

OTPF Project TNT: Towards No Tobacco Facilitator Fidelity Checklist

Grantee Name												Class ID			
<input style="width: 100%; height: 20px;" type="text"/>												<input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>			
Subgrantee Name															
<input style="width: 100%; height: 20px;" type="text"/>															
Facilitator First Name						Facilitator Last Name						Facilitator Sex			
<input style="width: 100%; height: 20px;" type="text"/>						<input style="width: 100%; height: 20px;" type="text"/>						<input type="checkbox"/> Male <input type="checkbox"/> Female			
Facilitator Phone				Facilitator E-mail											
(<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>) <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>				<input style="width: 100%; height: 20px;" type="text"/>											
School District								School							
<input style="width: 100%; height: 20px;" type="text"/>								<input style="width: 100%; height: 20px;" type="text"/>							
Teacher						Grade		Period							
<input style="width: 100%; height: 20px;" type="text"/>						<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>							

Instructions: Please complete the appropriate section after completion of each session. Indicate the date the session was completed, how many minutes were spent on covering that session, and indicate which of the session objectives were completed. If any session objectives were not completed, please explain why. In the notes section at the end of the survey, please include any comments you have about any session including changes you may have made to the curriculum materials.

SESSION	DATE COMPLETED		TOPICS/ACTIVITIES COVERED		CURRICULUM ATTAINMENT
	TIME TO COMPLETE (MIN)		Yes	No	
Session 1: Effective Listening & Tobacco Information	Date Completed	Minutes	<input type="checkbox"/>	<input type="checkbox"/>	How closely did you keep to the curriculum as written for this lesson? <input type="checkbox"/> Not at all close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Pretty close <input type="checkbox"/> Exactly
	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	



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SESSION	DATE COMPLETED TIME TO COMPLETE (MIN)		TOPICS/ACTIVITIES COVERED		CURRICULUM ATTAINMENT	
			Yes	No		
Session 2: The Course & Consequences of Tobacco Use	Date Completed □□ / □□ / □□	Minutes □□□	<input type="checkbox"/>	<input type="checkbox"/>	TNT Game Review of Session 1 TNT Word List: <i>Consequence</i> Demonstration Activity: Stages of Addiction Consequences & Decision Making Homework: <i>Consequences of Tobacco Use</i> Session Summary TNT Game (Optional)	How closely did you keep to the curriculum as written for this lesson? <input type="checkbox"/> Not at all close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Pretty close <input type="checkbox"/> Exactly
Session 3: Self-Esteem	Date Completed □□ / □□ / □□	Minutes □□□	<input type="checkbox"/>	<input type="checkbox"/>	TNT Game Review of Session 2 TNT Word List: <i>Self-Esteem</i> Building Self-Esteem Worksheet I'm Special Worksheet Pass a Compliment Game and Discussion Homework: <i>Feeling Good About Myself WS</i> Session Summary TNT Game (Optional)	How closely did you keep to the curriculum as written for this lesson? <input type="checkbox"/> Not at all close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Pretty close <input type="checkbox"/> Exactly
Session 4: Being True to Yourself & Changing Negative Thoughts	Date Completed □□ / □□ / □□	Minutes □□□	<input type="checkbox"/>	<input type="checkbox"/>	TNT Game Review of Session 3 Discussion of Peer Pressure & TNT Word List: <i>Peer Pressure (Indirect & Direct)</i> Special Qualities in Friendship Worksheet What's In My Head? Session Summary TNT Game (Optional)	How closely did you keep to the curriculum as written for this lesson? <input type="checkbox"/> Not at all close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Pretty close <input type="checkbox"/> Exactly
Session 5: Effective Communication	Date Completed □□ / □□ / □□	Minutes □□□	<input type="checkbox"/>	<input type="checkbox"/>	TNT Game Review of Session 4 TNT Word List: <i>Communication</i> Verbal & Nonverbal Communication Worksheet Observational Skills Open-Ended Questions Homework: Interviewing a Smoker Session Summary TNT Game (Optional)	How closely did you keep to the curriculum as written for this lesson? <input type="checkbox"/> Not at all close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Pretty close <input type="checkbox"/> Exactly
Session 6: Assertiveness Training & Refusal	Date Completed □□ / □□ / □□	Minutes □□□	<input type="checkbox"/>	<input type="checkbox"/>	TNT Game Review of Session 5 Indirect vs. Direct Pressure Avoiding and Escaping the Situation Refusal Techniques Practicing Assertive Refusals Homework: <i>Saying No</i> Session Summary TNT Game (Optional)	How closely did you keep to the curriculum as written for this lesson? <input type="checkbox"/> Not at all close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Pretty close <input type="checkbox"/> Exactly
Session 7: Assertive Refusal Skills Practice	Date Completed □□ / □□ / □□	Minutes □□□	<input type="checkbox"/>	<input type="checkbox"/>	TNT Game Review of Session 6 Standing Up For Yourself Assertive Refusal Skills Practice Session Summary TNT Game (Optional)	How closely did you keep to the curriculum as written for this lesson? <input type="checkbox"/> Not at all close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Pretty close <input type="checkbox"/> Exactly



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SESSION	DATE COMPLETED TIME TO COMPLETE (MIN)	TOPICS/ACTIVITIES COVERED	CURRICULUM ATTAINMENT
		Yes No	
Session 8: Advertising Images	Date Completed Minutes <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> TNT Game Review of Session 7 <input type="checkbox"/> <input type="checkbox"/> TNT Word List: <i>Social Image</i> <input type="checkbox"/> <input type="checkbox"/> Tobacco Awareness <input type="checkbox"/> <input type="checkbox"/> Advertising Pitches <input type="checkbox"/> <input type="checkbox"/> Tobacco in the Media <input type="checkbox"/> <input type="checkbox"/> Homework: Anti-Tobacco Advertisement <input type="checkbox"/> <input type="checkbox"/> Session Summary: TNT Game (Optional)	How closely did you keep to the curriculum as written for this lesson? <input type="checkbox"/> Not at all close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Pretty close <input type="checkbox"/> Exactly
Session 9: Social Activism-Advocating for No Tobacco Use	Date Completed Minutes <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> TNT Game Review of Session 8 <input type="checkbox"/> <input type="checkbox"/> Writing a Letter <input type="checkbox"/> <input type="checkbox"/> Preparation for Last Day of Project TNT <input type="checkbox"/> <input type="checkbox"/> Session Summary: TNT Game (Optional)	How closely did you keep to the curriculum as written for this lesson? <input type="checkbox"/> Not at all close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Pretty close <input type="checkbox"/> Exactly
Session 10: Public Commitment & Video Taping	Date Completed Minutes <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> TNT Commitment Certificate <input type="checkbox"/> <input type="checkbox"/> Videotaping	How closely did you keep to the curriculum as written for this lesson? <input type="checkbox"/> Not at all close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Pretty close <input type="checkbox"/> Exactly

Notes: _____

