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*Evaluation of Responsible Sexual Behavior Education in the Cleveland  
Metropolitan School District, 2007-2008*

**APPENDIX A**

**Assent Forms, Survey Instruments and Interview Guides**

**Assent to Participate in an Evaluation**  
**4<sup>th</sup> – 8<sup>th</sup> Grade**

Your parent knows we are going to ask you to fill out this survey. We want to know what kids are learning about relationships. The survey will only take a few minutes to complete. You will not write your name on the survey. No one will know how you answer the questions.

If you don't want to participate, you can stop at any time. There will be no bad feelings if you don't want to do this. You can ask questions if you do not understand any part of the survey.

If it is OK to take the survey sign your name here.

Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Assent to Participate in an Evaluation**  
**9<sup>th</sup> – 12<sup>th</sup> Grade**

We are doing an evaluation of the Safer Choices program. An evaluation is a way to find out if the program is effective. If you decide that you want to be part of the evaluation, you will be asked to complete a survey two times before the Safer Choices sessions and one time at the last session. The surveys should take you no more than 10 minutes to complete.

If you decide to complete the surveys, it may help us learn how we can improve the program for the future. There are no risks to you if you decide to complete the survey; your name will not be on the survey.

When we are finished with the evaluation we will write a report about what was learned. This report will not include your name or that you were involved in the evaluation.

You do not have to take the surveys if you do not want to. If you decide to stop after we begin, that's okay too.

If it is ok with you to take the surveys, please sign your name.

I, \_\_\_\_\_, want to be part of this evaluation.  
(Print your name here)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Date)

# All About Life

## Students learned:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

**FOR FACILITATOR USE ONLY:**

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **CLASSROOM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **FACILITATOR:** \_\_\_\_\_

F.L.A.S.H.  
Grade 4  
2007 - 2008

PRE

A. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

B. Are you:

- Black
- White
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Multiracial
- Other: \_\_\_\_\_

C. Are you a:

- Boy
- Girl

D. What are the FIRST TWO (2) letters of your FIRST NAME? \_\_\_\_\_

**Please read each sentence below carefully. Put a check  in the box to show if each statement is true or false. If you don't know, it's ok to check "Don't know". (Check *only one box* for each sentence.)**

1. Puberty is the time when a child's body begins to change into an adult's body.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
2. You have the right not to be touched on your private parts.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
3. It is important to like yourself.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
4. Most people who abuse kids are strangers.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
5. Usually boys start puberty a little older than girls.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
6. The private parts of your body are the parts covered by your bathing suit.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>

**Please read each sentence below carefully. Put a check  in the box to show if you agree or disagree with each sentence. (Check *only one box* for each sentence.)**

	Agree	Disagree
7. I know the difference between a "good" and a "problem" touch.	<input type="checkbox"/>	<input type="checkbox"/>
8. If you tell a grownup that you were abused and they don't help you, it is okay to tell another grownup.	<input type="checkbox"/>	<input type="checkbox"/>
9. It is okay for a kid to say "No" or "Stop" when anyone touches them in a bad or problem way.	<input type="checkbox"/>	<input type="checkbox"/>
10. It would be too hard for me to ask my parent(s)/guardian(s) a question about sex.	<input type="checkbox"/>	<input type="checkbox"/>

**FOR FACILITATOR USE ONLY:**

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **CLASSROOM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **FACILITATOR:** \_\_\_\_\_

F.L.A.S.H.  
Grade 5  
2007 - 2008

PRE

A. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

B. Are you:

- Black
- White
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Multiracial
- Other: \_\_\_\_\_

C. Are you a:

- Boy
- Girl

D. What are the FIRST TWO (2) letters of your FIRST NAME? \_\_\_\_\_

**Please read each sentence below carefully. Put a check  in the box to show if each statement is true or false. If you don't know, it's ok to check "Don't know". (Check *only one box* for each sentence.)**

1. Using a condom during sex is a good way to keep from getting HIV.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
2. You have the right not to be touched on your private parts.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
3. Menstruation (having a "period") is a sign that a girl is able to become pregnant.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
4. Most people who abuse kids are strangers.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
5. Being forced to have sex is never okay.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
6. Ejaculation from the penis at night (or a "wet dream") is normal among boys during puberty.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
7. Coming up with alternative choices is one step in active decision-making.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>

**Please read each sentence below carefully. Put a check  in the box to show if you agree or disagree with each sentence. (Check *only one box* for each sentence.)**

	Agree	Disagree
8. I If I don't want to be touched, I can say "no" or "stop".	<input type="checkbox"/>	<input type="checkbox"/>
9. I make decisions based on what my parent(s)/guardian(s) tell me.	<input type="checkbox"/>	<input type="checkbox"/>
10. I would be too embarrassed to ask my parent(s)/guardian(s) a question about sex or sexuality.	<input type="checkbox"/>	<input type="checkbox"/>
11. I plan to wait until after I graduate from high school before having sex.	<input type="checkbox"/>	<input type="checkbox"/>

**FOR FACILITATOR USE ONLY:**

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **CLASSROOM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **FACILITATOR:** \_\_\_\_\_

F.L.A.S.H.  
Grade 6  
2007 - 2008

PRE

A. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

B. Are you:

- Black
- White
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Multiracial
- Other: \_\_\_\_\_

C. Are you a:

- Boy
- Girl

D. What are the FIRST TWO (2) letters of your FIRST NAME? \_\_\_\_\_

**Please read each sentence below carefully. Put a check  in the box to show if each statement is true or false. If you don't know, it's ok to check "Don't know". (Check *only one box* for each sentence.)**

1. You can tell if someone has HIV by looking at them.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
2. Sex using a condom is called safer sex.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
3. A girl cannot become pregnant the first time she has sex.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
4. Most people who abuse kids are strangers.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
5. Sex between children and adults is always wrong.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
6. When I let someone else decide for me I'm making an active decision.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>

**Please read each sentence below carefully. Put a check  in the box to show if you agree or disagree with each sentence. (Check *only one box* for each sentence.)**

	Agree	Disagree
7. If I don't want to have sex, I can say "no" or "stop".	<input type="checkbox"/>	<input type="checkbox"/>
8. I would be too embarrassed to ask my parent(s)/guardian(s) a question about sex or sexuality.	<input type="checkbox"/>	<input type="checkbox"/>
9. I plan to wait until after I graduate from high school before having sex.	<input type="checkbox"/>	<input type="checkbox"/>
10. Sex portrayed in the media (television, music, magazines) is not always safe, healthy or responsible sex.	<input type="checkbox"/>	<input type="checkbox"/>

**FOR FACILITATOR USE ONLY:**

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **CLASSROOM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **FACILITATOR:** \_\_\_\_\_

# Making Proud Choices

## Grades 7 - 8

### 2007 - 2008

PRE

A. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

B. Are you:

- Black
- White
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Multiracial
- Other: \_\_\_\_\_

C. Are you a:

- Boy
- Girl

D. What are the FIRST TWO (2) letters of your FIRST NAME? \_\_\_\_\_

**Please mark if each statement is true or false by placing a check (☑) in the appropriate box.**  
*(Check **only one box** for each statement.)*

1. You can tell if someone has HIV by looking at them.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
2. A girl cannot become pregnant the first time she has sex.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
3. Sex between children and adults is always wrong.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
4. Teasing from your friends because you are a virgin is a form of peer pressure.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
5. Choosing not to have sex is the only 100% effective method of avoiding pregnancy and sexually transmitted infections.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
6. More than half of the kids my age have had sex.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
7. I know where I can go to get tested for HIV or sexually transmitted infections.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>

**Read each statement below carefully and show your agreement or disagreement by placing a check (☑) in the appropriate box.** *(Check **only one box** for each statement.)*

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
8. If I don't want to have sex with someone, I can say "no" or "stop".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. It would be impossible for me to talk with my parent(s)/guardian(s) about sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I plan to wait until after I graduate from high school before having sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sex portrayed in the media (television, music, magazines) is not always safe, healthy or responsible sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I know how to prevent pregnancy and sexually transmitted infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Having a baby is a good way for a teen to feel loved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR FACILITATOR USE ONLY:**

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **CLASSROOM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **FACILITATOR:** \_\_\_\_\_

# SAFER CHOICES

## Grades 9 - 12

### 2007 - 2008

PRE

A. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

B. Are you:

- Black
- White
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Multiracial
- Other: \_\_\_\_\_

C. Are you a:

- Male
- Female

D. What are the FIRST TWO (2) letters of your FIRST NAME? \_\_\_\_\_

FOR FACILITATOR USE ONLY:

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ CLASSROOM: \_\_\_\_\_

DATE: \_\_\_\_\_ FACILITATOR: \_\_\_\_\_

**Please indicate whether each of the following statements is true or false by placing a check in the appropriate box. (Check *only one box* for each statement.)**

1. Using a condom during sex reduces the risk of getting a sexually transmitted infection.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
2. You can get HIV from oral sex.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
3. To use a condom properly, you have to hold onto the rim of the condom when pulling out.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
4. Birth control pills provide some protection from sexually transmitted infections.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
5. Choosing not to have sex (even if a person has had sex before) is the safest choice.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
6. You can have HIV for many years and not even know it.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
7. Teens under 18 do not need parent/guardian permission to be treated for sexually transmitted infections at most health clinics.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
8. Making sure that there is room at the tip of the condom is important for proper use of a condom.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
9. I know where to go to get tested for HIV or a sexually transmitted infection.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
10. A condom should be put on the man's penis during sex at the moment he is about to ejaculate (cum).	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>

**Read each statement below carefully and show your agreement or disagreement by placing a check in the appropriate box. (Check *only one box* for each statement.)**

	Strongly Agree	Agree	Disagree	Strongly Disagree
11. Having sex without a condom is a sign of trust in a relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I could talk openly with a partner about using protection during sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I would have sex with someone even when I really don't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I don't need to use a condom when having sex with someone I'm in a steady relationship with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I could convince a partner to use a condom even if he/she didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Using a condom during sex is more trouble than it is worth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. It would be insulting if my partner insisted we use a condom during sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If a partner refused to wear a condom, I would probably give in and have sex with him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Not getting pregnant (or not getting a girl pregnant) is very important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Refusing to have sex when you don't feel right about it shows self respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I would be too embarrassed to ask a partner to use a condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Now just a few more questions to answer.**

22. Have you ever had sex (sexual intercourse)?

- No
- Yes

23. The **last time** you had sex, did you/your partner use a condom?

- I have never had sex
- No, we did not use a condom
- Yes, we used a condom

24. In the **next 3 months**, if you have the chance to have sex with someone you like, will you have sex with them?

- I'm sure I won't have sex
- I think I won't have sex
- I think I will have sex
- I'm sure I will have sex

25. How likely are you and your partner to use a condom the next time you have sex?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Not at all likely

26. How comfortable do you feel talking to your parent(s)/guardian(s) about sex and sexuality?

- Very comfortable
- Somewhat comfortable
- Not very comfortable
- Not comfortable at all

F.L.A.S.H.  
Grade 4  
2007 - 2008

POST

A. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

B. Are you:

- Black
- White
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Multiracial
- Other: \_\_\_\_\_

C. Are you a:

- Boy
- Girl

D. What are the FIRST TWO (2) letters of your FIRST NAME? \_\_\_\_\_

**Please read each sentence below carefully. Put a check  in the box to show if each statement is true or false. If you don't know, it's ok to check "Don't know". (Check *only one box* for each sentence.)**

1. Puberty is the time when a child's body begins to change into an adult's body.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
2. You have the right not to be touched on your private parts.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
3. It is important to like yourself.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
4. Most people who abuse kids are strangers.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
5. Usually boys start puberty a little older than girls.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>
6. The private parts of your body are the parts covered by your bathing suit.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't know <input type="checkbox"/>

**Please read each sentence below carefully. Put a check  in the box to show if you agree or disagree with each sentence. (Check *only one box* for each sentence.)**

	Agree	Disagree
7. I know the difference between a "good" and a "problem" touch.	<input type="checkbox"/>	<input type="checkbox"/>
8. If you tell a grownup that you were abused and they don't help you, it is okay to tell another grownup.	<input type="checkbox"/>	<input type="checkbox"/>
9. It is okay for a kid to say "No" or "Stop" when anyone touches them in a bad or problem way.	<input type="checkbox"/>	<input type="checkbox"/>
10. It would be too hard for me to ask my parent(s)/guardian(s) a question about sex.	<input type="checkbox"/>	<input type="checkbox"/>

11. During the F.L.A.S.H. program, I learned

A Lot       A little       Nothing

**FOR FACILITATOR USE ONLY:**

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **CLASSROOM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **FACILITATOR:** \_\_\_\_\_

F.L.A.S.H.  
Grade 5  
2007 - 2008

POST

A. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

B. Are you:

- Black
- White
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Multiracial
- Other: \_\_\_\_\_

C. Are you a:

- Boy
- Girl

D. What are the FIRST TWO (2) letters of your FIRST NAME? \_\_\_\_\_

**Please read each sentence below carefully. Put a check  in the box to show if each statement is true or false. If you don't know, it's ok to check "Don't know". (Check *only one box* for each sentence.)**

1. Using a condom during sex is a good way to keep from getting HIV.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
2. You have the right not to be touched on your private parts.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
3. Menstruation (having a "period") is a sign that a girl is able to become pregnant.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
4. Most people who abuse kids are strangers.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
5. Being forced to have sex is never okay.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
6. Ejaculation from the penis at night (or a "wet dream") is normal among boys during puberty.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
7. Coming up with alternative choices is one step in active decision-making.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>

**Please read each sentence below carefully. Put a check  in the box to show if you agree or disagree with each sentence. (Check *only one box* for each sentence.)**

	Agree	Disagree
8. If I don't want to be touched, I can say "no" or "stop".	<input type="checkbox"/>	<input type="checkbox"/>
9. I make decisions based on what my parent(s)/guardian(s) tell me.	<input type="checkbox"/>	<input type="checkbox"/>
10. I would be too embarrassed to ask my parent(s)/guardian(s) a question about sex or sexuality.	<input type="checkbox"/>	<input type="checkbox"/>
11. I plan to wait until after I graduate from high school before having sex.	<input type="checkbox"/>	<input type="checkbox"/>

12. During the F.L.A.S.H. program, I learned ...

A Lot       A little       Nothing

13. The most important thing I learned during the F.L.A.S.H. program is:

\_\_\_\_\_

\_\_\_\_\_

**FOR FACILITATOR USE ONLY:**

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **CLASSROOM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **FACILITATOR:** \_\_\_\_\_

F.L.A.S.H.  
Grade 6  
2007 - 2008

POST

A. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

B. Are you:

- Black
- White
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Multiracial
- Other: \_\_\_\_\_

C. Are you a:

- Boy
- Girl

D. What are the FIRST TWO (2) letters of your FIRST NAME? \_\_\_\_\_

**Please read each sentence below carefully. Put a check  in the box to show if each statement is true or false. If you don't know, it's ok to check "Don't know". (Check *only one box* for each sentence.)**

1. You can tell if someone has HIV by looking at them.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
2. Sex using a condom is called safer sex.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
3. A girl cannot become pregnant the first time she has sex.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
4. Most people who abuse kids are strangers.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
5. Sex between children and adults is always wrong.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
6. When I let someone else decide for me I'm making an active decision.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>

**Please read each sentence below carefully. Put a check  in the box to show if you agree or disagree with each sentence. (Check *only one box* for each sentence.)**

