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| **Name of Grant Program:** Teen Pregnancy Prevention: Partners for Youth Success – Implementation II | **Fund Code:** 716 |

**Teacher Acknowledgment and Assurances**

**(To be completed by *all teachers* delivering the program.)**

As a teacher who will be delivering the selected evidence-based 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 coordinator to ensure that I receive the requisite training to implement effective sexuality education curriculum.

- ***Sexuality Education Cornerstone Seminar or equivalent***

Dates of training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-  ***Training on Selected Evidence-Based Curriculum***

Curriculum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ I will work with the district teacher coordinator and the Department of Elementary and Secondary Education’s (Department’s) Technical Assistance (TA) provider to ensure my knowledge, comfort and skill with the curriculum for effective program delivery, and to continuously improve my practice. This may include the completion of self-assessments tools for sexuality education competencies, observations with feedback, one-on-one TA, participation in additional professional development, and fidelity summary review and practice improvement plan completion.

\_\_\_\_\_\_ I am required to attend a series of ongoing trainings in effective sexuality education programming. The training dates for 2017-2018 academic year are:

**2017-2018 Kick-Off**

**November 8, 2017**

Location: TBD

Time: TBD

**Review and Evaluate**

**June 6, 2018**

Location: TBD

Time: TBD

**(\*\*\*All workshops will 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 evaluation protocols, I will be required to:

* Administer pre/post tests
* Maintain fidelity logs
* Be observed delivering curriculum lessons for fidelity monitoring and TA
* Submit and keep up-to-date the TA log which details schedule of curriculum delivery

**\_\_\_\_\_ Please briefly describe below** how you will include this work in your self assessment and/or improvement plan for your educator evaluation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Assigned School(s)** | **Teacher/Facilitator Name** | **Teacher/Facilitator Signature** | **Date** |
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