

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.	<input type="checkbox"/>	<input type="checkbox"/>
• Copy the definition of self-esteem into “My LST Dictionary”.	<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 self-esteem affects behavior.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify things students would like to improve about themselves.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how identifying achievements can help students improve their self-esteem.	<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>Things I Can Do</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #2: <i>Look What I Can Do</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #3: <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)

4. Please estimate the percentage of time you spent using each of the teaching techniques listed below. (Total should equal 100% of the class).

_____ % Lecture

_____ % Discussion

_____ % Demonstration

_____ % Practice and Behavior

_____ % Cooperative Learning

_____ % Individual Cognitive Experiences

5. Do you plan to integrate concepts practiced and discussed during this session into other subject areas? (Please circle)

Yes

No

6. Rate how well students responded to this session: Low Average High

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7. Is there any material relevant to the session that you added or feel should be added?

Yes

No

If yes, please specify _____

8. Is there any material that you deleted or were unable to cover?

Yes

No

If yes, please specify _____

General Comments:

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>
• Define decisions.	<input type="checkbox"/>	<input type="checkbox"/>
• Define outcomes.	<input type="checkbox"/>	<input type="checkbox"/>
• Copy the definitions of decisions and outcomes into “My LST Dictionary”.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss decisions that are made daily.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify a process for making 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"/>
• Practice applying the decision-making model to personal 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 #4: <i>What Decision Would You Make?</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)

4. Please estimate the percentage of time you spent using each of the teaching techniques listed below. (Total should equal 100% of the class).

_____ % Lecture

_____ % Discussion

_____ % Demonstration

_____ % Practice and Behavior

_____ % Cooperative Learning

_____ % Individual Cognitive Experiences

5. Do you plan to integrate concepts practiced and discussed during this session into other subject areas? (Please circle)

Yes

No

6. Rate how well students responded to this session: Low Average High

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7. Is there any material relevant to the session that you added or feel should be added?

Yes

No

If yes, please specify _____

8. Is there any material that you deleted or were unable to cover?

Yes

No

If yes, please specify _____

General Comments:

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>
• Brainstorm negative effects of smoking.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss negative effects of smoking.	<input type="checkbox"/>	<input type="checkbox"/>
• Differentiate between immediate effects of smoking and long term effects of smoking.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify reasons why some people choose to smoke.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify reasons why some people choose not to smoke.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how the perceived benefits of smoking do not outweigh the negative effects of 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>To Smoke Or Not To Smoke?</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? _____

4. Please estimate the percentage of time you spent using each of the teaching techniques listed below. (Total should equal 100% of the class).

_____ % Lecture

_____ % Discussion

_____ % Demonstration

_____ % Practice and Behavior

_____ % Cooperative Learning

_____ % Individual Cognitive Experiences

5. Do you plan to integrate concepts practiced and discussed during this session into other subject areas? (Please circle)

Yes

No

6. Rate how well students responded to this session: Low Average High

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7. Is there any material relevant to the session that you added or feel should be added?

Yes

No

If yes, please specify _____

8. Is there any material that you deleted or were unable to cover?

Yes

No

If yes, please specify _____

General Comments:

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>
• Discuss advertising techniques and advertisers intentions.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify specific techniques advertisers use to sway consumers.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify current advertising jingles that represent the "tricky technique" discussed.	<input type="checkbox"/>	<input type="checkbox"/>
• Create counter-advertisements to specific tobacco advertisements.	<input type="checkbox"/>	<input type="checkbox"/>
• Share counter-advertisements with the rest of the class.	<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>Tricky Techniques</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #9: <i>Tobacco Counter-Advertisement</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #10: <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)

4. Please estimate the percentage of time you spent using each of the teaching techniques listed below. (Total should equal 100% of the class).

_____ % Lecture

_____ % Discussion

_____ % Demonstration

_____ % Practice and Behavior

_____ % Cooperative Learning

_____ % Individual Cognitive Experiences

5. Do you plan to integrate concepts practiced and discussed during this session into other subject areas? (Please circle)

Yes

No

6. Rate how well students responded to this session: Low Average High

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7. Is there any material relevant to the session that you added or feel should be added?

Yes

No

If yes, please specify _____

8. Is there any material that you deleted or were unable to cover?

Yes

No

If yes, please specify _____

General Comments:

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>
• Define stress.	<input type="checkbox"/>	<input type="checkbox"/>
• Copy the definition of stress into "My LST Dictionary".	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss common physical reactions to stress.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how stress can negatively affect one's health.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify stressful situations.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how knowing what causes stress can help us prevent it.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how people deal with stress.	<input type="checkbox"/>	<input type="checkbox"/>
• Practice deep breathing technique as a form of relaxation.	<input type="checkbox"/>	<input type="checkbox"/>
• Practice stretching as a form of relaxation.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how it felt to practice these relaxation techniques.	<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 #11: <i>How Do You Feel?</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #12: <i>High Stress Survey</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #13: <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)

4. Please estimate the percentage of time you spent using each of the teaching techniques listed below. (Total should equal 100% of the class).

_____ % Lecture

_____ % Discussion

_____ % Demonstration

_____ % Practice and Behavior

_____ % Cooperative Learning

_____ % Individual Cognitive Experiences

5. Do you plan to integrate concepts practiced and discussed during this session into other subject areas? (Please circle)

Yes

No

6. Rate how well students responded to this session: Low Average High

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7. Is there any material relevant to the session that you added or feel should be added?

Yes

No

If yes, please specify _____

8. Is there any material that you deleted or were unable to cover?

Yes

No

If yes, please specify _____

General Comments:

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.	<input type="checkbox"/>	<input type="checkbox"/>
• Copy the definition of communication into "My LST Dictionary".	<input type="checkbox"/>	<input type="checkbox"/>
• Brainstorm different feelings people experience.	<input type="checkbox"/>	<input type="checkbox"/>
• Draw what people's faces look like when they experience the feelings discussed.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss why it is important to discuss feelings with others.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss ways people communicate feelings.	<input type="checkbox"/>	<input type="checkbox"/>
• Define body language.	<input type="checkbox"/>	<input type="checkbox"/>
• Copy the definition of body language into "My LST Dictionary".	<input type="checkbox"/>	<input type="checkbox"/>
• Act out feelings through body language.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how body language can tell a lot about what a person is feeling.	<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 #14: <i>What Do Feelings Look Like?</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #15: <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)

4. Please estimate the percentage of time you spent using each of the teaching techniques listed below. (Total should equal 100% of the class).

_____ % Lecture

_____ % Discussion

_____ % Demonstration

_____ % Practice and Behavior

_____ % Cooperative Learning

_____ % Individual Cognitive Experiences

5. Do you plan to integrate concepts practiced and discussed during this session into other subject areas? (Please circle)

Yes

No

6. Rate how well students responded to this session: Low Average High

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7. Is there any material relevant to the session that you added or feel should be added?

Yes

No

If yes, please specify _____

8. Is there any material that you deleted or were unable to cover?

Yes

No

If yes, please specify _____

General Comments:

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>
• Discuss the meaning of friendship.	<input type="checkbox"/>	<input type="checkbox"/>
• Brainstorm adjectives that describe a friend.	<input type="checkbox"/>	<input type="checkbox"/>
• Brainstorm adjectives that do not define a friend.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss the statement “You have to be a friend to have a friend”.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how different people find different qualities important in friendships.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify personal qualities students possess of being a good friend.	<input type="checkbox"/>	<input type="checkbox"/>
• Create quilt squares of things students like to do with their friends.	<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 #16: <i>What Makes A Friend A Friend?</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #17: <i>What Kind of Friend Am I?</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #18 : <i>Friendship Quilt</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #19 : <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)

4. Please estimate the percentage of time you spent using each of the teaching techniques listed below. (Total should equal 100% of the class).

_____ % Lecture

_____ % Discussion

_____ % Demonstration

_____ % Practice and Behavior

_____ % Cooperative Learning

_____ % Individual Cognitive Experiences

5. Do you plan to integrate concepts practiced and discussed during this session into other subject areas? (Please circle)

Yes

No

6. Rate how well students responded to this session: Low Average High

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7. Is there any material relevant to the session that you added or feel should be added?

Yes

No

If yes, please specify _____

8. Is there any material that you deleted or were unable to cover?

Yes

No

If yes, please specify _____

General Comments:

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 refusal.	<input type="checkbox"/>	<input type="checkbox"/>
• Copy the definition of refusal in "My LST Dictionary".	<input type="checkbox"/>	<input type="checkbox"/>
• Review different ways to "Say No".	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how there are many ways a person can say "No" to something they do not want to do.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify different ways to say no to a friend who wants to copy homework.	<input type="checkbox"/>	<input type="checkbox"/>
• Practice saying "No" in a role play situation.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how practicing refusal techniques can help someone know what to do if they are in a "real life" 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 #20: <i>No Copying Allowed!</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #21: <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)

4. Please estimate the percentage of time you spent using each of the teaching techniques listed below. (Total should equal 100% of the class).

_____ % Lecture

_____ % Discussion

_____ % Demonstration

_____ % Practice and Behavior

_____ % Cooperative Learning

_____ % Individual Cognitive Experiences

5. Do you plan to integrate concepts practiced and discussed during this session into other subject areas? (Please circle)

Yes

No

6. Rate how well students responded to this session: Low Average High

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7. Is there any material relevant to the session that you added or feel should be added?

Yes

No

If yes, please specify _____

8. Is there any material that you deleted or were unable to cover?

Yes

No

If yes, please specify _____

General Comments:
