Building Strength through Coping

Observer Fidelity Checklist

Session Six: Promoting Effective Child Coping (Part 2)

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: 20 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 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 Facilitator do the following:

No Some Yes

1. Facilitator 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 the Facilitator 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 the Facilitator 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 the Facilitator 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 the Facilitator 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: