



Process monitoring protocol

1. The importance of the process monitoring

Process monitoring, and consequent evaluation, is an essential component of any experimental setting, in particular in multicentric studies.

Monitoring the process can be seen as a quality assurance requirement both for the intervention program as such and for the study protocol as a whole. Moreover, it is important for the evaluation of effectiveness to know the level of exposure to the intervention (fidelity analysis). A thorough control on the field operations is of course unfeasible, because it would involve a constant surveillance of the activities in each single class, school, and country. Moreover, the surveillance itself would be part of the process, therefore differences in the surveillance system may account for different capability of detecting important pitfalls in the program application.

To be able to effectively accomplish a successful monitoring, the monitoring plan should:

1. tackle few relevant dimensions
2. be included in the activity package from the very beginning
3. employ as few and as easy instruments as possible.

When implementing the Unplugged program, some aspects of program implementation can be easily monitored at the level of the minimal unit (e.g. class, school). In the following pages a description of these aspects and a presentation of the tools to be used to perform the monitoring is provided.

The center staff will provide the teachers (and the trainers) with the necessary copies of the monitoring forms during the training course, or afterwards, according to the individual agreements.

2. Objectives of the process monitoring

The main objective of the process monitoring is to evaluate and when possible increase the quality of the implementation of the program.

Specific objectives are:

1. to evaluate the adherence to the program activities, i.e. whether each single activity takes place as planned;
2. to evaluate the attendance of the target population;
3. to make the deliverer rating of the success/usefulness of the units;
4. to record prevention activities implemented in the intervention classes;
5. to record prevention activities implemented in the control classes;
6. to record the deliverer rating of the success/usefulness of the parent workshops;
7. to evaluate students satisfaction of the programme;
8. to evaluate teachers satisfaction of the programme.



3. Tools to evaluate the adherence and the success of the Unplugged activities

Three dimensions deserve to be monitored at this level:

- The sessions application (i.e. if each single session and its suggested components have been implemented and when in the time course)
- The size of the exposed group (i.e. how many children were present in the class)
- Qualitative aspects (i.e. subjective judgment of children interest, of own performance, etc.)

To monitor these aspects, a process monitoring form (see Annex Unit 1- Unit 12) must be completed for each unit in each intervention class, i.e. The final number of forms should be equal to (12 x number of classes) in all the intervention schools.

The teachers should be instructed to complete the form immediately after each session.

The center staff will be in constant contact with the teachers and will monitor the completion of the forms all along the program. Afterwards, he/she will collect all the forms and will input the data on a specific mask provided by OED.

4. Tools to register prevention activities in the intervention classes

A form reporting all health education activities ongoing in the classes implementing Unplugged should be also completed (see annex page 17) through a telephone interview or other direct contact between the local coordinator and the teachers. This form can be completed at the end of the school year.

5. Tools to register prevention activities in the control classes

The prevention activities implemented in the control (Usual Curriculum) classes in the study period have to be collected and registered filling a specific form (annex page 18).

Monitoring these activities is necessary in order to account for:

1. Contamination i.e. the adoption of programs similar to the one to be tested;
2. Intensity of exposure, i.e. control classes may theoretically have longer, even if not similar, exposure to health education curricula.

The most cost-effective procedure for monitoring class activities in the control schools seems to be the following:

- Obtain the name of a "contact teacher" for each class in the control arm
- Alert the contact person that information on the health education curricula in the class will be collected at the end of year by a structured telephone interview. Therefore he/she is to try to gather all relevant information on such activities during the semester.

6. Tools to evaluate the adherence and the success of parents workshops/seminars

Similarly to the form evaluating the application of the units, the parents workshops have to be evaluated recording:



- The workshop application (i.e. if each single workshop/seminar and its suggested components have been implemented)
- The size of the exposed group (i.e. how many parents were present in the seminar by class)
- Qualitative aspects (i.e. subjective judgment of success, of own performance, etc.)

To monitor these aspects, a process monitoring form (see Annexes pages 19-24) must be completed for each workshop.

The trainers should complete the form immediately after each workshop.

The forms will be entered on a specific mask provided by OED.

7. Tools to evaluate teachers' satisfaction

To evaluate teachers' satisfaction, a short questionnaire (see Annex pages 25-26) must be completed at the end of the program by each teacher who implemented the programme. The center staff will collect all the forms and will enter the data on a specific mask provided by OED.

8. Tools to evaluate students' satisfaction

To evaluate students' satisfaction, a short questionnaire (see Annex pages 27-28) must be completed at the end of the program by each student.

The center staff will collect all the forms and will input the data on a specific mask provided by OED.



Table. Timeline of the process monitoring

step	responsability	timeline
Protocol for process monitoring sent to the coordinating institutions	OED	July 2009
Monitoring forms translated	coordinating institutions/centers	March/April 2010
Printing monitoring forms	centers	June 2010
Process evaluation monitoring	centers	December 2010-May 2011
Mask for data input of process evaluation by OED Institute	OED	February 2011
Analysis of process evaluation questionnaires	OED	July 2011

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UNIT 1: Opening "Unplugged"

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Date of implementation of this unit (dd/mm/yy)

This unit was carried on in approximately: hours minutes

Number of students participating in this unit:

The following activities were performed: please, tick the boxes corresponding to the activities actually carried out during this particular unit. Please report the reasons for skipping any activity among the free commentaries.

Activity	Activity code
<input type="checkbox"/> Opening: introduction to Unplugged	1A
<input type="checkbox"/> Brainstorm "Unplugged"	1B
<input type="checkbox"/> Main activities: work in small groups: "what do we expect?"	1C
<input type="checkbox"/> Creating the class contract	1D
<input type="checkbox"/> Closure: personal reflection	1E

Your subjective rating on the work with this unit:

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Veryhigh Very much
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable the teacher felt teaching this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything you feel worth to report on the work with this unit (include reasons for skipping/modifying particular activities, etc)



UNIT 2: To be or not to be in a group

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Date of implementation of this unit (dd/mm/yy)

This unit was carried on in approximately: hours minutes

Number of students participating in this unit:

The following activities were performed: please, tick the boxes corresponding to the activities actually carried out during this particular unit. Please report the reasons for skipping any activity among the free commentaries.

Activity

Activity code

- | | |
|--|----|
| <input type="checkbox"/> Opening: discussion on group pressure | 2A |
| <input type="checkbox"/> Role play 1: "How groups sometimes act" | 2B |
| <input type="checkbox"/> Role play 2: "how groups should act" | 2C |
| <input type="checkbox"/> Evaluation of situation plays | 2D |
| <input type="checkbox"/> Closure on the student workbook | 2E |

Your subjective rating on the work with this unit:

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Veryhigh Very much
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable the teacher felt teaching this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything you feel worth to report on the work with this unit (include reasons for skipping/modifying particular activities, etc)



UNIT 3: Alcohol

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Date of implementation of this unit (dd/mm/yy)

This unit was carried on in approximately: hours minutes

Number of students participating in this unit:

The following activities were performed: please, tick the boxes corresponding to the activities actually carried out during this particular unit. Please report the reasons for skipping any activity among the free commentaries.

Activity

- Opening: group discussion
- Collage
- Create a character

Activity code

- 3A
- 3B
- 3C

Your subjective rating on the work with this unit:

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Veryhigh Very much
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable the teacher felt teaching this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything you feel worth to report on the work with this unit (include reasons for skipping/modifying particular activities, etc)

UNIT 4: Reality check

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Date of implementation of this unit (dd/mm/yy)

This unit was carried on in approximately:

hours minutes

Number of students participating in this unit:

The following activities were performed: please, tick the boxes corresponding to the activities actually carried out during this particular unit. Please report the reasons for skipping any activity among the free commentaries.

Activity

Activity code

- Opening: discussion on information sources
- How many times...
- Estimated figures about drug use
- Actual figures about drug use
- Closure: critical thinking

4A
4B
4C
4D
4E

Your subjective rating on the work with this unit:

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Veryhigh Very much
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable the teacher felt teaching this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything you feel worth to report on the work with this unit (include reasons for skipping/modifying particular activities, etc)



UNIT 5: Smoking the cigarette drug

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Date of implementation of this unit (dd/mm/yy)

This unit was carried on in approximately: hours minutes

Number of students participating in this unit:

The following activities were performed: please, tick the boxes corresponding to the activities actually carried out during this particular unit. Please report the reasons for skipping any activity among the free commentaries.

Activity	Activity code
<input type="checkbox"/> Opening: knowledge test on cigarettes	5A
<input type="checkbox"/> Pro and contra arguments	5B
<input type="checkbox"/> The court	5C
<input type="checkbox"/> Closure: feedback on Unplugged programme	5D

Your subjective rating on the work with this unit:

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Veryhigh Very much
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable the teacher felt teaching this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything you feel worth to report on the work with this unit (include reasons for skipping/modifying particular activities, etc)



UNIT 6: Express yourself

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Date of implementation of this unit (dd/mm/yy)

This unit was carried on in approximately: hours minutes

Number of students participating in this unit:

The following activities were performed: please, tick the boxes corresponding to the activities actually carried out during this particular unit. Please report the reasons for skipping any activity among the free commentaries.

Activity

Activity code

- Opening: working on emotion-word cards
- Situations and emotion expression
- Closure: the telephone book

6A
6B
6C

Your subjective rating on the work with this unit:

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Veryhigh Very much
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable the teacher felt teaching this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything you feel worth to report on the work with this unit (include reasons for skipping/modifying particular activities, etc)



UNIT 7: Get up, stand up

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Date of implementation of this unit (dd/mm/yy)

This unit was carried on in approximately: hours minutes

Number of students participating in this unit:

The following activities were performed: please, tick the boxes corresponding to the activities actually carried out during this particular unit. Please report the reasons for skipping any activity among the free commentaries.

Activity

Activity code

- Opening: short review of the previous unit
- Teacher-led discussion
- Main activities: when am I assertive?
- Main activities: practical refusal statements
- Main activities: individual processing
- Closure: assignment of tasks

7A
7B
7C
7D
7E
7F

Your subjective rating on the work with this unit:

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Veryhigh Very much
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable the teacher felt teaching this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything you feel worth to report on the work with this unit (include reasons for skipping/modifying particular activities, etc)



UNIT 8: Party tiger

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Date of implementation of this unit (dd/mm/yy)

This unit was carried on in approximately:

hours minutes

Number of students participating in this unit:

The following activities were performed: please, tick the boxes corresponding to the activities actually carried out during this particular unit. Please report the reasons for skipping any activity among the free commentaries.

Activity

Activity code

- Opening: short review of the previous unit
 Main activities: role play - step by step
 Closure: giving and receiving compliments

8A
8B
8C

Your subjective rating on the work with this unit:

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Veryhigh Very much
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable the teacher felt teaching this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything you feel worth to report on the work with this unit (include reasons for skipping/modifying particular activities, etc)



UNIT 9: Drugs-get informed

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Date of implementation of this unit (dd/mm/yy)

This unit was carried on in approximately: hours minutes

Number of students participating in this unit:

The following activities were performed: please, tick the boxes corresponding to the activities actually carried out during this particular unit. Please report the reasons for skipping any activity among the free commentaries.

Activity

Activity code

- Opening: group division
 Main activities: drug questions
 Main activities: scores and processing
 Closure: common feelings and findings

9A
9B
9C
9D

Your subjective rating on the work with this unit:

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Veryhigh Very much
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable the teacher felt teaching this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything you feel worth to report on the work with this unit (include reasons for skipping/modifying particular activities, etc)



UNIT 10: Coping competences

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Date of implementation of this unit (dd/mm/yy)

This unit was carried on in approximately:

hours minutes

Number of students participating in this unit:

The following activities were performed: please, tick the boxes corresponding to the activities actually carried out during this particular unit. Please report the reasons for skipping any activity among the free commentaries.

Activity

Activity code

- | | |
|--|-----|
| <input type="checkbox"/> Opening: short review of the previous unit | 10A |
| <input type="checkbox"/> Main activities: ways people cope with problems | 10B |
| <input type="checkbox"/> Main activities: coping with diffi culties or limitations | 10C |
| <input type="checkbox"/> Main activities: the story of Jacob | 10D |
| <input type="checkbox"/> Closure | 10E |

Your subjective rating on the work with this unit:

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Veryhigh Very much
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable the teacher felt teaching this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything you feel worth to report on the work with this unit (include reasons for skipping/modifying particular activities, etc)



UNIT 11: Problem solving and decision making

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Date of implementation of this unit (dd/mm/yy)

This unit was carried on in approximately: hours minutes

Number of students participating in this unit:

The following activities were performed: please, tick the boxes corresponding to the activities actually carried out during this particular unit. Please report the reasons for skipping any activity among the free commentaries.

Activity

Activity code

- | | |
|---|-----|
| <input type="checkbox"/> Opening: short review of the previous unit | 11A |
| <input type="checkbox"/> Amazon adventure | 11B |
| <input type="checkbox"/> Family problem | 11C |
| <input type="checkbox"/> Main activities: the five-step-plan to problem solving | 11D |
| <input type="checkbox"/> Group work | 11E |
| <input type="checkbox"/> Closure: assignment of tasks | 11F |

Your subjective rating on the work with this unit:

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Veryhigh Very much
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable the teacher felt teaching this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything you feel worth to report on the work with this unit (include reasons for skipping/modifying particular activities, etc)



UNIT 12: Goal setting and closure

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Date of implementation of this unit (dd/mm/yy)

This unit was carried on in approximately: hours minutes

Number of students participating in this unit:

The following activities were performed: please, tick the boxes corresponding to the activities actually carried out during this particular unit. Please report the reasons for skipping any activity among the free commentaries.

