

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>
• Define goal and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Differentiate between long- term and short-term goals.	<input type="checkbox"/>	<input type="checkbox"/>
• Have students copy the definitions of long-term goal and short-term goal into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss the importance of setting realistic goals.	<input type="checkbox"/>	<input type="checkbox"/>
• Ask students to identify short-term goals they have for themselves.	<input type="checkbox"/>	<input type="checkbox"/>
• Draw a timeline on the blackboard to illustrate the concept of long-term goals.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how achieving long-term goals take hard work and determination.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss “goal busters”.	<input type="checkbox"/>	<input type="checkbox"/>
• Define the term risk behavior and have students copy the the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how risk behaviors prevent people from reaching their goals.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how people are tempted to participate in risk behaviors as they grow older.	<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>Short-Term Goals</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #2 : <i>Long-Term Goals</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? _____

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>
• Review (or introduce) the <i>Stop-Think-Go</i> model.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss everyday decisions using the <i>Stop-Think-Go</i> model	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how using a decision making model can assist people in making better choices.	<input type="checkbox"/>	<input type="checkbox"/>
• Work in small groups to make decisions about situations related to tobacco.	<input type="checkbox"/>	<input type="checkbox"/>
• Share decision making scenario solutions with 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 #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>
• Conduct <i>Tobacco Demonstration # 1</i> .	<input type="checkbox"/>	<input type="checkbox"/>
• Conduct <i>Tobacco Demonstration # 2</i> .	<input type="checkbox"/>	<input type="checkbox"/>
• Review the immediate effects of smoking and long term effects of smoking.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how even though tobacco looks and smells "disgusting", some people are still willing to use it because of the drug nicotine.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how positive things can mimic the rush of tobacco without the negative side effects.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how recent legislation has been created related to smoking and tobacco.	<input type="checkbox"/>	<input type="checkbox"/>
• Work in groups to create new laws related to tobacco and/or 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>New Smoking Laws</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

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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>
• Define consumer and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify ways in which students have recently been consumers.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how students are consumers and therefore		
• potential targets for advertisers.	<input type="checkbox"/>	<input type="checkbox"/>
• Brainstorm different places companies advertise their products.	<input type="checkbox"/>	<input type="checkbox"/>
• Define target marketing and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify and discuss current instances of target marketing.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how young people are vulnerable to target marketing.	<input type="checkbox"/>	<input type="checkbox"/>
• Review(or introduce) common advertising techniques advertisers use to lure consumers.	<input type="checkbox"/>	<input type="checkbox"/>
• Work in groups to create an advertisement for a healthy product	<input type="checkbox"/>	<input type="checkbox"/>
• Share advertisements with 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>Places Where Products Are Advertised</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #9 - <i>Creating a Healthy Product</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>
• Discuss how stress is familiar to every person.	<input type="checkbox"/>	<input type="checkbox"/>
• Review the terms stress, stressor, eustress & distress	<input type="checkbox"/>	<input type="checkbox"/>
• Work in groups to brainstorm different things that cause stress among people in different age groups.	<input type="checkbox"/>	<input type="checkbox"/>
• Share group responses with the class	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss the fact that stress is something we will have for our entire lives.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how one needs to learn how to cope with stress.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how lack of time to complete tasks often causes stress.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify the two parts to time management.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss the major time wasting activities.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss time management techniques and create calendars.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss the value of time and how managing time efficiently can help prevent stress.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how taking exams and doing schoolwork can cause stress for students.	<input type="checkbox"/>	<input type="checkbox"/>
• Review study skills and test-taking hints.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how study and test-taking skills can help prevent stress from schoolwork and exams	<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: Brainstorming	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #12: Time Wasters Inventory	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #13: Time Management Calendar	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #14: Stress Journal Topic	<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 and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss why communication is so important.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how communication is related to how we socialize with others.	<input type="checkbox"/>	<input type="checkbox"/>
• Define passive and active listening.	<input type="checkbox"/>	<input type="checkbox"/>
• Have students copy the definitions of passive and active listening their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Review and practice passive listening techniques	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how passive listening is good to use when someone needs to get something "off their chest".	<input type="checkbox"/>	<input type="checkbox"/>
• Review and practice active listening techniques.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how active listening demonstrates that a person is paying attention.	<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 #15: <i>Passive Listening</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #16: <i>Active Listening</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #17: <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 conflict resolution.	<input type="checkbox"/>	<input type="checkbox"/>
• Define conflict resolution and have students copy the definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss a common conflict and how it might be resolved.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss different ways to solve conflicts.	<input type="checkbox"/>	<input type="checkbox"/>
• Review the three conflict styles.	<input type="checkbox"/>	<input type="checkbox"/>
• Compare responses to the discussed situation to the three conflict styles.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify behaviors as either confrontation, avoidance or problem-solving.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss what conflict styles are appropriate in certain situations.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how problem solving is the best conflict style to use in most situations.	<input type="checkbox"/>	<input type="checkbox"/>
• Review the three conflict outcomes.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss the conflict outcomes in the context of the situation discussed at the beginning of the class.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss how different conflict styles often lead to different conflict outcomes.	<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 #18 : <i>Conflict Styles</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet # 19: <i>How Does This Scenario End ?</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #20 - Social Skills Journal Topic	<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:

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>
• Discuss how people behave in different ways.	<input type="checkbox"/>	<input type="checkbox"/>
• Define passive behavior and have students copy definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Define aggressive behavior and have students copy definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Define assertive behavior and have students copy definition into their dictionaries.	<input type="checkbox"/>	<input type="checkbox"/>
• Call on volunteers to react to a situation in a passive, aggressive and assertive way.	<input type="checkbox"/>	<input type="checkbox"/>
• Review the three ways people can choose to behave.	<input type="checkbox"/>	<input type="checkbox"/>
• Identify whether statements are passive, assertive or aggressive.	<input type="checkbox"/>	<input type="checkbox"/>
• Practice responding to scenarios in passive, aggressive and assertive ways.	<input type="checkbox"/>	<input type="checkbox"/>
• Role-play passive, assertive and aggressive behavior in front of the class.	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss the advantages to behaving assertively.	<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 #21: <i>Which is Which?</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #22: <i>How Do You React?</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Worksheet #23: <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:
