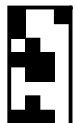


OTPF Word of Mouth 8th Grade Facilitator Fidelity Checklist

Grantee Name															Class ID				
<input style="width: 100%; height: 20px;" type="text"/>															<input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 30px; 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: 100%; 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: Smoking Survey	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 Smoking Survey Game Large Group Discussion Smoking Survey Handout		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



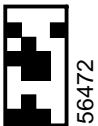
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OTPF Word of Mouth 8th Grade Facilitator Fidelity Checklist

SESSION	DATE COMPLETED TIME TO COMPLETE (MIN)		TOPICS/ACTIVITIES COVERED		CURRICULUM ATTAINMENT
	Yes	No			
Session 2: Chemicals in Tobacco	Date Completed □□ / □□ / □□	Minutes □□□	<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 & Review Spray Bottle Activity Spray Bottle Identification Skit What's in Tobacco Smoke?	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: Criteria of Addiction	Date Completed □□ / □□ / □□	Minutes □□□	<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 & Review Nicotine and Addiction "A Nasty Habit" Handout Group Discussion on "Criteria of Addiction" "Are You Addicted?" Handout	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: Who's in Control?	Date Completed □□ / □□ / □□	Minutes □□□	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Agenda & Review "Who's in Control?" Activity Group Discussion on Rankings	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: _____



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