

## CURRICULUM LOG

### LESSON 1: It's Your Game...Pre-Game Show

Teacher Name:	School:
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

		Activity I: Intro to the Day	Activity II: IYG Review	Activity III: Agreements for Classroom Discussion	Activity IV: Journal	Activity V: Wrap Up	Did you make any changes to fit your class needs?
<b>S1</b>	# of students in class period: - ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__	It's Your Game Keep It Real <input type="checkbox"/> Yes <input type="checkbox"/> No	IYG Bingo <input type="checkbox"/> Yes <input type="checkbox"/> No	Confidentiality Statement <input type="checkbox"/> Yes <input type="checkbox"/> No	Students made journal booklets <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>S2</b>	# of students in class period: - ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__	It's Your Game Keep It Real <input type="checkbox"/> Yes <input type="checkbox"/> No	IYG Bingo <input type="checkbox"/> Yes <input type="checkbox"/> No	Confidentiality Statement <input type="checkbox"/> Yes <input type="checkbox"/> No	Students made journal booklets <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>S3</b>	# of students in class period: - ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__	It's Your Game Keep It Real <input type="checkbox"/> Yes <input type="checkbox"/> No	IYG Bingo <input type="checkbox"/> Yes <input type="checkbox"/> No	Confidentiality Statement <input type="checkbox"/> Yes <input type="checkbox"/> No	Students made journal booklets <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>S4</b>	# of students in class period: - ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__	It's Your Game Keep It Real <input type="checkbox"/> Yes <input type="checkbox"/> No	IYG Bingo <input type="checkbox"/> Yes <input type="checkbox"/> No	Confidentiality Statement <input type="checkbox"/> Yes <input type="checkbox"/> No	Students made journal booklets <input type="checkbox"/> Yes <input type="checkbox"/> No		

## CURRICULUM LOG

### LESSON 2: Keeping It Real...Consequences of Pregnancy

Teacher Name:	School:
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

		Activity I: Intro to the Day	Activity II: Pregnancy: Who Wants to Take a Chance	Activity III: Movie Acting & Discussion	Activity IV: Parent Student Homework	Activity V: Wrap Up	Did you make any changes to fit your class needs?
<b>S1</b>	# of students in class period: ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes:
	Date lesson completed: __/__/__						
<b>S2</b>	# of students in class period: ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes:
	Date lesson completed: __/__/__						
<b>S3</b>	# of students in class period: ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes:
	Date lesson completed: __/__/__						
<b>S4</b>	# of students in class period: ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, list changes:
	Date lesson completed: __/__/__						

## CURRICULUM LOG

### Lesson 3: Keeping It Real...Consequences of HIV and other Sexually Transmitted Infections

Teacher Name:	School:
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

		Activity I: Intro	Activity II: Computer Activities	Activity III: Reel World Serial Discussion	Activity IV: Wrap Up	How did students access this lesson?	Who did you work with to complete this lesson? (check all that apply)	Did you make any changes to fit your class needs?																														
<b>S1</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>																														
	Date lesson completed: __/__/__					<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>S2</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>	Date lesson completed: __/__/__	<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>S3</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>	Date lesson completed: __/__/__	<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>S4</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>S2</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>																														
	Date lesson completed: __/__/__					<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>S3</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>	Date lesson completed: __/__/__	<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>S4</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>	Date lesson completed: __/__/__	<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>S3</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>																														
	Date lesson completed: __/__/__					<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>S4</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>	Date lesson completed: __/__/__	<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																		
<b>S4</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>																														
	Date lesson completed: __/__/__					<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																															

## CURRICULUM LOG

### Lesson 4: Keeping It Real...About Sexually Transmitted Infections

Teacher Name:	School:
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

		Activity I: Intro to the Day	Activity II: Talk Show & Discussion	Activity III: Game: STI Jeopardy	Activity IV: Wrap Up	Did you make any changes to fit your class needs?
<b>S1</b>	# of students in class period: ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Student actors read story</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__					
<b>S2</b>	# of students in class period: ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Student actors read story</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__					
<b>S3</b>	# of students in class period: ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Student actors read story</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__					
<b>S4</b>	# of students in class period: ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Student actors read story</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__					

## CURRICULUM LOG

### Lesson 5: Keeping It Real... Risk Reduction Strategies

Teacher Name:	School:
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

		Activity I: Intro	Activity II: Computer Activities	Activity III: Reel World Serial Discussion	Activity IV: Wrap Up	How did students access this lesson?	Who did you work with to complete this lesson? (check all that apply)	Did you make any changes to fit your class needs?
<b>S1</b>	# of students in class period: - _____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__							
<b>S2</b>	# of students in class period: - _____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__							
<b>S3</b>	# of students in class period: - _____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__							
<b>S4</b>	# of students in class period: - _____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__							

## CURRICULUM LOG

### Lesson 6: Playing By Your Rules... A Review

Teacher Name:	School:
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

		Activity I: Intro to the Day	Activity II: The Danger Zone	Activity III: Role Playing	Activity IV: Journal	Activity V: Wrap Up	Did you make any changes to fit your class needs?
<b>S1</b>	# of students in class period: ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__						
<b>S2</b>	# of students in class period: ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__						
<b>S3</b>	# of students in class period: ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__						
<b>S4</b>	# of students in class period: ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__						

