities	Eliminated part of activity	Other, please describe
4A: Welcome to Lesson 4!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4B: Reviewing STAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4C: Sofia's and Santiago's Story/Novela: Pedro's Party (cont'd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4D: Vote with Your Feet: Teen Parent Reality Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4E: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to describe other changes or adaptations made to each activity (if applicable).</i>								

Lesson 4: Reach Your Goal: Setting Limits to Stay on Track	For each activity that you did not complete or did not teach, please indicate the reason(s). <i>Check all that apply.</i>							
	Ran out of time	Students had questions	Spent time catching up from previous lesson	Student behavior	Outside disruption	Activity not age appropriate	Activity not useful, please explain	Other, please describe
4A: Welcome to Lesson 4!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4B: Reviewing STAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4C: Sofia's and Santiago's Story/Novela: Pedro's Party (cont'd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4D: Vote with Your Feet: Teen Parent Reality Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4E: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to indicate other reasons that the class did not complete an activity and/or why an activity was not useful (if applicable).</i>								

Faciliators Name: _____	Start Time
Date: _____	End Time:

of participants: _____

Lesson 5: Teen Pregnancy and Understanding How Pregnancy Occurs	Did you complete each activity? <i>By complete we mean cover all of the content indicated in the curriculum.</i>			Please describe any success or challenges you would like to highlight for this lesson. (only at lesson level)
	Yes	Yes, with changes	No	
5A: Welcome to Lesson 5!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5B: Culture, Gender, and Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5C: How a Pregnancy Occurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5D: More Facts about Pregnancy and Question Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5E: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lesson 5: Teen Pregnancy and Understanding How Pregnancy Occurs	If you made changes or adaptations to each activity, please indicate the type of changes or adaptations you made. <i>Check all that apply.</i>							
	Shortened teaching content, game or demonstration	Added teaching content, game, or demonstration	Added discussion time	Changed delivery of activity	Changed order of activities	Changed wording or language in the activities	Eliminated part of activity	Other, please describe
5A: Welcome to Lesson 5!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5B: Culture, Gender, and Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5C: How a Pregnancy Occurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5D: More Facts about Pregnancy and Question Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5E: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the space provided to describe other changes or adaptations made to each activity (if applicable).

Lesson 5: Teen Pregnancy and Understanding How Pregnancy Occurs	For each activity that you did not complete or did not teach, please indicate the reason(s). <i>Check all that apply.</i>							
	Ran out of time	Students had questions	Spent time catching up from previous lesson	Student behavior	Outside disruption	Activity not age appropriate	Activity not useful, please explain	Other, please describe
5A: Welcome to Lesson 5!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5B: Culture, Gender, and Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5C: How a Pregnancy Occurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5D: More Facts about Pregnancy and Question Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5E: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to indicate other reasons that the class did not complete an activity and/or why an activity was not useful (if applicable).</i>								

Facilitators Name: _____	Start Time
Date: _____	End Time:

of participants: _____

Lesson 6: Promoting Sexual Health: Contraception	Did you complete each activity? <i>By complete we mean cover all of the content indicated in the curriculum.</i>			Please describe any success or challenges you would like to highlight for this lesson. (only at lesson level)
	Yes	Yes, with changes	No	
6A: Welcome to Lesson 6!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6B: Student Questions & Review of Talking Points About Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6C: Contraceptive Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6D: Sofia and David: Making Decisions & Contraceptive Timeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6E: More Facts About Contraceptives and Question Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6F: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lesson 6: Promoting Sexual Health: Contraception	If you made changes or adaptations to each activity, please indicate the type of changes or adaptations you made. Check all that apply.							
	Shortened teaching content, game or demonstration	Added teaching content, game, or demonstration	Added discussion time	Changed delivery of activity	Changed order of activities	Changed wording or language in the activities	Eliminated part of activity	Other, please describe
6A: Welcome to Lesson 6!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B: Student Questions & Review of Talking Points About Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6C: Contraceptive Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6D: Sofia and David: Making Decisions & Contraceptive Timeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6E: More Facts About Contraceptives and Question Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6F: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the space provided to describe other changes or adaptations made to each activity (if applicable).

