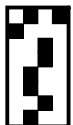


# OTPF Word of Mouth 6th Grade Facilitator Fidelity Checklist

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 TIME TO COMPLETE (MIN)	TOPICS/ACTIVITIES COVERED		CURRICULUM ATTAINMENT
		Yes	No	
Session 1: The Trouble with Tobacco	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"/>	Review Health Effects of Tobacco Review Overheads Trouble with Tobacco Game Real Deal Handout Extra! Extra! Read All About It! Worksheet Progress Report  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 6th Grade Facilitator Fidelity Checklist

SESSION	DATE COMPLETED TIME TO COMPLETE (MIN)		TOPICS/ACTIVITIES COVERED		CURRICULUM ATTAINMENT
	Date Completed	Minutes	Yes	No	
Session 2: Decision Making	Date Completed <input type="text"/> / <input type="text"/> / <input type="text"/>	Minutes <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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
Session 3: Nicotine Addiction	Date Completed <input type="text"/> / <input type="text"/> / <input type="text"/>	Minutes <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"/>	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: Refusal Power	Date Completed <input type="text"/> / <input type="text"/> / <input type="text"/>	Minutes <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"/> <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

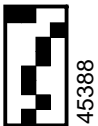
Notes: \_\_\_\_\_

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