

Positive Action® Unit Implementation Fidelity Tool

We are interested in hearing how well you were able to deliver the Positive Action lessons and activities during this UNIT.

Directions: Please complete this fidelity tool as you finish each Unit. Please answer the following questions honestly so that we 1) have a good record of exactly what was delivered in each classroom, and 2) can provide you with feedback and technical support. Submit the completed form to your Site/Program Coordinator.

Teacher: _____ Date Unit Began: _____
Grade Level: _____ Unit Number: _____ Date Unit Ended: _____

During this unit...

1. How many lessons did you teach? _____
2. How many minutes on average did you spend per lesson?
Circle one: 5-10 11-15 16-20 21-25 >25
3. How much did you adapt lessons by adding material to make them more appropriate for your students?
Circle one: None A Little Some A Lot
4. How much did you adapt lessons by leaving out material to make them more appropriate for your students?
Circle one: None A Little Some A Lot
5. Were you aware of teaching any of your District's or State's Core Curriculum Standards in your Positive Action lessons? Yes or No
If yes, which? (circle all that apply)
Reading Writing Language Arts Math Science Social Studies Health PE Art Music
6. Did you use Positive Action ideas or concepts to help you teach in Core Curriculum areas?
Yes or No
If yes, which? (circle all that apply)
Reading Writing Language Arts Math Science Social Studies Health PE Art Music
7. How many Positive Action assemblies or celebrations did you and your class attend?
Circle one: None One More than one

During the average week for this unit, how many...

	0	1	2	3	4	5+	N/A
8. "Words of the Week" cards did you give out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Focus Unit or Positive Reminder stickers did you give out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Reinforcement Stickers from the Instructor's Kit did you give out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ICU or SOS messages did you use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ICU or SOS messages did you read aloud?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. PA Tokens did you use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. **How well do you think you delivered the Positive action program during this Unit?**

Circle one: Poorly About Average Quite Well Very Well

15. **How well do you feel that you modeled the Positive Action concepts you are teaching?**

Circle one: Poorly About Average Quite Well Very Well

16. **How much do you feel Positive Action is improving your effectiveness as a teacher?**

Circle one: Not at All A Little A Moderate Amount A Lot

During this Unit, how often did you ...

17. **Have Positive Action posters up in your classroom?**

Circle one: Not at All A few times Most Weeks Most days

18. **Use Positive Action lesson Activity Sheets/Booklets/Journals as part of the lessons?**

Circle one: Not at All A few times Most Weeks Most days

19. **Use other items in the Kit and called for in various lessons?**

Circle one: Not at All A few times Most Weeks Most days

20. **Talk with parents about Positive Action?**

Circle one: Not at All A few times Most Weeks Most days

21. **Are there any areas in which you would like more technical support? Yes or No**

If Yes, please list:

22. **Do you have any other comments about Positive Action or the project? Yes or No**

If Yes, please comment: