

## CURRICULUM LOG

### LESSON 1: It's Your Game...Pre-Game Show

|               |         |
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| Teacher Name: | School: |
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**Completion of Lesson Activities:** Indicate which of the activities were completed during each class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

|          | Activity I:<br>Getting to Know You                                    | Activity II:<br>It's Your Game...Keep It Real  | Activity III:<br>Agreements for Classroom Discussion   | Activity IV:<br>Journal   | Activity V:<br>Wrap Up  | Did you make any changes to fit your class needs?                                |
|----------|---|--|--|---|---|--|
| Period 1 | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>IYG Bingo<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Confidentiality Statement<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Students made journal booklets<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
| Period 2 | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>IYG Bingo<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Confidentiality Statement<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Students made journal booklets<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
| etc      | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>IYG Bingo<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Confidentiality Statement<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Students made journal booklets<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
| etc      | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>IYG Bingo<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Confidentiality Statement<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Students made journal booklets<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |

## CURRICULUM LOG

### Lesson 2: Keeping It Real... Among Friends

|               |         |
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| Teacher Name: | School: |
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

|            |  | Activity I:<br>Introduction<br>to the Day                                    | Activity II:<br>Movie Acting<br>& Discussion                                 | Activity III:<br>Characteristic<br>s of a Real<br>Friendship                 | Activity IV:<br>Journal  | Activity V:<br>Parent-Child<br>Homework                                      | Activity VI:<br>Wrap Up  | Did you make any changes to fit your class needs?                                |
|------------|--|--|--|--|--|--|--|--|
| <b>S 1</b> | # of students in class period: -<br>____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__       |  |  |  |  |  |  |  |
| <b>S 2</b> | # of students in class period: -<br>____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__       |  |  |  |  |  |  |  |
| <b>S 3</b> | # of students in class period: -<br>____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__       |  |  |  |  |  |  |  |
| <b>S 4</b> | # of students in class period: -<br>____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__       |  |  |  |  |  |  |  |

## CURRICULUM LOG

### Lesson 3: Keeping It Real...Among Friends

|               |         |
|---------------|---------|
| Teacher Name: | School: |
|---------------|---------|

**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

|            |                                     | Activity I:<br>Intro   | Activity II:<br>Computer<br>Activities                                       | Activity III:<br>Reel World<br>Serial<br>Discussion                          | Activity IV:<br>Wrap Up  | How did<br>students<br>access this<br>lesson?   | Who did you<br>work with to<br>complete this<br>lesson? (Check<br>all that apply)                                      | Did you make any changes to fit your class needs?                                       |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |
|------------|-------------------------------------|--|--|--|--|---|--|---|------------|-------------------------------------|--|--|--|--|---|--|---|------------------------------------|--|---|------------|-------------------------------------|--|--|--|--|---|--|---|------------------------------------|--|---|------------|-------------------------------------|--|--|--|--|
| <b>S 1</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |   | <b>S 2</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> | Date lesson completed:<br>__/__/__ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>S 3</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> | Date lesson completed:<br>__/__/__ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>S 4</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>S 2</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |   | <b>S 3</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> | Date lesson completed:<br>__/__/__ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>S 4</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> | Date lesson completed:<br>__/__/__ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |                                     |  |  |  |  |
| <b>S 3</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |   | <b>S 4</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> | Date lesson completed:<br>__/__/__ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |
| <b>S 4</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |

## CURRICULUM LOG

### Lesson 4: It's Your Game...Playing By Your Rules

|               |         |
|---------------|---------|
| Teacher Name: | School: |
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

|            |                                     | Activity I:<br>Simon Says  | Activity II: Select,<br>Detect, Protect   | Activity III:<br>Lightin' Up   | Activity IV:<br>Journal  | Activity V:<br>Wrap Up   | Did you make any changes to fit your class needs?                                |
|------------|-------------------------------------|--|---|--|--|--|--|
| <b>S 1</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__  |  | <b>Students defined 3 steps in Playing by Their Rules (Select, Detect, Protect)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |
| <b>S 2</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__  |  | <b>Students defined 3 steps in Playing by Their Rules (Select, Detect, Protect)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |
| <b>S 3</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__  |  | <b>Students defined 3 steps in Playing by Their Rules (Select, Detect, Protect)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |
| <b>S 4</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__  |  | <b>Students defined 3 steps in Playing by Their Rules (Select, Detect, Protect)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |

## CURRICULUM LOG

## Lesson 5: It's Your Game...Playing By Your Rules

|               |         |
|---------------|---------|
| Teacher Name: | School: |
|---------------|---------|

**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

|            |                                     | Activity I:<br>Intro   | Activity II:<br>Computer<br>Activities                                       | Activity III:<br>Reel World<br>Serial<br>Discussion                          | Activity IV:<br>Wrap Up  | How Did<br>Students<br>Access This<br>Lesson?   | Who Did You<br>Work With to<br>Complete This<br>Lesson? (check all<br>that apply)                                      | Did you make any changes to fit your class needs?                                       |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |
|------------|-------------------------------------|--|--|--|--|---|--|---|------------|-------------------------------------|--|--|--|--|---|--|---|------------------------------------|--|---|------------|-------------------------------------|--|--|--|--|---|--|---|------------------------------------|--|---|------------|-------------------------------------|--|--|--|--|
| <b>S 1</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |   | <b>S 2</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> | Date lesson completed:<br>__/__/__ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>S 3</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> | Date lesson completed:<br>__/__/__ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>S 4</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>S 2</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |   | <b>S 3</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> | Date lesson completed:<br>__/__/__ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>S 4</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> | Date lesson completed:<br>__/__/__ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |                                     |  |  |  |  |
| <b>S 3</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |   | <b>S 4</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> | Date lesson completed:<br>__/__/__ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |
| <b>S 4</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |   |  |   |                                    |  |   |            |                                     |  |  |  |  |

## CURRICULUM LOG

### Lesson 6: Protecting Your Rules...A Clear NO

|               |         |
|---------------|---------|
| Teacher Name: | School: |
|---------------|---------|

**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

|            |                                     | Activity I:<br>Introduction<br>to the Day                             | Activity II:<br>Movie<br>Acting &<br>Discussion  | Activity III:<br>Protecting<br>Your Rules...<br>Saying No             | Activity IV:<br>Student Skills<br>Practice  | Activity V:<br>Parent-<br>Child<br>Homework   | Activity<br>VI:<br>Wrap Up  | Did you make any changes to fit your class<br>needs? |
|------------|-------------------------------------|---|--|---|---|---|---|--|
| <b>S 1</b> | # of students in class period: ____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Student<br>actors read<br>story<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Students acted<br>out role plays<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br># of returned<br>sheets ____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | □Yes □No - If yes, list changes:                     |
|            | Date lesson completed:<br>__/__/__  |   |  |   |   |   |   |  |
| <b>S 2</b> | # of students in class period: ____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Student<br>actors read<br>story<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Students acted<br>out role plays<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br># of returned<br>sheets ____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | □Yes □No - If yes, list changes:                     |
|            | Date lesson completed:<br>__/__/__  |   |  |   |   |   |   |  |
| <b>S 3</b> | # of students in class period: ____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Student<br>actors read<br>story<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Students acted<br>out role plays<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br># of returned<br>sheets ____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | □Yes □No - If yes, list changes:                     |
|            | Date lesson completed:<br>__/__/__  |   |  |   |   |   |   |  |
| <b>S 4</b> | # of students in class period: ____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Student<br>actors read<br>story<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Students acted<br>out role plays<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br># of returned<br>sheets ____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | □Yes □No - If yes, list changes:                     |
|            | Date lesson completed:<br>__/__/__  |   |  |   |   |   |   |  |

## CURRICULUM LOG

### Lesson 7: Protecting Your Rules...Alternative Actions

|               |         |
|---------------|---------|
| Teacher Name: | School: |
|---------------|---------|