Activity

Activity code

- | | |
|--|-----|
| <input type="checkbox"/> Opening: short review of the previous unit | 12A |
| <input type="checkbox"/> A personal goal | 12B |
| <input type="checkbox"/> Working in small groups about short-term objectives | 12C |
| <input type="checkbox"/> Report in class | 12D |
| <input type="checkbox"/> Closure: individual evaluation of Unplugged | 12E |

Your subjective rating on the work with this unit:

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Veryhigh Very much
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable the teacher felt teaching this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything you feel worth to report on the work with this unit (include reasons for skipping/modifying particular activities, etc)

Supplementary information from intervention classes

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Please, complete the following class form for school year 2009/2010

#	Dates (from – to) ¹	Any prevention activity?	If yes, specify:	Total duration ² (hr)
1	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
2	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
3	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
4	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
5	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
6	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
6	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
7	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
8	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
9	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
10	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		

¹ Write the month in arabic numerals (e.g. October=10)

² sum up all the different activities that were carried out (an approximate estimate is enough)

Anything else you want to report?



Health education/prevention activities in control classes

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

Responsible teacher (name)

Please, complete the following class form for school year 2009/2010

#	Dates (from – to) ¹	Any prevention activity?	If yes, specify:	Total duration ² (hr)
1	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
2	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
3	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
4	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
5	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
6	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
6	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
7	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
8	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
9	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		
10	-	<input type="checkbox"/> No <input type="checkbox"/> Yes		

¹ Write the month in arabic numerals (e.g. October=10)

² sum up all the different activities that were carried out (an approximate estimate is enough)

Anything else you want to report?

Report on parents' meeting seminars:

1. Understanding better the teen-ager

CENTER _____

CODE

SCHOOL _____

CODE

Conductor (name) _____

dd mm yy

Date of implementation of the seminar

Attendance

	Class 1	Class 2	Class 3	Class 4
Total nr. attendees	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Nr. of children with at least one family member attending	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Duration of the meeting hours minutes

Was the meeting successful? Please rate each of the following aspects separately, think particularly of participants' interest, communication in the groups, etc.

	Not at all	Moderately	Fairly	Very much	Not performed
Lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Regarding the designed scenario of the meeting

Something I was satisfied about during this meeting:

Something that concerned me during this meeting:



Something I would have rather done differently:

Something I would like to be added to this meeting:

Anything else you want to report?





Report on parents' meeting seminars:

2. Parenting a teenager means growing up together

CENTER _____

CODE

SCHOOL _____

CODE

Conductor (name) _____

dd mm yy

Date of implementation of the seminar

Attendance

	Class 1	Class 2	Class 3	Class 4
Total nr. attendees	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Nr. of children with at least one family member attending	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Duration of the meeting hours minutes

Was the meeting successful? Please rate each of the following aspects separately, think particularly of participants' interest, communication in the groups, etc.

	Not at all	Moderately	Fairly	Very much	Not performed
Lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Regarding the designed scenario of the meeting

Something I was satisfied about during this meeting:

Something that concerned me during this meeting:



Something I would have rather done differently:

Something I would like to be added to this meeting:

Anything else you want to report?





Report on parents' meeting seminars:

3. A good relationship with my child also means setting up rules

CENTER _____

CODE

SCHOOL _____

CODE

Conductor (name) _____

dd mm yy

Date of implementation of the seminar

Attendance

	Class 1	Class 2	Class 3	Class 4
Total nr. attendees	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Nr. of children with at least one family member attending	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Duration of the meeting hours minutes

Was the meeting successful? Please rate each of the following aspects separately, think particularly of participants' interest, communication in the groups, etc.

	Not at all	Moderately	Fairly	Very much	Not performed
Lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Regarding the designed scenario of the meeting

Something I was satisfied about during this meeting:

Something that concerned me during this meeting:



Something I would have rather done differently:

Something I would like to be added to this meeting:

Anything else you want to report?





