

Positive Action Lesson Checklist

To be completed at least twice a month, or at most once a week.

1. Session Leader: _____ Date _____

2. Unit and Lesson: _____

3. Attendance (students present out of total class number): _____

4. Grade Level:

2	3	4	5	6
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. On average, how many minutes was spent teaching the lesson?

0-4	5-9	10-14	15-19	20-24	25 +
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. At what time of day was the Positive Action lesson administered?

- | | |
|------------------|--------------------|
| a. Early morning | d. Early afternoon |
| b. Mid-morning | e. Late afternoon |
| c. Late morning | f. Other: _____ |

7. Was the lesson adapted from the original plan and instructions?

- a. Yes
How? _____
- b. No

	Yes	No	Not Applicable
8. Were there lesson specific posters in the classroom?			
9. Were activity sheets, booklets, or journals used in the lesson?			
10. Were there other items the lesson instructions called for that were used?			

11. Have you seen students applying concepts learned from past Positive Action materials?

- a. Yes.
How? _____
- b. No

Between the past lesson and now, how often did you...	Never	A few times	Many times	Most of the time
12. Help students to understand that doing positive actions helps them feel good about themselves?				
13. Recognize student's positive actions in the classroom?				
14. Reinforce students' positive actions/behaviors when you observed them				
15. Encourage your students to do positive actions/behaviors outside the classroom?				

For checklists completed by paper please return to Robyn Johnson. Thank you!