

Curriculum Review Form

Part A: Lesson-by-Lesson Review

Directions: Make one copy of Part A for each lesson. Review each lesson. Show what content the lesson covers, and write in brief notes on the focus of the content covered (see attached table of topics that might be covered). Use the letter codes below to identify the teaching methods used for each content area. Write in the approximate number of minutes spent for each content area.

Title of Lesson: _____

Learning goals/objectives of lesson: _____

What Type of Content is Taught in this Lesson?	What Methods Are Used to Teach this Content? (Write in or use letter codes from below).	How Many Minutes of this Lesson are Spent on this Content?
Knowledge: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list topics.		
Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list skills taught.		
Norms: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list norms addressed.		
Personal Attitudes & Beliefs: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list attitudes and beliefs addressed.		
Risk Perceptions: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list risk perceptions addressed.		
Relationships and/or Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list focus.		
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please describe briefly.		

Codes for teaching methods:

- A. Lecture
- B. Skill practice (e.g., role play, condom demo)
- C. Games
- D. Individual activities (worksheets, journals, quizzes, etc.)
- E. Case studies/stories

- F. Brainstorming
- G. Large group discussion
- H. Small group work
- I. Risk simulations (e.g., STI handshake, fluid exchange)
- J. Guest speaker

- K. Videos/media
- L. Tour/field trip
- M. Clinic/store visits
- N. Homework

O. Other: _____

How strong is the link between the activities and the overall goals/objectives of this lesson (e.g., does each activity help participants move closer to reaching the stated goals/objectives of the lesson)?

- Very strong
 Strong
 Moderate
 Not very strong
 Not strong at all

Curriculum Review Form Part B: Lesson Summary

Directions: Use the table below to summarize the information from the Lesson Review Forms you completed for Part A. You will need this information for Part C.

Name of Curriculum: _____

Source of Curriculum: Published (e.g., Reducing the Risk) Modification of published Agency-developed

Total Number of Lessons in Curriculum: _____

Approximate Length of Each Lesson: _____ (min.) Overall Length of Curriculum: _____ (hrs.)

Content Covered	Total # of Lessons in Which This Type of Content is Covered	Total # of Minutes Devoted to this Type of Content	Teaching Methods Used for this Type of Content
Example- Knowledge	5	60 min.	A, C, F
Knowledge			
Skills			
Norms			
Personal Attitudes & Beliefs			
Risk Perceptions			
Relationships and/or Attachments			
Other:			
Other:			
Other:			

Codes for teaching methods:

- | | | |
|--|---|------------------------|
| A. Lecture | F. Brainstorming | K. Videos/media |
| B. Skill practice (e.g., role play, condom demo) | G. Large group discussion | L. Tour/field trip |
| C. Games | H. Small group work | M. Clinic/store visits |
| D. Individual activities (worksheets, journals, quizzes, etc.) | I. Risk simulations (e.g., STI handshake, fluid exchange) | N. Homework |
| E. Case studies/stories | J. Guest speaker | O. Other: _____ |

Overall, how many different teaching methods are included *in the curriculum*? _____

Were there any lessons in which you rated the link between the activities and the overall goals/objectives of the program as “moderate,” “not very strong,” or “not strong at all”?

- No
- Yes. If so, please list: _____ . (These could become the focus of future refinements).

Table 1:
List of Topics that May Be Covered in the Various Content Areas
For Sexual/Reproductive Health Prevention Education Curricula¹

Knowledge		
<ul style="list-style-type: none"> ▪ Abstinence ▪ Pregnancy prevention ▪ Reproductive anatomy/physiology ▪ Conception and birth ▪ Sexual identity and orientation ▪ Healthy relationships ▪ Parenting 	<ul style="list-style-type: none"> ▪ Growth and development of human body ▪ STI prevention and transmission ▪ HIV prevention and transmission ▪ Contraception (methods of protection against pregnancy and disease) 	<ul style="list-style-type: none"> ▪ Career job exploration ▪ Reproductive health ▪ Male responsibility ▪ Fatherhood involvement ▪ Knowledge of culture
Skills		
<ul style="list-style-type: none"> ▪ General communication skills ▪ Assertiveness skills ▪ Refusal skills/negotiation skills ▪ Conflict management 	<ul style="list-style-type: none"> ▪ Decision-making ▪ Critical thinking ▪ Problem solving ▪ Advocacy ▪ Parenting 	<ul style="list-style-type: none"> ▪ Building and maintaining healthy relationships ▪ Effective Contraception use ▪ Effective condom use ▪ Accessing community resources ▪ Job skills development
Attitudes/Beliefs		
<ul style="list-style-type: none"> ▪ Personal values (e.g., about teens having sex, etc.) ▪ Self-concept/self-esteem ▪ Influences on decisions ▪ 	<ul style="list-style-type: none"> ▪ Sense of connectedness ▪ Attitudes/beliefs regarding culture ▪ Cultural identity 	
Risk Perceptions		
<ul style="list-style-type: none"> ▪ Perceived pregnancy risks 	<ul style="list-style-type: none"> ▪ Perceived HIV/STI risks 	
Norms	Relationship/Attachments	
<ul style="list-style-type: none"> ▪ Peer norms ▪ Adult/parental norms ▪ Community norms ▪ Media influences ▪ Cultural norms 	<ul style="list-style-type: none"> ▪ Connections to adults ▪ Connections to family ▪ School attachment ▪ Connections to community ▪ Healthy and unhealthy relationships 	

¹ This is a list of topics by content area that you may want to refer to when completing your Lesson-by-Lesson Review Form (Part A). This is not an exhaustive list, and you may cover topics not included here. This is intended to be a guide to help you categorize your content, so do not worry if your topics are not listed. Also, please note that the emphasis in some content areas will vary depending on the curricula. For example, the norms of interest in a male involvement curriculum may be different than the norms emphasized in a middle school curriculum.

Curriculum Review Form Part C: Overall Curriculum Assessment

Directions

Be sure to complete Parts A and B before completing Part C.

1. Read the box labeled “Key Points to Consider” (there are 10 of them).
2. Then answer the question(s) to help you assess your curriculum (there are usually 1 or 2 questions for each “key points” box). *The answers to these questions come from your work on Parts A and B.*
3. Finally, use the area labeled “Changes You Could Make,” to list 1 or 2 changes you could make to enhance your curriculum in the area covered. Write “not applicable” (or NA) if you don’t need to make changes in the area identified.

Note: The areas of focus included on this version of the Curriculum Review tool are not the only areas that are important in a curriculum. We have narrowed the list to those that are most commonly cited as characteristics of effective curricula (e.g., Duncan, Stephens-Burden, & Bickel, 1996; Kirby, Laris, Rolleri, 2006).

**Key Points to Consider: #1
Clarifying the Behavioral Goals of Your Curriculum**

One of the characteristics of effective sex and HIV education programs is that they focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STI. It is important to make your goals as specific as possible so that your activities and messages to participants are clear (e.g., delay the initiation of sex, return to abstinence, increase contraceptive use). Emphasizing specific behaviors can help enhance the potential impact of your curriculum.

If the main health goal in your program is pregnancy prevention, critical behaviors include abstinence, frequency of sex, and contraceptive use. If the main health goal in your program is disease prevention (HIV and other STIs), critical behaviors include abstinence, frequency of sex, number of sexual partners, condom use, and STD/HIV testing and treatment.

Questions to Help You Assess Your Curriculum

1a. What are the key behaviors that you are trying to change in your curriculum? (*Check all that apply*)

- Abstinence
- Frequency of sex
- Number of sexual partners
- Condom use
- Contraceptive use
- STD testing & treatment
- HIV testing & treatment
- Other:

1b. Does the curriculum give a clear message about the behaviors you are targeting (e.g., it is safest to choose not have sex, but if you do have sex use a condom and other contraception every time to avoid disease and pregnancy)?

- Yes, very specific/clear
- Yes, somewhat specific/clear
- No, not very specific/clear

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

Key Points to Consider: #2 Identifying Risk and Protective Factors

Effective programs identify and focus on changing specific risk and protective factors that have been shown in the research to be related to sexual risk taking behaviors (*see Resource section of your CPI binder for a list by sexual behavior*). Risk factors are things that make it more likely that participants will engage in a negative health behavior (e.g., having sexually active peers increases the chances a youth will initiate sex). Protective factors are those things that help insulate individuals from engaging in risk behaviors, or make it less likely that they will engage in such behaviors (e.g., doing better in school reduces the chances a youth will initiate sex). One way to use existing research to strengthen curricula is to make sure that the factors you do include are related to your behavior(s) of interest, and that they can be changed. You can use a logic model framework to help you with this (*see Resource section in your binder*).

Currently there is no study that compares all these factors and shows which one is most important, second most important, and the like; however, recent research by Kirby and colleagues (2005) suggests that at least half of the effective sex and HIV prevention programs were successful at changing selected sexual-specific risk and protective factors, such as knowledge about sexual issues, risk perceptions, perceived peer norms, etc. (see list below). *Kirby and colleagues note that the more of these sexual-specific risk and protective factors a curriculum addresses, the more likely it is that it will change sexual risk behavior.*

Questions to Help You Assess Your Curriculum

2a. Which of the following risk and protective factors that are commonly changed by other effective programs do you include in your program? (*Check all that apply.*)

- Knowledge (e.g., about HV, other STIs, and pregnancy)
- Perception of HIV risk
- Personal values about sex and abstinence
- Attitudes toward condoms (including perceived barriers to using them)
- Perception of peer norms about sex and perceived peer sexual behavior
- Self efficacy to refuse sex and/or to use condoms
- Intention to abstain from sex or reduce the frequency and/or number of sexual partners
- Communication with parents or other adults about sex, condoms or contraception
- Self efficacy to avoid risk behaviors
- Avoidance of places and situations that might lead to sex
- Intention to use a condom

2b. What other risk and protective factors are you trying to change in your curriculum?

2c. How many of these other risk and protective factors addressed in your curriculum are supported by research?

- All or almost all of them
- Some of them
- A few of them
- None or almost none of them
- Not sure

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

Key Points to Consider: #3
Including Instruction on the Influence of Social Norms

Numerous research studies show that social norms have a strong and direct influence on risk behaviors. Some researchers believe this is one of the most important factors to address in prevention programs. Social norms are behavioral expectations and standards that exist in a particular environment. These expectations and standards can then influence individuals' behavior. Social norms stem from peers, parents/other adults, the community, etc. Some approaches to changing norms at the individual level include:

- Creating a group to which participants identify that is supportive of the desired behavior (e.g., a peer group that assists with the program)
- Providing information about peers' attitudes and behaviors (e.g., conduct opinion polls and share data, have students engage in activities in which they share positive views about the behavior)
- Using opinion leaders to influence norms (e.g., recruit individuals who are formal or informal leaders to come give a special presentation during the program)

Questions to Help You Assess Your Curriculum

3a. How many activities does your curriculum include to address social norms regarding sexual behavior, condom use, fatherhood, etc.? (Refer to Parts A & B for help with your response.)

- None
- 1 activity
- 2 activities
- 3 activities
- 4 or more activities

3b. What activities do you currently use to influence norms?

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

**Key Points to Consider: #4
Including Skill Instruction**

To date, all the evidenced-based HIV and sex education curricula include instruction on skills (e.g., communication, refusal, negotiation, condom use).

It is important to link the skill instruction to your behavioral goal. For example, if your goal is to help individuals who are having sex use condoms more effectively, then the skill instruction should focus on how to use condoms and how to negotiate with a partner for condom use.

Questions to Help You Assess Your Curriculum

4a. Does your curriculum include activities to teach skills? (Refer to Parts A & B for help with your response.)

- No
- 1 activity
- 2 activities
- 3 activities
- 4 or more activities

4b. What skills do you currently teach?

4c. Are they directly related to your behavioral goal(s)?

- Yes, definitely
- Yes, somewhat
- No, not really
- No, not at all

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

**Key Points to Consider: #5
Enhancing the Quality of Skill Instruction**

When teaching skills, the research on effective instructional practices supports the importance of these four steps:

- *Name the skill* and explain it in words (e.g., review the purpose, describe the different parts)
- *Demonstrate the skill* (e.g., show students what it looks like and what it doesn't look like by giving examples of effective and ineffective uses)
- *Provide opportunities for group practice* with feedback (e.g., responding to pressure lines)
- *Provide opportunities for individual practice* with feedback (e.g., role play with input from observers)

Note: Many program experts believe that participants should over-practice a skill so that it comes automatically in a real-life experience.

Questions to Help You Assess Your Curriculum

5a. Do you use these four elements of effective skill instruction in your curriculum?

- Yes No Name & explain
 Yes No Demonstrate
 Yes No Group practice
 Yes No Individual practice

5b. Do you use all 4 elements for *each* skill you teach?

- Yes
 No

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

Key Points to Consider: #6
Assessing the Type and Amount of Knowledge Taught in Your Curriculum

Increasing knowledge is important, but using a curriculum that is mostly knowledge-based will not lead to behavior changes. Individuals need some information, but they need a lot more to help them change behavior (e.g., skills, beliefs/attitudes, motivation, etc). Thus, the information provided in your curriculum should be accurate and it *should be directly linked to the behavioral goals of the curriculum*. Many programs place too much emphasis on knowledge, and provide information that is nice to know but that won't necessarily prepare individuals to make the desired behavior change. Focusing only on "essential" knowledge, and emphasizing other risk and protective factors such as norms, attitudes, and skills could enhance programs.

Questions to Help You Assess Your Curriculum

6. How would you describe the knowledge covered in your curriculum?

- All or most is essential knowledge for supporting the behavioral goals in our curriculum
- Some is essential but some is simply nice to know
- Most is simply nice to know and it really doesn't connect to our desired curriculum goals

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

Key Points to Consider: #7
Using a Variety of Interactive Teaching Strategies

The education literature supports the use of active learning rather than passive approaches. One way to enhance the potential effectiveness of your curriculum is to look for opportunities to change the delivery of activities so that the lessons are more interactive (e.g., instead of having students individually read a case study, have them act it out and work in small groups to discuss it).

Questions to Help You Assess Your Curriculum

7. Does your curriculum use a variety of interactive teaching methods? (Refer to your answers on Parts A & B for help with your response.)

- Yes, definitely
- Yes, somewhat
- No, not really
- No, not at all

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

Key Points to Consider: #8
Using Small Groups/Cooperative Learning Groups

The literature on effective education practices supports the use of small group learning. There are many ways that you can enhance the effectiveness of your small group work. Here are 3 key areas to consider:

- *The Task*--make sure it is clear, not too complex, and allows students to do something together so that all students interact on an equal or nearly equal basis
- *Group composition*—use smaller groups (4 or less) that are heterogeneous (diverse)
- *Monitoring groups*—circulate, listen, and assist as needed. Summarize in a large group afterwards.

Questions to Help You Assess Your Curriculum

8a. When students work in small groups, does each student in the group have a defined role?

- Most or all of the time
 Some of the time
 Rarely or not at all
 We don't use small groups

8b. When students work in small groups, is the group size limited to 4 or fewer students?

- Most or all of the time
 Some of the time
 Rarely or not at all
 We don't use small groups

8c. When students work in small groups, does the curriculum include notes to remind the educators to circulate and check student progress?

- Most or all of the time
 Some of the time
 Rarely or not at all
 We don't use small groups

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

Key Points to Consider: #9
Looking at the Relevance of the Content and Activities to Your Population

There are numerous ways in which a curriculum could be modified to make it more relevant for your population. Very simple modifications focus on changing the names, language, situations, etc. represented in the materials (e.g., in role plays, stories, videos). These changes can address both cultural relevance and developmental appropriateness.

Another level of modification could include adding culturally based concepts that are important in your population (e.g., respect, family), and linking these concepts to the behavioral goal of the curriculum. Further, activities could be added to reinforce material in the curriculum (e.g., featuring members of the community in role model stories—short, real-life stories that model a positive behavior or belief).

Once changes have been made, it is helpful to ask staff members or individuals from the target population (or other educators who work with the population) to review the curriculum for cultural and/or developmental relevance. They often can identify other ways in which activities or the curriculum as a whole could be made more relevant.

Questions to Help You Assess Your Curriculum

9a. Is your curriculum *culturally relevant* for the population (e.g., uses culturally-appropriate situations, give messages that are consistent with cultural values, uses activities that appeal/are of interest to the population)?

- Yes, definitely
 Yes, somewhat
 No, not really
 No, not at all

9b. Is your curriculum *developmentally relevant* for the population (e.g., focuses on developmentally appropriate behavioral goals, uses age-appropriate situations, give age-appropriate messages, uses activities that appeal/are of interest to population)?

- Yes, definitely
 Yes, somewhat
 No, not really
 No, not at all

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

Key Points to Consider: #10
Ensuring the Curriculum is of Sufficient Length

One of the requirements of the RFA is that prevention education curricula must extend for at least 8 hours. This stems from research showing that shorter programs are not effective at changing behavior. All of the current evidence-based curricula (e.g., Making Proud Choices, Becoming a Responsible Teen) are 8 or more hours.

Questions to Help You Assess Your Curriculum

10. Does your curriculum have at least 8 hours of instruction?

Yes, we have ____ hrs

No, we have ____ hrs

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes). If you plan to add hours, be sure to note what content you would use to expand the curriculum.

References

Duncan, A.N., Stephens-Burden, S., Bickel, A. (1996). Effective Comprehensive Programs: A Planning Guide. Washington, DC: U.S. Department of Education.

Kirby, D., Laris, B.A., Roller, L. (2006). Sex and HIV education programs for youth: Their impact and important characteristics. Research Triangle Park, NC: Family Health International. Available at <http://www.etr.org/recapp/programs/SexHIVedProgs.pdf>.

Curriculum Review Form Part A: Lesson-by-Lesson Review

Directions: Make one copy of Part A for each lesson. Review each lesson. Show what content the lesson covers, and write in brief notes on the focus of the content covered (see attached table of topics that might be covered). Use the letter codes below to identify the teaching methods used for each content area. Write in the approximate number of minutes spent for each content area.

Title of Lesson: Our Services, Our Bodies, & Our Laws

Learning goals/objectives of lesson:

- Increase knowledge of human reproduction
- Increase understanding re: how to personalize risk and set limits

What Type of Content is Taught in this Lesson?	What Methods Are Used to Teach this Content? (Write in or use letter codes from below.)	How Many Minutes of this Lesson are Spent on this Content?
Knowledge: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list topics. <ul style="list-style-type: none"> - Reproductive anatomy & physiology - Growth & development of human body - Male responsibility - Fatherhood involvement 	A, D, G, O (pamphlets)	25 10 5 5
Skills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list skills taught. <ul style="list-style-type: none"> - Decision making - Accessing community resources 	A, G	10 10
Norms: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list norms addressed. <ul style="list-style-type: none"> - Adult/parent norms 	A, D, G, O (pamphlets)	10
Personal Attitudes & Beliefs: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list attitudes and beliefs. <ul style="list-style-type: none"> - Personal values - Influences on decisions 	A, O (pamphlets)	10 10
Risk Perceptions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, please list risk perceptions.		0
Relationships and/or Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list focus. <ul style="list-style-type: none"> - Connections to family 	A, O (pamphlets)	10
Other: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please describe briefly. <ul style="list-style-type: none"> - Services provided 	A, O (pamphlets)	10

