

## Implementation Tool: Educator Version

**Directions:** This form can be used for multi-session curricula or brief presentations. Please fill out one form for each session in the curriculum or presentation. It is best to complete the form right after the session.

<b>Person Completing Form:</b> _____	<b>Location of Session:</b> _____
<b>Name of Curriculum (if applicable):</b> _____	
<b>Session Title (and # if applicable):</b> _____	
<b>Date of Session:</b> _____	<b>Length of Session (in min.):</b> _____
<b># Participants:</b> _____	

1. Overall, how much did you have to change the session/presentation from the way it is presented/written in the curriculum or presentation outline?     None         A little         A lot
  
2. For each of the activities or parts of this session, please indicate the name of the activity or part, and whether or not you completed it and whether or not you modified it. Modifications might include changing the order of the lesson, adding new content or activities, or changing the way you teach something (e.g., making something into a game or using pairs instead of small groups for an activity). If you modified an activity or teaching strategy, please describe the changes you made. You may need to add or delete rows to match your curriculum/presentation.

<b>Activity Check-Off Sheet</b>					
<b>Name of Activity or Part of Session</b> (write in name e.g., refusal skill role play)	<b>Did you complete this?</b> (mark one, 'X')			<b>If you modified the <u>content</u>, please describe the modifications you made</b> (e.g., changed order, added or supplemented with other content)	<b>If you modified the <u>teaching strategies</u>, please describe the modifications you made</b> (e.g., used pairs instead of small groups)
	Yes, per session outline	Yes, but I made changes	No		

3. Please circle on option for each of the following questions.

	<b>Not at all</b>		<b>Somewhat</b>		<b>Very</b>
3a. How interested, in general, were the participants during the session? Please comment on your rating:	1	2	3	4	5
3b. How engaged/on task were the participants during the session? Please comment on your rating:	1	2	3	4	5

4. What part of this session or presentation do you think had the most impact on participants? Please explain.

5. For each activity you were not able to complete (i.e., you marked “no” in the Activity Check-Off Sheet above), please describe the challenges you experienced in implementing the activity.

6. Are there ways this lesson could be changed to make it more effective?  Yes  No  
If yes, please describe what changes you think should be made.

## Implementation Tool: Observer Version

**Directions:** This form can be used for multi-session curricula or brief presentations. Please fill out one form for each session in the curriculum or presentation that you observe.

<b>Person Completing Form:</b> _____	<b>Location of Session:</b> _____
<b>Name of Curriculum (if applicable):</b> _____	
<b>Session Title (and # if applicable):</b> _____	
<b>Date of Session:</b> _____	<b>Length of Session (in min.):</b> _____
<b># Participants:</b> _____	

1. Overall, how much did the educator have to change the session/presentation from the way it is presented/written in the curriculum or presentation outline?     None     A little     A lot
  
2. For each of the activities or parts of this session, please indicate the name of the activity or part, and whether or not you completed it and whether or not you modified it. Modifications might include changing the order of the lesson, adding new content or activities, or changing the way something is taught (e.g., making something into a game or using pairs instead of small groups for an activity). If the educator modified an activity or teaching strategy, please describe the changes made. You may need to add or delete rows to match the curriculum/presentation you are observing.

<b>Activity Check-Off Sheet</b>					
<b>Name of Activity or Part of Session</b> (write in name e.g., refusal skill role play)	<b>Was this completed?</b> (mark one, 'X')			<b>If educator modified the content, please describe the modifications made</b> (e.g., changed order, added or supplemented with other content)	<b>If educator modified the teaching strategies, please describe the modifications made</b> (e.g., used pairs instead of small groups)
	Yes, per session outline	Yes, but it was changed	No		

3. Please circle an option for each of the following questions.

	<b>Not at all</b>		<b>Somewhat</b>		<b>Very</b>
3a. How interested, in general, were the participants during the session? Please comment on your rating:	1	2	3	4	5

3b. How engaged/on task were the participants during the session? Please comment on your rating:	1	2	3	4	5
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4. What part of this session or presentation do you think had the most impact on participants? Please explain.

5. Please describe any challenges in implementation that you observed.

6. Are there ways this lesson could be changed to make it more effective?  Yes  No  
If yes, please describe what changes you think should be made.

## Implementation Tool: Informational Presentation

**Directions:** This form can be used for brief presentations. It is best to complete the form right after the session.

**CPI Requirement:** Collect data on at least 4 informational presentations for each health educator that conducts them. Make one copy of the implementation tool for each informational session to be assessed. If your informational presentation includes two or more sessions, copy one form for each session. Use your presentation outline to prepare the form with a list of activities/content presented.

**Name of Person Completing Form:** \_\_\_\_\_  Observer? OR  The presenter?

**Location of presentation (e.g. school name, community center name):** \_\_\_\_\_

**Presentation Title (and # if applicable):** \_\_\_\_\_

**Date of presentation:** \_\_\_\_\_ **Length of Presentation (in min.):** \_\_\_\_\_ **# Participants:** \_\_\_\_\_

1. Overall, how much did you have to change the presentation from the way it is presented/written in the or presentation outline?     None     A little     A lot
  
2. Write in the name of each activity or part included in the presentation outline, and indicate whether or not it was completed. For each activity or part completed, please indicate whether or not it was modified. Modifications might include changing the order of activities, adding new content or activities, or changing the way you teach something (e.g., making something into a game or using pairs instead of small groups for an activity). If an activity or teaching strategy was modified, please describe the changes made. You may need to add or delete rows on this form to match the number of activities in the presentation.

<b>Activity Check-Off Sheet</b>					
<b>Name of Activity or Part</b> (write in name e.g., refusal skill role play)	<b>Was this completed?</b> (mark one, 'X')			<b>If the <u>content</u> was modified,</b> please describe the <b>modifications made</b>  (e.g., changed order, added or supplemented with other content)	<b>If <u>teaching strategies</u> were modified,</b> please describe the <b>modifications made</b>  (e.g., used pairs instead of small groups)
	Yes, per session outline	Yes, but I made changes	No		

3. Please circle an option for each of the following questions.

	<b>Not at all</b>		<b>Somewhat</b>		<b>Very</b>
3a. How interested, in general, were the participants during the presentation? <i>Please comment on your rating:</i>	1	2	3	4	5
3b. How engaged/on task were the participants during the presentation? <i>Please comment on your rating:</i>	1	2	3	4	5

4. What part of this presentation do you think had the most impact on participants? Please explain.

5. For each activity or part you were not able to complete (i.e., you marked “no” in the Activity Check-Off Sheet above), please describe the challenges you experienced in implementing the activity and how you handled them.

6. Are there ways this presentation could be changed to make it more effective?  
 Yes  No. If yes, please describe what changes you think should be made.

## Implementation Tool: Educator Version

**Directions:** This form can be used for multi-session curricula or brief presentations. Please fill out one form for each session in the curriculum or presentation. It is best to complete the form right after the session.

<b>Person Completing Form:</b> Name of Educator	<b>Location of Session:</b> Name of Location	
<b>Name of Curriculum (if applicable):</b> 14-week Reproductive Health and Personal Safety Curriculum		
<b>Session Title (and # if applicable):</b> #11 – Birth Control		
<b>Date of Session:</b> 05-20-04	<b>Length of Session (in min.):</b> 60 minutes	<b># Participants:</b> 27

- Overall, how much did you have to change the session/presentation from the way it is presented/written in the curriculum or presentation outline?  None  A little  A lot
- For each of the activities or parts of this session, please indicate the name of the activity or part, and whether or not you completed it and whether or not you modified it. Modifications might include changing the order of the lesson, adding new content or activities, or changing the way you teach something (e.g., making something into a game or using pairs instead of small groups for an activity). If you modified an activity or teaching strategy, please describe the changes you made. You may need to add or delete rows to match your curriculum/presentation.

<b>Activity Check-Off Sheet</b>					
Name of Activity or Part of Session (write in name e.g., refusal skill role play)	Did you complete this? (mark one, 'X')			If you modified the <u>content</u> , please describe the modifications you made (e.g., changed order, added or supplemented with other content)	If you modified the <u>teaching strategies</u> , please describe the modifications you made (e.g., used pairs instead of small groups)
	Yes, per session outline	Yes, but I made changes	No		
Discussion – Importance of Protection	X				
Discussion of each birth control method		X		Did not discuss IUD or Norplant because outdated.	
Condom demonstration		X		Not in outline, added to this lesson due to time.	More detailed instructions than in outline.
Female condom demonstration		X		Not in outline, added due to time.	
Barrier method demonstration		X		Not in outline, added due to time.	

3. Please circle on option for each of the following questions.

	Not at all		Somewhat		Very
3a. How interested, in general, were the participants during the session? Please comment on your rating:	1	2	3	4	5
3b. How engaged/on task were the participants during the session? Please comment on your rating:	1	2	3	4	5

4. What part of this session or presentation do you think had the most impact on participants? Please explain.

The demonstrations went well, everyone was very engaged and interested in seeing how to use each method.

5. For each activity you were not able to complete (i.e., you marked “no” in the Activity Check-Off Sheet above), please describe the challenges you experienced in implementing the activity.

Not Applicable.

6. Are there ways this lesson could be changed to make it more effective?  Yes  No  
 If yes, please describe what changes you think should be made.

Add condom and barrier demos to this lesson. There’s not enough time in the next lesson. Exclude IUD and Norplant from this lesson as they are outdated.

### **Implementation Tool – SAMPLE Summary**

From April 15, 2004 until June 24, 2004, [Agency Name] conducted two 14-session trainings for adults with disabilities. A different educator led and monitored the sessions for each training. A total of 28 sessions were monitored. The curriculum that was used for the course was [Name of Curriculum], a 14-week Reproductive Health and Personal Safety Training.

After summarizing and interpreting the data from the Implementation Tool, it is clear that the educators encountered very few challenges and were able to implement the curriculum with very minor modifications. Here are some highlights:

- Not a single lesson was modified “a lot.”
- While approximately 75% of the lessons were modified “a little,” the educators noted that this was largely due to the need for additional review time as a result of the functioning level of the students.
- Not a single lesson was more than 25% incomplete, and the incompleteness was solely the result of the need for additional review time.
- For the most part, the educators provided scores which indicate a high level of interest among participants. The educators routinely reported average to high scores for participant interest and engagement, with the lowest score for a lesson being 3.5 on a 5-point scale.
- The activities, videos, and visual aids seemed to have the most impact on participants and went over much better than the discussions.
- The teaching strategies were modified very little, usually being altered to make the content more accessible to lower functioning participants. Ideas were often repeated if necessary and reviewed more than the outlines called for, additional props and visual aids were used when appropriate, and concepts were addressed on a basic, simple level when necessary.

Overall, the implementation of these two trainings went very well. We were able to implement most of the program and the educators routinely reported high average interest and engagement scores. There were still a few lessons to be learned:

- Because the activities, videos, and visual aids were so well received, these things should always be included in the lesson and should serve as a springboard for discussion. The lessons do not need to be changed to reflect this, for all the activities are already included in the lessons. The trainers should just make a mental note to always include the activities and visual aids and push back discussion if time is an issue.
- One definite change that should be made is including the barrier method demonstration in Lesson 11 rather than in Lesson 12. Lesson 12 is now a combination of two previous lessons, and there is too much information to be covered. Moving the demonstration to the previous lesson, where it fits more appropriately anyway, is the best option.
- The only other definite change would be to update Lesson 11 to reflect changing birth control practices, for two of the methods are outdated.

All of the other challenges we faced are largely a result of the functioning level of the participants – this should always be kept in the minds of the trainers so that they can adapt the curriculum appropriately.