

**Office of Adolescent Health Teen Pregnancy Prevention Programs  
Fidelity Monitoring Plans – Year XX**

**Grantee Name:**  
**Grantee Address:**  
**Phone Number:**

**Project Director:**  
**Email address:**

- A. Staff Training:** Please describe your plan for training staff in the program as it relates to fidelity monitoring and observations.
- a. **Number of Staff implementing the program.**
  - b. **Number of staff trained in fidelity and quality.**
  - c. **When was training delivered and by who?**
  - d. **Describe your plan for training staff in fidelity and quality.**
- B. Observations:** Grantees are required to observe at least 5% (for 1B grantees) and at least 10% for 1A and 2B grantees) of all program sessions being implemented each year. Please describe your plan for observing your program sessions.
- a. **Number of observers.**
  - b. **Describe who the observers are and how they were identified to be observers.**
  - c. **Number of observers trained.**
  - d. **When was training delivered and by who?**
  - e. **Describe your plan for training observers in the program model, fidelity and quality.**
  - f. **Describe your plan for conducting observations.**
- C. Data Collection:** Please describe your plan for collecting data on fidelity and quality.
- a. **Describe your plan for collecting data on fidelity and quality.**
  - b. **Describe your process for analyzing and reviewing data.**
- D. Feedback and Quality Improvement:**
- a. **Describe your process for providing feedback to facilitators based on data collected.**
  - b. **Describe how data will be used to identify areas for continuous quality improvement and make decisions about the program and its implementation moving forward.**