

Making A Difference!
ATTENDANCE LOG FOR ONE COHORT

Cohort Number: _____ **Agency Name:** _____

Facilitator Name(s): _____

Number of Facilitators: _____ **Intended Number of Sessions:** _____ **Intended Curriculum Length:** _____ (minutes)

Site: _____ **Start Time:** _____

Program Setting (please select ONE):

- | | | |
|--|---|--|
| <input type="checkbox"/> Middle school | <input type="checkbox"/> Traditional high school | <input type="checkbox"/> Alternative/Continuation school |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Foster care | <input type="checkbox"/> Community-based organization |
| <input type="checkbox"/> Juvenile justice facility | <input type="checkbox"/> Shelter/Transitional Housing | <input type="checkbox"/> Other: _____ |

Please collect the participant age and gender according to the instructions outlined in the *Instructions for Data Collection of Attendance Logs and Fidelity Checklists*. Complete these columns at the end of the cohort.

Participant Age: Enter the participant's age in whole numbers (e.g., 14, 20).

Participant Gender: Indicate the participant's gender by circling one of the listed choices: M = Male; F = Female; T = Transgender.

Note: Do not guess a participant's age or gender. Transfer participant self-reported age and gender from the in-class demographic information sheet. If a participant did not complete an information sheet or you cannot match the name(s) on the sheet(s) with the name(s) on this Attendance Log, leave the age and/or gender columns blank.

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Session and Date																			
<i>Date: Enter the date for each session conducted. Use the following format: mm/dd/yy (e.g., 09/23/12).</i>																			
<i>Length: Enter the actual length of time used for each session in minutes (e.g., 45, 60).</i>																			
<i>Attendance: Place an X in the appropriate row and column for each day a participant attended.</i>																			
Participant's Name (REMOVE NAMES BEFORE submitting Attendance Log)	Participant's Age	Circle Participant's Gender (M=Male, F=Female, T=Transgender)	Participant ID #	Date:	Length:	min	Session	Date:	Length:	min	Session	Date:	Length:	min	Session	Date:	Length:	min	Session
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	Additional APS	Additional APS
		M / F / T	1																
		M / F / T	2																
		M / F / T	3																
		M / F / T	4																
		M / F / T	5																
		M / F / T	6																
		M / F / T	7																
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		M / F / T	9																
		M / F / T	10																
		M / F / T	11																
		M / F / T	12																
		M / F / T	13																
		M / F / T	14																

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Session and Date																				
<i>Place an X in the appropriate row and column for each day a participant attended.</i>																				
Participant's Name (REMOVE NAMES BEFORE submitting Attendance Log)	Participant's Age	Participant's Gender	Participant #	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Session 11	Session 12	Session 13	Session 14	Additional APS	Additional APS	
		M / F / T	15																	
		M / F / T	16																	
		M / F / T	17																	
		M / F / T	18																	
		M / F / T	19																	
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		M / F / T	35																	
		M / F / T	36																	

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<p align="center">Session and Date</p> <p align="center"><i>Place an X in the appropriate row and column for each day a participant attended.</i></p>																			
<p align="center">Participant's Name (REMOVE NAMES BEFORE submitting Attendance Log)</p>	<p align="center">Participant's Age</p>	<p align="center">Participant's Gender</p>	<p align="center">Participant #</p>	<p align="center">Session 1</p>	<p align="center">Session 2</p>	<p align="center">Session 3</p>	<p align="center">Session 4</p>	<p align="center">Session 5</p>	<p align="center">Session 6</p>	<p align="center">Session 7</p>	<p align="center">Session 8</p>	<p align="center">Session 9</p>	<p align="center">Session 10</p>	<p align="center">Session 11</p>	<p align="center">Session 12</p>	<p align="center">Session 13</p>	<p align="center">Session 14</p>	<p align="center">Additional APS</p>	<p align="center">Additional APS</p>
		M / F / T	37																
		M / F / T	38																
		M / F / T	39																
		M / F / T	40																
		M / F / T	41																
		M / F / T	42																
		M / F / T	43																
		M / F / T	44																
		M / F / T	45																
		M / F / T	46																
		M / F / T	47																
		M / F / T	48																
		M / F / T	49																
		M / F / T	50																

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FIDELITY CHECKLIST TO PLANNED CURRICULUM

Note: An Approved Planned Curriculum (APC) outlines all activities in the EBPM, includes all approved adaptations, and is specific to EBPM, service delivery site and schedule. Conducting an activity *as planned* requires covering all content in each activity outlined in the APC using the teaching method described in the developer’s implementation guide. Any divergence from the APC (such as omission of content, change in sequence or change in teaching method) should be identified by checking the *with unplanned adaptations* box.

