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.

   • Discuss how self-esteem is developed.  
   • Differentiate between high self-esteem and low self-esteem. 
   • Define self-esteem.  
   • Copy the definition of self-esteem into “My LST Dictionary”. 
   • Discuss how self-esteem is variant, from person to person and from situation to situation.  
   • Discuss how self-esteem affects behavior. 
   • Identify things students would like to improve about themselves.  
   • Discuss how identifying achievements can help students improve their self-esteem. 
   • Session Summary


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

   • Worksheet #1: Things I Can Do  
   • Worksheet #2: Look What I Can Do  
   • Worksheet #3: Self Esteem Journal Topic  
   • Distribution of the Parent Letter


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

   1  2  3  4  5

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:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Life Skills Training Level One: Grades 3/4

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.

   Yes  No

   • Define decisions.
   • Define outcomes.
   • Copy the definitions of decisions and outcomes into “My LST Dictionary”.
   • Discuss decisions that are made daily.
   • Identify a process for making decisions.
   • Discuss how a decision-making process can help students make better decisions.
   • Practice applying the decision-making model to personal choices.
   • Session Summary

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

   Yes  No

   • Worksheet #4: What Decision Would You Make?
   • Worksheet #5: Decision-Making Journal Topic
   • Distribution of the Parent Letter

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

   1  2  3  4  5

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:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Life
Skills Training        Level One: Grades 3/4

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.

<table>
<thead>
<tr>
<th>Major Objective, Activity, or Point to Make</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brainstorm negative effects of smoking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss negative effects of smoking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiate between immediate effects of smoking and long term effects of smoking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify reasons why some people choose to smoke.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify reasons why some people choose not to smoke.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss how the perceived benefits of smoking do not outweigh the negative effects of smoking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session Summary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worksheet #6: To Smoke Or Not To Smoke?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worksheet #7: Smoking Information Journal Topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distribution of the Parent Letter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   1  2  3  4  5

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.

• Discuss advertising techniques and advertisers intentions. [Yes] [No]
• Identify specific techniques advertisers use to sway consumers. [Yes] [No]
• Identify current advertising jingles that represent the “tricky technique” discussed. [Yes] [No]
• Create counter-advertisements to specific tobacco advertisements. [Yes] [No]
• Share counter-advertisements with the rest of the class. [Yes] [No]
• Session Summary [Yes] [No]

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

• Worksheet #8: Tricky Techniques [Yes] [No]
• Worksheet #9: Tobacco Counter-Advertisement [Yes] [No]
• Worksheet #10: Advertising Journal Topic [Yes] [No]
• Distribution of the Parent Letter [Yes] [No]

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

   1   2   3   4   5

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define stress.</td>
<td>☐</td>
</tr>
<tr>
<td>Copy the definition of stress into “My LST Dictionary”.</td>
<td>☐</td>
</tr>
<tr>
<td>Discuss common physical reactions to stress.</td>
<td>☐</td>
</tr>
<tr>
<td>Discuss how stress can negatively affect one’s health.</td>
<td>☐</td>
</tr>
<tr>
<td>Identify stressful situations.</td>
<td>☐</td>
</tr>
<tr>
<td>Discuss how knowing what causes stress can help us prevent it.</td>
<td>☐</td>
</tr>
<tr>
<td>Discuss how people deal with stress.</td>
<td>☐</td>
</tr>
<tr>
<td>Practice deep breathing technique as a form of relaxation.</td>
<td>☐</td>
</tr>
<tr>
<td>Practice stretching as a form of relaxation.</td>
<td>☐</td>
</tr>
<tr>
<td>Discuss how it felt to practice these relaxation techniques.</td>
<td>☐</td>
</tr>
<tr>
<td>Discuss how relaxation techniques help to counteract the negative results of stress.</td>
<td>☐</td>
</tr>
<tr>
<td>Session Summary</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worksheet #11: How Do You Feel?</td>
<td>☐</td>
</tr>
<tr>
<td>Worksheet #12: High Stress Survey</td>
<td>☐</td>
</tr>
<tr>
<td>Worksheet #13: Stress Journal Topic</td>
<td>☐</td>
</tr>
<tr>
<td>Distribution of the Parent Letter</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

1 2 3 4 5

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.

   Yes          No
   • Define communication.
   • Copy the definition of communication into “My LST Dictionary”.
   • Brainstorm different feelings people experience.
   • Draw what people’s faces look like when they experience the feelings discussed.
   • Discuss why it is important to discuss feelings with others.
   • Discuss ways people communicate feelings.
   • Define body language.
   • Copy the definition of body language into “My LST Dictionary”.
   • Act out feelings through body language.
   • Discuss how body language can tell a lot about what a person is feeling.
   • Session Summary

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

   Yes          No
   • Worksheet #14: What Do Feelings Look Like?
   • Worksheet #15: Communication Journal Topic
   • Distribution of the Parent Letter

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

   1   2   3   4   5

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:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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.

   - Discuss the meaning of friendship.
   - Brainstorm adjectives that describe a friend.
   - Brainstorm adjectives that do not define a friend.
   - Discuss the statement “You have to be a friend to have a friend”.
   - Discuss how different people find different qualities important in friendships.
   - Identify personal qualities students possess of being a good friend.
   - Create quilt squares of things students like to do with their friends.
   - Session Summary

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

   - Worksheet #16: What Makes A Friend A Friend?
   - Worksheet #17: What Kind of Friend Am I?
   - Worksheet #18: Friendship Quilt
   - Worksheet #19: Social Skills Journal Topic
   - Distribution of the Parent Letter

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

   1   2   3   4   5

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

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.

- Define refusal.  
- Copy the definition of refusal in “My LST Dictionary”.  
- Review different ways to “Say No”.  
- Discuss how there are many ways a person can say “No” to something they do not want to do.  
- Identify different ways to say no to a friend who wants to copy homework.  
- Practice saying “No” in a role play situation.  
- Discuss how practicing refusal techniques can help someone know what to do if they are in a “real life” situation.  
- Session Summary

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

- Worksheet #20: No Copying Allowed!  
- Worksheet #21: Assertiveness Journal Topic  
- Distribution of the Parent Letter

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

   1  2  3  4  5

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:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________