## Facilitator Checklist Lesson 2 - Children

Name	;	Site	Date	
Unde	R THE "	DONE" COLUMN, MAKE A CHECK MARK IF YOU COMPLETED THE AC KEEP IT" OR "NOT SO GREAT, NEEDS CHANGES" FOR EACH ACTIVIT	TIVITY. MARK EITH Y THAT WAS COMP	IER "WORKED GRE LETED.
	Done 🗸	Activity	"Worked great, keep it!"	"Not so great, needs changes."
1.		Activity: Timeline and discussion		
2.		Optional Activity: Change Worksheet		
3.		Handout: "Changes in My Life"		
4.		Video Clip of "Changes"		
5.		Handout: "What do you feel" and "Where are your emotions or feelings"		
6.		Handout: "Managing Anger"		
7.		Lesson Summary		
8.		Family Activity: Change worksheet		
2.				
uote	s/exam <sub>j</sub>	ments and/or suggestions regarding activities that did not work ples from participants.	well. If appropi	riate, use
2.				
2.	-			
	change	es, if any, did you make to the implementation of this lesson? V	Why? (Continue	on the back of po
	ded.)			
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## REMEMBER TO UPDATE YOUR PARTICIPANT ATTENDANCE RECORD

Office Use Only								
Class:	Cohort:		ID:	Entered:				