Module 1: Getting to Know You and Steps to Making Your Dreams Come True

Activity	Activity was conducted: <i>(please check one box for each activity)</i>	Date Activity Conducted <i>(MM/DD/YY)</i>	If unplanned adaptations were made or activity was not conducted, please describe WHAT was changed and WHY . <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
A. Welcome and Program Overview	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. Talking Circle	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. Creating Group Rules	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
D. <i>Making A Difference! Be Proud! Be Responsible!</i> Brainstorm	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
E. Brainstorming About Teens and Sex	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		

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Module 1: Getting to Know You and Steps to Making Your Dreams Come True *(continued)*

Activity	Activity was conducted: <i>(please check one box for each activity)</i>	Date Activity Conducted <i>(MM/DD/YY)</i>	If unplanned adaptations were made or activity was not conducted, please describe WHAT was changed and WHY . <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
F. Goals and Dreams Timeline	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
G. Brainstorming Obstacles to Your Goals and Dreams	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
<p>Please use this space if you have additional comments on this module or any of its activities:</p>			

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Module 2: Understanding Adolescent Sexuality and Abstinence

Activity	Activity was conducted: <i>(please check one box for each activity)</i>	Date Activity Conducted <i>(MM/DD/YY)</i>	If unplanned adaptations were made or activity was not conducted, please describe WHAT was changed and WHY . <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
A. "Puberty and Adolescent Sexual Development" DVD and Discussion	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. Why Some Teens Have Sex	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. Understanding Messages of Sex	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
D. How do People Express Their Sexual Feelings? What is Abstinence?	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
E. Benefits of Sex/Benefits of Abstinence	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
Please use this space if you have additional comments on this module or any of its activities: 			

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Module 3: The Consequences of Sex: Pregnancy

Activity	Activity was conducted: <i>(please check one box for each activity)</i>	Date Activity Conducted <i>(MM/DD/YY)</i>	If unplanned adaptations were made or activity not was conducted, please describe WHAT was changed and WHY . <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
A. Myths and Facts About Pregnancy	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. Your Valentine’s Day Gift (Scripted Role-Play)	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. “Tanisha and Shay” DVD and Discussion	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
D. Jamal and Keisha- A Romance	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		

Please use this space if you have additional comments on this module or any of its activities:

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Module 4: The Consequences of Sex: STDs

Activity	Activity was conducted: <i>(please check one box for each activity)</i>	Date Activity Conducted <i>(MM/DD/YY)</i>	If unplanned adaptations were made or activity was not conducted, please describe WHAT was changed and WHY . <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
A. Sexually Transmitted Diseases Brainstorm and Discussion	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. Don't Pass It Along (The Transmission Game)	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. STOP, THINK, AND ACT- Introduction to Problem Solving	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
D. STOP, THINK, AND ACT- Problem Solving in Pairs	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
Please use this space if you have additional comments on this module or any of its activities: 			

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Module 5: The Consequences of Sex: HIV Infection

Activity	Activity was conducted: <i>(please check one box for each activity)</i>	Date Activity Conducted <i>(MM/DD/YY)</i>	If unplanned adaptations were made or activity was not conducted, please describe WHAT was changed and WHY . <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
A. "The Subject is: HIV" DVD and Discussion	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. HIV Risk Continuum	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. The AIDS Basketball Game	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
Please use this space if you have additional comments on this module or any of its activities:			

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Module 6: Attitudes, Beliefs and Giving Advice about HIV/STDs and Abstinence

Activity	Activity was conducted: <i>(please check one box for each activity)</i>	Date Activity Conducted <i>(MM/DD/YY)</i>	If unplanned adaptations were made or activity was not conducted, please describe WHAT was changed and WHY . <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
A. Seeing the Positive in Yourself	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. Agree/Disagree- Attitudes about Abstinence	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. Nina Next Door	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
D. Calling Koko	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
Please use this space if you have additional comments on this module or any of its activities:			

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Module 7: Responding to Peer Pressure and Partner Pressure

Activity	Activity was conducted: <i>(please check one box for each activity)</i>	Date Activity Conducted <i>(MM/DD/YY)</i>	If unplanned adaptations were made or activity was not conducted, please describe WHAT was changed and WHY . <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
A. Agree / Disagree - Understanding Peer Pressure	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. Responding to Peer Pressure	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. Knowing and Setting Physical Limits	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
D. Introduction to S.T.O.P and Scripted Role-Plays	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
Please use this space if you have additional comments on this module or any of its activities:			

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Module 8: Role-Plays: Refusal and Negotiation Skills

Activity	Activity was conducted: <i>(please check one box for each activity)</i>	Date Activity Conducted <i>(MM/DD/YY)</i>	If unplanned adaptations were made or activity was not conducted, please describe WHAT was changed and WHY . <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
A. Introduction to S.T.O.P. Abstinence Negotiation Skills	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. Enhancing S.T.O.P. Partner Role-Playing	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. Talking to Your Partner About Abstinence – Information Review	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
D. Talking Circle	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
Please use this space if you have additional comments on this module or any of its activities:			

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The following questions refer to the entire cohort for the completed EBPM:

Date(s) Family PACT materials were distributed (MM/DD/YY): _____, _____, _____

If Family PACT materials were NOT distributed, please explain: _____

To what extent did the following pose a problem affecting implementation of this cohort? Mark one response for each challenge listed below.

Challenges	Not a problem	Somewhat of a problem	A serious problem
Recruiting youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping youth engaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting youth to attend regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covering program content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative peer reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural disasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional comments regarding above challenges:
