

# PROJECTALERT

*Easy to adopt. Proven to work.*

## Booster Lessons Verification Form

\_\_\_\_\_  
Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Subject

*All 3 lessons should be taught one week apart in order to maintain program fidelity and for maximum effectiveness. Use this form to specify the date that each lesson was presented to the students. A teacher and principal signature is important if using this form to verify program compliance.*

Lesson

Date Presented

1-Motivating Resistance to Drugs

\_\_\_\_\_

2-Practice Resisting External and Internal Pressures

\_\_\_\_\_

3-Benefits of Resisting Drugs

\_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date