

OTPF Word of Mouth 5th 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: Cost of Smoking	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"/>	<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"/>	Progress Report <i>What Can Smoking Do to You</i> Worksheet Short/Long Term Effects of Smoking <i>Tobacco Spares No Change</i> Worksheet <i>Short Term Effects of Smoking</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



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SESSION	DATE COMPLETED TIME TO COMPLETE (MIN)	Yes	No	TOPICS/ACTIVITIES COVERED	CURRICULUM ATTAINMENT
Session 2: Why Do Kids Smoke?	Date Completed <input type="text"/> / <input type="text"/> / <input type="text"/> Minutes <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Progress Report <input type="checkbox"/> Chip Exercise <input type="checkbox"/> Wants vs. Addictions <input type="checkbox"/> Consequences of Nicotine Addiction <input type="checkbox"/> Why Do Kids Smoke Discussion <input type="checkbox"/> <i>Why Do Kids Smoke</i> Worksheet <input type="checkbox"/> 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: The One and Only You	Date Completed <input type="text"/> / <input type="text"/> / <input type="text"/> Minutes <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Progress Report <input type="checkbox"/> Character Traits Activity <input type="checkbox"/> <i>Pieces of You</i> Worksheet <input type="checkbox"/> 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: Don't Let Tobacco Get in Your Way	Date Completed <input type="text"/> / <input type="text"/> / <input type="text"/> Minutes <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Progress Report <input type="checkbox"/> <i>What Are Your Goals?</i> Worksheet <input type="checkbox"/> Consequences of Tobacco on Future Goals Discussion <input type="checkbox"/> <i>Refusal Skills</i> Worksheet <input type="checkbox"/> Hot Seat Activity <input type="checkbox"/> 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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