



50507

OTPF Evaluation of Word of Mouth On-line Implementation Fidelity Checklist

Class ID

-

Which on-line Word of Mouth curriculum was implemented?

Grade 4 Grade 5 Grade 6 Grade 7 Grade 8

School: _____

District: _____

Facilitator First Name

Facilitator Last Name

Facilitator E-mail

Facilitator Phone

() -

Facilitator Sex

Male
 Female

Did every student have their own computer?

Yes
 No

What time did the class begin?

: AM
 PM

Number of students enrolled:

Number of computers available:

Session	Date	Duration (minutes)	Any technical difficulties?	How many students completed the lesson?
1.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/>
2.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/>
3.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/>
4.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/>

Comments: _____