	Agree	Disagree
7. If I don't want to have sex, I can say "no" or "stop".	<input type="checkbox"/>	<input type="checkbox"/>
8. I would be too embarrassed to ask my parent(s)/guardian(s) a question about sex or sexuality.	<input type="checkbox"/>	<input type="checkbox"/>
9. I plan to wait until after I graduate from high school before having sex.	<input type="checkbox"/>	<input type="checkbox"/>
10. Sex portrayed in the media (television, music, magazines) is not always safe, healthy or responsible sex.	<input type="checkbox"/>	<input type="checkbox"/>

11. During the F.L.A.S.H. program, I learned ...

A Lot       A little       Nothing

12. The most important thing I learned during the F.L.A.S.H. program is: \_\_\_\_\_

\_\_\_\_\_

**FOR FACILITATOR USE ONLY:**

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **FACILITATOR:** \_\_\_\_\_

# Making Proud Choices

## Grades 7 - 8

### 2007 - 2008

POST

A. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

B. Are you:

- Black
- White
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Multiracial
- Other: \_\_\_\_\_

C. Are you a:

- Boy
- Girl

D. What are the FIRST TWO (2) letters of your FIRST NAME? \_\_\_\_\_

**Please mark if each statement is true or false by placing a check (☑) in the appropriate box.**  
*(Check **only one box** for each statement.)*

1. You can tell if someone has HIV by looking at them.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
2. A girl cannot become pregnant the first time she has sex.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
3. Sex between children and adults is always wrong.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
4. Teasing from your friends because you are a virgin is a form of peer pressure.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
5. Choosing not to have sex is the only 100% effective method of avoiding pregnancy and sexually transmitted infections.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
6. More than half of the kids my age have had sex.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
7. I know where I can go to get tested for HIV or sexually transmitted infections.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>

**Read each statement below carefully and show your agreement or disagreement by placing a check (☑) in the appropriate box.** *(Check **only one box** for each statement.)*

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
8. If I don't want to have sex with someone, I can say "no" or "stop".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. It would be impossible for me to talk with my parent(s)/guardian(s) about sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I plan to wait until after I graduate from high school before having sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sex portrayed in the media (television, music, magazines) is not always safe, healthy or responsible sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I know how to prevent pregnancy and sexually transmitted infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Having a baby is a good way for a teen to feel loved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. During the Making Proud Choices program, I learned ...

A Lot       A little       Nothing

15. The most important thing I learned during the Making Proud Choices program is: \_\_\_\_\_

\_\_\_\_\_

**FOR FACILITATOR USE ONLY:**

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **CLASSROOM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **FACILITATOR:** \_\_\_\_\_

# SAFER CHOICES

## Grades 9 - 12

### 2007 - 2008

POST

A. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

B. Are you:

- Black
- White
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Multiracial
- Other: \_\_\_\_\_

C. Are you a:

- Male
- Female

D. What are the FIRST TWO (2) letters of your FIRST NAME? \_\_\_\_\_

FOR FACILITATOR USE ONLY:

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ CLASSROOM: \_\_\_\_\_

DATE: \_\_\_\_\_ FACILITATOR: \_\_\_\_\_

**Please indicate whether each of the following statements is true or false by placing a check in the appropriate box. (Check *only one box* for each statement.)**

1. Using a condom during sex reduces the risk of getting a sexually transmitted infection.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
2. You can get HIV from oral sex.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
3. To use a condom properly, you have to hold onto the rim of the condom when pulling out.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
4. Birth control pills provide some protection from sexually transmitted infections.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
5. Choosing not to have sex (even if a person has had sex before) is the safest choice.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
6. You can have HIV for many years and not even know it.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
7. Teens under 18 do not need parent/guardian permission to be treated for sexually transmitted infections at most health clinics.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
8. Making sure that there is room at the tip of the condom is important for proper use of a condom.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
9. I know where to go to get tested for HIV or a sexually transmitted infection.	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>
10. A condom should be put on the man's penis during sex at the moment he is about to ejaculate (cum).	True <input type="checkbox"/>	False <input type="checkbox"/>	Don't Know <input type="checkbox"/>

**Read each statement below carefully and show your agreement or disagreement by placing a check in the appropriate box. (Check *only one box* for each statement.)**

	Strongly Agree	Agree	Disagree	Strongly Disagree
11. Having sex without a condom is a sign of trust in a relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I could talk openly with a partner about using protection during sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I would have sex with someone even when I really don't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I don't need to use a condom when having sex with someone I'm in a steady relationship with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I could convince a partner to use a condom even if he/she didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Using a condom during sex is more trouble than it is worth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. It would be insulting if my partner insisted we use a condom during sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If a partner refused to wear a condom, I would probably give in and have sex with him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Not getting pregnant (or not getting a girl pregnant) is very important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Refusing to have sex when you don't feel right about it shows self respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I would be too embarrassed to ask a partner to use a condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Now just a few more questions to answer.**

22. Have you ever had sex (sexual intercourse)?

- No
- Yes

23. The **last time** you had sex, did you/your partner use a condom?

- I have never had sex
- No, we did not use a condom
- Yes, we used a condom

24. In the **next 3 months**, if you have the chance to have sex with someone you like, will you have sex with them?

- I'm sure I won't have sex
- I think I won't have sex
- I think I will have sex
- I'm sure I will have sex

25. How likely are you and your partner to use a condom the next time you have sex?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Not at all likely

26. How comfortable do you feel talking to your parent(s)/guardian(s) about sex and sexuality?

- Very comfortable
- Somewhat comfortable
- Not very comfortable
- Not comfortable at all

**Please tell us what you think about the Safer Choices program.**

27. The Safer Choices program was (*CHECK ONE*)

- Very Helpful
- Somewhat Helpful
- Not Helpful

28. During the Safer Choices program, I learned (*CHECK ONE*)

- A Lot
- A little
- Not Much

29. Would you recommend the Safer Choices program for other students? (*CHECK ONE*)

- Yes
- Maybe
- No

30. Which of the following topics would you like to learn more about? (*Choose all that apply*)

- Ways to prevent pregnancy
- Ways to say no
- Ways to resist peer pressure
- Building healthy relationships
- My body and how it works

31. Feel free to give us ideas on how we can make the program better: \_\_\_\_\_

\_\_\_\_\_

## Observer Form

School: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_  
 Curriculum: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
 Facilitator: \_\_\_\_\_ Session Number: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Did the facilitator...</b>			
1. ...Invite the students to ask questions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. ...Provide accurate answers to all of the students' questions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2a. <i>If no</i> , please tell us which questions were not answered or were answered inaccurately:			
3. ...Check with students to make sure they understood the material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. ...Cover all of the topics in the lesson:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4a. <i>If no</i> , please tell us which topics were not covered:			
5. ...Begin on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. ...End on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. ...Run out of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. ...Have to spend more than a few minutes managing behavior problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Did the students...</b>			
10. ...Ask questions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. ...Participate in discussions when prompted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. ...Seem to have difficulty understanding any of the topics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12a. <i>If yes</i> , which topics?			
13. If this is a <i>first</i> session, was the pre-test given to students before the lesson began?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
13a. <i>If so</i> , about how much time (in minutes) did the students need to complete the pre-test? _____ minutes			
14. If this is a final session, was the post-test given to students immediately following the lesson?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
14a. <i>If so</i> , about how much time (in minutes) did the students need to complete the post-test? _____ minutes			
Please provide any additional comments you may have regarding this session.			

## Facilitator Reflection Form

School: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

Curriculum: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Facilitator: \_\_\_\_\_ Session Number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Did you...</b>		
1. ...Feel comfortable discussing all of the topics included in the lesson?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1a. <i>If no</i> , which topics were you uncomfortable discussing? (please indicate which topics)		
2. ...Manage to cover all of the topics that are in today's lesson?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2a. <i>If no</i> , which topics were you unable to cover? (please indicate which topics)		
3. ...Get any questions from students for which you did not know the answer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a. <i>If yes</i> , please list the question(s).		
4. ...Get any questions from students that you were uncomfortable answering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a. <i>If yes</i> , please list the question(s).		
5. ...Invite students to ask questions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. ...Check with students to see if they understood the material that you were presenting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. ...Have enough time to get through the entire lesson?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7a. <i>If no</i> , how much time do you think you need for this lesson?		
8. Did you make any modifications to the lesson plan for this session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8a. <i>If yes</i> , please explain:		

9. Did you have any unanticipated problems or challenges during this session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9a. <i>If yes</i> , please explain.		
10. Are there any changes that could be made which would make implementing this lesson easier for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10a. <i>If yes</i> , please explain.		
11. Do you feel as if you received all of the training that you need to effectively implement this lesson?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11a. <i>If no</i> , please explain.		

12. If this is a <i>first</i> session, was the pre-test given to students before the lesson began?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
12a. <i>If so</i> , about how much time (in minutes) did the students need to complete the pre-test? _____ minutes			
13. If this is a final session, was the post-test given to students immediately following the lesson?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
13a. <i>If so</i> , about how much time (in minutes) did the students need to complete the post-test? _____ minutes			

Please provide any additional comments you may have regarding this session.
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## Classroom Teacher Survey

School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please indicate your level of agreement with the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The facilitator appeared comfortable presenting the curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Students seemed to be attentive and interested during the sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students asked questions during the sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The facilitator provided answers to all of the students' questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The facilitator checked with students to make sure they understood the material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The material was age-appropriate for the students in my classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The curriculum should continue to be incorporated into the classroom setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Classroom order was maintained while the facilitator was in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The benefits of the program outweigh the burden of interrupting class time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. With training, I would feel comfortable delivering the curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please provide additional comments regarding any of the items above in the space provided.*

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**A few additional questions follow. Please respond in the space provided. If additional room is needed please continue on the back of this page (clearly label which item's response is continued).**

11. How much of the time were you present while the facilitator was in your class?  
 All of the time     Most of the time     A small portion of the time     Not at all

12. What did you like best about the curriculum?

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13. What did you like least about the curriculum?

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14. In general, how have students responded to the curriculum? \_\_\_\_\_

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15. Do you have any suggestions to improve the program? \_\_\_\_\_

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**Thank you for taking the time to provide your feedback.**

## Sexuality Education Teacher Survey

Please take a few minutes to complete this survey about the responsible sexuality training you received last year and your thoughts about teaching the sexuality education curricula. Your responses will be kept confidential. The results from this survey will only be reported in aggregate form so that no individual's responses will be identified.

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>1. How would you rate the responsible sexuality training you received last year?</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
a. Clarity of training objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Organization of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adequacy of time to cover curriculum material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Opportunity to practice delivering curriculum material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Responsiveness to your training needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall quality of training to prepare you to deliver the sexuality education curricula.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Please rate your ability to teach the following topics.</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
a. Female reproductive anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Male reproductive anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Decision-making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prevention of HIV/STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sexual abuse prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Puberty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Gender roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Dating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Resources in the community (e.g., HIV or STD testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. How comfortable are you in discussing the following topics with students?</b>	<b>Very comfortable</b>	<b>Somewhat comfortable</b>	<b>Not at all comfortable</b>	
a. How HIV/STDs are transmitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Condom use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Male reproductive anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Female reproductive anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Delaying sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>3. How comfortable are you in discussing the following topics with students?</b>	<b>Very comfortable</b>	<b>Somewhat comfortable</b>	<b>Not at all comfortable</b>	
g. Sexual abuse/inappropriate touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Puberty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Sexual orientation/homosexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Dating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Please indicate your level of agreement with the following statements:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
a. Sexuality education should continue to be incorporated into the classroom setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The benefits of offering sexuality education outweigh the burden of interrupting class time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In general, I feel comfortable delivering sexuality education in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. What additional training or support do you need in order to effectively deliver the responsible sexuality curricula?** \_\_\_\_\_

**6. Please provide the following information about yourself:**

**a. Gender:**     Female     Male

**b. Race/Ethnicity:**

- Black
- White
- Asian/Pacific Islander
- Native American/Alaskan Native
- Multiracial
- Other (specify: \_\_\_\_\_)

**c. Are you Hispanic?**     Yes     No

**d. What grade(s) do you teach?** \_\_\_\_\_

**e. Have you had any prior experience teaching sexuality education?**

- Yes     No

**f. If you answered "Yes" to the previous question, how much prior experience have you had teaching sexuality education?**

- Less than 1 year
- 1 year
- 2 years
- More than 2 years

**g. Which responsible sexuality curricula were you trained to teach? (Check all that apply.)**

- All About Life     F.L.A.S.H.     Making Proud Choices     Safer Choices

**CMSD Survey  
For Parents of Children in Grades K-6**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>1. What is your gender?:</b> <input type="checkbox"/> male <input type="checkbox"/> female	<b>2. What is your race/ethnicity?:</b> <i>(fill in all that apply)</i> <input type="checkbox"/> African American <input type="checkbox"/> Native American/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Latino (what? _____) <input type="checkbox"/> Other (what? _____)		
<b>3. For your child(ren) in grades Kindergarten through 6 only, please write their school and grade:</b> first child's school _____ Grade _____ next child's school _____ Grade _____ next child's school _____ Grade _____ next child's school _____ Grade _____			
<b>Please answer questions 4 &amp; 5 about your child who is in a grade between Kindergarten and 6<sup>th</sup> ONLY. If you have more than one child in grades Kindergarten through 6, answer 'yes' if the statement is true for any of your children.</b>			
<b>4. During the current school year...</b>	<b>Yes</b>	<b>No</b>	<b>I don't know</b>
a. My child's school offered sex education in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I received a letter from the school with information about sex education taught in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I know that I can choose whether or not I want my child to learn about sex education in the classroom at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My child learned about sex education in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My child asked me a question about something they learned during sex education in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I had a discussion with my child about sex or a related topic like puberty or protection from sex abuse because of what they learned in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Do you think your child (or children) should receive information about the following sex education topics in school?</b>	<b>Yes</b>	<b>No</b>	<b>I don't know</b>
a. sexual growth and development (puberty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. respect for body/self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. knowledge of HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. resisting peer pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. sexual abuse prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. healthy relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. discussions about families and gender roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Are you aware of any changes made over the past year or so to policies or procedures about providing sex education in school?</b> <input type="checkbox"/> Yes... <i>If so, what was the policy about?</i> _____ <input type="checkbox"/> No <input type="checkbox"/> I don't know			
<b>7. How important do you think it is for schools to be involved in providing sex education to students?</b>			
<b>Very Important</b> <input type="checkbox"/>	<b>Somewhat Important</b> <input type="checkbox"/>	<b>Not Very Important</b> <input type="checkbox"/>	<b>Not Important At All</b> <input type="checkbox"/>
<b>8. Please provide any suggestions you have for improving the school's efforts to increase awareness of responsible sexual behavior among students.</b> _____ _____ _____			

**Thank you!**

**CMSD Survey  
For Parents of Children in Grades 7-12**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>1. What is your gender?:</b> <input type="checkbox"/> male <input type="checkbox"/> female	<b>2. What is your race/ethnicity?:</b> <i>(fill in all that apply)</i> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Latino (what? _____) <input type="checkbox"/> Native American/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (what? _____)		
<b>3. For your child(ren) in grades 7 through 12 only, please write their school and grade:</b> first child's school _____ Grade _____ next child's school _____ Grade _____ next child's school _____ Grade _____ next child's school _____ Grade _____			
<b>Please answer questions 4 &amp; 5 about your child who is in a grade between 7<sup>th</sup> and 12<sup>th</sup> ONLY. If you have more than one child in grades 7 through 12, answer 'yes' if the statement is true for any of your children.</b>			
<b>4. During the current school year...</b>	<b>Yes</b>	<b>No</b>	<b>I don't know</b>
a. My child's school offered sex education in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I received a letter from the school with information about sex education taught in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I know that I can choose whether or not I want my child to learn about sex education in the classroom at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My child learned about sex education in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My child asked me a question about something they learned during sex education in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I had a discussion with my child about sex or a related topic like puberty or protection from sex abuse because of what they learned in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Do you think your child (or children) should receive information about the following sex education topics in school?</b>	<b>Yes</b>	<b>No</b>	<b>I don't know</b>
a. sexual growth and development (puberty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. prevention of sexually transmitted diseases including HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. proper use of condoms and other methods of birth control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ways to avoid high risk sexual behaviors (don't have sex at an early age, or with multiple partners, or when using drugs or alcohol, don't have unprotected sex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. healthy relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. discussions about families and gender roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Are you aware of any changes made over the past year or so to policies or procedures about providing sex education in school?</b>			
<input type="checkbox"/> Yes... <i>If so, what was the policy about?</i> _____ <input type="checkbox"/> No <input type="checkbox"/> I don't know			
<b>7. How important do you think it is for schools to be involved in providing sex education to students?</b>			
<b>Very Important</b> <input type="checkbox"/>	<b>Somewhat Important</b> <input type="checkbox"/>	<b>Not Very Important</b> <input type="checkbox"/>	<b>Not Important At All</b> <input type="checkbox"/>
<b>8. Please provide any suggestions you have for improving the school's efforts to increase awareness of responsible sexual behavior among students.</b>			
_____ _____ _____			

**Thank you!**

## Public Health Officials/Other Key Stakeholders Interview Guide

### **Instructions for Interviewers**

Explain the format of the interview. *Explain the type of interview you are conducting and its nature. If you want them to ask questions, specify if they're to do so as they have them or wait until the end of the interview.*

Indicate how long the interview usually takes.

Tell interviewees how to get in touch with you later if they want to.

Ask if they have any questions before you get started with the interview.

**General Themes to be Discussed.** *Explain that the following main points will be addressed in the interview. Please note that the specific questions to be asked will depend upon how the conversation moves and you will likely have to ask additional "probing" questions in addition to those proposed below.*

*Level of Awareness/Understanding of the Initiative*

*Level of Support for the Initiative*

*Feasibility for Full Implementation of Initiative*

*Other*

### **Immediately After the Interview**

Verify that the tape recorder captured the entire session.

Review your written notes. *Clarify any incomplete phrases that may be difficult to remember later, ensure pages are numbered to maintain an order to notes, fill out any notes that don't make sense, etc.*

Process adapted from Carter McNamara, MBA, PhD

### Level of Awareness/Understanding of Initiative

**I'd like to begin by asking about your level of awareness and/or understanding of the District's Responsible Sexuality initiative.**

**1. How aware are you of CMSD's Responsible Sexuality initiative? What, if anything, have you heard about the initiative?**

***IF KNOWLEDGABLE ASK:***

**2. How has information about the initiative been communicated outside the District?**

**3. How grounded in the needs of school aged children in Cleveland do you consider this initiative to be?**

Level of Support for the Initiative

I'd like to switch gears and talk about your level of support for the initiative.

1. How would you characterize your level of support for the initiative? Would you say that you are very supportive, not very supportive, or somewhere in the middle? Please explain. How do you think your level of support compares to the level of support given by other public health officials?

Feasibility for Full Implementation of the Initiative

I would like to move on to discuss your thoughts about the feasibility for full implementation of the initiative in CMSD.

1. Currently, the curricula are being taught by a combination of outside agencies and trained CMSD teachers. I understand that the intent is to eventually have the curricula taught only by CMSD teachers. What, if any, do you see as the major barriers/obstacles/challenges to full implementation of this initiative in CMSD? Please explain.
2. What do you think is the best approach to overcoming these barriers/obstacles/challenges?

Other Information

1. Is there anything else you would like to tell us about your thoughts related to this issue?

## Elected Officials (and their representatives) Interview Guide

### **Instructions for Interviewers**

Explain the format of the interview. *Explain the type of interview you are conducting and its nature. If you want them to ask questions, specify if they're to do so as they have them or wait until the end of the interview.*

Indicate how long the interview usually takes.

Tell interviewees how to get in touch with you later if they want to.

Ask if they have any questions before you get started with the interview.

**General Themes to be Discussed.** *Explain that the following main points will be addressed in the interview. Please note that the specific questions to be asked will depend upon how the conversation moves and you will likely have to ask additional "probing" questions in addition to those proposed below.*

*Level of Awareness/Understanding of the Initiative*

Level of Support for the Initiative

Feasibility for Full Implementation of Initiative

Other

### **Immediately After the Interview**

Verify that the tape recorder captured the entire session.

Review your written notes. *Clarify any incomplete phrases that may be difficult to remember later, ensure pages are numbered to maintain an order to notes, fill out any notes that don't make sense, etc.*

Process adapted from Carter McNamara, MBA, PhD

### Level of Awareness/Understanding of Initiative

**I'd like to begin by asking about your level of awareness and/or understanding of the District's Responsible Sexuality initiative.**

- 1. How did you first hear about this initiative? How well informed do you consider yourself to be about the initiative?**
- 2. How do you get most of your information about the initiative?**

Level of Support for the Initiative

I'd like to switch gears and talk about the level of support that exists for the initiative.

1. **Would you say that this initiative has broad support among policy makers and political leaders in Cleveland? Why or why not? What do you think could be done to increase the level of support for this initiative among policy makers and political leaders in Cleveland?**

Other Information

1. **How would you characterize the expectations within the Mayor's office for this initiative?**

**Is there anything else you would like to tell us about your thoughts related to this issue?**

## CMSD Board Members Interview Guide

### **Instructions for Interviewers**

Explain the format of the interview. *Explain the type of interview you are conducting and its nature. If you want them to ask questions, specify if they're to do so as they have them or wait until the end of the interview.*

Indicate how long the interview usually takes.

Tell interviewees how to get in touch with you later if they want to.

Ask if they have any questions before you get started with the interview.

**General Themes to be Discussed.** *Explain that the following main points will be addressed in the interview. Please note that the specific questions to be asked will depend upon how the conversation moves and you will likely have to ask additional "probing" questions in addition to those proposed below.*

*Level of Awareness/Understanding of the Initiative*

Level of Support for the Initiative

Feasibility for Full Implementation of Initiative

Other

### **Immediately After the Interview**

Verify that the tape recorder captured the entire session.

Review your written notes. *Clarify any incomplete phrases that may be difficult to remember later, ensure pages are numbered to maintain an order to notes, fill out any notes that don't make sense, etc.*

Process adapted from Carter McNamara, MBA, PhD

### Level of Awareness/Understanding of Initiative

**I'd like to begin by asking about the level of awareness and/or understanding within the School Board of the District's Responsible Sexuality initiative.**

- 1. How aware of the Responsible Sexuality initiative do you think that most CMSD administrators and Board members are?**
- 2. How has information about the initiative been communicated to Board members?**
- 3. Do you recall if the initiative has been discussed in any Board meetings that you've attended? Could you describe the focus of the discussions?**

### Level of Support for the Initiative

**I'd like to switch gears and talk about your level of support for the initiative.**

- 1. In general, how would you characterize your impressions of the initiative? Are they mostly positive, mostly negative, or mixed? Please explain. How do you think your impressions compare to those of other CMSD administrators and board members?**

Feasibility for Full Implementation of the Initiative

**I would like to move on to discuss your thoughts about the feasibility for full implementation of the initiative in CMSD.**

- 1. Currently, the curricula are being taught by a combination of outside agencies and trained CMSD teachers. I understand that the intent is to eventually have the curricula taught only by CMSD teachers. What, if any, do you see as the major barriers/obstacles/challenges to full implementation of this initiative in CMSD? Please explain.**
- 2. What do you think is the best approach to overcoming these barriers/obstacles/challenges?**

Other Information

- 1. Is there anything else you would like to tell us about your thoughts related to this issue?**

## **CMSD Administrators & Staff (including teacher's union reps) Interview Guide**

### ***Instructions for Interviewers***

Explain the format of the interview. *Explain the type of interview you are conducting and its nature. If you want them to ask questions, specify if they're to do so as they have them or wait until the end of the interview.*

Indicate how long the interview usually takes.

Tell interviewees how to get in touch with you later if they want to.

Ask if they have any questions before you get started with the interview.

**General Themes to be Discussed.** *Explain that the following main points will be addressed in the interview. Please note that the specific questions to be asked will depend upon how the conversation moves and you will likely have to ask additional "probing" questions in addition to those proposed below.*

*Level of Awareness/Understanding of the Initiative*

Level of Support for the Initiative

Feasibility for Full Implementation of Initiative

Other

### **Immediately After the Interview**

Verify that the tape recorder captured the entire session.

Review your written notes. *Clarify any incomplete phrases that may be difficult to remember later, ensure pages are numbered to maintain an order to notes, fill out any notes that don't make sense, etc.*

Process adapted from Carter McNamara, MBA, PhD

### Level of Awareness/Understanding of Initiative

**I'd like to begin by asking about the level of awareness and/or understanding of the Responsible Sexuality initiative within the District.**

**1. How aware of the Responsible Sexuality initiative do you think that most CMSD administrators and Board members are?**

**2. How grounded in the needs of school aged children in Cleveland do you consider this initiative to be?**

### Level of Support for the Initiative

I'd like to switch gears and talk about your level of support for the initiative.

1. How would you characterize your level of support for the initiative? Would you say that you are very supportive, not very supportive, or somewhere in the middle? Please explain. How do you think your level of support compares to the level of support given by other public health officials, CMSD administrators as well as CMSD board members?
2. Would you say that this initiative has broad support among policy makers and political leaders in Cleveland? Why or why not? What do you think could be done to increase the level of support for this initiative among policy makers and political leaders in Cleveland?

### Feasibility for Full Implementation of the Initiative

I would like to move on to discuss your thoughts about the feasibility for full implementation of the initiative in CMSD.

1. Currently, the curricula are being taught by a combination of outside agencies and trained CMSD teachers. I understand that the intent is to eventually have the curricula taught only by CMSD teachers. How feasible do you think this plan is? Please explain.
2. What, if any, do you see as the major barriers/obstacles/challenges to full implementation of this initiative in CMSD? Please explain. What do you think is the best approach to overcoming these barriers/obstacles/challenges?

### Other Information

1. Is there anything else you would like to tell us about your thoughts related to this issue?