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Lesson 6: Promoting Sexual Health: Contraception	For each activity that you did not complete or did not teach, please indicate the reason(s). Check all that apply.							
	Ran out of time	Students had questions	Spent time catching up from previous lesson	Student behavior	Outside disruption	Activity not age appropriate	Activity not useful, please explain	Other, please describe
6A: Welcome to Lesson 6!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B: Student Questions & Review of Talking Points About Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6C: Contraceptive Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6D: Sofia and David: Making Decisions & Contraceptive Timeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6E: More Facts About Contraceptives and Question Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6F: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the space provided to indicate other reasons that the class did not complete an activity and/or why an activity was not useful (if applicable).

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Faciliators Name: _____	Start Time
Date: _____	End Time:

of participants: _____

Lesson 7: Promoting Sexual Health and Preventing STIs: Condoms	Did you complete each activity? <i>By complete we mean cover all of the content indicated in the curriculum.</i>			Please describe any success or challenges you would like to highlight for this lesson. (only at lesson level)
	Yes	Yes, with changes	No	
7A: Welcome to Lesson 7!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7B: Student Questions & Review of Talking Points about Contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7C: Benefits of Using a Condom and Sexually Transmitted Infections (STIs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7D: How to Use Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7E: Condom Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7F: Obstacles to Using Contraception & Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7G: More Facts About Condoms and Question Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7H: Assignment 2: A Question for Your Parent/Guardian or Other Trusted Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7I: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lesson 7: Promoting Sexual Health and Preventing STIs: Condoms	If you made changes or adaptations to each activity, please indicate the type of changes or adaptations you made. Check all that apply.							
	Shortened teaching content, game or demonstration	Added teaching content, game, or demonstration	Added discussion time	Changed delivery of activity	Changed order of activities	Changed wording or language in the activities	Eliminated part of activity	Other, please describe
7A: Welcome to Lesson 7!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7B: Student Questions & Review of Talking Points about Contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7C: Benefits of Using a Condom and Sexually Transmitted Infections (STIs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7D: How to Use Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7E: Condom Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7F: Obstacles to Using Contraception & Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7G: More Facts About Condoms and Question Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7H: Assignment 2: A Question for Your Parent/Guardian or Other Trusted Adult								
7I: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to describe other changes or adaptations made to each activity (if applicable).</i>								

Lesson 7: Promoting Sexual Health and Preventing STIs: Condoms	For each activity that you did not complete or did not teach, please indicate the reason(s). Check all that apply.							
	Ran out of time	Students had questions	Spent time catching up from previous lesson	Student behavior	Outside disruption	Activity not age appropriate	Activity not useful, please explain	Other, please describe
7A: Welcome to Lesson 7!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7B: Student Questions & Review of Talking Points about Contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7C: Benefits of Using a Condom and Sexually Transmitted Infections (STIs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7D: How to Use Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7E: Condom Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7F: Obstacles to Using Contraception & Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7G: More Facts About Condoms and Question Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7H: Assignment 2: A Question for Your Parent/Guardian or Other Trusted Adult								
7I: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson 7: Promoting Sexual Health and Preventing STIs: Condoms	For each activity that you did not complete or did not teach, please indicate the reason(s). Check all that apply.							
	Ran out of time	Students had questions	Spent time catching up from previous lesson	Student behavior	Outside disruption	Activity not age appropriate	Activity not useful, please explain	Other, please describe
Use the space provided to indicate other reasons that the class did not complete an activity and/or why an activity was not useful (if applicable).								