Teachers satisfaction questionnaire:

CENTER _____

CODE [][]

SCHOOL _____

CODE [][]

1. With one word, how satisfied are you overall with the implementation of Unplugged?

very satisfied	satisfied	neither satisfied, nor dissatisfied	dissatisfied	very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Can you identify:

two things you liked most of
the program

1

2

3. Can you identify:

two things you liked less of the
program

1

2

4. Did the programme improve your knowledge and skills about drug prevention?

a lot	yes	neither yes, nor not	no	nothing	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you think that the implementation of the programme enriched your teaching skills?

a lot	yes	neither yes, nor not	no	nothing	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you think that the programme improved the relationship with your students?

a lot	yes	neither yes, nor not	no	nothing	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you think that the programme improved the group climate?

a lot	yes	neither yes, nor not	no	nothing	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



8. Do you think that the teacher handbook supported you in conducting the Unplugged units?

a lot	yes	neither yes, nor not	no	nothing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How useful was the training you have participated concerning the skills and knowledge needed to implement Unplugged?

very useful	useful	neither useful, nor useless	useless	very useless
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Was the help desk service useful?

very useful	useful	neither useful, nor useless	useless	very useless
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you think you will conduct Unplugged again in the next school year?

yes no I don't know

12. Do you have any suggestions to improve the programme?

yes no

If yes, please tell us

.....
.....
.....

Any other comment you would like to make.....

.....
.....
.....
.....

Thank you for your participation!!



Students satisfaction questionnaire:

CENTER _____

CODE

SCHOOL _____

CODE

CLASS _____

CODE

1. How much did you like to participate to Unplugged?

I liked it very much	I liked it much	I neither liked it, nor disliked it	I didn't like it	I didn't like it at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Can you identify:

two things you liked most of the program

1
2

3. Can you identify:

two things you liked less of the program

1
2

4. Which unit did you like more?

1 OPENING UNPLUGGED	<input type="checkbox"/>	5 SMOKING THE CIGARETTE DRUG – INFORM YOURSELF	<input type="checkbox"/>	9 DRUGS – GET INFORMED	<input type="checkbox"/>
2 TO BE OR NOT TO BE IN A GROUP	<input type="checkbox"/>	6 EXPRESS YOURSELF	<input type="checkbox"/>	10 COPING COMPETENCES	<input type="checkbox"/>
3 CHOICES – ALCOHOL, RISK AND PROTECTION	<input type="checkbox"/>	7 GET UP, STAND UP	<input type="checkbox"/>	11 PROBLEM SOLVING AND DECISION MAKING	<input type="checkbox"/>
4 YOUR BELIEFS, NORMS AND INFORMATION - DO THEY REFLECT REALITY?	<input type="checkbox"/>	8 PARTY TIGER	<input type="checkbox"/>	12 GOAL SETTING	<input type="checkbox"/>

5. Which unit did you like less?

1 OPENING UNPLUGGED	<input type="checkbox"/>	5 SMOKING THE CIGARETTE DRUG – INFORM YOURSELF	<input type="checkbox"/>	9 DRUGS – GET INFORMED	<input type="checkbox"/>
2 TO BE OR NOT TO BE IN A GROUP	<input type="checkbox"/>	6 EXPRESS YOURSELF	<input type="checkbox"/>	10 COPING COMPETENCES	<input type="checkbox"/>
3 CHOICES – ALCOHOL, RISK AND PROTECTION	<input type="checkbox"/>	7 GET UP, STAND UP	<input type="checkbox"/>	11 PROBLEM SOLVING AND DECISION MAKING	<input type="checkbox"/>



4 YOUR BELIEFS, NORMS AND INFORMATION - DO THEY REFLECT REALITY?	<input type="checkbox"/>	8 PARTY TIGER	<input type="checkbox"/>	12 GOAL SETTING	<input type="checkbox"/>
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6. Do you think that the programme helped you to answer questions you had about yourself and your choices?

a lot	yes	neither yes, nor not	no	nothing	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you think that the program changed the way you see yourself?

a lot	yes	neither yes, nor not	no	nothing	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. After participating to the program do you know now more things about the consequences of using cigarettes, alcohol and other drugs?

a lot	yes	neither yes, nor not	no	nothing	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you think that the overall programme improved the relationship with your mates?

a lot	yes	neither yes, nor not	no	nothing	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you think that the overall programme improved the relationship with your teachers?

a lot	yes	neither yes, nor not	no	nothing	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Would you like to have a programme like Unplugged in the next school years?

yes no

12. Do you have any suggestions or comments about the programme?

.....
.....
.....
.....

Thank you for your participation!!