SDFac.SAA

Thank you for facilitating the <u>Safe Dates: "Additional Safe Dates Program Activities."</u>

This survey will be used to evaluate program fidelity, how closely the program being implemented matches the program described in the curriculum. It will take 5-10 minutes to complete.

* Was the activity "Dating Abuse Play" completed before starting the curriculum?

- O Yes
- O No
- * Why was the activity not completed?

- Were any modifications made to the activity "Dating Abuse Play"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

· Was the activity "Poster Contest" completed after finishing curriculum?

O Yes



*	Why	was	the	activity	not	comp	leted?
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• Were any modifications made to the activity "Poster Contest"?

O Yes

O No

* Describe the modifications made to the activity.

* Was the activity "Send Home Parent Materials" completed during the curriculum?

O Yes

O No

* Why was the activity not completed?

• Were any modifications made to the activity "Send Home Parent Materials"?

O Yes



• Describe the modifications made to the activity.



Thank you for facilitating the Safe Dates <u>Session 1: Defining Caring Relationships</u>

This survey will be used to evaluate program fidelity, how closely the program being implemented matches the program described in the curriculum. It will take 5-10 minutes to complete.

• Facilitator name:

Facilitator job title:

• Date of program session:

Month 🧹 Day 🗸 Year 🗸

• Name of county where program session took place:

• Name of school or site where program session took place:

* How many years have you work in the field of sexual violence prevention?

- 0 1
- 2
- 3
- 4
- 5



0	6
\bigcirc	7
\bigcirc	8
0	9
\bigcirc	10
\bigcirc	11
\bigcirc	12
\bigcirc	13
\bigcirc	14
0	15
\bigcirc	16
0	17
0	18
0	19
\bigcirc	20
\bigcirc	21
\bigcirc	22
0	23
\bigcirc	24
\bigcirc	25
\bigcirc	26
\bigcirc	27
\bigcirc	
\bigcirc	
\bigcirc	30
\bigcirc	31
\bigcirc	32
\bigcirc	33
\bigcirc	34
\sim	05

35



- 36
- 37
- 38
- 39
- 40

• How many years have you facilitated this specific program?

- 0 1
- 2
-) 3
- 0 4
- 5
- 6
- 7
- 8
- 9
- 0 10
- 0 11
- \bigcirc
- 0 12
- 13
- 14
- 0 15
- 16
- 0 17
- 18
- 0 19
- 20
- 21
- 22



- What is your age?
 - 17 or younger
 - 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65 or older



• What best describes you?

- O Man
- 🔿 Woman
- O Non-binary, gender fluid, or gender nonconforming
- Other gender identity
- O Prefer not to answer
- What best describes you? You can check one box or more than one.
 - Asian
 - Black/African American
 - Hispanic/Latinx
 - Native American/Alaska Native
 - Native Hawaiian/Pacific Islander
 - White
 - Other racial/ethnic identity
 - Prefer not to answer
- * What is your highest level of education?
 - High School Diploma
 - Some college
 - O Bachelor's Degree
 - O Some graduate school
 - Graduate Degree
 - O Other
- * Was the activity "Introducing the Safe Dates Curriculum" completed?
 - O Yes
 - O No



*	Why	was	the	activity	not	comp	leted?
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Were any modificat	ions made to the activity "Introducing the Safe Dates Curriculum"?
O Yes	
O No	
Describe the modifi	cations made to the activity.

- Was the activity "What is Dating" completed?
 - O Yes
 - O No
- Why was the activity not completed?

- Were any modifications made to the activity "What is Dating"?
 - O Yes
 - O No



 Describe the modifications made t 	o the	activity.
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*	Was	the	activity	"Dating	Bingo"	completed?
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- O Yes
- O No
- * Why was the activity not completed?

• Were any modifications made to the activity "Dating Bingo"?

- O Yes
- O No
- * Describe the modifications made to the activity.

- * Was the activity "Caring People and Caring Relationships" completed?
 - O Yes
 - O No
- * Why was the activity not completed?



 Were any modifications made 	to the activity	"Caring People and	Caring Relationships"?
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- O Yes
- O No
- * Describe the modifications made to the activity.

- Was the activity "How I Want to be Treated by a Dating Partner" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

- Were any modifications made to the activity "How I Want to be Treated by a Dating Partner" completed?
 - O Yes
 - O No
- * Describe the modifications made to the activity.

• Was the activity "Homework Assignment" completed?



\bigcirc	Yes
\bigcirc	No

*	Why	was	the	activity	not	comp	leted?
	vviiy	vvuo		aonvity	iiOt	oomp	

• Were any modifications made to the activity "Homework Assignment"?

- O Yes
- O No
- * Describe the modifications made to the activity.

- * Was the activity "Conclusion" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

• Were any modifications made to the activity "Conclusion"?

- O Yes
- O No



• Describe the modifications made to the activity.



Thank you for facilitating the Safe Dates <u>Session 2: Defining Dating Abuse!</u>

This survey will be used to evaluate program fidelity, how closely the program being implemented matches the program described in the curriculum. It will take 5-10 minutes to complete.

* Was the activity "Gound Rules and Homework" completed?

- O Yes
- O No
- * Why was the activity not completed?

- * Were any modifications made to the activity "Gound Rules and Homework"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

- * Was the activity "Identifying Harmful Behaviors" completed?
 - O Yes
 - O No



*	Why	was	the	activity	/ not	comp	leted?
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• Were any modifications made to the activity "Identifying Harmful Behaviors"?

O Yes

O No

* Describe the modifications made to the activity.

* Was the activity "What is Abuse?" completed?

O Yes

O No

* Why was the activity not completed?

• Were any modifications made to the activity "What is Abuse"?

O Yes



 Describe the modifications made to the a 	activity.
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- * Was the activity "Define Abusive Dating Relationships" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

• Were any modifications made to the activity "Define Abusive Dating Relationships"?

- O Yes
- O No
- Describe the modifications made to the activity.

- * Was the activity "Facts About Dating Abuse" completed?
 - O Yes
 - O No
- * Why was the activity not completed?



 Were any modifications made to 	the activity "Facts	About Dating Abuse"?
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- O Yes
- O No
- * Describe the modifications made to the activity.

- * Was the activity "Conclusion" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

- Were any modifications made to the activity "Conclusion"?
 - O Yes
 - O No
- * Describe the modifications made to the activity.



Thank you for facilitating the Safe Dates <u>Session 3: "Why Do People Abuse?"</u>

This survey will be used to evaluate program fidelity, how closely the program being implemented matches the program described in the curriculum. It will take 5-10 minutes to complete.

* Was the activity "People Abuse to Control and Manipulate Someone" completed?

- O Yes
- O No
- * Why was the activity not completed?

- Were any modifications made to the activity "People Abuse to Control and Manipulate Someone"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

- Was the activity "Other Reasons for Abuse" completed?
 - O Yes
 - O No



*	Why	was	the	activity	not	comp	leted?
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• Were any modifications made to the activity "Other Reasons of Abuse"?

O Yes

O No

* Describe the modifications made to the activity.

* Was the activity "Consequences of Dating Abuse" completed?

O Yes

O No

* Why was the activity not completed?

• Were any modifications made to the activity "Consequences of Dating Abuse"?

O Yes

O No

• Describe the modifications made to the activity.



- * Was the activity "Warning Signs of Abuse" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

- Were any modifications made to the activity "Warning Signs of Abuse"?
 - O Yes
 - O No
- * Describe the modifications made to the activity.

- * Was the activity "Conclusion" completed?
 - O Yes
 - O No
- * Why was the activity not completed?



• Were any modifications made to the activity "Conclusion"?

O Yes

O No

• Describe the modifications made to the activity.



Thank you for facilitating the Safe Dates <u>Session 4: "How to Help Friends."</u>

This survey will be used to evaluate program fidelity, how closely the program being implemented matches the program described in the curriculum. It will take 5-10 minutes to complete.

* Was the activity "Why Don't People Just Leave?" completed?

- O Yes
- O No
- * Why was the activity not completed?

- * Were any modifications made to the activity "Why Don't People Just Leave"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

- Was the activity "Why is it Hard to Get Help?" completed?
 - O Yes
 - O No



*	Why	was	the	activity	not /	comp	leted?
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• Were any modifications made to the activity "Why is it Hard to Get Help"?

O Yes

O No

* Describe the modifications made to the activity.

* Was the activity "How to Help a Friend" completed?

O Yes

O No

* Why was the activity not completed?

• Were any modifications made to the activity "How to Help a Friend"?

O Yes



* Describe the modifications made to the activity.

- * Was the activity "Community Resources" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

* Were any modifications made to the activity "Community Resources"?

- O Yes
- O No
- Describe the modifications made to the activity.

- * Was the activity "Conclusion" completed?
 - O Yes
 - O No
- * Why was the activity not completed?



• Were any modifications made to the activity "Conclusion"?

- O Yes
- O No

• Describe the modifications made to the activity.



Thank you for facilitating the Safe Dates <u>Session 5: "Helping Friends."</u>

This survey will be used to evaluate program fidelity, how closely the program being implemented matches the program described in the curriculum. It will take 5-10 minutes to complete.

* Was the activity "Elijah's Story" completed?

- O Yes
- O No
- Why was the activity not completed?

- * Were any modifications made to the activity "Elijah's Story"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

- * Was the activity "Zoey's Story" completed?
 - O Yes
 - O No



*	Why	was	the	activity	not /	comp	leted?
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• Were any modifications made to the activity "Zoey's Story"?

O Yes

O No

* Describe the modifications made to the activity.

* Was the activity "Being a Friend" completed?

O Yes

O No

* Why was the activity not completed?

• Were any modifications made to the activity "Being a Friend"?

O Yes



* Describe the modifications made to the activity.

- * Was the activity "Conclusion" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

- Were any modifications made to the activity "Conclusion"?
 - O Yes
 - O No
- * Describe the modifications made to the activity.



Thank you for facilitating the Safe Dates <u>Session 6: "Overcoming Gender Stereotypes."</u>

This survey will be used to evaluate program fidelity, how closely the program being implemented matches the program described in the curriculum. It will take 5-10 minutes to complete.

* Was the activity "Introduction" completed?

- O Yes
- O No
- * Why was the activity not completed?

- * Were any modifications made to the activity "Introduction"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

- * Was the activity "Unfair Expectations" completed?
 - O Yes
 - O No



*	Why	was	the	activity	not	comp	leted?
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• Were any modifications made to the activity "Unfair Expectations"?

O Yes

O No

* Describe the modifications made to the activity.

* Was the activity "Images and Where They Come From" completed?

O Yes

O No

* Why was the activity not completed?

• Were any modifications made to the activity "Images and Where They Come From"?

O Yes



* Describe the modifications made to the activity.

- * Was the activity "Associations" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

- * Were any modifications made to the activity "Associations"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

- * Was the activity "Gender Stereotypes" completed?
 - O Yes
 - O No
- * Why was the activity not completed?



• Were	any	modifications	made	to the	activity	"Gender	Stereotypes'	'?
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- O Yes
- O No
- * Describe the modifications made to the activity.

- * Was the activity "Stereotyping Leads to Abuse" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

- Were any modifications made to the activity "Stereotyping Leads to Abuse"?
 - O Yes
 - O No
- * Describe the modifications made to the activity.



- * Was the activity "Conclusion" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

- Were any modifications made to the activity "Conclusion"?
 - O Yes
 - O No
- Describe the modifications made to the activity.



Thank you for facilitating the Safe Dates <u>Session 7: "How We Feel, How We Deal."</u>

This survey will be used to evaluate program fidelity, how closely the program being implemented matches the program described in the curriculum. It will take 5-10 minutes to complete.

* Was the activity "Extending Your Feeling Vocabulary" completed?

- O Yes
- O No
- * Why was the activity not completed?

- Were any modifications made to the activity "Extending Your Feeling Vocabulary"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

- Was the activity "Hot Buttons" completed?
 - O Yes
 - O No



*	Why	was	the	activity	not	comp	leted?
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* Were any modifications made to the activity "Hot Buttons"?

- O Yes
- O No

• Describe the modifications made to the activity.

* Was the activity "Knowing When You're Angry" completed?

