

## CURRICULUM REPORT FORM

Educator's Name (print below)	Date / /		<input checked="" type="checkbox"/> Check which curricula you implemented
			<input type="checkbox"/> Game Plan <input type="checkbox"/> Quest
County of implementation:			<input type="checkbox"/> Navigator

**Indicate below the number of all youth and adults served by gender, ethnicity and age.**

Race and Gender	Age of Youth Served								
	12	13	14	15	16	17	18	Other ages	Total
<b>FEMALES</b>									
Asian									
Black/African American									
Hispanic/Latino									
Native American									
White									
Others									
<b>MALES</b>									
Asian									
Black/African American									
Hispanic/Latino									
Native American									
White									
Others									
TOTAL									

List chapters taught each day. If it takes more than one day to complete a chapter, list it on both days.		Chapter Covered	Total Minutes Per Day
	Date		
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			
Day 8			
Day 9			
Day 10			
Day 11			
Day 12			
Assembly Speaker Other	Name:		
		<b>Total Minutes of Implementation:</b>	

**In which setting did you implement this material? (Check all that apply)**

- Classroom
- Residential facility
- After school program
- Other (describe): \_\_\_\_\_

**Please send this completed form to:**  
 Make a Sound Choice  
 1351 Page Drive, Suite 205  
 Fargo, ND 58103-3536