

**SHARP (Sexual Health and Adolescent Risk Prevention)
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	
		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																
		M / F / T	8																
		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																
		M / F / T	20																
		M / F / T	21																
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		M / F / T	34																
		M / F / T	35																
		M / F / T	36																

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<i>Place an X in the appropriate row and column for each day a participant attended.</i>																			
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		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																

**SHARP (Sexual Health and Adolescent Risk Prevention)
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.

Welcome and Introduction

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 <u>WHAT</u> was changed and <u>WHY</u>. <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
A. Passed out workbooks and laptops <i>(if applicable)</i>	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. “Alcohol Use Questionnaire”	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. Overview of program and goals	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
D. Set ground rules when talking about sexual issues	<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 section or any of its activities:

**SHARP (Sexual Health and Adolescent Risk Prevention)
FIDELITY CHECKLIST TO PLANNED CURRICULUM**

Section 1: Knowledge

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 <u>WHAT</u> was changed and <u>WHY</u>. <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
A. Group discussion using "AIDS Flashcards"	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. Group discussion using "Body Fluids Checklist"	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. "Reality Check Worksheet"	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
D. Reviewed "Area Resources List"	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		

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FIDELITY CHECKLIST TO PLANNED CURRICULUM**

Section 2: Self-Efficacy and Benefits

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. "Risky Behavior" game	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. Group discussion about "Risky Behavior" game	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. Group discussion about condoms	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
D. Participants ordered the "Safer Sex Sequence Cards"	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
E. Group discussion using "Safer Sex Sequence Cards"	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		

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**SHARP (Sexual Health and Adolescent Risk Prevention)
FIDELITY CHECKLIST TO PLANNED CURRICULUM**

Section 2: Self-Efficacy and Benefits *(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 <u>WHAT</u> was changed and <u>WHY</u>. <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
F. "Right Way to Use Condoms" demonstration	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
G. "Right Way to Use Condoms" exercise	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		

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FIDELITY CHECKLIST TO PLANNED CURRICULUM**

Section 3: Attitudes and Norms

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. "Your Move" DVD	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. "Your Move" Discussion	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. "Decision Making: Sexual Behavior and Condoms" discussion	<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 section or any of its activities: 			

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Break

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 <u>WHAT</u> was changed and <u>WHY</u>. <i>Please be specific: describe things you left out, added, or changed and the reasons for modifications.</i>
A. Generate "Personal Feedback Reports" for each participant	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. Generate "National and Group Use Alcohol Profile"	<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 section or any of its activities:</p>			

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Section 4: Alcohol-Related Risk Reduction Group Motivational Interview

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. Distributed and reviewed "Personal Feedback Reports"	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. "National and Group Alcohol Use Profile" and Motivational Enhancement Therapy Techniques	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. "Under the Influence" DVD	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
D. "Under the Influence" Discussion	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		

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Section 5: Condom and Alcohol Use Intentions and Future Orientation

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. "Wheel of the Future" activity	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
B. Discuss goals	<input type="checkbox"/> as planned <input type="checkbox"/> with unplanned adaptations <input type="checkbox"/> not conducted		
C. "Safe Sex/Alcohol Use Goals"	<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 section 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:
