

# OTPF Word of Mouth 7th Grade 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: Tobacco and the Respiratory System	Date Completed <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Minutes <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agenda How Would Using Tobacco Affect Your Body? Body Parts Skit Body Parts Quiz		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



36739



## OTPF Word of Mouth 7th Grade Facilitator Fidelity Checklist

SESSION	DATE COMPLETED TIME TO COMPLETE (MIN)		TOPICS/ACTIVITIES COVERED		CURRICULUM ATTAINMENT	
	Date Completed	Minutes	Yes	No		
Session 2: The Power of Promotion	Date Completed <input type="text"/> / <input type="text"/> / <input type="text"/>	Minutes <input type="text"/> <input 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"/>	Agenda Tobacco Ad Activity Carousel Activity Social Responsibility Activity	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: Who's in Control?	Date Completed <input type="text"/> / <input type="text"/> / <input type="text"/>	Minutes <input type="text"/> <input 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"/>	Agenda Passive, Aggressive and Assertive Communication C ommunication Scenarios Assertive Communication Tips & Benefits Assertive Action Plan	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: Decisions, Decisions	Date Completed <input type="text"/> / <input type="text"/> / <input type="text"/>	Minutes <input type="text"/> <input 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"/>	Agenda Decisions, Decisions Worksheet Steps to Evaluate Choices and Make Good Decisions Positive and Negative Consequences Decisions, Decisions Situations Review Parent Survey	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

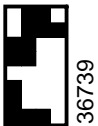
Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



36739