As a teacher who will be delivering the It PaYS Curriculum I have been informed and understand the following responsibilities as a condition of the funding the district is receiving.

_____ I will work with the district It PaYS coordinator to ensure that I receive the requisite training to implement the It PaYS curriculum.

- **Sexuality Education Certification Series or equivalent**
  Dates of training: ____________________________
  Location of training: __________________________
  Training Provided by: __________________________

- **It PaYS Complete Curriculum Training**
  Dates of training: ____________________________
  Location of training: __________________________
  Training Provided by: __________________________

_____ I am required to attend a series of ongoing trainings in order to effectively deliver the It PaYS Curriculum. The trainings dates for 2015-2016 academic year are:

**2015-2016 It PaYS Kick-Off**

November 17, 2015
Location: TBD
Time: TBD

**Review and Evaluate**

June 7, 2016
Location: TBD
Time: TBD

(**All workshops include opportunities for PDPs**)

_____ I am required to implement the curriculum with fidelity and in its entirety.

_____ There will be a rigorous evaluation of the program. As per anticipated evaluation protocols, I will be required to:
✓ Administer pre/post tests
✓ Maintain fidelity logs
✓ Maintain program attendance logs
✓ Be observed delivering curriculum lessons
  - Submit and keep up-to-date the technical assistance log which details schedule of curriculum delivery

How will you include this work in your self assessment and/or improvement plan for your educator evaluation?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

<table>
<thead>
<tr>
<th>Assigned School/s</th>
<th>Teacher/Facilitator Name</th>
<th>Teacher/Facilitator Signature</th>
<th>Date</th>
</tr>
</thead>
</table>