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| **High School FLASH** **Observation Form****Lesson 10: Birth Control Methods** |
| **Observer name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of school/agency/group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Facilitator name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Which lesson did you observe? Lesson 10: Birth Control Methods**  |
| **Class period or time taught:** \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of lesson:** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ |
| **Number of participants present:** \_\_\_\_\_\_\_\_\_ |
| **Time available for session:*** 50 minutes
* 90 minutes
* Other: \_\_\_\_
 |
| **How was this session delivered?** (*Select all that apply*)* Facilitator remote
* Facilitator in-person
* Participants remote
* Participants in-person
 |
| **How was this session observed?*** In-person observation
* Remote observation of live session
* Remote observation of recorded session
 |

1. **Completion of Lesson Activities**

In the table below, please indicate (1) which of the activities were completed during the class period and whether modifications were made, and (2) if modifications were made, please describe those modifications and the reason for making them.

|  |  |
| --- | --- |
|  | **Activity completed?** |
|  | **NO** | **YES, completely** | **YES, with modification(s)** |
| Warm up |  |  |  |
| Purpose of lesson  |  |  |  |
| Birth control effectiveness exercise |  |  |  |
| Birth control commercials and wrap-up |  |  |  |
| Assign homework |  |  |  |
| Exit ticket |  |  |  |
| **Please describe any modification(s) made and their purpose:** |

1. **Key concepts**

Below is a list of key concepts for Lesson 10. Please indicate if the facilitator verbalized each concept aloud to the group.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NO** | **YES** | **I don’t remember** |
| Birth control is excellent at preventing pregnancy. |  |  |  |
| Condoms are excellent at preventing pregnancy and STDs, including HIV. |  |  |  |
| Birth control is very safe. |  |  |  |
| Many teens successfully use birth control. |  |  |  |
| In this community, teens can get a pregnancy test, STD test or birth control at a local clinic. |  |  |  |
| Teens of every sexual orientations and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend. |  |  |  |

1. **Quality**

The following questions assess the overall quality of the program session and delivery of the information. Use your best judgment and do not fill in more than one response. Please use the guidelines below the response options when completing the observation form and *do not* change the scoring provided; for example, do not score a 1.5 rather than a 1 or a 2.

**1. In general, how clear were the program facilitator’s explanations of activities?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 - Not clear | 2 | 3 - Somewhat Clear | 4 | 5 - Very Clear |
|  |  |  |  |  |

1 - Most participants do not understand instructions and cannot proceed; many questions asked.

3 - About half of the group understands, while the other half ask questions for clarification.

5 - 90-100% of the participants begin and complete the activity/discussion with no hesitation and no questions.

**2. To what extent did the facilitator keep track of time during the session and activities?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 - Not on time | 2 | 3 - Some loss of time | 4 | 5 - Well on time |
|  |  |  |  |  |

1- Facilitator does not have time to complete the material (particularly at the end of the session); regularly allows discussions to drag on (e.g., participants seem bored or begin discussing non-related issues in small groups).

3 - Misses a few points; sometimes allows discussions to drag on.

5 - Completes all content of the session; completes activities and discussions in a timely manner (using the suggested time limitations in the program manual, if available).

**3. To what extent did the presentation of materials seem rushed or hurried?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 - Very rushed | 2 | 3 - Somewhat rushed | 4 | 5 - Not rushed |
|  |  |  |  |  |

1- Facilitator doesn’t allow time for discussion; doesn’t have time for examples; tells participants they are in a hurry; body language suggests stress or hurry.

3 - Some deletion of discussion/activities; sometimes states but does not explain material.

5 - Does not rush participants or speech but still completes all the materials; appears relaxed.

**4. To what extent did the participants appear to understand the material?** **Use your best judgment based on participant conversations and feedback.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 - Little understanding | 2 | 3 - Some understanding | 4 | 5 - Good understanding |
|  |  |  |  |  |

 Use your best judgment based on participant conversations and feedback.

 Roughly: 1 - Less than 25% seem to understand; 3 - About half; 5 - 75-100% understand

**5. How actively did the group members participate in discussions and activities? Use your best judgment based on listening to the discussions and feedback.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 - Little participation | 2 | 3 - Some participation | 4 | 5 - Active participation |
|  |  |  |  |  |

Use your best judgment based on listening to the discussions and feedback.

Roughly, 1 - Less than 25% participate; 3 - About half participate. 5 - 75-100% participate

**6. On the following scale, rate the facilitator on the following qualities:**

1. **Knowledge of the program:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 - Poor |  2 | 3 - Average |  4 | 5 - Excellent |
|  |  |  |  |  |

1 - Cannot answer questions, mispronounces names; reads from the manual.

5 - Provides information above and beyond what’s in the manual; seems very familiar with the concepts and answers questions with ease.

1. **Level of enthusiasm:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 - Poor |  2 | 3 - Average |  4 | 5 - Excellent |
|  |  |  |  |  |

 1 - Presents information in a dry and boring way; lacks personal connection to material; appears “burned out.”

5 - Makes clear that the program is a great opportunity; gets participants talking and excited; outgoing.

1. **Poise and confidence:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 - Poor |  2 | 3 - Average |  4 | 5 - Excellent |
|  |  |  |  |  |

 1 - Appears nervous or hurried; does not have good eye contact.

 5 - Does not hesitate in addressing concerns. Well organized, not nervous.

1. **Rapport and communication with participants:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 - Poor |  2 | 3 - Average |  4 | 5 - Excellent |
|  |  |  |  |  |

1 – Doesn’t remember names; does not “connect” with participants; acts distant or unfriendly.

5 - Gets participants talking and excited; very friendly; uses people’s names when appropriate; seems to understand the community and its needs.

1. **Effectively addressed questions/concerns:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 - Poor |  2 | 3 - Average |  4 | 5 - Excellent |
|  |  |  |  |  |

1 - Engages in “power struggles”; responds negatively to comments; gives inaccurate information; doesn’t direct participants elsewhere for further info.

5 - Answers questions of fact with information, questions of value with validation; if doesn’t know the answer, is honest about it and directs them elsewhere.

**Overall Quality**

This is a summary measure of all the preceding questions. Assess both the extent of material covered and the performance of the facilitator:

**Poor sessions look like:**

* Lecture-style of presenting the content
* Reading the content from the notebook
* Stumbling along with the content and failing to make connections to what has been discussed previously or what participants are contributing
* Uninvolved participants
* Getting into power struggles with participants about the content
* Judgmental responses
* Flat affect and boring style
* Unorganized and random
* Loses track of time

**Excellent sessions look like:**

* Participants are doing rather than talking about activities
* Non-judgmental responses to questions
* Answering questions of fact with information, questions of value with *Values Question Protocol (*OPA resource)
* Good time management and well organized
* Adequate pacing—not too fast and did not drag Using effective checks for understanding

**7. Rate the overall quality of the program session:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Poor |   | Average |  | Excellent |
|  |  |  |  |  |

1. **LGBTQ Inclusion and Trauma-Informed Practices**

 Please indicate the extent to which the following inclusive practices were employed by the facilitator.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **8. LGBTQ Inclusion** | **Poor** |  | **Average** |  | **Excellent** | **N/A** |
| Uses language and examples that reflect a variety of sexual orientations and gender identities |  |  |  |  |  |  |
| Avoids statements that suggest sexual behavior is tied to a specific sexual orientation or gender identity |  |  |  |  |  |  |
| Focuses on behavior, not identity, when discussing risk |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **9. Trauma-Informed Practices** | **Poor** |  | **Average** |  | **Excellent** | **N/A** |
| Actively builds rapport with all participants, including “challenging” participants |  |  |  |  |  |  |
| Is not shaming or judging in tone, demeanor, or word choice |  |  |  |  |  |  |
| Is honest and normalizing about the prevalence of trauma |  |  |  |  |  |  |

1. **Comments**

Please include any additional details or comments you have about the implementation of this lesson.

**10. Were there any technology issues or other disruptions during the lesson?** (*If yes, please describe the issue*)

* No
* Yes

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**11. Briefly describe any implementation problems you noticed, including any major changes to the content or delivery of the material; time wasted in getting the session started or finished, etc.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**12. Please note at least one major strength of the session and/or facilitator’s delivery of the material:**

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**13. Other Comments: Use the space below for additional comments regarding strengths or weaknesses of the session, particularly if there is anything that affected your ratings.**

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