



**Response to Drugs and Related Organised Crime in Nigeria (FED/2012/306-744) (NGAV16)  
UNPLUGGED MONITORING FORMS FOR PHASE II**

## **Process monitoring protocol**

### **1. The importance of the process monitoring**

Process monitoring, evaluation, and reporting are essential components of any intervention.

Monitoring the process is a quality assurance requirement both for the intervention as such and for the study as a whole.

Moreover, the exact knowledge of level of exposure of the population to the intervention is important for the evaluation of the effectiveness of the program (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 (the class). 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 Unplugged coordination group will provide the teachers with the necessary copies of the forms during the training course.

### **2. Objectives of the process monitoring**

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

Specific objective are:

1. to evaluate the adherence to the program activities, i.e. whether each unit and within the unit each single activity takes place as planned;
2. to evaluate the attendance of the target population;
3. to get a rating of the success/usefulness of the units from the deliverer;
4. to record the prevention activities implemented in the control classes;
5. to evaluate the teachers' satisfaction of the programme;
6. to evaluate the students' satisfaction of the programme;
7. to provide the teachers with a feedback on the work done, and suggestions on improvements for the next waves of implementation.



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### **3. Tools to evaluate the adherence to 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 of implementation (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 complete the form immediately after each session.

### **4. Tools to evaluate teachers satisfaction**

To evaluate teachers' satisfaction, a short questionnaire (see Annex pages 16-17) must be completed at the end of the program by each teacher who implemented the programme.

### **5. Tools to evaluate students satisfaction**

To evaluate students' satisfaction, a short questionnaire (see Annex pages 18-19) must be completed at the end of the program by each student.

### **6. Collecting and sending monitoring forms to UNODC and OED**

The Unplugged focal point staff will be in constant contact with the teachers and will monitor the completion of the forms all along the program. As soon as the program will be completed, they will collect and send the Unplugged 12 monitoring forms, the teachers' and the students' satisfaction forms to UNODC, which in turn will send them to OED/Unplugged coordination group for the analysis and reporting.



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**Table. Timeline of the process monitoring**

<b>Activity</b>	<b>who</b>	<b>when</b>
Draft protocol and forms	OED	March 2015
Unplugged piloting in 5 schools: completion of monitoring forms	UNODC	April-May 2015
Sending the pilot phase I monitoring forms to OED	UNODC	August 2015
Protocol for process monitoring	OED	September 2015
Entering monitoring forms	OED	September 2015
Providing monitoring forms to UNODC for November training course <ul style="list-style-type: none"> <li>- 12 units forms * N intervention classes</li> <li>- 1 teacher satisfaction form * N intervention classes</li> <li>- 50 student satisfaction forms * N intervention classes</li> </ul>	OED	October 2015
Analysis and reporting of pilot phase I monitoring forms	OED	November 2015
Providing monitoring forms to the teachers during the training	UNODC	November 2015
Monitoring the process	UNODC	January-May 2016
Collection of monitoring forms <ul style="list-style-type: none"> <li>- 12 units forms * N intervention classes</li> <li>- 1 teacher satisfaction form * N intervention classes</li> <li>- 50 student satisfaction forms * N intervention classes</li> </ul>	UNODC	May 2016
Sending monitoring forms to OED	UNODC	June 2016
Entering monitoring forms	OED	June-July 2016
Analysis and reporting	OED	August 2016

OED Staff involved in the project will be coordinated by:

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**UNIT 1: Opening "Unplugged"**



**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

Teacher (name, surname)  
\_\_\_\_\_



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 in the free space at the bottom of the page.

<b>Activity (please tick ✓ the boxes)</b>	<b>Activity code</b>
<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	Very high/ 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)**

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\_\_\_\_\_  
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**UNIT 2: To be or not to be in a group**



**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

Teacher (name, surname)  
\_\_\_\_\_



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 in the free space at the bottom of the page.

**Activity (please tick ✓ the boxes)**

**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	Very high/ 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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**UNIT 3: Alcohol**



**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

Teacher (name, surname)  
\_\_\_\_\_



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 in the free space at the bottom of the page.

**Activity (please tick ✓ the boxes)**

**Activity code**

- Opening: group discussion
- Collage
- Create a character

- 3A
- 3B
- 3C

**Your subjective rating on the work with this unit:**

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Very high/ 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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**UNIT 4: Reality check**

**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

Teacher (name, surname)  
\_\_\_\_\_

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 in the free space at the bottom of the page.