- O Yes
- O No
- * Why was the activity not completed?

• Were any modifications made to the activity "Knowing When You're Angry"?

- O Yes
- O No



* Describe the modifications made to the activity.

- * Was the activity "Calming Strategies" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

- Were any modifications made to the activity "Calming Strategies"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

- * Was the activity "Dealing with Anger" completed?
 - O Yes
 - O No
- * Why was the activity not completed?


- O Yes
- O No
- * Describe the modifications made to the activity.

- * Was the activity "Conclusion" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

- Were any modifications made to the activity "Conclusion"?
 - O Yes
 - O No
- * Describe the modifications made to the activity.



SDFac10.S08

Thank you for facilitating the Safe Dates <u>Session 8: "Equal Power Through Communication."</u>

This survey will be used to evaluate program fidelity, how closely the program being implemented matches the program described in the curriculum. It will take 5-10 minutes to complete.

• Was the activity "The Four Safe Skills for Effective Communication" completed?

- O Yes
- O No
- * Why was the activity not completed?

- Were any modifications made to the activity "The Four Safe Skills for Effective Communication"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

- Was the activity "Identifying Communication Skills" completed?
 - O Yes
 - O No



*	Why	was	the	activity	not	comp	leted?
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Were any modifications	s made to the activi	ty "Identifying	Communication	Skills"?
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O Yes

O No

* Describe the modifications made to the activity.

* Was the activity "Role-Playing Communication Skills" completed?

O Yes

O No

* Why was the activity not completed?

• Were any modifications made to the activity "Role-Playing Communication Skills"?

O Yes

O No



- Was the activity "What if it Doesn't Work?" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

- Were any modifications made to the activity "What if it Doesn't Work?"
 - O Yes
 - O No
- * Describe the modifications made to the activity.

- * Was the activity "Conclusion" completed?
 - O Yes
 - O No
- * Why was the activity not completed?



• Were any modifications made to the activity "Conclusion"?

O Yes

O No



SDFac10.S09

Thank you for facilitating the Safe Dates <u>Session 9: "Preventing Dating Sexual Abuse."</u>

This survey will be used to evaluate program fidelity, how closely the program being implemented matches the program described in the curriculum. It will take 5-10 minutes to complete.

* Was the activity "Sexual Assault Facts" completed?

- O Yes
- O No
- . Why was the activity not completed?

- * Were any modifications made to the activity "Sexual Assault Fact"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

- * Was the activity "Paying Attention to Signs" completed?
 - O Yes
 - O No



*	Why	was	the	activity	not	comp	leted?
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• Were any modifications made to the activity "Paying Attention to Signs"?

O Yes

O No

* Describe the modifications made to the activity.

* Was the activity "Interpret Signs" completed?

O Yes

O No

* Why was the activity not completed?

• Were any modifications made to the activity "Interpret Signs"?

O Yes

O No



- * Was the activity "Precautions" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

- * Were any modifications made to the activity "Precautions"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

- * Was the activity "Conclusion" completed?
 - O Yes
 - O No
- * Why was the activity not completed?



• Were any modifications made to the activity "Conclusion"?

- O Yes
- O No



SDFac10.S10

Thank you for facilitating the Safe Dates <u>Session 10: "Reviewing the Safe Dates Program."</u>

This survey will be used to evaluate program fidelity, how closely the program being implemented matches the program described in the curriculum. It will take 5-10 minutes to complete.

* Was the activity "Reviewing the Safe Dates Program" completed?

- O Yes
- O No
- * Why was the activity not completed?

- Were any modifications made to the activity "Reviewing the Safe Dates Program"?
 - O Yes
 - O No
- Describe the modifications made to the activity.

• Was the activity "Describe the Safe Dates Poster Contest" completed?

- O Yes
- O No



*	Why	was	the	activity	not /	comp	leted?
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- Were any modifications made to the activity "Describe the Safe Dates Poster Contest"?
 - O Yes
 - O No
- * Describe the modifications made to the activity.

- * Was the activity "Conclusion" completed?
 - O Yes
 - O No
- * Why was the activity not completed?

- Were any modifications made to the activity "Conclusion"?
 - O Yes
 - O No



