

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)

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:

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)

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:

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)

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.

	<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? _____

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.

	<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)

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.

	<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)

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:

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)

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

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)

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:
