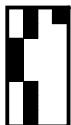


# OTPF Word of Mouth 4th Grade Facilitator Fidelity Checklist

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 TIME TO COMPLETE (MIN)		TOPICS/ACTIVITIES COVERED				CURRICULUM ATTAINMENT
			Yes	No			
Session 1: Smoking is Gross	Date Completed	Minutes	<input type="checkbox"/>	<input type="checkbox"/>	Review of Respiratory System Effects of Tobacco Sponge Lungs Tar Jar Emphysema Demonstration (Bubble Wrap) Coffee Straw Breathing Exercise Smoking is Gross! 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	
	<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"/>			



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## OTPF Word of Mouth 4th Grade Facilitator Fidelity Checklist

SESSION	DATE COMPLETED TIME TO COMPLETE (MIN)		Yes		No		TOPICS/ACTIVITIES COVERED	CURRICULUM ATTAINMENT
	Date Completed	Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Session 2: You Can Decide	Date Completed □□ / □□ / □□	Minutes □□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Progress Report <i>Just the Facts</i> Worksheet Brown Bag Exercise <i>You Can Decide</i> 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
Session 3: Refusal Power	Date Completed □□ / □□ / □□	Minutes □□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Progress Report <i>Wanted: Good Friends</i> Worksheet Review of Refusal Skills Green-Yellow-Red Refusal Activity 1 Green-Yellow-Red Refusal Activity 2 Green-Yellow-Red Refusal Activity 3 Green-Yellow-Red Refusal Activity 4 Green-Yellow-Red Refusal Activity 5 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
Session 4: Grab Your Goal	Date Completed □□ / □□ / □□	Minutes □□□	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Progress Report <i>Getting to Know Yourself</i> Worksheet <i>Grab Your Goal</i> 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

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

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