Building Strength through Coping

Facilitator Fidelity Checklist

Session Five: Promoting Effective Child Coping (Part 1)

Facilitator Name : _____ Date: _____

Introduction and Check-In	**Time for Activity: 25 minutes**	**Time Started:**

Did you do the following:

No Some Yes

1. Reviewed journey map of what was and will be covered — No Some Yes

   Comments:

   Content Deleted Changed Added

2. Distributed folders — No Some Yes

   Comments:

   Content Deleted Changed Added

3. Explained week's objectives — No Some Yes

   Comments:

   Content Deleted Changed Added

4. Asked if wanted to add to rules — No Some Yes

   Comments:

   Content Deleted Changed Added

5. Reviewed home activity (check-in) No Some Yes

   Comments:

   Content
   Deleted Changed Added

Anchor	**Time for Activity: 10 minutes**	**Time Started:**

Did you do the following:

No Some Yes

1. Asked parents about situation when child stressed and what they did to help No Some Yes

   Comments:

   Content
   Deleted Changed Added

ADD	**Time for Activity: 25 minutes**	**Time Started:**

Did the you do the following:

No Some Yes

1. Transitioned to importance of coping skills No Some Yes

   Comments:

   Content
   Deleted Changed Added

2. Presented four-step poster and asked parents for examples of each step No Some Yes

   Comments

   Content
   Deleted Changed Added

3. Walked through steps using the situation in manual — No Some Yes

   Comments:

   Content Deleted Changed Added

4. Distributed four step handout — No Some Yes

   Comments:

   Content Deleted Changed Added

APPLY Time for Activity: 20 minutes Time Started:

Did you do the following:

	No	Some	Yes

1. Split parents in groups of 2 — No Some Yes

   Comments:

   Content Deleted Changed Added

2. Had parents apply 4 steps to situations in manual — No Some Yes

   Comments:

   Content Deleted Changed Added

3. Had small then large group discussion on applying steps to various situations — No Some Yes

   Comments:

   Content Deleted Changed Added

4. Suggested using blank paper to write answers No Some Yes

Comments:

Content
Deleted Changed Added

AWAY Time for Activity: 5 minutes Time Started:

Did you do the following:

No Some Yes

1. Reminded parents will be asking about activity on following week No Some Yes

Comments:

Content
Deleted Changed Added

2. Explained home activity No Some Yes

Comments:

Content
Deleted Changed Added

3. Told parents it is okay not to know steps but it is important for them to practice No Some Yes

Comments:

Content
Deleted Changed Added

4. Told parents they can choose to do 1 - 3 activities No Some Yes

Comments:

Content
Deleted Changed Added

5. Passed out home activity cards No Some Yes

Comments:

Content
Deleted Changed Added

Closing/Snacks	**Time for Activity: 5 minutes**	**Time Started:**

Did you do the following:

No Some Yes

1. Reminded of next week's session, time, place No Some Yes

Comments:

Content
Deleted Changed Added

2. Gave overview of next week's objectives No Some Yes

Comments

Content
Deleted Changed Added

3. Invited them to take snacks on way out No Changed Added

Comments:

Content:

Deleted Changed Added

What went well in this session:

Was there anything unusual in the session?

General Notes: