Appendix C: Logic Model- Evaluation of Sexual Education Classes

Assumptions: Depending on the geographic area and the population, there may be some hesitancy to change programs, especially to include use of contraceptives. Parents might not be willing/able to be involved in the classes are willing to talk to their children about every option to prevent sexually transmitted diseases and unplanned pregnancies, as well as empowering their children to appreciate their own bodies.

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>PARTICIPANTS</th>
<th>SHORT TERM</th>
<th>MEDIUM TERM</th>
<th>LONG TERM</th>
</tr>
</thead>
</table>
| • Staff to train teachers  
• Teachers will need to find substitute teachers for training  
• Schools will have to observe own curriculum  
• Materials to show and explain contraceptives  
• Information on current places around the area to get condoms and other contraceptives will need to be gathered | • Evaluate ways local schools approach sexual education classes and recreate an effective curriculum.  
• Integrating abstinence, safe-sex practices, proper use of contraceptives, self-esteem, peer pressure avoidance, and how to speak to parents and peers about sexual practices.  
• Train teachers how to present information to teens.  
• Teach parents proper sexual education and how to communicate with their youth.  
• Start evaluation of programs in 5-12 grades. | • Better communication between teens, peers, and parents.  
• Effective curriculum to teach youth proper use of contraceptives as well as abstinence.  
• Find a curriculum that is used among most schools that can be replicable.  
• Continued education in our agency for youth who are no longer in high school, with parents who would like additional sexual education given to their youth | • Youth in grades 5-12  
• Parents of youth in these grades  
• Youth in urban, suburban, and rural areas  
• Schools of private and public identification  
• Youth who no longer attend school | • Prolong youth in their first sexual experiences  
• Better education on resources in neighborhoods  
• Communication and education between parents and teens | • Curriculum that is standard across schools  
• Education among teens on how to access resources in neighborhood to access safe-sex contraceptives | • Less unplanned teenage pregnancies  
• Decrease in STDs and STIs  
• Increase in self-reported self esteem from youth  
• Program development and recruitment of other agencies in area |