**<Insert District Name>**

**<Insert School Name>**

**Guidance Sheet for <Insert Program Name>**

**<Insert School Year(s)>**

|  |
| --- |
| **Site Information** |
| Program Coordinator |  |
| Program Coordinator Phone Number |  |
| Program Coordinator Email |  |
| Site/School Address |  |

**Part I. Guidance for Future Implementation**

Based on the results reported in the [**iCHAMPSS Process Evaluation Report**](https://sph.uth.edu/research/centers/chppr/ichampss/tools/implementation/implement/templates/IMPLEMENT-TEM-Process-Evaluation-Report-FINAL.docx), rate whether the following aspects of implementation were adequate (sufficient) or needed improvement (subpar, deficient). If sufficient, identify what resources and supports are needed to maintain the same level of implementation in the future. If subpar or deficient, identify strategies and resources needed to improve that aspect.

|  |  |  |
| --- | --- | --- |
| **Implementation aspects related to…** | **Process evaluation** | **Plan to maintain or remediate:****What resources and supports need to be in place?** |
| **Sufficient** | **Subpar** | **Deficient** |
| **Program and Staff Support** |
| Number of teachers/staff implementing program |  |  |  |  |
| Quality of teachers/staff as sexual health teachers |  |  |  |  |
| Training |  |  |  |  |
| Supplies, materials, equipment, space |  |  |  |  |
| Monitoring procedures |  |  |  |  |
| **Timing and Scheduling** |
| Implementation timeframe (within school year) |  |  |  |  |
| Implementation scheduling (within school day) |  |  |  |  |
| Training timing |  |  |  |  |
| Recruitment, consent, parent information timing |  |  |  |  |
| Pre/posttest administration (if applicable) |  |  |  |  |
| **Program Reach** |
| Recruitment strategies |  |  |  |  |
| Parental consent |  |  |  |  |
| Number of students participating in program |  |  |  |  |
| Retention of students in program |  |  |  |  |
| **Fidelity** |
| Completion of all lessons |  |  |  |  |
| Quality of implementation |  |  |  |  |
| Adaptations, if applicable |  |  |  |  |

**Part II. Overall Assessment**

Based on the overall results reported in the[**iCHAMPSS Process Evaluation Report**](https://sph.uth.edu/research/centers/chppr/ichampss/tools/implementation/implement/templates/IMPLEMENT-TEM-Process-Evaluation-Report-FINAL.docx), rate your agreement with the following statements about the selected evidence-based sexual health education program:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neither / Unable to determine | Agree | Strongly agree |
| 1. The selected program was successful in helping to achieve the goals and objectives outlined by the district.
 |  |  |  |  |  |
| 1. Specific process (quality control) measures can feasibly be targeted and improved in future implementations, which may improve outcomes.
 |  |  |  |  |  |
| 1. The approved program should continue to be implemented in the district.
 |  |  |  |  |  |

Briefly describe the reasoning behind your ratings:

|  |
| --- |
|  |

If you indicated you (strongly) agree to 2 or more of the above statements, the selected program may have been a good fit for your district, or outcomes could be enhanced by addressing specific problems that arose during implementation. Thus, your district may want to continue implementing the program. Return to the [**PREPARE Step**](https://sph.uth.edu/research/centers/chppr/ichampss/tools/implementation/prepare/) in iCHAMPSS to update the [**Implementation Plan**](https://sph.uth.edu/research/centers/chppr/ichampss/tools/documents/Implementation%20Plan.docx) using the maintenance and improvement strategies identified in **Part I**.

If you indicated you (strongly) disagree to 2 or more of the above statements, the selected program may **not** have been a good fit for your district. Consider returning to the [**ASSESS**](https://sph.uth.edu/research/centers/chppr/ichampss/tools/adoption/assess/) and [**SELECT**](https://sph.uth.edu/research/centers/chppr/ichampss/tools/adoption/select/)steps (Adoption phase) of iCHAMPSS, but use strategies identified in **Part I** to help inform future selection and implementation decisions.

If you indicated a neutral answer to 2 or more of the above statements, it may yet be too early to determine whether the selected program was a good fit for your district. Depending on the district’s needs, weigh the pros and cons of implementing the program another year versus selecting another evidence-based program. Use **Part I** accordingly.

Regardless of whether your district decides to continue implementation of the approved evidence-based program or select a new one, it is crucial to maintain district support for sexual health education overall. Use the [**iCHAMPSS Maintenance Plan**](https://sph.uth.edu/research/centers/chppr/ichampss/tools/maintenance/maintain/templates/MAINTAIN-TEM-Maintenance-Plan-FINAL.docx)template in the MAINTAIN Step to help you do this.

After considering your district’s specific situation, indicate the final decision here:

|  |
| --- |
|  |