Codes for teaching methods:

- | | | |
|--|---|------------------------|
| A. Lecture | F. Brainstorming | K. Videos/media |
| B. Skill practice (e.g., role play, condom demo) | G. Large group discussion | L. Tour/field trip |
| C. Games | H. Small group work | M. Clinic/store visits |
| D. Individual activities (worksheets, journals, quizzes, etc.) | I. Risk simulations (e.g., STI handshake, fluid exchange) | N. Homework |
| E. Case studies/stories | J. Guest speaker | O. Other: _____ |

How strong is the link between the activities and the overall goals/objectives of this lesson (e.g., does each activity help participants move closer to reaching the stated goals/objectives of the lesson)?

- Very strong
 Strong
 Moderate
 Not very strong
 Not strong at all

Curriculum Review Form Part B: Lesson Summary

Directions: Use the table below to summarize the information from the Lesson Review Forms you completed for Part A. You will need this information for Part C.

Name of Curriculum: At-Risk Youth Family Life Education

Source of Curriculum: Published (e.g., Reducing the Risk) Modification of published Agency-developed

Total Number of Lessons in Curriculum: 4

Approximate Length of Each Lesson: 120 (min.) Overall Length of Curriculum: 8 (hrs.)

Content Covered	Total # of Lessons in Which This Type of Content is Covered	Total # of Minutes Devoted to this Type of Content	Teaching Methods Used for this Type of Content
Example- Knowledge	5	60 min.	A, C, F
Knowledge	4	175 minutes	A, B, D, G, K, O
Skills	4	102 minutes	A, B, D, G, O
Norms	4	50 minutes	A, D, G, K, O
Personal attitudes and beliefs	4	68 minutes	A, B, D, G, K, O
Relationships and/or attachments	4	24 minutes	A, G, K, O
Other:	3	61 minutes	A, C, D, G, O
Other:			
Other:			
Other:			

Codes for teaching methods:

- | | | |
|--|---|------------------------|
| A. Lecture | F. Brainstorming | K. Videos/media |
| B. Skill practice (e.g., role play, condom demo) | G. Large group discussion | L. Tour/field trip |
| C. Games | H. Small group work | M. Clinic/store visits |
| D. Individual activities (worksheets, journals, quizzes, etc.) | I. Risk simulations (e.g., STI handshake, fluid exchange) | N. Homework |
| E. Case studies/stories | J. Guest speaker | O. Other: _____ |

Overall, how many different teaching methods are included *in the curriculum*? **7**

Were there any lessons in which you rated the link between the activities and the overall goals/objectives of the program as “moderate,” “not very strong,” or “not strong at all”?

No

Yes. If so, please list: _____ . (These could become the focus of future refinements).

Key Points to Consider: #1 Clarifying the Behavioral Goals of Your Curriculum	
<p>One of the characteristics of effective sex and HIV education programs is that they focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STI. It is important to make your goals as specific as possible so that your activities and messages to participants are clear (e.g., delay the initiation of sex, return to abstinence, increase contraceptive use). Emphasizing specific behaviors can help enhance the potential impact of your curriculum.</p> <p>If the main health goal in your program is pregnancy prevention, critical behaviors include abstinence, frequency of sex, and contraceptive use. If the main health goal in your program is disease prevention (HIV and other STIs), critical behaviors include abstinence, frequency of sex, number of sexual partners, condom use, and STD/HIV testing and treatment.</p>	
Questions to Help You Assess Your Curriculum	
<p>1a. What are the key behaviors that you are trying to change in your curriculum? (<i>Check all that apply</i>)</p> <p><input checked="" type="checkbox"/> Abstinence <input type="checkbox"/> Frequency of sex <input type="checkbox"/> Number of sexual partners <input type="checkbox"/> Condom use <input checked="" type="checkbox"/> Contraceptive use <input type="checkbox"/> STD testing & treatment <input type="checkbox"/> HIV testing & treatment <input type="checkbox"/> Other:</p>	<p>1b. Does the curriculum give a clear message about the behaviors you are targeting (e.g., it is safest to choose not have sex, but if you do have sex use a condom and other contraception every time to avoid disease and pregnancy)?</p> <p><input checked="" type="checkbox"/> Yes, very specific/clear <input type="checkbox"/> Yes, somewhat specific/clear <input type="checkbox"/> No, not very specific/clear</p>
Changes You Could Make	
<p>List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).</p> <p style="text-align: center;">N/A</p>	

Key Points to Consider: #2 Identifying Risk and Protective Factors

Effective programs identify and focus on changing specific risk and protective factors that have been shown in the research to be related to sexual risk taking behaviors (*see Resource section of your CPI binder for a list by sexual behavior*). Risk factors are things that make it more likely that participants will engage in a negative health behavior (e.g., having sexually active peers increases the chances a youth will initiate sex). Protective factors are those things that help insulate individuals from engaging in risk behaviors, or make it less likely that they will engage in such behaviors (e.g., doing better in school reduces the chances a youth will initiate sex). One way to use existing research to strengthen curricula is to make sure that the factors you do include are related to your behavior(s) of interest, and that they can be changed. You can use a logic model framework to help you with this (*see Resource section in your binder*).

Currently there is no study that compares all these factors and shows which one is most important, second most important, and the like; however, recent research by Kirby and colleagues (2005) suggests that at least half of the effective sex and HIV prevention programs were successful at changing selected sexual-specific risk and protective factors, such as knowledge about sexual issues, risk perceptions, perceived peer norms, etc. (see list below). *Kirby and colleagues note that the more of these sexual-specific risk and protective factors a curriculum addresses, the more likely it is that it will change sexual risk behavior.*

Questions to Help You Assess Your Curriculum

2a. Which of the following risk and protective factors that are commonly changed by other effective programs do you include in your program? (*Check all that apply.*)

- Knowledge (e.g., about HV, other STIs, and pregnancy)
- Perception of HIV risk
- Personal values about sex and abstinence
- Attitudes toward condoms (including perceived barriers to using them)
- Perception of peer norms about sex and perceived peer sexual behavior
- Self efficacy to refuse sex and/or to use condoms
- Intention to abstain from sex or reduce the frequency and/or number of sexual partners
- Communication with parents or other adults about sex, condoms or contraception
- Self efficacy to avoid risk behaviors
- Avoidance of places and situations that might lead to sex
- Intention to use a condom

2b. What other risk and protective factors are you trying to change in your curriculum?

- Connectedness

2c. How many of these other risk and protective factors addressed in your curriculum are supported by research?

- All or almost all of them
- Some of them
- A few of them
- None or almost none of them
- Not sure

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

N/A

Key Points to Consider: #3
Including Instruction on the Influence of Social Norms

Numerous research studies show that social norms have a strong and direct influence on risk behaviors. Some researchers believe this is one of the most important factors to address in prevention programs. Social norms are behavioral expectations and standards that exist in a particular environment. These expectations and standards can then influence individuals' behavior. Social norms stem from peers, parents/other adults, the community, etc. Some approaches to changing norms at the individual level include:

- Creating a group to which participants identify that is supportive of the desired behavior (e.g., a peer group that assists with the program)
- Providing information about peers' attitudes and behaviors (e.g., conduct opinion polls and share data, have students engage in activities in which they share positive views about the behavior)
- Using opinion leaders to influence norms (e.g., recruit individuals who are formal or informal leaders to come give a special presentation during the program)

Questions to Help You Assess Your Curriculum

3a. How many activities does your curriculum include to address social norms regarding sexual behavior, condom use, fatherhood, etc.? (Refer to Parts A & B for help with your response.)

- None
- 1 activity
- 2 activities
- 3 activities
- 4 or more activities

3b. What activities do you currently use to influence norms?

- Review CA laws about sex
- Review characteristics of healthy relationships
- Condom demonstration
- Review birth control methods available

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

N/A

**Key Points to Consider: #4
Including Skill Instruction**

To date, all the evidenced-based HIV and sex education curricula include instruction on skills (e.g., communication, refusal, negotiation, condom use).

It is important to link the skill instruction to your behavioral goal. For example, if your goal is to help individuals who are having sex use condoms more effectively, then the skill instruction should focus on how to use condoms and how to negotiate with a partner for condom use.

Questions to Help You Assess Your Curriculum

4a. Does your curriculum include activities to teach skills? (Refer to Parts A & B for help with your response.)

- No
- 1 activity
- 2 activities
- 3 activities
- 4 or more activities

4b. What skills do you currently teach?

- Effective communication
- Contraceptive use
- Accessing resources
- Parenting
- Decision making
- Building healthy relation

4c. Are they directly related to your behavioral goal(s)?

- Yes, definitely
- Yes, somewhat
- No, not really
- No, not at all

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

Need to review goals and make sure that all skills support the goals.

**Key Points to Consider: #5
Enhancing the Quality of Skill Instruction**

When teaching skills, the research on effective instructional practices supports the importance of these four steps:

- *Name the skill* and explain it in words (e.g., review the purpose, describe the different parts)
- *Demonstrate the skill* (e.g., show students what it looks like and what it doesn't look like by giving examples of effective and ineffective uses)
- *Provide opportunities for group practice* with feedback (e.g., responding to pressure lines)
- *Provide opportunities for individual practice* with feedback (e.g., role play with input from observers)

Note: Many program experts believe that participants should over-practice a skill so that it comes automatically in a real-life experience.

Questions to Help You Assess Your Curriculum

5a. Do you use these four elements of effective skill instruction in your curriculum?