## CURRICULUM LOG

### LESSON 7: Playing By Your Rules...A Review

Teacher Name:	School:
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

		Activity I: Intro	Activity II: Computer Activities	Activity III: Reel World Serial Discussion	Activity IV: Wrap Up	How did students access this lesson?	Who did you work with to complete this lesson? (check all that apply)	Did you make any changes to fit your class needs?
<b>S1</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school	<input type="checkbox"/> Librarian	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__					<input type="checkbox"/> At home	<input type="checkbox"/> Computer Tech	
						<input type="checkbox"/> Both	<input type="checkbox"/> Administrator	
						<input type="checkbox"/> Online	<b>Were they helpful?</b>	
						<input type="checkbox"/> DVD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Both		
<b>S2</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school	<input type="checkbox"/> Librarian	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__					<input type="checkbox"/> At home	<input type="checkbox"/> Computer Tech	
						<input type="checkbox"/> Both	<input type="checkbox"/> Administrator	
						<input type="checkbox"/> Online	<b>Were they helpful?</b>	
						<input type="checkbox"/> DVD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Both		
<b>S3</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school	<input type="checkbox"/> Librarian	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__					<input type="checkbox"/> At home	<input type="checkbox"/> Computer Tech	
						<input type="checkbox"/> Both	<input type="checkbox"/> Administrator	
						<input type="checkbox"/> Online	<b>Were they helpful?</b>	
						<input type="checkbox"/> DVD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Both		
<b>S4</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school	<input type="checkbox"/> Librarian	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__					<input type="checkbox"/> At home	<input type="checkbox"/> Computer Tech	
						<input type="checkbox"/> Both	<input type="checkbox"/> Administrator	
						<input type="checkbox"/> Online	<b>Were they helpful?</b>	
						<input type="checkbox"/> DVD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Both		

## CURRICULUM LOG

### Lesson 8: Keeping It Real... Healthy Dating Relationships

Teacher Name:	School:
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

		Activity I: Intro to the Day	Activity II: Talk Show & Discussion	Activity III: Brain- storming	Activity IV: Journal	Activity V: Parent Student Homework	Activity VI: Wrap Up	Did you make any changes to fit your class needs?
<b>S1</b>	# of students in class period: - ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__							
<b>S2</b>	# of students in class period: - ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__							
<b>S3</b>	# of students in class period: - ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__							
<b>S4</b>	# of students in class period: - ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__							



## CURRICULUM LOG

### Lesson 9: Keeping It Real... Healthy Dating Relationships

Teacher Name:	School:
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

		Activity I: Intro	Activity II: Computer Activities	Activity III: Reel World Serial Discussion	Activity IV: Wrap Up	How did students access this lesson?	Who did you work with to complete this lesson? (check all that apply)	Did you make any changes to fit your class needs?
<b>S1</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__					<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>S2</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__					<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>S3</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__					<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>S4</b>	# of students in class period: - ____	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__					<input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## CURRICULUM LOG

### Lesson 10: Playing By Your Rules...Regarding Sex

Teacher Name:	School:
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

		Activity I: Intro to the Day	Activity II: Playing By Your Rules Review	Activity III: Role Playing: Avoid a Situation	Activity IV: Role Playing: Get Out Of Situation	Activity V: Wrap Up	Did you make any changes to fit your class needs?
<b>S1</b>	# of students in class period: - ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__						
<b>S2</b>	# of students in class period: - ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__						
<b>S3</b>	# of students in class period: - ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__						
<b>S4</b>	# of students in class period: - ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__						

## CURRICULUM LOG

### Lesson 11: It's Your Game... Free Time

Teacher Name:	School:
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

		Activity I: Intro	Activity II: Computer Activities	Activity III: Parent Student Activity	Activity IV: Wrap Up	How did students access this lesson?	Who did you work with to complete this lesson? (check all that apply)	Did you make any changes to fit your class needs?
<b>S1</b>	# of students in class period: ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both <input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator  <b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__			# of returned sheets ____				
<b>S2</b>	# of students in class period: ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both <input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator  <b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__			# of returned sheets ____				
<b>S3</b>	# of students in class period: ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both <input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator  <b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__			# of returned sheets ____				
<b>S4</b>	# of students in class period: ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> At school <input type="checkbox"/> At home <input type="checkbox"/> Both <input type="checkbox"/> Online <input type="checkbox"/> DVD <input type="checkbox"/> Both	<input type="checkbox"/> Librarian <input type="checkbox"/> Computer Tech <input type="checkbox"/> Administrator  <b>Were they helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If yes, list changes:</b>
	Date lesson completed: __/__/__			# of returned sheets ____				

## CURRICULUM LOG

### Lesson 12: It's Your Game...Post Game Show

Teacher Name:	School:
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**Completion of Lesson Activities:** Indicate which of the activities were completed during the class period by checking YES or NO. If an activity was not completed, please note which part of the activity was not completed and why.

		Activity I: Intro to the Day	Activity II: It's Your Game...Keep It Real Review	Activity III: Journal	Activity IV: Curriculum Reflection/ Ceremony	Did you make any changes to fit your class needs?
<b>S1</b>	# of students in class period: ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__					
<b>S2</b>	# of students in class period: ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__					
<b>S3</b>	# of students in class period: ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__					
<b>S4</b>	# of students in class period: ____	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	☐Yes ☐No - If yes, list changes:
	Date lesson completed: __/__/__					