**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

|            |   | Activity I:<br>Introduction<br>to the Day                                    | Activity II:<br>Movie Acting<br>& Discussion   | Activity III:<br>Protecting<br>Your Rules...<br>Alternative<br>Actions       | Activity IV:<br>Student Skills<br>& Practice   | Activity VI:<br>Wrap Up  | Did you make any changes to fit your class needs?                                       |
|------------|---|--|--|--|--|--|---|
| <b>S 1</b> | # of students in class period: -<br>_____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Student actors<br/>read story</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Students acted<br/>out role plays</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |
|            | Date lesson completed:<br>__/__/__        |  |  |  |  |  |   |
| <b>S 2</b> | # of students in class period: -<br>_____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Student actors<br/>read story</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Students acted<br/>out role plays</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |
|            | Date lesson completed:<br>__/__/__        |  |  |  |  |  |   |
| <b>S 3</b> | # of students in class period: -<br>_____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Student actors<br/>read story</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Students acted<br/>out role plays</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |
|            | Date lesson completed:<br>__/__/__        |  |  |  |  |  |   |
| <b>S 4</b> | # of students in class period: -<br>_____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Student actors<br/>read story</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Students acted<br/>out role plays</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |
|            | Date lesson completed:<br>__/__/__        |  |  |  |  |  |   |

## CURRICULUM LOG

### Lesson 8: Know Your Body

|               |         |
|---------------|---------|
| Teacher Name: | School: |
|---------------|---------|

**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

|            |                                     | Activity I: Intro   | Activity II: Computer Activities                                      | Activity III: Wrap Up   | How did students access this lesson?  | Who did you work with to complete this lesson? (check all that apply)  | Did you make any changes to fit your class needs?                                |
|------------|-------------------------------------|---|---|---|---|--|--|
| <b>S 1</b> | # of students in class period: ____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__  |   |   |   | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |  |
| <b>S 2</b> | # of students in class period: ____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__  |   |   |   | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |  |
| <b>S 3</b> | # of students in class period: ____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__  |   |   |   | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |  |
| <b>S 4</b> | # of students in class period: ____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__  |   |   |   | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |  |



## CURRICULUM LOG

### Lesson 9: Keeping It Real...For Yourself

|               |         |
|---------------|---------|
| Teacher Name: | School: |
|---------------|---------|

**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

|            |                                     | Activity I:<br>Introduction to the<br>Day                                    | Activity II:<br>Consequences of<br>Having Sex  | Activity III:<br>Tina and<br>Marco   | Activity IV:<br>Journal  | Activity V:<br>Wrap Up   | Did you make any changes to fit your class<br>needs?                                    |
|------------|-------------------------------------|--|--|--|--|--|---|
| <b>S 1</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Students define 3<br/>consequences (Social,<br/>Emotional &amp; Physical)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  |  |   |
| <b>S 2</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Students define 3<br/>consequences (Social,<br/>Emotional &amp; Physical)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  |  |   |
| <b>S 3</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Students define 3<br/>consequences (Social,<br/>Emotional &amp; Physical)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  |  |   |
| <b>S 4</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Students define 3<br/>consequences (Social,<br/>Emotional &amp; Physical)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  |  |   |

## CURRICULUM LOG

### Lesson 10: Playing By Your Rules...Regarding Sex

|               |         |
|---------------|---------|
| Teacher Name: | School: |
|---------------|---------|

**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

|            |  | Activity I:<br>Intro  | Activity II:<br>Computer<br>Activities                                | Activity III:<br>Reel<br>World<br>Serial<br>Discussion                | Activity IV:<br>Parent<br>Child<br>Homework                           | Activity<br>V:<br>Wrap Up   | How did<br>students<br>access<br>this<br>lesson?  | Who did you work<br>with to complete<br>this lesson? (check<br>all that apply)   | Did you make any changes to fit your<br>class needs?                             |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |
|------------|--|---|---|---|---|---|---|--|--|------------|--|---|---|---|---|---|---|--|--|------------------------------------|---------------------------------|--|---|------------|--|---|---|---|---|---|---|--|--|------------------------------------|---------------------------------|--|---|------------|--|---|---|---|---|---|---|
| <b>S 1</b> | # of students in class period: -<br>____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Complete<br>d <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |
|            | Date lesson completed:<br>__/__/__       |   |   |   | # of<br>returned<br>sheets ____                                       |   | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |  | <b>S 2</b> | # of students in class period: -<br>____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Complete<br>d <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: | Date lesson completed:<br>__/__/__ | # of<br>returned<br>sheets ____ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>S 3</b> | # of students in class period: -<br>____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Complete<br>d <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: | Date lesson completed:<br>__/__/__ | # of<br>returned<br>sheets ____ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>S 4</b> | # of students in class period: -<br>____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Complete<br>d <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both |
| <b>S 2</b> | # of students in class period: -<br>____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Complete<br>d <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |
|            | Date lesson completed:<br>__/__/__       |   |   |   | # of<br>returned<br>sheets ____                                       |   | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |  | <b>S 3</b> | # of students in class period: -<br>____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Complete<br>d <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: | Date lesson completed:<br>__/__/__ | # of<br>returned<br>sheets ____ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>S 4</b> | # of students in class period: -<br>____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Complete<br>d <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: | Date lesson completed:<br>__/__/__ | # of<br>returned<br>sheets ____ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |  |   |   |   |   |   |   |
| <b>S 3</b> | # of students in class period: -<br>____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Complete<br>d <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |
|            | Date lesson completed:<br>__/__/__       |   |   |   | # of<br>returned<br>sheets ____                                       |   | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |  | <b>S 4</b> | # of students in class period: -<br>____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Complete<br>d <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: | Date lesson completed:<br>__/__/__ | # of<br>returned<br>sheets ____ | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |
| <b>S 4</b> | # of students in class period: -<br>____ | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Completed<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Complete<br>d <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> At school<br><input type="checkbox"/> At home<br><input type="checkbox"/> Both | <input type="checkbox"/> Librarian<br><input type="checkbox"/> Computer Tech<br><input type="checkbox"/> Administrator | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |
|            | Date lesson completed:<br>__/__/__       |   |   |   | # of<br>returned<br>sheets ____                                       |   | <input type="checkbox"/> Online<br><input type="checkbox"/> DVD<br><input type="checkbox"/> Both        | <b>Were they helpful?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  |  |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |  |  |                                    |                                 |  |   |            |  |   |   |   |   |   |   |

## CURRICULUM LOG

### Lesson 11: Protecting Your Rules...Regarding Sex

|               |         |
|---------------|---------|
| Teacher Name: | School: |
|---------------|---------|

**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

|            |  | Activity I:<br>Introduction to<br>the Day                                    | Activity II:<br>Movie Acting &<br>Discussion   | Activity III:<br>Student Skills<br>Practice  | Activity IV:<br>Wrap Up  | Did you make any changes to fit your class needs?                                |
|------------|--|--|--|--|--|--|
| <b>S 1</b> | # of students in class period: -<br>____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Student actors<br/>read story</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Students acted<br/>out role plays</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__       |  |  |  |  |  |
| <b>S 2</b> | # of students in class period: -<br>____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Student actors<br/>read story</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Students acted<br/>out role plays</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__       |  |  |  |  |  |
| <b>S 3</b> | # of students in class period: -<br>____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Student actors<br/>read story</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Students acted<br/>out role plays</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__       |  |  |  |  |  |
| <b>S 4</b> | # of students in class period: -<br>____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Student actors<br/>read story</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Students acted<br/>out role plays</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes: |
|            | Date lesson completed:<br>__/__/__       |  |  |  |  |  |

## CURRICULUM LOG

### Lesson 12: It's Your Game...Post Game Show

|               |         |
|---------------|---------|
| Teacher Name: | School: |
|---------------|---------|

**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

|            |                                     | Activity I:<br>Introduction<br>to the Day                                    | Activity II:<br>Curriculum<br>Review   | Activity III:<br>Curriculum<br>Reflection                                    | Activity IV:<br>Journal  | Activity V:<br>Ceremony  | Did you make any changes to fit your class needs?                                       |
|------------|-------------------------------------|--|--|--|--|--|---|
| <b>S 1</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  |  |   |
| <b>S 2</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  |  |   |
| <b>S 3</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  |  |   |
| <b>S 4</b> | # of students in class period: ____ | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Completed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b> |
|            | Date lesson completed:<br>__/__/__  |  |  |  |  |  |   |