

## Self-Esteem

Reviewer/ Teacher's Name: \_\_\_\_\_

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

### Implementation Checklist

1. For each Major Objective, Activity, or Point to Make listed below, please check "yes" or "no" to indicate if it was covered when the session was taught.

	<u>Yes</u>	<u>No</u>
• Discuss how self-esteem is developed.	<input type="checkbox"/>	<input type="checkbox"/>
• Differentiate between high self-esteem and low self-esteem.	<input type="checkbox"/>	<input type="checkbox"/>
• Define self-esteem and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how self-esteem is variant, from person to person and from situation to situation.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how some people feel bad about themselves because		
• They feel like they don't fit in.	<input type="checkbox"/>	<input type="checkbox"/>
• Define unique and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how being unique makes each person special.	<input type="checkbox"/>	<input type="checkbox"/>
• Session Summary	<input type="checkbox"/>	<input type="checkbox"/>

2. Please check "yes" or "no" if the activities listed below were included in the lesson.

	<u>Yes</u>	<u>No</u>
• Worksheet #1: <i>Three of a Kind</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #2: <i>Self-Esteem Journal Topic</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Distribution of the Parent Letter	<input type="checkbox"/>	<input type="checkbox"/>

3. How much time was devoted to teaching this session? \_\_\_\_\_

(over)

## Decision-Making

Reviewer/ Teacher's Name: \_\_\_\_\_

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

### Implementation Checklist

1. For each Major Objective, Activity, or Point to Make listed below, please check "yes" or "no" to indicate if it was covered when the session was taught.

	<u>Yes</u>	<u>No</u>
• Review (or introduce) the definition of decision and have students copy it into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Review (or introduce) the <i>Stop-Think-Go</i> process for making decisions.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss examples of everyday decisions.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how a decision making process can help students make better decisions.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how decisions are influenced by others.	<input type="checkbox"/>	<input type="checkbox"/>
• Define direct influences and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss examples of direct influences.	<input type="checkbox"/>	<input type="checkbox"/>
• Define indirect influences and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss examples of indirect influences.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how direct and indirect influences affect our decisions.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how understanding influences on our decisions can help us make better choices.	<input type="checkbox"/>	<input type="checkbox"/>
• Session Summary	<input type="checkbox"/>	<input type="checkbox"/>

2. Please check "yes" or "no" if the activities listed below were included in the lesson.

	<u>Yes</u>	<u>No</u>
• Worksheet #3: <i>Direct and Indirect Influences on my Decision-Making</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #4: <i>My Graphic Organizer</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #5: <i>Decision Making Journal Topic</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Distribution of the Parent Letter	<input type="checkbox"/>	<input type="checkbox"/>

3. How much time was devoted to teaching this session? \_\_\_\_\_

(over)

## Smoking Information

Reviewer/ Teacher's Name: \_\_\_\_\_

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

### Implementation Checklist

1. For each Major Objective, Activity, or Point to Make listed below, please check "yes" or "no" to indicate if it was covered when the session was taught.

	<u>Yes</u>	<u>No</u>
• Review ( or introduce) the immediate and long-term effects of smoking.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify the drug in tobacco.	<input type="checkbox"/>	<input type="checkbox"/>
• Define stimulant and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Show students where and how to take their pulses.	<input type="checkbox"/>	<input type="checkbox"/>
• Conduct Tobacco Demonstration 1: <i>Nicotine Is A Stimulant.</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how people who smoke are at increased rates for certain diseases because nicotine is a stimulant.	<input type="checkbox"/>	<input type="checkbox"/>
• Conduct Tobacco Demonstration 2: <i>Simulated Emphysema.</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how the alveoli in the lungs "pop" as emphysema develops.	<input type="checkbox"/>	<input type="checkbox"/>
• Define emphysema and ask students to copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Conduct Tobacco Demonstration 3: <i>Tar In Your Lungs.</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how the best way to prevent the negative effects of nicotine and tar is to not start smoking.	<input type="checkbox"/>	<input type="checkbox"/>
• Session Summary	<input type="checkbox"/>	<input type="checkbox"/>

2. Please check "yes" or "no" if the activities listed below were included in the lesson.

	<u>Yes</u>	<u>No</u>
• Worksheet #6: <i>Healthy Heart or Smoking Heart</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #7: <i>Smoking Information Journal Topic</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Distribution of the Parent Letter	<input type="checkbox"/>	<input type="checkbox"/>

3. How much time was devoted to teaching this session? \_\_\_\_\_

(over)

## Advertising

Reviewer/ Teacher's Name: \_\_\_\_\_

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

### Implementation Checklist

1. For each Major Objective, Activity, or Point to Make listed below, please check "yes" or "no" to indicate if it was covered when the session was taught.

	<u>Yes</u>	<u>No</u>
• Review (or introduce) advertising techniques commonly used by advertisers.	<input type="checkbox"/>	<input type="checkbox"/>
• Compare advertising techniques to current tobacco advertisements.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss why advertisers might use more than one technique in an advertisement.	<input type="checkbox"/>	<input type="checkbox"/>
• Define lure and have class copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss why tobacco companies are forced to lure consumers to smoke.	<input type="checkbox"/>	<input type="checkbox"/>
• Hand out a tobacco advertisement to each student to analyze.	<input type="checkbox"/>	<input type="checkbox"/>
• Have students share their results.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss the importance of analyzing advertisements	<input type="checkbox"/>	<input type="checkbox"/>
• Session Summary	<input type="checkbox"/>	<input type="checkbox"/>

2. Please check "yes" or "no" if the activities listed below were included in the lesson.

	<u>Yes</u>	<u>No</u>
• Worksheet #8: <i>Tobacco For Sale</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #9: <i>Advertising Journal Topic</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Distribution of the Parent Letter	<input type="checkbox"/>	<input type="checkbox"/>

3. How much time was devoted to teaching this session? \_\_\_\_\_

(over)

## Dealing With Stress

Reviewer/ Teacher's Name: \_\_\_\_\_

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

### Implementation Checklist

1. For each Major Objective, Activity, or Point to Make listed below, please check "yes" or "no" to indicate if it was covered when the session was taught.

	<u>Yes</u>	<u>No</u>
• Review (or introduce) the concept of stress.	<input type="checkbox"/>	<input type="checkbox"/>
• Define stress and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Define the word stressor and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Brainstorm different stressors common to students.	<input type="checkbox"/>	<input type="checkbox"/>
• Define the terms eustress and distress and have students copy the definitions into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify which of the stressors on the "brainstorm list" can be considered eustress and which can be considered distress.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how not all stress is negative.	<input type="checkbox"/>	<input type="checkbox"/>
• Brainstorm positive and negative ways to deal with stress.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss the difference between positive and negative coping techniques.	<input type="checkbox"/>	<input type="checkbox"/>
• Practice guided imagery as a method for coping with stress.	<input type="checkbox"/>	<input type="checkbox"/>
• Practice progressive muscle relaxation as a method for coping with stress.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how relaxation techniques help to counteract the negative results of stress.	<input type="checkbox"/>	<input type="checkbox"/>
• Session Summary	<input type="checkbox"/>	<input type="checkbox"/>

2. Please check "yes" or "no" if the activities listed below were included in the lesson.

	<u>Yes</u>	<u>No</u>
• Worksheet #10: <i>My Stressor List</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #11: <i>How Do I Deal With Stress</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #12: <i>Stress Journal Topic</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Distribution of the Parent Letter	<input type="checkbox"/>	<input type="checkbox"/>

3. How much time was devoted to teaching this session? \_\_\_\_\_

(over)

## Communication Skills

Reviewer/ Teacher's Name: \_\_\_\_\_

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

### Implementation Checklist

1. For each Major Objective, Activity, or Point to Make listed below, please check "yes" or "no" to indicate if it was covered when the session was taught.

	<u>Yes</u>	<u>No</u>
• Define communication and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Brainstorm different ways people communicate.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss verbal communication.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss non-verbal communication.	<input type="checkbox"/>	<input type="checkbox"/>
• Define verbal and non-verbal communication and have students copy both definitions into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Practice verbal communication by playing "The Telephone Game".	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how communication is only effective if both sender and receiver interpret it in the same way.	<input type="checkbox"/>	<input type="checkbox"/>
• Practice non-verbal communication by playing "The Birthday Line-up".	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss the difficulty of communicating only through non-verbal communication.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how good communication does not come easily.	<input type="checkbox"/>	<input type="checkbox"/>
• Session Summary	<input type="checkbox"/>	<input type="checkbox"/>

2. Please check "yes" or "no" if the activities listed below were included in the lesson.

• Worksheet #13: <i>The Ways We Communicate</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #14 : <i>Communication Journal Topic</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Distribution of the Parent Letter	<input type="checkbox"/>	<input type="checkbox"/>

3. How much time was devoted to teaching this session? \_\_\_\_\_

(over)

## Social Skills

Reviewer/ Teacher's Name: \_\_\_\_\_

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

### Implementation Checklist

1. For each Major Objective Activity or Point to Make listed below, please check "yes" or "no" to indicate if it was covered when the session was taught.

	<u>Yes</u>	<u>No</u>
• Define peer and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Define peer pressure and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how peer pressure can be both positive and negative.	<input type="checkbox"/>	<input type="checkbox"/>
• Experience peer pressure by playing "Message Corridor".	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how it is difficult to resist peer pressure.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss what to do if peer pressure become so serious it becomes a problem.	<input type="checkbox"/>	<input type="checkbox"/>
• Brainstorm where to go for help if peer pressure becomes a problem.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how we need to listen to our minds and bodies when making choices, not just be swayed by peers.	<input type="checkbox"/>	<input type="checkbox"/>
• Session Summary	<input type="checkbox"/>	<input type="checkbox"/>

2. Please check "yes" or "no" if the activities listed below were included in the lesson.

	<u>Yes</u>	<u>No</u>
• Worksheet #15: <i>Where To Go For Help</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #16: <i>Social Skills Journal Topic</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Distribution of the Parent Letter	<input type="checkbox"/>	<input type="checkbox"/>

3. How much time was devoted to teaching this session? \_\_\_\_\_

(over)

## Assertiveness

Reviewer/ Teacher's Name: \_\_\_\_\_

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

### Implementation Checklist

1. For each Major Objective Activity or Point to Make listed below, please check "yes" or "no" to indicate if it was covered when the session was taught.

	<u>Yes</u>	<u>No</u>
• Define assertiveness and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how I-messages are one way to behave assertively.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss the four parts of an I-message.	<input type="checkbox"/>	<input type="checkbox"/>
• Practice changing blaming statements into I-messages.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how I-messages can help us talk to someone when we are mad or upset.	<input type="checkbox"/>	<input type="checkbox"/>
• Practice using I-messages in a role play situation.	<input type="checkbox"/>	<input type="checkbox"/>
• Session Summary	<input type="checkbox"/>	<input type="checkbox"/>

2. Please check "yes" or "no" if the activities listed below were included in the lesson.

	<u>Yes</u>	<u>No</u>
• Worksheet #17: <i>Using I-Messages</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #18: <i>Assertiveness Journal Topic</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Distribution of the Parent Letter	<input type="checkbox"/>	<input type="checkbox"/>

3. How much time was devoted to teaching this session? \_\_\_\_\_

(over)