Facilitators Name: _____	Start Time
Date: _____	End Time:

of participants: _____

Lesson 8: Promoting Sexual Health and Staying on Your Camino	Did you complete each activity? <i>By complete we mean cover all of the content indicated in the curriculum.</i>			Please describe any success or challenges you would like to highlight for this lesson. (only at lesson level)
	Yes	Yes, with changes	No	
8A: Welcome to Lesson 8!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8B: Promoting Sexual Health on Your Camino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8C: Sofia and David Going to the Clinic: Meeting with a Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8D: Review of Assignment #2: A Question for your Parent/Guardian or Other Trusted Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8E: Student Questions & Review of Talking Points about Contraceptives and Condoms and Question Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8F: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lesson 8: Promoting Sexual Health and Staying on Your Camino	If you made changes or adaptations to each activity, please indicate the type of changes or adaptations you made. <i>Check all that apply.</i>							
	Shortened teaching content, game or demonstration	Added teaching content, game, or demonstration	Added discussion time	Changed delivery of activity	Changed order of activities	Changed wording or language in the activities	Eliminated part of activity	Other, please describe
8A: Welcome to Lesson 8!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B: Promoting Sexual Health on Your Camino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8C: Sofia and David Going to the Clinic: Meeting with a Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8D: Review of Assignment #2: A Question for your Parent/Guardian or Other Trusted Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8E: Student Questions & Review of Talking Points about Contraceptives and Condoms and Question Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8F: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to describe other changes or adaptations made to each activity (if applicable).</i>								

Lesson 8: Promoting Sexual Health and Staying on Your Camino	For each activity that you did not complete or did not teach, please indicate the reason(s). <i>Check all that apply.</i>							
	Ran out of time	Students had questions	Spent time catching up from previous lesson	Student behavior	Outside disruption	Activity not age appropriate	Activity not useful, please explain	Other, please describe
8A: Welcome to Lesson 8!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B: Promoting Sexual Health on Your Camino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8C: Sofia and David Going to the Clinic: Meeting with a Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8D: Review of Assignment #2: A Question for your Parent/Guardian or Other Trusted Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8E: Student Questions & Review of Talking Points about Contraceptives and Condoms and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8F: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to indicate other reasons that the class did not complete an activity and/or why an activity was not useful (if applicable).</i>								

Facilitators Name:			Start Time	
Date:			End Time:	
# of participants:				
Lesson 9: Assertive Communication: Setting and Protecting Our Personal Limits – Part 1	Did you complete each activity? <i>By complete we mean cover all of the content indicated in the curriculum.</i>			Please describe any success or challenges you would like to highlight for this lesson. (only at lesson level)
	Yes	Yes, with changes	No	
9A: Welcome to Lesson 9!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9B: Introduction to Setting and Protecting Our Personal Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9C: Two Communication Styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9D: Nonverbal Communication (Body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9E: Practicing Assertive Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9F: Slogan and Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lesson 9: Assertive Communication: Setting and Protecting Our Personal Limits – Part 1	If you made changes or adaptations to each activity, please indicate the type of changes or adaptations you made. <i>Check all that apply.</i>							
	Shortened teaching content, game or demonstration	Added teaching content, game, or demonstration	Added discussion time	Changed delivery of activity	Changed order of activities	Changed wording or language in the activities	Eliminated part of activity	Other, please describe
9A: Welcome to Lesson 9!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9B: Introduction to Setting and Protecting Our Personal Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9C: Two Communication Styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9D: Nonverbal Communication (Body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9E: Practicing Assertive Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9F: Slogan and Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to describe other changes or adaptations made to each activity (if applicable).</i>								

Lesson 9: Assertive Communication: Setting and Protecting Our Personal Limits – Part 1	For each activity that you did not complete or did not teach, please indicate the reason(s). <i>Check all that apply.</i>							
	Ran out of time	Students had questions	Spent time catching up from previous lesson	Student behavior	Outside disruption	Activity not age appropriate	Activity not useful, please explain	Other, please describe
9A: Welcome to Lesson 9!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9B: Introduction to Setting and Protecting Our Personal Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9C: Two Communication Styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9D: Nonverbal Communication (Body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9E: Practicing Assertive Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9F: Slogan and Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to indicate other reasons that the class did not complete an activity and/or why an activity was not useful (if applicable).</i>								

Faciliators Name: _____	Start Time
Date: _____	End Time:

of participants:

Lesson 10: Assertive Communication: Setting and Protecting Our Personal Limits - Part 2	Did you complete each activity? <i>By complete we mean cover all of the content indicated in the curriculum.</i>			Please describe any success or challenges you would like to highlight for this lesson. (only at lesson level)
	Yes	Yes, with changes	No	
10A: Welcome to Lesson 10!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10B: Setting Sexual Limits with Partners: What is Consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10C: Setting Sexual Limits with Partners: Assertive Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10D: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lesson 10: Assertive Communication: Setting and Protecting Our Personal Limits - Part 2	If you made changes or adaptations to each activity, please indicate the type of changes or adaptations you made. <i>Check all that apply.</i>							
	Shortened teaching content, game or demonstration	Added teaching content, game, or demonstration	Added discussion time	Changed delivery of activity	Changed order of activities	Changed wording or language in the activities	Eliminated part of activity	Other, please describe
10A: Welcome to Lesson 10!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B: Setting Sexual Limits with Partners: What is Consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10C: Setting Sexual Limits with Partners: Assertive Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10D: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to describe other changes or adaptations made to each activity (if applicable).</i>								

Lesson 10: Assertive Communication: Setting and Protecting Our Personal Limits - Part 2	For each activity that you did not complete or did not teach, please indicate the reason(s). <i>Check all that apply.</i>							
	Ran out of time	Students had questions	Spent time catching up from previous lesson	Student behavior	Outside disruption	Activity not age appropriate	Activity not useful, please explain	Other, please describe
10A: Welcome to Lesson 10!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B: Setting Sexual Limits with Partners: What is Consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10C: Setting Sexual Limits with Partners: Assertive Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10D: Slogan and Closure (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Use the space provided to indicate other reasons that the class did not complete an activity and/or why an activity was not useful (if applicable).</i>								

Faciliators Name: _____	Start Time
Date: _____	End Time:

of participants: _____

Lesson 11: El Camino and Your Future	Did you complete each activity? <i>By complete we mean cover all of the content indicated in the curriculum.</i>			Please describe any success or challenges you would like to highlight for this lesson. (only at lesson level)
	Yes	Yes, with changes	No	
11A: Welcome to Lesson 11!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11B: Slogan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11C: A Review of Handout 1.1: My El Camino Map with STAR Definition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11D: A Story/Novela about Angela's and Carlos's Caminos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11E: Healthy Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11F: Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lesson 11: El Camino and Your Future	If you made changes or adaptations to each activity, please indicate the type of changes or adaptations you made. <i>Check all that apply.</i>							
	Shortened teaching content, game or demonstration	Added teaching content, game, or demonstration	Added discussion time	Changed delivery of activity	Changed order of activities	Changed wording or language in the activities	Eliminated part of activity	Other, please describe
11A: Welcome to Lesson 11!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B: Slogan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C: A Review of Handout 1.1: My El Camino Map with STAR Definition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11D: A Story/Novela about Angela's and Carlos's Caminos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11E: Healthy Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11F: Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the space provided to describe other changes or adaptations made to each activity (if applicable).

Lesson 11: El Camino and Your Future	For each activity that you did not complete or did not teach, please indicate the reason(s). <i>Check all that apply.</i>							
	Ran out of time	Students had questions	Spent time catching up from previous lesson	Student behavior	Outside disruption	Activity not age appropriate	Activity not useful, please explain	Other, please describe
11A: Welcome to Lesson 11!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B: Slogan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11C: A Review of Handout 1.1: My El Camino Map with STAR Definition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11D: A Story/Novela about Angela's and Carlos's Caminos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11E: Healthy Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11F: Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the space provided to indicate other reasons that the class did not complete an activity and/or why an activity was not useful (if applicable).