**Activity (please tick ✓ the boxes)**

**Activity code**

- |   |    |
|---|----|
| <input type="checkbox"/> Opening: discussion on information sources | 4A |
| <input type="checkbox"/> How many times...                          | 4B |
| <input type="checkbox"/> Estimated figures about drug use           | 4C |
| <input type="checkbox"/> Actual figures about drug use              | 4D |
| <input type="checkbox"/> Closure: critical thinking                 | 4E |

**Your subjective rating on the work with this unit:**

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Very high/ 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)**

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\_\_\_\_\_  
\_\_\_\_\_



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**UNIT 5: Smoking the cigarette drug**



**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

Teacher (name, surname)  
\_\_\_\_\_



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 in the free space at the bottom of the page.

**Activity (please tick ✓ the boxes)**

**Activity code**

- Opening: knowledge test on cigarettes
- Pro and contra arguments
- The court
- Closure: feedback on Unplugged

- 5A
- 5B
- 5C
- 5D

**Your subjective rating on the work with this unit:**

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Very high/ 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)**

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**UNIT 6: Express yourself**

**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

Teacher (name, surname)  
\_\_\_\_\_

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 in the free space at the bottom of the page.

- Activity (please tick ✓ the boxes)**
- Opening: working on emotion-word cards
  - Situations and emotion expression
  - Closure: the telephone book

- Activity code**
- 6A
  - 6B
  - 6C

**Your subjective rating on the work with this unit:**

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Very high/ 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)**

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\_\_\_\_\_  
\_\_\_\_\_



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**UNIT 7: Get up, stand up**

**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

Teacher (name, surname)  
\_\_\_\_\_

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 in the free space at the bottom of the page.

<b>Activity (please tick ✓ the boxes)</b>	<b>Activity code</b>
<input type="checkbox"/> Opening: short review of the previous unit	7A
<input type="checkbox"/> Teacher-led discussion	7B
<input type="checkbox"/> Main activities: when am I assertive?	7C
<input type="checkbox"/> Main activities: practical refusal statements	7D
<input type="checkbox"/> Main activities: individual processing	7E
<input type="checkbox"/> Closure: assignment of tasks	7F

**Your subjective rating on the work with this unit:**

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Very high/ 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)**

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**UNIT 8: Party tiger**

**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

Teacher (name, surname)

\_\_\_\_\_

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 in the free space at the bottom of the page.

**Activity (please tick ✓ the boxes)**

**Activity code**

- |   |    |
|---|----|
| <input type="checkbox"/> Opening: short review of the previous unit | 8A |
| <input type="checkbox"/> Main activities: role play - step by step  | 8B |
| <input type="checkbox"/> Closure: giving and receiving compliments  | 8C |

**Your subjective rating on the work with this unit:**

	None/ Not at all	Moderate/ Moderately	High/ Fairly	Very high/ 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)**

\_\_\_\_\_

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## UNIT 9: Drugs-get informed

**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

Teacher (name, surname)  
\_\_\_\_\_

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 in the free space at the bottom of the page.

**Activity (please tick ✓ the boxes)**

**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	Very high/ 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)**

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\_\_\_\_\_  
\_\_\_\_\_



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**UNIT 10: Coping competences**

**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

Teacher (name, surname)  
\_\_\_\_\_

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 in the free space at the bottom of the page.

<b>Activity (please tick ✓ the boxes)</b>	<b>Activity code</b>
<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 difficulties 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	Very high/ 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)**

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\_\_\_\_\_  
\_\_\_\_\_



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**UNIT 11: Problem solving and decision making**

**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

Teacher (name, surname)  
\_\_\_\_\_

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 in the free space at the bottom of the page.

<b>Activity (please tick ✓ the boxes)</b>	<b>Activity code</b>
<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	Very high/ 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)**

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\_\_\_\_\_  
\_\_\_\_\_



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**UNIT 12: Goal setting and closure**

**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

Teacher (name, surname)  
\_\_\_\_\_

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 in the free space at the bottom of the page.

<b>Activity (please tick ✓ the boxes)</b>	<b>Activity code</b>
<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	Very high/ 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Teacher's satisfaction questionnaire:**

**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

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"/>





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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!!



**Response to Drugs and Related Organised Crime in Nigeria (FED/2012/306-744) (NGAV16)  
UNPLUGGED MONITORING FORMS FOR PHASE II**

**Student's satisfaction questionnaire:**

**ZONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**CLASS** \_\_\_\_\_

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:	4.
two things you liked less of the program	1
	2

5. 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"/>

6. 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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7. 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"/>

8. 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"/>

9. 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"/>

10. 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"/>

11. 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"/>

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

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

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

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.....

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Thank you for your participation!!