

POSITIVE ACTION[®]

UNIT IMPLEMENTATION REPORT

We are interested in hearing how well you were able to deliver the *Positive Action* lessons and activities during this UNIT. Please answer the following questions honestly so that we 1) have a good record of exactly what was delivered in each classroom, and 2) can provide you with feedback and technical support.

This is NOT a test. There are no right or wrong answers. We are interested in your opinions and feelings.

Please answer each question as honestly as you can.

Please use a black or dark blue ballpoint pen to carefully and completely fill in the circle for the answer that is best for you.

Completely and neatly darken the ovals.

Like this: ●

Not like this: ●

If you make a mistake, to change your answer, cross out the wrong choice like this:
and then darken the correct one.



Positive Action, Inc.

264 4th Avenue South

Twin Falls, ID 83301

Phone (U.S. and Canada): 800-345-2974

Phone (all other): 208 733-1328

Fax: 208 733-1590

E-mail: info@positiveaction.net

Web site: <http://www.positiveaction.net>

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Positive Action Unit Implementation Report

We are interested in hearing how well you were able to deliver the *Positive Action* lessons and activities during this UNIT. Please answer the following questions honestly so that we 1) have a good record of exactly what was delivered in each classroom, and 2) can provide you with feedback and technical support.

A. Background Information

1. School name: _____

2. Your name: _____

3. Classroom number or ID: _____

4. Grade level you teach:

K	1	2	3	4	5	6	7	8	9	10	11	12
(K)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(A)	(B)	(C)

5. For which PA Unit is this report? (1) (2) (3) (4) (5) (6) (7)

Date Unit ended:

6. MONTH: 7 8 9 10 11 12 1 2 3 4 5 6
 (7) (8) (9) (A) (B) (C) (1) (2) (3) (4) (5) (6)

7. DAY, first digit: (0) (1) (2) (3)

DAY, second digit: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

B. Curriculum Delivery

8. On the average week during this Unit, how many lessons did you teach?
 (1) (2) (3) (4) (5) where 5 = 5 or more

9. On average, how many minutes did you spend on these lessons? 5-10 11-15 16-20 21-25 >25
 (1) (2) (3) (4) (5)

10. Were you able to teach lessons at the same time of day?
 Rarely (1) Sometimes (2) Often (3) Always (4)

11. If yes, what time of day was this?
 First Thing (1) Mid AM (2) Late AM (3) Early PM (4) Late PM (5) Not Applicable (6)

12. How many lessons of this Unit did you NOT teach?
 None (taught them all) 1 or 2 3-5 6-10 11-15 16-20 >20
 (0) (1) (2) (3) (4) (5) (6)

13. If any, please tell us WHICH lessons and WHY you didn't teach them.

14. How much did you adapt lessons to make them more appropriate for you students by ADDING material to them?

None A Little Some A Lot

① ① ② ③

15. If any, please briefly tell us WHAT you added to WHICH lessons and WHY.

16. How much significant material or concepts did you OMIT from any of the lessons you taught in this UNIT?

None A Little Some A Lot

① ① ② ③

17. If any, please briefly tell us WHAT you omitted from WHICH lessons and WHY.

18. What was your favorite lesson or activity from this Unit?

19. During this UNIT, were you aware of teaching any of your District's or State's Core Curriculum Standards in your PA lessons?

NO ① YES ②

20. If yes, which areas (fill in circle for all that apply)?

Reading Writing Language Arts Math Science Social Studies Health PE Art Music

① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

21. During this UNIT, did you use PA ideas or concepts to help you teach in Core Curriculum Areas?

NO ① YES ②

22. If yes, which areas (fill in circle for all that apply):

Reading Writing Language Arts Math Science Social Studies Health PE Art Music

① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

c. School-wide Activities

23. During the average week for this UNIT, how many	None	1	2	3	4	5 or more
a. "Words Of the Week" or "Buzz Words" cards did you give out?	0	1	2	3	4	5
b. PA Stickers did you give out?	0	1	2	3	4	5
c. PA Tokens (elementary only) did you give out?	0	1	2	3	4	5
d. PA Notes did you read from the ICU or SOS box?	0	1	2	3	4	5
e. Days did you write Positive Notes?	0	1	2	3	4	5
f. Days did you use PA Music?	0	1	2	3	4	5
g. PA Certificates of Recognition did you fill out?	0	1	2	3	4	5
h. Parents did you talk to about the PA program?	0	1	2	3	4	5
i. PA ideas did you infuse into curriculum areas?	0	1	2	3	4	5
24. During this UNIT, have the following PA activities been done at your school?						
	No	Yes, once	Yes, more than once			
a. Positive Action assemblies?	0	1	2			
b. PA Newsletter to parents?	0	1	2			
25. If so, did you participate in these activities?						
c. Positive Action assemblies?	0	1	2			
d. PA Newsletter to parents?	0	1	2			
26. During this UNIT, were you a member of the PA Coordinating Committee for your school/organization?						
	NO	YES				
	1	2				
27. If yes, how many times did you participate in meetings of the PA Coordinating Committee during this UNIT?						
	None	Once	More than once			
	0	1	2			
28. During this UNIT, did you attend a peer-led, on-going training session on one of the components of PA?						
	NO	YES				
	1	2				
29. If yes, how helpful did you find this training for enhancing of the PA component?						
	None	Once	More than once			
	0	1	2			
30. Please provide any comments you have about the training here:						

d. How well you did.

31. How well do you think you delivered the Positive Action program during this UNIT?

Poorly	About Average	Quite well	Very well
①	②	③	④

32. How well do you feel that you model the Positive Action concepts you are teaching?

Poorly	About Average	Quite well	Very well
①	②	③	④

33. How much do you feel the Positive Action program is improving your effectiveness as a teacher?

Not at all	A little	A moderate amount	A lot
①	②	③	④

34. Please think about the next UNIT of PA. How confident are you that you will be able to do each of the following?

Not at all Confident	Somewhat Confident	Very Confident	Extremely Confident
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- | | | | | |
|---|---|---|---|---|
| a. Teach 3 or 4 PA lessons each week? | ① | ② | ③ | ④ |
| b. Identify Core Curriculum Standards in your PA lessons? | ① | ② | ③ | ④ |
| c. Use PA concepts teaching Core Curriculum Standards? | ① | ② | ③ | ④ |
| d. Reinforce the use of PA concepts by students all day? | ① | ② | ③ | ④ |
| e. Model PA concepts in your interactions with students? | ① | ② | ③ | ④ |
| f. Model PA concepts in your interactions with other staff? | ① | ② | ③ | ④ |
| g. Give out PA Stickers and/or Tokens to students weekly? | ① | ② | ③ | ④ |
| h. Read notes from the ICU/SOS box to students weekly? | ① | ② | ③ | ④ |
| i. Use PA music on a regular basis? | ① | ② | ③ | ④ |
| j. Prepare and give out PA Certificates of Recognition? | ① | ② | ③ | ④ |
| k. Contact parents and talk to them about PA ? | ① | ② | ③ | ④ |

35. How likely do you think it is that continued implementation of PA will:

Not at all Likely	Somewhat Likely	Very Likely	Extremely Likely
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- | | | | | |
|--|---|---|---|---|
| a. Enhance the social skill of students in your classroom? | ① | ② | ③ | ④ |
| b. Enhance the character of students in your classroom? | ① | ② | ③ | ④ |
| c. Enhance the conduct of students in your classroom? | ① | ② | ③ | ④ |
| d. Enhance the academic achievement of your students? | ① | ② | ③ | ④ |
| e. Enhance staff relations at this school? | ① | ② | ③ | ④ |
| f. Enhance the social climate of this school? | ① | ② | ③ | ④ |
| g. Enhance parent involvement in this school? | ① | ② | ③ | ④ |

	Not at all Likely	Somewhat Likely	Very Likely	Extremely Likely
h. Make your job as a teacher more rewarding?	①	②	③	④
i. Make your job as a teacher easier?	①	②	③	④
j. Enhance your instructional skills?	①	②	③	④
k. Enhance your classroom management skills?	①	②	③	④

36. Are there any areas in which you would like more technical support? NO ① YES ②

37. If yes, please list them below:

38. Do you have any other comments about PA or the project? NO ① YES ②

39. If you have any other comments about this UNIT, we would like to hear them. Please **write them here** or call you PA Field Coordinator, the Positive Action office 1-800-345-2974, or email us at info@positiveaction.net

Thank you very much for completing this UNIT report.