**High School FLASH: Facilitator Fidelity Log**

**Lesson 3: Pregnancy**

1. Please fill out basic information about the session.

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| --- | --- | --- |
| Facilitator name: | Location and class period: | Date: |

1. Please indicate which activities were completed, whether modifications were made, and if so, a description of the modifications.

|  |  |  |
| --- | --- | --- |
|  | **Activity completed?** | **Please describe any modifications** |
| **NO** | **YES, completely** | **YES, with modification(s)** |  |
| 1. Warm-up
 |  |  |  |
| 1. Purpose of lesson
 |  |  |  |
| 1. Process of conception
 |  |  |  |
| 1. Early signs of pregnancy and testing
 |  |  |  |
| 1. Trimesters
 |  |  |  |
| 1. Pregnancy review game
 |  |  |  |
| 1. Assign homework
 |  |  |  |
| 1. Exit ticket
 |  |  |  |

1. Please indicate which of the following FLASH key concepts you stated during your teaching.

|  |  |
| --- | --- |
|  | **Concept covered?** |
| **NO** | **YES** | **Not Applicable** |
| In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic]. |  |  |  |