- X Yes No Name & explain
 X Yes No Demonstrate
 X Yes No Group practice
 X Yes No Individual practice

5b. Do you use all 4 elements for *each* skill you teach?

- Yes
 X No

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

Work on using all four elements for each skill taught.

Key Points to Consider: #6
Assessing the Type and Amount of Knowledge Taught in Your Curriculum

Increasing knowledge is important, but using a curriculum that is mostly knowledge-based will not lead to behavior changes. Individuals need some information, but they need a lot more to help them change behavior (e.g., skills, beliefs/attitudes, motivation, etc). Thus, the information provided in your curriculum should be accurate and it *should be directly linked to the behavioral goals of the curriculum*. Many programs place too much emphasis on knowledge, and provide information that is nice to know but that won't necessarily prepare individuals to make the desired behavior change. Focusing only on "essential" knowledge, and emphasizing other risk and protective factors such as norms, attitudes, and skills could enhance programs.

Questions to Help You Assess Your Curriculum

6. How would you describe the knowledge covered in your curriculum?

- All or most is essential knowledge for supporting the behavioral goals in our curriculum
 Some is essential but some is simply nice to know
 Most is simply nice to know and it really doesn't connect to our desired curriculum goals

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

N/A

Key Points to Consider: #7
Using a Variety of Interactive Teaching Strategies

The education literature supports the use of active learning rather than passive approaches. One way to enhance the potential effectiveness of your curriculum is to look for opportunities to change the delivery of activities so that the lessons are more interactive (e.g., instead of having students individually read a case study, have them act it out and work in small groups to discuss it).

Questions to Help You Assess Your Curriculum

7. Does your curriculum use a variety of interactive teaching methods? (Refer to your answers on Parts A & B for help with your response.)

- Yes, definitely
 Yes, somewhat
 No, not really
 No, not at all

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

N/A

**Key Points to Consider: #8
Using Small Groups/Cooperative Learning Groups**

The literature on effective education practices supports the use of small group learning. There are many ways that you can enhance the effectiveness of your small group work. Here are 3 key areas to consider:

- *The Task*--make sure it is clear, not too complex, and allows students to do something together so that all students interact on an equal or nearly equal basis
- *Group composition*—use smaller groups (4 or less) that are heterogeneous (diverse)
- *Monitoring groups*—circulate, listen, and assist as needed. Summarize in a large group afterwards.

Questions to Help You Assess Your Curriculum

8a. When students work in small groups, does each student in the group have a defined role?

- Most or all of the time
- Some of the time
- Rarely or not at all
- We don't use small groups

8b. When students work in small groups, is the group size limited to 4 or fewer students?

- Most or all of the time
- Some of the time
- Rarely or not at all
- We don't use small groups

8c. When students work in small groups, does the curriculum include notes to remind the educators to circulate and check student progress?

- Most or all of the time
- Some of the time
- Rarely or not at all
- We don't use small groups

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

Enhance effectiveness of small group work by more often making sure:

- Each student has a defined role.
- Group size is limited to ≤ 4 students.
- Curriculum includes notes to remind educators to circulate and check student progress

Key Points to Consider: #9
Looking at the Relevance of the Content and Activities to Your Population

There are numerous ways in which a curriculum could be modified to make it more relevant for your population. Very simple modifications focus on changing the names, language, situations, etc. represented in the materials (e.g., in role plays, stories, videos). These changes can address both cultural relevance and developmental appropriateness.

Another level of modification could include adding culturally based concepts that are important in your population (e.g., respect, family), and linking these concepts to the behavioral goal of the curriculum. Further, activities could be added to reinforce material in the curriculum (e.g., featuring members of the community in role model stories—short, real-life stories that model a positive behavior or belief).

Once changes have been made, it is helpful to ask staff members or individuals from the target population (or other educators who work with the population) to review the curriculum for cultural and/or developmental relevance. They often can identify other ways in which activities or the curriculum as a whole could be made more relevant.

Questions to Help You Assess Your Curriculum

9a. Is your curriculum *culturally relevant* for the population (e.g., uses culturally-appropriate situations, give messages that are consistent with cultural values, uses activities that appeal/are of interest to the population)?

- Yes, definitely
- Yes, somewhat
- No, not really
- No, not at all

9b. Is your curriculum *developmentally relevant* for the population (e.g., focuses on developmentally appropriate behavioral goals, uses age-appropriate situations, give age-appropriate messages, uses activities that appeal/are of interest to population)?

- Yes, definitely
- Yes, somewhat
- No, not really
- No, not at all

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes).

Being able to have or providing more statistical data to be able to show the youth real life situations.

Key Points to Consider: #10
Ensuring the Curriculum is of Sufficient Length

One of the requirements of the RFA is that prevention education curricula must extend for at least 8 hours. This stems from research showing that shorter programs are not effective at changing behavior. All of the current evidence-based curricula (e.g., Making Proud Choices, Becoming a Responsible Teen) are 8 or more hours.

Questions to Help You Assess Your Curriculum

10. Does your curriculum have at least 8 hours of instruction?

Yes, we have 8 hrs

No, we have hrs

Changes You Could Make

List 1 or 2 changes you could make to enhance your curriculum (write NA if you don't need to make changes). If you plan to add hours, be sure to note what content you would use to expand the curriculum.

N/A

SAMPLE Curriculum Review Tool Summary

I. Staff II. Tool Involved

- [Name], Education Program Manager, completed the Summary Report
- [Name] and [Name], Health Educators, completed Parts A, B, and C of the Curriculum Review Form, with input from [Name], another educator. These are the staff responsible for the implementation of the prevention education program with youth at [Agency Name], currently funded by I&E.

II. Completion Process

- The educators completed the tool together, with most input coming from [Name] because he is the primary staff assigned to the program and has been working with the priority population for a longer period of time.

III. Prevention Education Curriculum Used

- The curriculum used for this project is the [Name of Curriculum]. This was developed by [Agency Name] and is based on our Teen Family Life Education curriculum, currently used in high schools and youth-serving community settings throughout [Counties Served].

IV. Data Summary

- The curriculum is delivered in four 120-minute sessions, for a total of 8 hours of instruction.
- The following teaching methods are used throughout the curriculum presentation: lecture, skill practice, games, individual activities, large group discussion, videos, and pamphlets.
- The content areas covered in all lessons are as follows:
 - **Knowledge**—reproductive anatomy and physiology, physical growth and development, male responsibility, teen father involvement, benefits of abstinence, birth control, STI/HIV transmission and prevention, conception and birth, sexual identity, and characteristics of healthy relationships.
 - **Skills** – healthy decision making, accessing community resources, communication (e.g. assertiveness, negotiating safer sex), parenting, birth control, effective condom use, and building and maintaining healthy relationships.
 - **Norms** – adult/parent, peer, community, and cultural
 - **Personal Attitudes and Beliefs** – self-concept/self-esteem, personal values, external influences on decision making, and cultural beliefs.
 - **Risk Perceptions** – perceived pregnancy risks, perceived STI/HIV risks.
 - **Relationships and/or Attachments** – connections to family, connections to adults
 - **Other** – pre- and post-test, costs of raising a baby, [Name of Agency] services, and [Name of Agency] clinic locations

V. What is Working Well?

- From the educators' perspectives, it appears as though most of the lessons are working quite well in the manner they are currently designed. This is most likely due to the fact that because of the priority population being served (incarcerated youth), the curriculum must be reviewed and modified on a regular basis to assure that we are reaching the audience in the most appropriate and culturally relevant ways possible. In other words, we don't wait until a certain time of year to make curriculum changes when working with this group; if something isn't working, we make modifications immediately and implement changes the next time the lesson is offered.

- What is also working well, but not reflected on any of the curriculum review forms, is the fact that both male and female health educators facilitate the Juvenile Hall workshops. Since at least one of the classes each quarter is comprised entirely of female youth, having a female educator can make conversations regarding reproductive health issues more comfortable for the participants. Conversely, having a male educator who can readily identify (culturally and otherwise) with the all males classes is also of benefit. (It should be noted that classes are divided by gender per the regulations of [Location Name].)

VI. Areas to be Strengthened/Changes to be Made

- Educators would like to have access to “newer” and “more reliable” information in areas such as birth control and STI transmission and prevention. As updated information in these areas is being released with increased frequency, it is often difficult to keep-up with all of the latest facts, statistics, and data. In response to educators’ request, the program manager will make an effort to forward all new, relevant information to them as it becomes available to him. Additionally, education staff will be given the opportunity to attend trainings conducted by organizations such as the California STD/HIV Prevention Training Center, when offered throughout the year.
- In examining the cultural relevance of the curriculum, the educators expressed the need to be able to “provide more statistical data to be able to show the kids’ real life situations.” Further exploration of this request clarified that the educators would like to have access to teen pregnancy and STD statistics for the cultural groups that they serve in Juvenile Hall, mostly Latinos and Whites. As the program manager has access to the latest reports released by both [County Name] and the State of California, he will share this information with the education staff as it becomes available.
- The educators indicated that the curriculum does not suggest using all four elements of effective skill instruction for each skill taught. Therefore, curriculum modifications will be made so that the following four elements are included:
 - Name and explain each skill
 - Demonstrate each skill
 - Provide opportunities for group practice of each skill
 - Provide opportunities for individual practice of each skill
- Finally, the educators also indicated that the curriculum does not enhance the effectiveness of small group work most or all of the time in the ways described. To achieve this enhancement, therefore, the curriculum modifications will be made to include the following three strategies:
 - Each student in the group has a defined role
 - Small group size is limited to four or fewer students
 - The curriculum includes notes to remind the educators to circulate and check student progress.