Building Strength through Coping

Facilitator Fidelity Checklist

Session Six: Promoting Effective Child Coping (Part 2)

Facilitator Name : _____ Date: _____

Introduction and Check-In	**Time for Activity: 20 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 objective No Some Yes

   Comments:

   Content
   Deleted Changed Added

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

   Comments:

   Content
   Deleted Changed Added

ADD Time for Activity: 20 minutes Time Started:

Did you do the following:

No Some Yes

1. Reviewed 4 steps from last week No Some Yes

   Comments:

   Content
   Deleted Changed Added

2. Elaborated on importance of each step No Some Yes

   Comments:

   Content
   Deleted Changed Added

3. Presented posters with steps 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. Distributed copies of steps and split into 2 groups No Some Yes

   Comments:

   Content
   Deleted Changed Added

2. Gave a different scenario to each group and asked parents to apply steps to it — No Some Yes

   Comments:

   Content Deleted Changed Added

3. Encouraged parents to practice at home and use their copy of steps if needed — No Some Yes

   Comments:

   Content Deleted Changed Added

AWAY Time for Activity: 1 minute Time Started:

Did you do the following:

No Some Yes

1. Told parents they could choose to observe, talk, or try or all three if they wish — No Some Yes

   Comments:

   Content Deleted Changed Added

2. Passed out home activity cards — No Some Yes

   Comments:

   Content Deleted Changed Added

Assessments Time for Activity: 25 minutes Time Started:

Did you do the following:

No Some Yes

1. Introduced assessments and offered help — No Some Yes

   Comments:

   Content Deleted Changed Added

2. Identified parents who may need help No Some Yes

Comments

Content
Deleted Changed Added

Closing/Snacks	Time for Activity: 4 minutes	Time Started:

Did you do the following:

No Some Yes

1. Thank parents for participation No Some Yes

Comments

Content
Deleted Changed Added

2. Pass out certificates No Some Yes

Comments

Content
Deleted Changed Added

3. Invited parents 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: