Building Strength through Coping

Observer Fidelity Checklist

Session Five: Promoting Effective Child Coping (Part 1)

Facilitator Name : _____ Date: _____

Pre-Session Activities

	No	Some	Yes
1. Facilitator arrived 15 minutes prior to start of session	No	Some	Yes
Comments:			
2. Facilitator had all the materials for this session	No	Some	Yes
Comments:			
3. Facilitator was friendly and greeted the parents	No	Some	Yes
Comments:			
4. Facilitator took attendance	No	Some	Yes
Comments:			
5. Facilitator made sure parents had a name tag	No	Some	Yes
Comments:			

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

Did Facilitator 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 Facilitator 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 Facilitator 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 the Facilitator 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 the Facilitator 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 the Facilitator 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: