

**Facilitator Checklist  
Lesson 1 - Children**

Name \_\_\_\_\_

Site \_\_\_\_\_

Date \_\_\_\_\_

UNDER THE "DONE" COLUMN, MAKE A CHECK MARK IF YOU COMPLETED THE ACTIVITY. MARK EITHER "WORKED GREAT, KEEP IT" OR "NOT SO GREAT, NEEDS CHANGES" FOR EACH ACTIVITY THAT WAS COMPLETED.

	<b>Done</b> <input checked="" type="checkbox"/>	<b>Activity</b>	<b>"Worked great, keep it!"</b>	<b>"Not so great, needs changes."</b>
1.		Icebreaker activity -M&M's		
2.		My family picture and questionnaire		
3.		Family Quiz and discussion		
4.		Video Clip of "Strong Families" and discussion		
5.		Did you use an additional video? Which one?		
6.		Optional Activity: Family Constellation and discussion		
7.		Lesson Summary		
8.		Family Activity: "My Family" worksheet (Flower worksheet for young children)		

List two activities that worked particularly well. Why? If appropriate, use quotes/examples from participants.

- \_\_\_\_\_
- \_\_\_\_\_

Provide comments and/or suggestions regarding activities that did not work well. If appropriate, use quotes/examples from participants.

- \_\_\_\_\_
- \_\_\_\_\_

What changes, if any, did you make to the implementation of this lesson? Why? (Continue on the back of page if needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REMEMBER TO UPDATE YOUR PARTICIPANT ATTENDANCE RECORD**

**Office Use Only**

Class: \_\_\_\_\_ Cohort: \_\_\_\_\_

ID: \_\_\_\_\_ Entered: \_\_\_\_\_